

CCM TASK FORCE NUTRITION SUBGROUP MINUTES

Wednesday, April 29, 2015

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1. PROGRESS MADE SINCE THE LAST CALL

During the first subgroup call, we started out with a good discussion of what everyone wanted to get out of the working group. What are the research questions? What do we intend to accomplish?

- a. The Nutrition Subgroup page on CCMCentral.com is our established “information sharing system.”

2. CORE GROUP CONFERENCE PRESENTATION

- a. iCCM Task Force informational session was a very interesting discussion. It was a great chance to meet everyone in person, and to talk about the goals and future of the overall Task Force.
- b. Integrating Nutrition and iCCM session: presented by Lynette Friedman, Saul Guerrero, and Maureen Gallagher. The presenters have been involved in the work behind operational linkages between iCCM and nutrition enabling them to offer valuable insights into the process and outcomes so far.
 - Maureen and Saul presented some of the ongoing activities that are part of activity mapping for linking nutrition and iCCM
 - Saul spoke about the creation of the Nutrition Subgroup and how we need concrete goals/mission
 - The working group is building on the evidence review which is giving us a good background on the work that has been done. The working group is very much about what is happening now.
 - There is great value in generating this information → we must also invest heavily in making sure that we are having the right discussions at the right time
- c. There were some questions expressed during the CORE Group presentation and discussion, including
 - Doubts expressed by some donors about SAM and iCCM and other common questions that arise when emergency development funding is involved.
 - There were many questions about why is this necessary, what are other options, etc. We aren't actually putting anything definitive forward, we just want to move forward with discussions.
 - There are many critical questions that need to be answered, i.e. are we overloading iCCM?
 - There is recognition that the evidence for the counseling is limited. Are we going to generate this evidence as part of our mission? The CORE group would be very supportive of any efforts to strengthen the evidence base for this.
- d. There is a general desire to formalize the communication and the relations between the two topics (Nutrition and iCCM). The CORE Group wanted to appoint someone to serve as the bridge

for these discussions. There were several suggestions, the conversation is ongoing. We will have a focal point for this group. The CORE Group proposed Alfonso Rosales, as Chair of the CORE Group Community Child Health Working Group. We will continue to explore how to formalise and operationalize this arrangement.

Action Point: Saul G to follow up with CORE Group to confirm appointment of liaison person and ways of working.

3. GOOGLE DOC MAPPING

Anna sent around a Google Doc and excel file to solicit feedback from the group: 1) What are the research questions and the potential hypotheses? 2) Operational implementation; what are the details? 3) List any stakeholders (contact information) to ensure we are getting the right information from the right groups.

a. Feedback

- There were not many hypotheses added by subgroup members, but there were many questions asked.
- Consensus is that group members need more time to review and provide feedback. Anna/Saul/Diane will recirculate given that there is not currently enough information to formulate the workplan, or move forward with the mission of the group.
- Operational research: CAR was added to the end (treatment component). But is that “all that there is” on the ground? Wording on the CAR experience needs to be amended to reflect the actual programming arrangements.
- Stakeholder mapping: there were some additions with some contact information. This is useful for engagement with national governments.

Action Point: Anna/Saul/Diane will recirculate given that there is not currently enough information to formulate the workplan, or move forward with the mission of the group.

Action Point: Amelia (IMC) to revise wording on CAR project in the Google Doc.

4. ENGAGEMENT WITH NATIONAL GOVERNMENTS

This subgroup has a large mission that would benefit from involvement with national governments

- a. These governments are able to affect policy and practice by virtue of what they are doing in their own countries
- b. How can this group start connecting with these governments and potentially exploring ways to include this in the context? Any immediate reactions on what these first steps could be?
- c. South Sudan example: there is a consortium of NGOs addressing nutrition and iCCM, the government is part of the conversations. The consortium then takes the conversation back to colleagues in South Sudan so they can relay this to the MOH there.

- d. Call for Action: engaged three key ministries across the globe. Doesn't necessarily influence countries. Would recommend that organizations agree on next steps, influencing the task force, and if they are on board, then it is easier to influence the ministries in other countries.
- When we get to the decision-making level, we can be more structured.
 - Within the treatment of AM dialogue, trying to update that for government uptake, we have been trying for a similar dynamic. We need to have more of a package together on what the options and efficiencies are (ideal package to be delivered). Formal engagements with ministries of health better done at the local level instead of the global level.
- e. We need to be clearer about what we do moving forward before engaging with governments. Government influence is at the in-country level; but there are some intergovernmental regional agencies that might be interesting to engage with (like West African Government Agencies). They would be interesting to engage with because they do have regional mandates on health and nutrition.
- We need some more time to think through how we want to test our hypotheses. It might be interesting to circulate the technical details coordinated by the Financing Task Team showing the advantages of integrating malaria in to iCCM. Eventually, we are going to look at the same situation with nutrition.
 - There might be tension or confusion around the curative package of the community healthworker. Not delivered by all community health workers. They are supposed to be priorities delivered by CHWs working in remote areas where the diseases are very high. We need to think along these lines, as it affects the quality of the promotive package.
- f. We as a group need to say what we want to see by 2017. Where we sit, globally a couple things need to be clear. We have to have something clearer about what we want to get to and what would be our expectation.
- Gauge interest from groups on the ground to find the relationship between practice and implementation.

Action Point: Saul/Diane to ensure that the research agenda includes assessing the degree of implementation/performance/challenges of existing nutritional components of the iCCM package.

5. ADDITIONAL UPDATES TO SHARE:

- a. [Global Evidence Review on iCCM: last one was in Accra in March 2014, summarizing the evidence of the effectiveness](#). Objective is to do a second one, focusing on the benefits of integrating nutrition and iCCM. Date/location is not fixed yet; aiming at early 2017.
- a. This report (hyperlinked above) will also be posted to CCMCentral.com
- b. RACe program will wrap up soon (WHO). They are supporting iCCM implementation in 5 countries in sub-Saharan Africa. Evidence and learning from this will be essential for moving forward.