

Child Health Task Force Nutrition Subgroup Meeting
December 12, 2017 9:00am – 10:00am EST

Participants: Justine Kavle, Lindy Fenlason, Saul Guerrero, Elizabeth Hourani, Dolores Rio, Annie Zhou, Casie Tesfai, Dyness Kasungami

Agenda	Notes	Action Items
<p>Update on initiatives/projects that have ended or are being launched</p>	<ul style="list-style-type: none"> • <i>(Saul-Action Against Hunger)</i> Research project in Mali and Pakistan on CHWs diagnosing and treating SAM has fully wrapped up. <ul style="list-style-type: none"> ○ Articles on the QoC have been submitted and published in journals. Another article on quality and coverage in the Mali program has been submitted twice and hope that it will be published by the end of 2017/early 2018. Two papers on the cost-effectiveness of the project are also under review for publication and hope to be available during 2018. ○ The second phase of the Mali research project is under way and looks at expanding to new areas and new models of supervision to see if they change the effectiveness of the program. Hope to have some evidence for publication by the end of 2018. ○ Launching similar programs in Niger, Mauritania, and Kenya with USAID. ○ In Burundi, looking at the effectiveness in detecting and referring children with SAM. ○ Working with FHI360 in supporting the government of Mozambique, who has committed to training CHWs in detection of SAM. Pilots will be starting in 2018 which will go beyond detection and referral. • <i>(Justine-MCSP/PATH)</i> Study in DRC with MCSP nutrition and child health teams. <ul style="list-style-type: none"> ○ The study looked at the integration of preventative 	<ul style="list-style-type: none"> • Saul to share links to the two published articles on the Mali/Pakistan CHW project. • Justine to share final DRC report once it is released in 2018.

	<p>and curative aspects of nutrition in iCCM. It was primarily a qualitative study, but it also included some food frequency data as well.</p> <ul style="list-style-type: none"> ○ The study has been completed in Kisangani and in the rural areas half of the data has already been analyzed. Justine just came back from DRC where some of the information was disseminated with the MOH. ○ The final report will probably be out at the end of February or March 2018. ○ Sound of the broad outcomes included: <ul style="list-style-type: none"> ▪ Counseling for nutrition is quite weak. ▪ There is a lot of perception around illness and how that affects breast milk sufficiency. ▪ Complimentary feeding is weak. ▪ How do we encourage families to seek the right care for child illness when families are going to both western medical doctors and traditional healers? ● <i>(Dolores-UNICEF)</i> Discussion on strengthening community-level platforms. 	
<p>Update on low-literacy tools pilot (IRC)</p>	<ul style="list-style-type: none"> ● IRC has been running a feasibility and acceptability study in South Sudan to see whether low literate CHWs who are trained in iCCM are able to treat low complicated SAM. ● This is both a quantitative and qualitative study which was conducted from March-September 2017. They are currently going through the data analysis and report writing. ● Preliminary results: <ul style="list-style-type: none"> ● Overall, the study trained 57 CHWs. 44 CHWs were selected to treat SAM in their communities based on their performance on the checklist. ● 320 children were enrolled in the program. There were 0 deaths among those enrolled. 15% of 	

	<p>children defaulted. This seemed high but believed this was due to caregivers moving away or not having enough time to take the child to the CHW.</p> <ul style="list-style-type: none">• 9% were non-responsive and a third of the children admitted were referred to a health facility. This was mostly due to a safeguard protocol that was installed for children who were not progressing quickly enough to receive more in-depth assessment.• Out of the children admitted for SAM, 75% recovered past both SAM and MAM status.• The program made adaptations to tools to simplify for low-literacy CHWs.• Supervision was statistically associated with an increase in score. One additional visit from the CHW equaled a 1.9% increase in performance score on the checklist.• Main takeaways: low literate CHWs are able to treat for SAM in the community with the aid of simplified tools and protocol. The study showed the main challenge is how should this treatment model be implemented? What support systems are necessary in order to support this model? Supervision model? Supply chain? Density of CHWs?• Next steps:<ul style="list-style-type: none">• Currently finalizing qualitative and quantitative results. Report and manuscripts are being drafted for publication in early 2018. The hope is to translate lessons learned into follow-on studies.• With funding from the Eleanor Crook Foundation, IRC is leading a coalition of other implementing agencies (Concern Worldwide in Malawi, SAVE in Kenya, Malaria consortium in Nigeria) to use the	
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	<p>simplified tools and protocols developed in South Sudan. Working with a designer to adjust the tools to each of their respective country contexts. IRC will be providing technical support and facilitating working groups to discuss issues as they arise. The coalition organizations will collect qualitative and quantitative data as well. The goal is to disseminate the findings and resources to the global child health nutrition community to affect policy.</p>	
<p>Update on “Feeding the Sick Child” Meeting</p>	<ul style="list-style-type: none"> • The discussions for this meeting started over the past year. The main idea is to have a regional meeting sometime in the next calendar year. This would build on previous meetings that took place in Ghana, London, etc. to address the gaps in implementation of programs for the sick and/or malnourished child. • The focus is on the first 1,000 days as well as the first five years. The hope is to have key stakeholders and country representation. The overall goal and objectives have been outlined in a concept note. • There will be more to come! 	<ul style="list-style-type: none"> • Lindy to let interested organizations know what ways they may become involved in the meeting.
<p>Review of ways of working in 2018</p>	<ul style="list-style-type: none"> • It would be helpful for the nutrition subgroup to have calls on a regular basis and with more structure. It may be helpful to revisit the workplan that the group set for themselves at the end of 2016/early 2017. A new workplan that may be less broad in scope but more detailed could be a possibility. • An email was sent out to announce the Child Health Task Force. <ul style="list-style-type: none"> ○ Effective immediately, there is no longer an iCCM Task Force. The steering committee is still in the process of working out the TOR for the CH TF which will be shared for comment. The SC is thinking through the subgroups and there will be further conversation about this. 	<ul style="list-style-type: none"> • Everyone to update their emails with Elizabeth if they did not receive the email announcing the CH TF. • Saul to propose a process for redefining the Group’s scope of work in January.

	<ul style="list-style-type: none">○ In regards to iCCM and the nutrition subgroup, under the CH TF the work will still be at the community level but it will also be building on evidence and momentum to strengthen linkages to facility level care. It will also bring in early childhood development which is closely related to nutrition programs in many countries.○ The CH TF hopes to have resources to support subgroups.	
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