GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM IN COMMUNITY HEALTH SYSTEMS

TUESDAY, 23 July 2019

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System Component: Supervision

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Bottleneck	Root cause	Recommendation	Responsible
iCCM programmes not fully integrated into the national PHC health system	• Donor driven • Not prioritized by Governments which are still grappling with weak district health systems • Some CHWs volunteers not fully accountable to government	**Institutionalization of Community health System including ICCM programmes into PHC systems:** iCCM programmes need to be described as a key component in National Health Strategies to expand access in the context of a national PHC strategy, and integrated across the health system Governments to allocate funding for iCCM and recognize the CHWs as a part of the national health workforce in their PHC system	Ministries of Health

Bottleneck	Root cause	Recommendation	Responsible
• **Inadequate funding and HR capacity (IMNCI & ICCM training, transport for supervision) for ICCM supervision at district, health facility and community level**	ICCM is not prioritised in health budgets leading to donor dependency Procurement and training are the main cost drivers of the iCCM Programme leaving limited resources for supervision Inadequate HR numbers at lower level units Assumption that the ICCM Programme is already known by the health workers who have a health background MoH and DHMTs assume the Health workers already have the skills to supervise iCCM	ICCM should be clearly costed in the Child Health Strategy and implementation plans and used for resource mobilisation ICCM programmes to include training/ refreshers of IMNCI and ICCM supervision training for ICCM supervisors and DHMTs Development of ICCM investment cases to support advocacy efforts for iCCM funding at all levels	Ministries of Health

Bottleneck	Root cause	Recommendations	Responsible
• **Competing priorities from many different programmes at HF level hence iCCM supervision may not be prioritized**	• Not as well resourced as other programmes like EPI • Other programmes give incentives for supervision • Integrated support supervision check lists cover too many Programmes and may not allocate enough time to focus on iCCM • ICCM not a priority during national and district planning	• PROMOTE INTEGRATED SUPPORT SUPERVISION: especially with important programmes like EPI • HAVE CHAMPIONS FOR ICCM AT ALL LEVELS • REWARD SYSTEM: Recognition of good performance and sanctions for poor performance, in the context of a human resource policy • COMMUNITY HEALTH COMMITTEES: Functionalize/empower health committees with strong links to supervisors • DISTRICT HEALTH COMMITTEES: Should 'own' the iCCM programme, prioritize follow up of supervision action plans, and receive feedback on the ICCM programme (data and supervision results)	Ministries of Health District Health Management teams Health facility incharges

Bottleneck	Root cause	Recommendation	Responsible
Lack of good quality data for use and monitoring of performance	• Community data not linked to DHIS2 • ICCM programmes are vertical • Donor funded and not linked to PHC systems	Community data should feed into national data systems DHIS2 Data should be used to guide supervision to improve performance ICCM indicators could be included in district league table/dashboards to promote competition and performance improvement	CHWs Health facility Incharges Ministries of Health

Overarching statement

Supportive Supervision as part of a PHC system is core to quality Integrated Community Case Management

La supervision formative dans le cadre des SSP est essentielle a la qualite de la prise en charge integree dans la communaute