Terms of Reference
Community Case Management Interagency Task Force

Background

Despite recent improvements in child survival in some developing countries, morbidity and mortality in children less than five years of age remains unacceptably high. Coverage of life-saving child survival interventions remains low, especially for curative interventions. In particular, assuring access to life-saving treatments for the leading causes of child death – pneumonia, malaria, and diarrhea – remains a challenge in many settings where access to health facilities is often very limited.

Many countries are now responding to address this lack of access to facility-based services by providing a limited package of curative services at community level. Integrated community case management (iCCM) targets those conditions that account for a large percentage of childhood deaths and for which effective treatments are available; namely pneumonia, diarrhea, and malaria. This strategy provides workers or volunteers who have limited training with standardized algorithms and necessary tools and treatments to provide front-line care to sick children who otherwise have limited access to facility-based care. A growing body of evidence indicates that bringing the services closer to the community enables caretakers to bring their child for care much more rapidly.

As more countries move to implement and scale-up iCCM, support from partner agencies will be essential to ensure that the approaches and tools deployed are state-of-the-art and that sufficient funding is available. Already, concerned international agencies, donors, NGOs and academic and research institutions are developing and testing tools to plan, implement, and monitor iCCM; conducting operations and impact research; advocating for appropriate policies and sufficient resources to bring these programs to scale; advising and supporting Ministries of Health on implementation; and documenting experience and evaluating program outcomes. Groups, such as the Global Action Plan for Pneumonia Prevention and Control, the CCM Operations Research Group, and the Roll Back Malaria Case Management Working Group, and CORE Group have played important roles in moving forward the iCCM agenda both globally and at country level.

As these key partners move to support countries to develop appropriate policies and scale-up iCCM, coordination of these efforts will be essential to ensure that all countries are getting the support they need and to minimize duplication. An iCCM Interagency Task Force is, therefore, necessary to ensure this coordination.

Objectives

1. Ensure that countries are receiving state-of-the-art information on best practices and necessary tools for implementation of iCCM
2. Harmonize activities in support of introduction, implementation and scale-up of iCCM according to evidence-based standards in target countries.
3. Identify gaps in funding and support for country iCCM programs and advocate for the necessary resources to support scale-up of these programs.

4. Monitor progress in implementation of iCCM and its impact on child survival targets.
5. Promote operations and implementation research on iCCM and provide guidance to researchers and other stakeholders on key OR/IR issues.

Membership

Membership on the Task Force will be open to organizations that have demonstrated a commitment and have experience with the design, implementation, and monitoring and evaluation of iCCM programs. This will include representatives from multilateral and bilateral agencies (including WHO, UNICEF, and USAID), selected Ministries of Health, and other national and international organizations that are directly involved in one or more aspects of iCCM programming.

USAID's MCHIP Project will serve as Secretariat for this Task Force. As such, they will be responsible for disseminating information to and facilitating communication among the members.

The Task Force will appoint 1-2 senior advisors to guide activities. On a bi-annual basis the advisors will check in to review meeting minutes, priorities of the group, and help with agenda setting.

Modus Operandi

The Task Force will convene formal meetings on a semi-annual basis. Additional meetings and video/teleconferences may be convened as needed with agreement of the membership. Meeting location and chairmanship will be rotated among the lead agencies. Development of meeting agendas will be the responsibility of the Task Force membership, with support from the Secretariat. Any member can propose an issue for the agenda. The Secretariat will be responsible for generating meeting summaries, which should be circulated to the membership for review and comment before it is finalized.

A Steering Committee comprised of representatives from five lead CCM agencies including Save the Children, UNICEF, USAID, WHO and a fifth agency (e.g. KI or TDR) will hold teleconferences on a monthly basis (or more frequently, as needed) to monitor progress on Task Force activities and country level implementation. Additional participants external to the steering committee may be invited to participate in routine meetings depending on the subject of the agenda and discussion items. The Secretariat also will provide logistical support to the Steering Committee, including organizing calls and preparation of minutes. Steering Committee membership – either permanent or on a rotating basis – has not been decided and will be revisited within 1-2 years.

Each agency will be responsible for designating representatives to this Task Force and Steering Committee and for covering their participation costs. Non-member participants generally will be expected to cover their own costs of participation

through their own agencies, although requests for travel support will be considered on a case-by-case basis.

The Task Force will generate an action plan to generate field level synergies and create a viable body to move CCM at the global level. In this way, the CCM Task Force will act as a reference group and provide guidance with practical and tangible deliverables, such as the indicators and toolkit, best practices, and coordinated country support.

Task-specific working groups can be organized with the agreement of the Task Force, as need arises, once specific Terms of Reference with deliverables have been presented and agreed upon by the Task Force membership.

CCM Task Force – Past Participants

Name	Organization
Alan Talens	CORE Group
Jeanne Koepsell	CORE Group
Laban Tsuma	ICF/MACRO
Kate Gilroy	JHU
Mary Carnell	JSI
Yasmin Chandari	JSI-SC4CCM
Stefan Peterson	Karolinska Institute
Dyness Kasungami	MCHIP
Emmanuel Wansi	MCHIP
Heather Casciato	MCHIP
Katherine Farnsworth	MCHIP
Serge Raharison	MCHIP
Steve Hodgins	MCHIP
Ciro Franco	MSH
David Marsh	SC
Erick Starbuck	SC
Ahmet Afsar	UNICEF
Asha George	UNICEF
Mark Young	UNICEF
Ngashi Ngongo	UNICEF
Diaa Hammamy	USAID
Laura McGorman	USAID
Lawrence Barat	USAID
Linda Banda	USAID
Troy Jacobs	USAID
Cathy Wolfheim	WHO
Franco Pagnoni	WHO-CAH