

## **IYCF-E TWG Meeting**

Participants (In-house): GK, HI, SCI, SHED, NS

Participants (online): ACF, CWW, ESDO, RI, HI, SHED, WFP, UNHCR, UNICEF, NS

Date: Thursday, 25<sup>th</sup> May 2023, 11:00am - 12:30pm

Venue: NS conference room (EPI building) & Online (Microsoft Teams)

## Agenda:

• TWG members' discussion and recommendations on "Stimulation Therapy for Malnourished children in the camps" based on HI responses to the queries shared.

Key Discussion Points:	Action points
<ul> <li>Discussion on HI's piloting on stimulation therapy:</li> <li>In the ad-hoc meeting, the IYCF TWGs members highlighted important questions and HI responded.</li> <li>IYCF TWG identified the need for this stimulation therapy trial. However, according to a nutrition service implementing partner that signed MoU with HI to support the stimulation therapy activity, the structural renovation of nutrition centers are not feasible in any of the targeted camps and it will</li> </ul>	<ul> <li>HI will share estimated age specific caseloads (particularly mentioning number of children with cognitive needs) for stimulation therapy of targeted camps during project period to further discuss the implementation strategy in next IYCF TWG meeting.</li> </ul>
hamper nutrition service flow. HI also informed that the existing ECCD corner space is not sufficient for a dedicated therapist as well. Therefore, HI intends to establish a separate stimulation therapy point close or adjacent to INF. However, as this modality does not support integration	HI will share their response in next IYCF TWG meeting about capacitating existing nutrition centre staffs in order to integrate the stimulation therapy within existing services and space through trainings and



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with nutrition center and referral to nutrition center will be tough to ensure, the members requested HI to consider the scope of capacity building for existing nutrition staff with training and logistical support if feasible.

- Assessment tools have been reviewed in the meeting. TWG queries on duration of an assessment and HI responded that 10 minutes will be needed for assessment and 15-30 minutes for individual session. All SAM children without complication and MAM with disability will be the target participants. Nutrition service implementing partners of the targeted camps shared an approximate number of U-5 SAM and MAM cases with physical disability. However, HI focuses on cases with cognitive development issues for this stimulation therapy activity. HI also needs to estimate number of caseload of different age category according to assessment tools.
- As nutrition service implementing partners may change over the piloting period, members suggested HI to advocate with relevant agencies working with Nutrition sector before signing bilateral MoU with implementing partners. HI should also consider a background study on any nutrition service implementing partners providing physiotherapy to malnourished children and update methodology if such activity ongoing in any targeted camps.
- HI will discuss with their global team according to meeting discussions and share an updated SOP if needed with brief timeline.

logistics support.