

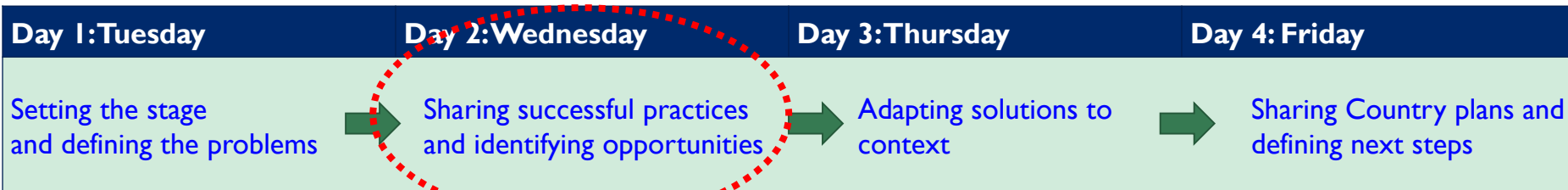


USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Day 2 Summary

By Serge Raharison



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



By Nigel Rollins

TI: Support to Mothers

BFHI



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

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*

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

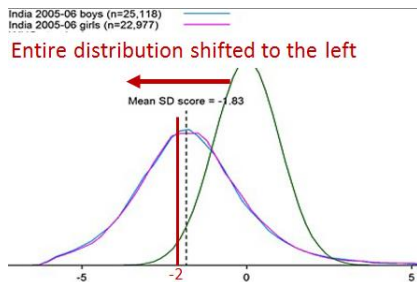


Newborn
Home-Based
Care by ASHA

Newborn Nutrition/Feeding in IMNCI & iCCM Materials -- Review from 7 countries
MAMI tool - Management of At-Risk Mothers & Infants aged <6m

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

Greet

Ask

Listen

Identify

Discuss

Recommend

Agree

Appointment

Acute Malnutrition : Integration and Future Direction

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



Family (Mother) MUAC

Photo: Lys Arango
for Action Against Hunger,
Kenya

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



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Day 2 Participant Evaluations:

Overview of Survey Monkey Feedback



SurveyMonkey®

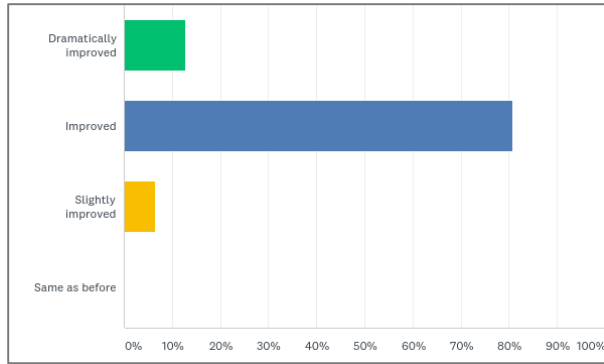
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Responses

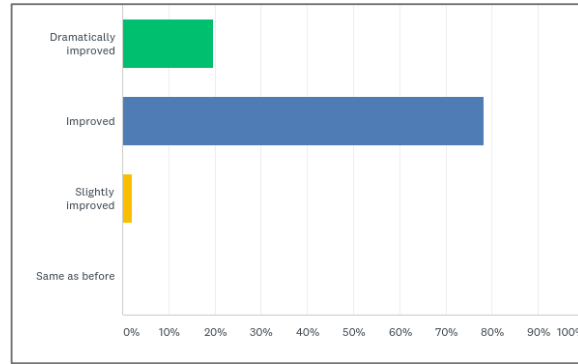
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Questions

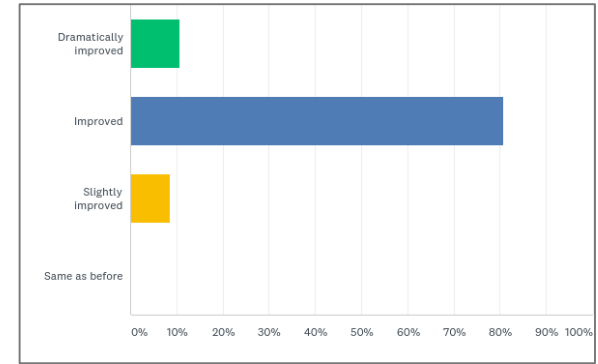
Q1-2-3: After today's sessions on state-of-the-art practices, what is your level of technical knowledge on nutrition interventions compared to before the workshop?



related to support to the mother,



related to care for the ill and vulnerable newborn and infant

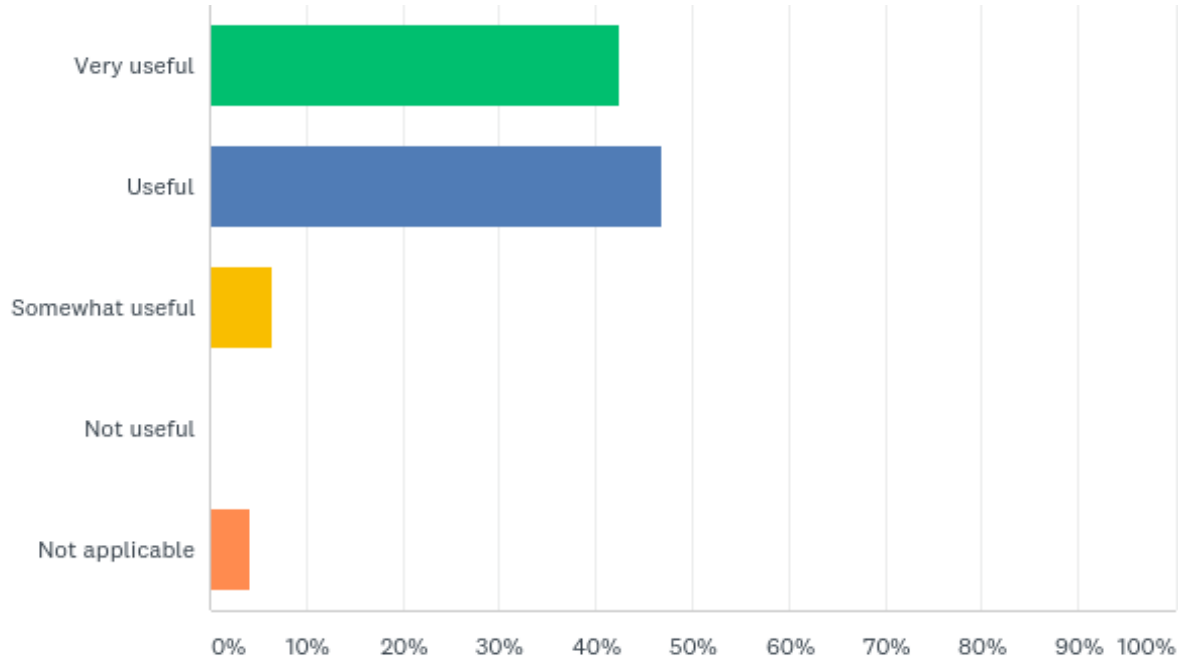


related to care for the ill and convalescent child

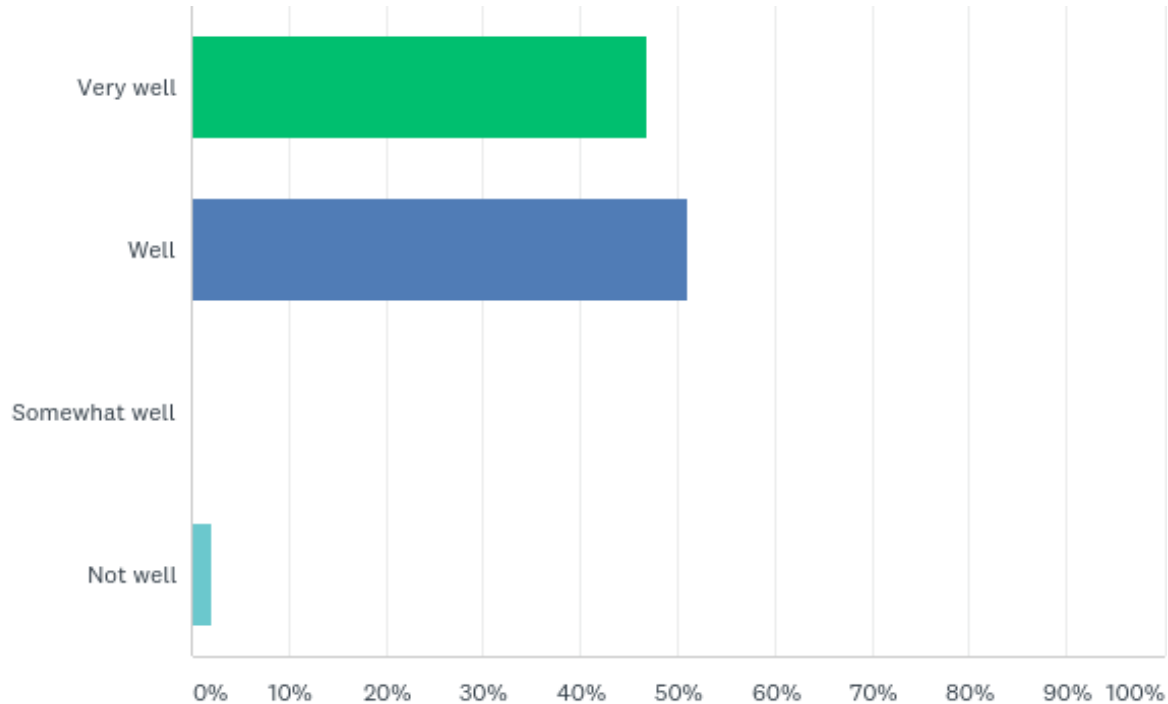
Before the workshop, did you feel a need to enhance your technical knowledge in any of these 3 areas?

TECHNICAL AREA	YES	NO
Support to the mother	73%	27%
Care for the ill & vulnerable newborn & infant	81%	19%
Care for the ill and convalescent child	83%	17%

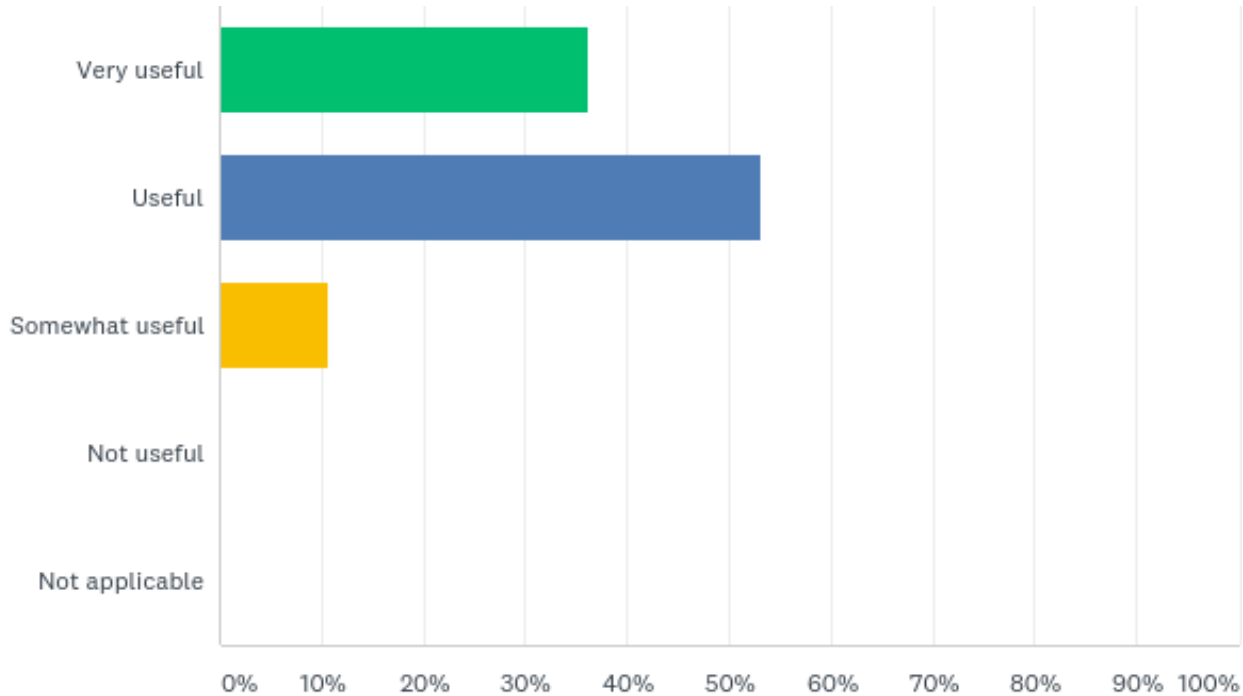
Q4: How useful were today's sessions on state-of-the-art practices for your **country group work**?



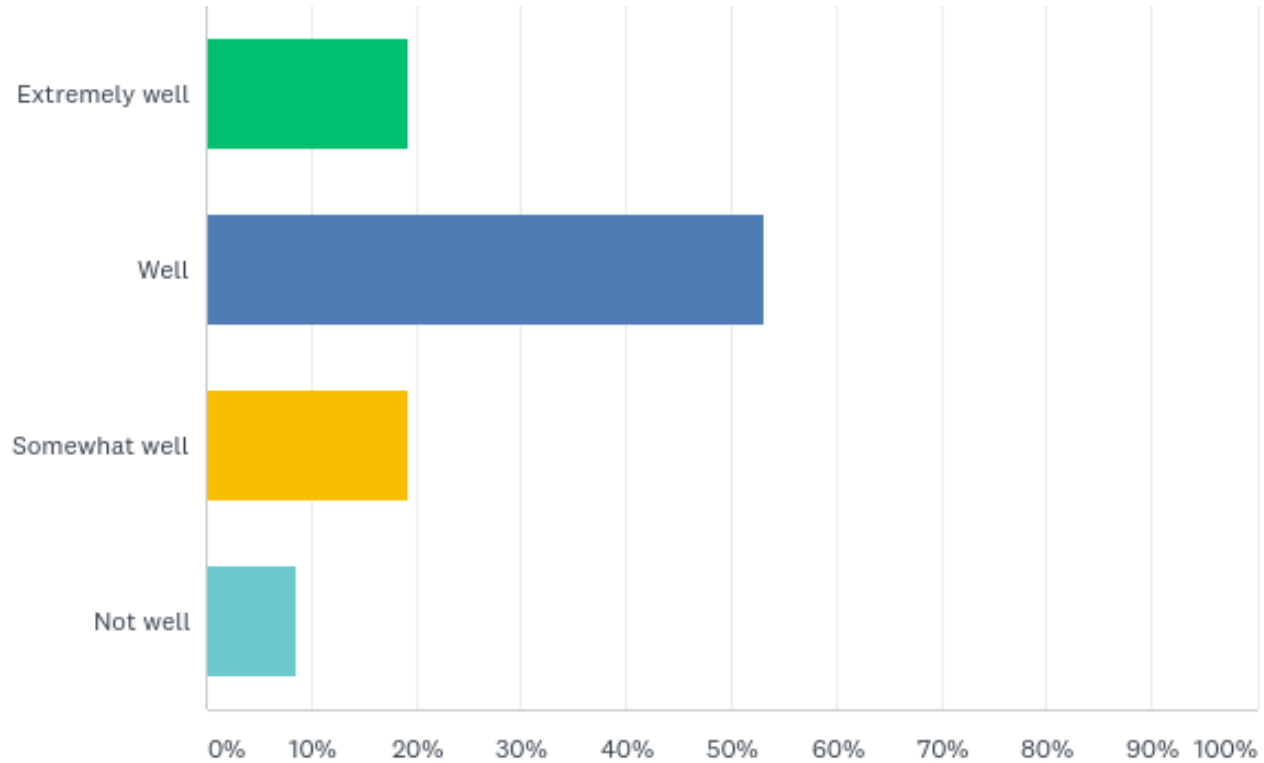
Q5: How well were the sessions on state-of-the-art practices organized and facilitated today?



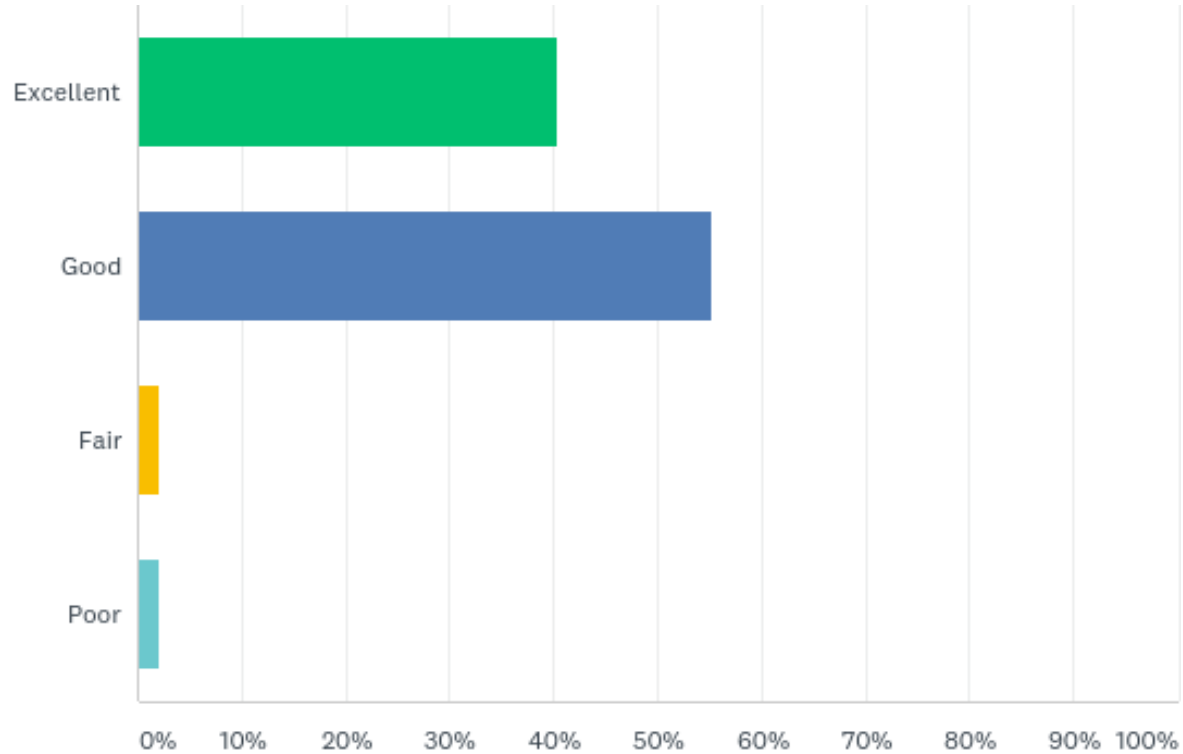
Q6: How useful was today's afternoon panel, on practices in program management and service provision, for your **country group work**?



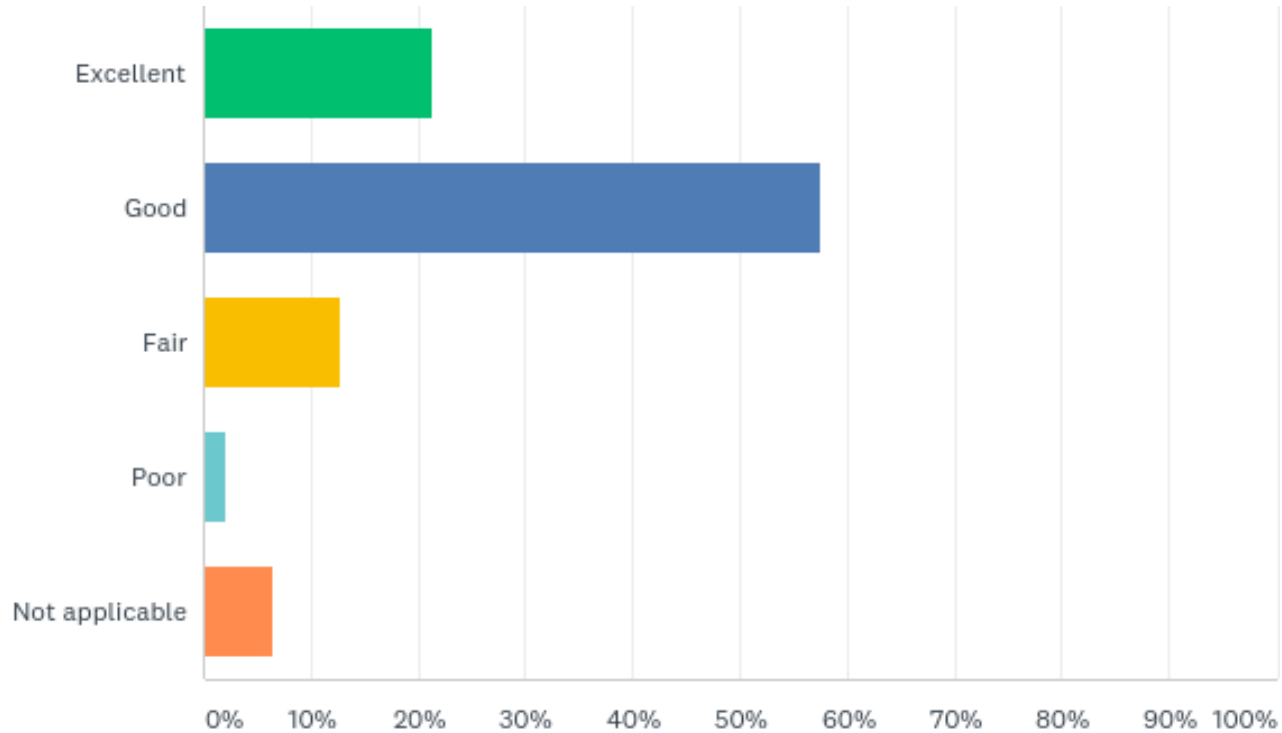
Q7: Overall, how well was the time managed today?



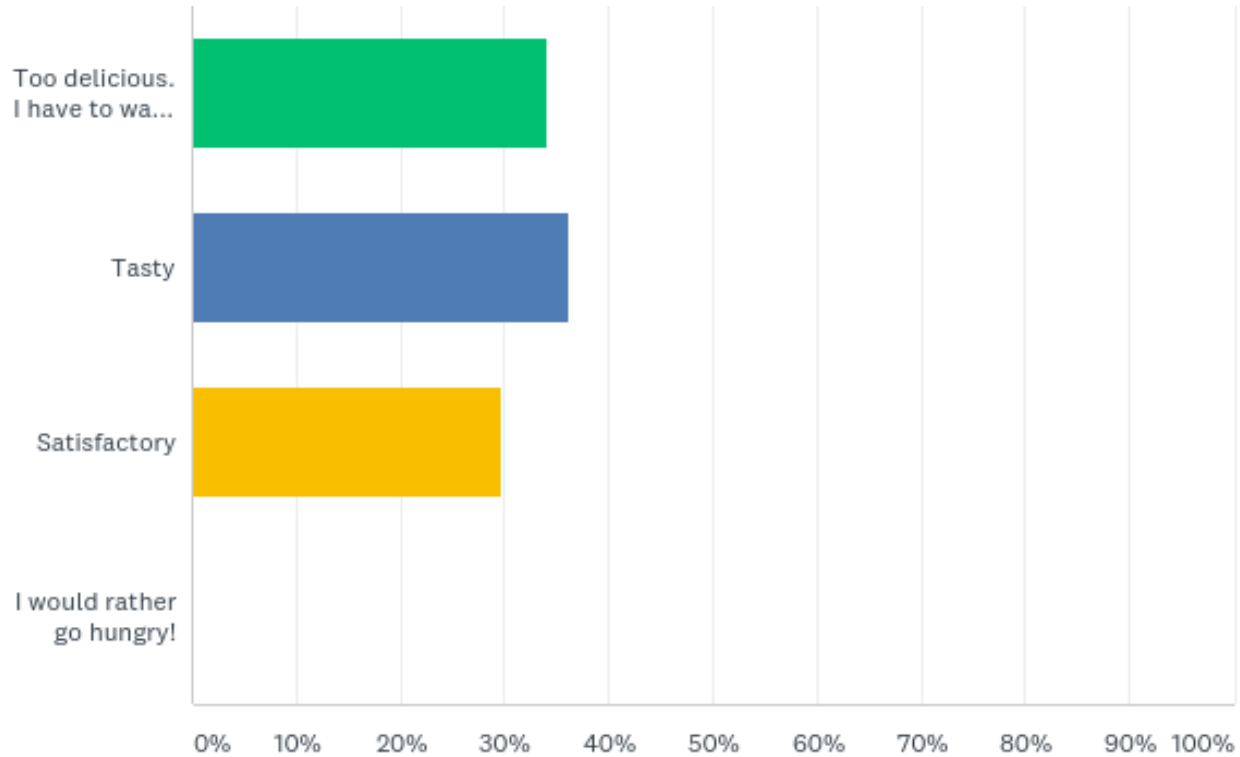
Q8: Overall, how was the workshop facilitation today?



Q9: What was the quality of the translation services today?



Q10: How have you found the quality of the food so far?



Q1 I: 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