

Child Health Task Force: Nutrition and Child Health Subgroup Meeting

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Participants: Grace Funnell (ACF) [co-chair], Sascha Lamstein (USAID Advancing Nutrition) [co-chair], Aashima Garg (UNICEF), Altrena Mukuria (USAID Advancing Nutrition), Andrew Cunningham (USAID Advancing Nutrition), Cara Endyke Doran (MSH), Christina, Cori Mazzeo (PATH/MCSP), Ina Schonberg (USAID Advancing Nutrition), Jennifer Keller (RHITES-N Uganda), Justine Kavle (PATH/MCSP), Michel Pacque (JSI/MCSP), Nancy Adero (RHITES-N Uganda), Romilla Karnati (Save the Children), Tahlil Ahmed (Save the Children)

Recording link:

<https://jsi.zoom.us/recording/play/xS5x4BtHHUMM1eVhIQOcfEXcOe0Vq0fXDrbmZImCPKOK8pSM3L9Z8pBQ0AejMwLZ?continueMode=true>

Action Items:

- **Members** to send Sascha any additional questions they had for presenters

Meeting Notes:

- Updates on current activities related to our overall goal and three key themes:
 - **Overall Goal: Strengthen equitable and comprehensive nutrition programs through primary health care, inclusive of community health systems**
 - Presenter: Aashima Garg (UNICEF/NY)
 - *Regional Consultative Meeting on Improving Young Children's Diets: UNICEF East and Southern Africa Region in Johannesburg in June*
 - Background:
 - Part of a series of regional meetings on this topic, the first was in Bangkok for East Asia and Pacific in January
 - Part of efforts to advance action on improving diets of young children and improving the quality of complementary foods and feeding practices by driving some regional momentum, bringing partnerships around complementary feeding, how can we engage with regional platforms to drive action at the country level?
 - How can we improve the quality of complementary foods and feeding practices by delivering through systems?
 - Focusing on four systems: food, health, WASH, and social protection
 - Developed a new tool: complementary feeding action framework
 - In development and will be releasing it soon with a narrative as part of a programming guide
 - ESARO Meeting:

- 7 partner organizations and 7 countries in ESARO
- Objective: Achieve understanding of what it means to work through systems. Introduce new complementary feeding action framework and see how it can be applied to countries and at global/regional level. How we can commit to specific actions around our comparative advantages?
- Landscape analysis findings were shared
- Focused on regional-level action. How can regions be playing a facilitative role to push action at the country level?
- Outputs:
 - Commitments at country level on how to take this process forward
 - Commitments from partners about how we can contribute in this area and how these efforts can be coordinated
- Next step:
 - UNICEF regional office will coordinate with partners to produce a regional action framework
- *Questions:*
 - Any consideration for addressing issues of overweight children as it relates to complementary feeding?
 - Yes, this is being integrated and addressed at all levels. This approach seeks to address stunting, wasting, micronutrient deficiency (especially anemia), and overweight/obesity.
- **Theme 1: Strengthen ECD within nutrition interventions at the community level**
 - Presenter: Romilla Karnati (Save the Children) rkarnati@savechildren.org
 - *Integrated Health/ECD Programming in Ghana: Lessons Learned and Future Opportunities*
 - Integration of early stimulation into health and nutrition services of the Ghana Health Services through CHPS
 - ECD programming focuses on ages 0-3 as it is a critical stage of human development
 - MSCP Ghana ECD work is guided by the Nurturing Care Framework, developed in 2018
 - NCF combines 5 aspects that are critical for child development
 - Lancet 2017 series looking at how coordinated services including these 5 aspects, provides improved child development

- Program approach: Build capacity of health workers to integrate ECD interventions into ongoing health and nutrition activities at the CHPS level
 - Cascade training for scale-up nationally
 - Mother-to-Mother (M2M) support groups were another entry point for ECD interventions
- Learning approach:
 - Goal: to test program implementation
 - Design: Longitudinal mixed-methods
 - Tools:
 - Pre- and post-training knowledge assessment
 - Knowledge retention assessment
 - Group session observations (supportive supervision and coaching)
 - Measure for impact study was CREDI (Caregiver Reported Early Development Instruments)
- MCSP Ghana ECD 0-3 Toolkit: included wall chart, early stimulation brochure, training of trainers guide, community health workers manual for parent/caregiver sessions, etc.
 - Sensory stimulation and back and forth interaction between the caregiver and child.
 - Early communication (talking, singing, reading, non-verbal communication)
- Implementation mediums: multiple channels/meetings for counseling sessions and sensitizations, in group and individual (home) settings
- Data showed a clear strong relationship between child development and number of caregiving practices
- Recommendations:
 - Behavior change: ongoing process that takes time; ECD can learn from health and nutrition successes in behavior change
 - Platforms and attendance: meeting schedules need to be flexible; know the seasons and other factors that will influence attendance
 - Training: focus groups expressed that the materials worked very well and refinements were made along the way (such as images including more males); appreciated the ongoing mentoring
 - Male involvement: evidence shows the great impact of having fathers involved in co-parenting
 - Research and evidence: how are we understanding what really is the minimum dosage/frequency/package?

- **Questions:**
 - If the health centers were doing the referrals, who were the facilitators of the groups?
 - Community Health Volunteers or CHPS officers but it's not that every CHW has to know the entire suite of sessions, but be able to direct people to where a session is happening.
 - How can this work be sustained after the program ends? The regular mentorship and support is critical to maintain adequate skills.
 - Addressed at the beginning of the program by working through the Ghana Health Services. MCSP built capacity of the CHPS officers at the district level and then it was a cascade where those officers went on to train community volunteers.
 - Took materials and designed e-learning modules
 - Regarding evaluations, are you evaluating knowledge retainment?
 - Q1 to Q3 assessments of sessions - feel this shows retention as the training was a year ago at that point
 - What was your experience working with ECD centers? And the linkages to health facilities to ensure the 0-3 years received other services like Immunization, Vitamin A, Nutrition Assessment, deworming, etc.
- **Theme 2: Scale up promotion of early and exclusive breastfeeding, including during illness, both at community and facility level**
 - Presenter: Altrena Murkuria (USAID Advancing Nutrition)
 - *African Region BFHI workshop, Kigali May 13-15*
 - WHO-led on [new BFHI Guidance](#) from 2018
 - Approaches BFHI differently than before - no longer a stand alone but should be integrated in health service, particularly MNCH services
 - Not just a nutrition aspect but integrated health, quality of care
 - 10 steps are slightly modified but look at two main aspects:
 - 1. Management and staff competency
 - 2. Clinical management (quality of care, clinical actions for breastfeeding)
 - Support from USAID and regional UNICEF office
 - 11 countries from EA, WA, and SA
 - Each country team included UNICEF regional office staff member, lead nutrition person for country, lead MNCH person for country

- Countries developed action plans on how to scale up and integrate these new guidelines into their health systems
 - Code for marketing of breast milk substitutes is included in the new guidance
- Presenter: Justine Kavle (MCSP)
- *The Global Breastfeeding Collective Partners Meeting at WHO-Geneva April 2019*
 - Partnership of 20 international agencies with overall goal of increasing investment in breastfeeding worldwide through global, national and subnational
 - Launched breastfeeding advocacy toolkit which is a product of the Collective
 - Available online on K4H platform
- **Theme 3: Collate and disseminate evidence on the integration of early detection and treatment of malnutrition into community (e.g. iCCM and IMCI) and primary health platforms (community based primary health care or frontline health workers).**
 - Presenter: Ina Schonberg (USAID Advancing Nutrition)
 - *Work with USAID DRC Mission with support from USAID Food for Peace, looking at the continuum of care for acute malnutrition in several provinces of DRC*
 - USAID Food for Peace is funding a significant amount of work around SAM/MAM prevention, early detection, treatment (UNICEF, UNFP, 3 different long-term food security programs) and were concerned about the level of coordination and wanted to pull out lessons learned
 - Activity:
 - Desk review
 - Scoping visit to South Kivu and Kasai Central; National level stakeholder workshop quickly following
 - Main finding: holistic continuum of care giving support to government structures, was much too piecemeal than was intended. Other issues around logistics, supply, etc.
 - Opportunities to improve:
 - World Bank multi-sectoral program
 - DFID and the local SUN Movement
 - One main outcome: create provincial working groups where actors can meet and resolve technical issues health zone, by health zone
 - Next: provincial-level meetings