Child Health Task Force
Terms of Reference

Introduction

The Child Health Task Force (CH TF) is comprised of donors, governments, and partners at global and country levels working to strengthen equitable and comprehensive child health programs focused on children aged 0 to 18 years of age in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) through primary health care, inclusive of community health systems.

The CH TF builds on the experience of the iCCM Task Force (2009-2017), to

1. Strengthen the community health platform through a primary health care (PHC) approach to deliver a comprehensive package of health promotion, prevention, and curative interventions and support the building of strong linkages for appropriate care from the community to PHC facilities and first level referral hospitals;

2. Support delivery of high quality case management (Integrated Management of Newborn and Childhood illness-IMNCI) at the primary health facility , including community and facility-based management of severe acute malnutrition (SAM) and counselling (Essential Nutrition Actions –ENA);

3. Support strengthening of Emergency Triage Assessment and Treatment (ETAT) ; and

4. Strengthen referral and counter referral from community to the primary care facility, the first level referral hospitals, and back to the appropriate level.

The CH TF will achieve its objectives through advocacy and direct technical support to countries to implement programs, creating a strong platform for learning and knowledge sharing to ensure that child health stakeholders have access to emerging best practices in financing and implementing child health programs that are equitable and sustainable. **To provide comprehensive services at community level, as *a first step*, the TF will contribute evidence on how the following existing interventions (packages of care) can progressively be strengthened or added to the community platform** (as appropriate to country context):

- ENAs including case management

- Caring for the newborn

- Health promotion and disease prevention

- Early Childhood Development (ECD)/Care for Child Development (CCD)

- TB/HIV case finding and referral

- Services for school aged children, 5-9 years

The CH TF Steering Committee (SC) recognizes that child health programming is in a state of re-design under the leadership of WHO. The TF will be responsive and use outputs from the re-design to shape its work. The objectives will cover a three-year time frame from 2018 to 2020.

Mandate

Goal:

To strengthen equitable and comprehensive child health programs - focused on children aged 0 to 18 in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

Themes:

The Child Health Task Force prioritizes five themes in order to achieve its objectives:

1. **Advocacy:** Advocate for integrated packages and increased financing of child health programs within primary health care.
2. **Coordination**: Foster organizational collaboration at global and country levels in support of comprehensive child health programs.
3. **Country Support:** Assistance to implement effective and comprehensive child health programs to achieve effective coverage and impact at scale.
4. **Learning:** Promote implementation science, advance innovations, and engender the use of research results to inform program design and implementation.
5. **Knowledge Management:** Build evidence on comprehensive child health programming and make it publicly accessible, especially to child health stakeholders.

Management Structure

The Management and Operational Structure of the CH TF is comprised of the following:

- The Secretariat

- The Steering Committee

- Members

- Sub-Groups

Secretariat

The USAID-funded Maternal and Child Survival Program (MCSP) Child Health Team provides the secretariat function of the Child Health Task Force.

Roles and Responsibilities

1. Supports the SC to provide leadership to the CH TF so it remains relevant to the overall child health agenda.

2. Support necessary adaptations of TF functions to align with the "evolving" child health landscape and narrative under the Sustainable Development Goals (SDGs).

3. Support the SC and subgroups to develop communication products for advocacy to strengthen child health programs at country level. These products can include implementation approaches, research results, tools resource mobilization etc.

4. Facilitate work of the CH TF including manage membership listserv, convene meetings of members and stakeholders, record and disseminate meeting minutes, and follow up action of meeting resolutions by all concerned.

5. Lead the function of knowledge management, collating, packaging, sharing, and disseminating evidence generated, including CH TF products, and ensuring they are accessible on the CH TF website.

6. Monitor and evaluate progress, regularly reviewing the CH TF (members and groups) activities and progress towards achieving its objectives. Provide the Steering Committee with up to date information on progress, challenges and possible solutions as well as findings from

   a. Website analytics

   b. Survey of members' perspectives at regular intervals (pulse checks)

Steering Committee

The Steering Committee is comprised of WHO (founder[1]), UNICEF (founder), USAID (founder), SAVE (founder), GFF (*(to be confirmed)*), a foundation (*TBD: potentially BMGF)*, a government donor (*TBD: potentially DFID*), a country *(TBD: potentially Ethiopia or Malawi)*, the CORE Group *(to be confirmed)* and a South Institution *(TBD)*. Their collective responsibility includes the following:

Roles and Responsibilities

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[1] iCCM TF founding members and by extension CH TF

1. Set the strategic vision of the CH TF in consultation with members

2. Promote the objectives, strategic vision and results of the CH TF to stakeholders and potential funders

3. Interpret Secretariat progress and other reports and findings from reviews (e.g. from website analytics and at least annual member surveys/pulse checks)

4. Reviewing resource mobilization for CH TF activities

Members

Members will include existing iCCM Task Force members and new child health stakeholders in line with the expanded mandate of the Task Force. Additional members will be recruited through written invitations to individuals and organization implementing child health programs and through presenting the TF TORs to interested audiences at meetings and conferences.

Roles and Responsibilities

1. Define specific objectives, tasks and deliverables for the subgroup in relation to the broader TF TOR

2. Provide technical leadership and facilitate development of standards, activities and products that will advance child health programs

3. Develop and disseminate tools and offer trainings to child health program managers to increase program performance and quality through analysis, reporting and use of data

4. Identify knowledge gaps and propose research to build evidence on child health programming

Subgroups

The subgroups are how members function within the CH TF. Two co-chairs lead each subgroup.
The CH TF subgroups are:

1. Financing and Resource Planning for Child Health Programs

    a. Need to expand focus from costing and costing tools (focus of the iCCM TF) to financing approaches (e.g.: for commodities, incentives), technical support for developing investment cases for packages of services.

2. Institutionalizing iCCM

    a. Strength of implementation, defining institutionalizing and the "how to"

    b. Workforce Issues

3. Nutrition and Child Health (proposed rebranding of nutrition and iCCM subgroup)

4. Implementation Science (redefining OR, systematic documentation, learning and adaptation)

a. Effective scale-up

   b. Supervision and quality assurance

   c. Equity

5. Monitoring and Evaluation

6. Expansion of the Child Health Package

   a. ECD

   b. TB/HIV

   c. Newborn

7. Child Health in Emergencies and Humanitarian settings (make formal subgroup and ensure we are addressing broader humanitarian settings moving forward)

8. Private Sector Engagement

9. Digital Health and Innovations

10. Commodities and Supply chain management (New)

Acronym List

CCD	Care for Childhood Development	iCCM	Integrated Community Case Management
CH TF	Child Health Task Force	IMNCI	Integrated Management of Newborn and Childhood Illness
CHNRI	Child Health and Nutrition Research Initiative	IT	Information Technology
CHW	Community Health Worker	MCSP	Maternal and Child Survival Program
ECD	Early Childhood Development	M&E	Monitoring and Evaluation
ENA	Essential Nutrition Actions	OR	Operations Research
ETAT	Emergency Triage Assessment and Treatment	PHC	Primary Health Care
FTT	Financing Task Team	SC	Steering Committee
GF	Global Fund	SDG	Sustainable Development Goal
GFF	Global Financing Facility	TA	Technical Assistance
HIS	Health Information System	TWG	Technical Working Group

Themes and Objectives of the Child Health Task Force (2018-2020):

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]

1. Advocacy[3]: Advocate for integrated packages and increased financing of child health programs within primary health care.	Increase the number of countries implementing integrated packages for child health through advocating for adoption of the following:
	• The 3 packages[4] of care at the community level:
	  o caring for the newborn
	  o caring for the child's growth and development
	  o caring for the sick child
	• Adding and strengthening the following interventions or child health programming to existing community platforms:
	  o ENA
	  o HIV/TB
	  o Interventions for early school aged (5-9 years) children
		Number of countries supported to adopt policies or a framework to expand packages of care.
		
		Number of countries supported to implement a combination of these packages at scale.
		
		Number of countries implementing integrated packages for child health.
			Conduct a mapping of the status of implementation of existing packages (USAID/MCSP).
			
			Identify opportunities for *advocating* for inclusion of new interventions, age groups or scaling-up coverage based on evidence (e.g. when country is developing a new strategic plan.)
			
			Support countries to adopt policies or framework to expand packages of care.
			
			Support countries to start implementing a combination of these packages at scale.

	Increase the available financing for child health programs - including an increase in first line essential drugs and commodities.	Number of countries with increased financing for child health. Number of countries with increased stock of drugs and supplies for child health programs through CH TF support.	Build on the iCCM TF experience to advocate for increased resources for child health programming with the Global Fund (GF) new funding mechanism, and the Global Financing Facility (GFF) (develop investment cases.) Use the Community Health Worker (CHW) Capacity and Coverage tool to agree upon the number of CHW needed and, advocate for CHW remuneration, etc. *(see also under country support)*

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[2] A detailed plan will be developed with more activities, defined tasks and sub-tasks, prioritized and collaborating partners and timelines specified.

3 Using implementation experience to inform policy

[4] See WHO Handbook

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]
	Increase the number of countries that recognize and integrate the private sector[5] as a delivery channel of child health services (when appropriate) through advocacy and engage the sector to improve the quality of care.	Number of new countries that recognize the private sector through authorization to sell iCCM drugs over the counter. Number of new countries initiating activities to improve quality of care in the private sector.	Disseminate global and country technical briefs on (a) approaches to working with private sector (b) approaches to improving quality of care in the private sector. Disseminate a list of countries with significant care seeking through the private sector (USAID/SHOPS Plus analysis of DHS results).
2. Coordination: Foster organizational collaboration at global and country levels in support of comprehensive child health programs.	At the global level: strengthening the CH TF internal collaboration through quarterly calls and an annual face-to-face forum of the TF's members.	An effective mechanism to get feedback from TF members on the TF's performance is in place. CH TF secretariat used results of member's feedback for course corrections.	Steering Committee to hold two annual face-to-face meetings. Convene annually a global face-to-face meeting of the CH TF members. Conduct an annual *pulse check* on perceptions of TF on the effectiveness of the TF in achieving set objectives.
	Increase the number of countries with active child health technical working groups (TWGs) that are engaging with funding mechanisms and donors (e.g. GF and GFF).	Number of countries with child health TWGs *(or equivalent child health stakeholder group)* engaged with funding mechanisms and donors.	Establish regular communication between TF Secretariat and country level child health working groups, as requested by countries. Share information about country Missions (e.g. GFF, GF) and get feedback after visits.
	Improve collaboration of partners (Technical Assistance [TA] and financial) by developing and implementing joint workplans (one Monitoring and Evaluation [M&E] plan and one budget for child health – see best practice from the HIV response.)	Number of countries supported, by one or more CH TF member organizations, to initiate the process or to develop one national child health plan, one M&E, and one budget.	Do inventory of status of child health plans in 26 countries. Develop criteria and select countries -in the process of developing new Child Health strategic plans – eligible for support from the TF.
3. Support countries to implement effective and comprehensive child health programs to achieve effective coverage and impact at scale.	Increase the number of countries that *integrate* child health packages of services.	Number of countries that have integrated child health packages of services - through support from the CH TF or CH TF members.	Review in up to 10 country national child health plans to identify countries that have planned to add packages.

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[5] Formal and informal

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]
	For example, this can be the integration of integrated case management with early childhood development and nutrition, based on the guidance from the global child health redesign.		Identify 'low hanging fruit' countries interested in expanding the CH package and which already have a TF partner/member organization supporting a given package of expansion. Link with the global child health redesign process (IMCI+) and support countries to adapt new guidance based on their needs.
	Ensure that countries are receiving and using state-of-the-art information, on best practices, and necessary tools for implementation of comprehensive child health programs. This can include but is not limited to approaches to Supportive Supervision and mentorship, quality improvement, Digital Health tools etc. *Note: Link to global child health redesign and quality of care framework outputs.*	Number of countries that received and used state-of-the-art information, on best practices, and necessary tools for implementation of comprehensive child health programs - through support from the CH TF or CH TF members.	Conduct an inventory of partners supporting child health in up to 26 countries. Use CH TF members or CH TF member organizations as channels for disseminating of best practices and providing technical assistance in the adoption and use of available tools for child health programming in countries.
	Increase the number of countries with child health service data disaggregated by facility and community in routine health information systems (HIS).	Number of countries with child health data disaggregated by facility and community in routine national HIS.	Support activities identified by countries in the country plans from CH Data workshop. Share emerging practices with countries that were not at the workshop. Support up to six countries to document and disseminate learning in strengthening HIS in conjunction with Health Data Collaborative.
	Increase the number of countries using appropriate information technology (IT) where applicable, to improve the management and use of data.	Number of countries adopting appropriate IT tools to improve data analysis and use in child health programs.	Support activities identified by countries in the country plans from CH Data workshop. Share emerging practices with countries that were not at the workshop.

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]
	Increase the number of countries with GF supported iCCM[6] programs that receive technical support through the TF to identify barriers to implementation and implement resolutions to these barriers.	Number of countries that address the challenges identified through the GF Evaluation through the CH TF and the Financing Task Team (FTT).	Review GF evaluation findings to prioritize and select countries that face challenges and need support to in implement integrated child health activities (iCCM) in GF funded malaria programs. Prioritize issues that need to be addressed in prioritized countries to improve effective scale up of iCCM. Conduct joint mission of TF members to 2-3 GF supported countries to provide support for scaling up iCCM based on identified needs (UNICEF)
	Increase the number of countries with iCCM programs *institutionalized* in the health system within the wider PHC strategy[7]. Specific elements of institutionalization can include making CHWs and financing of iCCM, part of the national health strategy/plan	Number of countries with institutionalized iCCM programs.	Support planning for community health workers to be integrated in the health system in line with WHO Guidelines under development. (WHO) Use the CHW Capacity and Coverage tool to agree upon the number of CHW needed and advocate for CHW remuneration, etc. *(see also under advocacy)*
4. Learning: Promote implementation science, advance innovations, and engender the use of research results to inform program design and implementation.	Build consensus on a working definition of "implementation science" under the TF.	A technical brief defining implementation science and approaches for child health programs developed.	Develop a technical brief on implementation science.
	Generate the evidence on the "how to" implement integrated packages for child health and development that are context specific.[8]	Number of countries in which a framework for implementing integrated packages for child health and	Support 1-2 countries to increase the packages implemented at community level, and document the process, challenges and

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[6] UNICEF has received a grant from the Global Fund and will be re-establishing the iCCM Financing Task Team or equivalent. The CH TF will collaborate with UNICEF.

[7] Based on the iCCM Benchmark Framework, consider the following: 1. CHW incentives and ongoing training 2. Financing and costing 3. M&E through HMIS (availability of drugs and supplies and service data is monitored through national HIS) 4. Referral and counter-referral

[8] Refer to Objectives under advocating for integrated packages

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]
		development is developed and/or adapted and tested.	solutions for dissemination and adaptation in other countries.
	Strengthen the capacity of target country child health program managers and stakeholders to conduct, as part of program implementation, operations research, document iterative learning, and use findings for program adaptations when warranted[9].	Number of countries (or regions in countries) with skilled staff able to lead programs that use iterative learning for program adaptations. Number of countries conducting Operations Research as part of child health programs.	Support mapping, monitoring progress, and program reviews of child health programs. Provide coaching to program managers on conducting operations research (OR) and program documentation. Explore and establish twinning relationships between country program managers and academic institutions involved in OR for child health programs.
	Better understand leadership for child health at country level including networks, drivers of child health programming, and tracking of progress towards ending preventable child deaths.	Technical brief exploring leadership for child health at country level developed and shared with the recommendations used to strengthen leadership for child health.	Conduct "*Mapping Country Leadership in Child Health*" (complement to the "Mapping in Global Leadership") commissioned by USAID in 4-6 countries. Share technical brief produced by Mary Taylor and other consultants.
	Set a learning agenda for strengthening the involvement and integration of the private sector in child health programming, including determining research priorities and knowledge gaps.	Technical brief listing research priorities, current gaps in knowledge, and any recommendations for strengthening the involvement and integration of the private sector in child health programming based on findings.	Share SHOPSPlus literature review on private sector work in child health. Develop research priorities using the Child Health and Nutrition Research Initiative (CHNRI) approach involving country and global stakeholders. Engaging with the emerging Community of Practice for community health currently under development for south-to-south learning and identifying gaps.
	Consolidate iCCM learning and experiences to date to inform future iCCM programming in the context of the changing child health landscape.	Position paper on progress of iCCM implementation, including revisiting some of the policy implications (such as	Conduct a synthesis of iCCM implementation with country case studies to identify broad themes, challenges, and implications (WHO)

[9] Based on programmatic evidence

Theme	Specific Objective	Outcome Measures (by 2020)	Suggested Activities (2018 to 2020)[2]
		targeting to achieve equity) and next steps.	
5. Knowledge management: Build evidence on comprehensive child health programming and make it publicly accessible, especially to child health stakeholders.	Support CH TF members to document, package, and disseminate program experiences to child health stakeholders at global and country level - both successes and failures to avoid repeating mistakes.	Number of program experiences packaged as reports or technical briefs that are easily accessible to CH TF members and stakeholders to inform child health programming.	Develop guidance for synthesizing lessons learned and disseminating across countries. Conduct a "writing skills" workshop for child health program managers (MOH as primary audience but can also include local NGOs) to author publishable manuscripts in peer-reviewed journals.
	Improve communication between CH TF members using different channels such as the subgroups/working groups teleconferences or other activities organized by the groups, webinars, face-to-face meetings, etc.	1. TF members receive effective communication (ie. communication is happening as planned). 2. Number of webinars organized. 3. Number of participants during webinars organized by CH TF or TF members.	Develop subgroup workplans and identify and provide support to ensure effective engagement and communication between members, based on workplans.
	Host an interactive website that serves as a resource center, hub for knowledge exchange, and provides stakeholders with easily accessible information on child health programming.	Number of visits (by country/region) to the CH TF website.	1. Redesign CCMCentral website to reflect the goal and objectives of the CH TF. (USAID/MCSP) 2. Develop and manage a discussion forum on the website. 3. Conduct regular web analytics and survey of TF members' perspectives on effectiveness and appropriateness of modes of engagement.