Assessment of the Secretariat Function of the Integrated Community Case Management (iCCM) Task Force

MCHIP/USAID

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List of Acronyms

AJTMH	American Journal of Tropical Medicine and Hygiene
ASTMH	American Society of Tropical Medicine and Hygiene
BASICS	Basic Support for Institutionalizing Child Survival
CCM	Community Case Management
CHNRI	Child Health and Nutrition Research Initiative
CHW	Community Health Worker
GAPP	Global Action Plan for Pneumonia
iCCM	integrated Community Case Management[1]
IMCI	Integrated Management of Childhood Illness
JHU	Johns Hopkins University
JSI	John Snow, Inc
MCH	Maternal Child Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-Governmental Organization
OR	Operations Research
PMI	President's Malaria Initiative
PR	Public Relations
QoC	Quality of Care
SCM	Supply Chain Management
TOR	Terms of Reference
UN	United Nations
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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[1] Wherever possible in this document, the term "iCCM" is used. However, the acronym "CCM" is used in cases where the integrated aspect of community case management has not been specified, where the work in question pre-dates the coining of iCCM, or where there is a direct citation.

Summary

Background: As of this writing, the Integrated Community Case Management (iCCM) Task Force has been in existence for approximately five years, and has operated with a Secretariat for approximately two and a half years. The USAID flagship Maternal and Child Health Integrated Program (MCHIP) Has served as the Secretariat during this time. With MCHIP entering its sundown year before completion in 2014, this assessment looks retrospectively at the Secretariat role, to inform its evolution.

Objectives:

1. To review the role, accomplishments to date, and future objectives of the iCCM Task Force
2. To review and assess the contribution of MCHIP's Secretariat role to the accomplishments of the Task Force, and to its functioning

Methods:

1. Telephone and Skype interviews with individuals who have a range of past and present levels of activity in the Task Force, Steering Committee, subgroups and Secretariat
2. Administration of an online questionnaire for feedback from members of the iCCM Task Force
3. Review of meeting minutes and other documents of the Task Force from 2008 to the present
4. Calculation of resources expended by MCHIP on the Secretariat function

Findings: There is considerable convergence among the information gathered from the 26 interview informants, the 27 respondents to the online questionnaire, and the documents reviewed. One predominant near-universal finding is the view that the *structure* of the Task Force and its *regularity of interaction* are major achievements that reinforce, and even make possible, the productivity of the group. Interviewees find that the Task Force enables a coordinated process of collaboration that reduces redundancies in iCCM-related policies, tools, and messages; it increases efficiency; and it keeps momentum going. The Secretariat is seen as pivotal in maintaining a cross-agency Task Force dedicated to consensus building and to producing materials that reflect a united front. The Secretariat ensures a sustained pace of communications, follows up on commitments and plans made, and helps to move tasks forward. The resulting consensus has furthered advocacy for iCCM, partially because the agreement the groups express through the Task Force is convincing to ministries of health, policymakers and governments in countries implementing iCCM. If the Secretariat role were to end, interactions among Task Force members would risk becoming ad hoc. With the support of the Secretariat, the Task Force has been able to make progress in surveying evidence on iCCM, sharing the state-of-the-art, and anticipating the need to systematize some central components of implementation.

Interviewees reported the main tangible products achieved by the Task Force and/or its subgroups as the benchmarks and indicators, CCMCentral.com, and the Supplement to the *American Journal of Tropical Medicine and Hygiene.* Survey respondents reported using the teleconferences and minutes, CCMCentral.com, benchmarks and indicators, and subgroup meetings the most, of the products and activities of the Task Force.

Nearly every participant, both survey respondents and interviewees, recommended that a Secretariat function continue (93%). More than two-thirds (71%) of respondents expressed a preference for a permanent (non-rotational) Secretariat. Participants were largely in favor of the Secretariat continuing

with the next USAID flagship (only two out of the 36 participants who responded to this question, or 6%, said that the secretariat function should not continue with the next USAID flagship; see Table 11). Participants suggested that, if the Secretariat were to be housed someplace other than with the next USAID flagship, candidates could be CORE Group, Save the Children and UNICEF. It was also suggested that the work of hosting and maintaining a web resource could potentially be separated from the Secretariat function.

A clear majority of participants reported that the Task Force is fulfilling its original aims (86%); meeting their needs (80%); and succeeding in advancing the global iCCM agenda (87%). A smaller majority, 54% of respondents, viewed the Task Force as also moving forward the country-level iCCM agenda.

Conclusions: The following conclusions emerged from the findings of this study:
- Participants in this assessment expressed agreement in their appreciation of the iCCM Task Force. The prevailing view finds that the Task Force provides for a pattern of regular, systematic interaction, leading to landmark materials and tools, and a united advocacy front in service of community child health interventions.
- While participants agreed that the Task Force is achieving progress at global level, many would like to see greater focus on country-level progress.
- A firm majority of participants wanted the Secretariat function to continue.
- Most participants were in favor of the next USAID flagship fulfilling the Secretariat function.
- Secretariat performance could be strengthened by the development of a clear scope of work.
- More resources should be allocated to personnel time to complete routine Secretariat work.

1. Introduction: Rationale and Objectives of the Assessment

This document provides the final report of a review and assessment of the role of Secretariat to the iCCM Task Force, conducted in June and July of 2013. The review collected and analyzed views of members of the iCCM Task Force about the Task Force itself, and specifically about the Secretariat role that has been provided to date by MCHIP.

This review has two objectives:

Objective 1:   To review the role, accomplishments to date, and future objectives of the iCCM Task Force

Objective 2:   To review and assess the contribution of MCHIP's Secretariat role to the accomplishments of the Task Force, and to its functioning

The Secretariat role has represented a sizeable investment of staff time on the part of MCHIP, particularly in the development and maintenance of the website, CCMCentral.com; in the organization and management of the regular teleconferences and subgroups; and in supporting the development of specific products.

> The iCCM Task Force consists of several organizing structures:
>
> - A broad-based, self-selected membership
> - A Steering Committee (WHO, UNICEF, USAID, USAID/MCHIP, and Save the Children)
> - Issue-specific subgroups
> - A Secretariat that supports the Task Force (role currently provided by MCHIP)

As MCHIP draws to a close, USAID will be reviewing the value of activities and tasks covered under the project funding, partly as an evaluation of the project itself and partly in preparation of the follow-on project. The findings and conclusions of this review are anticipated to help inform decision-making on the part of USAID and selected collaborating projects/agencies regarding continued and future support to the Secretariat function.

The findings and conclusions are also anticipated to inform MCHIP and other members of the Task Force Steering Committee as they formulate plans for the near- and medium-term future and consider opportunities to improve the functioning of the Task Force itself. While the Task Force is not the focus of this study, the accomplishments of the Task Force and perceptions related to it are included in as much as they reflect on the role and functioning of the Secretariat.

Assessment questions fell into four categories: 1) background to and global context of the iCCM Task Force and its Secretariat function; 2) the accomplishments of the Task Force; 3) the role of the Secretariat in achieving these; and 4) the costs incurred in doing so. Findings of these categories of questions, plus suggestions made by respondents on possible future directions, are presented in section 3 of this report.

2. Methodology

The research methods used to assess the iCCM Task Force Secretariat function were:

1. Telephone and Skype interviews with individuals who have a range of past and present levels of activity in the Task Force, Steering Committee, subgroups and Secretariat
2. Administration of an online questionnaire for feedback from members of the iCCM Task Force
3. Review of meeting minutes and other documents of the Task Force from 2008 to the present
4. Calculation of resources expended by MCHIP on the Secretariat function

Interviews
The interviews were designed to gather the perspectives of individuals with differing levels of engagement in the iCCM Task Force, to gain insights into the accomplishments of the Task Force and the role and value of the Secretariat. In the research protocol, MCHIP defined seven categories of potential informants, as presented in Table 1. From across these categories, the research team invited 44 people for an interview, during the allotted period of time. Interviews with 26 people took place via Skype or telephone over a two-week period in June and July of 2013. Interviews had a median duration of 40 minutes.

Table 1. Categories of key informants for interviews, and number of interviewees per category

Category of key informant[2]	No. of interviewees	No. invited
Current members of the iCCM Task Force Steering Committee	4	6
Former members of the iCCM Task Force Steering Committee	5	6
MCHIP technical and administrative staff	4	4
Personnel from UNICEF, WHO, Save the Children and USAID who are active in the iCCM Task Force (for example on a subgroup), but do not serve on the Steering Committee	5	13
Personnel from organizations that are active in the iCCM Task Force (for example on a subgroup), but not on the Steering Committee	5	9
Members of the iCCM Task Force listserv not otherwise active in the Task Force	2	2
Individuals who are active in iCCM apart from the iCCM Task Force	1	4
Total	26	44

The content of the interview blended open-ended questions, to invite informants to express their own views, with closed-ended questions, to enable categorical comparisons, and probes, to allow interviewers to explore areas of disagreement expressed by interviewees.

Online survey
The electronic questionnaire sought insights from a greater proportion of the 125 members of the Task Force listserv than it was possible to reach with interviews. It also posed a set of questions specifically about CCMCentral.com, in order to provide additional information for an ongoing parallel evaluation of the website. The questionnaire was open for a period of two weeks in June and July of 2013, during which time two reminders were sent, and a total 27 responses were collected.

Most survey respondents represented an NGO (54%), with multilaterals/bilateral agencies being the next highest category (23%). The median length of time spent responding to the survey was 15 minutes. A large majority of respondents represented the headquarters of their organization (85%). This factor may be ascribed to the historical positioning of the Task Force as an informal global entity. It is recognized that the distribution of respondents could have affected the findings of the survey; it is also recognized that the Task Force is best known and possibly valued by headquarters-level staff.

Document review
The research team reviewed minutes of Task Force and Steering Committee meetings, reports from MCHIP to USAID, the CCMCentral.com website, and documents related to the history and/or specific issues and accomplishments. A list of the documents reviewed is included in 6.4 Annex 4.3.

Review of resources invested
MCHIP examined the budgeted level of effort across all personnel working to support the Secretariat role, adjusting to reflect actual effort over 2012-2013. They also reviewed expenditure reports from 2012-2013 to determine website and meeting costs.

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[2] These categories, and the implications of the numbers of respondents, are more fully explained in 6.4 Annex 4. Additional Methodology Notes

Data analysis

To maintain confidentiality, every interviewee was identified by a random, two-digit code, which was used to keep track of an informant's responses. Survey responses were already de-identified by Survey Monkey. Numerical and categorical data were analyzed in Excel. Textual data went through successive phases of analysis. Texts were first divided according to the major topics of the report. They were then further subdivided, or coded, to reflect finer patterns in the informants' responses. Where needed, the research team followed up with interviewees and other participants in the Task Force via e-mail to request additional information for this assessment.

Additional methodological information can be found in 6.4 Annex 4.

3. Findings

Findings are divided into six sub-sections: 3.1) History of the Task Force; 3.2) Accomplishments of the Task Force; 3.3) Contributions of the Secretariat to the Accomplishments of the Task Force; 3.4) Resources MCHIP contributes to the Secretariat; 3.5) Suggested future directions for the Secretariat function; and 3.6) Suggested future directions for the Task Force.

3.1 History of the Task Force

Integrated Community Case Management (iCCM) is a strategy to identify and treat the major diseases affecting mortality in children under five years of age. Following the approach of Integrated Management of Childhood Illness (IMCI) at the health facility level, iCCM takes a holistic approach, reviewing all danger signs and providing needed treatment, prevention and follow-up for the child's condition(s).

According to the CCMCentral.com website, "The iCCM Task Force is an association of multilateral and bilateral agencies and NGOs, working to promote integrated community level management of childhood illness."

The Task Force coalesced at a point in time when many of the major organizations in global health identified a need to work together to advance the state of community-based treatment for three major childhood killers – diarrhea, pneumonia, and malaria. A multi-country evaluation of IMCI noted the "need for a shift [from]...delivery systems that rely solely on government health facilities...to include the full range of potential channels in a setting and strong community-based approaches."[3] A growing body of evidence indicated that community health workers, trained to assess and treat the major childhood killers, could effectively deliver lifesaving curative interventions where there is little access to facility-based services.[4] While some countries were implementing and scaling up community level management

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[3] Bryce J et al., on behalf of the MCE-IMCI Technical Advisors. Programmatic pathways to child survival: results of a multi-country evaluation of IMCI. *Health Policy and Planning* 2005, 20-S1:i5–i17.

[4] Winch P et al. Intervention models for the management of children with signs of pneumonia or malaria by community health workers. *Health Policy and Planning* 2005, 20-4:199-212.

of malaria and/or diarrhea, many countries felt they needed more evidence and information before changing policies and putting the antibiotics needed to treat pneumonia in the hands of community health workers. Where there were community case management efforts, they were often NGO pilots, or they treated only one or two of the three main diseases.

3.1.1 Origin Stories

Since the iCCM Task Force is an informal group, it is difficult to identify the exact point of origin; histories and memories are subjective. There are three origin stories for the Task Force:

Emerging out of a GAPP meeting: In 2008 a diverse set of authors (David Marsh of Save the Children, Kate Gilroy from JHU, Renee Van de Weerdt of UNICEF, Emmanuel Wansi of USAID/BASICS, and Shamim Qazi from WHO) published "Community Case Management of pneumonia: at a tipping point?" in the *Bulletin of the World Health Organization*. This paper provided a survey of pneumonia case management in the 57 African and Asian countries included in the first Countdown to 2015. The paper indicated that "Challenges remain to: (1) introduce [CCM of pneumonia] into policy and implement it in high pneumonia burden countries; (2) increase coverage of this strategy in countries currently implementing it; and (3) better define and monitor implementation at the country level."

After a meeting on the Global Action Plan for Pneumonia (GAPP) in Geneva in February 2008, the authors working on the above paper agreed that the "real work was just beginning." In order to increase the number of countries implementing pneumonia case management, they decided that there was a need to convene regularly and track the work. Over time, other NGOs, donors, foundations and universities joined in the effort.

Merging malaria and pneumonia implementation efforts: Within USAID, the impetus for forming the iCCM Task Force was described as bringing together malaria and pneumonia control efforts to ensure a coordinated, quality approach to iCCM implementation in countries. Community-level diarrhea management had long been accepted and was considered a "given." Staff at the President's Malaria Initiative (PMI) and the MCH team at USAID were seeking to get traction for iCCM in USAID/PMI-supported countries that were moving forward to scale up various aspects of iCCM.

They were concerned that these countries had not adequately planned for all the necessary components of iCCM adoption and scale-up, and lacked quality assurance systems (such as supervision) and reporting/M&E systems. This USAID team developed the first draft of the iCCM benchmarks as a normative tool for countries to use to ensure that all aspects of their iCCM programs were addressed. As a next step, USAID engaged partners in the refinement of these benchmarks.

Collaborating on the use and development of common tools for implementation: A third interpretation sets the origin prior to the 2008 gathering of the authors of the tipping point paper, and focuses on the collaborative development and sharing of tools and materials to support iCCM implementation. One founding member stated that the iCCM Task Force emerged in response to a "generally-expressed need by agencies at all levels to develop and support a common approach to iCCM." In this history, coordination was seen as essential to ensure that key organizations were talking to each other, using as many shared materials as possible, sharing information from countries, and making sure that agencies were up-to-date on important developments, such as changes to treatment protocols. One focus of this group was to identify, develop and coordinate common tools, guidelines and support to countries.

In 2008, the CORE Group was working on *CCM Essentials*[5] with a wide variety of partners, WHO was developing a three-part CHW training package which included a component on iCCM, Save the Children had developed a number of practical tools such as core competencies, supervision checklists, and reporting forms, and BASICS had developed operational guidance. The first available iCCM Task Force minutes from October 30, 2008 chronicled a discussion about the need for the Task Force to act as a "review group that develops a matrix to guide users on the strengths, weaknesses, differences and best uses of each resource."

3.1.2 Initial Tasks

The differing origin stories make it clear that there were distinct needs for concrete products that would improve country-based programming and benefit from collaborative work across organizations. These products can be loosely grouped into Tools and materials, Indicators, and Operations research:

Tools and materials: Over 2010 and 2011, members of the Task Force developed an organizing structure for collecting and assessing the various available tools and guidance to support iCCM implementation. These tools formed the original core of the CCMCentral.com website which provided a central location where organizations or countries can access tools and decrease the need to "recreate the wheel." An early decision on behalf of the Task Force was to endorse the WHO/UNICEF CHW training package[6] as the "gold standard" for CHW training materials.

Indicators: The need for common indicators to guide and assess implementation emerged prominently. In 2008, BASICS collected a list of the indicators that countries were using in implementing CCM. In 2010 and 2011, the M&E subgroup of the Task Force began to organize and vet the list of indicators. They married two different types of indicators: 1) national top-down indicators used by ministries of health; and 2) bottom-up indicators used by NGOs implementing iCCM. By June 2012, they finalized eight indicator reference sheets and agreed on a compendium of 47 CCM indicators. At this point, they drafted a guide for using the indicators. As of June 2013, the guide was being sent out for final review.

Operations research (OR): The Task Force is an essential structure for enabling collaboration and discussion around key OR questions to enhance the knowledge base and subsequent programming for iCCM. One of the first subgroups of the Task Force, the CCM Operations Research Group or "CCM.ORG", developed and posted a list of key OR questions for iCCM to CCMCentral.com. In February 2011, the subgroup started work on the publication of a supplement to a peer-reviewed journal on iCCM. After a 21-month process of soliciting, vetting, and writing, the Task Force published a supplement to the *American Journal of Tropical Medicine and Hygiene* on iCCM. The supplement was launched at the American Society of Tropical Medicine and Hygiene meeting in Atlanta, GA. In November 2012, the Operations Research subgroup kicked off an extensive, systematic process to distill the leading OR questions surrounding iCCM. The intent of this process, originally developed by the Child Health and Nutrition Research Initiative (CHNRI), is to develop global consensus on important research questions and guide subsequent research directions of Task Force members, donors and other researchers.

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[5] CCM Essentials is a guide designed to help programmers design, manage and evaluate high quality, sustainable CCM efforts

[6] *Caring for the Sick Child in the Community, WHO/UNICEF, 2011* is one component of the three-part training package called *Caring for Newborns and Children in the Community*. Based on a simplified version of IMCI, this component is designed to help lay community health workers assess and treat sick children age 2 - 59 months.

3.1.3 Creation of a Secretariat

By the middle of 2010, a clear need surfaced for an organizing structure within the Task Force to dedicate attention to the integral work of planning regular meetings, and then managing and following up on their outcomes. Says one past Steering Committee member, "The functioning of the structure, of this loose collaboration, really needed coordination. Somebody running behind people and doing things."

In June 2010, at a multi-stakeholder meeting to explore MCHIP's role in child health, the idea of MCHIP serving as the Secretariat for the iCCM Task Force was first raised. After further discussion, this role was formalized in MCHIP's FY11 Year 3 (October 2010 - September 2011) workplan submitted later that summer to USAID.

3.1.4 Evolution of the Task Force Structure

Another important change at around this same time was the emergence of a two-tiered structure to the Task Force. While the Task Force meetings started out as a small, core group of organizations, the demand increased from other organizations to join in the collaborative effort.   Minutes indicate that there was a lot of discussion at the time on how to expand the reach of the coordination and information sharing without losing the intimate nature and functionality of the original group of organizations. The result was the creation of a Steering Committee (mainly the small, core group) and an expanded Task Force. In December 2010, the Task Force held the first bi-monthly teleconference for the expanded membership.

In early 2011, the Steering Committee drafted a set of Terms of Reference (TOR) for the Task Force. After considerable discussion, the Steering Committee decided to maintain an informal structure, thus eliminating the need for a formalized TOR. Nonetheless, the draft document reflected the thinking of the partners at the time. Five objectives were proposed for the iCCM Task Force:

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 and scale-up of iCCM according to evidence-based standards in target countries.
3. Identify gaps in funding and support for country iCCM and advocate for the necessary resources to support scale-up.
4. Monitor progress in implementation of iCCM and its impact on child survival targets.
5. Provide guidance to researchers, funding agencies, and other stakeholders on key issues that require operations and implementation research.

Historical documents detailing partner feedback on the TORs highlighted the importance of having the Secretariat role to support a global Task Force, and suggested that the lack of such a function was a key factor in the demise of the earlier Household and Community IMCI Interagency Working Group. Additionally, some respondents recalled consensus among founding members that they wanted to avoid a Secretariat in the image of Roll Back Malaria, which was seen as too formalized and costly.

A time line with key points in the history of the iCCM Task Force can be found in Annex 2.1.

3.1.5 Position in the Global Context

It is recognized that within the global context, there is a multitude of groups that have bearing on or connection to iCCM. While a comprehensive review of the landscape of iCCM was beyond the scope of

this review, several of these related groups are listed below. These groups were mentioned by at least one interviewee as having a direct relationship with the work of the iCCM Task Force, either because their aims are related, and/or because the participants of the different groups overlap. One founding member of the Task Force stated that "one of the strengths of the Task Force is its focus on iCCM that allows it, for example, to have influence on groups such as the UN Commission on Commodities."

- Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD)
- UN Commission on Life-Saving Commodities for Women and Children's Health
- A Promise Renewed and the Child Survival Call to Action
- The Leadership Initiative for Essential Medicines for Children
- Global Health Workforce Alliance
- Frontline Health Worker Coalition
- Zinc Task Force
- Millennium Villages Project
- Countdown to 2015 Maternal, Newborn and Child Survival

3.2 Accomplishments of the Task Force

This review first examined the purpose and accomplishments of the Task Force, to inform subsequent reflections on the value the Secretariat may add. A clear majority – more than 80% - of survey respondents and interviewees found the Task Force to be meeting their needs and fulfilling its aims. The 16 interviewees who were involved at the beginning of the Task Force, or who later served on its Steering Committee for longer than two years, described the original purposes of the Task Force as to:

- Be a linking body (12 interviewees) - to increase collaboration, coordinate partners, build on everybody's strengths, speak the same language, and to convene regularly
- Advance the state of the art in iCCM (8 interviewees) by documenting country efforts, and developing a consistent way of reporting and monitoring progress
- Share advocacy (6 interviewees) – to speed up CCM of pneumonia, and raise the profile of iCCM, to help countries adopt iCCM policies
- Coordinate technical assistance to implementing countries (6 interviewees) – including policy development in targeted countries
- Support certain materials and activities, to test and share tools (5 interviewees)
- Support country-level policy change for implementation and scale-up (5 interviewees)
- Facilitate a research agenda (5 interviewees)
- Streamline efforts (4 interviewees)
- Create a resource center for iCCM (2 interviewees)

Study participants identified both tangible and intangible accomplishments of the Task Force. Many interviewees observed that the "intangible" capacity of the Task Force is foundational to producing the tangible products and the consensus that lies behind them. Informants framed this intangible capacity as having an ultimate effect on progress in iCCM. They gave credit to the Secretariat and the structure of the Task Force for the group's ability to coordinate, collaborate and communicate.

Routinely in interviews, informants described with appreciation such qualitative achievements of the Task Force as bringing together key players "on the same page;" closer coordination of activities; regular, systematic communication; increasing collaboration; and creating a common organizing framework for advancing iCCM.

The following tangible products achieved by the Task Force, and/or its subgroups, were listed most often by interviewees:

- Development of and consensus on a short list of benchmarks and indicators for iCCM implementation;
- Creation and management of the website CCMCentral.com; and
- Moving forward operations research, including the publication of the recent iCCM Supplement to the *American Journal of Tropical Medicine and Hygiene*.

Annex 1.1 expands on the views informants shared on the materials the Task Force has produced to date.

3.2.1 Essential Accomplishment: Existence and Structure of the iCCM Task Force

Interviewees named the very existence and structure of the iCCM Task Force as a "critical" achievement. By bringing UNICEF, WHO, USAID, MCHIP, Save the Children, and others together in a forum for collaborating around specific tasks, the Task Force provides a setting for building and expressing consensus. "Developing the tools across organizations, you get better buy-in and more perspectives," one informant explained. "Providing that leadership in harmonizing and coordinating has resulted in tangibles that normalize our work across countries."

The materials and processes that come out of the Task Force reflect that consensus. Achieving this high level of agreement "creates validity," as one informant put it, "by getting so many key players together to create a coordinated, unified voice."

Study participants found that the common platform that Task Force members share, combined with the regularity of interaction that the Secretariat helps to achieve, obviates the effort that may otherwise go into duplicating materials. The work of advancing iCCM becomes more efficient.

> Representative terms and phrases voiced repeatedly in interviews include:
>
> - A global forum for coordination
> - Common platform, common agenda
> - Consensus building, unanimity
> - Leadership
> - Communication
> - Vetting processes to prepare standardized approaches and global gold standards
> - Collaborative momentum
> - Streamlining
> - Reducing duplication, eliminating redundancies, increasing efficiency

3.2.2 Essential Accomplishment: Advocacy

One major contribution of the Task Force is a set of coherent messages and resources for the iCCM approach. "You have very strong advocacy that went out there, bringing attention from the donor and to the implementer, so that the common issues are discussed." One informant described this aspect of Task Force capacity as "almost like PR – having that platform for publicizing the iCCM approach – why it is valuable, what has been achieved, and where it can go." Informants saw the coordinated advocacy by the Task Force as having an effect in some countries for policy adoption and rapid implementation.

3.2.3 Essential Accomplishment: Moving Forward the Global and/or Country Agenda

When asked whether the iCCM Task Force has moved forward the global and/or country iCCM agenda, interviewees responded without hesitation that the Task Force has advanced the global agenda for iCCM. Half of the interviewees were equally positive about the effect on the country agenda. Others delineated the influence the Task Force has had on the global and country agendas, either expressing

uncertainty about country-level progress, or a certainty that the effect on in-country progress has been limited. Table 2 provides the ratings on this question from the interviewees and the survey respondents. A clear majority (87%) indicated that the iCCM Task Force is successful in moving the global agenda forward, while just over half of respondents see the same for the country agenda.

Table 2: Is the ICCM Task Force moving the global and/or country agenda forward?

	Global			Country		
	Yes	No	I don't know	Yes	No	I don't know
Interviews (n=26)	23	0	3	14	8	4
Survey (n=26)	22	2	2	14	5	7
Total (n=52)	45 (87%)	2 (4%)	5 (10%)	28 (54%)	13 (25%)	11 (21%)

In discussing the importance of the Task Force in raising the visibility of iCCM, informants saw the achievements in structure and advocacy described above as having an effect at the global level. "Another good accomplishment that still needs to be carried forward is helping the partners to have the latest information and documents that are needed when we go to our various meetings and our country visits and regional visits, and so forth, to be able to advocate for iCCM."

An interviewee who subscribes to the Task Force listserv but is not otherwise active in the group says that the Task Force "is extremely important. They have representation from UNICEF and WHO, and those organizations have a lot of weight with ministries of health. In order to scale up iCCM, we have to work hand-in-hand with ministries of health, and we need to have policy-based work, so the work of the Task Force is crucial in advancing these interventions."

While the Task Force did discuss developing subgroups that concern specific countries, only one, to discuss progress in Mali, seemed to have been functional. Steering Committee members recalled periodically discussing the need to map out the partner organizations' work in various countries in order to facilitate collaboration, and attempting a shared travel calendar to assist with coordination, however neither of these efforts continued over time. Half of the respondents did observe either a trickle-down effect in countries, or the Task Force having a direct (as opposed to trickle-down) effect on advancing country-level iCCM.

One respondent stated, "The Task Force has lent weight overall to what's happening at country level. iCCM is considered a bigger deal because of the Task Force, because everybody is on the same page."

Another respondent offered this sobering observation when comparing global- to country-level progress, suggesting that the collaborative structure of the Task Force may yield at some point to organizational self-interest: "Once we have generated documents globally, I see that there is a weakness in how we then take that to country level. Sometimes we can just end at producing and being able to report that at global level we did this, this, this, and this, but without continuing to country level. We built consensus at global level, but when we go to country level, we still want to do things for our own organization, so that we can get an organizational stamp on it, which defeats the whole purpose of collaborating at global level."

Global- and country-level progress was a central theme among interviewees and survey respondents, with a range of perspectives.

3.3 Contribution of the Secretariat to the Accomplishments of the Task Force

This section presents the patterns of responses by interviewees and survey respondents to questions about the Secretariat function of the Task Force; participants described the types of work they saw the Secretariat undertaking and provided their evaluations of MCHIP's performance. This section is divided into contributions related to tangible and to intangible accomplishments. Subsequent sections explore preferences study participants shared for how the Secretariat function may evolve, suggestions for increasing the effectiveness of the Secretariat, and potential future tasks for a Secretariat to support.

> In the protocol for the present assessment, MCHIP reported carrying out the following functions as Secretariat: membership management and support; general coordination; tracking of the Task Force workplan; subgroup management; development and management of CCMCentral.com; management of regular teleconferences; development and dissemination of meeting minutes; and advocacy and other communications.

3.3.1 Contributions to Task Force Tangible Products

The Secretariat played an essential role in the development of a number of the Task Force tangible products. This is particularly true for CCMCentral.com and the associated tools posted there, for the first iterations of the benchmarks and indicators, and for the indicator handbook. It is worth noting that there is some inherent overlap in the technical role of MCHIP as a Steering Committee member and the coordination role of MCHIP as the Secretariat (see Annex 2.2).

Table 3. Secretariat contributions to iCCM Task Force products

Product	Secretariat contributions
CCM Central.com	• Host the site • Pay for and manage its design and construction • Develop and populate the site • Assist in reviewing its contents • Maintain the site, update it and disseminate updates • Serve as communication contact for the site; respond to requests; manage registrations
Benchmarks and indicators	• Assist in review process through announcement of interim indicators in 2010 • Help organize subgroup efforts to identify who will work on which part of the indicators, what needs to be developed, and reaching out to key individuals • Coordinate review process for guide to using the indicators
Operations research	• Assist in coordinating CHNRI review process • Plan, host and contribute funds to the AJTMH supplement launch event

Managing the Website
In addition to management of meetings, management of the website is the Secretariat achievement that people listed most in interviews. Interviewees appreciated the website as a repository, a home, a library, a "known place" for materials "where members and non-members looking for support can find them." They recognized that it demands ongoing effort to maintain the site, manage the documents, update the site, disseminate information about the updates, and promote the site. They also recognized the level of work the Secretariat has committed to all of these phases, and to setting up, and paying for, the website. Informants mentioned that website development and management appeared under-resourced, in terms of funds and staff time allotted. Feedback and recommendations specific to the website are covered in a separate assessment concurrently supported by MCHIP.

A small number of informants (3) mentioned that the responsibilities of producing the website could potentially be separated from the Secretariat function.

Monitoring Progress of Task Force Activities
Informants observed a sequence of events that the Secretariat applies as a matter of routine. "Coordination doesn't happen on its own," says one informant. "If there is not that point body, holder of all the names and information, it won't happen on its own."

One informant summarized this sequence as, "Make sure key people are interested; follow up; make sure the work is done."

> "Without a Secretariat, you have a weaker Task Force, and then you risk having organizational agendas going on without the building of consensus. The Secretariat reminds people, 'last time, this is where the discussion was,' as a way of bringing people back together."

Informants described the Secretariat applying the following sequence of events for every encounter of the Task Force and its subgroups:

1. Notification: initiating discussions, letting people know what issues need to be addressed
2. Organizing meetings
3. Ensuring that the right people are invited and participating
4. Pulling together new documents and research, assembling them, sending them out
5. Taking and disseminating notes
6. Following up on agreed actions
7. Ensuring that the outcomes get disseminated
8. Tracking the Task Force workplan, revising it, assigning tasks
9. Ensuring that the Task Force and its subgroups are making progress on its workplan

3.3.2 Contributions to Task Force Intangible Accomplishments: Coordination and Facilitation
Nearly every interviewee was quick to list, and express appreciation for, the coordination services the Secretariat brings to the iCCM Task Force. "We never miss meetings; it's quite organized." "Now, with the Secretariat, everything is structured. Before, 'oh, I can't meet this month.'" Some expressed relief in knowing that the Secretariat is there to reinforce their work. "There is a value added to having someone own the CCM Benchmarks, the website, the dissemination process, how we convene each other. I don't have to think about who's going to host this meeting, who's going to follow through on making this website a reality. That process is very much in MCHIP's lane to get done. That is a relief to me, to know that there are specific deliverables that MCHIP can bring to reality because that is their mandate." Another interviewee expressed recognition of the work carried out by the secretariat, and appreciation that the tasks were not their responsibility: "Someone has to do that, and it takes time.

Not everybody is willing to do that on the side, so it's a valuable role. It must be a chunk of time that the Secretariat members spend on it, and I'm glad that I don't have to do it." Those informants who did not see the value of a secretariat saw no value in the Task Force itself.

Informants framed their comments by relating the iCCM Task Force to other working groups or task forces, either because those other groups also have a Secretariat, or because they lack one. "I look at some other organizations that have large and multi-agency constituencies, and the Secretariat has a tremendous role in terms of convening, of letting people know what issues need to be addressed."

Informants also compared the present time to the time before the Task Force established a Secretariat. "What I recall is we'd be moving meetings around, there were always people getting dropped, it made it very hard to coordinate. It affected the frequency and efficiency of what we were doing."

Communications
Interviewees found one vital function of the Secretariat to be its role as central coordination, hub, or point of contact. Other terms they used for this function are channel, conduit and liaison. The Secretariat provides updates, communicates with partners, and responds to time-sensitive tasks. Interviewees described the Secretariat as ensuring that communication is coming in and going out, keeping the connection going among members, facilitating input, and turning that input into implementation.

Interviewees observed the Secretariat's function as having a direct effect on the pace and effectiveness of advancing iCCM:

- "Before we had the Secretariat, there was iCCM, there was the Task Force, but it was moving slowly because people do not have time. To keep the Task Force and the subgroups going, it is essential to have the Secretariat."
- "Both moving to policy and the expansion on the ground, that is, doing implementation, would be slower, because busy implementers or researchers don't have the time and capacity to maintain minutes and organize meetings and do all of those things."

3.3.3 Views of Secretariat Performance

Respondents to the online questionnaire rated how well they see the Secretariat performing on particular tasks, on a scale of Low, Medium or High. In four of the five tasks they rated Secretariat performance as high. The response was medium for one of the tasks, maintaining CCMCentral.com.

Table 4. Ratings of Secretariat performance by survey respondents (n=27)

	Median response
Coordination of Task Force communications overall	High
Timely invitations to teleconferences	High
Organization of teleconferences	High
Compilation of meeting minutes	High
Maintaining CCMCentral.com	Medium

3.4 Resources MCHIP Contributes to the Secretariat Function

MCHIP calculates that it has invested, per year, an aggregated total of about one full-time staff member, plus approximately $4,000 in other costs. These figures include regular on-going costs of the Secretariat and do not include exceptional expenses such as design and start-up of the website or the present review. The breakdown is as follows:

Staffing: Total of approximately one FTE spread across the skill sets of at least 3 people (specific skills for website, overall management, and daily point people).

- Primary Secretariat point person: 50%
- Task Force member management and Secretariat support: 15%
- Website management: 15%
- Management of Secretariat function: 10%

Other Costs: $4,000 per year

- Annual website registration fees = $1,000 (regular maintenance only; no provision for intensive or specialized updating or revisions)
- Steering Committee meeting costs = $2,500 (for meetings held in New York, costs reflect travel and per diem for Secretariat staff; for meetings in DC, costs reflect meeting logistics (room rental, audiovisual setup and catering for the whole group) – each set of costs adds to $2,500)
- Advocacy and Communication materials = $500

3.5 Suggested Future Directions for the Secretariat Function

As MCHIP enters its final year, questions emerge related to the future of the Secretariat. The interview and the online questionnaire explored the possibilities this transition will create. Both methods elicited opinions about the future need for the Secretariat function, whether and how frequently the Secretariat function should rotate, and what other organizations might play this role.

Nearly all participants – 93% - recommended that the Secretariat function continue. Respondents stated that they need somebody to handle the logistics and that the Secretariat function served a vital role: "If people see a need for the Task Force, then the Secretariat should continue."

3.5.1 Perceived Consequences of Dissolving the Secretariat

Most respondents – 20 of the 23 who were asked this question -- felt that the consequences of no longer having a Secretariat would be grim. They felt, as one interviewee expressed, that the lack of a Secretariat would lead the Task Force to "reduce its activity level and suffer a slow death." Others stated that losing a Secretariat would not be fatal to the work, but would instead "de-systematize" it, leading to a series of ad hoc partnerships. Informants with this opinion felt that the Task Force may be able to continue with meetings and reports, but that, without a Secretariat, the frequency of and choice of topics for meetings would be led by individual interest, causing the group to devolve from the current forum.

Only three respondents out of the 23 felt that there would not be much change if the Task Force were to lose a Secretariat. They said it might be harder to bring people together, and that some subgroups would cease to function, but other subgroups would continue to be productive based on the

commitment of the individuals involved. These informants, however, also held the opinion that the Task Force itself should disband, and thereby viewed the Secretariat function as irrelevant.

3.5.2 Recommendations for Situating the Secretariat

Several questions revolved around future options for the location of a Secretariat, and the potential for it to rotate from one agency to another. Respondents stressed the importance of ensuring that whichever organization hosted the Secretariat had the budget, organizational support, and desire to play that role. They also highlighted the ability of the Secretariat to function as a neutral facilitator, to be a visionary leader, and to manage competing interests, noting that few of the partners may be able to function in this set of capacities. Finally, they identified the importance of having organizational authority and a global mandate.

Since the Secretariat sits on the Steering Committee, the organization fulfilling this role should also be able to provide technical and programmatic expertise in iCCM. Additionally, one respondent requested a built-in mechanism for review of the Secretariat every two years. Another suggested that the Steering Committee and the Task Force members should choose the Secretariat, but interviewees tended to emphasize the practical considerations of funding and organizational placement as narrowing the field of potential candidates.

> Characteristics of an organization that may take on the Secretariat role:
>
> - Desire to take on the role
> - Organizational support and budget
> - Ability to function as a neutral facilitator and manage potentially competing interests
> - Organizational authority and global mandate
> - Involvement with and commitment to iCCM work

Participants were largely in favor of the Secretariat continuing with the next USAID flagship. Seventeen participants offered suggestions of other candidate agencies to house the secretariat; some respondents suggested more than one agency, or specified a type of agency. Those agencies suggested most frequently were the CORE Group (10 people, 59%), Save the Children (7 people, 41%) and UNICEF (5 people, 29%) (see Table 5 below). None of the interviewees representing these organizations, however, expressed an interest in their organization taking on the role.

Table 5. Interview and survey participants' suggestions for organizations that could be appropriate for the Secretariat role

Prospective Secretariat if not USAID Flagship	No. of mentions (*n*=17)
CORE Group	10 (59%)
Save the Children	7 (41%)
UNICEF	5 (29%)
Others: USAID, WHO, Gates Foundation, a donor, "not any of the multilaterals", a major international NGO, NGO implementers, Red Cross, Johns Hopkins University	1 apiece

More than two-thirds (71%) of respondents felt that the Secretariat function should not rotate; these respondents stressed the need for continuity and accountability, and emphasized the challenge to maintain momentum with rotation. They brought up the logistical issues of having a budget for the Secretariat function at various organizations. The website hosting function was raised as another

complex challenge to rotation. Some felt that rotation might be an attractive option in theory, but it would be difficult to make it work in practice.

Only 29% of respondents felt that the secretariat function should rotate. (Noting that the interviews and surveys specifically asked about the potential for rotation, one might assume that many of the respondents would not have suggested this on their own). These respondents suggested a frequency of one to two years, in order to provide some continuity. For them, the benefit of rotation was to share the responsibility, the "investment," and not have to "rely on any one organization to bear that administrative burden." If the Secretariat function were to rotate, the function would have to be concrete and limited. One respondent mentioned the H4+ (WHO, UNICEF, UNFPA, the World Bank, UNAIDS and UNWomen) as a group with a successfully rotating Secretariat, as an example to explore if the Task Force decides to follow this direction.

The study instruments did not invite interviewees to compare the Secretariat of the iCCM Task Force to those of other groups, task forces or collaboratives. However, informants sometimes did this voluntarily, mainly to relate this Secretariat to other organizational structures with which they are familiar and to derive guidance for characteristics they do or do not like. The former Household and Community IMCI Working Group was mentioned as an example of a group whose lack of a Secretariat impeded its functioning, an argument in favor of having a Secretariat to the iCCM Task Force. Another respondent mentioned the Partnership for Maternal, Newborn and Child Health and Countdown to 2015 as groups that may be more effective if their Secretariats were somehow more neutral.

3.5.3 Recommendations for Improving Secretariat Effectiveness
Informant reflections on Secretariat effectiveness produced some suggestions for improving its performance.

Improving Coordination Function
Suggestions from interviewees for improving the coordination work of the Secretariat included:

• Sending out e-mails announcing meetings earlier (for example by factoring in the amount of time needed to get feedback from various partners and starting the process sooner in order to provide greater advance notice to members)
• Sharing meeting dates further in advance
• Looking to alternate technologies for convening, corresponding and sharing documentation (examples include Skype chats, email conversations, Twitter chats, and USB drives loaded with iCCM materials)
• Changing the hosting service for the teleconferences to one that enables people to take part either by web or by phone, and that enables web participants to see a list of fellow teleconference participants

Note that while these interviewees would prefer that communications happen earlier than they do, the respondents, in total, give the Secretariat a rating of high in the area of "timely invitations to teleconferences" (see Table 4).

Improving Communications Function
Some respondents suggested strengthening the communications role of the Secretariat, and the investment of resources into this function, so that its staff could package the results, highlights, and successes of iCCM into attractive advocacy and communication pieces to influence policymakers, stakeholders, and partners.

Increasing Level of Effort
Respondents acknowledged the amount of staff time needed to fulfill a Secretariat function and suggested increasing the level of effort allocated. Specific comments included:

• "A website manager could spend more time talking to different people, getting the documents, and making it happen."
• "More time on MCHIP's side. The Secretariat staff also backstops some countries. When things are urgent with the countries, then the Secretariat work gets back-burnered because it's often not time-sensitive."

Establishing Clear Guidelines
While the Steering Committee made the decision not to finalize a formal TOR for the Task Force, one respondent observed that the lack of a formalized arrangement makes coordination "a little harder" for the Secretariat. Several respondents recommended creating a Scope of Work for the Secretariat that would provide clear objectives and guidance for prioritizing certain functions.

3.6 Suggested Future Directions for the Task Force

When invited to reflect on future directions for the iCCM Task Force, interviewees and respondents to the questionnaire saw a continued purpose:

> The context is now evolving. We achieved some very significant steps in advocating for CCM, because when you go to countries, people will not challenge the idea any more. But people still need support. If we say we are going to do it, then how? And how do we monitor the programs? We still need extensive work on monitoring the programs. We achieved so much in terms of advocacy, and there is much better openness at the country level to implement CCM programs, but, now, the how-to is a different step for the CCM Task Force.

In this view, the Task Force brings relevance, experience and momentum to bear on the present slate of needs. "All the things it's done so far are going to still need to be done in future, and probably even broaden. It is a cross-organization brand that has been created that speaks to the gold standard for CCM. I would expect that kind of role to continue." From another informant, "I don't think the work is done. I think there's a lot more to do, and when you look across the continuum of care, the greatest gains to be made are in the levels of these curative interventions. We haven't figured it all out yet."

A small number of interviewees (three out of 26, or 12%) suggested that the Task Force might have completed its work. These respondents find that the Task Force is no longer fit to meet the needs for iCCM. In a way, they see the iCCM Task Force as having worked itself out of a job. By affecting the global context for iCCM – through advocacy from a unified platform, and the materials it has produced – the Task Force has helped bring the agenda to a focus on greater penetration of country-level roll-out, monitoring and scale-up. These respondents felt a greater focus was needed on supporting country level work. A very few informants (two out of 26, or 8%) suggested establishing a time-bound existence for the Task Force, revisited at the end of a finite period of time.

The majority of interviewees (23 out of 26, or 88%), however, called for the Task Force to continue, and offered suggestions for how it might increase its ability to influence child health. Top priorities voiced were related to supporting country-level work: (1) achieve a stronger network of partners in-country; and (2) succeed in coordinating and meeting needs at a country level. The group offered numerous strategies for how the Task Force could reach emerging, as well as longstanding, country and global

objectives. Their ideas fell predominantly under the category of convening partners, with a few suggestions related to research and information systems.

3.6.1 Convening Partners
Respondents saw an on-going role for the Task Force in convening partners in order to improve the implementation, scale and quality of iCCM efforts.

The regular teleconferences of the larger Task Force membership provide one opportunity for convening partners and providing information. The views on the role and usefulness of the teleconference seemed to vary according to the respondent's level of engagement in the Task Force. Interviewees indicated that teleconferences may offer greater value to participants who are less active otherwise in the Task Force. Participants who are active in a subgroup sometimes mentioned the subgroup as being a sufficient means of connection. Similarly, participants who are part of the Steering Committee, or who work for one of the Steering Committee organizations, said there can be a redundancy to the teleconferences. However, the inverse of this perspective was expressed by representatives from non-Steering Committee organizations, or people not involved in subgroups. They articulated clear appreciation for the inclusivity of the Task Force and the value they found in the teleconference proceedings.

Respondents suggested that the Task Force could convene global and regional meetings. The annual, in-person meeting of the Steering Committee is "really where the program of work for the next year is getting developed, and that face-to-face is invaluable." Another recommendation was to convene country partners in a regional meeting for iCCM. One informant recalled the regional meetings BASICS once convened as being "incredibly effective in terms of driving the agenda forward within countries." Another said the same things about MCHIP meetings for maternal health and newborn health, "but for whatever reason the funding has not been available to the child health team to do something similar. If the Task Force wants to accomplish its goal of getting down to countries, it's going to take doing intentionally planned meetings, and not just taking advantage of other meetings, ad hoc, when they're set up, because those meetings have agendas of their own." A related suggestion was to give the Secretariat the mandate to organize events for iCCM such as an annual interagency meeting, or a thematic meeting, such as "CCM in the Post-2015 Goals."

Additional suggestions related to convening partners included: extending more invitations to partners in-country; arranging for more presentations from the global South; offering some proceedings and events in French; and producing more webinars.

When asked if there were any key organizations or individuals not currently represented or participating in the iCCM Task Force, who should be, 73% of interview respondents and 50% of survey respondents answered yes. Their suggestions for new members are listed in Annex 3.2.

3.6.2 Research and Information Systems
Although the major point made on future directions of the Task Force concerned convening partners, several respondents also provided ideas related to research and information systems. Suggestions included:

- Leverage the next generation of research by actively facilitating links between funders, Requests for Application, and researchers.
- Work out the cost per life saved of iCCM, determine strategies to decrease program costs, and set up financing mechanisms for scale-up of iCCM.

- Launch an iCCM data collaborative, perhaps with CCMCentral.com as the repository of data. A further description of this idea is included in Annex 3.1.

4. Discussion and Limitations of the Study Design

The researchers would like to note that a few issues, among them the rapid pace of the assessment, self-selected participation in the online survey, and the informal nature of the Task Force, may have placed some boundaries around the breadth and depth of findings.

In order to respond to organizational needs and deadlines, assessment activities including data gathering, analysis, and preliminary report writing were carried out over a period of one month, from 12 June to 12 July 2013. Interviews and the online questionnaire were conducted over a period of two weeks. In this time span, the assessment succeeded in gathering the perspectives of up to 53 participants in the Task Force. While 44 individuals were invited for interviews, only 26 were available during the interview phase. It is noted that 16 potential interviewees reported that they were traveling and thus unavailable. Additionally, 27 self-selected individuals responded to the online questionnaire, out of a possible 125 Task Force listserv members.

It is possible that the selection processes may have affected the findings, particularly among responses to the online questionnaire, although steps were taken to mitigate this. For the interviews, distinct groups of key informants were identified, and individuals from these groups were invited to an interview, in a process of purposive selection (see Table 1). This selection strategy aimed to ensure due acknowledgment of differing individual, technical and organizational views, needs and expectations. However, it is important to note that this review focused mainly on *internal* perceptions of the Task Force (i.e. the sample came from individuals involved in some way in the Task Force; many involved due to proactively volunteering). There is the potential that those individuals who continue to be involved in the Task Force do so because they see positive benefit. Individuals who have heard about the Task Force but have not chosen to participate were not as largely represented in the sample, as they were more difficult to identify and were not as conversant on the questions related to the Secretariat function. To better understand *external* perceptions of the Task Force, a separate study would need to be undertaken. The online questionnaire was envisioned to further broaden the reach and spectrum of respondents. It bears noting that because respondents to the online questionnaire were self-selected, their responses may reflect a bias in favor of listserv members who feel more engaged in the Task Force, collecting perhaps fewer of the viewpoints from Task Force members who are less active. Nonetheless, the mix of the interview and online survey methodologies allowed triangulation of findings to corroborate responses, and the semi-structured format of the interview allowed interviewers to explore areas of disagreement voiced by participants in the assessment.

There may have been some duplication among those individuals interviewed and those completing the online survey. For this reason, the data from each source are first presented separately in all relevant tables before adding them together. The research team and MCHIP chose to allow this potential duplication in order to collect as many responses as possible to the 20 questions about CCMCentral.com that were only posed in the online questionnaire.

The assessment was framed by the informal nature of the iCCM Task Force itself. The Task Force is a voluntary collaborative that operates without a budget or a defined membership beyond its Steering Committee. Since there were no formal objectives for the Task Force or Scope of Work for the Secretariat, this evaluation could not compare results achieved against a baseline standard. The focus instead was on collecting the views of the Task Force and Steering Committee members.

5. Conclusions

5.1 Participants in this assessment expressed agreement in their appreciation of the iCCM Task Force. The prevailing view finds the Task Force to produce a pattern of regular, systematic interaction, leading to landmark materials and tools, and a united advocacy front in service of child health interventions.
The Task Force is adapting to a maturing practice of iCCM implementation. Nearly every interviewee quickly composed a menu of current and emerging tasks for the group to address. A small minority of interviewees saw the tasks of the Task Force as completed, and felt that newer collaboratives may be more effective vehicles for advancing iCCM.

5.2 While participants agreed that the Task Force is achieving progress at global level, they would like to see greater penetration of country-level progress. For them, this would be indicated by the Task Force tailoring its activities to achieve greater participation by people who are supporting implementation in countries.

5.3 A firm majority of participants wanted the Secretariat function to continue. Most voiced a preference for one organization housing the Secretariat, perhaps with a cycle of periodic review. The prospect of a rotating Secretariat appealed to several participants in principle, however almost everyone with this view felt that the practical challenges of rotating the Secretariat would be too great.

5.4 Participants were positive about the Secretariat performance provided by MCHIP, and expressed a preference for the Secretariat remaining with the next USAID flagship. In light of the impending end to MCHIP, participants were asked whether there might be a different agency appropriate for taking on the Secretariat function, and, if so, which one. In response, most participants proceeded to name CORE Group, followed by Save the Children and UNICEF, or to suggest that an unspecified donor adopt the Secretariat function.

5.5 Secretariat performance could be strengthened by the development of a clear scope of work, **perhaps aided by a firm workplan for the Task Force.** Most participants requested that the Secretariat continue essentially as is, with some improvements. They suggested less turnover of Secretariat technical and administrative staff, continued convening in person, strengthened communications capacity, and an ability to combine steady, regular coordination support with responsiveness to fluctuating needs for time-sensitive, project-specific support.

5.6 More resources should be allocated to personnel time to complete routine Secretariat work, **especially if maintaining web resources is to remain with the Secretariat mandate.** Related to web development, participants hoped for better performance in updating, promoting, disseminating and communicating about the site. Some participants suggested that the responsibility of maintaining web resources could be separated from the Secretariat function. None of the participants, however, indicated an interest by their organization to take on web management for the Task Force. Although there were neither questions nor discussion related to funding, there was also a suggestion that any future budget for a Secretariat could potentially direct greater resources to convening partners.

6. Annexes

6.1 Annex 1: Performance

6.1.1 Achievements of the Task Force

This section provides more comprehensive information on the achievements of the iCCM Task Force and on respondents' perceptions of the value of these accomplishments. Sources include the key informant interviews, online questionnaires and a review of literature.

Interviews began by having informants free-list what they view as the main achievements of the Task Force. The itemized list of achievements can be found in Table 6 below.

Table 6. Interviewee free lists of Task Force accomplishments

Task Force Accomplishments	No. responses
Materials and publications produced in common by the Task Force	26
"Intangible" achievements (non-specific)	23
Specific tangible product - Benchmarks and indicators	18
Specific "intangible" - Bringing together key players	16
Specific "intangible" - Closer coordination of activities	15
Specific "intangible" - Communication	14
Specific tangible product - CCMCentral.com	14
Specific "intangible" - Linking organizations, increasing collaboration	13
Specific "intangible" - A common organizing framework for iCCM	12
Advocacy / Representation / Attention	11
Subgroups	10
Specific tangible product – *AJTMH* supplement	10
Research	9
Events	8
Sharing information with countries	7
Operations research	7
Meetings	7
Specific tangible product - Toolkit	7
Research questions	6
M&E	6
CHNRI process for defining operations research priorities applied to iCCM	5
Specific tangible product – Supply Chain Management tools	5
Specific tangible product – Training materials	4
Specific tangible product – Supervision materials	3
Specific tangible product – SCM Webinar	2
Specific tangible product – Checklists	2
Specific tangible product – Technical recommendations / treatment protocols	2
Specific tangible product – Job aids	1
Specific tangible product – CPM Community Reference Guide	1
Specific tangible product – Joint statement	1
Specific tangible product – Solutions to bottlenecks	1

The online questionnaire invited respondents to select the Task Force activities and tools that they use, from a pre-prepared list. Respondents then indicated the activities and tools they found to be of most value (with no limitation on the number selected). The activities and tools that respondents reported using, as depicted in Figure 1, are, in descending order: minutes of meetings, teleconferences, CCMCentral.com, benchmarks and indicators, subgroup meetings, journal publications, training materials, joint statements, in-person events and the Supply Chain webinar.

Figure 1. Task Force activities and tools: Reported use and value among survey respondents (n=27)

Communication: Teleconferences of the Task Force
The teleconferences of the Task Force, and the minutes from these meetings, are the most-used resources among survey respondents. However, only about half of the respondents who reported attending the teleconferences also indicated finding them valuable. The purpose of the teleconferences is to share information about global developments in iCCM, and to elicit information from a larger group to help guide the work of the Task Force and its Steering Committee.

The first teleconference of the Task Force took place on December 1, 2010. Teleconferences run for one hour and are led by a rotating chair from the Steering Committee. The chair works with the Secretariat to create the agenda. As of June 2013, there were 125 people who subscribed to the listserv of the iCCM Task Force and therefore received invitations to the teleconferences.

In September 2012, the Secretariat circulated an online survey to the listserv to solicit input into the teleconferences and ask for feedback to improve this service. The response rate of 11%, with only 14 people responding, was disappointing to Secretariat staff. Of those that responded, the feedback was generally positive, with members finding value in hearing updates of global activities in iCCM and those

within Task Force subgroups. Respondents agreed that it was difficult to speak during the calls due to the large numbers of participants, and acknowledged that the venue was not the optimal one to engage in technical discussions. As a result of the survey, the Task Force added a section at the end of each meeting agenda for "Open Mic" where anyone on the call can provide updates or information.

The teleconferences use a phone-based service so that participants can call in from any office or cell phone. However, teleconference participants and the Secretariat can only identify other participants based on who introduces themselves at the beginning of the call. Individuals who join the call after the initial introductions are often not identified. Issues of size and anonymity also came up in interviews:

- "When you have a call with 50 people, it's hard to make anything happen beyond reporting on different things, which is why the subgroups are important.**"**
- "The teleconference of the whole Task Force is a bit confusing because we are too many and it's difficult to understand who is speaking."

Interviewees mentioned that it would be constructive to know who is on the call: "Is there a list of the members of the Task Force on the website? You can see by my response, an active member of at least one subgroup of the Task Force, that I am not aware of the membership of the Task Force. I know several, but I don't even know where to find the full list of the Task Force".

Informants expressed a mixture of opinions on the teleconferences. One perspective found the calls "not really serving a purpose. A lot of phone calls, not a lot of action, putting somebody on mute for an hour and maybe listening for five minutes." The other view found, however, value in the calls: "Judging by the number of members participating on calls, I think it's still very useful. Clearly the Task Force is filling a need and a gap that's out there."

The current goal is to conduct a Task Force teleconference on a bi-monthly basis. Meeting minutes indicate the following calendar of meetings to date. Note that the minutes reflect the changes the iCCM Task Force was undergoing in 2010-2011. Based on the participants and topics for meetings, several meeting minutes from that time seemed to indicate that they are actually Steering Committee meetings despite being titled "Task Force". Since the group had just delineated these two structures, there may have been some duplication of terminology for a while.

Table 7. Time line of Task Force meetings, by year and quarter

	2008	2009	2010	2011				2012				2013	
Whole Task Force teleconference			✓	✓	✓		✓	✓	✓		✓ ✓	✓	✓
SC meeting or call	✓		✓ ✓	✓ ✓		✓	✓	✓	✓	✓			

CCMCentral.com
One of the proposed objectives for the Task Force was to ensure that countries have access to state-of-the-art information on best practices and tools for implementing iCCM. A great deal of the early work of the Task Force focused around developing an organizing structure for collecting and assessing the various tools and guidance to support iCCM implementation. Task Force members met several times in 2010 and 2011 to compile and assess a global portfolio of supervision checklists, job aids, training packages, and documents that could support iCCM implementation efforts.

Some interviewees referred to the product of their efforts as "the toolkit." Described one informant, "There was a tools subgroup, and they worked very hard to pull together a global portfolio of tools, and then assess them. That was a thankless job, but they put an incredible effort to it, and now it's posted on the website." Some informants explained that the Secretariat provided a good deal of the labor behind this process. "When it came to the development of the toolkit," explained another informant, "a lot of the work in reviewing those tools fell to the Secretariat. Often they did the first pass of the review, giving their critical input. If we had had to rely solely on the partner agencies to conduct those reviews, it would have been a much bigger task." Several interviewees offered this experience as an example of the Secretariat increasing the efficiency and productivity of the group.

The MCHIP Secretariat took the lead in developing a website and populating it with the materials that emerged out of this effort. MCHIP reported completing the website by March 2011. One interviewee framed the production of CCMCentral.com as "a huge achievement. Getting us all to agree, partners who have never done that before, who are all very self-promoting, branding. Being willing to share." In June 2012, MCHIP reported working on making the website more user-friendly, starting French translation of some tools, and initiating tracking for website usage. At this time, MCHIP developed a postcard announcing the website and distributed it at the Call to Action event in Washington, DC and at the Roll Back Malaria case management subgroup meeting in Geneva. MCHIP estimated that they distributed 400 – 500 postcards.

Visitors to the website may send an email to "join" the Task Force. This membership forms the listserv that invites members to bi-monthly teleconferences.

Table 8. Webtracking data for CCMCentral.com, June 2012 to June 2013

Time Period	No. visitors	No. unique visitors	Mean visit duration (minutes per visitor)
June 5-Sept. 4, 2012	1,200	510	07:14
Sept. 5-Dec. 4, 2012	1,419	716	06:49
Dec. 5, 2012-March 4, 2013	1,136	686	06:26
March 5-June 4, 2013	1,430	973	04:30

Monitoring and Evaluation - Benchmarks and Indicators
"Benchmarks and indicators" are the top tangible achievement of the iCCM Task Force named by interviewees. They are also one of the top Task Force resources that online survey respondents reported using, with a high proportion of respondents also indicating that they found the benchmarks and indicators to be of great value. The CCM Benchmarks Matrix provides an overview of eight components that program managers must take into account when designing, implementing, monitoring, and evaluating iCCM. The matrix outlines benchmarks per component for each stage of programming, according to three phases: advocacy and planning, pilot and early implementation, and expansion and scale-up. Overall, the tool is meant to provide normative guidance on how to approach iCCM, with the goal of improving quality, functionality, and sustainability across the life of the program.

The M&E subgroup worked together to transform the indicators for iCCM from a composite of indicators used in different countries to a globally-vetted and organized list. The MCHIP Secretariat supported the subgroup through this major undertaking by soliciting input from key informants and by writing and editing a guide for using the indicators (still under development). While there is no information available on the dissemination and use of the indicators, one informant stated that many of the implementing partners on the Task Force were using the indicators in their own country support

efforts. It is important to note that the Generic Implementation Guide/Handbook currently under development is organized according to the eight components and incorporates the benchmarks.

Interviewees praised the process of building consensus around the indicators and stated that this effort may not have taken place without the Task Force. One respondent reported that "different agencies were developing indicators, and there was disagreement among them. But because we work as a CCM Task Force, everybody came on board to answer the question, 'what does it take to make a program?'" Another highlighted the critical role of the Task Force in marrying two different types of indicators: national top-down indicators used by ministries of health; and bottom-up indicators used by NGOs implementing iCCM.

Another stated, "Certainly without the Task Force there probably would not have been the consensus built around the M&E framework that was developed. You would have had countries monitoring progress in very different ways, making it harder to compare across countries what kind of progress is being made."

Some respondents, however, expressed frustration with the process of producing the indicators, and what they viewed as the limited dissemination and uptake of this monitoring tool. One such person stated, "Benchmarks and indicators could have been a great contribution, but where did that end? They were not finalized and disseminated and certainly did not result in any country responses." Many study participants singled out standardized monitoring as a high priority for the Task Force going forward.

Operations Research
The Operations Research subgroup has been an active subgroup from the beginning of the iCCM Task Force, perhaps the origin of it all. They initially developed and posted a list of key OR questions for CCM to CCMCentral.com. They have since produced an issue of the *American Journal of Tropical Medicine and Hygiene*, the Special Supplement on integrated Community Case Management. The Operations Research subgroup is presently engaged in an extensive, systematic process to distill the leading OR questions surrounding iCCM to those of very highest priority. This process was originally developed by CHNRI, the Child Health and Nutrition Research Initiative.

The Supplement was formally launched at the ASTMH meeting in Atlanta in November, 2012. The Secretariat supported the formal launch by organizing and helping to fund a reception. "It was a big splash," recalled one interviewee, "when that came out. It got a lot of interest. There was a lot of buy-in and hoopla, so that would be a high point. It's really nice to have all that literally between covers." Producing the Supplement involved a two-year process of reviewing 25 manuscripts and bringing them to publication. UNICEF, MCHIP and Save the Children contributed funds to make the supplement open access.

"The Supplement," said one interviewee, "was able to summarize a lot of the state of the art in iCCM. We hadn't had a comprehensive review of what was being done and measured since *CCM Essentials*, so the whole community needed to see what the evidence and the impact were. It was perfect timing, because it allowed the partnership to landscape what was already being done, so that was a good lead-in to CHNRI."

At the same meeting in Atlanta, the Task Force kicked off the CHNRI process to solicit opinions and ratings from among 135 informants around the globe on a slate of research questions surrounding iCCM implementation, monitoring and scale-up.

Training Materials
Published by WHO and UNICEF in 2011, *Caring for the Sick Child in the Community* is one component of the three-part training package called *Caring for Newborns and Children in the Community*. Based on a simplified version of IMCI, this component is designed to help lay community health workers assess and treat sick children age 2 - 59 months.   While the early part of its development predates the existence of the Task Force, the Steering Committee endorsed these materials as the "gold standard" to be promoted where possible, and against which to assess other CHW training materials. (At the time of this writing, MCHIP is planning such an assessment of training materials used in selected countries.)

WHO/UNICEF Joint Statement on iCCM
Published by WHO and UNICEF in June 2012, and endorsed by other Task Force members, this statement "presents the latest evidence for integrated community case management (iCCM) of childhood illness, describes the necessary programme elements and support tools for effective implementation, and lays out actions that countries and partners can take to support the implementation of iCCM at scale." Joint Statements are important advocacy documents that indicate technical agreement between these two major global organizations and can be used by a wide variety of organizations to support advocacy efforts to change government policies.

The Joint Statement is a good example of a product that represents collaborative work on behalf of the Task Force partners to further iCCM. The communication made possible within the Task Force led to greater buy-in, and therefore greater use, from member organizations.

Supply Chain Management
Supply Chain Management is a relatively newly reconstituted subgroup of the Task Force, first having met in December, 2012. Since re-forming, they have posted materials to the website, created a document, Tips on Supply Chain Management, and hosted a webinar on "Supply Chain in CCM: Overview of the common pitfalls and potential solutions" (May 2013). Sixty people participated in the webinar.

6.1.2 Additional Data Tables on Secretariat and Task Force Performance
This section provides data tables that support the findings presented in the main body of the report, with further breakdown of the data.

Views of Secretariat Performance
Interviews with the 23 informants active in the Steering Committee, the subgroups, or the Secretariat asked respondents to explain what the Secretariat does. The functions presented in Table 9 reflect their answers.

Table 9. Types of work performed by the Secretariat, according to interviewee free-list

Area of Secretariat work	No. of interviewees mentioning (n=23)
Managing meetings (scheduling, attendees, preparations)	18
Producing and managing CCMCentral.com	18
Membership communication, support and coordination	17
Preparing minutes and agendas	14
Subgroup management	13
Planning events	7
Creating opportunities and connections (advocacy)	6
Tracking the Task Force workplan, following up on and revising tasks	6
Disseminating updates on CCMCentral.com	5
Promoting CCMCentral.com	2

Twenty-five out of 27 respondents to the online questionnaire (95%) reported being aware that the iCCM Task Force has a Secretariat that is responsible for putting together the regular teleconferences of the Task Force, sending out the invitations and agenda, preparing the minutes, and other tasks.

The following tables provide additional data from the interviews and online questionnaire related to the Secretariat.

Table 10. Please rate how well the Secretariat functions, in your experience (n=27)

	L (Value=1)	M (Value=2)	H (Value=3)	I don't know	Mean	Median
Coordination of Task Force communications overall	2 (8%)	4 (16%)	17 (66%)	3 (12%)	2.7	3 - High
Timely invitations to teleconferences	3 (12%)	5 (19%)	15 (58%)	3 (12%)	2.5	3 - High
Organization of teleconferences	2 (8%)	6 (23%)	15 (58%)	3 (12%)	2.6	3 - High
Compilation of meeting minutes	2 (8%)	4 (16%)	18 (69%)	2 (8%)	2.7	3 - High
Maintaining CCMcentral.com	2 (8%)	13 (50%)	8 (31%)	3 (12%)	2.3	2 - Medium

Table 11. Responses to items on the future of the Secretariat function

	Yes	No	I don't know or Other
Should the Secretariat function continue?			
Interviews (n=13)	12 (92%)	0	1 (8%)
Online questionnaire (n=27)	25 (93%)	1 (4%)	1 (4%)
Total (n=40)	37 (93%)	1 (3%)	2 (5%)
Should the Secretariat function rotate?			
Interviews (n=13)	2 (15%)	7 (54%)	4 (31%)
Online questionnaire (n=25)	9 (36%)	10 (40%)	6 (24%)
Total (n=38)	11 (29%)	17 (45%)	10 (26%)
Should the Secretariat role continue with MCHIP?			
Interviews (n=13)	6 (46%)	2 (15%)	5 (38%)
Online questionnaire (n=23)	13 (57%)	0	10 (43%)
Total (n=36)	19 (53%)	2 (6%)	15 (42%)
Is there another agency that might be appropriate to take on the Secretariat role in future?			
Interviews (n=13)	9 (69%)	0	4 (31%)
Online questionnaire (n=26)	7 (27%)	6 (23%)	13 (50%)
Total (n=39)	16 (41%)	6 (15%)	17 (44%)

Informant Satisfaction with Task Force Progress
The following tables provide additional data on informant satisfaction with Task Force progress and ratings of the components of the Task Force.

Among interviewees, 89% find that the Task Force meets their needs and expectations, while for Online questionnaire respondents the proportion was 77%.

Table 12. Is the iCCM Task Force meeting your needs and expectations?

	Yes	No	Total
Interview	8 (89%)	1 (11%)	9
Online questionnaire	20 (77%)	6 (23%)	26
Total	28 (80%)	7 (20%)	35

Ratings of the Task Force Components
In interviews, the more central participants in the iCCM Task Force (Steering Committee members, Secretariat staff, and founding members) rated the utility of the four different parts of the Task Force. The Steering Committee and the Larger Task Force earned a rating of Medium, while the Subgroups and the Secretariat earned a rating of High.

Table 13. How would you rate the utility of these components of the Task Force?

Component	Mean value	Median value
Steering Committee	2.4 (Medium)	2.3 (Medium)
Subgroups	2.6 (High)	3.0 (High)
Secretariat	2.5 (High)	2.8 (High)
Larger Task Force	2.0 (Medium)	2.0 (Medium)

On a scale of Low, Medium or High, awarding Low a value of 1, Medium a value of 2, and High a value of 3 (n=12)

6.2 Annex 2: Time Lines

6.2.1 Key Points in the History of the iCCM Task Force

This time line is largely constructed from minutes of the Steering Committee and Task Force teleconferences and meetings, in combination with excerpted reports from MCHIP to USAID. It is likely that, especially in the early years, minutes are missing for some meetings. Events included in this time line were selected for their direct relevance to the communal time line for the Task Force. Not included in this time line are a wide variety of events relevant to iCCM, but under the auspices of individual organizations or global initiatives.

Table 14. Time line of key points in the history of the iCCM Task Force

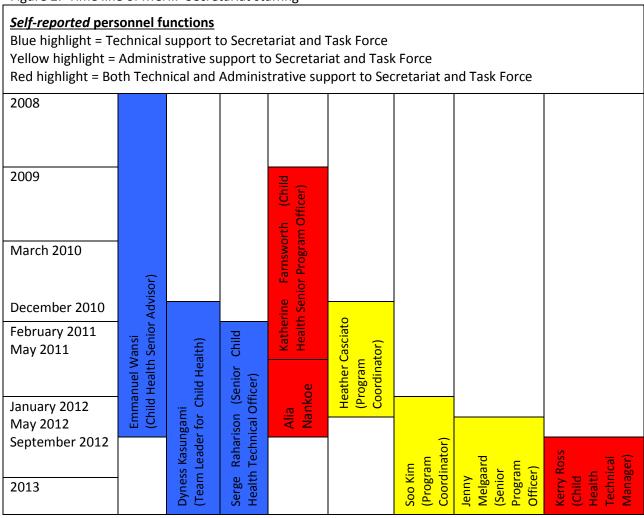| Dates	Events
February 2008	Authors working on the "tipping point paper" (see below) meet after a GAPP meeting in Geneva and identify the need to convene regularly and track CCM work in order to increase the number of countries implementing pneumonia case management
May 2008	Publication of "Community case management of pneumonia: at a tipping point?" in *Bulletin of the World Health Organization*
October 30, 2008	First record found of minutes of iCCM Task Force meeting: • CCM Essentials recommended for completion • Need identified for a matrix guiding users through the various tools available • CCM indicators have been collected from country programs. This composite list includes indicators currently being used for monitoring country programs. An action plan is recommended to organize and vet indicators.
October 2008 – September 2009	MCHIP annual report to USAID mentions working with global partners in the iCCM Task Force on the development of common metrics for the assessment and evaluation of iCCM including ARI/pneumonia
January 2010 – March 2010	MCHIP reports that a "multi-organizational subgroup" was formed and had met several times to develop a purpose and structure for a future website, CCMcentral.com. The subgroup determined criteria for tools to be included on the website.
March 15 - 18, 2010	Four-day in-person meeting held at UNICEF headquarters in New York to review tools and categories for a website and to develop Task Force action plan for the next year
April 2010 – September 2010	MCHIP reports taking the lead on collecting tools, materials and documents for the iCCM toolkit subgroup, and on working on the website, to be called CCMcentral.com
June 30, 2010	The potential of MCHIP serving as the Secretariat is first raised at a multi-stakeholder meeting facilitated by Mark Leach
August 2010	Several meetings are held to review and reconcile feedback on iCCM indicators
October – December 2010	MCHIP starts formally playing the role of the Secretariat to the iCCM Task Force. MCHIP reports continuing efforts to compile selected tools, materials and documents for the website and finalize a set of iCCM indicators on behalf of the Task Force.
November 2010	Indicators are discussed and defined at the Quality Of Care (QoC) meeting in

	Geneva. The meeting confirmed the usefulness of the work completed to identify indicators for assessing iCCM and enabled partners to articulate principles and pick out key indicators for monitoring.
December 1, 2010	First teleconference of the newly expanded Task Force structure held (Note: Additional dates of teleconferences are listed in Annex 6.1.1)
February 15, 2011	Terms of Reference for iCCM Task Force reviewed during a Steering Committee meeting; decision to use as guidance but not to formally endorse
February 2011	Idea launched at GAPP meeting in Nairobi for a publication on iCCM, possibly a supplement to a peer-review journal
January – March 2011	MCHIP reports that: • A full review and consensus of materials to be posted on the website was achieved at a Task Force meeting • The CCMCentral.com website has been set up
October 2011 – December 2011	MCHIP reports to USAID: • MCHIP is leading a virtual group to discuss county-level actions and coordinate support to iCCM in Mali • OR subgroup is actively working on a special CCM Supplement of the *American Journal of Tropical Medicine and Hygiene* (AJTMH) • M&E Subgroup continues to review and refine "CCM Toolkit Indicator Reference Sheets based on eight CCM component areas." Four reference sheets are completed; the remaining four are in the final review and completion phase
March 2012	It was agreed that a parallel group dealing with CCM in emergencies would be linked to the Task Force as a subgroup.
April 2012 – June 2012	MCHIP reports to USAID: • They are making the website more user friendly, starting French translation of some tools, and initiating tracking for website usage • Postcard to announce website developed, vetted by all partners, and distributed • M&E subgroup finalized all eight indicator reference sheets and agreed on compendium of 47 CCM indicators • Draft guide for using indicators and country-level dissemination plan are under development
June 2012	Meeting held in Washington, DC to solicit input on a draft guide for using the indicators WHO/UNICEF joint statement on iCCM published
August 2012	WHO, UNICEF and Save the Children begin working on Generic Implementation Guide/Handbook
September 5 – 7, 2012	Steering Committee meeting results in: • Approved reformulation of subgroups; and • Input on the workplan
September – December 2012	Subgroups reconstituted: • Operations Research • Monitoring and Evaluation • Supply Chain Management (SCM) • CCM in Emergencies

	• New Tools
November 12, 2012	Supplement to AJTMH on iCCM officially launched during ASTMH meeting in Atlanta
November 2012	CHNRI exercise kicked off to develop iCCM research agenda
February 2013	"Tips on Supply Chain Management" developed and distributed by SCM sub-group
May 15, 2013	1st Webinar on SCM conducted by the SCM subgroup
June 26, 2013	The following points were presented during a Task Force teleconference: • OR Subgroup is continuing the CHNRI process; OR questions are currently being scored by informants; results are due in late summer • iCCM global evidence review is planned for December 2013 in Nairobi • M&E Subgroup is soliciting recommendations for a review panel for the indicator handbook • SCM Subgroup is planning additional webinars • A "private sector" subgroup is proposed; the Secretariat is asked to develop a description of the purpose and task(s) to help members determine if there is interest • There is not enough interest to continue the subgroups on costing and iCCM mapping within the Task Force • There is a large, separate, overlapping group working on pediatric HIV and iCCM, so a subgroup within the Task Force is not needed

6.2.2 MCHIP Secretariat Staffing

The following figure provides a time line of MCHIP staffing over time.

Figure 2. Time line of MCHIP Secretariat staffing

Self-reported personnel functions
Blue highlight = Technical support to Secretariat and Task Force
Yellow highlight = Administrative support to Secretariat and Task Force
Red highlight = Both Technical and Administrative support to Secretariat and Task Force

Year	Emmanuel Wansi (Child Health Senior Advisor)	Dyness Kasungami (Team Leader for Child Health)	Serge Raharison (Senior Child Health Technical Officer)	Alia Nankoe / Katherine Farnsworth (Child Health Senior Program Officer)	Heather Casciato (Program Coordinator)	Soo Kim (Program Coordinator)	Jenny Melgaard (Senior Program Officer)	Kerry Ross (Child Health Technical Manager)

(Figure shows timeline from 2008 through 2013 with colored bars indicating staff tenure and function.)

In addition to MCHIP staff, one consultant, one intern, and one temporary employee (Amina Teachout, Christopher Mfornyam, and Elizabeth Jenkins respectively), supported various Secretariat tasks over time. MCHIP also accessed support from JSI and from other USAID flagships projects such as MEASURE Evaluation for work on the iCCM indicators.

For all staff members, Secretariat tasks represented a proportion of their regular job tasks. Katherine Farnsworth estimated that she invested approximately 30% of her time on the Task Force. Heather Casciato estimated 10% time normally and about 50% time while she was working on developing the website. Soo Kim estimated 25–30% time. Jenny Melgaard estimated 35 – 40% time, but felt that 50 – 55% time would be a better fit for the scope of work.

It is important to note that the dual role of MCHIP serving as a member of the Steering Committee and the Secretariat leads to confusion on how to quantify time. Some staff members do not include time spent contributing technical expertise and direction to the Task Force in their Secretariat calculations.

6.3 Annex 3: Future Directions for the iCCM Task Force

While the primary focus of the study was on the Secretariat of the iCCM Task Force, participants provided additional information related to potential tasks for the Task Force and other organizations that could be involved in the future.

6.3.1 Future Tasks

As described in Section 3.7 of this review, the following new tasks were suggested:

- Leverage the next generation of research by actively facilitating links between funders, RFA's and researchers.
- Work out the cost per life saved of iCCM, determine strategies to decrease program costs, and set up financing mechanisms for scale up of iCCM.
- Launch an iCCM data collaborative, perhaps with CCMCentral.com as the repository of data. This individual described the idea as follows:

  > "Help partners and governments agree to sharing data, maybe CCMCentral.com could house/archive that data for implementers and researchers to access. We all have access to various kinds of information for various countries. No one organization has access to all the relevant data for a country. Often, there are different implementing NGOs for different districts, so it's a mish mash, and data is not shared across the country. Creating a collaborative could help us share that information and get it out more broadly as a movement toward open data for CCM. There's going to be so much more information as CCM grows. It's time we thought of a way to coordinate that, and an architecture for that. It is an opportunity to leverage the interests/skills of various organizations and various people inside and outside of organizations. The longer we wait, the data will just get bigger and bigger and bigger, and the more time we will spend backlogging the information rather than doing it prospectively."

6.3.2 Future Membership

Tables 15 and 16 provide the feedback from informants related to any potential additions to the Task Force membership in the future.

Table 15. In your opinion, are there any key organizations or individuals not currently represented or participating in the iCCM Task Force, who should be?

	n	Yes (%)	No (%)	Other (%)
Interviews	22	16 (73%)	4 (18%)	2 (9%)
Online questionnaire	24	12 (50%)	12 (50%)	0
Total	46	28 (61%)	16 (35%)	2 (4%)

Table 16. Who are these organizations or individuals who should be active in the iCCM Task Force?

Group or organization[7]	(No of mentions)
Funders/donors	15
Gates Foundation	7
CIDA	5
Europeans	4
DFID	3
UK AID Network, NORAD, Swedish donor, bilateral donors, The Global Fund, The World Bank, African Development Bank, CIFF	1 apiece
Implementers / field reps / country reps / MOH / Government	8
IMCI Unit, Malawi MOH	2
Private sector	3
Drug companies, telecom companies	1 apiece
Malaria organizations	3
Malaria Consortium	2
Affordable Medicines Facility-Malaria	1
"Other technical areas within CCM that are not as active within the Task Force itself"	2
Pediatric HIV	2
Pediatric tuberculosis and CCM in emergencies	1
NGO's and other collaboratives	2
ICF Macro	2
AMREF, Earth Institute MDG, Empowering Frontline Healthworkers, Frontline Healthworker Coalition, GAPPD, Global Health Research Initiative, Health Alliance, Health Metrics Network, IRC, Millennium Villages; North-South Collaboration, DHIS, University of Oslo	1 apiece

[7] Acronyms referenced in Table 16 are: Canadian International Development Agency (CIDA), Department for International Development (DFID), Norwegian Agency for Development Cooperation (NORAD), Children's Investment Fund Foundation (CIFF), African Medical and Research Foundation (AMREF), International Rescue Committee (IRC), District Health Information System (DHIS)

6.4 Annex 4: Additional Methodological Notes

6.4.1 Key Informant Interviews

Sixteen potential interviewees notified the research team that they were traveling during the study period. Eighteen potential interviewees received one or more follow-up invitations. Interviewers used Skype or phone to conduct every interview but one, in which case an informant with limited connectivity in the field provided written responses to written questions. In all, two interviewers interviewed 26 people.

Interviews were tailored to the category of informant. Interviewers used one of three interview instruments, each designed to elicit insights from people with greater or lesser levels of engagement with the Task Force (6.5 Annex 5). The median interview duration was 40 minutes. This ranged from a median of 47 minutes with the 15 interviewees who are most centrally involved in the Task Force, using one type of instrument, to 33 minutes with the 12 interviewees who are more peripherally active in the Task Force, or who are not active members of the Task Force, using one of two other interview instruments.

The categories of interviewees are listed in Table 1 in the Methodology section. In addition to key informants with extensive experience with the Task Force, this study specifically sought to include the views of some key informants who were involved with iCCM programming, but who were only somewhat or not at all active in the iCCM Task Force. For one of these categories of informants, "Members of the Task Force listserv not otherwise active in the Task Force", the research team compared the Task Force listserv to Secretariat records of individuals attending teleconferences and/or joining subgroups. For the final category, "Individuals active in iCCM apart from the Task Force", the research team compared names of organizations provided by MCHIP in the study protocol to the Task Force listserv and e-mailed colleagues in order to solicit appropriate names of key informants. Individuals in these categories were harder to identify based on the fact that they were not well known to the Secretariat staff. It is noted that a more in-depth assessment of the functioning of the Task Force itself, beyond that of its Secretariat, could require further exploration among people who do not participate. This could be the focus of a future assessment.

The research team succeeded in reaching one interviewee during country travels, and a second interviewee who was stationed in-country. All other interviewees were in Europe, Canada or the US. Conducting the interviews over telephone or Skype may have precluded the participation of some individuals who were either traveling or stationed in other countries with limited communication possibilities. Anticipating these obstacles of time and technology, the research team offered potential interviewees who were not able to be interviewed an alternative of completing the online survey.

6.4.2 Online questionnaire

MCHIP staff emailed an invitation to the questionnaire to the members of the iCCM Task Force listserv on 21 June 2013. This group received follow-up email invitations on 26 June and 02 July. When the research team closed the survey on 07 July, responses had been received from 27 individuals.

Two of the 27 online respondents reported being stationed in-country. Eighty-five percent of respondents work for their organization's headquarters. Twenty-six of the 27 survey respondents reported their organizational affiliation, as follows:

- NGO = 14 = 54%
- Multilateral/bilateral = 6 = 23%
- Funding agency / foundation = 4 = 15%
- Research = 3 = 12%
- For-profit company = 1 = 4%

6.4.3 Documents Reviewed

- MCHIP reports for iCCM Task Force/website, June 21, 2013 extracted from reports to USAID
- Matrix of subgroup updates, Feb. 2013
- CCM Task Force Secretariat Assessment: Draft 1 protocol, April 26, 2013 (and earlier versions with history sections)
- Terms of Reference, CCM Interagency Task Force, (date unknown, early 2011)
- Summary of Feedback to the TOR, Feb. 14, 2011
- CCMCentral.com website
- CORE website; CCM section
- CCM Task Force Steering Committee Poll on Utility of Teleconferences, September 2012
- CCM Task Force Work plans, January 2012, February 2012, October 2012
- Minutes for Steering Committee and Task Force meetings:
    - October 30, 2008 (draft)
    - March 15 – 18, 2010
    - October 13, 2010 (draft)
    - December 1, 2010
    - January 14, 2011
    - February 15, 2011
    - March 9, 2011
    - April 29, 2011
    - July 14, 2011
    - September 7, 2011 (agenda only)
    - December 15, 2011
    - January 25, 2012
    - March 29, 2012
    - April 30, 2012
    - May 23, 2012
    - September 5 – 7, 2012
    - October 16, 2012
    - December 11, 2012
    - February 27, 2013
- Handover meeting for CCMCentral website and task force on April 4, 2012
- Minutes for OR and SCM subgroups posted online
- GAPP/CCM Ad Hoc Interim Action Team Terms of Reference and Short-Term Plan, April 2008
- Attended June 26, 2013 Task Force teleconference
- iCCM Journal Supplement: Concept Note for Review, February 15, 2011
- Draft Report Quality of Care (QoC) Meeting, November 2010
- Ways Forward on Child Health, Synopsis of a Conversation and Planning Session Convened by MCHIP, Mark Leach, Management Assistance Group, June 2010
- Draft Concept Note on Inter-Agency Working Group for Integrated Community Case Management (IAWG ICCM) to Gates Foundation, June 2010

- Review of CCM Indicator Feedback, August 13, 16, and 18, 2010

6.5 Annex 5: Assessment Instruments

6.5.1 Interview Instruments
Below are the three interview instruments for the assessment. The interviewer used instrument I, II or III, depending on the interviewee's type of involvement in the Task Force.

Generic Introduction: We appreciate your willingness to participate in this interview.

This is one part of a review whose aim is to gather the views of the members of the iCCM Task Force about the Task Force itself, with specific attention to its Secretariat role and the website CCMCentral.com. The findings will inform decisions about how these aspects of the Task Force move forward. We are interviewing about 25 members of the Task Force, and we are inviting the 125 people on its listserv to complete a questionnaire online.

Our questions today will be structured in four sections:

1) background and your role with the Task Force;
2) the accomplishments of the Task Force;
3) the contribution of the Secretariat to these outputs; and
4) a few questions about CCMCentral.com

Please try to answer the questions based on the entire life of the Task Force, rather than just what comes most recently to mind.

Your answers to these questions will be confidential; only the evaluators will have access to your name and comments.

We expect our interview to take about 45 minutes. Do you have any questions before we begin?

Instrument I

For use with these categories of interviewees:

1. Members of the iCCM Task Force Steering Committee
2. Former members of the iCCM Task Force Steering Committee
3. MCHIP technical and administrative staff assigned to fulfill the Secretariat role for the Task Force

A. History and Background

A1. For how long have you been (or were you) active in the iCCM Task Force?

A2. What is your role in the iCCM Task Force

A3. Here are two questions on your present level of activity with the iCCM Task Force.

> **A3a.** In how many subgroups do you participate?

> **A3b.** Over the past year, in about how many teleconferences did you participate?

A4. What, in your recollection, was the original purpose for the Task Force having been created?

> **A4a.** Is the Task Force fulfilling its original purpose? How so?

B. Accomplishments of the Task Force: Let's move on to looking at the specific accomplishments of the Task Force to date.

B1. Would you list what you see as the principal accomplishments of the iCCM Task Force?

B2. My next two questions refer back to your list of Task Force accomplishments. Thinking back through these achievements, which of them are valuable to you or your organization?

B3. Continuing with this list of Task Force accomplishments, and thinking back over the entire time you have been active with the Task Force, which of them depend on, or were significantly helped by, the work of the Secretariat of the Task Force?

C. Contribution of the Secretariat to these outputs

Let's continue with this focus on the Secretariat, which is a role that MCHIP has been serving. Please remember, we are interested in your evaluation of the Secretariat function across the entire life of the Task Force.

C1. In your experience, what does the Secretariat do?

C2. Which of the functions you just listed are most valuable or essential to the work of the Task Force? Please include all the functions you feel are important.

C3. What would happen to the work of the Task Force / Steering Committee if the Secretariat functions weren't performed?

C4. Are there certain functions that the Secretariat role should drop from its Scope of Work, or add to it?

C6. How do you think the Secretariat could be more effective?

C7. Here are some questions for you to consider about the future of the Secretariat function:

C7a. Should the Secretariat function continue?

C7b. If yes, **s**hould the Secretariat function rotate from agency to agency?

C7b1. If so, with what frequency?

C7c. Should the Secretariat role continue with MCHIP?

C7d. Is there another agency that might be appropriate to take on the Secretariat role in future?

C7d1. If yes, which one?

D. Website. Now here are some questions for you about the website, CCMCentral.com.

D1. In the past year, how often have you consulted the website ccmcentral.com?

D2. Over the past year, how often did you share the website with colleagues or partners?

D3. Do you forward the website to your partners in-country?

D4. What materials do you look for on ccmcentral.com?

D5. Who are the actual audiences of ccmcentral.com?

D6. Who should other key audiences be for this website, and how can it better reach them?

E. Conclusion. To conclude our interview, here are a few questions about the broader Task Force.

E1. Within the Task Force, there are a few different organizing structures. We're curious how you would rate the utility of these components of the Task Force, on a scale of low, medium or high:

Steering Committee

Subgroups

Secretariat

Larger Task Force

E2. In your opinion, are there any key organizations or individuals not currently represented or participating in the iCCM Task Force, who should be? If so, whom?

E3. Would you say that the iCCM Task Force has helped move the global and/or country iCCM agenda forward? How so?

E4. Those are all our questions. Do you have other comments or thoughts you would like to add?

Instrument II

For use with interviewees in these categories:

1. Personnel from UNICEF, WHO, Save the Children and USAID who are active in the iCCM Task Force, but who do not serve on the Steering Committee
2. Personnel from organizations that are active in the iCCM Task Force, but not its Steering Committee

A. Background

A1. To begin, here are a few questions to define your present level of activity with the iCCM Task Force.

> **A1a.** In how many subgroups do you participate?

> **A1b.** Over the past year, in about how many teleconferences did you participate?

B. Accomplishments of the Task Force

B1. When you think about the iCCM Task Force, would you please list what you view as its principal accomplishments?

B2. My next two questions refer back to this list of Task Force accomplishments you have just created. Thinking through this list of achievements, are any of them valuable to you or your organization? If yes, which ones and why?

B3. Continuing with this list of Task Force accomplishments, and thinking back over the entire time you've been active with the Task Force, which of them depend on, or were significantly helped by, the work of the Secretariat of the Task Force?

C. Contribution of the Secretariat to these outputs

Let's continue with this focus on the Secretariat, which is a role that MCHIP has been serving.

C1. In your experience, what does the Secretariat do?

C2. Which of the functions you just listed are most valuable or essential to the work of the Task Force? Please include all the functions you feel are important

C3. What would happen to the work of the Task Force / Steering Committee if the Secretariat functions weren't performed?

D. Website. Now here are some questions for you about the website, CCMCentral.com.

D1. In the past year, how often have you consulted the website CCMCentral.com?

D2. Over the past year, how often did you share the website with colleagues or partners?

D3. Do you forward the website to your partners in-country?

D4. What materials do you look for on CCMCentral.com?

D5. Who are the key audiences of CCMCentral.com?

D6. Who should other key audiences be for this website, and how can it better reach them?

E. Conclusion – Task Force as a whole

E1. Would you list what you personally and what your organization need and expect from the iCCM Task Force?

E2. Would you say that the iCCM Task Force has met your needs and expectations to date?

E3. To explain [your answer to E2], would you begin by telling us what you see working well in the iCCM Task Force?

E4. And what would you want the Task Force to do differently, to help your organization's work on iCCM?

E5. In your opinion, are there any key organizations or individuals not currently represented or participating in the iCCM Task Force, who should be? If so, whom?

E6. Would you say that the iCCM Task Force has helped move the global and/or country iCCM agenda forward? How so?

E7. Those are all our questions. Do you have other comments or thoughts you would like to add?

Instrument III

For use with interviewees in these categories:

1. Members of the iCCM Task Force listserv who are not otherwise active in the Task Force
2. People who are active in iCCM apart from the iCCM Task Force

A. Background and orientation to the iCCM Task Force

A1. Are you aware that there is an iCCM Task Force?

A2. Are you on the Task Force listserv?

A3. What is your understanding of what the iCCM Task Force does, and how it functions?

A4. Thinking back through your response to **A3**, are any of these achievements valuable to you or your organization? If yes, which ones and why?

B. Website. Now here are some questions for you about the website, CCMCentral.com.

B1. In the past year, how often have you consulted the website ccmcentral.com?

B2. Over the past year, how often did you share the website with colleagues or partners?

B4. What materials do you look for on ccmcentral.com?

B5. Who are the actual audiences of ccmcentral.com?

B6. Who *should* other key audiences be for this website, and how can it better reach them?

C. Conclusion. Task Force as a whole

C1. How would you like to see the Task Force change, to better help you in your work on iCCM?

C2. In your opinion, are there any key organizations or individuals not currently represented or participating in the iCCM Task Force, who should be? If so, who are they?

C3. What would be your level of interest in participating in the iCCM Task Force, on a scale of low, medium and high?

C4. Would you say that the iCCM Task Force has helped move the global and/or country iCCM agenda forward? How so?

C5. Those are all our questions. Do you have other comments or thoughts you would like to add?

Next steps. Along with this series of interviews, we are sending everyone in the iCCM Task Force an online survey to complete. Our plan is to have all the findings identified by the end of July, so that the Task Force can share them with you at the end of the summer.

6.5.2 Electronic Questionnaire