Costing and Financing Subgroup Minutes

June 1, 2015 9-10am EST

Jerome (UNICEF), Gunther (RACE), Colin (MSH), Anna (MCSP), Jenna (USAID), Travor (backstops iCCM gap analyses), Dyness (MCSP)

Agenda Item	Notes	Action Items
Individual and	Gunther: At the WHA, the global technical strategy for malaria	Jerome and Travor will share the
organizational updates	included language on iCCM, which is a very good thing from a policy perspective.	dashboard with the group.
		Anna to share 1MCHWs information on upcoming workshop in Accra.
	 Colin recently was in Zambia doing a family planning costing 	
	analysis, adapting existing iCCM costing tools that MSH created	
	to cost the scale-up of family planning. Community-Based	

	 Distributors (CBDs) of contraceptive methods are tasked with raising awareness in communities about available FP methods. Found that the OneHealth tool wasn't ideal for use in this costing exercise; needed something focused on lower-level community district costing. A Marie Stopes family planning tool is to be released soon but they did not have access nor details. African Strategies for Health project: study on incentives for CHWs (financial and non-financial). Did some fieldwork and data collection in Malawi and Madagascar on how financial and non-financial incentives for CHWs could impact attrition/performance/utilization. Draft reports to be completed soon. 	
Presentation on the Rapid Access Expansion (RACE) Project by Gunther Baugh (forthcoming)	 Objectives: increase access to correct diagnosis and treatment for childhood diseases, and stimulate a policy review of disease management at the community level. Countries: DRC, Malawi, Mozambique, Niger, Nigeria. WHO manages across layers; WHO/Global Malaria Program, WHO/African regional office, etc. Implemented through NGOs that report and request renewals of grants. Mozambique: improving quality of care through supervision and support. Malaria Consortium is implementing in one province. Niger: World Vision is the grantee Nigeria: 2 projects in 2 different states (Niger, Abia). In Niger, Malaria Consortium is the grantee. Nigeria is a "late comer" to iCCM. Much of the support has been on an accelerated learning curve. The project was launched in October of last year and has been expanding since. In Abia, SFH is the grantee. They originally targeted Gates areas but are making major adjustments to the projects. In Niger state: iCCM will then be in all LGAs. In Abia state, their mapping exercise is different. In DRC, targeted 3 additional health zones. Gender, coordination, etc. were some issues that arose. ICF is tasked with RACE M+E and doing data quality assessments to improve routine data collection. Lessons learned: country context differed considerably – this must be 	Gunther can share some written documentation – notes from meeting in Malawi will be shared soon.

	 well-documented to facilitate learning. There are also different definitions of community healthcare: iCCM varies considerably. Testing the institutional ability to work across health programs. They are working on sustainability planning and working on a sustainability framework. Contracting is under way to evaluate sustainability one year after the project finishes. What challenges are experienced when handing over to the MOH? When the workers are no longer paid, issues arise. How do you make it sustainable? In Abia, the state government has an iCCM budget line that has been approved by the State. In the absence of a professionally done sustainability framework, not confident that there is the level of support needed to continue. 	
Review of iCCM Costing and Financing subgroup workplan.	• All subgroup members should review draft of workplan. Anything to add?	Anna to re-circulate draft workplan.
AOB	 The costing tool comparison matrix is available on the website. CCM TF planning to build capacity for country nationals involved in iCCM implementation to write and publish through an iCCM supplement. Still under discussion as to what we will focus on, but will look at national scale programs. There is a zero draft of the concept note that has been shared with the Operations Research subgroup. Next meeting will be August 3 	Dyness will circulate zero draft concept note.