CCM Task Force Meeting
March 15-18, 2010

Summary meeting notes

Day 1

Participants:
MCHIP: Emmanuel Wansi, Katherine Farnsworth
Save the Children: David Marsh, Eric Swedberg
UNICEF: Ahmet Afsar, Asha George, Mark Young, Paola Canahuati, Theresa Diaz
USAID: Diaa Hammamy
WHO: Cathy Wolfheim

Notes
1. **Introductions and objectives and finalization of meeting agenda (Mark Young)**
   - Review of the agenda
   - Threefold meeting purpose:
     1) Develop a final list of CCM tools for posting online;
     2) (As time allows) review what we as the task force/toolkit working group feel is an "ideal tool" based on the CCM indicators and other review criteria; and
     3) Review action items for the Task Force over the coming year (to be reviewed on Friday).
   - Roles, responsibilities, and key questions for tool review during the week:
     o Subgroups have been tasked with setting the minimum criteria to apply across tools, to use in making selections for the online site; review of toolkit subgroups include (*subgroup facilitator):
       ▪ Advocacy (Cathy Wolfheim*, David Collins, Diaa Hammamy, Eric Starbuck, Guenther Bough, Mark Young*, Salim Sadruddin)
       ▪ Implementation (Emmanuel Wansi*, Eric Swedberg*, Kate Gilroy)
       ▪ Logistics (Ahmet Afsar)
       ▪ M&E (Asha George*, Bernadette X, Kate Gilroy, Laura McGorman, Mary Hamel, Salim Sadruddin, Tanya Guenther*, Theresa Diaz)
     o Review of tools for review by subgroup, using the reference list as a guide
       ▪ For those tools that may be relevant to multiple groups (e.g. recording forms that link to both implementation and M&E; these tools include the sick child recording forms, referral forms, and CHW registers for the sick child), multiple groups may need to review
       ▪ Are we missing any tool categories entirely?
     o Review of what is desired in the final toolkit/product:
       ▪ What are the core competencies that make up a good CCM program?
       ▪ What is the reference point for those national programs? Do we limit our scope to ARI/pneumonia, diarrhea, and malaria or do we include CHW tasks including FP counseling, checking immunization status, growth monitoring and nutrition, etc.)

- Other items for discussion:
  - Guidance is also needed for the website, as a reference for users. Each country will be coming to the site in a different stage of implementation; the benchmarks may be a guide for stage of implementation (Eric Swedberg)
    - MCHIP is in the process of soliciting permission from Ministries of Health to post tools. Once the one-pagers are developed, follow up will be required to secure permission to post tools with the one pager. (Cathy Wolfheim)
    - For advocacy tools, recommend grouping tools by: agency reports, joint statements, strategies, publications (tipping point, Nicaragua scaling up doc, systematic reviews, etc.), planning tools (see note below on additional tools to be posted), etc.; This may also be helpful for other tool categories.
    - Additional planning tools suggested for posting:
      - LiST,
      - WHO Child Health Program Management (5 day WHO course),
      - MBB,
      - Other
  - Is there any interest in developing an "ideal tool"?
    - What do we do in the case of country tools that don't adequately respond to all the indicators that have been developed? Do we need to design a new, perfect tool or do we post existing tools that meet a basic set of expectations based on anticipated data needs and comment in the pager on what could be added to improve the tool.
    - How do we handle subcategory areas that by default of specific data needs have to be tailored to each individual country? For example, logistics tools are specific to certain countries and will always need to be, thus the logistics group recommended a new, generic tool that could be adapted and used by new CCM countries.
  - Further develop/organize the toolkit reference list by the Benchmarks or other categories as currently developed (and whether a tool fits in more than one category, and thus should appear in more than one place on the website); note that secondary review groups should also give input to the category descriptions
  - mHealth Opportunities
  - Opportunities to further develop CCM costing/CCM health financing information
- Handouts:
  - Competencies references
  - CCM tools
  - CCM indicators
  - List of subcategories of tools for review, arranged by sub-group
  - iCCM Toolkit Reference List

2. **ONE Pager for each tool format and description (David Marsh)**
- Review of Indicator one-pager used by SC
  - Format fits forms more so than planning tools, etc.
  - Indicator categories presented have changed based on recent development of CCM indicators
  - Other elements for inclusion
    - Contextual information, including how long a program tool has been in use (in the SC tool format, this would fit in the "adapted in" section); tools for il-/literate CHWs;
- Two kinds of introductory pieces/descriptor pages that are needed

- - Categories of tools capturing "categories" or "sets" of tools, including contextual information (e.g. subcategory areas, etc.)
    - Category descriptions may be unique to each group, but should include: purpose/overview/description, use of data, and potential adaptations/linkages, minimum criteria (or other terminology to be used), etc.
  - Information by tool (one page cover sheets)

3. **WHO update (Cathy Wolfheim)**
   - Field test of RDT use in Uganda in September/October, after which new recommendations were released for the antibiotic treatment algorithm for pneumonia (note change to one tablet twice dialy for under 2mo; scales are not used. The changed treatment guidance corresponds with manufacturing guidance).
   - New release date anticipated for end of March; new guidance will go into the community health worker guide and other tools. Translations still need to be updated and will take more time
   - Action: Cathy will circulate a soft copy of the new draft
   - Inter-country course (5 countries) including a TOT and trainings to begin next week.
   - Qazi is also using the materials for a study on community management of newborn sepsis.
   - NB materials may be further adapted to include more MH information (prenatal)
   - WHO is seeking funding from the French government to implement the new guidelines in select Francophone African countries (primarily in West Africa with WCARO, etc.)

Morning session ended and the group broke into two small working groups:
Advocacy: Cathy Wolfheim, Diaa Hammamy, Mark Young,
Implementation: Emmanuel Wansi, Eric Swedberg, David Marsh

Day 2

Participants:

JSI-SC4CCM:	Erin Hasselberg
MCHIP:	Emmanuel Wansi, Katherine Farnsworth
MSH:	Ciro Franco
Save the Children:	David Marsh, Eric Swedberg
UNICEF:	Ahmet Afsar, Mark Young, Paula Canahuati
USAID:	Diaa Hammamy
WHO:	Cathy Wolfheim

Notes:

1. **Progress update from the subgroups**
   - **Advocacy/Policy/Planning:** Focused on how to best organize the tools. Advocacy documents were broken out into three categories: joint statements, strategic documents and reports, and publications and reviews. Program management tools were broken out by: planning and implementation guidelines, and situational assessment.
     o An additional item could include a joint statement on iCCM, which would need to be developed (activity for follow up)
     o Recommend including the joint statement on home-based visits for newborns
     o Recommend adding the MNCH survey to the situational assessment section.
     o Recommend expanding the "KPC" tool subcategory to another name (e.g. surveys/assessments)
     o Recommend adding "strategic planning tools" as a subcategory to the situational assessment category.
     o Question about where/how to capture OR topics and areas of new investigation; this could be a fourth category under "Advocacy"
   - **Implementation Subgroup:**
     o Discussed the treatment register, sick child recording form and the referral form. This included a review of important elements and issues for the one-pager descriptions for tool categories (it was thought that a one-pager for each tool would be too much and unnecessary), as well as selecting key tools.
     o David Marsh presented the draft one pager for the sick child recording form for comment. Suggestions include:
       ▪ There was general agreement in the use of the template
       ▪ Set up live links to other form types and examples as referred to in the one pager
       ▪ Particular attention/discussion centered around the counter-referral component of some of these forms, and what
   - **Logistics:** Two pages prepared to describe the category of tools, as well as a cover page for each tool category/type. The description includes information about the tools themselves, as well as how they link to the logistics management information system as well as the health system as a whole

Day Three

Participants:

JSI-SC4CCM:	Erin Hasselberg
MCHIP:	Emmanuel Wansi, Katherine Farnsworth
MSH:	Ciro Franco
Save the Children:	David Marsh, Eric Swedberg
UNICEF:	Ahmet Afsar, Asha George, Mark Young, Paula Canahuati
USAID:	Diaa Hammamy, Larry Barat
WHO:	Cathy Wolfheim

Notes:

1. **Reports from subgroups**
   - **Advocacy/planning/policy**
     - Recommend reorganizing tools with new categories/category names and new ordering (note from the group also suggests tools not currently included on SharePoint or the website). A new category added: Slide decks
       - Larry suggested adding the updated WHO malaria treatment guidelines
     - Descriptions completed for the advocacy/policy tools (1) and for the program and planning tools (2)
   - **Implementation**
     - Reviewed description for the CHW reporting form
       - Asha asked if there were discrete refresher training packages – in some cases the initial training is given again, and in some cases they are tailored based on supervision reports and identified needs in country
       - Cathy asked about the need to include points three and four presented on the need to have supervision and products/medicine in place at time of training launch? If we decide to keep, we'll want to link to other sections of the website
       - Larry suggested mentioning that the WHO training does not currently include pre-/post-tests (competency assessment methods) but that these elements are in development.
     - Reviewed description for TOT materials
       - The WHO training manual has a trainers guide for trainings, but for master trainers there is not. Alternatively, there are facilitator notes. (While there is no TOT curricula for master trainers, it is a TOT).
       - Recommended next step: add a TOT trainers guide to the WHO training materials set
   - **Logistics**
     - Presentation on the recommended organization of logistics tools
       - Asha recommended linking the logistics system write-up to the benchmarks/indicators
       - Diaa recommended noting the need to add the new SC Models and Considerations Guide
       - Ciro asked about quantification/forecasting
       - Emmanuel asked about availability and input for cost recovery elements to be included in tools
       - Larry asked about documents on storage

Day Four

Participants:

MCHIP:	Emmanuel Wansi, Katherine Farnsworth
Save the Children:	David Marsh, Eric Swedberg
UNICEF:	Asha George, Erica Koshi, Mark Young, Ngashi Ngongo, Paula Canahuati
USAID:	Diaa Hammamy, Larry Barat
WHO:	Cathy Wolfheim

Notes:

1. **Review of the week's progress**
   - Implementation group one pager review
     - Supervision checklist
       - Supervisor reports (e.g. IRC S Sudan example) and supervision checklists are combined; the lack of supervisor facilitators guide is an issue for follow up.
   - Advocacy/Planning/Policy: Diaa will circulate a list of new tool categories
   - No logistics group members were present on Day 4
   - Next steps for one-pagers
   - Next steps for gaps in the tools, to be identified first by the subgroups and also to be requested from the general public as the toolkit is launched online and disseminated broadly
     - Gaps within the tools or tools that need to be refined (to have gold standard)
     - Gaps with tools that don't exist

     Action: Katherine to circulate the one-pagers with TF members for feedback by the end of March; TF feedback requested via an explanatory email that gives the explanation of what we did and why we did it (correct mistakes in tracked changes and subjective feedback or additional narrative should be submitted in a corresponding email) by April 8; after which subgroups will review combined feedback and finalize the information by April 25 and send the corrected version back to Katherine.

2. **Need to schedule timeframe for review of additional tools – to be done annually**

3. **Website launch**
   a. Branding and marking
      i. To be determined with different agency branding and marking folks; please send suggested contact
      ii. Can be organized on the main page, or on a partners page, depending on the branding requirements
   b. Tabs: reorganize
      i. Tabs to remove
         1. Indicators (move to M&E tab, see below)
         2. Members
      ii. Replace "toolkit" tab with toolkit categories
         1. Advocacy
         2. Programming
         3. M&E
         4. OR
   c. Language: bilingual (French/English) preferred, as time and funds allow
      i. Bilingual site

4. **Program of work**
   a. Information/dissemination/management: Email distribution lists
      i. Generally agreed that we should set up distribution lists; will need input from our IT group to sort out the short term and long term solution
      ii. People to add:
         1. Ahmet Afsar (aafsar@unicef.org)
   b. Target joint follow up activities with countries as a follow up of the GAPP-DD meetings, as resources may limit the number of countries where we can work
      ▪ WHO/AFRO proposal (tentative): Burkina Faso, DRC, Guinea, Kenya, Madagascar, Mali, Mozambique, Senegal
      ▪ WCARO proposal to focus on (tentative): Benin, Chad, Guinea, Mali, Niger, Togo,
      ▪ Others: Nigeria (national PHC to have funding under national debt relief),
         i. Select global priority activities to focus on: MCHIP to create an
            1. Benin
            2. Burkina Faso
            3. DRC
            4. Kenya- quick win
            5. **Mali- win**
            6. Mozambique
            7. **Nigeria**
            8. Zambia
         ii. Select focus countries (e.g. Nigeria)
         iii. Select a discrete number of activities in country action plans for joint follow up
   c. Finalize Toolkit
      i. ID and address gaps in the tools
      ii. ID tools that need to be further refined
      iii. ID and address gaps in tools that don't exist
   d. Further the OR agenda
      i. Develop the journal supplement
      ii. Identify and further operations research areas
      iii. Inclusion of RDTs in CCM (also included in implementation)
   e. New lines of work in cross-cutting, frontier areas
      i. Policy analysis
      ii. Costing
      iii. mHealth:
         1. Innovation Working Group has been set up under the UN for MDG 4 and 5 (chaired by Tory Godal ???);
         2. Initial focus on mobile health: increasing availability of curative medicines at community level (monitoring stockouts and develop a system of reordering); case mgt and referrals (tracking children and facilitated referrals with mobiles); supervision and transparency (supervisors checking in with CHWs)
         3. Example of Malawi and Frontline; BASICS has been implementing mHealth CCM there and UNICEF has recently hired a new person
         4. Potential to convene a subgroup
   f. Joint WHO/UNICEF statement on iCCM (included in toolkit agenda above)

Next call via email proposed for Wednesday, April 20th.