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Integrated Funding for Community Case Management of Childhood Illness in the Global Fund New Funding Model Applications: Country Experiences

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Process

- Through the Financing Task Team
- Recruited, trained and deployed consultants to do:
 - Program and financial gap analyses
 - Inclusion of iCCM (targets and budget) in concept notes
- USAID supported the application process in **Ghana, Kenya, Nigeria, Uganda and Zambia**

Looking back



Photo source: Karen Kasmauski/MCSP

Objectives of the case studies

- In USAID supported countries
 - Identify the **enabling and constraining factors** in integrating iCCM into GF malaria/HSS concept notes,
 - Document the **degree and type of collaboration** between child health and malaria stakeholders in country; and
 - Identify **areas for improvement** to support implementation of iCCM programs and future resource mobilization

Research Methods

- A team of three independent consultants:
 - Conducted a desk review of relevant GF application documents;
 - Performed a field visit to conduct in-country interviews in all five countries
 - Developed five country-specific case studies and a synthesis report.

Key findings

Primary outcome

- In four countries, with the exception of Kenya, partners successfully negotiated the inclusion of diarrhea and pneumonia to their malaria and/or health systems strengthening concept notes, mobilizing a combined \$17.5 million from the Global Fund for iCCM Scale-up
- Leveraged additional co-funding for nonmalaria commodities

Secondary outcomes

- Increasing collaboration among stakeholders child health and malaria program managers
- A better understanding of diarrhea, pneumonia and malaria as leading causes of preventable child deaths that need to be addressed as a package
- A better appreciation of the costs of implementing iCCM from the financial gap analyses

Enabling factors for integration

- Technical consensus about iCCM as an effective strategy for extending care beyond health facilities
- ICCM policy endorsement and presence of coordination structures
- Having national champions
- Local evidence
- Effectively framing the iCCM strategy as good investment for malaria control

Key Challenges and Concerns

Key challenges during the application process (I)

- **Coordination among program managers**
 - Concept note development called for greater collaboration than currently exist among malaria, child and community health units which, in most countries, fall under different departments and funding sources.
- **Integration with limited resources**
 - Malaria stakeholders were reluctant to share limited financing to expand the package (i.e. iCCM)

Key challenges during the application process (2)

- **Planning for scale-up**

- No national iCCM implementation plans with agreed scale-up targets (regions, # of districts) in some countries, in contrast, Malaria Strategic Plans with clear targets, are virtually present in every country
- Negotiating realistic scale-up targets for iCCM happened during the limited time for concept note development, thus excluding some partners

Looking Ahead: Key issues and concerns (I)

- **Procurement and Supply Chain Management**
 - Existing **financing** gap for non-malaria commodities and
 - **Limited capacity to distribute** to the last mile
- **Coordinating implementation and governance of integrated programs**
 - Insufficient capacity of existing bodies to ensure coordination and accountability for results of integrated programs across child health and malaria programs, Principal and Sub-recipients
 - Risk of partners focusing on malaria due to lack of Global Fund mandated indicators for all (diarrhea and pneumonia) funded iCCM conditions

Looking Ahead: Key issues and concerns (2)

- There is **varying capacity of community health workers and supervisors** to implement an expanded package and resulting higher workload which is a threat to scale up.
- The need to **invest in implementation research** for ongoing learning and innovating to overcome implementation challenges.

Recommendations

- Invest in capacity development for staff (esp. child health program managers) to manage expanded scale of iCCM and to build trust among program stakeholders
- Funding opportunities requiring proposals should make provision for consensus building among country stakeholders
- Countries should develop iCCM scale-up plans that are costed to inform both domestic and global resource mobilization

For full reports, check out www.ccmcentral.com

Country experiences

- Overall, a lot of similarities across countries- package, implementation issues and challenges
- **Leadership and coordination:** government in charge, coordinating partners
- Country programs are largely in the scale-up phase
- Integration into national systems happening for
 - Monitoring systems-HMIS/DHIS II
 - Procurement and distribution of supplies

Common challenges

- **Procurement and supply chain management:** remaining financial gap for non-malaria commodities; distribution to the last mile
- **Monitoring:** issues around quality of data and timeliness of reporting
- **Sustainability:** retention and motivation of CHWs, harmonizing financial, nonfinancial incentives and supervision

Challenges cont'd

- **Financing**
 - Delayed process of receiving GF resources
 - Funding is largely partners (not capturing govt. Financial contribution)
 - Limited resources for supervision of CHWs by health facility workers
- **Implementation:** Time taken to train adequate numbers of CHWs constrains scale-up

Innovations/promising

- Mapping of location of volunteers and incentives provided by different partners
- Use of mobile technology to manage data and reporting-issues of network coverage, cost of phones
- Micro-planning in Malawi informs planning and costing of iCCM services
- Implementation research to inform scale-up