

# Catalyzing the scale-up of iCCM within the context of the Global Fund's new funding model (NFM): Lessons Learned

*iCCM Financing Task Team  
Final Meeting  
29 November 2016*



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# Update on the work of the iCCM FTT: June-November'16 (1)

- **Validated GFATM and co-donor commitments across 12 countries - continuation of the resource mobilization work**
  - examining GF iCCM grant budgets, communication with the FPMs, reviewing the collated information and checking against previous data; communication with UNICEF CO and other relevant parties in relation to the co-financing commitments
- **Provided TA to countries, as requested**
  - Uganda: rapid assessment support
  - Zambia: cost-effectiveness study-refresher training
  - Burkina Faso: iCCM M&E plan development, resource mobilization, iCCM implementation documentation
  - Malawi: iCCM implementation documentation & resource mobilization
- **Updated the iCCM Advocacy Brief (*“Integrating Financing for Child Health: Achieving Impact at Scale”*) and the accompanying powerpoint**

# Update on the work of the iCCM FTT: June-November'16 (2)

- **Continued updating the Gates Foundation** on the grant progress
- **Continued sharing learnings from the work of the FTT with other partners** (Vancouver HSS conference) and potential donors and **seeking to fundraise for the continuation of the work of the FTT/technical management & coordination role**
- **Developed a protocol for documenting and reviewing early iCCM grant implementation progress** in response to the interest by countries, the Global Fund, and partners in documenting countries' early implementation experiences under the Global Fund NFM
- **Worked/continue to work with the GFATM team around iCCM documentation** -FTT Protocol/GFATM Protocol-how to best collaborate to ensure complementary approaches

# Update on the work of the iCCM FTT: June - November'16 (3)

- **Reflected on the best practices and lessons learned** from the FTT's work on iCCM integration over the past 32 months **and produced a brief consolidating all the reflections:** *“Catalyzing the Scale-up of iCCM within the context of the Global Fund's NFM”* plus an accompanying powerpoint
- **Explored options for continued support to countries and interagency coordination beyond the life of the FTT**

# Key accomplishments of the iCCM FTT (1)

- **Supported twenty-eight (28) countries in sub-Saharan Africa to integrate iCCM into Global Fund malaria and HSS concept notes;** Twenty-seven (27) submitted Global Fund concept notes which included an iCCM component.
- **Contributed to mobilizing over \$80 million for iCCM through the Global Fund and co-funders across 12 countries** (Burkina Faso, Burundi, Cote d'Ivoire, DRC, Ethiopia, Ghana, Malawi, Mali, Niger, Nigeria, Uganda, and Zambia). This includes validated GF commitments across the 12 countries and validated commitments from co-donors across 6 countries. Additional funding across the remaining 15 countries has also been mobilized (exact figures to be determined).
- **Developed and disseminated various iCCM programme implementation tools** and guidance to strengthen the case and support for iCCM programming
- **Established strong partnerships and coordination mechanisms between iCCM FTT members, UNICEF, the Global Fund, and other key stakeholders** on strengthening child health and community health platforms and building resilient health systems.

# Countries Supported by the ICCM FTT

Benin  
Burkina Faso  
Burundi  
Cameroon  
Central African  
Republic Comoros  
Cote d'Ivoire,  
Democratic Republic  
of the Congo  
Eritrea  
Ethiopia  
The Gambia  
Ghana  
Guinea Bissau  
Kenya  
Madagascar

Malawi  
Mali  
Mauritania  
Mozambique  
Nigeria  
Niger  
Senegal  
Sierra Leone  
Somalia  
South Sudan  
Togo  
Uganda  
Zambia



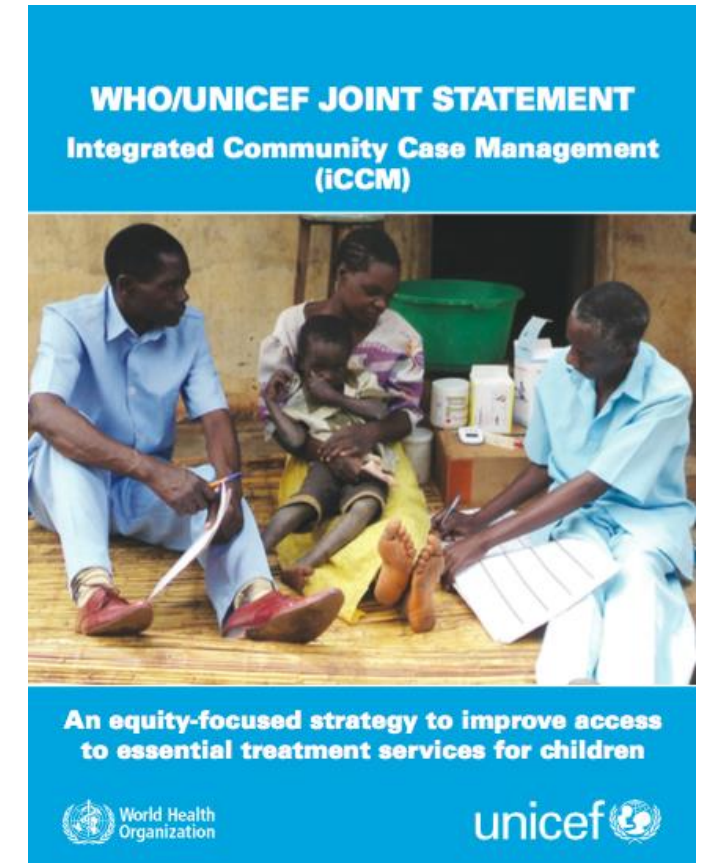
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# Key accomplishments of the iCCM FTT (2)

- **Enhanced the visibility of iCCM on the global health agenda**, particularly among donors (including the Global Fund) as a key strategy to address leading causes of morbidity and mortality in children under the age of five.
- **Catalyzed stronger linkages and partnerships between the child health and malaria communities at the global and national level** to work towards shared goals and a common vision.
- **Strengthened support for ICCM M&E** through the provision of tools as well as by ensuring continued M&E discussions at country level
- **Trained and oriented national and international consultants for Phase I and Phase II support**, thereby building capacity across various stakeholders and at country level.
- **Participated in joint inter-agency PSM missions to Zambia, Uganda, and Nigeria** to promote national supply chain strengthening and integration efforts for improved program results.
- **Convened the Nairobi iCCM Cross-Regional Consultation in Kenya** (February 2016) as an extension of TA support to countries

# Tools developed by the iCCM FTT

- The iCCM FTT developed a compendium of tools for quantifying/costing expanded iCCM services, for integrating iCCM into the CN, and for iCCM implementation planning, resource mobilization, and advocacy.
- *iCCM Gap Analysis Tool*
- *Guidance for Effective iCCM integration into the GF NFM concept notes*
- *iCCM Integration Guidelines for Government, Donors, and Partners*
- *iCCM and Maternal Health PSM checklist*
- *iCCM Product Selection Guide*
- *Guide to iCCM PSM planning for Global Fund Grants*
- *iCCM indicators matrix*
- *WHO-UNICEF iCCM Evidence Update*
- *iCCM Integration into Malaria Programmes Flyer*
- *iCCM Financing Integration Advocacy Brief*
- *iCCM Implementation under the Global Fund's New Funding Model (NFM): Program Implementation Documentation Protocol*
- Many of the tools are available on the CCM Central website at <http://ccmcentral.com>





# How Were the Accomplishments Achieved?

- ✓ A dedicated task team of individuals from different organizations all committed to iCCM
- ✓ Flexible funding allowed for the rapid deployment of TA and adjustment of any work plans
- ✓ The Global Fund-UNICEF MoU formalized a partnership
- ✓ Visibility and active networking and relationship building between child health and malaria communities both globally and nationally



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*The successes of the iCCM Financing Task Team were based on the rapid response, unique and concentrated partner effort, the continuous leadership of UNICEF and a full time technical lead, with dedicated support for tracking key areas and activities.*

# Update on iCCM implementation across West and Central Africa



# iCCM FTT's learnings: key challenges faced across country contexts

- Political Commitment and Country Ownership
- Parallel Financing
- Funding Gap
- Lack of a Joint Accountability Framework and integrated indicators
- Weak national PSM coordination mechanism and supply chain systems
- Model of TA Provision
- Sustaining momentum during the Grant Implementation phase
- Challenges with country grant implementation

# Lessons Learned & Recommendations (1)

- Actively support national iCCM champions and strengthen stakeholder coordination mechanisms for effective iCCM implementation.
- Position iCCM more strongly within the broader framework of primary health care and community health.
- Reframe support to countries to strengthen primary health care and community health (including iCCM) in Global Fund funding requests for 2017-2019.
- Continue collaboration with the Global Fund to inform the next round of concept notes as well with other donors.

# Lessons Learned & Recommendations (2)

- Emphasize the need for securing co-financing as early as possible to ensure sufficient funding is available for full iCCM implementation (malaria & non-malaria components and commodities).
- Prioritize adoption of joint accountability mechanisms and monitoring of iCCM as an integrated program.
- Intensify support for grant implementation and documentation of implementation.



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# Plan for partner support to countries beyond the life of the iCCM FTT and mechanism for coordination and technical oversight

- 1) Support for overall iCCM implementation within the context of community health and primary health care
- 2) Support for GFATM grant applications – next cycle (e.g., Malawi)





# For additional information

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# The iCCM Financing Task Team

- Formed in Feb 2014 to provide countries with TA to incorporate iCCM into their Malaria and HSS Global Fund concept notes under the NFM and technically coordinate efforts of its member partners to support iCCM across high burden priority countries
- Core partners: UNICEF, Key consultants, WHO, the MDG Health Alliance, USAID, Save the Children, USAID's Maternal and Child Survival Program (USAID/MCSP), Clinton Health Access Initiative (CHAI), USAID's Systems for Improved Access to Pharmaceuticals and Services (USAID/SIAPS), Results for Development, the Micro-Nutrient Initiative, and others.
- Two phases to the work



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# ICCM FTT - Key Work

## Phase I (2014-2015):

- ✓ Supported countries to: 1) undertake iCCM gap analyses and revise/strengthen national strategies for child health and iCCM; 2) develop strong, technically sound Global Fund concept notes and; 3) successfully navigate the Global Fund's grant approval and grant-making processes.
- ✓ 28 African countries asked for and received technical assistance from the iCCM FTT to integrate select components of iCCM into Global Fund Malaria and HSS concept notes

## Phase II (2015-2106):

- ✓ Implementation support primarily provided to a smaller set of 'early grant recipient' countries (DRC, Ethiopia, Nigeria, Uganda, Zambia, and Burkina Faso) as well as others that requested it
- ✓ Support provided for implementation planning; monitoring and evaluation; resource mobilization; procurement and supply chain management (PSM); advocacy; and implementation review and documentation.