

## ANNEX A: AGENDA

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

### DAY ONE

TIME	TOPIC	SPEAKERS/FACILITATORS
08:00 - 09:00	Registration	
09:00 - 09:15	Welcoming remarks	Annah Wamai (Ministry of Health, Kenya)
09:15 - 09:30	Opening remarks	Mark Hereward (UNICEF ESARO Deputy Regional Director)
09:30 - 09:45	Security Briefing	UNDSS
09:45 - 10:00	Overview of meeting	Luwei Pearson (UNICEF ESARO)
<b>SESSION ONE: OVERVIEW OF ICCM IMPLEMENTATION UNDER THE NEW FUNDING MODEL</b> CHAIR: Dyness Kasungami (MCSP/USAID grantee)		
10:00 - 10:30	The Big Picture: An Overview of Progress to Date	Mark Young (UNICEF HQ) Kate Wilczynska-Ketende (iCCM FTT)
10:30 - 11:00	Tea/coffee break	
11:00- 12:15	iCCM Country Experiences - Panel 1	Country Teams (Malawi, Uganda, Zambia) Luwei Pearson (UNICEF ESARO)
12:15 - 13:30	iCCM Country Experiences - Panel 2	Country Teams (Burkina Faso, Cdi, DRC) Marie-Reine Fabry (UNICEF WCARO)
13:30 - 14:30	Lunch	
14:30 - 15:00	Summary of Country Experiences and Key Themes	Dyness Kasungami (MCSP/USAID grantee)
<b>SESSION TWO: IMPLEMENTATION PLANNING</b> CHAIR: Samira Aboubaker (WHO HQ)		
15:00 - 15:20	What Constitutes a Strong National iCCM Implementation Plan?	Dyness Kasungami (MCSP/USAID grantee)
15:20 - 16:00	National iCCM Plans/Strategies: Key Components and Implementation Challenges	Country Teams (Ethiopia and Ghana)
16:00 - 17:30	Peer Review of Implementation Plans <i>Group Work (includes tea/coffee break)</i>	Teshome Desta Woldeehanna (WHO AFRO) Kate Wilczynska-Ketende (iCCM FTT) Upjeet Chandan (iCCM FTT) Magali Romedenne (UNICEF WCARO)
17:30 - 18:00	Feedback on Peer Review of Implementation Plans	Teshome Desta Woldeehanna (WHO AFRO) Magali Romedenne (UNICEF WCARO)

## DAY TWO

TIME	TOPIC	SPEAKERS/FACILITATORS
<b>SESSION THREE: THE IMPORTANCE OF INTEGRATED PSM FOR EFFECTIVE ICCM IMPLEMENTATION</b>		
<b>CHAIR: Atieno Ojoo (UNICEF Supply Division)</b>		
08:30 – 08:45	Why Integrated PSM planning?	Thomas Sorensen (UNICEF SD ESARO)
08:45 – 10:00	Common PSM Challenges for ICCM Implementation	Eby Cheikh Khou (UNICEF WCARO) Jane Briggs (SIAPS/MSH) Country teams (Burkina Faso, Uganda, Zambia)
10:00 – 10:30	Review of integrated PSM resources and tools and introduction to group work	Upjeet Chandan, iCCM FTT
10:30 – 11:00	Tea/coffee break	
11:00 – 13:00	Integrated PSM Action Planning - Exploring Solutions <i>Group work - country teams identify PSM bottlenecks, solutions, key next steps</i>	Eby Cheikh Khou (UNICEF WCARO) Jane Briggs (SIAPS/MSH) Upjeet Chandan (iCCM FTT)
13:00 – 14:00	Lunch	
<b>SESSION FOUR: ADOPTING AN INTEGRATED MONITORING AND EVALUATION FRAMEWORK AND STRENGTHENING COMMUNITY HEALTH INFORMATION SYSTEMS</b>		
<b>CHAIR: Eric Swedberg (Save the Children)</b>		
14:00 – 14:15	Challenges and opportunities for an integrated M&E Framework and CHIS: A Global Fund perspective	Miriam Sabin (The Global Fund)
14:15 – 14:45	Overview of recommended iCCM indicators and priority indicators for incorporation within the national HMIS, and supporting tools	Eric Swedberg (Save the Children) Dy Ness Kasungami (MCSP/USAID grantee)
14:45 – 15:30	Emergent trends and best practices for strengthening community health information systems, data quality and data use	Country presenters (Ethiopia, Niger) Nicholas Oliphant (UNICEF HQ)
15:30 – 16:00	Tea/coffee break	
16:00 – 17:00	Action planning for monitoring <i>Group Work</i>	Nicholas Oliphant (UNICEF HQ)

### DAY THREE

TIME	TOPIC	SPEAKERS/FACILITATORS
<b>SESSION FIVE: MOBILIZING RESSOURCES AND INVESTING IN CHW PLATFORMS</b>		
<b>CHAIR: Olga Bornemisza (The Global Fund)</b>		
09:00 – 09:15	Resource Mobilization: Progress to Date	Mark Young (UNICEF HQ)
09:15 – 09:45	Scaling Up Community Health Platforms: Costing and Building an Investment Case	Jerome Pfaffmann (UNICEF HQ) David Collins (MSH)
09:45 – 10:10	Advocacy for Resource Mobilization – Lessons learned from the Roll Back Malaria Toolkit	Valentina Buj (UNICEF HQ)
10:10 – 10:30	Tea/Coffee Break	
10:30 – 11:30	Resource mobilization for community health: Building a sustainable financing pathway (panel discussion)	Valentina Buj (UNICEF HQ)
11:30 – 12:30	Developing country-specific resource mobilization strategy	Janet Kayita (UNICEF ESARO)
12:30 – 13:30	Lunch	
<b>SESSION SIX: WORKSHOP SYNTHESIS</b>		
13:30 – 14:30	Community Health Worker Panel	Janet Kayita (UNICEF ESARO)
14:30 – 15:45	Identification of country-specific TA needs and country plan of action	Kate Wilczynska-Ketende (iCCM FTT) (and other facilitators)
15:45 – 16:30	Summary of Meeting and Closure	Mark Young (UNICEF HQ) Luwei Pearson (UNICEF ESARO) Olga Bornemisza (The Global Fund)
16:30 – 18:00	Tea and Side Meetings	

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90	Nigeria	Daniel Salihu	UNICEF	Health Specialist	<a href="mailto:dsalihu@unicef.org">dsalihu@unicef.org</a>
91	Mozambique	Humberto Jamal Rodrigues	MoH	CHW Program Officer	<a href="mailto:hmjrodrigues.83@gmail.com">hmjrodrigues.83@gmail.com</a>
92	Mozambique	Frederico Brito	UNICEF	CHW Program Officer	<a href="mailto:fbrito@unicef.org">fbrito@unicef.org</a>
93	Madagascar	Maria Montserrat Renom Llonch	UNICEF	MNCH Focal Point	<a href="mailto:mrenomllonch@unicef.org">mrenomllonch@unicef.org</a>
94	Madagascar	Dr R V Vololoniaina Razanakotomalala	NMCP	Director of Community Health	<a href="mailto:razanakotomalalavoahangy@yahoo.fr">razanakotomalalavoahangy@yahoo.fr</a>
95	Madagascar	Dr Heriniaina Honoré Rasamimanana	NMCP	Deputy Director	<a href="mailto:heryhrasamimanana@gmail.com">heryhrasamimanana@gmail.com</a>
96	Madagascar	Dr A T Herinalinjaka Rajoelina	MoH	Director of District Health	<a href="mailto:tafohasina.dds@gmail.com">tafohasina.dds@gmail.com</a>
97	Madagascar	Dr Marie Georgette Ravoniarisoa	MoH	Director of Family Health	<a href="mailto:marigeoravo@gmail.com">marigeoravo@gmail.com</a>
98	Somalia	Dr. Abdiqani Sheikh Omar	MoH	Director General	<a href="mailto:dr.abdiqani@hotmail.com">dr.abdiqani@hotmail.com</a>
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101	Somalia	Dr Binyam Woldetsadik Gebru	SCI	Head/Health and Nutrition	<a href="mailto:Binyam.gebru@savethechildren.org">Binyam.gebru@savethechildren.org</a>
102	Somalia	Abukar Samow	WARDI	Health and Nutrition Manager	<a href="mailto:abukar.abuu.mohamed@gmail.com">abukar.abuu.mohamed@gmail.com</a>
103	South Sudan	Joy Kenyi	UNICEF	MNCH Focal Point	<a href="mailto:jkenyi@unicef.org">jkenyi@unicef.org</a>
104	South Sudan	Dr. Samson Baba	MOH	Director General of PHC Services	<a href="mailto:Samson_baba@yahoo.co.uk">Samson_baba@yahoo.co.uk</a>

## ANNEX C: SESSION 3 –COMPILATION OF GROUP WORK

Strategic Area	Bottlenecks/challenges related to PSM for iCCM	Enablers of PSM for iCCM	Desired Outcomes	Linkages with national PSM strategic plan	Key Activities	Key stakeholders
Coordination, management & integration	<ul style="list-style-type: none"> <li>• Selective support from partners</li> <li>• Management of commodities for malaria and child health by separate units</li> <li>• Coordination mechanisms / groups for iCCM weak or not established</li> <li>• Lack of common iCCM PSM plan or strategy</li> <li>• Weak communication between procurement unit and MoH</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination groups for iCCM exist and in some MoH PSM unit involved</li> <li>• Implementation guides developed</li> <li>• Management information system in place to track procurements and use (Tanzania)</li> <li>• National supply chain strategies exist</li> <li>• Donors &amp; partners committed to process</li> <li>• Devolution</li> </ul>	<ul style="list-style-type: none"> <li>• Functional coordination mechanisms for iCCM</li> <li>• Non malaria iCCM commodities integrated into the malaria or national supply plan</li> <li>• Prioritize geographic areas in scale up plan</li> <li>• Commodities available at community level with no stock outs</li> </ul>	<ul style="list-style-type: none"> <li>• Use country pharmaceutical profile</li> <li>• Integrate iCCM commodities into the national supply system and plan</li> </ul>	<ul style="list-style-type: none"> <li>• Set up or strengthen coordination units for iCCM, including commodity management</li> <li>• Develop SOW for coordination mechanisms</li> <li>• Include PSM for iCCM in the next PSM coordination committee meeting</li> <li>• Develop or finalize iCCM implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• MoH, Central Medical Stores partners</li> </ul>
Selection	<ul style="list-style-type: none"> <li>• Amoxicillin not yet made policy as first line treatment for pneumonia and not integrated into the national supply system</li> <li>• Consistency of color coding for packs to be used at community level</li> <li>• Pediatric presentations of non malaria iCCM not included in EML</li> </ul>	<ul style="list-style-type: none"> <li>• Non malaria iCCM commodities included in EML (some countries)</li> </ul>		<ul style="list-style-type: none"> <li>• EML and STGs</li> </ul>	<ul style="list-style-type: none"> <li>• Revise the EML where necessary</li> <li>• Revise national supply plan to include amoxicillin DT</li> </ul>	

Strategic Area	Bottlenecks/challenges related to PSM for iCCM	Enablers of PSM for iCCM	Desired Outcomes	Linkages with national PSM strategic plan	Key Activities	Key stakeholders
Quantification (Forecasting & supply planning)	<ul style="list-style-type: none"> <li>Quantification for malaria and non malaria iCCM commodities conducted separately</li> <li>No quantification committee</li> <li>Different programs or areas supported by different partners</li> <li>Various different tools for quantification</li> <li>Low capacity for quantification</li> <li>Weaknesses in reporting consumption from community level so quantification not informed by consumption</li> </ul>	<ul style="list-style-type: none"> <li>Committees and tools exist in some countries</li> <li>Political will</li> <li>Technical capacity</li> </ul>	<ul style="list-style-type: none"> <li>Needs estimated for all iCCM commodities</li> <li>Include iCCM needs in national quantification process</li> <li>Supply plan with iCCM included</li> <li>Established procedures and tools for quantification</li> </ul>	<ul style="list-style-type: none"> <li>None, yet need to be formed</li> </ul>	<ul style="list-style-type: none"> <li>Establish or strengthen quantification committees</li> <li>Joint national quantification and revision</li> <li>Standardize tools for quantification</li> <li>Ensure registers available at peripheral levels</li> </ul>	
Procurement	<ul style="list-style-type: none"> <li>Separate procurements for malaria and non malaria iCCM commodities and by different partners. National procurement units bypassed</li> <li>Insufficient funding</li> <li>Lack of consistency in funding streams</li> <li>Long procurement process depending on source of funds e.g. WB</li> </ul>	<ul style="list-style-type: none"> <li>Various sources of funding available</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated and integrated procurement of all iCCM commodities</li> <li>Include non malaria iCCM commodities in GF grant</li> </ul>	<ul style="list-style-type: none"> <li>None, yet need to be formed</li> </ul>	<ul style="list-style-type: none"> <li>Plan for procurement</li> </ul>	
Storage/Inventory management/ Distribution	<ul style="list-style-type: none"> <li>Parallel distribution systems</li> <li>Push distribution systems or kits in some countries producing over or understocking &amp; errors in quantification</li> <li>Storage space limited in stores at different levels</li> <li>Challenges in distribution</li> </ul>	<ul style="list-style-type: none"> <li>Medicine boxes considered for CHWs</li> <li>Transport means being provided e.g. motorbikes for supervisors &amp; vehicles to district level</li> </ul>	<ul style="list-style-type: none"> <li>Proper capacity at storage facilities</li> <li>Integrate distribution for iCCM into national system</li> <li>No stock outs</li> </ul>			

Strategic Area	Bottlenecks/challenges related to PSM for iCCM	Enablers of PSM for iCCM	Desired Outcomes	Linkages with national PSM strategic plan	Key Activities	Key stakeholders
	<ul style="list-style-type: none"> <li>Free care at community level in a system creates problems where it is not free at HC level</li> </ul>					
LMIS	<ul style="list-style-type: none"> <li>Separate information systems</li> <li>Many different tools and innovations being piloted</li> <li>Information system stops at facility level. Where LMIS for community level exists it is weak</li> <li>No nationally agreed LMIS software, all paper based</li> </ul>		<ul style="list-style-type: none"> <li>Strengthened national LMIS, including community level</li> </ul>			
Use	<ul style="list-style-type: none"> <li>Separate monitoring of use</li> <li>Supervision</li> <li>Stock outs impact use</li> <li>Pharmacovigilance not set up</li> </ul>					
Human Resources	<ul style="list-style-type: none"> <li>PSM training on ICCM not scaled up</li> <li>Pre-service training on PSM not strong</li> <li>Most trainings provided by partners</li> <li>Low capacity, low motivation, high attrition, shortage of HR</li> </ul>	<ul style="list-style-type: none"> <li>PSM training modules available</li> </ul>	<ul style="list-style-type: none"> <li>Improve capacity, increase number of HR, motivational schemes</li> </ul>			

**ANNEX D: SUMMARY OF SESSION 4 DATA: MONITORING AND EVALUATION (refer to attached excel file)**

## ANNEX E: SUMMARY OF COUNTRY TA NEEDS

Scaling up iCCM in the context of the UNICEF-GFATM MoU -TA Needed/Timeframe							
Region	Country	iCCM Implementation Planning	Resource mobilization strategy development	Integrated PSM Planning	iCCM M&E/HMIS Strengthening	Other	TA to be provided by
WCA	Burkina Faso	NO	YES for developing a resource mobilization strategy/March 2016	YES for development of an integrated PSM plan/March 2016	YES for development of an M&E plan/March 2016	YES/Q1 2016	M&E TA by iCCM FTT - consultant being deployed Feb 2016
WCA	Cote d'Ivoire	YES - for supporting the review of the national iCCM implementation plan (2010-2015) and supporting the development of the new iCCM strategic framework (2016-2019) and action plan for 2017 (timeline to be confirmed)	YES - for the development of resource mobilization plan and for supporting advocacy efforts with national health authorities, Ministry of Budget, and other decision-making bodies (timeline to be confirmed)	Yes - for integrates iCCM/PSM planning and implementation (timeline to be confirmed)	Yes - Technical assistance to support the development of a Monitoring Evaluation Plan for iCCM (timeline to be confirmed)		
WCA	Democratic Republic of Congo	Yes – for supporting the development of the Community Health Strategic Plan; iCCM Strategic Plan 2016-2020; and the iCCM Operational Action Plan 2017 (March 2016)	Yes – for the development of the resource mobilization plan and its implementation modality (April 2016 – to be confirmed)	Yes – TA needed for quantification (April 2016 – to be confirmed) and to support PSM planning and implementation (timeline to be confirmed)	Yes - to support the development of the M&E iCCM plan (timeline to be confirmed)		
ESA	Ethiopia	NO	YES for resource mapping and costing (partner mapping, gap analysis, costing)/Q2 (April-June) 2016	NO	NO	NO	
WCA	Ghana	YES/2016 -key technology for mapping (mapping of CHAs/volunteers??)-DIFFICULT TO READ ON THE FORM-PLEASE CONFIRM	YES/2016 -In-country strategies for resource mobilization -Domestic mobilization -Quantification skills	YES/2016 -Strengthening scheduled delivery systems to community level	NO	NO	

Region	Country	iCCM Implementation Planning	Resource mobilization strategy development	Integrated PSM Planning	iCCM M&E/HMIS Strengthening	Other	TA to be provided by
ESA	Kenya	Yes - National level to provide TA to counties for Development of county operation plans and cascade to sub-county levels	Yes - expertise on resource mobilization, packaging & investment case development to work with in-country teams for Develop/strengthen a national resource mobilization strategy and Develop a national resource mobilization plan/IMMEDIATELY BY APRIL 2016; Yes - expertise on resource mobilization, packaging & investment case development to work with in-country teams for Develop/strengthen county level resource mobilization strategies and to Develop a county level resource mobilization plan/BY JUNE 2016	Yes - Tools for budgeting and costing; support for advocacy for Advocacy with national (ministerial) and county governments for the establishment of a strong national coordinating mechanism (framework and policy) for lifesaving commodities/IMMEDIATELY, start March 2016 (continuous); YES- for Selection and improvement of quantification & costing tools linked to the iCCM commodities and for Joint national quantification for iCCM commodities/BY MAY 2016	Yes - to update the DHIS at national as part of Adoption of RMNCAH score card to incorporate community/iCCM level components and link this to DHIS; YES - for programming and roll out as part of Digitalizing supply chain (LMIS) and linking to DHIS and Digitalizing CHIS and linking it to DHIS/BY AUGUST 2016	NO	
ESA	Madagascar	NO	YES- Revise la politique existant du 2009 reflexir sur autres approches et definir la nouvelle xxx; Review existing national policy of 2009 (starting March 2016); Investment case and resource mobilization strategy (starting May 2016)	NO	NO	NO	
ESA	Malawi	YES - - On line technical support from regional team on implementation plan for - Stakeholders consultation meeting to update the implementation plan /MARCH 2016	YES - - Technical support from HQ team to develop resource mobilization strategy with advocacy tool, and facilitation of technical sessions during stakeholders consultation meetings/APRIL 2016	YES - - Online technical support from HQ on iCCM health commodity quantification exercise/END MARCH/APRIL 2016	YES - - Provide consultant to develop integrated M&E plan and tools, and technical guidance from HQ/RO/MARCH/APRIL 2016	NO	
ESA	Somalia	YES/May-July 2016 -Situation Analysis -Develop iCCM Strategy & Action Plan -Integration of iCCM into community strategy	YES/August-Sept 2016 -Financial situation analysis -Explore Financing Options -Costing of iCCM	YES/Sept-Nov 2016 -Gap analysis -Develop PSM system -Integration into National System	YES/Aug-Sept 2016	YES/Nov-Dec 2016 -Develop key indicators -Revise Community Area M&E -Operations Research on Health Seeking	

Region	Country	iCCM Implementation Planning	Resource mobilization strategy development	Integrated PSM Planning	iCCM M&E/HMIS Strengthening	Other	TA to be provided by
ESA	South Sudan	Indicated on the iCCM strategy form that would like TA to finalize the iCCM strategy					
ESA	Tanzania	YES/Before June 2016 -To facilitate development of the package/costing (discussing and writing of the package and Plan)	YES/March-June 2016 -To facilitate development of the strategy	NO	NO	NO	
ESA	Uganda	NO	YES-health economist TA to support GFF investment case development to articulate iCCM/March 2016 YES- Public Health Specialist/Health Economist - to support iCCM investment case/August 2016	NO	YES – public health specialist to assist with Rapid Assessment on Work Plan Tracking Measure for GF iCCM Component of Current Malaria Grant (Rapid Assessment report produced before GF evaluation)/IMMEDIATELY	NO	
ESA	Zambia	YES -Updating the gap analysis and finalizing the iCCM National Implementation Plan/March-April 2016	YES/June-July 2016 -External fundraising at global and regional level -Local donor/govt fundraising	YES/In time with GF plans -Integrating non-malaria drugs and commodity plans in the GF PSM Plan (tools, etc.)	YES/?? TBD -Integration and disaggregation of iCCM data into DHS/HMIS	NO	
<b>NOTE: The following countries did not submit TA requests as of 1 April 2016: (Burundi, Cameroon, Mali, Niger, Nigeria, Mozambique, South Sudan)</b>							

## ANNEX F: ICCM STRATEGIES AND PLANS (COUNTRY SYNTHESIS, FEB 2016)

COUNTRY	ICCM STRATEGY Does your country have an ICCM strategy? Is it stand-alone or integrated into other strategies?	ICCM IMPLEMENTATION PLAN Does your country have a national ICCM implementation plan? Does your country have a GF specific ICCM implementation plan?	COVERAGE OF ICCM How many health districts in your country? How many are implementing ICCM?	ICCM PACKAGE: Which services are included in your country's ICCM package?	CONTACT NAME & EMAIL
Burkina Faso	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Embedded in national child health strategy (2015-2020)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2015-2017</li> <li>➤ No specific GF ICCM workplan</li> </ul>	<ul style="list-style-type: none"> <li>➤ 70 health districts total in BF</li> <li>➤ Complete ICCM package in 28 districts</li> <li>➤ Partial package (malaria and diarrhea) in all 70 districts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Community treatment of neonatal sepsis</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> <li>➤ Supervised treatment of TB (during the second phase)</li> <li>➤ Adherence support for HIV treatment</li> <li>➤ The search for patents lost to follow-up (VIH, tuberculosis, malnutrition)</li> </ul>	<p>Valerie Zombre Sanon</p> <p><a href="mailto:marcellasanou@yahoo.fr">marcellasanou@yahoo.fr</a></p>

COUNTRY	ICCM STRATEGY	ICCM IMPLEMENTATION PLAN	COVERAGE OF ICCM	ICCM PACKAGE:	CONTACT NAME & EMAIL
Burundi	<ul style="list-style-type: none"> <li>➤ Does your country have an ICCM strategy?</li> <li>Is it stand-alone or integrated into other strategies?</li> </ul>	<ul style="list-style-type: none"> <li>➤ Does your country have a national ICCM implementation plan?</li> <li>Does your country have a GF specific ICCM implementation plan?</li> </ul>	<ul style="list-style-type: none"> <li>➤ How many health districts in your country? How many are implementing ICCM?</li> </ul>	<ul style="list-style-type: none"> <li>➤ Which services are included in your country's ICCM package?</li> </ul>	<p>Celine Kanyoge <a href="mailto:ckanyoge@unicef.org">ckanyoge@unicef.org</a></p> <p>Etienne Dembele <a href="mailto:edembele@unicef.org">edembele@unicef.org</a></p>
Ethiopia	<ul style="list-style-type: none"> <li>➤ Yes - stand alone</li> <li>➤ No additional info provided</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2011-2015 (to be reviewed)</li> <li>➤ There is a GF ICCM work plan (covers 2016)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 714 health districts (<i>woredas</i>) total</li> <li>➤ ICCM being implemented in 638 districts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Community treatment of neonatal sepsis</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	None included.
Ghana	<ul style="list-style-type: none"> <li>➤ Yes – embedded in national malaria strategy (2014-2018)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2014-2018</li> <li>➤ There is a GF ICCM workplan (covers 2014-2017)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 216 health districts total in Ghana</li> <li>➤ ICCM being implemented in 176 districts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	<p>Dr. Winifred Ofosu <a href="mailto:Winfred.ofusu@ghsmail.org">Winfred.ofusu@ghsmail.org</a></p> <p>Dr. Edward Antwi <a href="mailto:ed_antwi@yahoo.com">ed_antwi@yahoo.com</a></p> <p>Roland K. Glover <a href="mailto:kwamiglover@yahoo.com">kwamiglover@yahoo.com</a></p>

COUNTRY	ICCM STRATEGY	ICCM IMPLEMENTATION PLAN	COVERAGE OF ICCM	ICCM PACKAGE:	CONTACT NAME & EMAIL
Kenya	<p>Does your country have an ICCM strategy?</p> <p>Is it stand-alone or integrated into other strategies?</p> <ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Embedded in other strategies(operates within community health platform)</li> <li>➤ Included in child health strategy (2008-2015) – being reviewed – and community health strategy (2014-2019)</li> </ul>	<p>Does your country have a national iCCM implementation plan?</p> <p>Does your country have a GF specific iCCM implementation plan?</p> <ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2013-2017</li> <li>➤ No GF-specific workplan</li> </ul>	<p>How many health districts in your country? How many are implementing iCCM?</p> <ul style="list-style-type: none"> <li>➤ 47 health counties total in Kenya</li> <li>➤ iCCM being implemented in 13 counties</li> </ul>	<p>Which services are included in your country's ICCM package?</p> <ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Screening of malnutrition</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	<p>Lydia W. Karimurio  <a href="mailto:Lkarimurio@gmail.com">Lkarimurio@gmail.com</a></p>
Madagascar	<p>Does your country have an ICCM strategy?</p> <p>Is it stand-alone or integrated into other strategies?</p> <ul style="list-style-type: none"> <li>➤ Yes – a stand alone ICCM strategy plan (2006-2010) exists but was not officially signed; currently being revised.</li> <li>➤ Country also has a national policy for community health (2009) and community health operational plan (as of 2015).</li> </ul>	<p>Does your country have a national iCCM implementation plan?</p> <p>Does your country have a GF specific iCCM implementation plan?</p> <ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2010-2019</li> <li>➤ Has a GF ICCM work plan (2016-2017)</li> <li>➤ Will share the GF iCCM implementation plan via email</li> </ul>	<p>How many health districts in your country? How many are implementing iCCM?</p> <ul style="list-style-type: none"> <li>➤ 112 districts in total in Madagascar</li> <li>➤ iCCM being implemented in 112 districts.</li> </ul>	<p>Which services are included in your country's ICCM package?</p> <ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Community treatment of neonatal sepsis (in pilot districts – for the prevention of umbilical cord infections with chlorexhedine 7.1%)</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> <li>➤ Family planning</li> <li>➤ Pregnancy testing</li> <li>➤ Prevention of post-partum hemorrhage with misoprostol</li> </ul>	<p>Marie Georgette  <a href="mailto:mariegeoravo@gmail.com">mariegeoravo@gmail.com</a></p> <p>R Voahangy Vololoniaina Razanakotomalala  <a href="mailto:razanakotomalalavoahangy@yahoo.fr">razanakotomalalavoahangy@yahoo.fr</a></p> <p>Arotafohasina Hery  <a href="mailto:Tafohasino.dds@gmail.com">Tafohasino.dds@gmail.com</a></p>

COUNTRY	ICCM STRATEGY	ICCM IMPLEMENTATION PLAN	COVERAGE OF ICCM	ICCM PACKAGE:	CONTACT NAME & EMAIL
Malawi	<p>Does your country have an ICCM strategy?</p> <p>Is it stand-alone or integrated into other strategies?</p> <ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Embedded in child health strategy (2014-2018)</li> </ul>	<p>Does your country have a national iCCM implementation plan?</p> <p>Does your country have a GF specific iCCM implementation plan?</p> <ul style="list-style-type: none"> <li>➤ No national iCCM implementation plan</li> <li>➤ In the process of developing an national ICCM plan</li> <li>➤ GF iCCM implementation plan exists (2016-2017)</li> </ul>	<p>How many health districts in your country? How many are implementing iCCM?</p> <ul style="list-style-type: none"> <li>➤ 29 health districts in Malawi</li> <li>➤ ICCM being implemented in all 29 districts</li> </ul>	<p>Which services are included in your country's ICCM package?</p> <ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	<p><a href="mailto:hnsone@gmail.com">hnsone@gmail.com</a></p>
Mali	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Embedded in other health strategies namely:</li> <li>➤ Child health Strategy (2007-2011)</li> <li>➤ Health Sector Strategy (2014-2018)</li> <li>➤ National Malaria Strategy (2013-2017)</li> <li>➤ Community Health Strategy (2014-2018)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Phase I (2012-2014); Phase II (2014-2016); Phase III (2016-2017/18?)</li> <li>➤ No GF-specific iCCM implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ Was 63, now 65</li> <li>➤ iCCM being implemented in 46 districts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> <li>➤ Identification of danger signs in pregnant women and new mothers and their infants up to 5months</li> <li>➤ Essential newborn care</li> <li>➤ Family planning</li> <li>➤ IEC</li> <li>➤ Promotion of maternal health</li> </ul>	<p>Boussiratou Maiga <a href="mailto:bmaiga@unicef.org">bmaiga@unicef.org</a></p> <p>Mariam Tall <a href="mailto:drtallmariam@hotmail.com">drtallmariam@hotmail.com</a></p> <p>Oumar Yattara <a href="mailto:oyattara@psimali.org">oyattara@psimali.org</a></p>

COUNTRY	ICCM STRATEGY	ICCM IMPLEMENTATION PLAN	COVERAGE OF ICCM	ICCM PACKAGE:	CONTACT NAME & EMAIL
Mozambique	<ul style="list-style-type: none"> <li>➤ No</li> <li>➤ Will be completed the second semester of 2016</li> </ul>	<ul style="list-style-type: none"> <li>➤ No</li> <li>➤ Country is in process of developing a national iCCM implementation plan</li> <li>➤ No Global Fund specific iCCM implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ 152 – total districts in country</li> <li>➤ 137 – districts in which iCCM is being implemented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> <li>➤ Prevention of sepsis with chlorhexidine</li> </ul>	None provided
Niger	<ul style="list-style-type: none"> <li>➤ Yes – stand alone</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 2013-2018</li> <li>➤ Country has begun to develop a GF specific iCCM implementation plan (in process)</li> </ul>	No information provided	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> <li>➤ Community treatment of neonatal sepsis</li> </ul>	Marie Marcos <a href="mailto:mmarcos@unicef.org">mmarcos@unicef.org</a>
Somalia	<ul style="list-style-type: none"> <li>➤ Embedded in community health strategy</li> </ul>	<ul style="list-style-type: none"> <li>➤ No national iCCM implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ 98 districts total</li> <li>➤ iCCM being implemented in 2 districts</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	Abdi Awad <a href="mailto:abdibaraare@gmail.com">abdibaraare@gmail.com</a>

COUNTRY	ICCM STRATEGY	ICCM IMPLEMENTATION PLAN	COVERAGE OF ICCM	ICCM PACKAGE:	CONTACT NAME & EMAIL
	<p>Does your country have an ICCM strategy?</p> <p>Is it stand-alone or integrated into other strategies?</p>	<p>Does your country have a national ICCM implementation plan?</p> <p>Does your country have a GF specific ICCM implementation plan?</p>	<p>How many health districts in your country? How many are implementing ICCM?</p>	<p>Which services are included in your country's ICCM package?</p>	
South Sudan	<ul style="list-style-type: none"> <li>➤ Yes (though still in draft form)</li> <li>➤ Country would like TA to help finalise strategy (see TA request table)</li> <li>➤ Embedded in other health strategies: health sector strategy (2012-2018); national malaria strategy (2014-2021); Boma Health Initiative (2015-2020)</li> </ul>	<ul style="list-style-type: none"> <li>➤ No national ICCM implementation plan (will be developed after strategy is finalized by end of Aug 2016)</li> <li>➤ There is a GF-specific ICCM work plan (2015-2017)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 32 payams total</li> <li>➤ ICCM being implemented in 10 counties</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> </ul>	<p>Samson Paul Baba <a href="mailto:samson_baba@yahoo.co.uk">samson_baba@yahoo.co.uk</a></p> <p>Joy Kenyi <a href="mailto:jokenyi@unicef.org">jokenyi@unicef.org</a></p>
Tanzania	<ul style="list-style-type: none"> <li>➤ No</li> <li>➤ To be included in Community Based Health Program – to be completed June 2016</li> </ul>	<ul style="list-style-type: none"> <li>➤ No national ICCM implementation plan</li> <li>➤ No GF-specific ICCM work plan</li> </ul>	<ul style="list-style-type: none"> <li>➤ 169 health districts total in Tanzania</li> <li>➤ ICCM not yet implemented in TZ.</li> </ul>	<p>Still in process but plan is to include:</p> <ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	<p>Helen Semu <a href="mailto:hisemu@gmail.com">hisemu@gmail.com</a></p> <p>Sigsbert mKude <a href="mailto:mkudesigsbert@yahoo.com">mkudesigsbert@yahoo.com</a></p>
Uganda	<ul style="list-style-type: none"> <li>➤ Yes, embedded in other strategies:</li> <li>➤ Child health (2010-2015) – to be revised; health sector strategy (2015-2020); national malaria strategy (2015-2020)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers until 2017</li> <li>➤ There is a GF-specific ICCM implementation plan (2015-2017)</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>112 districts total in Zambia</b></li> <li>➤ ICCM implemented in 47 districts currently</li> <li>➤ 18 additional districts to be added in 2016</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	<p>Joyce Mpanga <a href="mailto:jmpanga@unicef.org">jmpanga@unicef.org</a></p>

COUNTRY	<u>ICCM STRATEGY</u> Does your country have an ICCM strategy?  Is it stand-alone or integrated into other strategies?	<u>ICCM IMPLEMENTATION PLAN</u> Does your country have a national iCCM implementation plan?  Does your country have a GF specific iCCM implementation plan?	<u>COVERAGE OF ICCM</u> How many health districts in your country? How many are implementing iCCM?	<u>ICCM PACKAGE:</u> Which services are included in your country's iCCM package?	CONTACT NAME & EMAIL
Zambia	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Embedded in other health strategies: child health; national malaria strategy (2011-2016); community health strategy; IMCI strategic health plan (2013-2017)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ Covers 3 years (timeframe not included)</li> <li>➤ Country has an GF-specific iCCM workplan (3 years – but timeframe not specified)</li> </ul>	<ul style="list-style-type: none"> <li>➤ 106 districts total</li> <li>➤ iCCM being implemented in 58 districts.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pneumonia</li> <li>➤ Diarrhea</li> <li>➤ Malaria</li> <li>➤ Identification of severe malnutrition</li> <li>➤ Vitamin A supplementation</li> <li>➤ Identification of danger signs in newborn and referral</li> </ul>	None included