**CAPACITY BUILDING ECOSYSTEM UNDER USAID RISE INITIATIVE – HUB AND SPOKE MODEL**

Background and the Need

Reaching Impact Saturation and Epidemic Control (RISE) is a global project funded by the U.S. Agency for International Development (USAID), which works with countries to achieve a shared vision of attaining and maintaining epidemic control.

During the first wave of COVID-19 in India, Jhpiego as the lead implementing agency for the RISE initiative in various countries including India provided technical assistance in building the capacity of the care providers and optimizing knowledge-sharing platform amongst the facilities on COVID 19 management.

Through this project, Jhpiego operationalized a Hub and Spoke model for critical care capacity building in more than 350 networked COVID care facilities that have trained close to 10,000 providers and facilitated the development of technical resources. This included Standard Operating Procedures (SOPs) related to critical care in ICU settings, IEC materials and training on mental health and workforce resilience. Jhpiego also facilitated collaboration with World Health Center Collaborating center for emergency and trauma care (WHO CC) for the sustainability of capacity building and knowledge management. Currently, the training efforts are led by the “Hubs” established across various premier institutions of India.

Moving into the second phase of the project, USAID-RISE and Jhpiego intend to expand and scale up the existing hub and spoke model to cater to more healthcare facilities spread across public, private and faith-based organizations spread across multiple states. In principle, there would be three types of hubs;

* Apex Coordination Center
* National Hubs
* State hubs

These hubs are envisioned as a center of excellence with state of the art resources on knowledge and skill building coupled with learning management solutions. These will also serve to standardize care in all the health facilities across the state and collaborate with similar hubs elsewhere in the country to facilitate cross learning. These hubs will impart continuous capacity building and mentoring support structure to the spoke facilities and will play a key role in standardizing the skill and knowledge of the health workforce of spoke facilities through a mechanism of virtual training, webinars and e-grand rounds. USAID – RISE and Jhpiego also plan to strengthen the existing knowledge management system in collaboration with the All-India Institute of Medical Sciences (AIIMS) Delhi WHO Collaborating Centre (WHO CC) for Emergency and Trauma Care by facilitating collation of various resources and supporting the dissemination, through the existing and upcoming hubs, of standardized clinical care protocols/guidelines. These activities will be supported by expanding the project’s partnership with technical experts from Johns Hopkins University (JHU) from within the JHU Center for Global Emergency Care (CGEC) and the Center for Clinical Global Health Education (CCGHE). Thus, the hubs in the project would play a pivotal role in ensuring optimal functioning of the proposed capacity building ecosystem as the capacity building requirement will increase in the newly added spoke facilities, there would be a need to identify and strengthen new hubs. The purpose of this document is to facilitate the identification of appropriate institutions that can function as a potential hub. Mentioned below are few guiding principles for selecting the hubs.

Broad Criteria for Selection

The project/intervention states can select an institution to act as a hub (National and state) on the following criteria:

1. It should preferably be a teaching institute
2. It should be nominated by the state
3. It should be actively engaged in provision of general and critical care for Covid
4. It should have a functional ICU/CCU set-up
5. It should have a functional team of critical care experts that can facilitate the capacity building activities
6. It should have a dedicated space for undertaking capacity building activities
7. It should have a functional virtual classroom set-up

A detailed assessment checklist can be found annexed (Annexure 1 and 2) for identifying a best suited institution that can function as the national/state hubs.

Key Functions of the Hubs

The hubs are expected to perform the following functions:

* Constitute a Critical Care Working Group (CCWG) to lead the capacity building interventions (See Annexure 3)
* Define and organize a network of secondary and tertiary care facilities engaged in Covid 19 care as spokes
* Create and maintain databases of spokes, providers trained and spoke level trainers
* Provide and maintain dedicated space and clinical observation facilities for training as required
* Provide ongoing budgetary resources and logistics for optimal functioning of the hub
* Support the ongoing implementation of the capacity building initiatives within the network of affiliated spokes
* Support the expansion of the capacity building initiatives by analyzing the need for expansion; identifying and engaging with the new facilities; engaging with the private sector and faith based organization network facilities
* Serve as link between the spoke facilities and apex coordination center/national hubs
* Host and disseminate various learning resource packages, guidelines, SOPs and other educational materials
* Undertake capacity building activities for spoke facilities in coordination with the government of India/states/national hubs/apex coordination center on the range of topics as required
* Develop and deliver tailored capacity building interventions, as well as tools and resources, for the network of spoke facilities to strengthen their skills on comprehensive management of Covid 19
* Identify external/guest speakers to contribute to capacity building sessions as required
* Closely liaise with and coordinate with the state and the USAID RISE teams to ensure effective preparation and delivery of the capacity building interventions
* Provide problem solving assistance to the spoke facilities
* Participate and ensure participation of spoke facilities in various capacity building events (online and offline) organized from time to time by the apex coordination center, national hubs, Johns Hopkins University and other partners
* Provide mentoring support to the district and sub-district training facilities
* Undertake any other role as required by the GoI/states/apex coordination center/national hubs

Additionally, the national hubs will play the additional following role;

1. Curating the resources to be used at the state hubs
2. Mentoring of the state hubs
3. First referral point for the state hubs
4. Monitoring of the quality of capacity building initiatives
5. Coordination with WHO CC for development of new resource materials

The Coordination Center will play the following additional role;

1. Developing new resource packages/SOPs, Guidelines
2. Coordination with JHU
3. Mentoring of the other national hubs
4. Monitoring of the quality of capacity building initiatives by the national hubs
5. Ensuring alignment of capacity building initiatives with the national priorities.

**Annexure 1 – Assessment Checklist**

|  |  |
| --- | --- |
| **Name and Email ID of Assessor** |  |
| **Date of Assessment** |  |
| **Facility** |  |
| **Type of facility** |  |
| **District** |  |
| **State** |  |

| **Area** | **Verifiable Elements** | **Response****(Y/N/NA)** | **Actions required** | **Timeline** | **Remarks** |
| --- | --- | --- | --- | --- | --- |
|
|  |
| Area 1 | Facility Profile |
| 1.1 | Is this a teaching facility? | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.2 | Does this facility have a continuous capacity building mechanism? | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.3 | Is this facility a dedicated COVID facility? | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.4 | Does the facility have a Skill Lab for critical care? | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.5 | Is the skill lab fully functional? | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6 | Does the facility have following functional departments?  |  |  |  |  |
| 1.6.1 | General Medicine  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.2 | General Surgery  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.3 | Pediatrics  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.4 | Obstetrics and gynecology | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.5 | Pulmonary Medicine | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.6 | Anesthesiology and Critical Care | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.7 | Radiology  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 1.6.8 | Community Medicine | ❏ Yes ❏ No ❏ NA |  |  |  |
| **Score** | **\_\_\_/13** |
| Area 2 | Infrastructure, equipment and supplies |
| 2.1 | The site has a place for classroom sessions (if no, remaining questions in this section are not applicable) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.2 | The critical care unit/ICU/Skill Lab is easily accessible from training site | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.3 | Well ventilated room, can accommodate at least 30-50 to people | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.4 | The site has designated space for demonstration and practice on models | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.5 | The site has designated space for simulation exercises  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6 | The site has following basic training amenities:  |  |  |  |  |
| 2.6.1 | Flipchart stands | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6.2 | Functional LCD projector with projection screen/TV | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6.3 | Lights, fans or coolers or air conditioners in working condition | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6.4 | Electricity back up (connected to inverter/generator) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6.5 | A toilet & drinking water facility for participants near the classroom | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.6.6 | The site has a place for virtual sessions (if no, remaining questions in this section are not applicable) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7 | Training hall for virtual training has following amenities:  |  |  |  |  |
| 2.7.1 | Arrangement of table and chairs | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.2 | Functional Computer/Laptop (If Computer with functional UPS) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.3 | Web Camera with HD 720p Video capture Up to 1280 x 720 pixels | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.4 | High Speed internet connectivity  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.5 | Functional LCD projector with projection screen | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.6 | Headphone with microphone | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.7 | Speaker/Sound System | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.7.8 | Electricity back up (connected to inverter/generator) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8 | The site has following basic models for skill based training |  |  |  |  |
| 2.8.1 | Little Ann for basic CPR technique in adult | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.1 | Little Junior for basic CPR technique in child. | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.2 | Adult airway Management Trainer | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.3 | Heart Sim 200 for Arrhythmia training | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.4 | Remote controlled AED Trainer 3 for AED | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.5 | Shock Link for defibrillation training | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.6 | Ambu bag | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.7 | Drugs (For list of Drugs refer to Annexure 1) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.8 | Ventilator | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.9 | Multipara monitor | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.10 | Infusion pump | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.11 | ET tubes | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.12 | Laryngeal mask airway | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.13 | Nasopharyngeal airway | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.14 | Laryngoscope | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.15 | Gudel’s Airway | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.16 | Defibrillator | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.17 | Critical care flow sheets (case sheets) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.18 | Low flow Devices (Nasal Cannula, Face Mask, Rebreather Mask, Venturi Mask) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.19 | High flow Devices (High flow nasal cannula and device) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.20 | CI-PAP, BI- PAP Machines | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.21 | Oxygen Cylinder | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.22 | Oxygen Concentrator | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.23 | 12 Lead ECG | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.24 | ICU bed | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.25 | Suction Machine | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.26 | Crash cart | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.27 | Ryle’s Tube | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.28 | ABG Machine | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.29 | Personal protective equipment Kits | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.30 | Hand hygiene supplies (running water, soap, alcohol-based hand rub) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.31 | Color coded waste disposal bins  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.8.32 | Autoclave/sterilizer/boiler/container with lid for boiling (these may be available at the clinical area) | ❏ Yes ❏ No ❏ NA |  |  |  |
| 2.9 | The site has ICU/Ward/HDU/skill lab with adequate space to accommodate participants in groups of 4-5 to observe critical care procedures | ❏ Yes ❏ No ❏ NA |  |  |  |
| **Score** | **\_\_\_/52** |
| Area 3 | Commitment of the facility and availability of competent trainers |
| 3.1 | The facility has a functional Critical Care Working Group (CCWG) with a team of critical care experts  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.2 | The facility is willing to deploy infrastructure, human resources and material support for the capacity building activities | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.3 | The facility is willing to host and disseminate the capacity-building resources, SOPs and IEC materials | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.4 | The facility is willing to work in collaboration with other hubs and the All-India Institute of Medical Sciences (AIIMS) Delhi WHO Collaborating Centre (WHO CC) for Emergency and Trauma Care  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.5 | The facility is willing to extend the capacity building support to the spokes identified by the state and/or the project spread across public, private and faith-based organization sectors. | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.6 | The facility has adequate number of trainers (Trainer trainee ratio 1:5) who are trained in critical care services are available  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.7 | The trainers have access to updated learning resource packages. | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.8 | The site has a web platform to store learning resources available for download by the participants | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.9 | The site has a web platform that allows review of the video resources  | ❏ Yes ❏ No ❏ NA |  |  |  |
| 3.10 | The site has an interactive platform allowing training participants to correspond and communicate during virtual trainings (websites which allow correspondence & communication and not just one-time activity that can be done through Videoconferencing tools) | ❏ Yes ❏ No ❏ NA |  |  |  |
| **Score** | **\_\_\_/10** |

**Annexure 2 – Instructions for Utilization of the Assessment Tool**

**Purpose:** The purpose of this orientation package is to provide basic information and a tool to assess the preparedness level of different types of facilities to deal with the Pandemic

**Content**

1. The Assessment Tool and Instructions on How to Use It
2. Types of Assessments
3. Development of Action Plans and Organization of Teams
4. **Description of the Assessment Tool:**

The assessment tool lists key requirements in terms of functionality, infrastructure, human resource, capacity building needs, equipment and logistics that are required for optimal functioning of the facility.

* Includes questions that can be answered in simple “Yes” (Y) “No” (N) and “Not Applicable” (N/A)
* Objectively establishes the existing gaps.
* Guides on key corrective measures required to address the observed gaps.
* Enables action planning by the facility in charge with timelines and accountabilities

The tool has 56 identified areas, and each area can be assessed using a list of criteria

**How to Use the Assessment Tool:**

The assessment tool should be used to conduct assessments in the facility. In each area, wherever required, specific instructions are provided to facilitate the information recording. The assessor can use the following methods for concluding as to what response is to be recorded

1. Direct observation
2. Document review
3. Interviews

**When using *direct structured observation*:**

* Introduce yourself and explain the reason for the assessment.
* Use the assessment tool to guide the observation.
* Do not provide feedback during the assessment.
* Be objective and respectful during the assessment.

**When doing *document review*:**

* + Introduce yourself and explain the reason for the assessment.
	+ Identify correct sources of information (e.g., administrative forms, statistical records, service registers/reports/records).
	+ Review the documents using the assessment tool.
	+ Question individuals responsible for these areas to complement and or clarify information.
	+ Be objective and respectful during the assessment.

**When conducting *interviews or observing clinical simulations*:**

* + Introduce yourself and explain the reason for the assessment.
	+ Identify the staff that typically carries out the activities or procedures.
	+ Interview the staff using the assessment tool.
	+ Probe to get precise information; do not assume responses.
	+ Ask the person to show documents, equipment, or materials as appropriate.
	+ Be objective and respectful during the assessment.

**How to fill out the assessment tool**

* + Immediately register the information collected.
	+ Register “Y,” “N” or “NA” in the corresponding column. Do not leave any verification criteria blank.
	+ Register “Y” if the procedure is performed or the item exists as it is described.
	+ Register “NA” when the required condition does not exist or when the verification criteria can be assessed by an alternative method.
	+ Register “N” if the procedure is not performed or not performed correctly.

**How to score the assessment tool**

Each criteria is worth one point & for each criteria to be successfully addressed, it should be “Yes” or “Not Applicable.”

**How to summarize the results:**

Calculate and write the percentage by dividing the number of areas addressed by the total number of areas, and multiplying the results by 100 (e.g. 9/18 x 100 = 50%). Fractions of percentages (e.g., 71.428%) have limited value and are not statistically significant so round up or down (e.g., 71%).

**Optimally, the facility should reach at least an 80% compliance score**

1. **Types of Assessments**

A baseline assessment and then continuous measurement of progress is used as a mechanism to guide the process, inform managerial decisions, and reinforce the momentum for change. Through continuous measurement, managers and providers can monitor progress, assess the success of the intervention, identify gaps and introduce necessary adjustments to their plans. Measurement makes it possible to present managers and providers with quantitative targets. Achieving and making sustainable progress against these targets has an important motivating effect for those involved in the improvement process.

Continuous measurement is based on the implementation of *periodic assessments* using the performance assessment tool. The assessments can be:

• **Self-assessments** conducted by individual providers on their work. The provider uses the performance assessment tool as a job aid to verify if she/he is following the recommended standardized steps during the provision of care. These assessments can be conducted as frequently as desired or needed.

• **Internal assessments** implemented internally by facility staff. Internal assessments can be performed by a group of colleagues or health facility staff using the tool to assess the work among themselves (i.e., “peer assessment”). Internal assessments can also be conducted by managers/supervisors using the tool to periodically assess the service being improved. It is recommended this type of assessment occur every three to four months.

• **External assessment**s implemented by an assessor who is external to the health facility. These assessments are usually conducted by the central, regional and district level of the Ministry of Health. They can be conducted in the form of facilitative supervision when the purpose of the visit is to provide support for the identification of performance gaps and interventions.

*Verification assessments* occur when the purpose of the visit is to confirm compliance with recommended standards of care for recognition. In the case of verification assessment, representatives of the clients and communities served should be appropriately involved in the process.

1. **Development of Action Plans and Organization of Teams**

After every assessment, the facility staff should develop operational plans to guide the implementation of the improvement process. These plans are relatively simple tools that outline the gaps and their causes that need to be eliminated, the specific intervention to be conducted, the persons involved, the timeframe for the task and any potential support that may be needed. The identification of the responsible persons and the setting of the timeframe is extremely important because they allow better follow-up of activities in the plan. Operational plans should be developed upon analysis of the results of the baseline or follow-up monitoring assessments by the team of facility providers and managers working in different areas of service provision being improved.

It is important to understand that the process is usually initiated by a small group of committed persons because it is uncommon to find immediate widespread support for new initiatives. Therefore, it is important to find those committed persons for the initiative and incorporate them in the initial improvement efforts.

It is recommended to work with a network of services/facilities rather than implementing the process in isolation. Working within a network of similar services or facilities promotes an exchange of experience and provides mutual support, thus supporting the achievement of positive changes.

The process emphasizes bottom-up action. A key purpose of the process is to provide health workers, managers with practical tools to empower them and increase their ability to strengthen the health service delivery process.

In addressing the identified gaps, the teams should remember that there are gaps that:

* + Do not require significant cause analysis because the solution is simple and obvious (e.g., designation of a person in charge of a task, replacing broken equipment, relocation of supplies and equipment to make them more available at point of use).
	+ Are caused by factors under local/facility control and could be eliminated with the mobilization of local resources (e.g., modification of some internal procedures, redistribution of workload within the facility, internal reallocation of resources, establishing continuing education program in a facility, implementation of some kind of incentives).
	+ Are caused by factors that are outside the local/facility control and usually require the mobilization of significant external resources (e.g., change of policies, salary increase, staff hire to increase manpower, provision of additional budgets, remodelling/construction).

 As mentioned earlier, teams should begin with the easier gaps and gradually undertake the more complex gaps.

**Annexure 3 – Critical Care Working Group**

**Scope of Work**

The Critical Care Working Group in each AIIMS will function with an objective to ensure quality critical care during COVID-19 pandemic response and ensuring rapid dissemination of best practices/emerging knowledge across the other associated institutes.

As critical care requires a multi-disciplinary team approach, the committee will work towards ensuring quick, effective and safe adoption of new management protocol for COVID 19 and share the institutional learning within and outside the institution to expand learning of evidence of best practices.

**Members:** *(the suggested list of members is only for reference and may be modified based on the decision of the facility administration.)*

1. Chairperson: Director/ Medical Superintendent, (as decided by Director)
2. Critical Care Representatives from Departments of Anaesthesiology/ Medicine/Paediatrics/Pulmonology
3. Representatives from Department of Community Medicine
4. Nodal of COVID care
5. COVID ICU In-charge
6. Nursing Superintendent and
7. Nurse In-charge

**Responsibilities and Duties**

* Provide oversight and overall guidance to RISE program in contextualizing interventions based on the facility’s need to efficiently respond to the pandemic.
* Adopt evidence based protocols and essential quality standards in Critical care and Standards for Patient and Critical care provider safety especially in the context of pandemic response as per the national standards.
* Periodically review and assess presence of structure and processes in place, to maintain compliance with the Outlined Essential Quality Standards in critical care, patient safety and provider safety along with the RISE team to identify gaps and address the same.
* Develop or adopt an operational framework that engages a multidisciplinary approach for care of severely ill COVID 19 patient with enhanced focus on reduction of complications and reduction in length of stay (LOS) in ventilatory care.
* Facilitate designing of a system of identification, planning and capacity building of human resource for pandemic response and develop SOPs considering WHO emergency facility preparedness plan.
* Provide oversight and facilitation for trainings based on the training needs in areas of Critical Care for trainee Doctors and Nurses identified through RISE
* Provide oversight to the development of an effective system for monitoring clinical outcomes through e-dashboard for critical care unit
* Generate evidences to measure improvement, share the implemented evidences with larger group, adopt learnings of standard evidences based practices and management protocol performance at earliest or as per recommendations.
* Initiate discussion of case management in e grand round/ e-clinic with other Critical Care Working Group and expert group of Critical care including successes, failures and challenges faced in critical care management in a regular interval.

**Meetings**

It is recommended that CCWG should have an internal meeting twice in a month to discuss the opportunities and challenges but the frequency may be customized according to the need of the facility. Cross-learning/exchange of ideas, knowledge sharing with other institutes/experts can be fixed on an interval of 15 days.

Meeting with other CCWG will be notified by circulating letter and agenda (if the agenda is set by the team). Proceedings of internal as well as external meetings will be documented and shared with relevant audience.