

Child Health Task Force: Nutrition Subgroup

Meeting Notes

January 24, 2019

Participants: Grace Funnell (AAH) [co-chair], Sascha Lamstein (Advancing Nutrition) [co-chair], Stella Abwao (MCSP/Save the Children), Mandana Arabi (Advancing Nutrition), Rukundo Benedict (DHS), Kate Consavage (Nutrition Communications and KM Advisor at USAID, working in the Global Health Bureau), Chloe Dillaway (MCSP/PATH), Colleen Emary (WVI), Zaeem Haq (Malaria Consortium), Elizabeth Hourani (MCSP/JSI), Ochi Ibe (MCSP/ICF), Dyness Kasungami (MCSP/JSI), Peggy Koniz-Booher (Advancing Nutrition), Tina Lloren (Advancing Nutrition), Jutile Loisseau (USAID RING/Ghana), Bethany Marron (IRC), Vrinda Mehra (IYCF specialist with data and analytics at UNICEF), Imran Nisar, Michel Pacque (MCSP/JSI), Rashed Shah (Save the Children), Casie Tesfai (IRC), Patti Welch (MCSP/PATH), Lauri Winter (Consultant)

Recording Link: <https://mcsprogram.adobeconnect.com/ps8ur0ornjlu/>

Agenda/Meeting Notes:

- Introductions
- Background on Subgroup
 - This group is one of nine [sub-groups](#) of the Child Health Task Force.
 - The Child Health Task Force was promoted heavily during the recent [Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop](#) in Ghana.
 - We articulated objectives in the TOR, but they are more like focus areas related to (1) strengthening of nutrition within iCCM, (2) promotion of breastfeeding, and (3) integration of nutrition and ECD.
 - We don't have funding, so it's really about sharing about key topics, what is in our own work plans.
- Updates on Key Themes:
 - iCCM - Grace Funnell (Action Against Hunger) and Bethany Marron (IRC)
 - Grace Funnell: Updating national policy - Strengthening iCCM to include treatment SAM in Kenya. They plan to develop a learning paper, working with a technical advisory group with UNICEF and others.
 - Bethany Marron: IRC is part of working group looking at training low-literacy health workers. They are piloting simplified toolkit to enable CHWs (iCCM) to provide treatment for SAM/MAM.
 - Sascha Lamstein (on behalf of iCCM sub-group): The iCCM sub-group is doing a mapping survey (sending out in March) to explore how iCCM is

implemented (policy info will come from the RMNCAH survey). The survey is intended to answer three main questions:

1. How much iCCM is embedded (institutionalised) in the MOH primary health care system?
2. What is the scale of implementation in each country?
3. Who are major implementing partners and donors supporting country implementation and levels of support?

If interested in reviewing, email Sascha (slamstein@jsi.com) for a copy of the tools. Feedback must be sent to the iCCM sub-group ASAP, but no later than Feb 8.

- Breastfeeding - Cori Mazzeo (MCSP Newborn) and TBD (Advancing Nutrition)
 - Cori Mazzeo: Under MCSP, PATH and SC working on brief/programmatic guidance on new BFHI, based on updated guidance last year--how does this get rolled out and how to integrate into existing or new BFHI platforms is not as clear. There is limited guidance on how to provide BF counseling and support. Will share w countries supported through MCSP. Focus on small and sick babies--ensure expressing milk to feed those babies appropriately.
 - Mandana Arabi: Under UAN, we will strengthen BFHI, pending work plan finalization. [Suggestion: we can try to harmonize program guidance.]
 - Rukundo Benedict: DHS recently released a [report](#) on facility based nutrition readiness as measured by Service Provision Assessments (SPA) - one thing related to breastfeeding was that when it comes to provider training on IYCF it is fairly low. Counselling across the board tended to be low across the board (1-13%). The SPA covers service availability and readiness in many different service areas ee.g. ANC, Delivery and Newborn, Growth monitoring, curative care for children U5. More info on the SPAs can be found [here](#).
- ECD - Casie Tesfai (IRC) and Mandana Arabi (Advancing Nutrition)
 - Casie Tesfai: ECD and nutrition are organizational priorities for IRC. They received McCarther grant. They are undergoing process to integrate ECD into nurturing care framework. They are looking at some Sahel countries.
 - Colleen Emary: ECD integration is an organizational priority for WVI. They have an implementation approach which they call “Go Baby Go” which focuses on positive developing parenting practices. They’ve implemented and researched the approach primarily in development contexts to date and a small pilot within a CMAM program.

- Peggy Koniz-Booher: There are great IYCF/child nutrition presentations and live stream videos from the [International Symposium on Understanding the Double Burden of Malnutrition for Effective Interventions](#) that was organized by IAEA, WHO, and UNICEF.
- Stella Abwao: Under MCSP-Zika program we are supporting ECD and Essential. Care of small babies that also focuses on breastmilk feeding and breastfeeding.
- Jutile Loiseau: They have worked with mother-to-mother support groups under RING in Ghana... for CMAM activities. They have also worked with child welfare clinic--coming in weekly basis--can benefit from ECD program.
- Mandana Arabi: [Special issue of NYAS journal on ECD integration.](#)
- Strengthening nutrition in routine health services
 - Tina Lloren:
 - Huge part of FANTA's portfolio was strengthening nutrition services.
 - In Mozambique FANTA worked from the national down to the facility level... over 7 years. Worked with the national MOH to update policies, protocols, etc. to ensure that services take place. Then took it to the sub-district level.
 - They took a HSS approach (building blocks), but as an organizing principle they divided work into three areas - service delivery, M&E, and supply chain management. They identified gaps, focusing on competencies that needed to be in place. FANTA focused 100% on nutrition... and, as such, they took a slower approach, spending a good amount of time at all levels to identify gaps and solutions.
 - Data showed and perceptions were that there were major improvements in strengthening the systems itself.
 - Lessons learned: change takes time, important to balance between coverage and intensity. FANTA was asked to focus on a small area as a proof of concept. So they had high intensity in small area... but they needed to consider what would happen with that in terms of scale up. Supply chain strengthening was hugely important... and a constant challenge. It probably should have been at the top of the agenda.
 - Rukundo Benedict: SPA surveys are nationally represented, formal and informal health facilities. In terms of facilities included, antenatal care, GMP, HIV care, NCDs, curative care, delivery and newborn. Examining readiness--capacity to provide quality care. Cover some iCCM and

nutrition-related topics, mostly breastfeeding. Training of providers varied. Some indicators remarkably low. What does this mean in terms of care practices? Look at relationships between delivery, IFA, counseling breastfeeding. There is more on [coverage](#) of health facility services on the DHS website. Country reports and data can download from DHS website.

- Updates on Country Action Plans (Sascha)
 - Developed during the [Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop](#) that was held in Ghana at the end of October.
 - Seven country delegations attended: DRC, Ethiopia, Ghana (host), Kenya, Mali, Mozambique, Nigeria
 - CAPs include priority gaps and proposed actions. They identify inputs required and a timeline.
 - Plans are in place to finalize these, with assistance from MCSP, Advancing Nutrition, UNICEF, USAID, and others, but this very much depends on the country delegation as they are intended to be country-owned action plans.
 - All presentations and other resources are available on the Child Health Task Force website [here](#).
- Upcoming Events
 - We weren't able to get to this.
- AOB
 - Vrinda Mehra: UNICEF is defining standardized data in 5 areas: anthropometric, IYCF, micronutrient, SAM/MAM, emergencies. We are defining standardized data elements and indicators to be collected routinely at the country level through DHIS2. Mapping data at country level. Will review against programmatic guidance. Convene stakeholders. At global level, have guidance on standard data elements that can be collected through routine health information systems.