

GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM INTO PRIMARY HEALTH CARE SYSTEMS

TUESDAY, 23 July 2019

System Component: Community Engagement

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What are the system component enablers? (*List critical actions/approaches that support the specific system component under review, citing country examples*)

- Use of intersectoral and integrated **approaches that identify and involve multiple relevant stakeholders** – that are well-planned and executed and are focused on making a difference at community level
- **Community engagement throughout the entire program cycle:** from data gathering to assess and prioritize needs, to design, implementation, monitoring and evaluation
- Ability to set and collaboratively reconcile **community and provider priorities** at different levels
- Awareness building and attention to **strengthening of relationships** among providers and stakeholders
- **Collaboration** with community leaders and policy makers
- **Trust building** facilitated by mutual follow-through and follow up, including supportive supervision
- Community's sense of **ownership** of initiatives and activities
- Confidence, initiative and **capacity of community engagement (CE) practitioners** to a) develop and implement CE relevant and timely strategies; and b) to advocate for and raise resources

What are the bottlenecks / challenges pertaining to the specific system component? (*Utilize the root-cause analysis approach to arrive at the underlying cause to each bottleneck*)

Lack of a coherent policy statement/dialogue on community engagement for iCCM (and across programmes)

- Lack of clarity on who the “community” is for successful institutionalization of iCCM, what community engagement is in this context, its purpose, what it contributes, its consequences, roles and responsibilities for community engagement (CE) across different levels of the health system, how existing mechanisms can be strengthened for hearing and being accountable to communities.
- Lack of a policy and high-level champion or advocate to bring decision-makers, civil society and partners together on CE policy development, integration, investments and support.

Lack of systematic and regular strategy development, execution and monitoring of CE, including how CE for iCCM (and beyond) strengthens linkages between health system components, community health programmes, CHWs and the community.

- Lack of technical capacity and resources at sub-national level for CE practitioners and interventions.
- Lack of provider skills, time and know-how on how to engage with different stakeholders to collectively define success and incorporate local social and cultural values
- Lack of focus on *how* things get done (process)

What are the bottlenecks / challenges pertaining to the specific system component? *(Utilize the root-cause analysis approach to arrive at the underlying cause to each bottleneck)*

Attitude of expertise, telling, selling, rather than relationship building, which leads to the imposition of programs and projects rather than mutual goal setting, learning and action

- Imposition of projects on communities
- Not recognizing the knowledge and value of each stakeholder
- Lack of investments in enabling communities and CHWs to navigate and use the health system.
- The focus on experts problem-solving and not creating space for finding local solutions

Insufficient advocacy for health service changes that will improve access to and experience of iCCM services by communities

- No/poor mechanisms for engaging with civil society organizations (NGOs/CBOs) on issues related to iCCM which will foster their contributions and contribute to institutionalization
- Inconsistent identification and activation of existing structures and mechanisms for consensus building to leverage the actions and resources of other sectors.

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR INSTITUTIONALIZING ICCM

WEDNESDAY, 24 July 2019

System Component:

Members:

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation)

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Overarching Statement

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