Institutionalizing iCCM Subgroup Meeting
November 7, 2018

Participants: Alfonso Rosales [co-chair] (WVI), Salim Sadruddin [co-chair] (WHO), Sarah Andersson (JSI), Gabriela Berinstein (MCSP/JSI), Dyness Kasungami (MCSP), Ami, Anne Detjen, Benjamin Schreiber, Clerisse Schreiber, Debra Prosnitz (ICF), Emmanuel d'Harcourt, Eric Swedberg (Save the Children), Eric Meier, Hannah Sarah Dini (UNICEF), Ifeanyi Ume, Jane Briggs (MSH), Jennifer Winestock Luna, Kim Connolly (USAID), Lauren Lewis, Maddy Marasciulo, Malia Boggs, Rashed Shah (Save the Children), Stephanie Rapp (Muso Health), Emmanuel d'Harcourt (consultant),

Next Meeting: (TBD after Steering committee meeting Dec 4-6th)

Recording: https://mcsprogram.adobeconnect.com/p602lmwq88k6/

Action steps:

- **Emmanuel d'Harcourt** to reach out to David Marsh.
- **Anne Detjen** to share documents from the conference on institutionalizing community health conference in Johannesburg, South Africa in March, 2017.
- **Subgroup members** to email questions about the CStock program to Sarah after reviewing these notes.
- **Subgroup members** to volunteer for completion of national mapping survey questionnaire to reach out to Salim. Inputs on the questionnaire and volunteers needed by **November 30.**
- **Salim Sadruddin** to resend the email with questionnaires.

Meeting notes:

- Sub-Group objectives and expected results
    - Goal, objectives, and expected results were restated.
- Sarah Andersson - cStock Presentation (Malawi)
    - Outline of presentation
        1. How cStock is used
        2. CHWs, broad ownership, project approach
        3. Health facility staff (which is the HSA supply point)
        4. District level managers
        5. National level managers
        6. Handing cStock over to the Ministry of Health
        7. Challenges overcome
        8. Current status

    - Q&A about cStock program:

Benjamin Schreiber: What amount is Global Fund providing each year to keep the system going? Are these funds going to the government or to an implementing partner?

Sarah: The global fund is funding the SMS, hosting, and maintenance costs. The Ministry of Health is the implementer and the global fund CCM pays.

Emmanuel d'Harcourt: What was the cost was of installing c-stock?

Sarah: Cost for development was about $150,000, and ongoing costs are around $20,000 a year. Training users is the biggest costs – this required a 2-day training for HSAs – 1 day for cStock and 1 day for data review teams.

Alfonso Rosales: What have been the main facilitators for an effective scale up process?

Sarah: The system was simple to use and to roll out as there was no purchasing of phones. In addition MOH commitment to the system, we worked closely with them from the outset and they championed the system and mobilized resources. Partners who will willing to take up training costs and also had a sense of ownership of the system.

Benjamin Schreiber: Why has this system not been rolled out to other countries?

Sarah: Original system in Malawi is a custom built solution and taking it to a new country is difficult. We are now piloting a new version of cStock using the same concepts here in Kenya – using DHIS2 an open source system.

Lauren Lewis: Do you have any data? How many stock outs were reported through the system and can you discuss the response timeframe?

We do have data from the period we were working in Malawi. Here is an article we published in 2014 and a link to our website for more information.

http://www.jogh.org/documents/issue201402/Shieshia_FINAL.pdf

http://sc4ccm.jsi.com/countries/malawi/

Kim C: Can you clarify if the system integrated with the rest of the supply chain system? You said the reporting is integrated, but are the requests from the C-stock system integrated with the health facility requests?

Sarah: The Health facility in Malawi mostly still reports using paper based reports and HSA data is integrated into the facility data. I believe OpenLMIS is now being introduced, but at the time we were there it was still paper at high levels. There was an access-based system called Supply Chain Manager at district level and we tried to integrate at the time but the data was very delayed compared to cStock and so it was difficult to compare the data. There have also been discussions on integrating some data into DHIS2 but it has not happened yet.

Eric Swedberg: Immunization supply chain has also been integrated into this system in some districts.

Sarah: Correct.

Emmanuel d'Harcourt: The evaluation of iCCM conducted by Amazou, Bryce et al in 2016 concluded the program was not effective. Did you observe anything during the implementation of c-stock that might

explain why? And do you think c-stock would help the program be more effective? The program in Malawi was judged not to be effective, it was of Malwai.

Sarah: If there are no products there's only so much you can do. System wide stock outs have been a challenge for Malawi.

Emmanuel d'Harcourt: The evaluation didn't provide the "why"; just failed to see a mortality benefit.

Salim Sadruddin: Besides other issues, the main reason was that the coverage of HSAs was low.

Anne Detjen: And is the 'no product' problem due to lack of funds e.g. for non-malaria commodities or quantification or supply chain?

Salim Sadruddin: lack of funds for non-malaria commodities is a major problem.

Sarah: Yes, systemic issues.

Mapping Survey

Salim Sadruddin

- Two forms : National Mapping, and Individual NGOs

Emmanuel d'Harcourt: Also, David Marsh has done similar information gathering. It would be interesting to hear his take on the questionnaire, and on how to go about getting information.

Anne Detjen: UNICEF WCAR did Community health policy survey recently and other region planning something similar - we should discuss to merge efforts. Similar, there is a lot of work and country follow up on institutionalizing community health where we might be able to get info on iCCM as part of CHW package. Also: if we ask about iCCM I would like to also ask about implementation of the two other CHW packages "Caring for the newborn' and caring for the healthy child.

Emmanuel d'Harcourt: Re Anne's comment, I see the benefit of combining, but it also makes it quite heavy, risks impacting the quality of the information collected.

Anne Detjen: Also: GF iCCM survey being finalized - just saying there is a lot of information gathering already.

Q for Anne: How much overlap is there for WCAR survey?

Kim C: Salim--one more question, if there is going to be a global iCCM technical consultation meeting in February/march, it might be good to have this information by then to inform that meeting.

iCCM indicators

- How will measure iCCM? We could work with the M&E Subgroup. Consensus reached. We will connect with them in the December expanded Child Health Task Force meeting.
  Anne Detjen:

- Agree, reasonable to work with the M&E group also because they are to link with - I believe broader M&E groups such as CHAT
- The March 2017 conference on institutionalizing community health conference in Johannesburg South Africa proposed indicators on institutionalizing community health. This could be a starting point for developing indicators for institutionalizing iCCM. She will share the final documents from the conference with all sub-group members.

Next meeting (5 minutes)

- December 4-6 Steering committee meeting.