Detailed Instructions for Completing the CHW Programmatic Gap Table for Global Fund Funding Requests

Instructions for filling CHW programmatic gap table:

The community health worker (CHW) Programmatic Gap Table is intended to support countries to systematically identify funding gaps across the systems components needed for CHWs to be effective – and thereby identify priorities for inclusion in funding requests to the Global Fund. This will support countries to shift away from piecemeal approaches to investment in CHWs toward comprehensive and well-designed investments across systems components. Completion of the CHW Programmatic Gap Table is mandatory for all funding requests that request funds for any type of CHW (including peers) or CHW supervisors. This applies to all funding requests (disease-specific funding requests and RSSH funding requests). Applicants should complete the programmatic gap tables for remuneration, training, supervision, equipment, referral and counter-referral, and HMIS and M&E costs. For guidance on investment in these system components, please refer to the Global Fund RSSH Information Note and Global Fund Modular Framework Handbook.

Note: If funding for more than one type of CHW is being requested in the same funding request, applicants are encouraged to complete separate CHW Programmatic Gap Tables (excel files) if the applicant finds this easier and more clear. Alternatively, applicants may use a single CHW Programmatic Gap Table (excel file) combining the data across the CHW types in the relevant cells and providing the disaggregated data for each type of CHW in the “Comments” cells. In user testing, most users have provided feedback that completing separate CHW Programmatic Gap Tables (excel files) for each type of CHW was most simple and useful as it enabled funding gaps and priorities for Global Fund investment for each type of CHW to be clearly identified and then inserted into the funding request.

If your country would like to request funding for non-malaria iCCM commodities and meets eligibility requirements (see Annex 3 on pages 74-75 of the RSSH Information Note), please complete the tab "non-malaria iCCM commodities" in the CHW Programmatic Gap Table.

Users may select the language in the “Instructions” tab in the top left corner. For all tables within the CHW Programmatic Gap Table, blank cells highlighted in white require input. Cells highlighted in purple and gray will be filled automatically. See below instructions for each table.

"RSSH - CHW Tables" tab

CHW Programmatic Gap Table 1 - Coverage of remuneration costs

Indicator: Percentage of CHWs remunerated.
Purpose of the table: Systematically identify funding gaps for remuneration of CHWs and the number of CHWs to be supported with remuneration through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F8.

Row “Comments”: Specify the agreed amount of remuneration for the CHWs.

Current estimated country need:
Row “A” refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row “C1” refers to the number of CHWs who are to receive remuneration through domestic resources. Put the data source and any comments in column F.
Row “C2” refers to the number of CHWs who are to receive remuneration through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row “C” refers to the number of CHWs who are to receive remuneration through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target covered with the allocation amounts:
Row "E" refers to the number of CHWs who are to receive remuneration through the allocation amount.
Row "F" refers to the number of CHWs who are to receive remuneration through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 2 - Coverage of competency-based pre-service training and certification costs

Indicator: Percentage of CHWs who received competency-based pre-service training and certification.
Purpose of the table: Systematically identify funding gaps for competency-based pre-service training and certification of CHWs and the number of CHWs to be supported with competency-based pre-service training and certification through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F38.

Row “Comments”: Include details on the package of competency-based pre-service training and certification.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
"C1" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic resources. Put the data source and any comments in column F.
"C2" refers to the number of CHWs who are to receive competency-based pre-service training and certification through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
"C" refers to the number of CHWs who are to receive competency-based pre-service training and certification through domestic + non-Global fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount
Row "E" refers to the number of CHWs who are to receive competency-based pre-service training and certification through the allocation amount.
Row "F" refers to the number of CHWs who are to receive competency-based pre-service training and certification through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 3 - Coverage of competency-based in-service training costs

Indicator: Percentage of CHWs who received competency-based in-service training.
Purpose of the table: Systematically identify funding gaps for competency-based in-service training of CHWs and the number of CHWs to be supported with competency-based in-service training through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F68.

Row “Comments”: Include details on the package of competency-based in-service training

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs who are to receive competency-based in-service training through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs who are to receive competency-based in-service training through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs who are to receive competency-based in-service training through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs who are to receive competency-based in-service training through the allocation amount.
Row "F" refers to the number of CHWs who are to receive competency-based in-service training through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 4 - Coverage of integrated supportive supervision costs

Indicator: Percentage of CHWs who received integrated supportive supervision.
Purpose of the table: Systematically identify funding gaps for integrated supportive supervision of CHWs and the number of CHWs to be supported with integrated supportive supervision through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F98.

Row “Comments”: Integrated supportive supervision costs should include all components needed to ensure quality, integrated supportive supervision of CHWs, including but not limited to: costs for recruitment, remuneration, training, equipment, and supervision of CHW supervisors, as well as implementation costs (e.g., travel costs, per diems) for supervision of CHWs. Specify the components for integrated supportive supervision in your country.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs who are to receive integrated supportive supervision through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs who are to receive integrated supportive supervision through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs who are to receive integrated supportive supervision through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs who are to receive integrated supportive supervision through the allocation amount.
Row "F" refers to the number of CHWs who are to receive integrated supportive supervision through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 5 - Coverage of equipment costs

Indicator: Percentage of equipped CHWs.
Purpose of the table: Systematically identify funding gaps for equipment for CHWs and the number of CHWs to be supported with equipment through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F130.

Row “Comments”: Equipment depends on the role of the CHW and geography (rural versus urban). In rural contexts, the following should be considered: Transportation (e.g., bicycle inc. maintenance or motorcycle inc. maintenance and fuel or transportation allowance, depending on context/terrain (note if transport costs for referral / counter-referral are included here, Table 8 may not be needed) backpack, uniform, rain gear and boots, flashlight, thermometer, mid-upper arm circumference (MUAC) strip / shakir tape, respiratory timers for respiratory illness. Specify the equipment required for CHWs in your country.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs who are to be equipped through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs who are to be equipped through non-GF external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs who are to be equipped through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs who are to be equipped through the allocation amount.
Row "F" refers to the number of CHWs who are to be equipped through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 6 - Coverage of PPE costs

Indicator: Percentage of CHWs protected with PPE.
Purpose of the table: Systematically identify funding gaps for PPE for CHWs and the number of CHWs to be supported with PPE through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F160.

Row “Comments”: Types of PPE depend on the role of the CHW and national protocols for PPE. Specify the types of PPE required for CHWs in your country.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs to be protected with PPE through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs to be protected with PPE through non-GF external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs to be protected with PPE through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs to be protected with PPE through the allocation amount.
Row "F" refers to the number of CHWs to be protected with PPE through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 7 - Coverage of commodity costs

Percentage of CHWs to be provided commodities per the CHW package of services (e.g., condoms and lubricant for HIV prevention if CHWs provide HIV prevention services).
Purpose of the table: Systematically identify funding gaps for commodities per the CHW package of services (apart from iCCM commodities, e.g. for condoms and lubricant for HIV prevention if CHWs provide HIV prevention services) and the number of CHWs to be supported with commodities through the Global Fund allocation amount (to feed into the Global Fund funding request).
Note that non-malaria iCCM commodities (antibiotics for pneumonia and ORS and zinc for diarrhea) should be included in Tables 10 and 11 of the CHW Programmatic Gap Table. Note that malaria commodities (RDTs and ACTs) should be included in the Malaria Gap Table.

Data source: Put the source of data for latest results in cell F190.

Row “Comments”: Commodities depend on the type of CHW and should include commodities outside of malaria and other non-malaria iCCM commodities that are required per the CHW package of services (e.g., condoms, lubricant, etc.). Specify the commodities required (apart from malaria and non-malaria commodities for iCCM) for CHWs in your country.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs to be provided commodities through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs to be provided commodities through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs to be provided commodities through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs to be provided commodities through the allocation amount.
Row "F" refers to the number of CHWs to be provided commodities through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 8 - Coverage of referral / counter-referral costs

Indicator: Percentage of CHWs supported for referral / counter-referral.
Purpose of the table: Systematically identify funding gaps for referral / counter-referral costs for CHWs and the number of CHWs to be supported for referral / counter-referral through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F220.

Row “Comments”: Specify details on the referral / counter-referral components included in the table for your country. See guidance on referral / counter-referral in Table 1 and Annex 2 of the RSSH Information note. If costs for referral / counter-referral (e.g. transportation costs for patient, caregiver and CHW) are included already in Table 4 on Equipment then just indicate that referral/counter-referral costs are already included in Table 4.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs to be supported by a referral / counter-referral system through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs to be supported by a referral / counter-referral system through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs to be supported by a referral / counter-referral system through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs to be supported by a referral / counter-referral system through the allocation amount.
Row "F" refers to the number of CHWs to be supported by a referral / counter-referral system through all sources.
Row "G" refers to the remaining gap to country target.

CHW Programmatic Gap Table 9 - Coverage of Health management information system, surveillance and M&E costs

Indicator: Percentage of CHWs supported with Health management information system, surveillance and M&E activities.
Purpose of the table: Systematically identify funding gaps for health management information system, surveillance and M&E costs for CHWs and the number of CHWs to be supported for health management information system, surveillance and M&E costs through the Global Fund allocation amount (to feed into the Global Fund funding request).

Data source: Put the source of data for latest results in cell F250.

Row “Comments”: Health management information system, surveillance and M&E costs may include, for example: Registers, paper-based job aides, routine reporting forms, CHW master list development (including data collection as needed) and maintenance in a registry, mobile digital health tools (phones/tablets, sim cards, communications allowance) for CHWs and CHW supervisors. Refer to the sections “Monitoring and Evaluation Systems” and “Digital Health” in the RSSH Information Note and Global Fund Modular Framework Handbook. Specify the details on the health management information system, surveillance and M&E costs included in this table for your country.

Current estimated country need:
Row "A" refers to the total estimated number of CHWs needed by year (may be higher than the NSP target). Put the data source and any comments in column F.
Row “B” refers to country targets for the number of CHWs needed by year (per NSP or agreed number). Put the data source and any comments in column F.

Country target already covered:
Row "C1" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through domestic resources. Put the data source and any comments in column F.
Row "C2" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through non-Global Fund external resources. Put the data source and specify the number of CHWs to be supported by source of non-GF external funding for each year in column F.
Row "C" refers to the number of CHWs to be supported with Health management information system, surveillance and M&E through domestic + non-Global Fund external resources. Put the data source and any comments in column F.

Programmatic gap:
Row “D” refers to the expected annual gap in meeting the target.

Country target to be covered with the allocation amount:
Row "E" refers to the number of CHWs whose cost of Health management information system, surveillance and M&E is planned to be covered by the allocation amount.
Row "F" refers to the number of CHWs to be supported with HMIS, surveillance and M&E through all sources.
Row "G" refers to the remaining gap to country target.

"Non-Malaria iCCM commodities" tab

The Global Fund will now support non-malaria medications for iCCM where CHWs provide malaria case management, where iCCM is part of the package of services CHWs are allowed to provide, and where the requirements in **Annex 3** of the RSSH Information Note are met. The support can include funding for the following components: Antibiotics for pneumonia (restricted to first line treatment for pneumonia in children under 5 years of age as per national protocol for iCCM), and oral rehydration salts (ORS) and zinc for diarrhea for children under 5 years of age as per national protocol for iCCM. Global Fund funding may not be used for other non-malaria iCCM commodities (e.g., ready-to-eat therapeutic food) or antibiotics for the treatment of acute malnutrition – these commodities should be covered by other sources of funding. Note that equipment and job aids for iCCM (and the broader package of services CHWs provide) are eligible for Global Fund funding and covered in **CHW Programmatic Gap Table 5** – more details on equipment can be found in **Table 1** of the RSSH Information Note.

Each country should determine whether financing non-malaria iCCM medications is the best use of Global Fund resources. Countries that already have other sources of funding (domestic or non-Global Fund external resources) for these commodities may prefer to continue their current financing approach and should avoid replacing any existing funding for these commodities with funding from the Global Fund. The “non-malaria iCCM commodities” tab within the CHW Programmatic Gap Table should be used to document 1) the estimated needs per year for non-malaria iCCM commodities at the anticipated scale of the CHW platform that will provide iCCM; 2) the non-malaria iCCM commodities covered by domestic and non-Global Fund external resources; and 3) the non-malaria iCCM commodities planned for inclusion in the Global Fund funding request.

Countries should ensure that health facilities have an adequate stock of antibiotics, ORS and zinc for integrated management of childhood illness (IMCI) at the health facility, through domestic and/or other partner resources, as Global Fund support for these commodities does not extend to case management at health facilities. This will both ensure that patients at health facilities receive adequate treatment and that community supplies are not diverted for case management in health facilities.

Countries should also ensure that there is sufficient funding and resources for existing CHWs across systems components such as supportive supervision, competency-based pre-service and in-service training, remuneration, equipment, etc. (i.e. readiness to scale) before scaling further. This should be done using the CHW Programmatic Gap Table. Existing CHW platforms should be strengthened and functioning smoothly before expanding iCCM. If countries decide they would like to scale iCCM, the process should be evidence-based and in alignment with national strategic plans. Countries that want to use Global Fund funding to scale iCCM must indicate that all systems components for the CHW platform are covered with adequate funding for the desired scale. Again, this should be done using the CHW Programmatic Gap Table.

Estimating the need for Global Fund support of non-malaria iCCM commodities should be done in coordination with the relevant directorates/units within the Ministry of Health (e.g., those responsible for community health, child health, primary health care, planning as well as pharmaceutical supply), technical and financial partners, and any other relevant stakeholders. As not all countries have fully scaled or fully functional iCCM services, estimating the need for non-malaria iCCM commodities may be dependent on incomplete or imperfect data. Consumption data for non-malaria commodities may be used in countries where the data are of adequate quality, extrapolating to the planned scale of CHWs that will provide iCCM. Countries that have recently used tools (such as the Community Health Planning and Costing Tool (CHPCT) to estimate their commodity needs, may extract the relevant data for the Global Fund non-malaria iCCM commodities gap tables. The USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program recently published an **RMNCH Forecasting Supplement** (available in English and French), with detailed guidance, **forecasting calculation templates** (available in English and French), and **examples of completed forecasting calculation templates** (available in English and French) for estimating commodities needs for the treatment of pneumonia and diarrhea among children under five using the morbidity method, where there is unreliable or no consumption data. Example calculations using the USAID MTaPS morbidity method are provided below; however for more details, please refer to the USAID MTaPS supplement. Where possible and relevant, applicants are encouraged to triangulate estimates using multiple approaches in order to compare and fine-tune the estimates.

CHW Programmatic Gap Table 10 - non-malaria iCCM commodities (first line antibiotics for simple pneumonia among children 2-59 months of age as part of iCCM)

Indicator: Proportion of children 2-59 months with suspected pneumonia (fast breathing) that received first line antibiotic treatment in the community.

Current estimated country need:
Row "A" Total estimated suspected pneumonia cases (community) refers to the total estimated number of suspected pneumonia cases **in the areas with CHWs providing malaria case management and iCCM** (should be higher than the number of suspected pneumonia cases treated by CHWs reported in country information system and may be higher than the NSP target for suspected pneumonia cases to be treated by CHWs).

Comments/Assumptions:

- If a country is using a morbidity method (e.g. following MTaPS guidance), specify the assumptions and show the calculations in the comments/assumption column.
    - Incidence data may come from a country's HMIS. If there are no country-level data on pneumonia incidence, proxy data can be found in the MTaPS supplement.
    - Please show the calculations separately for 2-11 month olds and 12-59 month olds. Quantification of first-line antibiotics will be based on these two age groups.
    - For example assumptions for "A" should include:
        - Annual population growth: 2.0%
        - Total population: 20,000,000 (2023); 20,400,000 (2024); 20,808,000 (2025); 21,224,160 (2026)
        - Percentage children 2-59 months: 9%
        - Population children 2-59 months: 1,800,000 (2023); 1,836,000 (2024); 1,872,720 (2025); 1,910,174 (2026)

        - Incidence of pneumonia in children 2-59 months: 231 episodes per 1,000 children (HMIS and population data used to calculate proxy incidence)
        - Estimated number of pneumonia cases in children 2-59 months = population 2-59 months x incidence: 415,800 (2023); 424,116 (2024); 432,598 (2025); 441,250 (2026)
        - Percentage of pneumonia cases in children 2-59 months treated in the public sector, including CHWs: 60% (source: latest DHS) with 5% annual increase assumed
        - Number of pneumonia cases in children 2-59 months treated in the public sector, including CHWs: 60% x 415,800 = 249,480 (2023); 65% x 254,497 (2024); 70% x 432,598 = 302,819 (2025); 75% x 441,250 = 330,936 (2026)
        - Share of public sector pneumonia cases in children 2-59 months treated by level of public sector: CHW (20% in 2023, 23% in 2024, 26% in 2025; 29% in 2026); first level health facility (65% in 2023; 62% in 2024; 59% in 2025; 56% in 2026); public hospitals (15% in 2023; 15% in 2024; 15% in 2025; 15% in 2026)
        - Number of pneumonia cases in children 2-59 months treated by CHWs (per national protocol only includes fast-breathing pneumonia cases and excludes HIV-positive and chest-indrawing cases as these are not treated at CHW level): 23% x 254,497 = 58,534 (2024); 26% x 302,819 = 78,733 (2025); 29% x 330,936 = 95,971 (2026)
        - Number of pneumonia cases in children 2-59 months treated by CHWs with first-line regimen: 100% x 58,534 = 58,534 (2024); 100% x 78,733 = 78,733 (2025); 100% x 95,971 = 95,971 (2026)
        - Share of pneumonia cases treated by CHWs with first-line regimen by age group: 2-11 months (33%); 12-59 months (67%)
        - Quantity of amoxicillin 250mg dispersible tablets per case: 2-11 months = 10 dispersible tablets; 12-59 months = 20 dispersible tablets
        - For use when calculating the quantity of amoxicillin 250mg dispersible tablets for children 2-11 months treated by CHWs: 33% x 10 x 58,534 = 193,162 DT (2024); 33% x 10 x 78,733 = 259,819 DT (2025); 33% x 10 x 95,971 = 316,704 DT (2026)
        - For use when calculating the quantity of amoxicillin 250mg dispersible tablets for children 12-59 months treated by CHWs: 67% x 20 x 58,534 = 784,356 DT (2024); 67% x 20 x 78,733 = 1,055,022 DT (2025); 67% x 20 x 95,971 = 1,286,011 DT (2026)
        - For use when calculating the total quantity of amoxicillin 250mg DT for children 2-59 months treated by CHWs: 977,517 DT (2024); 1,314,841 DT (2025); 1,602,715 DT (2026)
- If a country has adequate service data on the number of pneumonia cases treated at the community level and trends or has used a tool to estimate pneumonia cases using demographic and morbidity (incidence) data in combination with service data, that data can be used to extrapolate to the planned scale of CHWs that will provide iCCM. Specify where these data are coming from in the comments/assumptions column.
    - For example, the following assumptions and calculations might be shown in the comments/assumptions column for 2024:
        - Average number of suspected pneumonia cases in children 2-59 months per CHW per year (2022 latest data) = 51.55 (calculated based on total number of cases treated by the CHWs in 2022 divided by the total number of CHWs in the same year)

        - Planned CHWs providing iCCM = 8,000
        - Estimated suspected pneumonia cases in children 2-59 months in communities with CHWs providing iCCM = 412,440, calculation: (8000 x 51.555)
        - Note: Need to disaggregate this into cases among children 2-11 months and 12-59 months and put this in the comments. Quantification of first-line antibiotics will be based on these two age groups.
    - These calculations would then be repeated for 2025 and 2026 with appropriate assumptions for those years. For example, assumptions for 2025 and 2026 may need to take into account an increase in the number of CHWs, imperfect care-seeking behavior (i.e. care seeking to CHWs in communities with CHWs providing iCCM may still be less than 100%), an increase in demand over time, population growth over time (usually estimated at 2%), etc.
- It may also be useful to compare the final estimated number of pneumonia cases with other diseases that have both incidence and consumption data available. For example, if ACT consumption data for malaria is much lower than the estimated malaria incidence in the same age group, it may be useful to adjust the suspected pneumonia cases down to avoid over estimation of the commodities needed. Typically needs for ACTs will be higher than needs for antibiotics.

Row "B" Country targets (from National Strategic Plan) refers to country targets for number of suspected pneumonia cases to be treated with first-line antibiotics by CHWs implementing iCCM per NSP or agreed number (must be equal to or lower than “A”).
Comments/Assumptions:

- Based on NSP targets for 2024-2026 (100% of A)
- Include disaggregation by age group 2-11 months and 12-59 months based on the assumption under A.
    - 2024: 58,534 (2-11 months = 19,316; 12-59 months = 39,218)
    - 2025: 78,733 (2-11 months = 25,981; 12-59 months = 52,751)
    - 2026: 95,971 (2-11 months = 31,670; 12-59 months = 64,301)

Country target already covered:
Row "C1" refers to the part of the country target planned to be covered by domestic resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.

Row "C2" refers to the part of the country target planned to be covered by non-Global Fund external resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.
    - 2024: 25% of country target covered by non-GF external resources (7,317 covered by UNICEF and 7,317 covered by USAID); 4829 for 2-11 months and 9804 for 12-59 months
    - 2025: 25% of 19683 covered by non-GF external resources (9,841 covered by UNICEF and 9,842 covered by USAID); 6495 for 2-11 months and 13188 for 12-59 months
    - 2026: 25% of country target covered by non-GF external resources (11,996 covered UNICEF and 11,997 covered by USAID); 7918 for 2-11 months and 16075 for 12-59 months
    - Assumes share of pneumonia cases treated by CHWs with first-line regimen by age group: 2-11 months (33%); 12-59 months (67%)

Row "C" refers to the part of the country target planned to be covered by domestic + non-Global Fund external resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.
- Calculated based on planned domestic + non-Global Fund external resources

Programmatic gap: Refers to the expected annual gap in meeting the country target.

Country target to be covered with the GF allocation amount:
Row "E" refers to the part of the country target planned to be covered by the GF allocation amount.
Comments/Assumptions:

- Based on gap after domestic + non-GF financing and GF funding envelope.
    - 2024: 75% of country target to be covered by the GF allocation (14,487 for 2-11 months; 29,413 for 12-59 months)
    - 2025: 75% of country target to be covered by the GF allocation (19,486 for 2-11 months and 39,564 for 12-59 months)
    - 2026: 75% of country target to be covered by the GF allocation (23,753 for 2-11 months and 48,225 for 12-59 months)
    - Assumes share of pneumonia cases treated by CHWs with first-line regimen by age group: 2-11 months (33%); 12-59 months (67%)

Row "F" refers to the part of the country target planned to be covered by all sources.
Comments/Assumptions:

- Based on domestic + non-GF financing + allocation
    - 2024: 58,534 (2-11 months = 19,316; 12-59 months = 39,218)
    - 2025: 78,733 (2-11 months = 25,981; 12-59 months = 52,751)
    - 2026: 95,971 (2-11 months = 31,670; 12-59 months = 64,301)

Row "G" refers to the remaining gap to country target.
Comments/Assumptions:

- If there is a gap remaining, please indicate in the Comments/Assumptions the disaggregation by age (2-11 months and 12-59 months)

CHW Programmatic Gap Table 11 - non-malaria iCCM commodities (oral rehydration salts and zinc for treatment of diarrhea among children 2-59 months of age as part of iCCM)

Indicator: Proportion of children 2-59 months with diarrhea that received oral rehydration salts and zinc treatment in the community.

Current estimated country need:
Row "A" refers to the total estimated number of diarrhea cases in the areas with CHWs providing malaria case management and iCCM (may be higher than the NSP target).

Comments/Assumptions:

- If a country is using a morbidity method (e.g. following MTaPS guidance), specify the assumptions and show the calculations in the comments/assumption column.

- Incidence data may come from a country's HMIS. If there are no country-level data on diarrhea incidence, proxy data can be found in the MTaPS supplement.
- Please show the calculations separately for 2-5 month olds and 6-59 month olds. Quantification of ORS and zinc will be based on these two age groups.
- For example assumptions for "A" should include:
    - Annual population growth: 2.0%
    - Total population: 20,000,000 (2023); 20,400,000 (2024); 20,808,000 (2025); 21,224,160 (2026)
    - Percentage children 2-59 months: 9%
    - Population children 2-59 months: 1,800,000 (2023); 1,836,000 (2024); 1,872,720 (2025); 1,910,174 (2026)
    - Incidence of diarrhea in children 2-59 months: 2.19 episodes per child per year (HMIS and population data used to calculate proxy incidence per child per year)
    - Estimated number of diarrhea cases in children 2-59 months = population 2-59 months x incidence: 3,942,000 (2023); 4,020,840 (2024); 4,101,257 (2025); 4,183,281 (2026)
    - Percentage of diarrhea cases in children 2-59 months treated in the public sector, including CHWs: 50% (source: latest DHS) with 5% annual increase assumed
    - Number of diarrhea cases in children 2-59 months treated in the public sector, including CHWs: 50% x 3,942,000 = 1,971,000 (2023); 55% x 4,020,840 = 2,211,462 (2024); 60% x 4,101,257 = 2,460,754 (2025); 65% x 4,183,281 = 2,719,133 (2026)
    - Share of public sector diarrhea cases in children 2-59 months treated by level of public sector: CHW (20% in 2023, 23% in 2024, 26% in 2025; 29% in 2026); first level health facility (65% in 2023; 62% in 2024; 59% in 2025; 56% in 2026); public hospitals (15% in 2023; 15% in 2024; 15% in 2025; 15% in 2026)
    - Number of diarrhea cases in children 2-59 months treated by CHWs (per national protocol only includes non-severe diarrhea cases without blood): 23% x 2,211,462 = 508,636 (2024); 26% x 2,460,754 = 639,796 (2025); 29% x 2,719,133 = 788,548 (2026)
    - Number of diarrhea cases in children 2-59 months treated by CHWs with first-line regimen: 100% x 508,636 = 508,636 (2024); 100% x 639,796 = 639,796 (2025); 100% x 788,548 = 788,548 (2026)
    - Share of diarrhea cases treated by CHWs with first-line regimen by age group: 2-5 months (10%); 6-59 months (90%) for calculating zinc quantities
    - Quantity of ORS 20.5 g low osmolarity sachets per case for children 2-59 months = 2 sachets per case
    - Quantity of zinc 20mg dispersible tablets: children 2-5 months = 5 dispersible tablets per case; children 6-59 months = 10 dispersible tablets per case
    - For use when calculating the quantity of ORS 20.5 g low osmolarity sachets for children 2-59 months treated by CHWs: 2 x 508,636 = 1,017,272 sachets (2024); 2 x 639,796 = 1,279,592 sachets (2025); 2 x 788,548 = 1,577,096 sachets (2026)
    - For use when calculating the quantity of zinc 20 mg dispersible tablets for children 2-5 months treated by CHWs: 10% x 5 x 508,636 = 254,318 DTs (2024); 10% x 5 x 639,796 = 319,898 DTs (2025); 10% x 5 x 788,548 = 394,274 DTs (2026)

        - For use when calculating the quantity of zinc 20 mg dispersible tablets for children 6-59 months treated by CHWs: 90% x 10 x 508,636 = 4,577,724 DTs (2024); 90% x 10 x 639,796 = 5,758,164 DTs (2025); 90% x 10 x 788,548 = 7,096,932 DTs (2026)
        - For use when calculating the total quantity of zinc 20 mg dispersible tablets for children 2-59 months: 4,832,042 DTs (2024); 6,078,062 DTs (2025); 7,491,206 DTs (2026)
        - It may also be useful to compare the final estimated number of pneumonia cases with other diseases that have both incidence and consumption data available. For example, if ACT consumption data for malaria is much lower than the estimated malaria incidence in the same age group, it may be useful to adjust the suspected pneumonia cases down to avoid over estimation of the commodities needed. Typically needs for ACTs will be higher than needs for antibiotics.
- If a country has adequate consumption data or has used a tool to estimate diarrhea commodity needs, that data can be used to extrapolate to the planned scale of CHWs that will provide iCCM. Specify where these data are coming from in the comments/assumptions column.
    - For example, the following assumptions and calculations might be shown in the comments/assumptions column for 2024.
        - Average number of diarrhea cases in children 2-59 months per CHW per year (2022 latest data) = 990 (calculated based on total number of cases treated by the CHWs in 2022 divided by the total number of CHWs in the same year)
        - Planned CHWs providing iCCM = 8,000
        - Estimated diarrhea cases in children 2-59 months in communities with CHWs providing iCCM = 7,920,000, calculation: (8,000 x 990)
        - Note: Need to disaggregate this into cases among children 2-5 month and 6-59 months and put this in the comments. Quantification of zinc needs will be based on these two age groups.
    - These calculations would then be repeated for 2025 and 2026 with appropriate assumptions for those years. For example, assumptions for 2025 and 2026 may need to take into account an increase in the number of CHWs, imperfect care-seeking behavior (i.e., care seeking to CHWs in communities with CHWs providing iCCM may still be less than 100%), an increase in demand over time, population growth over time (usually estimated at 2%), etc.
- It may also be useful to compare the final estimated number of diarrhea cases with other diseases that have both incidence and consumption data available. For example, if ACT consumption data for malaria is much higher than the estimated malaria incidence in the same age group, it may be useful to adjust the diarrhea cases up to avoid underestimation of the commodities needed. Depending on epidemiological context, diarrhea incidence may be higher than malaria incidence among children under five years of age needs for ACTs may be lower than needs for ORS and zinc.

Row "B" refers to country targets for number of diarrhea cases to be treated with ORS and zinc by CHWs implementing iCCM per NSP or agreed number (must be equal to or lower than “A”). Comments/Assumptions:

- Based on NSP targets for 2024-2026
    - Include disaggregation by age group 2-5 months and 6-59 months based on the assumption under A.2024: 508,636 (2-5 months = 50,867; 6-59 months = 457,772)
    - 2025: 639,796 (2-5 months = 63,980; 6-59 months = 575,816)

    - 2026: 788,548 (2-5 months = 78,855; 6-59 months = 709,693)

Country target already covered:
Row "C1" refers to the part of the country target planned to be covered by domestic resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.

Row "C2" refers to the part of the country target planned to be covered by non-Global Fund external resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.
    - 2024: 25% of country target covered by non-GF external resources (63,580 covered by UNICEF and 63,579 covered by USAID); 12,716 for 2-5 months and 114,443 for 6-59 months
    - 2025: 25% of country target covered by non-GF external resources (79,975 covered by UNICEF and 79,974 covered by USAID); 15,995 for 2-5 months and 143,954 for 6-59 months
    - 2026: 25% of country target covered by non-GF external resources (98,569 covered by UNICEF and 98,568 covered by USAID); 19,714 for 2-5 months and 177,423 for 6-59 months
    - Assumes share of diarrhea cases treated by CHWs with first-line regimen by age group: 2-5 months (10%); 6-59 months (90%)

Row "C" refers to the part of the country target planned to be covered by domestic + non-Global Fund external resources.
Comments/Assumptions:

- Mapping of anticipated funding sources for CHWs.

Programmatic gap: Refers to the expected annual gap in meeting the country target.

Country target to be covered with the GF allocation amount:
Row "E" refers to the part of the country target planned to be covered by the GF allocation amount.
Comments/Assumptions:

- Based on gap after domestic + non-GF financing and GF funding envelope.
    - 2024: 381,477 (2-5 months = 38,148; 6-59 months = 343,329)
    - 2025: 479,847 (2-5 months = 47,985; 6-59 months = 431,862)
    - 2026: 591,411 (2-5 months = 51,141; 6-59 months = 532,270)
    - Assumes share of diarrhea cases treated by CHWs with ORS and zinc by age group: 2-5 months (10%); 6-59 months (90%)

Row "F" refers to the part of the country target planned to be covered by all sources.
Comments/Assumptions:

- Based on domestic + non-GF financing + allocation
    - 2024: 508,636 (2-5 months = 50,864; 6-59 months = 457,772)
    - 2025: 639,796 (2-5 months = 63,980; 6-59 months = 575,816)
    - 2026: 788,548 (2-5 months = 78,855; 6-59 months = 709,693)

Row "G" refers to the remaining gap to country target.
Comments/Assumptions:

If there is a gap remaining, please indicate in the Comments/Assumptions the disaggregation by age (2-5 months and 6-59 months)