



iCCM Subgroup

Terms of Reference

January 2021

www.childhealthtaskforce.org

Background

Integrated Community Case management (iCCM) has become one of the Global Health strategies. 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 the 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 a 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. Building off the 2019 technical consultation on Institutionalizing iCCM to end preventable child deaths, the 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 and institutionalizing iCCM.

Goal

To advance institutionalized and high-quality iCCM programs to reach those without access to quality care and decrease child mortality through bringing together global and country-level stakeholders to share knowledge and foster collaboration.

Objectives

1. Support development/updating and dissemination of iCCM implementation and institutionalization toolkit, complete with strategies for measurement;

2. Synthesize operational challenges to scale-up/delivery of quality iCCM to inform design, implementation, and advocacy;
3. Facilitate sharing of best practices from countries to address identified operational challenges and of data on results of iCCM (including factors leading to proper support of the program, utilization, and impact on mortality) for advocacy purposes;
4. Facilitate the development and consolidation of iCCM implementation strength indicators for the promotion of standardized monitoring of implementation in countries.
5. Identify research knowledge gaps and propose research questions to generate evidence for informing and influencing iCCM programming to address new global health challenges.
6. Support countries in resource mobilization for commodities for the full iCCM package and fully supported human resources for community health.

Expected Results (2021-2022)

1. Updated iCCM toolkit with a focus on institutionalization and utilization of iCCM services and measurement of institutionalization 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. Continued dissemination of recommendations from 2019 global technical consultation on institutionalizing iCCM at global, regional and country level
4. Priority research areas identified and studies initiated by implementing partners on selected priority research areas
5. Countries supported in the quantification and costing of iCCM resource needs and advocacy for the filling of the identified needs
6. Enhanced collaboration with other relevant global groups (for example, iCCM Task Team, Global Pneumonia Forum, Every Breath Counts)

Membership

Membership in this subgroup is open to representatives of MOH, donor agencies, academia, and implementing partners who have experience working at the country or global level with Ministries of Health on child health/iCCM policy, funding, program management, supply chain, M&E, and research and/or who have a 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 | 27. Last Mile Health |
| 2. Action Against Hunger | 28. Leuphana University Lueneburg, Germany |
| 3. African Network for Care of Children Affected by HIV/AIDS (ANECCA) | 29. Living Goods |
| 4. Aga Khan Health Services Tanzania | 30. Lund University, Sweden |

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| 5. Aga Khan University | 31. Malaria Consortium |
| 6. Alioune DIOP University of Bambey | 32. Ministère de la Santé et de l'Action Sociale, Sénégal |
| 7. Bariadi Town Council, Tanzania | 33. Ministry of Health Kenya |
| 8. Bill & Melinda Gates Foundation | 34. Ministry of Health Malawi |
| 9. Canadian Red Cross | 35. MSF |
| 10. Catholic Medical Mission Board | 36. MSH |
| 11. Catholic Relief Services | 37. Muso Health |
| 12. CDC | 38. Nutrition International |
| 13. Childfund | 39. Palladium Group |
| 14. Christisn Aid UK | 40. PATH |
| 15. Community Health Impact Coalition | 41. Population Council |
| 16. Federal Medical Center, Lokoja, Nigeria | 42. Programme National de Lutte contre le Paludisme (PNLP) |
| 17. Federal Ministry of Health Nigeria | 43. Results for Development (R4D) |
| 18. Ghana Health Service | 44. Save the Children |
| 19. Ghana School of Public Health | 45. SOS Children's Villages |
| 20. IMA World Health | 46. Swiss Red Cross |
| 21. The Global Fund | 47. The Global Fund |
| 22. ICF | 48. UNICEF |
| 23. IFRC | 49. USAID |
| 24. IRC | 50. WHO |
| 25. Jhpiego | 51. World Vision |
| 26. JSI | |

*Please note that membership is fluid. This list is current as of February 2021.

Leadership

- Annē Linn, USAID/PMI
- Humphreys Nsona, Malawi MOH
- Alfonso Rosales, Independent Consultant

Meeting Schedule

Conference calls organized every two months to coordinate and review progress on objectives. Webinars to share global updates and country experiences organized on an as-needed basis.