

Nutrition Subgroup Teleconference

Wednesday, February 24, 2016 at 9am EST

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Agenda Item	Notes	Action Items
<p>Update from Global Fund meeting in Nairobi (Jerome -- UNICEF)</p>	<ul style="list-style-type: none"> • The Unicef-convened, iCCM Financing Task Team-organized workshop to address Global Fund New Funding (GFNFM) followed the memo of understanding on integrating iCCM as part of the malaria concept note. For two years now, Unicef has been trying to provide technical assistance to these countries that received GFNFM. 130 people were at the workshop, including 19 country representatives. • 22 countries overall submitted iCCM as part of their malaria grant proposals and 20 countries were accepted. The workshop aimed to develop the second phase; now that resources have been allocated to the government to scale up iCCM, the countries must identify other needs and requirements to implement these resources. • 4 sessions /items were discussed with the countries. <ul style="list-style-type: none"> ○ What is an implementation plan? How is iCCM reflected in national implementation plans? How can we improve implementation planning? ○ What are the needs? How to ensure essential commodities are available at community level? ○ How can we emphasize monitoring and evaluation (how to gather routine information)? ○ How can countries mobilize resources when a funding gap remains? <p><u>Questions/discussion:</u></p> <ul style="list-style-type: none"> • <i>Question:</i> The Global Fund offers different funding depending 	<p>The workshop report will be available soon (next 10 days). In the meantime, please visit the workshop page on CCMCentral for pre-workshop resources.</p>

	<p>on the country for iCCM diarrhea and pneumonia, but what about funding for non-malaria commodities (OS, zinc, and amoxicillin)? <i>Answer:</i> Costs associated with training need to come from other sources of funding. Currently, there are big gaps and challenges of how to fund all of the commodities included in the iCCM package.</p> <ul style="list-style-type: none"> • Unfortunately, nutrition was not part of the Global Fund global concept notes, despite overwhelming statistics and evidence. We cannot limit the agenda to the three main interventions – nutrition focus should be emphasized. Which package of interventions could be the most relevant in different countries? • Nutrition and other work around HIV: this platform should be developed by the community health workers. • One of the sessions addressed the relationships within health systems: how there is an emphasis on resource mobilization while institutionalizing the community health work force. However, there is no clear and definitive guide on payment, because the profile of the cadre of health workers is different in each country. <ul style="list-style-type: none"> ○ There is a clear push for paying salaries as a way of recognizing the CHW in order to scale up community health. It should be included in primary health care approaches. Primary care facilities need to be strengthened. 	
<p>Update from pilot in Mali (AAH - ACF)</p>	<ul style="list-style-type: none"> • Treatment of acute malnutrition in iCCM guidelines has been approved -- we are now working to scale-up iCCM in the country. The pilot study team is conducting smaller, randomized control studies in efforts to scale up and expand into other regions (two out of 20-25 regions). The government is heavily supporting the approach. • The technical committee can share the draft soon – it still needs some approval between the implementing partner and the Ministry of Health. 	<p>Technical committee to share the draft report.</p>
<p>Update of discussions about iCCM and SAM plans in Kenya (Save)</p>	<ul style="list-style-type: none"> • At the end of last year, STC conducted a scoping exercise to define the role that SAM and iCCM could play in country. <i>What would that look like and where would we do it?</i> First 	<p>Indicate interest in participating in a multi-arm study in Kenya looking at similar aspects of SAM</p>

	<p>draft of the proposed approach contains a fairly detailed analysis, including details about effectiveness and coverage in country.</p> <ul style="list-style-type: none"> • Identified Turkana County for a number of reasons that would be most appropriate for the pilot. • WHO and government are organizing a workshop/planning a meeting in Nairobi sometime in April or May to review their proposed protocol collectively; it would also be an opportunity for other organizations to come together and replicate this pilot in other parts of the country. • One aspect that failed is the ability to determine whether it will work in very different geographies within country. It will also be necessary to identify some funding to implement it within that county. <p><u>Questions/Discussion:</u></p> <ul style="list-style-type: none"> • How would members of this group feel about taking part in a multi-arm research study in Kenya looking at similar things (i.e. a research framework/matrix)? 	<p>and iCCM. To be discussed further at next call.</p>
<p>Feedback on draft Concept Note (all)</p>	<ul style="list-style-type: none"> • Part of the in-person discussions in London aimed to identify the need for what we are trying to do as a Subgroup. One way to start the conversation and work out the practical side was to put together a concept note. The Subgroup discussed questions of scale and how to generate evidence about nutrition programming and iCCM outside of perfect research conditions. It's important to consider what we want to generate in terms of evidence. • There is consensus that this concept note draft is a good start, but there are concerns with the fact that it weighs too heavily on the iCCM side than the nutrition side. It would be interesting to know how more about how the Mali pilot conducted their activities. • Many nutrition divisions receive a lot of money for SAM. Therefore, the concept note should include how SAM should be presented in country, i.e. include child health departments in country. To avoid friction with the Nutrition and Child Health departments, we must make a decision about the general 	<p>Please send any further comments on the concept note to Saul.</p>

	<p>direction of the work and conduct an analysis of how the work would be conducted with the government and stakeholders. Modify sentence in the operational model to acknowledge this sensitivity.</p> <ul style="list-style-type: none"> • We also need to include text acknowledging the level of complication that the CHW will likely face with nutrition/iCCM integration. We must find out national protocol on what is expected of CHWs. IRC is exploring a simplified protocol and this might offer answers to some of these questions to create a protocol for the CHW. • Since iCCM is about task shifting, less complicated cases in the community go to CHWs. We've made changes to the protocol to make that task shifting possible. • Would also be valuable to map out the iCCM algorithm so we know where we have commonalities of iCCM and nutrition so that we don't overload CHWs. The algorithm should also measure cost effectiveness. • We need to more clearly define our research questions, and modify the protocol for different intervention areas. The first step is to develop the protocol, make sure that two countries accept the same protocol; otherwise we will need to develop eight different research protocols to accommodate the context of different countries. 	
Action Steps	<p>We hope to schedule an in-person meeting sometime in March to discuss and define the programmatic, financial and technical aspects of protocol and algorithms of the proposed research questions in the concept notes.</p>	<p>Please respond to Saul's Doodle poll with your availability so we can schedule a meeting to discuss the concept note.</p>