iCCM Task Force – Costing and Finance Sub-Group Teleconference
19 August 2014

Sub-group Member Participants (listed alphabetically): David Collins (MSH), Colin Gilmartin (MSH), Dyness Kasungami (MCHIP), Tom O'Connel (UNICEF), and Uzaib Saya (MSH)

Agenda

1. Discuss draft concept brief on *Strengthening Information for Action on iCCM Costs and Financing.*
2. Update and lessons learned from GF gap analysis/costing of iCCM strategies & future role of costing and financing subgroup in supporting country GF applications.
3. Brief overview of TRAction iCCM Technical Advisory Group (TAG) meeting on August 6.

Discussions and Decisions

1. Discuss draft concept brief on *Strengthening Information for Action on iCCM Costs and Financing.*
    - Tom: The briefing notes are intended to show where costing and financing applications could be used. Tom has suggested three main areas of focus: 1) Budgeting 2) Performance monitoring 3) Strategic planning to use existing data to show costs of iCCM.
    - Tom: The other type of briefing notes are informational – when you talk about costing and financing, people get very hesitant as the topic is not within their comfort zone. One example is a rapid evaluation of iCCM financing flows to help people look at these issues in a systematic way (annual planning and budget). People are not very focused on budget/costs but rather programmatic issues. Are our plans depicting reality?
    - Tom: Another second area – real time monitoring or red flag identification process (immunization example) that shows if financing is lacking then service delivery for iCCM falls off track. Example: fuel for transportation is limited → cold chain is not available at the same time.

    - Uzaib: we have tried to show costs and benefits or effect of iCCM package. Clearly there is a need for this type of data. The second point on the quality of services is important but this varies quite a bit. Are iCCM programs truly integrated or not? We have tried to address issues of quality. If we are really thinking of quality of services, it is best to include other programs that target similar populations.
    - David: The Gates Foundation asked us to show impact/ cost per deaths averted. 1) Are you seeing more requests from countries for investment cases? 2) With Gates, we became uncomfortable with measurement of impact with comparison of costs (e.g. deaths averted) because they were tricky and could be misconstrued.
    - Tom: There is a lack of knowledge on unit costs of iCCM. Pilot studies tend to be very conservative and people realize they did not budget enough for supervision and ensuring registers are reviewed by supervisor/CHW. This is more like a post-investment case assessment. They underestimate certain costs and want to have a better idea or real costs to create an argument for scale-up (a secondary argument for scale-up and maintenance investment case).
    - Tom agrees with David on concerns of measuring impact and how you can meaningfully separate iCCM and facility based services. Tom has been thinking about how/if we are reaching remote communities.

- Dyness: iCCM programs often underestimate costs and rarely request additional resources from higher-level (donors and MOH) or do not have strong evidence for advocating for additional funding. Another assumption is iCCM is very cheap.

- Tom: There is a tendency for people to think iCCM is a way to not invest or strengthen routine health services. iCCM programs can be cost-effective but it is not without costs (quality checks, data collection, etc.)… this is a disturbing tendancy. If you want to reach these people, you have to spend money on the supply chain.

- Tom: iCCM tends to be looked at as an isolated program but in many cases there is an existing community health structure and our assessments tend to look at them as isolated. Our assumptions are very black and white.

- Tom: There are parallels beetwen iCCM programs and the work I have done on immunization. Funding is not actually getting where it is supposed to despite the creation of microplans. There are breakdowns in the program (ex: fuel for vehicles; per diem) which parallel iCCM. Do health facilities have funds? Can they track the funds? Are the spending the funds as they plan?

- David: I am assuming pilots are continuing – a lot of money is spent on pilots without a clear future of sustainability or plan for government adoption of program.

- David: MSH's Gates funding is coming to an end; TRAction is coming to end but USAID is uncertain on how we will use this money. We do not have any other iCCM money. We are working on several ideas to present to Kerry at USAID.

- Dyness: After this conversation, we need a clear next step, saying what needs to be done, and attaching a dollar amount, and having a conversation with USAID. Dyness also has a small budget through MCHIP follow-on, the Maternal AND Child Survival Program (MCSP).

- Tom: Tom has a steady stream of interns to help do a literature search and give a running start.

2. Update and lessons learned from GF gap analysis/costing of iCCM strategies & future role of costing and financing subgroup in supporting country GF applications.

- David: Nigeria was chaotic but is now looking good. David conducted a gap analysis in Nigeria. Nobody seemed to know how to deal with iCCM and there was a clear lack of ownership. The costing part has not been difficult providing people can give you the assumptions and perhaps the value of the tool helps define these assumptions. Are you going to only do iCCM in remote communities? The global fund/gap analysis work seems to be quickly putting figures into tables.

- Dyness: the future of costing and finance subgroup – what we might need at this point is a systematic way of actually learning from each country. At the moment, for the financing task team, we ended up engaging Travor (consultant based in Zimbabwe) who was engaged to do quality assurance across the program. How could that role be played by this subgroup and bring lessons and discussions back on the table on whether we are using the right tools and how to improve them? Who makes the assumptions and how? Depending on who does that, you get different outputs. Over time the assumptions are not consistent. We need to streamline/ narrow done because Global Fund is coming back and asking the questions and often times they

are forced to go back to the drawing board. The Costing and Financing can help with the next steps on strategic planning, gap analysis and costing for iCCM.

- David: there is too much focus on plugging in numbers in spreadsheets with little regard to assumptions . Costing is a challenge but figuring out what they are actually spending will be important.

3. Brief overview of TRAction iCCM Technical Advisory Group (TAG) meeting on August 6.
   - Uzaib: The TAG meeting was primarily focused on dissemination of study results. There is a need to look at one specific country case study to examine sustainability and demand generation, among other topics that will prove useful moving forward. We did not discuss issues of cost-effectiveness nor measuring the impact of iCCM. The conversations were mostly around how the dissemination of results should be carried out (particularly at the HSR Symposium in Cape Town).
   - David: Neil said dissemination is a dirty word for him. Translating Research into Action does not indicate translating research into dissemination. People put forward some research ideas at the meeting.
   - Dyness: We tend to think of iCCM programs as standalone and there is an issue not linking iCCM to the health system. iCCM started off as an established community health worker system vs. iccm starting off without that structure being in place. For greater impact and sustainability, the program needs to be part of health system.

Action Items and Next Steps

- David to follow up with Kerry on possible activities to be conducted with remaining TRAction funds.
- Dyness to reach out to Travor (consultant based in Zimbabwe) to one of the subgroup's next meetings to learn about his role on the Financing Task team.
- Group: Explore putting together an SOW on calculating actual iCCM program expenditures vs. iCCM costing.