

## **TERMS OF REFERENCE – NUTRITION CLUSTER CMAM SUB-GROUP**

**NOVEMBER 5, 2009 - FINAL**

### **BACKGROUND**

Malnutrition in Zimbabwe is a major challenge for child survival and development. Persistent high levels of food insecurity and the high prevalence of HIV are aggravating factors contributing to enhanced risks of acute malnutrition in children and adults. For many years the Ministry of Health and Child Welfare (MoHCW) provided hospital-based treatment for severe malnutrition in 60 districts with minimal support. In 2006 the MoHCW established a Community Based Nutrition Care Programme (CBNCP) in 10 districts that included treatment of uncomplicated severe acute malnutrition in the community using ready-to-use therapeutic food.

Since 2006, the MoHCW in collaboration with UNICEF, the Clinton Foundation, and a number of international non-governmental organizations have been working to roll out integrated facility and community based management of acute malnutrition (CMAM) at national scale.

To date, 962 health personnel have been trained in CMAM, 365 sites are providing outpatient therapeutic care, and 89 facilities are providing state of the art inpatient therapeutic care. Performance monitoring is not yet well established, the supply of drugs and therapeutic feeding supplies are still somewhat erratic, and national CMAM guidelines have not yet been finalized.

The MoHCW chairs a CMAM Task Force at national level which is responsible for development of CMAM policies, protocols, and guidelines for the treatment of acute malnutrition. While the task force has been an effective body in driving the national CMAM agenda, it meets only periodically and focuses on “upstream” work rather than day to day operational issues. Nutrition cluster members working on the roll out of CMAM have identified a need for a forum of implementing agencies in which to share experiences, discuss implementation challenges, and develop recommendations for task force consideration.

### **OBJECTIVE**

Provide a forum for coordination, exchange, and problem solving among the MoHCW, donors, and non-governmental organizations implementing community-based management of acute malnutrition (CMAM)

### **ACTIVITIES**

Sub-group members will meet the first Thursday of each month at UNICEF, and at other times as required. Working group members will:

- Represent the CMAM agenda within the Nutrition Cluster, and follow up on technical and policy issues raised within the cluster forum;

- Keep the cluster informed of developments in CMAM programming both globally and locally;
- Exchange CMAM performance data on a monthly basis;
- Discuss implementation challenges and collaborate with other sub-group members to overcome those challenges;
- Share program plans and identify areas for collaboration and alignment;
- Stay abreast of the state of the art and discuss implications for the Zimbabwean context;
- Collaborate in the monitoring and evaluation of CMAM activities;
- Provide input to the national CMAM task force on development of guidelines and national roll out of CMAM;
- Identify capacity gaps, and develop strategies for improving the monitoring, evaluation, and delivery of CMAM services.

## **MEMBERSHIP**

**Sub-Group Members:** Sub-group membership will include interested stakeholders directly engaged in the delivery of CMAM services – government, donor agencies, faith-based organizations, and non-governmental organizations. Sub-group membership will be granted to organizations rather than individuals; however, each organization will be asked to nominate one focal person to ensure consistency in representation and facilitate communication. Sub-group members will agree to regularly attend sub-group meetings, endorse the sub-group ToR, and contribute to the realization of the ToR.

**Sub-Group Observers:** Stakeholders not directly engaged in the delivery of CMAM programming are welcome to attend sub-group meetings, but they will have an observer status within the group.

## **GOVERNANCE**

The CMAM sub-group will be convened by the Nutrition Cluster Coordinator. The group will have a rotating chair drawn from standing sub-group members. Each chair will serve a six month term with the possibility of renewal. The chair will work closely with the cluster coordinator, and will receive full administrative support from the Nutrition Cluster’s Administrative Assistant. Unicef will provide snacks and a venue for sub-group meetings.

Quorum will consist of two thirds of sub-group members for key sub-group decisions. The group, however, can proceed to business without quorum.