Question/Comment	Responses
Is there a comprehensive list of commodities we can request? What about iron supplementation?	The List of commodities are ACTs,mRDTs,rectal artesunate (for those that use it) and non malaria commodities are Amoxyl and ORS/Zinc.Iron is not part of this list.
How about pneumonia treatment as part of Possible Serious Bacterial Infections (PSBI) for infant 0-59 days where treatment is initiated at the health facility and follow up is done at the community level.	The CHWs only follow up these patients and refer back to the facility incase of any chnage in condition so treatment is only at the facility.
The fight against antimicrobial resistance must be considered in the introduction to treatment for pneumonia by CHWs.	Yes,as countries we need to ensure and promote rational use but also keep checking in on use by CHWs.
Are the RBM consultants deployed to support country teams on development of the GF Malaria Concept Notes and Applications taking into their work an explicit mandate to try to include non-malaria commodities in the community components, wherever possible? I.e. Will they serve as local advocates for this positioning?	RBM consultants work under the direction of the NMCPs but they have all been oriented on the importance of co-ordination on iCCM, including the non malaria iCCM commodities to ensure coherent approaches.
Recent meetings with NMCP in one country highlighted the importance to advocate with higher levels in MoH to request all relevant programmes to work together towards ensuring integrated delivery platforms and things like non-malaria commodities are included in proposals.	There is strong support for this approach also coming from global level - and it is an essential component of the new GF strategy - this should also help to create an enabling environment.
As iCCM is not exactly rolled out in India in its exact framework but the spirit of iCCM is in many other programmes. So, the funding opportunities are considering India as a potential receiver?	This will have to be prioritised int he country allocation - but if this is considered a priority - the country should make the case for building the sustainable system.
Melanie will you brief NMCPs at the orientation meeting next week and strongly encourage them to include child health programme and community health leads in the proposal development process (through to the end) to jointly work on strengthening integrated service delivery platforms (not only iCCM but also IMCI) and consider non-malaria commodities for the proposals? (and as John asked already, wll you empower the consultants that will support countries to actively engage key partners and address these components)?	Yes, NMCPs have bene encouraged to include their CHP and community health ledas in the process.
I have a question from the presenter from [Uganda], I want to learn from them, how is the issue of HSAs residing in their catchment areas is there? caz we can have good strategies but if there are no people to implement, then it means no work done.	This is not clear,who are HSAs? We have CHWs(VHTs) operating at community level implementing iCCM supervised by the health assistants and incharges at the facilities to which they are attached. As a country ,as the startegies are being formed,we ensure these startegies are implemented aswell as monitored for the results intended.
What is the deadline to send the proposal?	Information about the timeline for submissions can be found here on the Global Fund website: https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/timing-of-submissions/