

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

TUESDAY, 23 July 2019

System Component:

Members:

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

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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)*

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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)

- Ensure that CHW supervisors at linked health facilities are trained in iCCM and IMCI
 - *Benchmark:* 100% of CHW supervisors are trained in iCCM and IMCI
- In high burden areas and remote communities, strengthen competencies and skills of CHWs through provision of tools and job aids, supportive supervision and mentoring to implement quality iCCM
 - *Benchmark:* [QOC indicator, CHW level]
- Ensure uninterrupted availability of iCCM supplies at the last mile
 - *Benchmark:* Continuous availability of all iCCM supplies throughout the year
- Community acceptance and participation as well as provision of transport must be mutually prioritized to enhance referral completion, especially in hard to reach areas
 - *Benchmark:* Referral completion (proportion)
- Referral of children with danger signs and other indications should be part of the continuum of care and referral facilities must have the capacity to fully manage them and provide counter referral
 - *Benchmark:* [QOC indicator, referral facility level]

Overarching Statement

- In hard-to-reach areas, at least 80 per cent of sick children should receive timely and appropriate treatment and referral through iCCM
- (SHOULD BE ALL CHILDREN – leave no one behind)
- Do you have a standard criteria for that – or at the district level is a manager supposed to account for that
- It should say ‘including to iCCM’ – may not only be looking for services at the community level – what is hard to reach –
- Proposal: for the OS, if we want to end preventable deaths, ‘all sick children should receive timely and appropriate treatment in iCCM in both public and private sector’ – we always leave out the private sector here
- Def of hard to reach – within country context – look at emergencies, socially excluded groups etc.