# Day 2 Summary

By Serge Raharison

<table>
<thead>
<tr>
<th>Day 1: Tuesday</th>
<th>Day 2: Wednesday</th>
<th>Day 3: Thursday</th>
<th>Day 4: Friday</th>
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<tbody>
<tr>
<td>Setting the stage and defining the problems</td>
<td>Sharing successful practices and identifying opportunities</td>
<td>Adapting solutions to context</td>
<td>Sharing Country plans and defining next steps</td>
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Country presentation: Mozambique

- Partnership with the Association of Pediatricians on inpatient SAM case management
- Focused efforts on SBCC
- Partnership with MCSP and FANTA on Nutrition Rehabilitation Program
  - Child death audits
  - Systematic approach: gap identification - action planning - implementation
  - Quality improvement cycles
Technical Sessions

- Overview of current guidances
- What we know, what we don’t
- Areas for attention
- Update on ongoing discussions

Technical guidance and evidence base for Nutrition Interventions for ill and vulnerable newborns and children

Nigel Rollins, World Health Organization, Geneva
T1: Support to Mothers

Creating an Enabling Environment to support Breastfeeding: Kenya Example
- Policy and Legislative framework
- Baby Friendly Community Initiative
- Workplace Support
- Integration in the continuum of care

Beyond breastfeeding
- Advice vs. counseling
- Home based records
- Uganda example: Family connect

2018 revised BFHI Guideline
Malawi Example of BFHI and integrated care for small and sick newborns

Patti Welch, Veronica Kiroyogo, Anne Detjen, Cori Mazeo, Deepak Paudel
T2: Ill and vulnerable newborns and infants

Theory and Practice -- India Examples

- Counseling in Maternity Wards
- Expression of breastmilk in NICU
- Care in Small Baby Wards
- Involvement of mothers
- Newborn Home-Based Care by ASHA

Newborn Nutrition/Feeding in IMNCI & iCCM Materials -- Review from 7 countries

MAMI tool - Management of At-Risk Mothers & Infants aged <6m

Sushma Nangia, Marko Kerac, Abeba Bekele, Stella Albao, Smita Kumar
T3: Ill and Convalescent Children

Evidence Review -- Key Take Home Messages -- Group Tasks

**Optimal Behaviors**

- Optimal feeding during and after illness is a cluster of behaviors that includes *quantity* of food, *quality* of food, *frequency* of feeds, *duration* of attention, and *care*.

- **Challenges**
  - Sick children frequently reject or eat only small quantities of food offered to them.
  - Nutritional quality & quantity of normal diet often inadequate
  - Local beliefs that restrict kind & amount of liquid & foods fed to sick and recovering child

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Steve Hodgins, Rolf Klemm
Acute Malnutrition: Integration and Future Direction

- Importance of Government leadership
- Building Capacity of Community Health Volunteers
- Building Referral Mechanisms
- Identification beyond CMAM programming

By Grace Funnell
Panel
Building Capacity & Strengthening Service Delivery

Key points:

• Increasing demand include focus on improving the quality of service, promotion and building a strong community support
• There is a need to be creative on supervision -- no magic answer

Facilitated by Eric Swedberg
Day 2 Participant Evaluations:

Overview of Survey Monkey Feedback
46 Responses

Questions
Q1-2-3: After today's sessions on state-of-the-art practices, what is your level of technical knowledge on nutrition interventions compared to before the workshop?

related to support to the mother,

related to care for the ill and vulnerable newborn and infant

related to care for the ill and convalescent child
Before the workshop, did you feel a need to enhance your technical knowledge in any of these 3 areas?

<table>
<thead>
<tr>
<th>TECHNICAL AREA</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support to the mother</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Care for the ill &amp; vulnerable newborn &amp; infant</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Care for the ill and convalescent child</td>
<td>83%</td>
<td>17%</td>
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Q4: How useful were today's sessions on state-of-the-art practices for your country group work?
Q5: How well were the sessions on state-of-the-art practices organized and facilitated today?
Q6: How useful was today's afternoon panel, on practices in program management and service provision, for your country group work?
Q7: Overall, how well was the time managed today?
Q8: Overall, how was the workshop facilitation today?
Q9: What was the quality of the translation services today?
Q10: How have you found the quality of the food so far?

- Too delicious. I have to wait...
- Tasty
- Satisfactory
- I would rather go hungry!
Q11: Anything we should do differently during the remaining two days?

MANAGEMENT OF TIME & GROUP DISCUSSIONS

• Time management was an issue today, esp. during state-of-the-art breakout groups; may need to re-think the format & use of time for tomorrow
• Keep questions & comments brief & to the point, to allow more people to speak
• Allow more time for interaction (not just presentation) during breakout sessions
• Actively encourage discussion contributions from regional & district reps
• Increase richness of content during panel discussions
• Prefer to start earlier & end earlier each day

ENVIRONMENT

• Breakout rooms are somewhat small for some groups
• Again, need energizers every now & then!
• Request for more food diversity
• Keep the plenary room warmer
Q11: Anything we should do differently during the remaining two days? (cont.)

COUNTRY GROUP WORK
- More rotation of resource persons around to country teams
- More time still needed for country group work

FOLLOW-UP
- Would like list of participants with email addresses so that we can remain in touch after the workshop
- Request for flash drives & certificates of participation
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