Terms of References (ToRs)

Management of Acute Malnutrition Technical Working Group (AM TWG)

**BACKGROUND**

*[Background and rationale to setting up this group. Include a summary of when and why the cluster was established, its structure and membership. A summary of the CMAM situation and response to date including CMAM protocols and guidelines available. Explain also why this group is being established. ]*

**PURPOSE**

*[This below text is adaptable and tries to answer the following questions: What is the main aim of the group? What are the specific objectives of the group? What is the scope of the work?*

*It is not recommended that the group be completely absorbed by the revision or writing of the national guidelines in nutrition with the government. This work is certainly very important and sometimes necessary but if it is taking more time than the group can afford, ask UNICEF in country, and at regional and headquarters level as well as the GNC-CT to help find alternative solutions that would facilitate this group’s work in relation to this task.*]

The CMAM/IMAM/AM TWG is a sub-group of the Nutrition Cluster. The primary objective of this group is to contribute to the reduction of mortality and morbidity from acute malnutrition in the affected areas by improving the quality and coverage of the CMAM programs implemented by cluster partners.

The specific objectives of the CMAM/ IMAM/ AM TWG are:

1. Ensure the delivery of quality[[1]](#footnote-1) CMAM programs with adequate1 coverage to respond to the needs in the affected location
2. Improve the humanitarian-development transition and preparedness in CMAM though integration into routine health systems and conducting health system strengthening where feasible

**MAIN TASKS AND RESPONSABILITIES**

1. Provide technical support and guidance on CMAM to the cluster partners
2. Make available CMAM/IMAM guidelines, toolkit, multimedia and other tools necessary for a quality implementation of CMAM programs by cluster partners
3. Facilitate the operationalization of the CMAM guidelines through capacity mapping and development activities and supportive supervision
4. Jointly evaluate the cluster partner’s management of acute malnutrition programs and develop and oversee implementation of a joint response strategy and action plan following the results of the joint CMAM TWG evaluation
5. Map the management of acute malnutrition related activities, identify gaps in coverage and alert the cluster partners and UNICEF as a provider of last resort to act in filling the gaps
6. Assess whether the national nutrition guidelines and policies include the latest global recommendation in CMAM and support updating of the guidelines and protocols where needed
7. Promote the continuum of care: ensure a holistic approach to tackling acute malnutrition by ensuring the availability of the different components of CMAM, namely the inpatient facility or stabilization center, the outpatient management of severe acute malnutrition, the Moderate Acute Malnutrition treatment and the Pregnant and Lactating Women malnutrition prevention and treatment including linkages with other sectors
8. Promote integration of the CMAM activities to the government primary health care interventions
9. When the partners are working in substitution to the government, promote partners adherence to national CMAM’s policy and their integration into relevant partner’s work plans.
10. Support the establishment and functioning of sub-national CMAM working groups when and where needed.

**ACTIVATION, REQUIREMENTS AND PROCESS**

CMAM TWG will be functional as long as there is a need for the objectives and tasks to be addressed in country. If the need is still present, yet the group is dormant, it is the responsibility of the Nutrition Cluster Coordinator (NCC) to request a change in leadership in order to reactivate the group. If the CMAM TWG is no longer needed, the NCC should facilitate the discussion with all cluster partners with regards to the group closure ensuring government leadership in moving the CMAM/IMAM programme going forward to avoid a gap in oversight.

**MEMBERSHIP**

*[The below text is adaptable and tries to answer the following questions: to whom is membership of the group open to? Are there criteria for being a member? Are there criteria for remaining a member? Are there any restrictions on numbers? How long is the period of membership and can it be extended?]*

Membership is granted to organizations implementing CMAM activities rather than individuals. Each organization selected to be a member of the group is kindly requested to nominate one focal person to ensure consistency in representation and to facilitate communication. The NCC is responsible to reach out to agencies implementing CMAM programs. The TWG is also responsible to invite government institutions, researchers and academics, pediatric associations, national or local development actors, other sector colleagues who are involved in CMAM to be members of the CMAM TWG to enrich the subject matter if and when needed. If those institutions are not members, then they would need to be kept informed of the group work and invited to participate to certain meetings. It is not recommended that the TWG be a large group, less than 10 members is optimal.

Individuals chosen as focal points of their organizations need to be knowledgeable about CMAM programming. If a member is not then he or she would need to commit to build his or her own capacity. The technical capacity in CMAM can be improved by reading the resources which titles are provided in the guiding documents section below and undergoing trainings made available in the subject matter.

Members will be expected to attend at least 70% of meetings. There will also be an expectation that members undertake additional activities as outlined in the TOR above. It is essential that the agencies and individuals who take up these positions are committed to fulfilling the responsibilities. Where a member is not actively participating in the CMAM TWG meetings and supporting activity; they may be asked to step down from the group.

Members that do not attend three consecutive meetings may be asked to step down from the group. Members that do not perform the task requested by the group after three consecutive times may be asked to step down from the group.

It is recommended to have a fixed one year membership that can be evaluated at the end of the term.

**LEADERSHIP**

*[The below text is adaptable and tries to answer the following questions: Who is leading the group? How are the leads chosen? Is there training or an orientation that the lead needs to be aware of? Are there responsibilities the lead would need to take on? If so, what are they? Is the group lead rotating? Will the lead work be evaluated?]*

The CMAM TWG group has two co-chairs chosen on rotational basis for a year, each chair is responsible for leading the group for 6 months. Every 6 months, the chairs will rotate in order to keep the group active. The chairs are chosen upon an interview with the NCC whereby the technical knowledge, leadership skills and the time commitment to the TWG needs to be assessed and or a voting process involving all the TWG members.

A ToR with the tasks of the chair will be agreed upon and shared with the chair agency supervisor. The ToR should include engaging partners, calling for the meeting, setting the agenda, preparing or consolidating the documents that need to be reviewed, ensuring minutes are taken at every meeting, following up on the action points, reminding deliverables, engage with the NCC on the CMAM TWG deliverables. The role of the chair is also to ensure impartiality, identify challenges and request for support. The chair is responsible to report back to the nutrition cluster on an agreed basis and to provide a handover report before leaving the group or the position.

An evaluation of the lead work would need to take place every 6 months- this could include but is not limited to an online survey sent to the TWG members on the deliverables and the governance of the group.

**ACCOUNTABILITY**

The chairs of the TWG would need to ensure the group develops a renewable one year work plan in line with the HRP. The work plan should be shared with the cluster partners and the co-chairs would need to report on the progress to the nutrition cluster partners on a monthly basis or as agreed. A self-evaluation of the group work against the set targets in the plan is to be done every six months with the results and action plan for improvements being coordinated to nutrition cluster partners.

The CMAM TWG is accountable to the cluster partners. The CMAM TWG will share decisions/endorsements to the cluster partners periodically through the cluster coordinator and/or co-chairs.

**WORKING METHODS**

The decisions will be taken by general consensus. In case a consensus cannot be reached, TWG leads will have to seek support from the NCC on the way forward, or a consultation with the Strategic Advisory Group (SAG) or a broader cluster partnership. If the technical issue is not resolved in country, the NCC can seek guidance from the GNC-CT on behalf of the cluster partners.

**MEETINGS**

*[The below text is adaptable and tries to answer the following questions: How many meetings will be held each year and where will they be held? Who will organize and chair the meetings? How will topics for the agenda be generated? How and when will meeting papers be circulated? who will provide secretariat for the group?]*

The meetings are held in **[insert location]** on a biweekly/monthly basis on every other **[insert weekday]**. The chair of the TWG will send out the invite and the agenda of the meeting to all TWG members at least 48 hours before the meeting date. The topics on the agenda will need to be generated based on the previous meeting outcomes, the workplan deliverables and the suggestions of the members, as well as suggestions from the NCC following cluster partners’ meetings.

One of the co-chairs will be responsible for:

* Circulating draft minutes to group members no later than 2 days after the meeting
* Incorporating comments and feedback from group members
* Circulating final minutes as soon as possible thereafter (before the next meeting)
* Ensuring the minutes are uploaded on the online platform **[insert a link to the online platform]**

**SHARING INFORMATION AND RESOURCES**

*[The below text is adaptable and tries to answer the following questions: How will group members share information and resources? Where will the meeting minutes be uploaded?]*

The online platform **[insert a link to the online platform]** is available for sharing information and resources of the CMAM TWG. The agenda, minutes, deliverables, handover reports and other documents relevant to the group’s work will be uploaded on **[insert specific link under the online platform**]. Additionally, main resources, tools and guidance will be available from the Nutrition Cluster website (the chair should inform NCC to do so once a document is finalized)

**GUIDING DOCUMENTS**

**Country-level**

*[Provide the list of country level documents on CMAM]*

**Global level**

[Community-based management of severe acute malnutrition: A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children’s Fund](https://www.who.int/nutrition/topics/statement_commbased_malnutrition/en/)

[Save the Children’s CMAM toolkit: rapid start up for emergency nutrition personnel](https://sites.google.com/site/stcehn/documents/cmam-toolkit)

[WHO’s guidelines update on the management of severe acute malnutrition in infants and children](https://apps.who.int/iris/bitstream/handle/10665/95584/97?sequence=1)

UNICEF East Asia and the Pacific has [a nutrition in emergency toolkit that also tackles acute malnutrition treatment programs and lists a number of preparedness measures.](https://unicefeapronietoolkit.com/nutrition-emergency-preparedness-and-response-toolkit/#_Toc470622369)

The [ENN resource page](https://www.ennonline.net/resources/) where you can choose acute malnutrition treatment

[Management of severe malnutrition: a manual for physicians and other senior health workers](https://www.who.int/nutrition/publications/severemalnutrition/9241545119/en/)

[Decision tool for MAM in Emergency, written n 2014 and updated in 2017.](http://nutritioncluster.net/resources/ma/)

The HTP modules [12 (MAM management](http://nutritioncluster.net/wp-content/uploads/sites/4/2013/12/Module_12_pdf.zip)) and [13 (SAM management](http://nutritioncluster.net/wp-content/uploads/sites/4/2013/12/Module_13_pdf.zip)).

1. As per Sphere standards [↑](#footnote-ref-1)