# Institutionalizing iCCM Subgroup

## Terms of References

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## Background

When well-designed and implemented, an iCCM program expands access to life saving interventions for vulnerable populations living in settings with poor access to health care. Over the last decade or so key global stakeholders working with country level partners and Ministries of Health in high burden countries have been successful in bringing in policy change with majority of the countries approving iCCM as a key strategy to deliver life-saving interventions to remote and inaccessible communities. However, implementation at scale shows mixed results, with very few countries able to cover significant proportion of the iCCM target areas. Also, most countries still rely on donor support to fund their iCCM programs, which has resulted in limited implementation coverage. Many countries that have scaled up iCCM also struggle to maintain an acceptable level of service integration and quality. There is a huge unfinished agenda that includes, most importantly, weak global and national governance, and weak integration and implementation quality. Addressing these issues will require continued global level coordination and support to help countries achieve their goal of quality implementation of iCCM at scale.

To be effective, ICCM must be ministry-led, adequately resourced and managed, with long-term commitments of support from partners. National ownership of the iCCM strategy requires that countries plan and adequately budget for iCCM implementation, including domestic funding sources for health. The Institutionalizing iCCM sub-group will provide a forum for donors, technical agencies, implementing partners to coordinate their country level support to Ministries of Health for scaling-up iCCM in a sustainable manner.

## Goal

The national child health strategic plans of all high burden countries include iCCM as an integral element of primary health care system, along with budgeted operational plans[1] for iCCM.

## Objectives

1. Work with CH Task Force M&E sub-group to identify indicators for assessing institutionalization of iCCM;
2. Synthesize operational challenges to scale-up/delivery of quality iCCM to inform design and implementation;
3. Facilitate sharing of best practices from countries to address identified implementation challenges;

[1] Clear definition of iCCM target areas, expansion plan for identified target areas, including CHW/supervisor/manager incentives, training, supervision, commodities procurement and distribution plan and data collection and reporting plan, community engagement and demand generation activities

4. Based on experience gained over the last several years facilitate development/updating of iCCM implementation guidelines.
5. Work with implementation science sub-group to identify research knowledge gaps (including those identified in the iCCM CHNRI exercise), and propose research questions to generate evidence for informing and influencing iCCM programming.
6. Work with expanding child health package sub-group for developing standard criteria for structured expansion of community service delivery package

## Expected Results (2018-2020)

1. Key indicators for assessing institutionalization of iCCM developed and disseminated at global and country forums
2. Country level experiences (promising approaches to addressing bottlenecks to implementation) shared at global and regional forums and translated into improving programs
3. Global technical consultation on institutionalizing iCCM organized and meeting outcome disseminated at global, regional and country level to inform and results
4. Global partners agreement reached on coordinating country level iCCM support to MOH
5. WHO/UNICEF "Planning handbook for program managers and planners: Caring for newborns and children in the community" updated.
6. Priority research areas identified and studies initiated by implementing partners on selected priority research areas.

## Membership

Membership in this subgroup is open to representatives of MOH, and donor agencies, academia, and implementing partners who have experience of working at country or global level with Ministries of Health on child health/iCCM policy, funding, program management, supply chain, M&E, and research and passion to strengthen MOH capacity on iCCM component management and quality implementation at scale. Each member will be responsible for contributing to the overall mandate of the sub-group and working toward pertinent objectives. Organizations will be responsible for any of their representatives' participation costs.

| Current organization membership includes: | |
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| 1. Abt Associates | 16. Malaria Consortium |
| 2. Action Against Hunger | 17. MCSP/ICF MCSP/JSI |
| 3. Aga Khan Health Services Tanzania | 18. Medicines for Humanity |
| 4. Aga Khan University | 19. MOH Nigeria |
| 5. Canadian Red Cross | 20. MSH |
| 6. Catholic Relief Services | 21. Muso Health |
| 7. CDC | 22. Nutrition International |
| 8. Community Health Impact Coalition | 23. PATH |
| 9. East Tennessee State University College of Public Health | 24. Save the Children |
| 10. Ghana School of Public Health | 25. Swiss Red Cross |
| 11. The Global Fund | 26. UNICEF |

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| 12. ICF<br>13. IRC<br>14. JSI<br>15. Living Goods | 27. USAID<br>28. WHO<br>29. WVI |

## Leadership

- WHO
- WVI

## Meeting Schedule

Conference calls (initially monthly, and then every two months): coordination and review progress on objectives; and global updates, sharing of country experiences and webinars to be shared/organized on need basis.