### Agenda Item: Individual and organizational updates

- **Gunther:** At the WHA, the global technical strategy for malaria included language on iCCM, which is a very good thing from a policy perspective.
- **Jerome:** UNICEF, through the iCCM Financing Task Team, is supporting countries in developing their GF NFM concept notes to include iCCM. There are 10 countries that have completed ‘phase one’ which is developing and submitting a concept note to the Global Fund that includes iCCM. 20 countries have received support with key elements, reviewing child health strategies, developing gap analyses, sharing CCM tools and providing remote support, etc.
  - In terms of funding: ~$334 million; $83 million mobilized through the Global Fund. There are commitments of $110 million from bilaterals. Financing gap ~ $151 million most of which is for procurement of non-malaria commodities.
- **Travor:** Nigeria, DRC, Ghana, Uganda, Malawi and Cote d’Ivoire. Focusing on resource mobilization in the countries. Gap analyses were done for some countries (not all). They are keeping track of the countries that have been successful and ones that were unsuccessful at getting GF money.
- **Colin:** June 9-11, the 1mCHWs campaign will be hosting a south-to-south cooperation workshop in Accra, Ghana, focused on the financing of CHWs at scale in sub-Saharan Africa to support collaboration between MOH of different countries and supporting CHWs in the context of the SDGs. From MSH, David Collins and Jean Kagubare will both be presenting.
  - 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

### Action Items

- Jerome and Travor will share the dashboard with the group.
- Anna to share 1MCHWs information on upcoming workshop in Accra.
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.

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<thead>
<tr>
<th>Review of iCCM Costing and Financing subgroup workplan.</th>
<th>• All subgroup members should review draft of workplan. Anything to add?</th>
<th>Anna to re-circulate draft workplan.</th>
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<tr>
<td>AOB</td>
<td>• 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</td>
<td>Dyness will circulate zero draft concept note.</td>
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