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

Dyness Kasungami
Child Health Adviser
Maternal and Child Survival Program/JSI
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 (1)

- **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