

Component	Advocacy & Planning	Pilot & Early Implementation	Expansion/Scale-Up
Coordination and Policy Setting	Mapping of iCCM partners conducted	MOH leadership established to manage unified iCCM	MOH leadership institutionalized to ensure sustainability
	Technical advisory group (TAG) established including community leaders, iCCM champion & CHW representation		
	Needs assessment and situation analysis for package of services conducted		
	Stakeholder meetings to define roles and discuss current policies held	Discussions completed regarding ongoing policy change (where necessary)	Routine stakeholders meetings held to ensure coordination of iCCM partners
	National policies and guidelines reviewed		
Costing and Financing	iCCM costing estimates undertaken based on all service delivery requirements	Financing gap analysis completed	Long-term strategy for sustainability and financial viability developed
	Finances for iCCM medicines, supplies, and all program costs secured	MOH funding invested in iCCM program	MOH investment in iCCM sustained
Human Resources	Roles of CHWs, communities and referral service providers defined by communities and MOH	Role of and expectations for CHW made clear to community and referral service providers	Process in place for update and discussion of CHW role/expectations
	Criteria for CHW recruitment defined by communities and MOH	CHWs trained, with community and facility participation	Ongoing training provided to update CHW on new skills, reinforce initial training
	Plan for comprehensive CHW training and refresher training developed (modules, training of trainers, monitoring and evaluation)		
	CHW retention strategies, incentive/motivation plan developed	CHW retention strategies, incentive/motivation plan implemented and made clear to CHW; community plays a role in providing rewards, MOH provides support	CHW retention strategies reviewed and revised as necessary
Advancement, promotion, retirement offered to CHWs who express desire			
Supply Chain Management	Appropriate iCCM medicines and supplies consistent with national policies (RDTs where appropriate) included in essential drug list	iCCM medicines and supplies procured consistent with national policies and plan	Stocks of medicines and supplies at all levels of the system monitored (through routine information system and/or supervision)
	Quantifications for iCCM medicines and supplies completed		
	Procurement plan for medicines and supplies developed		
	Inventory control, resupply logistic system, and standard operating procedures for iCCM developed	Logistics system implemented to maintain quantity and quality of products for iCCM	Inventory control and resupply logistics system for iCCM implemented and adapted based on results of pilot with no substantial stock-out periods

Service Delivery and Referral	Plan for rational use of medicines (and RDTs where appropriate) by CHWs and patients developed	CHWs rationally use medicines and diagnostics to assess, diagnose and treat sick children	Timely receipt of appropriate diagnosis and treatment by CHWs made routine
	Guidelines for clinical assessment, diagnosis, management and referral developed	Guidelines reviewed and modified based on pilot	Guidelines regularly reviewed and modified as needed
	Referral and counter referral system developed	Referral and counter referral system implemented; community information on location of referral facility clarified; health personnel clear on their referral roles	CHWs referral and counterreferral with patient compliance is routine, along with information flow from referral facility back to CHW with returned referral slips
Communication and Social Mobilization	Communication strategies developed, including messaging on prevention and management of community illness for policy makers, local leaders, health providers, CHWs, communities and other target groups	Communication and social mobilization plan implemented	Communication and social mobilization plan and implementation reviewed and refined based on monitoring and evaluation
	Community and social mobilization content developed for CHWs on iCCM and other messages (training materials, job aids, etc.)	Materials and messages to aide CHWs are available	
	Materials and messages for iCCM defined, targeting the community & other groups	CHWs dialogue with parents and community members about iCCM and other messages	
Supervision and Performance Quality Assurance	Appropriate supervision checklists and other tools, including those for use of diagnostics, developed	Supervision visits every 1-3 months, includes report review, data monitoring	CHWs routinely supervised for quality assurance and performance
	Supervision plan, including number of visits, supportive supervision roles, self-supervision, etc., established	Supervisor visits community, makes home visits, provides skills coaching to CHWs	Data from reports and community feed-back used for problem-solving and coaching
	Supervisor trained in supervision and has access to appropriate supervision tools	iCCM supervision included as part of the CHW supervisor's performance review	Yearly evaluation includes individual performance and evaluation of coverage or monitoring data
M&E and Health Information Systems	Monitoring framework for all components of iCCM developed and sources of information identified	Monitoring framework tested and modified accordingly	M&E through HMIS data performed to sustain program impact
	Standardized registers and reporting documents developed	Registers and reporting documents reviewed	Operations research and external evaluations of iCCM performed as necessary to inform scale-up and sustainability
	Indicators and standards for HMIS and iCCM surveys defined		
	Research agenda for iCCM documented and circulated	CHWs, supervisors and M&E staff trained on the new framework, its components, and use of data	