



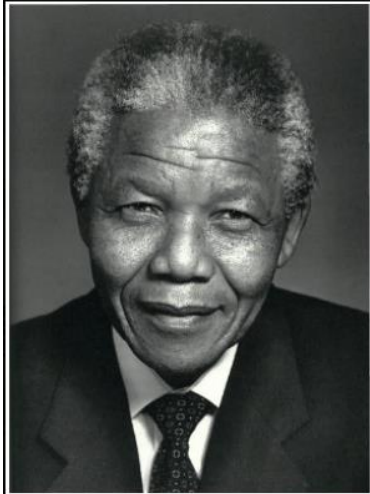
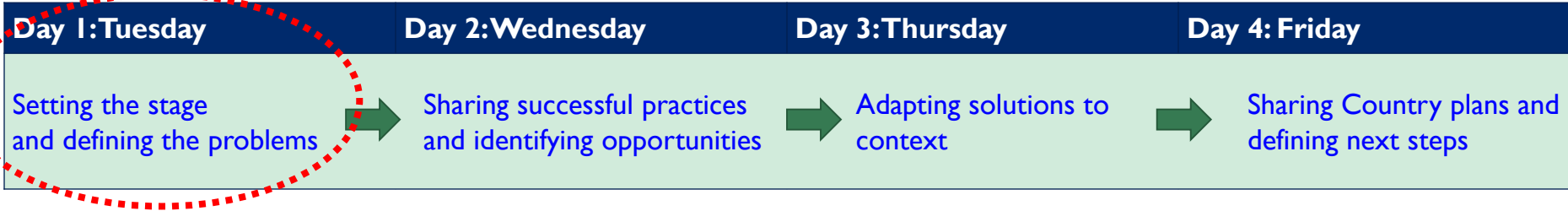
**USAID**  
FROM THE AMERICAN PEOPLE

aternal and Child  
Survival Program

# Day 1 Summary

By Serge Raharison

# Process



Our children are the rock on which our future will be built, our greatest asset as a nation. They will be the leaders of our country, the creators of our national wealth, those who care for and protect our people.

— Nelson Mandela —

AZ QUOTES

- Quoted by Steven E. Hendrix.  
USAID/Ghana Acting Mission  
Director

# Why we are here?



1

The world faces a grave nutrition situation...



**2 billion** people lack key micronutrients like iron and vitamin A



**155 million** children are stunted



**52 million** children are wasted



**2 billion** adults are overweight or obese



**41 million** children are overweight



**88%** of countries face a serious burden of either two or three forms of malnutrition

And the world is off track to meet all global nutrition targets

1. Successful practices?
2. Persistent barriers?
3. Focus on vulnerable newborns
4. Most critical barriers?
5. Priority actions?
6. Need for policy change or further global evidence?

Anne Penington  
Michel Pacqué

# Welcome by the Ghana MOH



MINISTRY OF HEALTH  
REPUBLIC OF GHANA

- We are meeting here at the right time and at the right place
- Compassion, respect and dignity must manifest in the provision of health care

Dr Emmanuel Ankrah Odame,  
Director of Policy Planning,  
Monitoring and Evaluation  
on behalf of the Minister

# Setting the stage

- Trends in mortality and disease burden
- Private sector -- opportunities and threats?
- Context of SDG
- Survive and Thrive framework
- PHC revisited -- Astana. 25-26 October 2018
- Long-term effects of childhood malnutrition?
- Optimizing program opportunities along the lifecycle to increase efficiency



By Nigel Rollins  
Anne Detjen

# What does the evidence tell us?

Findings from the BMJ Strategic Review of 20 years IMCI and iCCM

1. Significant health workforce challenges
2. Community involvement remains weak
3. Stark inequities in coverage
4. M&E systems are highly fragmented
5. District teams are not adequately resourced



Summarized by Nadeem Hasan



## Review of Policies and Guidelines Related to the Nutrition of Ill and Undernourished Children at the Primary Health Care Level

To inform discussions at the workshop: Improving Nutrition Services in the Care of the Ill and Vulnerable Newborns and Children

Authors:  
Lynette Friedman  
Cathy Wolfheim

**ETHIOPIA, GHANA, KENYA,  
MALI, MOZAMBIQUE, NIGERIA**

# Situation in participating Countries

- Relevant policies and guidelines are in place
- Some technical issues remain
- To which degree nutrition can be adequately integrated in the sick child encounter?
- Low quality and coverage of appropriate interventions
- Unhelpful distinction between “nutrition” and “health”

# Mali

- Importance of establishing strong and community structures to support programs
- Expanded role of CHWs in management of SAM on an existing iCCM program

Apport de l'approche communautaire dans la prévention de la malnutrition :  
lutte contre la malnutrition sous toutes ses formes, cas de Yorosso



.....

**INTEGRATION DES SERVICES DE NUTRITION AUX SOINS DE  
SANTÉ COMMUNAUTAIRE (PRISE EN CHARGE DE MAS SANS  
COMPLICATION PAR LES ASC)**



Ministère de la Santé  
et de l'Hygiène Publique



# Ethiopia

- Country's commitment to overcoming technical challenges to design an integrated, meaningful and usable information system



Integration of Key Nutrition Indicators  
into the National HMIS and Unified  
Nutrition Information System for  
Ethiopia(UNISE )

# Panel



Facilitated by Michel Pacqué

Issues discussed include:

- Simplifying nutritional counselling and conveying key messages while maintaining quality/consistency
- Mentoring and supervision of health Workers in order to maintain and strengthen their use of knowledge, skills and tools
- Identifying the best opportunities to target LBW and SGA babies, adapting tools and strengthening capacities
- Reconsidering the workload of CHWs

# Highlights from 1<sup>st</sup> round of country works

## General observation:

- All countries achieved an advanced stage in respective preparatory work
- Countries developed different ways to prioritize multiple barriers – E.g. Ethiopia developed criteria and a scoring system, Mozambique structured the exercise to reflect the different levels of health system
- Countries learned from each other – E.g. Mali added the problems around data collection and use on the list of issues to consider
- The frontline health workers had the opportunity to express their points of view – E.g. Ghana

# Highlights from 1<sup>st</sup> round of country works

Some key themes came in multiple country discussions:

- Low quality and coverage – E.g. in Nigeria, Ethiopia and the DRC
- Adapting strategies or learning from other sectors to ensure continuity of care during emergencies– E.g. Ethiopia and the DRC
- Inadequate number and quality of human resources – E.g. addressing providers' capacity and attitude in Ghana, investing in supervision and mentoring in Mozambique
- Issues around financing and resource allocation – E.g. different criteria for prioritization between central and county managers in Kenya, lack of integrated donor investment in the DRC and Mozambique



SurveyMonkey®



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# **Day I Participant Evaluations:**

## **Overview of Survey Monkey Feedback**

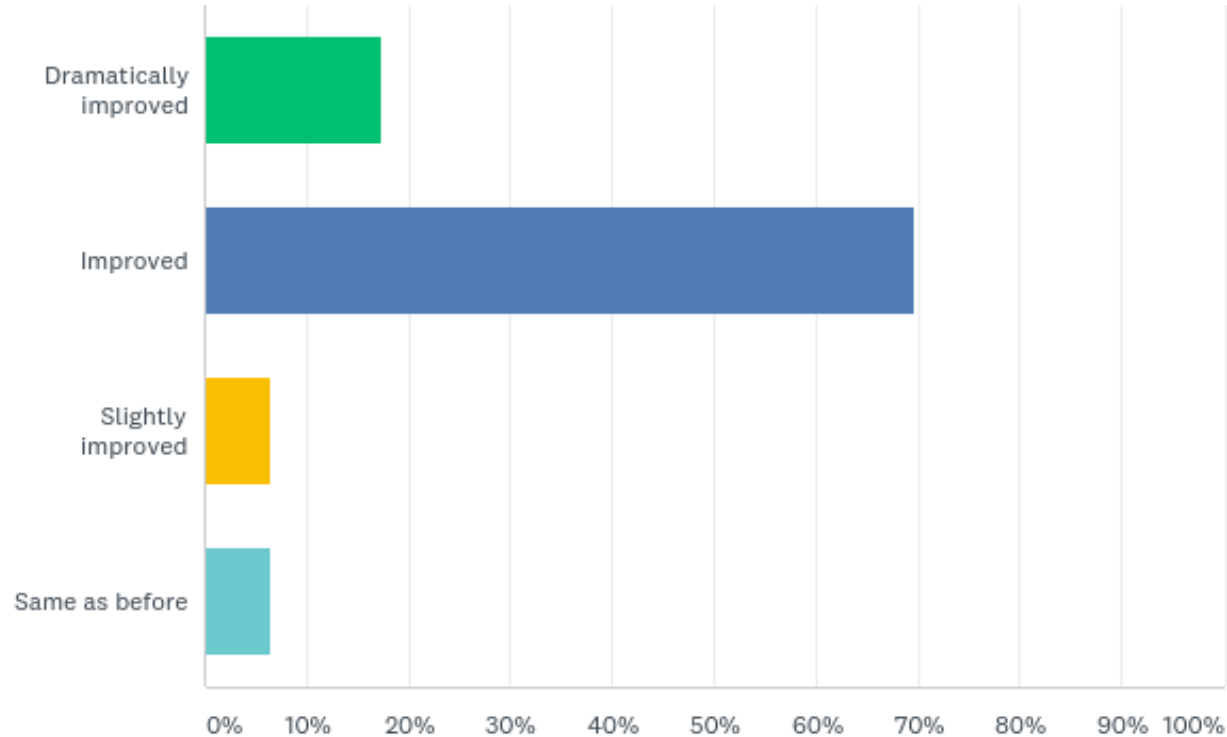
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Responses

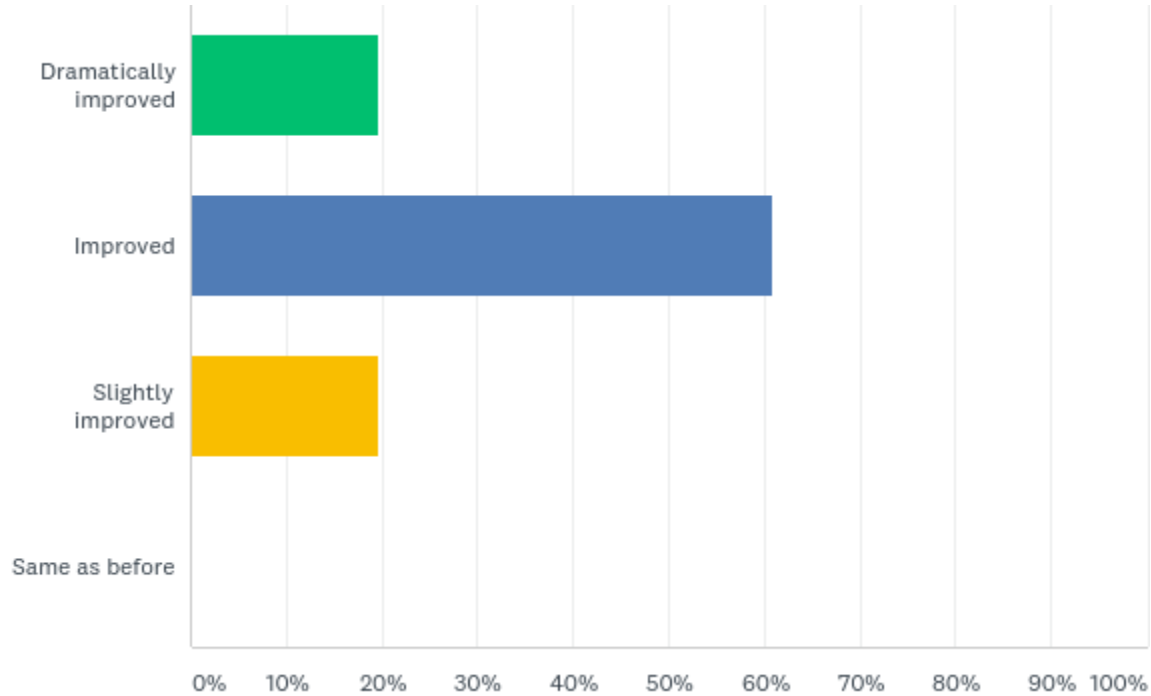
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Questions

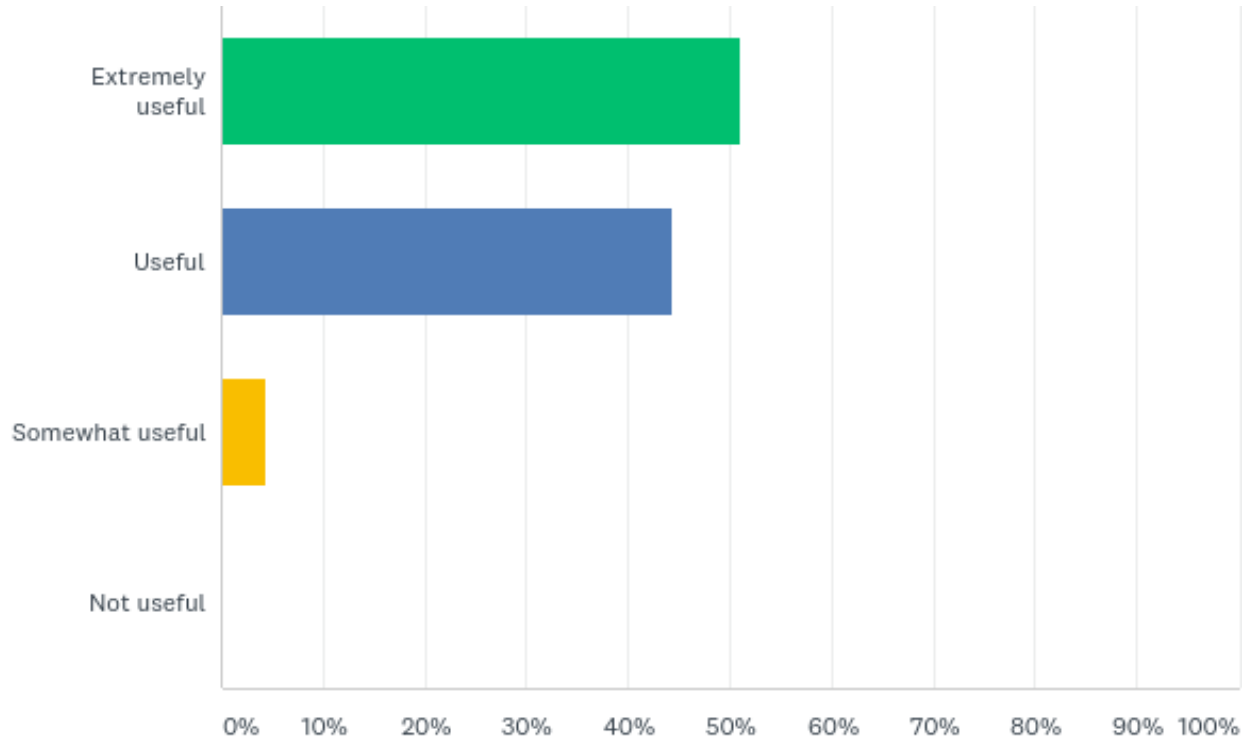
Q1: After the first day of the workshop, what is your level of understanding of the workshop objectives compared to before the workshop?



Q2: After the first day of the workshop, what is your level of understanding of the background and context of child health and nutrition compared to before the workshop?



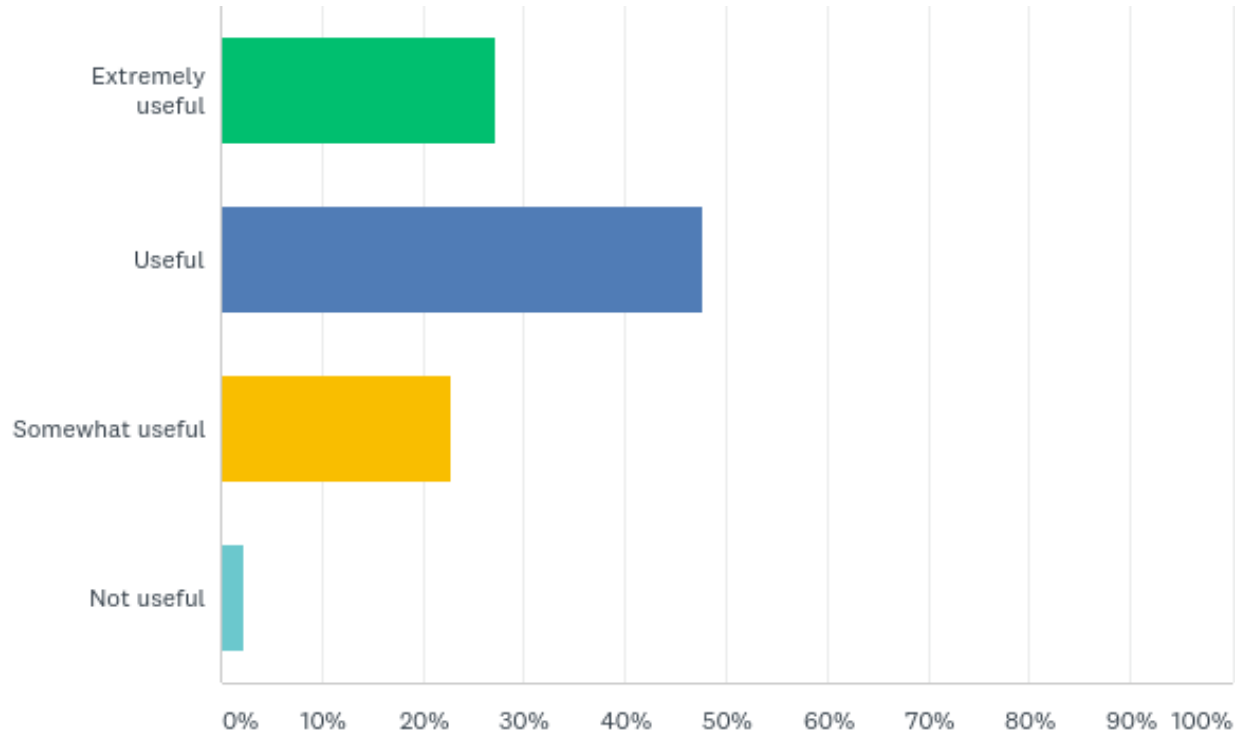
Q3: How useful was today's 11:45am presentation on the review of global and country policies, guidelines, and key implementation barriers?



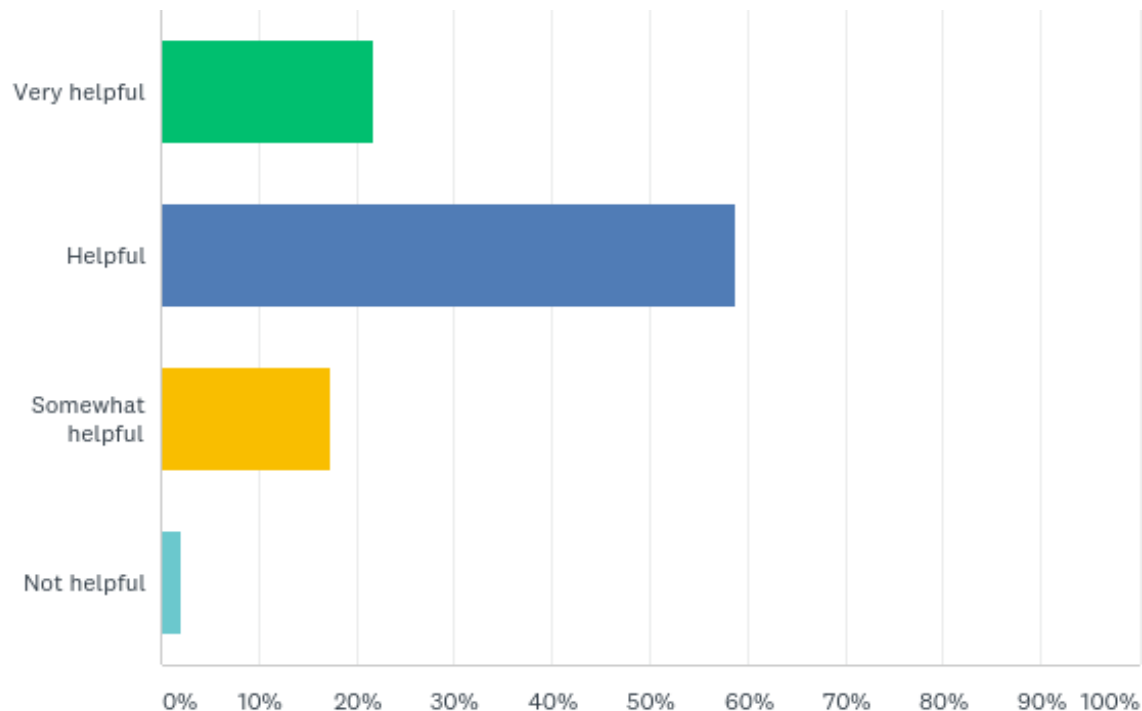
### Q3, cont.: Were there key takeaways that you found especially useful for the purpose of this workshop?

- We know the issues, but it's time to think outside the box to fix the issues
- Global and country policies and guidelines do exist; translation to implementation is biggest issue; high variability in implementation across countries
- Political will, leadership, governance, and community engagement all important for implementation
- Integration of services is not easy!
- Barriers are not limited to a particular country; variations in what works for each region/country
- Clarification: Kenya was listed as one of the countries treating SAM/MAM at community level, but current practice includes only screening and referral to health facility; implementation research on integrating SAM/MAM treatment within iCCM is underway
- Country experiences shared by Mali and Ethiopia
- Supporting interventions to improve infant feeding as critical to contributing to achievement of SDGs
- SAM identification in children under 6months
- Keys barriers impacting newborn mortality
- Importance of integrating nutrition to complete continuum of care
- List of policies in the annex is extremely useful

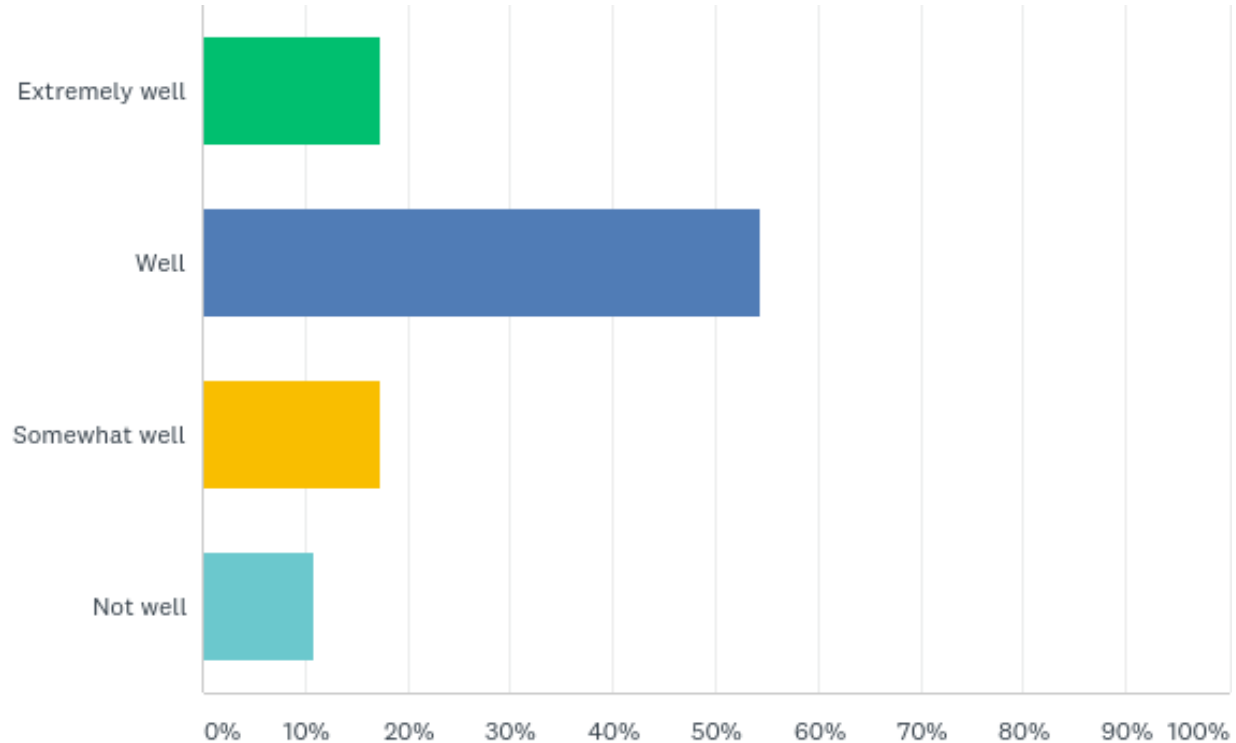
## Q4: How useful was today's afternoon panel on implementation barriers and opportunities for your country group work?



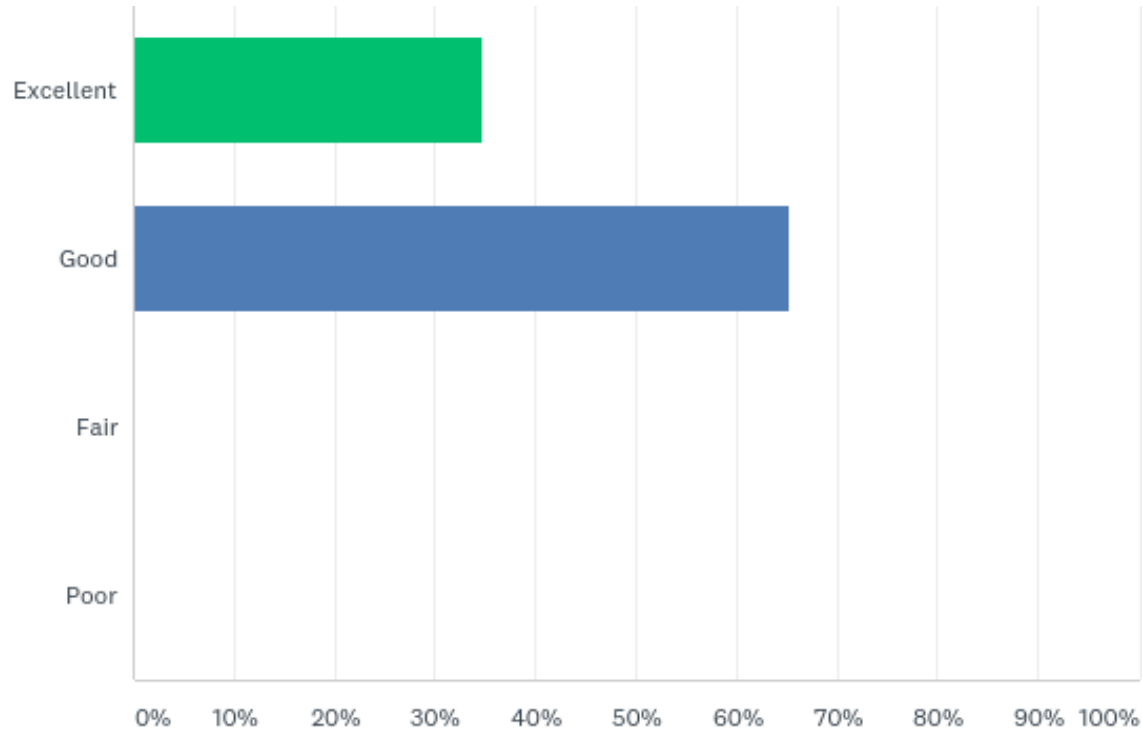
Q5: How helpful were the instructions for the country group work in helping your group to identify country-specific barriers and gaps during your country group work?



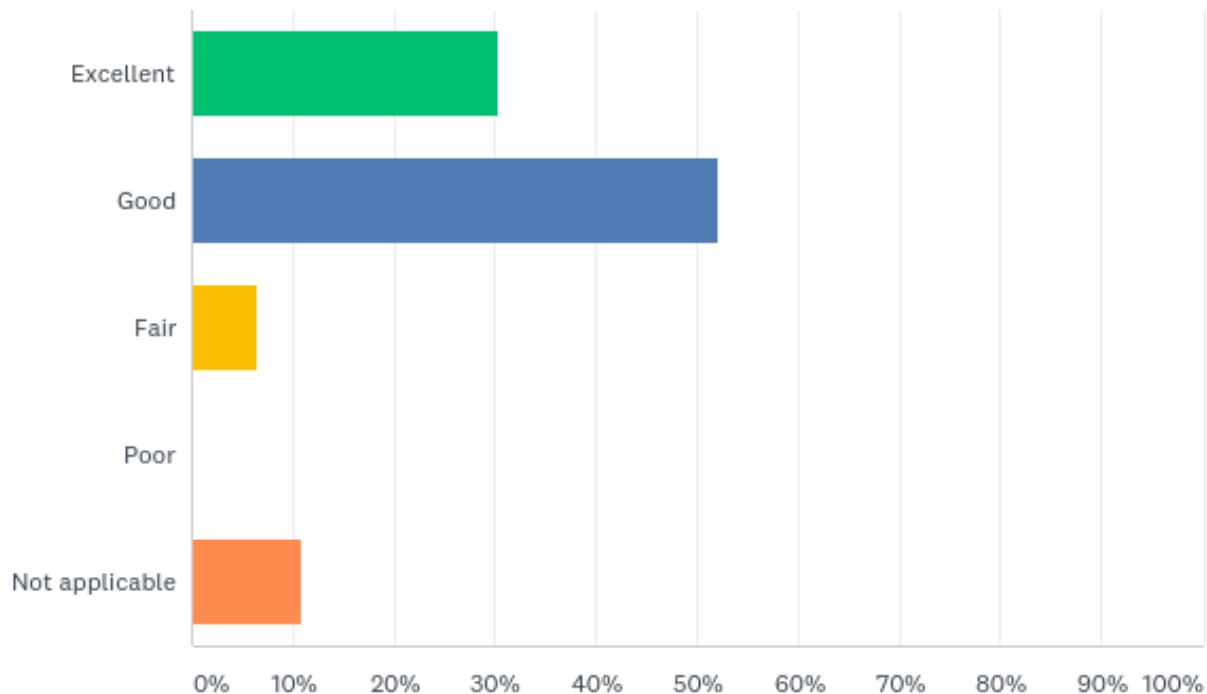
## Q6: Overall, how well was the time managed today?



## Q7: Overall, how was the workshop facilitation today?



## Q8: What was the quality of the translation services today?



## Q9: Is there anything that you recommend we do differently to better meet our workshop objectives, and/or to improve the format of the workshop, during the next three days?

- Time management/reallocation (30% respondents)
  - Strengthen time management
  - Begin earlier and end earlier, to allow more time for informal interaction and rest each day
  - More time for country work
- Make panels more interactive and more structured/focused
  - BUT limit duration and types of audience commentary; contributions are welcomed, but sometimes people go on and on; comments should be focused and to the point 😊
  - Facilitator and panelists could have prepared questions and answers to improve flow and content
- More energizers!
  - Especially after lunch 😊
- Audio challenges
  - Facilitators/speakers sometimes difficult to hear; instruct speakers to get close to the microphone, and/or adjust the master volume as needed while someone is speaking
  - For people in the back, hearing the translators can be very distracting
- Move podium to other side of stage so presenters at podium can see the screen as they talk

# Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October–2 November 2018

Accra, Ghana

photo by Kate Holt/MCSP

