

**Scaling up integrated Community Case Management (iCCM)  
in the context of the UNICEF- GFATM Memorandum of Understanding**  
Southern Sun Mayfair, Nairobi  
16-18 February 2016  
Concept Note

**Background**

In April 2014, the GF and UNICEF signed a MoU to better coordinate efforts aimed at reducing the burden of HIV, tuberculosis and malaria and improving the health of mothers, newborns, and children in a select number of high burden countries. UNICEF and the Global Fund agreed to work together in the context of the Global Fund's new funding model (NFM) to include support for a complementary and comprehensive MNCH intervention package in line with national strategies for maternal and child survival. More specifically, for child health, the collaboration is aimed at supporting governments to secure and deliver additional basic child health commodities - antibiotics for pneumonia and oral rehydration salts (ORS) and zinc for diarrhea for children – through integrated service delivery platforms at the community level (iCCM).

During Phase 1 (2014/2015), the iCCM Financing Task Team - a collaboration led by UNICEF - focused its effort on supporting countries to 1) undertake gap analyses and revise/strengthen national strategies for iCCM; 2) develop strong, technically sound concept Global Fund concept notes, and 3) successfully navigate the Global Fund's grant approval and grant- making processes. During Phase II (2015/2016), as countries transition into the grant implementation phase, the iCCM FTT is focusing its efforts on ensuring maximum value for money and the optimal implementation of integrated delivery, which includes a strong focus on procurement and supply chain management (PSM) and community health systems strengthening.

***Phase 1: Integrating iCCM into national child health strategies and GFATM concept notes***

Phase 1 has been a success with some important results:

- 21 countries were supported by the iCCM Financing Task Team for strategy development and gap analyses for the integration of iCCM into malaria and HSS concept notes.
- 20 countries submitting concept notes including an iCCM component (as of September 2015)
- To date, 13 countries have signed GFATM grants and are moving into the implementation phase, with others expected soon.
- As a result of the MoU, over \$200 million has been mobilized for iCCM across an initial set of 12 countries: Burkina Faso, Burundi, Cote d'Ivoire, DRC, Ethiopia,

Ghana, Malawi, Mali, Niger, Nigeria, Uganda, and Zambia. This includes resources mobilized from the Global Fund's new funding model as well as co-financing from national governments (domestic resources), UNICEF, other partners and other funding mechanisms.

- There has also been considerable work on integrated PSM including the dissemination of the UNICEF-Global Fund-UNFPA PSM communique, the development of various PSM tools and guidelines to support MoU implementation, as well as the development of strong intra- and inter-agency mechanisms to coordinate the process.

### ***Phase 2: Supporting iCCM Implementation***

We now face the most important part of the MOU – converting grants into approved and integrated workplans. Previous experience with GFATM grants has shown that many promising grants languish or become significantly altered during the negotiations with implementing partners and governments. This is particularly challenging for the present set of grants as there are many countries that remain underfunded for other core malaria interventions and there are new partners involved so the risk of approved grants being used for non-iCCM interventions is significant. A significant number of grants also fall short with regards to implementation as per approved plans, as well as documentation and the reporting of achievements. Within this context, it is particularly important to share early experiences of iCCM implementation within the context of the GFATM's NFM, discuss challenges faced, and jointly come up with innovative solutions.

#### **Purpose of the Workshop:**

The purpose of the workshop is to bring key stakeholders from global, regional and country level together to share knowledge, lessons learned and experiences across countries to accelerate progress from approved grants to integrated iCCM programming and implementation on the ground.

#### **Specific Objectives:**

- Review implementation planning and monitoring of the iCCM component of GFATM malaria and HSS grants to 1) share lessons learned/experiences across countries, 2) define key constraints and identify potential solutions; and 3) develop a common performance monitoring framework, with an emphasis on community information strengthening linked to HMIS, to assess the outcomes and impact of iCCM implementation;
- Share country experiences with integrating iCCM supplies into national PSM systems and develop draft country action plans, which identify key bottlenecks, solutions, and critical actions for fostering this integration, including PSM capacitation/strengthening;

- Assist country teams to develop resource mobilization plans for co-financing needed as described in the CN; and
- Identify technical assistance needs for ongoing support for implementation and scale-up of iCCM-GFATM grants.

### **Expected Outcomes**

At the end of the three-day workshop, the team expects to have:

- 1) Synthesis of country experiences and lessons learned during early implementation of GF-supported iCCM programming
- 2) Adoption of a common approach to community information systems strengthening and performance monitoring framework to assess the outcomes and impact of iCCM program implementation across countries
- 3) Draft country strategies for PSM capacitation/strengthening, resource mobilization for co-financing, and technical assistance needs to support iCCM program implementation and monitoring.

### **Content and Structure of the Workshop**

The workshop will utilize a participatory, working group methodology with country teams sharing and discussing experiences and identifying common challenges and solutions. This will enable country teams to learn from one another and also enable the organizers to synthesize the learning to share with other countries that have not yet begun implementing their GF-supported iCCM programs. The workshop organizers will share a set of materials and planning templates for country teams to review and prepare before the workshop.

Each country team will be supported by UNICEF staff, iCCM FTT members, GF FPMs, and other key development partners.

The three-day workshop will be structured as follows:

**Day 1:** Country teams will share their experiences and present their iCCM programs as well as implementation plans (including PSM and monitoring and evaluation plans).

**Day 2:** Country teams will jointly identify a small set of indicators to assess the performance of iCCM programming across countries and will also develop country action plans for PSM strengthening/capacitation to ensure successful iCCM implementation.

**Day 3:** Country teams will draft resource mobilization strategies/plans for co-financing and identify what kinds of technical assistance is still needed to support iCCM scale-up and implementation.

## **Participants**

**Global** – UNICEF HQ and SD, GFATM and core members of iCCM Financing Task Team (WHO, MDGHA, Save the Children, USAID/MCSP), RBM, BMGF

**Regional** – ESARO/WCARO Health, iCCM, malaria, and SD focal points; WHO-AFRO; Sub-regional Health Economic Commission (e.g. WAHO), RBM regional coordinators

**Country** – UNICEF Health, iCCM, and SD/PSM focal points; MoH Child Health, NMCP, HMIS/M&E focal points; GFATM FPM; GFATM PR/SR; Key implementing partner(s), Pediatric Associations and selected academic institutions such as (KEMRI, JHU). Proposed participant countries include Ethiopia, Kenya, Malawi, Madagascar, Mozambique, Tanzania, Uganda, Zambia, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, DRC, Ghana, Mali, Niger, Nigeria, Somalia, and South Sudan.

## **Format of the Workshop**

To ensure high quality discussions, the number of participants per country will be limited to 6. Organizers will interact with the various countries to make sure that all the relevant expertise for that country is represented.

The three-day workshop will be held in French and English (with simultaneous interpretation) to ensure full participation of all.

## **Funding and Organization of the Workshop**

The workshop is being organized as part of the iCCM Financing Task Team. The practical organization of the workshop is entrusted to a sub-group of stakeholders.

The organizing committee members are: Mark Young (UNICEF Health/HQ); Jerome Pfaffman (UNICEF Health/HQ); Maurice Hours (UNICEF Health/WCARO); Marie-Reine Chirezy Fabry (UNICEF Health/WCARO); Luwei Pearson (UNICEF Health/ESARO); Janet Kayita (UNICEF Health/ESARO); Valentina Buj de Lauwerier (UNICEF Health/HQ); Kate Wilczynska-Ketende (iCCM FTT); Upjeet Chandan (iCCM FTT), Elizabeth Weinstein (U.S. Fund for UNICEF), and Olga Bornemisza (Global Fund).

Do not hesitate to contact them for further information.

## **Venue and date**

The meeting will take place in Nairobi, Kenya from 16 to 18 February 2016 at the Southern Sun Mayfair.