

## Nutrition Subgroup Concept Note Development

April 22<sup>nd</sup> from 9:30am – 12pm

Participants: Dolores Rio (UNICEF), Raphael Makonnen (USAID), Jeniece Alvey (USAID), Michel Pacque (MCSP), Dyness Kasungami (MCSP), Jose Luis Alvarez (AAH), Saul Guerrero (AAH), Emily Keene (Save the Children), Amelia Rees-Masterson (IRC), Sarah Lackert (MCSP)

Agenda Item	Notes	Action Items
<b>Introductions</b>		
<b>Concept Note Development</b>	<ul style="list-style-type: none"><li>• The purpose of this meeting is to provide updates on the concept note and gather feedback from Subgroup members to strengthen and refine this document.</li><li>• Updates on the concept note are (1) there have been ongoing discussions about exploring other funding options but there are no new updates to share. (2) The concept note was recently updated but there have only been a few changes since our last discussion.</li><li>• While examining the measures of success the note should read “improved cost effectiveness” not “effectiveness”.</li><li>• Currently the note follows the measures from one side of integration only. It only looks at SAM but it should look at iCCM outcomes as well. What happens to the quality of the other services as listed?</li><li>• Integration research funded a lot of HIV integration but a lot of those studies looked at clinical outcomes that were HIV but not what was existing on the platform prior to HIV being added.</li><li>• It’s crucial to consider the process and how we envision using this concept note especially when it comes to resource mobilization. There are several places where we need to be more specific.</li><li>• For the treatment of SAM and task shifting we need to reflect that we understand the challenges and causes and take this into account.</li></ul>	

- For paragraph 5 – Explain what normal settings means in this context
- Operational model- Should further explain why 2 countries were selected and not 3 or 4. Provinces- help to explain why 4 and not 6 for example and helps someone understand what's behind the concept note thinking.
- Looking at resources available, would this model be scalable in 24 months in these 2 countries? We need to include the longer term vision.
- For the National protocol 2 countries were selected because they wanted to pick something more realistic.
- Since this concept note included operational research aspects and roll out, the research questions need to be included. We need to gather the evidence and then scale-up when there's evidence for success. In addition the costs need to be justified which can vary based on the context.

#### **Kenya Update**

- In Kenya, they are still collecting comments on draft protocol before the meeting in Kenya at the end of May (MOH will review at meeting) and comments will be incorporated into a draft protocol. The feedback on the protocol was a general concern about the management of SAM including the use of anti-biotics at community level because this has been an issue in Kenya.
- In addition, they are exploring funding for Mali including government rituals for Action Against Hunger. It will be put it into the protocol and they have started new trainings for iCCM in Mali including the treatment of SAM. They are collecting input from UNICEF and MOH other key players in Mali. This will be helpful to see if we can use this small amount to scale-up and tap into bigger donors to see if they would be interested in taking this CN forward to see scaling up in Mali. They are finalizing the data in the months of April and May and will be releasing it soon. Interestingly, there are no areas in Mali where iCCM and nutrition are being implemented at the same time.

### South Sudan Update

- There was a webinar focusing on integration of SAM into iCCM program in South Sudan. The biggest challenge has been how to integrate SAM into iCCM. Despite this there has been significant progress on what the tools might look like and what the technical questions might be.
- Our next meeting we would like to present for an hour about these tools and prototypes and we could work on revisions as a group but for the moment there's funding. Initially need to know that these tools are efficient in treating these children and what the difference in cost efficiency will be. She will also talk to the nutrition group about what iCCM is to determine how many protocols of iCCM include MAM and how many include SAM. Jose will share draft terms of reference so that everyone will have a better understanding and those who have comments or questions can ask.
- The Sustainable Development Goals are very broad, but perhaps our subgroup could offer value. As the iCCM task force it would need to be broad iCCM and nutrition in the SDGs will get lost it's such a small component of child health which is a small component of SDGs we will need to brainstorm about this more. We should advocate as a global community for facility and community based child survival since iCCM might be too specific to be successful.
- The CCM TF Steering Committee will be meeting on May 19<sup>th</sup> and we will at least talk about what we can do and if there is consensus to see if we can frame iCCM in the SDG discussion or will it be child survival broadly. We need to also consider formalizing this concept into our workplan for next year and possible the original concept note.
- In DRC MCSP is integrating nutrition and collecting the baseline information to come up with the counseling guidelines to see what people eat etc., but iCCM in DRC only has drugs for Malaria. Trying to understand the evidence or lack of information around the effectiveness of counseling.

	<ul style="list-style-type: none"> <li>This subgroup needs to link with the operations research subgroup and they have questions and have moved forward. We have to address the full problem so we need to be looking at all these issues but we need to ensure that we link up with other groups that might be discussing the other elements.</li> </ul>	
<b>Action points</b>	<ol style="list-style-type: none"> <li>Finalize concept note with everyone's comments. Not a research protocol but it will evolve little by little</li> <li>Share draft of terms of references that will include questions and mapping who is doing what</li> <li>Develop the next few weeks a strategic work plan that we can share with the iCCM task force</li> <li>Link to operations subgroup</li> <li>Updates on the Kenya</li> </ol>	
<b>Next call</b>	June 3 <sup>rd</sup> at 9:30am - Updates from Kenya, the terms of reference and working plan.	