



iCCM TASK TEAM:

Technical assistance options for countries preparing Global Fund malaria and RSSH concept notes for comprehensive, integrated, systems investments in integrated community case management of childhood illness (iCCM)

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iCCM Task Team funded by USAID through the Child Health Task Force (CHTF)

The CHTF aims to support countries during their Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF) malaria and resilient and sustainable systems for health (RSSH) proposal preparation process, as well as during grantmaking.

The CHTF aims to:

- Facilitate and coordinate knowledge exchange and advocacy efforts to advance GF systems investments in child health with the relevant global and country partners;
- Track and maintain an inventory of countries eligible to apply for GF malaria and RSSH funding, their proposal writing and submission timelines, and specific consultants and organizations/partners that are available and/or assigned to support the iCCM component of country proposals;
- Track the mock Technical Review Panel¹ meetings for preliminary Global Fund country proposal reviews and attend where possible to engage with/support country teams;
- Facilitate opportunities to recruit global and country-specific organizations/agencies with iCCM technical expertise (drawn from the CHTF's iCCM Subgroup membership, as an example) to contribute to draft country proposal reviews. Advocate for improved availability of iCCM nonmalaria commodities and strengthened community health systems to support iCCM implementation.

We are available to provide technical assistance (TA) in various forms to countries that request it (and are within our target group). These may include those off-target towards meeting the 2030 U5 SDG target and/or USAID and PMI priority countries.

Examples of TA include:

- Development and/or technical reviews of draft malaria and RSSH proposals and complete grant applications
- Conducting iCCM gap and costing analyses
- Completing the Community Health Worker (CHW) Gap Analysis Table, which is a new requirement for Global Fund country proposals for this funding cycle

¹ The main goal of the TRPs is to provide an opportunity for countries to conduct a comprehensive peer review of their GF malaria funding applications, with support from recognized experts, to ensure the finalization of the application prior to submission to the GF.

- Quantifying iCCM commodity and broader supply chain costing needs, as important components of country Global Fund proposals
- Developing or reviewing community health and/or iCCM investment cases, including through the use of the Community Health Planning and Costing Tool 2.0 (CHPCT 2.0)
- Contributing to [costed] national child health, community health, community health worker, and/or malaria strategies that are being developed or updated alongside the development of country Global Fund proposals
- Developing advocacy briefs and other strategic communications materials, using any of the above analyses, that countries can use to advance child health priorities, political commitment, and (especially domestic) resource mobilization during and beyond the GF grantmaking period.



Requests can be submitted to: **Kate Ketende** - katewetende@hotmail.com and **Dyness Kasungami** - dyness_kasungami@jsi.com

Medicines, Technologies and Pharmaceutical Services project (MTaPS) funded by USAID

The MTAps project team is able to provide support to countries to fully consider the inclusion of non — malaria iCCM commodities in the GFATM proposals — either malaria or RSSH.

This support is oriented around:

- The estimation of quantity and budget requirements for procurement and supply chain management, as necessary, including forecast, supply plan and other logistics requirements in a collaborative manner based on the best available evidence, and following structured processes, and advocate for their inclusion in GF proposals, where appropriate.
- The use of the GF tools such as the gap analysis tables to estimate commodity requirements as well as other quantification tools such as the [RMNCH forecasting supplement](#).
- Supporting countries to engage all relevant key stakeholders in the proposal development process such as the MoH MNCH unit, supply chain unit and or central medical stores/procurement agency, and the malaria program in addition to the community health unit but also donors such as USAID, UNICEF, implementing partners and other local, regional and international stakeholders after a quick stakeholder analysis for each country. This will allow better coordination and sharing of the best available information, and alignment of assumptions and approaches.
- Supporting community health teams to advocate for the inclusion of those non-malaria commodities needs in the grant proposal and also assure that the country has considered sufficient resources from other sources to cover the needs for those medicines at the facility level.
- Support to costing of the activities needed to improve the planning and coordination of the supply chain to reduce likelihood of stock outs at the community level.

This support can take the form of:

- Remote guidance to a specific country
- In person TA in a specific country
- Virtual or in person workshops to orient and exchange best practices and examples with a group of countries
- Participation in the mock TRP or other regional meetings to provide input and feedback to country discussions



For more information, contact: **Jane Briggs** - jbriggs@mtapsprogram.org

Momentum Country and Global Leadership (MCGL)

MCGL is a global USAID mechanism to provide technical and capacity development assistance to ministries of health and other country partners to expand global leadership and learning and enable government-led partnerships to deliver high-quality, evidence-based interventions that accelerate reductions in maternal, newborn, and child mortality and morbidity.

MCGL can provide the following support to countries submitting community platform costs in their window 3 submissions:

- Reviewing draft country concept notes for mock TRPs;
- participating in mock TRPs to offer the service delivery/programmatic perspective;
- identifying and bringing TA needs/opportunities to the iCCM Task Team to see if/how we can fulfill these needs;
- contributing to advocacy efforts at global/regional/country levels;
- providing TA either directly and/or by hiring local consultants in countries where MCGL and/or Save the Children has a presence.



For more information, contact: John Borrazzo - jbrazzo@savethechildren.org

MOMENTUM Integrated Health Resilience (MIHR)

MIHR works alongside local organizations, governments, and humanitarian and development partners in fragile settings to accelerate reductions in maternal, newborn, and child illness and death by increasing the capacity of partner country institutions and local organizations — including new and underutilized partners — to introduce, deliver, scale up, and sustain the use of evidence-based, quality maternal, newborn and child health services, voluntary family planning, and reproductive health care.

Additionally, the project can provide the following support to countries submitting community platform costs in their proposal.

- Reviewing draft country concept notes for mock TRPs,
- participating in mock TRPs to offer the service delivery/programmatic perspective,
- identifying and bringing TA needs/opportunities to the iCCM Task Team to see if/how we can fulfill these needs,
- contributing to advocacy efforts at global/regional/country levels, providing TA either directly and/or by hiring local consultants in countries where MIHR and/or JSI has a presence.



For more information, contact: Anaclet Ngabonzima - ANgabonzima@momentumihir.org

Last Mile Health through Project BIRCH

Project BIRCH aims to provide technical assistance to practically support CHW programming based on country priority needs and alignment with WHO CHW guidelines. With this support, countries are able to put forward a strong investment case for community health systems in their GC7 funding requests. In the GC7's 3rd window, BIRCH is supporting Liberia, Ethiopia, and Kenya.

Scope of support includes:

1. High quality and timely TA for CHW programming for GC7 proposal development

- Conduct a review of the National Community Health Plans to identify progress in implementation and outstanding investments
- Assess the functionality of community health worker programs and identify gaps across systems components
- Complete Programmatic Gap Table
- Complete high level community health funding landscaping analysis to identify anticipated funding (domestic, non-GF partners and C19RM) across systems components
- Identify outstanding funding gaps across systems components
- Identify funding gaps that will be covered by GC7
- Identify any remaining funding gaps to be considered within the PAAR
- Support development and submission of GC7 grant proposal
- Provide grant making support to countries.

2. Support for community health systems strengthening. Sample interventions include:

- Development of national georeferenced CHW Master List as a priority; BIRCH used to fund its development and capacity build for maintenance in line with global guidance.
- Revision of integrated supportive supervision for CHWs. BIRCH used to fund revision of the supervision approach, including procedures, training material, and roll-out
- National CH policy reflected in national health sector. BIRCH used to fund National CH policy with defined roles, tasks, relationship to health system, targets, implementation and M&E plans.



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