Meeting report

Child Health Accountability Tracking Technical Advisory Group (CHAT TAG)

Virtual meeting

10-12 February 2025

Contents

Acknowledgements

Executive summary

During 10-12 February 2025, the Child Health Accountability Tracking Technical Advisory Group (CHAT TAG) convened in a virtual meeting.

Meeting Objectives:

1. To share and advance Task Team activities;
2. To hear from relevant initiatives in WHO, UNICEF and other partnerships; and
3. To develop workplans for 2025-2026.

Meeting Outputs:

1. Work plans for each Task Team for 2025-2026
2. Feedback on progress of Task Team activities

The TAG welcomes three new members: Amanuel Abajobir, (Task Team 1); Sally Brinkman (Task Team 2); and Luis Huicho (Task Team 2).

WHO and UNICEF activities related to child health measurement

A set of presentations was given to update CHAT on recent activities conducted by WHO and UNICEF, related to child health measurement: The Life Stages Quality of Care Metrics Technical Working Group (LSQM TWG); WHO SRMNCAH Policy Survey 2023; UNICEF's global data and measurement work on Early Childhood Development; and routine information systems analytics.

The LSQM TWG is requesting the CHAT TAG to provide feedback on two documents on monitoring of QoC, ideally in March 2025.

- **ACTION POINT:** CHAT to inform Moise Muzigaba about when it would be feasible to review the two respective documents.

With regards to the WHO SRMNCAH Policy Survey 2023, the CHAT TAG suggested developing a concrete plan for making good use of this data, including raising funds for additional analysis.

Other opportunities for CHAT to influence child health measurement agenda include:

- ensuring that CHAT's work and recommendations are linked to the Lusaka agenda.
- recommending WHO and UNICEF on how to optimise new iterations of country profiles;
- updating existing guidance documents and indicators, to align with the CHAT TAG recommendations; reviewing country uptake of existing guidance; and
- linking with other relevant child measurement and accountability initiatives.

Task Team 1 (Child Survival):

- Opportunities for Task Team 1 include developing a document with a recommended framework, success factors and indicators, which WHO regional offices can present to countries.; and collaborating with UNICEF on feasibility testing of indicators from the IMNCI recommended framework.

KEY ACTION POINTS:

- Kate Strong and Wilson Were to share a more detailed summary of the Kigali meeting to the CHAT TAG.

Task Team 2 (Early Childhood Development & Nurturing Care, Violence Prevention, and Humanitarian settings):

Opportunities for Task Team 2 include developing an M&E Framework for screen time.

KEY ACTION POINTS:

- CHAT TAG members are encouraged to share feedback on the Nurturing Care M&E Framework, to Frances Aboud and Maureen Black.
- Kate Strong to request access to GSED data, and to invite Tarun Dua and Vanessa Callavera, WHO to join a future Task Team 2 meeting.
- Maria Muñiz to follow up with Claudia Cappa, UNICEF, on the possibility to test screen exposure indicators through MICS.

Task Team 3 (Climate Change and Child Health):

Opportunities for Task Team 3 include developing an M&E Framework, defining outputs and key success factors for achieving the outputs, before identifying the indicators.

Task Team 3 will aim for a quick turnaround time with regards to publishing commentaries, keeping in mind the timeline for the Global Adaptation Technical Working Group and its aim to propose new indicators by Apr 2025.

Other discussion points/decisions made to advance the work of the CHAT TAG include:

- The Secretariat plans to engage in fundraising activities, to secure future funding to support CHAT, and the future activities discussed during this meeting.
- **ACTION POINT:** Each Task Team to flag whether any of the planned activities in their respective workplan will require additional resources to achieve the envisioned advances, including a rough indication (a range).

- With regards to the recent suspension of USAID investments in global health and health information systems work, CHAT decided to state their opinion in a a rapid response. A manuscript was drafted and submitted shortly after the meeting.
  - Despite the risk that DHS will be discontinued, CHAT decided to move forward with developing recommendations, which may be useful for DHS, MICS and/or other future surveys.
  - One suggested solution is to start developing recommendations with MICS in mind, and to possibly work on DHS recommendations at a later stage.

- **ACTION POINT:** CHAT TAG members to inform Kate Strong of their potential interest in supporting the WHO led initiative to develop recommendations on standardization of health facility registers for MNCH.

Meeting objectives and outputs

Background

The purpose of the Child Health Accountability Tracking Technical Advisory Group (CHAT TAG) is to provide recommendations for WHO and UNICEF on measurements and metrics for children under the age of 10 (after the neonatal period).

Since the last CHAT TAG face-to-face meeting, which took place in November 2023 in Istanbul, Türkiye, the TAG has undertaken substantial work, including several papers being submitted and/or published.

The TAG organised itself into three Task Teams, each focusing on specific areas of work and outputs. These include 1) Child Survival, 2) Early Childhood Development and Nurturing Care, Violence Prevention and Humanitarian settings, and 3) Climate Change and Child Health.

During 10-12 February 2025, the TAG members and Secretariat convened in a virtual meeting, for each Task Team to report back to the wider TAG and to review their ToRs, as well as for the TAG to develop a joint work plan for 2025-2026.

Meeting objectives

1. To share and advance Task Team activities;
2. To hear from relevant initiatives in WHO, UNICEF and other partnerships; and
3. To develop workplans for 2025-2026.

Meeting outputs

1. Work plans for each Task Team for 2025-2026;
2. Feedback on progress of Task Team activities.

Structure of the meeting

During the first day of the meeting, each Task Team presented their objectives, recent and current activities, expected outputs, as well as a preliminary outline of their planned activities for 2025-2026. Each Task Team also invited the wider TAG to provide input on specific discussion points, relevant for the respective Task Team to advance their work. During the second day of this meeting, each Task Team met individually to discuss how to move their work forward. During the third day of this meeting, the Task Teams shared the outcomes of their discussions, including more refined plans for future activities.

Moreover, colleagues at WHO and UNICEF provided updates on activities related to child health measurement.

Welcome remarks

Remarks from Kate Strong, WHO

Kate Strong thanked the CHAT TAG members for their patience and support during the turbulent circumstances currently faced by the global public health community.

There are current opportunities for CHAT to accelerate work in areas of child health that have been neglected up until now, e.g. early childhood development; climate change and health; and child health in humanitarian settings. The Secretariat appreciates the TAG members' expert advice on these topics and other topics related to child health measurement.

Remarks from Maria Muñiz, UNICEF

UNICEF is in the process of forming its next strategic plan for 2026-2029; which provides an opportunity to sharpen priorities, especially in light of the need to accelerate progress towards the end of the SDG period, and to frame the post-SDG agenda. The strategic plan discussions include areas of work such as climate change and health; Early Childhood Development, and child survival – indicating the alignment with and importance of the CHAT TAG work and mission.

With regards to the discussion on measurement and monitoring, there is an ambition to factor in variety of country contexts and environments, including conflict settings, fragile settings, and mid-income countries that have not allocated sufficient resources to primary healthcare. It will be critical to advocate for and monitor progress in such different environments, and to explore scale-up, impact, differentiations, and ways to improve monitoring, programmatically and sub-nationally.

Remarks from Co-Chairs

Co-Chairs Melinda Munos and Masum Billah expressed their gratitude towards all TAG members, for their continuous commitment and adaptability.

Introduction of new TAG members

The TAG welcomes three new members:

- Amanuel Abajobir has joined Task Team 1.
- Sally Brinkman – has joined Task Team 2.
- Luis Huicho – has joined Task Team 2.

These new members replace Joanna Schellenberg and Cynthia Boschi-Pinto.

The CHAT website[1] has been updated with photos and bios of the new members.

Update on USAID funding

In light of the recent suspension of USAID, the Secretariat gave an overview of the funding situation for CHAT. Up until recently, CHAT was funded by USAID. The Secretariat plans to engage in fundraising activities, to secure future funding to support the future activities discussed during this meeting. Until new funding opportunities are settled, CHAT will continue to advance its work, with the limited resources at its disposal.

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[1] https://www.who.int/groups/child-health-accountability-tracking-technical-advisory-group/about-us

WHO and UNICEF activities related to child health measurement

The Life Stages Quality of Care Metrics Technical Working Group

Moise Muzigaba, WHO, gave a presentation on updates and the workplan for the Life Stages Quality of Care Metrics Technical Working Group (LSQM TWG).

Products under development 2024 – 2025

In 2023, the TWG agreed on four key priorities for 2024 – 2025: to develop/finalise three guidance documents and a set of scoping reviews.

Measuring and monitoring quality of care to improve maternal, newborn, child and adolescent health services: a practical guide for programme managers

Prior to the formation of the LSQM TWG, a team at WHO had started developing a guide on how to measure and monitor Quality of Care (QoC) across different technical areas. This guide focuses on methods for routine measurement for QoC indicators, for the purpose of improving care (and does not address periodic resource-intensive methods for assessing QoC for other purposes, e.g. the use of health facility assessments for planning or quality assurance). The TWG took over the initial version of the report, with the aim to strengthening it further.

In each chapter of this report, there are references to child heath.

Current status:

- The TWG has submitted the guide and annex for production clearance.

Workplan:

- The TWG may officially launch the guide in March 2025. However, there is also a suggestion to hold off on the launch until all the related documents (see below) have been finalised, for a one-time launch that can more clearly describe to users which document to use when, and for what purpose. (Merits further consultation.)
    - **REQUEST TO CHAT:** Advise the LSQM TWG on whether to arrange a one-time launch for all products.

Deriving priority indicators for routine monitoring of quality of care across life stages and technical areas: A step-by-step manual for quality managers

This manual seeks to provide practical, step-by-step guidance on how countries can adopt or adapt, alternatively develop fit-for-purpose, indicators for routine monitoring of QoC, across various life stages and technical areas.

This manual is a sub-set of what is included in the above-mentioned guide.

Current status:

- The TWG is reviewing an advanced draft of the guide.

Workplan:

- **REQUEST TO CHAT:** March 2025 (target): CHAT, MoNITOR, GAMA, TAG4MA, and TEAMs TAGs to conduct a technical review of the document. The LSQM TWG will incorporate the feedback into a new iteration and share it in a country consultation.
- May 2025: Government representatives in selected countries will conduct a technical and contextual review.
- June 2025: The TWG will finalise the guide, based on all input received.
- November 2025: The manual will be officially launched.

Estimating effective coverage for maternal, newborn, child, and adolescent health and ageing: A technical guide for national and subnational managers

The guide provides practical guidance to maternal, newborn, child, and adolescent health (MNCAH) program managers at national and subnational levels, on how to institutionalise Effective Coverage measurement in their programmes, in support of their quality planning and quality improvement activities.

Current status:

- The TWG is incorporating the latest feedback into a new draft version.

Workplan (similar to the above manual):

- **REQUEST TO CHAT:** March 2025 (target): CHAT, MoNITOR, GAMA, TAG4MA, and TEAMs TAGs to conduct a technical review of the document. The LSQM TWG will incorporate the feedback into a new iteration, and share it in a country consultation.
- May 2025: government representatives in selected countries will conduct a technical and contextual review.
- June 2025: The TWG will finalise the guide, based on all input received.
- November 2025: The TWG will officially launch the guide.

Scoping reviews of Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs), and provider reported experience measures

The purpose of the scoping reviews is to generate evidence to inform guidance on operationalisation of PREMs, PROMs and provider-reported experience, at country level.

Current status:

- PREMs: The TWG has completed the scoping review, and submitted the manuscript in 2024 for peer-review in Global Health: Science and Practice (GHSP) Journal. However, due to the USAID funding situation, the journal will not be able to review the manuscript. Moise Muzigaba is discussing with the UCT team to explore how to advance the review.

- PROMs: The TWG initiated the scoping review in 2024, however, recently put the activity on hold, due to the recent developments of USAID.

- Provider-reported experience workstream: It is unclear how the TWG will proceed with this activity, given the situation with USAID.

Process for CHAT to review documents

- **REQUEST TO CHAT:** The LSQM TWG is requesting the CHAT TAG to provide feedback on:
  - o Structure
  - o Focus
  - o Technical content on child health, particularly on indicators and programmes related to paediatric Quality of Care programming.

- The CHAT TAG should review the entirety of the documents, because they contain general concepts on QoC measurement. Examples from different technical areas are used to explain these concepts, so it is difficult to single out specific chapters on which CHAT should focus.

- The LSQM TWG will stagger the review processes of the two documents (the manual for quality managers, and the technical guide for national/subnational managers), to facilitate CHAT to review both documents. While the target of the TWG is March, one document could be reviewed in March, and the other one in April.

- CHAT members who are also members of the LSQM TWG may take the lead in reviewing the two documents.

- **ACTION POINT:** CHAT to inform Moise Muzigaba on when they can review the two respective documents.

Next LSQM TWG meeting

The LSQM TWG will likely convene the next annual general meeting (AGM) in July 2025 (virtually).

CHAT members who are also members of the LSQM TWG

- Melinda Munos
- Sayaka Horiuchi
- Ambrose Agweyu
- Amanuel Abajobir
- Abdoulaye Maiga
- Marzia Lazzerini

WHO SRMNCAH Policy Survey 2023

Kate Strong gave an overview of the results from the WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) Policy Survey.

The 2023 survey is the fourth round of this survey since its inception in 2009. The intention is to track to what extent national policies, guidelines and legislation aligns with recommended best practices as described in WHO guidelines. 138 members states were invited to respond to the questionnaire[2], 115 countries responded. As part of the survey, countries are requested to submit their national policy documents, which WHO stores in an online repository, allowing users to compare what is being reported by countries, to the documents submitted.

CHAT members are encouraged to explore and use the survey results and repository.

All the data related to the different life stages can be found on the Maternal, Newborn, Child and Adolescent Health and Ageing Data Portal.[3]

WHO has published an aggregated report that covers the child health section.[4]

Progress since last survey

Since the last survey, the proportion of countries with national clinical standards for the management of children with severe illness remains static. However, there has been an increase in certain regions.

Policies/guidelines on Early Childhood Development

Many countries report that they have policies or guidelines on Early Childhood Development, however, when looking at the content of these guidelines, it is revealed that few countries cover all five areas (Responsive Caregiving/Early Learning, nutrition, care for children with development disabilities, protection from violence, family and social welfare support).

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[2] Countries in the European region were excluded as they respond to another survey provided by the WHO Regional Office for Europe.

[3] platform.who.int/data/maternal-newborn-child-adolescent-ageing

The data specifically on child health policies can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies

The repository of national policy documents can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=National+policy+document+repository

The survey can be found here: https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy-survey-questionnaires/en-srmncah-policy-survey-2023.pdf?sfvrsn=dec5acba_1

[4] https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=Reports

IMNCI

The survey covers various aspects of IMNCI (community, clinical and strengthening components).

In light of the IMNCI renewal, WHO intends to review the documents uploaded to the repository, to see what adaptations countries have made, and identify issues to address in the new framework for measuring IMNCI implementation in countries.

Next steps

ADVICE FROM CHAT:

CHAT TAG members showed enthusiasm for this survey and suggested developing a concrete plan for making good use of this data, including raising funds for additional analysis.

Investments need to be made in further analysis, including on:

- **Implementation/institutionalisation of policies reported**: WHO has not had the bandwidth to yet go through all the uploaded documents. One possible next step would be to choose a specific topic of interest (e.g. IMNCI, ECD, or child survival more broadly), and to then review the documents in a sub-set of countries (e.g. those that are far behind targets), to explore the challenges to institutionalising the policies.
- **Updated vs. expired policies**: whether reported policies have been updated or are older.
- **Identifying countries with especially large gaps.** WHO aims to develop publications during 2025, based on the survey results, relating progress towards health improvements (e.g. in child survival), and policies in place.

Discussion

Understanding the step between policy development and health outcomes

There are challenges with measuring the implementation of existing policies. There is a lack of understanding about what happens in between the existing policies and the outcomes – while it is within this space that we may identify solutions that can improve outcomes.

- **WHO AND UNICEF SEEKS ADVICE FROM CHAT ON:** How to capture elements that can support understanding of the level of implementation of policies.

Policy saturation and the difficulties in identifying reasons for outcomes

When there is a saturation of policies (high level of policies developed), there is not much variation between countries. There may be other metrics, rather than policy implementation, which could be measured to explain outcomes

Adding question about surveys being costed

The questions on adolescent health include questions on funding. CHAT may add a question to the child health section, about whether policies were costed and whether they are (fully or partly) funded by treasuries. These insights may support the understanding of the level of implementation.

UNICEF's global data and measurement work on Early Childhood Development

Claudia Cappa, UNICEF, gave an update on UNICEF's recent work on global data and measurement related to Early Childhood Development (ECD). She also invited CHAT to provide feedback on UNICEF's future direction in this field.

ECDI 2030

UNICEF has developed ECDI 2030, an instrument intended to be integrated into household surveys for intended for population level data collection, taking into account the constraints of large-scale, multi-topic household surveys.

There are 20 items directed to mothers and primary health care givers, on learning, psychosocial well-being and health of children aged 24-59 months. UNICEF developed these items in response to the need support the monitoring of the SDGs target 4.2.1.[5]

ECDI 2030 was released in 2020, and has since then been integrated in surveys of various countries (MICS, DHS, or other national surveys and data collection efforts).[6] There are 41 additional countries that are currently using or planning to use the questions in their MICS surveys – it is expected that by 2027, there will be 70 countries having collected data on ECD 2030 through MICS.

Supporting country uptake of ECDI 2030

Translating data into insights, and insights into policies, requires investments in capacity strengthening around data use. UNICEF is providing countries with technical support on data collection but also data analysis, interpretation and use – in particular to countries that do not conduct MICS.

UNICEF has also developed guidelines to support the integration of the questions into DHS, as well as made efforts to suggest that ECDI 2023 is officially integrated into DHS. UNICEF is hopeful that this integration will still be possible, pending the future of DHS.

Harmonisation efforts with GSED

UNICEF, WHO and the World Bank are collaborating to harmonise ECDI2030 and GSED. The aim is not to develop a single measure, but rather to offer two instruments, both recommended for use in different age ranges, and to be able to explain the relationship between the two.

In the last year, the collaboration has focused on supporting the development of the household form of the GSED, which will be similar to ECDI2030 in concept and nature, and therefore suitable for inclusion in population-level, multi-topic surveys e.g. MICS or DHS (which have specific constraints in terms of for example the number of questions, and profile and training of interviewers).

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[5] Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being, by sex.
[6] For a detailed list of all countries that have already integrated ECDI2030 in surveys, see the PowerPoint presentation.

In order to review the relationship between the two instruments, there is a need for data to be collected from both instruments at the same time. In 2022, WHO tested the two instruments in Bangladesh, Pakistan and Tanzania (as part of the validation work for GSED), providing evidence for the feasibility of linking/equating scores on the two measures.

However, there is also a need to understand how this instrument performs beyond tailored, methodological efforts, but rather in very large data collection efforts e.g. multi-topic surveys. WHO has collected data in the context of large-scale, independent surveys in Lebanon and Senegal. The analysis is currently underway.

Update on methodological work on Responsive Caregiving

UNICEF aims to develop and validate a set of population-level survey questions on Responsive Caregiving, which would be culturally relevant and internationally applicable for integration in household surveys and other relevant data collection platforms.

MICS includes a number of questions on parenting and the interaction between children and caregivers. However, UNICEF is aware of the limitations of these questions, and aims to expand them in a way that in consistent with the concept of Responsive Caregiving. This work builds on the extensive work conducted by WHO and academics, including CHAT TAG members (a literature review on measurement gaps and conceptual framework).

UNICEF expanded the scoping review and inventory of existing tools and questions, and collected feedback from academia and development/UN partner organisations via a technical consultation in May 2024. UNICEF used the input to refine the conceptual framework, and developed a manuscript to outline the key principles and parameters for this instrument. UNICEF defined a draft bank of 40 candidate questions, which will undergo cognitive testing, starting in Dominican Republic in May 2025, followed by two additional countries by the end of the year.

Update on indicators on safety and security

UNICEF is considering revising the existing MICS module on child discipline. They intend to conduct further methodological work to explore to what extent there is a need to make the questions age specific. (Currently, the same questions are asked for all children aged 1 -15 years.

Update on indicators on Early Learning

As part of its work on Responsive Caregiving, UNICEF is also looking into refining and expanding on the existing MICS questions on play and the availability of playthings for children under the age of 5. There is also a plan to explore questions for children older than 5 years.

Discussion

Recommendations from CHAT:

Including different questions for different age groups

- For Early Learning Opportunities and Responsive Care, consider different questions for the two different age groups (younger and older children).
  - Claudia Cappa recognises that countries may push back for any additional questions, hence the need for two questions must be balanced against the aims to limit the number of questions.

Including questions on screen exposure

- Include questions that capture (excessive) exposure to screens (among young children).
  - There are currently no questions in MICS that capture exposure among younger children. There is a module on ICT for adolescents aged 15 and above, capturing technology use from other perspectives, e.g. access to information. Moreover, there is a question on how children spend their time (for children above 5 years old), partly capturing use of screens. Claudia Cappa expressed interest in considering questions on screen exposure for children under 5 years old, as part of the larger revision of the ECD module.

Preparedness for new trends and patterns

Surveys need to be prepared for rapid changes and evolving trends in how children spend their time and with whom. For example: increased use of screens, more children spending time in childcare due to more women entering the workforce, more children being cared for by extended family due women moving for work.

- There needs to be a process to ensure that questions are relevant and up to date, and that the statistical infrastructure keeps up with evolving trends in society.
- There needs to be two parallel processes: one focusing on implementation, and one focusing on inputs from academia, to bring in innovation. There also needs to be advocacy towards funders, to invest in methodological work needed to capture new trends, across countries and in ways that can be comparable over time.

Violence exposure for children under 5

- Consider including questions on violence exposure among children under age 5 – but take measures to mitigate challenges with misclassification.
  - UNICEF is developing questions on violence against children, especially on sexual violence and bullying, however, they are mostly focusing on adolescents. The challenge with measuring violence under age 5 is that the information is being filtered through the responses of the caregivers. Moreover, violent disciplining (physical and psychological) is sometimes culturally accepted.

Contextualising responses and avoiding cultural bias

- It is important to capture and correctly interpret what is being said and what is not being said by respondents. For example, a mother may not leave toys accessible for children, for the reason that the floor is dirty. This does not mean that she deprives her children from toys.

o UNICEF invests in methodological work to consider cultural differences, minimise cultural biases, and capture phenomena across cultures, particularly with regards to Responsive Caregiving, which is defined by cultural context.

Routine information systems analytics

UNICEF is in the process of conducting data quality assessments (standard consistency checks) of routine data, focusing on the lowest level (facility level). This is the level at which dialogues can take place about plausibility vs. inconsistency; and where corrections can be made. Instead of simply making statistical adjustments in the event of a questionable data point, UNICEF has been engaging with ministries of health, encouraging them to review the data at facility level and determine whether there are explanations for the numbers, or whether to remove the outliers. Working closely with ministries, districts and facilities, has resulted in data quality improvements at the facility level.

This project will continue in a range of countries and UNICEF plans to document the results. Maria Muñiz raised that it will be critical to develop guidance, and to push for practical ways to operationalise.

WHO has initiated efforts to implement guidance on routine health information systems, in countries. Funding will be required to do this in a systematic manner. WHO is currently conducting workshops in Africa on the use of the WHO/UNICEF guidance Analysis and use of health facility data: guidance for maternal, newborn, child and adolescent health programme managers.[7] This guidance includes hands-on advice targeted at facility level staff, on how to access data in their country and how to use data.

Exploring the need for updating existing guidance based on CHAT recommendations

- **OPPORTUNITY FOR CHAT:** Consider whether there is a need to update key guidance documents and revisit indicators, to align with the latest CHAT TAG recommendations. Identify critical gaps in guidance, taking into account the work of the Task Teams, for example on climate and ECD.
- **OPPORTUNITY FOR CHAT:** Consider whether there is a need to review country uptake of existing guidance, incl. overall uptake and usage; lessons learnt from countries who have adopted/used guidance; whether documents meet country/regional needs; required changes in order to make documents more operational.

In particular, there is an opportunity for the CHAT TAG to reflect on the below guidance documents:

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[7] https://www.who.int/publications/i/item/9789240080331

Analysis and use of health facility data: guidance for maternal, newborn, child and adolescent health (MNCAH) programme managers.

CHAT has previously reviewed the guidance from WHO on A*nalysis and use of health facility data: guidance for maternal, newborn, child and adolescent health (MNCAH) programme managers.[8]*

- **OPPORTUNITY FOR CHAT:** Consider whether there is a need to re-review the guidance, in the context of the recent discussions in the different Task Teams. Does existing guidance fit analytical needs for children (IMNCI?)

Essential MNCAH indicators for routine programme monitoring

In 2023, WHO MCA undertook a consultation to gain consensus on a minimum core set of essential MNCAH indicators for routine programme monitoring.

- **OPPORTUNITY FOR CHAT:** Review potential gaps in measurements recommended by WHO and UNICEF, respectively.
- **OPPORTUNITY FOR CHAT:** Review whether these guidelines align with existing accountability mechanisms, e.g. child survival action and other active groups.

Guidance for emergency contexts

In light of Covid-19, WHO developed guidance[9] that supports countries with monitoring and analysis in the contexts of emergencies and pandemics.

- **OPPORTUNITY FOR CHAT:** Consider whether this guidance on emergency contexts needs updating, factoring in the extent to which this guidance has been feasible to adapt and implement in countries, and whether it meets the needs of countries (as expressed in feedback, for example in the Kigali meeting).

Country profiles

The Secretariat has discussed the next iteration of country profiles developed by UNICEF and WHO.

During the latest meeting for Every Woman, Every Newborn, Everywhere, there was an opportunity to develop a set of profiles that reflected the results from the SRMNCAH policy survey 2023, and an opportunity to consider innovative approaches e.g. using regional benchmarking and a more comprehensive set of indicators. This was a first step in the process of considering how to optimise the next generation of profiles.

Principles to consider for improving country profiles:

- How to ensure that profiles are informed by country/member state and regional needs?

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[8] https://www.who.int/publications/i/item/9789240080331
[9] *Analysis and using routine data to monitor the effects of Covid-19 on essential health services (2021):* https://www.who.int/publications/i/item/who-2019-nCoV-essential-health-services-monitoring-2021-1

- How to expand beyond coverage (impact and outcome) service measures to include programmatic/output indicators?

- How to ensure a systems-oriented lens? How to incorporate the guidance on Quality of Care metrics presented by Moise Muzigaba/Effective Coverage Measures?

- How to support equity through including subnational/district dimensions?

- How to support information use and action-oriented profiles?

- How to make profiles more comprehensive/integrated and how to include multisectoral approaches?

- How to factor in different contexts?

- **OPPORTUNITY FOR CHAT:** Reflect on which of the above principles that should be prioritised in a next iteration of country profiles.

Profiles tend to be disseminated via global platforms, and do not always reach regional and country stakeholders. It will be critical to explore different platforms for engagement at country level, and targeted dissemination activities on how to *use* the data. It will also be critical to understand barriers to implementation at national level.

Linking with other child measurement and accountability initiatives

- **OPPORTUNITY FOR CHAT:** Reflect on how the CHAT TAG can influence/link to other relevant child measurement and accountability initiatives (e.g. CSA, PHC, Nurturing Care), reduce fragmentation, and avoid confusion among countries.

- **OPPORTUNITY FOR CHAT:** Consider how to ensure that CHAT's work and recommendations are linked to the Lusaka agenda.[10]

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[10] The Lusaka agenda is an effort to discuss the future of global health initiatives and their funding of programmes in countries. The aim is to align the funding agendas of the initiatives around a common monitoring and reporting framework, centred around primary healthcare. Donor funding should adhere to the plans, budgets and M&E systems of each funded country.

WHO is leading the process of drafting a recommended set of indicators.

Task Team 1: Child Survival

Focus areas

The Task Team's current workplan focuses on:

1. Review of the DHS 9 survey
2. The IMNCI renewal

Recent and current activities

IMNCI renewal

The Integrated Management of Neonatal and Childhood Illness (IMNCI) renewal is currently taking place in the AFRO region. WHO is updating the IMNCI monitoring framework, including the logic framework and indicators. IMNCI indicators were developed in the late 1990s and have not been revised since. The focus has been on process indicators, especially health worker performance. There are no standard indicators for IMNCI program monitoring, despite country demand. WHO has requested feedback from CHAT on these IMNCI revisions.

The IMNCI renewal involves several different aspects of IMNCI, however, the role of CHAT is to support a strong Theory of Change (ToC)/M&E Framework (log frame) with indicators that are useful for countries as they monitor IMNCI.

IMNCI M&E Framework/Theory of Change

The Task Team has concluded that, before defining indicators, it is critical to have a clear view of the M&E Framework, ensuring alignment in terms of domains and outputs. The indicators will fall out naturally from the outputs. Therefore, the Task Team has focused on providing feedback on the M&E Framework.

The Task Team presented an overview of the goal, outcomes, domains and outputs that had previously been discussed within the team. For the goal that *child under-5 mortality and illness burden is reduced so that all children, everywhere, have the same chances to survive and develop into healthy adolescents,* the outcomes, domains and outputs have been defined as follows:

Goal: Child under-5 mortality and illness burden reduced so that all children, everywhere, have the same chances to survive and develop into healthy adolescents	
Outcome(s): • Childhood illnesses are managed through an integrated approach with timely, quality treatment or referral • Partnerships are coordinated to provide sustainable financing for IMNCI implementation in high under-5 mortality burden countries • All families have access to quality essential health services that are easy to access and affordable	
Governance, Financing and Policies for IMNCI	Output 1 : Put in place policies and financing to support IMNCI implementation
Building and sustaining health workers for IMNCI	Output 2 : Train health workers in IMNCI, and provide follow up after training, mentorship, and supportive supervision
Supportive health systems for IMNCI	Output 3 : Maintain supplies of essential medicines, diagnostics and commodities needed for IMCI
Enhancing family and community practices to promote quality IMNCI	Output 4 : Implement national strategies that promote key family practices and care seeking
Quality case management for IMNCI	Output 5 : Align National health care services with best practice for IMNCI and WHO paediatric QOC standards

Insights from meeting in Kigali

There was a meeting in Kigali in December 2024, with the objective to brief African countries on the strategic direction in the area of child health, and to discuss how we can accelerate progress around child health in the African region.16 countries participated, many from Western and Central Africa, and some from East Africa. In this meeting in Kigali, Kate Strong gave a presentation on the use of health information system data collection to inform IMNCI renewal, and Wilson Were presented the IMNCI packages for countries.
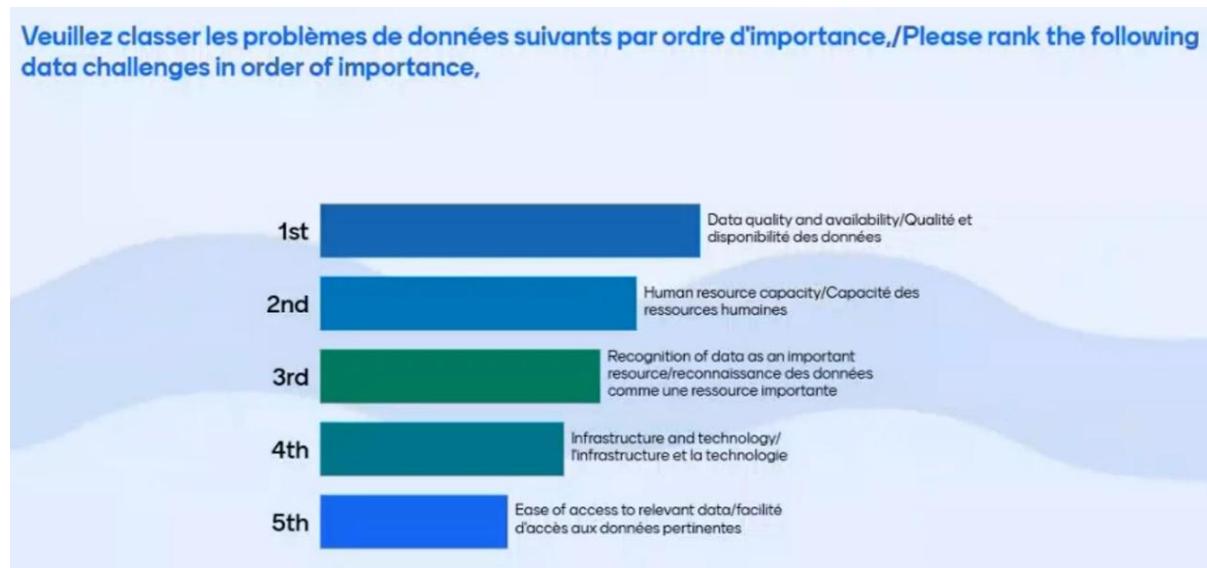
Some of the take-aways from this meeting are relevant for CHAT and Task Team 1:

- Although the meeting was not only focusing on IMNCI (but the wider topic of newborn and child health and how we can accelerate progress in this area), it was clear that IMNCI remains a key strategy in the AFRO region. The burden is still high in terms of infections, diarrhoea and malaria, and these conditions are addressed in IMNCI.

- Challenges remain and the framework highlights the issues around governance, having enough skilled and competent human resources to provide QoC, ensuring adequate supplies, and health systems support to support health care providers, and community aspects of implementation.

- Countries are investing in digitisation of IMNCI (in terms of assessment, data collection, use of real-time data in planning at country level).

- Countries are increasingly using health information systems data for decision-making.

- Countries also use data from surveys, or data resulting from supervisions or follow-ups by technical programmes.

- Data are used to:
    - manage supply of medicines (supporting provision of services);
    - assess how well programmes are performing;
    - support human resource management, in terms of capacity building and training.

- Countries are moving from national level planning towards sub-national planning.

- Programmes need to determine how to link IMNCI to involving systems, and how to position it within primary health care. IMNCI should be viewed as an important minimum essential health package, which can deliver services, especially for sick children, at all levels of the health system.

- **WHO SEEKS ADVICE FROM CHAT ON:**
    - how programmes can be supported;
    - how sub national planning can be supported.

Insights from meeting in Dakar

In November 2024, Kate Strong attended the WCAR meeting on Every Women, Every Newborn, Everywhere and Child Survival Action (EWENE and CSA) in Dakar, Senegal, organised by UNICEF and partners. There was a session in which country representatives were asked (via real-time interactive polls) to rank data challenges in order of importance. Participants ranked the following challenges highly: data quality and availability, human resource capacity, and recognition of data as an important resource.

Veuillez classer les problèmes de données suivants par ordre d'importance,/Please rank the following data challenges in order of importance,

Rank	Challenge
1st	Data quality and availability/Qualité et disponibilité des données
2nd	Human resource capacity/Capacité des ressources humaines
3rd	Recognition of data as an important resource/reconnaissance des données comme une ressource importante
4th	Infrastructure and technology/l'infrastructure et la technologie
5th	Ease of access to relevant data/facilité d'accès aux données pertinentes

Input on briefing packages for implementation of IMNCI

The Task Team has also provided feedback to WHO on a set of briefing packages for implementation of IMNCI.

Discussion

Input from the wider TAG included the following:

Insights from meeting in Dakar

The fact that countries recognise that data quality is a challenge, is a positive sign, which proves that there is progress, and greater awareness in countries about the importance of quality of data (and not just Quality of Care).

Indicators on data quality

Consider indicators on quality that are more embedded in the system, considering that this is also an emerging request from countries.

Routine HMIS and the Nurturing Care Framework

Task Team 1 has discussed the possibility of adding a specific domain around HMIS to the IMNCI M&E Framework. As part of that, the team may discuss whether there are measures of data quality that can be a part of that.

It is important to build a clear idea of what is available in HMIS at country level. There are differences between countries on what is included, whether there is aggregate data or rather individual level data. (In many LMICs, it is aggregate data, and limitations with regards to what is collected.) As the Task Team explores how HMIS data can be used, it is important to understand what is included in HMIS, including whether there is data on participation in early childhood education programmes, and other data related to the Nurturing Care Framework.

Feedback from implementors

A final set of indicators should be preceded by feedback from different stakeholders, including implementers.

Marginalised populations

The framework must be designed to reach marginalised populations.

Empowering health workers

It is critical to empower frontline health workers, incl. community health workers.

Integration

Integration should take into consideration nutrition, sanitation, education, and socio-economic factors.

Moreover, there needs to be integration of the framework as a whole – and not only the indicators. Otherwise, there is a risk that countries may perceive this as yet another framework, which they will struggle to make sense of alongside other frameworks.

Internet connection and digitalisation

Connectivity varies between countries, and this needs to be taken into consideration when discussing countries' possibility to use data for decision making. Digitalisation provides an opportunity to use data in a different way, which can inform our indicator recommendations – however, our recommendations may not be useful if many stakeholders are no able to benefit from the opportunities of digitalisation.

Maria Muñiz informed the group that there are two initiatives on connectivity within UNICEF. One project, covering schools globally, uses geo location to show which schools have internet connection. There is a big push to do the same for health facilities.

An increasing number of districts and facilities are getting access to (higher speed) internet and computers. However, connectivity will not solve all issues – there are also other, basic components that need to be ensured e.g. data use.

In terms of the status of digitalisation, Wilson Were pointed out that there is great heterogeneity between countries, and within countries. Nevertheless, most countries are moving in the right direction.

- **WHO SEEKS ADVICE FROM CHAT ON:** how to support digitalisation efforts in countries (related to IMNCI).

Kigali meeting

- **ACTION POINT:** Kate Strong and Wilson Were to provide a more detailed summary of the Kigali meeting, so that all CHAT TAG members are up to date.

Conflict areas

In areas that face challenges e.g. conflicts, there tends to be underreporting. Guidance and analysis need to take this into account.

Nurturing Care Framework

- It will be important to map the feasibility of collecting data on nurturing care, and to identify what is already available in terms of information systems. (It is likely that we will need to look beyond HMIS for some indicators).

- With regards to nutrition information systems, there has been a comprehensive landscape assessment to identify which indicators at country level are available. The CHAT TAG may conduct a similar analysis for the Nurturing Care Framework.
  - **ACTION POINT:** Maria Muñiz to share the nutrition landscape assessment as a reference, in case CHAT would like to expand this approach to other areas.

- WHO, UNICEF and partners have been working on certain areas around establishing standardised indicators for HMIS, around for example nutrition, RMNCH, malaria, immunisation. However, these indicators do not comprehensively cover Early Childhood Development and other areas relevant to CHAT.

Fragmentation, collaboration and consolidation

There is a lot of fragmentation, with a wide range of frameworks, working groups, and dashboards. Meanwhile there is a lot of interest at regional/country level (in the AFRO region) to develop less top-down solutions (for example, among African CDC, African Union).

- **OPPORTUNITY FOR CHAT:** CHAT may reflect on how collaboration and consolidation can be improved, and may consider developing more country-oriented solutions, taking into account feasibility and practicality, and looking at how to influence the global dialogue.

In light of the discussion about fragmentation, Kate Strong informed about a WHO initiative to develop recommendations for the content and format of standardized health facility registers

for maternal, newborn and child health (and to understand the links to home-based records). This initiative is led by Moise Muzigaba, and the component that focuses on child health is led by Kate Strong and Wilson Were – with the aim of recommending fields that can be used easily and sustainably by health workers, but that can also be used to monitor progress over time. The working group is open to receive additional support, particularly from country representatives.

- **ACTION POINT:** CHAT TAG members to inform Kate Strong of their potential interest in supporting the WHO led initiative to develop recommendations on standardization of health facility registers for MNCH.

Key conclusions after discussions within the Task Team

- There is a strong need for clearer indicators in each area to ensure effective IMNCI implementation and monitoring.

- Financial sustainability, workforce distribution, supply chain management, and community engagement remain critical gaps.

- The integration of IMNCI into broader health systems and policies requires further assessment to ensure long-term effectiveness and scale-up.

Planned activities

Task Team 1 plans to do the following:

1. Recommendations to DHS/other surveys

- Recommendation to DHS (or other surveys, depending on the future of DHS).[11]

2. IMNCI

- **M&E Framework outputs:** Finalising the M&E Framework outputs.

- **M&E Framework indicators:** Identifying the M&E Framework indicators (existing or new), and data sources for outputs. To be handed over to countries and other stakeholders (implementers) for feedback.

- **IMNCI guideline:** Finalising the IMNCI guideline incorporating feedback and comments.

- **Consider overlaps/intersection with existing guidelines** (e.g. QoC, malnutrition, PSBI), to avoid reinventing the wheel, or the risk of overlapping with existing and sufficient indicators.

- **Feasibility testing**: Engaging with countries on feasibility testing of the renewed IMNCI.

- **DAKs:** Provide feedback on Digital Adaptation Kits (DAKs) for countries.

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[11] As reflected in the rapid response submitted by the CHAT TAG after this TAG meeting, CHAT has decided to modify their approach since the meeting – focusing more on empowering countries to improve their health information management systems, and making use of facility data.

Also see further discussions about DHS recommendations on pp. 43-44.

- **Consider related needs** (capacity strengthening, sub-national analyses), and whether they are within the scope of CHAT.

IMNCI M&E Framework: Reflections on indicators for each domain

After the Task Team's initial presentation during the first day of this meeting, the team revisited and clarified the outputs. They also identified key success factors for each respective domain/output. Based on these key success factors, the Task Team developed a list (see below) of what needs to be captured by indicators in each respective domain.

Many of these below points reflect broader causal/research questions, and will need to be separated and translated into concrete indicators (which, when combined, can answer the research questions).

Governance and financing for IMNCI

Indicators should:

- capture the availability, implementation, translation, and monitoring of IMNCI policies at national/subnational level (e.g., supported by guidelines, projects, and financing).
  - "Implementation" needs to be defined.
- assess whether domestic funding supports CHWs working on IMNCI.
- indicate whether there are financial barriers to IMNCI access.
- assess the existence of dedicated national/subnational IMNCI budgets and their effectiveness in reducing donor dependency.
- assess the impact of financial protection mechanisms (insurance, subsidies) on IMNCI access.
- capture inequities and care for marginalised populations (e.g. people in conflict areas, humanitarian settings, slums), for e.g. by capturing whether there are any policies or budgets dedicated to specific marginalised groups.
  - The Task Team discussed to what extent inequities should be captured in specific indicators, vs. in the analysis of the broader set of indicators. Indicators on specific focus on marginalised populations emphasises the importance of accountability of governments.
- capture the reporting and reviewing of progress (e.g. whether countries have established an IMNCI reporting system).

Building and sustaining the IMNCI health workforce

Indicators should:

- assess whether health workers have the right skills to deliver IMNCI, whether there is enough of these skilled health workers, and whether they are adequately distributed across regions.
- determine whether pre-service and refresher training programs exist for different cadres of health professionals.
- evaluate the distribution of IMNCI-trained CHWs in relation to population and geography.
- assess the availability and implementation of IMNCI guidelines.
- examine whether incentives and career development pathways exist for health workers, particularly CHWs, to specialize in IMNCI.

Supplies and logistics

Indicators should:

- identify which essential supplies are frequently out of stock (e.g., medicines, diagnostics, or other essential commodities).
- ideally assess facility-level vs. national warehouse stockout data to improve supply chain management.
    - However, feasibility to retrieve stockout data may be very difficult in some LMICs.
- evaluate forecasting, procurement, and management mechanisms to prevent shortages.
- consider standard HMIS tools for tracking stockouts of IMNCI-related supplies.
- capture whether important medicines are included in countries' Essential Medicines Lists (EML) – which is important to ensure before assessing whether there is enough stock.
- capture demand-based supply.

Enhancing family and community practices to promote IMNCI

Indicators should:

- identify barriers preventing caregivers from following best practices in child illness management.
- assess the proportion of care-seeking behaviours at community vs. facility levels.
- evaluate how well CHWs are integrated into IMNCI implementation and their role in supporting families.
- examine the role of social and behaviour change interventions in improving caregiver knowledge and care-seeking practices.

Quality case management for IMNCI

Indicators should:

- assess whether health care services align with WHO IMNCI and paediatric QoC standards.
- evaluate the availability of standardized tools for monitoring and evaluating IMNCI case management quality.
- investigate how well IMNCI protocols are integrated into routine child health services to ensure sustainability and institutionalization.

Discussion and input from the Secretariat on future activities

Feasibility study

UNICEF is leading an initiative, which has just commenced in Sierra Leone, Kenya, Mali and Somalia, and in which facility level analytics is conducted using routine information systems. Each country has set targets, in discussion with their respective ministry.

- **OPPORTUNITY FOR CHAT:** If there is an interest in conducting feasibility testing on any of the indicators from the M&E Framework, UNICEF offers to collaborate with Task Team 1, to support with data (for example, in one selected country).

The extent to which this data captures private sector care, can be clarified during the process.

Recommendations to WHO regional offices

Kate Strong explained that the WHO regional offices have asked for recommendations that they can present to countries, in terms of 1) the recommended framework 2) what aspects to consider 3) success factors given the identified aspects 4) indicators that could measure the success.

As it is currently uncertain whether commonly used data sources will remain in the future, countries will have to reflect on how to respond to such a potential loss of data sources, including how they will ensure that data is representative of the entire population, including marginalised populations.

- **OPPORTUNITY FOR TASK TEAM 1:** Task Team 1 may reflect on how to develop this type of document with recommendations, to be shared with WHO regional offices.

Task Team 2: Early Childhood Development & Nurturing Care, Violence Prevention, and Humanitarian settings

Focus areas

Within the scope of Early Childhood Development and Nurturing Care; violence prevention; and humanitarian settings, Task Team 2 has chosen to focus on the following topics:

- Nurturing Care Framework
- Screen time and child development
- Safety and Security metrics

Recent and current activities

Task Team 2 has engaged in the following activities:

- **Nurturing Care Framework:** Developed an M&E Framework (Logic Model)

- **Screen exposure:** Marzia Lazzerini briefed on recent work and developments in the field.

- **Reviewing GAMA indicators:** Reviewed the GAMA indicators, recognising that they may help inform our choice of indicators to focus on.

- **DHS 9 revision:** Discussed revisions to DHS 9 on Early Learning Opportunities and Responsive Care.

Nurturing Care Framework

Responsive Caregiving

With regards to the Nurturing Care Framework, the Task Team has largely focused on the component of Responsive Caregiving, as they concluded that there is plenty of confusion around this topic: in many cases, there are no measures. Another issue is that Responsive Caregiving is often combined with Early Learning.

In 2024, the Task Team published a commentary for Lancet Child and Adolescent Health, which drew attention to the lack of conceptualisation in the field, as well as presented a theoretical background to Responsive Caregiving.

The Task Team also met with a UNICEF group that is working on Responsive Caregiving, and presented their thoughts on the topic, i.e. that there is a need to consider the child's and the caregiver's roles when identifying indicators for Responsive Caregiving. The group also met with USAID to hold a similar presentation.

Countries are asking for more guidance around programmatic indicators, and donors value impact/output indicators. Therefore, the Task Team decided to look into relevant indicators on programme coverage and participation, particularly related to the Nurturing Care Framework.

The Task Team has developed an M&E Framework (logic model) of programme inputs, outputs, and outcomes. The logical model is meant to provide structure, and to guide the Task Team in identifying prioritised indicators on Nurturing Care.

The M&E Framework attempts to incorporate the five components of nurturing care, including how communities and families support (or do not support) Nurturing Care.

The Task Team has focused on child outcomes, but may now look in-depth at parenting practices related to the provision of nurturing care and programme inputs/outputs, and the connection between programme participation and child outcomes.

While the discussions are currently at a more conceptual level, the Task Team plans to eventually derive indicators from the framework.

This M&E Framework has previously been shared with the CHAT TAG, and the Task Team has begun to collect input from TAG members, with regards to how to expand and improve the model.

The Task Team has suggested to identify data already collected on Early Learning Opportunities and Responsive Caregiving, to ensure that the suggested indicators are informed by data already available.

The discussions on the M&E Framework centred around how to expand it, e.g. through:

- Creating a document similar to the Lusaka document, itemising each indicator.
- Adding more child-focused, intermediate outcomes (the model currently only includes parent practices).
- Expanding on inputs related to community/multi-sectoral access to Nurturing Care provisions (not only through the programme or services, e.g. parenting).
- Adding more indicators for some outputs, e.g. the workforce and government stakeholders.

Screen exposure

Marzia Lazzerini presented ongoing work on screen exposure.

There is already plenty of research on screen time, but the field is expanding dramatically and quickly, making it difficult – although essential – to stay updated. Evidence shows that children are increasingly exposed to screens, including in mind-income countries.

The WHO Regional Office for Europe approached the WHO Collaborating Centre for Maternal and Child Health in 2024, in order to develop academic products in support of the new WHO strategy for the region, on child and adolescent health. WHO has identified seven key areas for priority, including mental health and digital transition.

In this collaboration between WHO and academic institutions, several activities have been pursued in the last eight months, including:

1. A review of existing policies and recommendations on screen time for infants, children, and adolescents (nearly completed).
2. A review of the impact of screen exposure on child health and well-being (ongoing – looking for additional resources).

Recommendations on screen time

With regards to recommendations on maximum screen time, there is substantial alignment across 40 different recommendations. However, solid data (survey and meta-analyses) show that most children, from early ages (underline newborns) are increasingly over-exposed. 11% of teens struggle with problematic media use. The WHO Regional Office for Europe has released a fact sheet for countries.[12]

Outcomes of concern

Systematic reviews published in the last few years report on various outcomes of excessive digital screen time, including developmental outcomes. These outcomes differ vastly by age.

Indicators

In terms of indicators, the Task Team has discussed two types of indicators: those related to policy, and those capturing exposure. Exposure indicators must consider the quality of that exposure (for example, is the use of screens meant to support learning and development, or is it rather an activity with no advantage to it, e.g. playing certain games?)

DHS review

In terms of questions in DHS related to the Nurturing Care Framework, a survey has already been sent out, and Task Team 2 has received a set of recommendations for review.

As part of this review process, the Task Team has reviewed measures and indicators, in order to gather evidence on reliability and validity.

Both in terms of Early Learning Opportunities and Responsive Care, the Task Team has concluded that existing indicators are very limited and not strongly valid. For example, playthings are defined in terms of their source (e.g. homemade vs. store bought), and Responsive Care applies to only 24–60 months, defined in terms of "past 3 days and performed by any adult".

Discussion

Input from the wider CHAT TAG included the following:

Injuries and road safety

Despite there being an established definition of road accidents, this definition is not reflected in the household survey questions. In data collection on road accidents, the focus is on mortality,

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[12] https://iris.who.int/bitstream/handle/10665/379211/WHO-EURO-2024-10632-50404-76104-ENG.pdf

with little attention to morbidity. For example, DHS asks about "a day of loss due to a road accident" – which entails a very wide spectrum of severity, not isolating the severe injuries with long-term consequences. Questions should capture severe injury specifically, and to what extent children require rehabilitation or suffer from long-term disability.

In many LMICs, data comes from policy sets rather than HMIS. We are currently not capturing accurate data on road accidents, which can support prevention or action at national level.

Injuries related to climate change

There is a lack of clear pathways for climate change and injuries. There is a big gap in the understanding of how climate change is leading to certain types of injuries and how that changes the patterns of injuries.

Injuries related to conflict

Similarly to the case of climate change, there is also a lack of clear pathways for climate change and injuries.

DHS had asked the CHAT TAG to comment on safety indicators, however, none of these indicators concerned children in conflict settings. CHAT should decide on to what extent the group should focus on children in conflict settings.

Suicide (attempts) and gender-based violence

Intentional injuries e.g. due to suicide attempts or GBV are misreported. DHS only covers currently married women, which means that the sexual violence that occurs outside the home/to unmarried women are missed. There is a need for ground level work on how indicators are different in different cultures.

Planned activities

Task Team 2 has planned the following activities for 2025-2026:

M&E Framework to support the Nurturing Care Framework

Frances Aboud and Maureen Black will continue to collect feedback on the M&E Framework (logic model).

- **ACTION POINT:** CHAT TAG members to share feedback on the M&E Framework, directly to Frances Aboud and Maureen Black.

The work on the M&E Framework may be translated into a paper/commentary.

Early Learning Opportunities indicators

The Task Team discussed existing indicators on Early Learning Opportunities, including weaknesses, especially considering how long ago many of them were developed, and recognising that they need to be modernised. The Task Team concluded that the following resources would support its work:

- **Access to existing data bases:**

  - Access to existing data bases would support analysis on environment and child development. (In particular, access to data from GSED, which many CHAT members contributed to.)
  - **ACTION POINT:** Kate Strong to request access to GSED data, and to invite Tarun Dua and Vanessa Callavera, WHO, to join a future Task Team 2 meeting.
  - **ACTION POINT:** Task Team 2 to define what specific data they need from GSED.

- **Access to other data sets from TAG members:**

  - **ACTION POINT:** CHAT TAG members to share any data they may have on Early Learning Opportunities, with Task Team 3.

- **Additional resources are needed to analyse the existing data** in GSED (some of the items that could be incorporated into the Early Learning items).

Age differentiation

The Task Team concluded that an age differentiation of 0-36 months vs. 36-59 months provides a clear delineation in terms of what support there is for play and stimulation, as well as in terms of resources.

Identifying a list of items used by HOME/FCI

The Task Team discussed a procedure to identify a short number of items that are commonly used by five versions of HOME and two versions of FCI (à 12-14 items):

- Correlate individual items of HOME and FHI with total or subdomains of Bayley and GSED to identify items with validity – ask for data sets.

- Correlate individual items of new EOL measure with the highest alpha, after dropping other items (i.e. are some items indicative of others?).

- Add *Safety of child's environment*, *someone supervising child. (*The item is included in HOME.)

- Delete *intention of caregiver engaging in activities "to promote learning.…".*

- Add items appropriate for 0 to 24 months, possibly one set of EOL items to accompany GSED-HF (0-36m) and another set to accompany ECDi2030 (36-59m).

Guidance on monitoring of Nurturing Care Framework and programme implementation

- CHAT will provide guidance and recommendations to WHO and UNICEF on how to monitor the Nurturing Care Framework and country programmes implementing ECD programmes. (Most seem to have a policy regarding the Nurturing Care Framework, but may not be implementing it. For those who are implementing it, we do not know whether families have changed practices as a result, and how many families are participating. Eventually, the Task Team would like to tie this in with information on ECD profiles.

Taking the lead on M&E of the Nurturing Care Framework.

- There is currently no active group for M&E under the Nurturing Care Framework – this space may now be filled by this CHAT Task Team, which has the potential to move M&E of NCF forward.

Screen exposure indicators

The Task Team aims to move forward with reviewing screen exposure indicators.

The work presented by Marzia Lazzerini was mainly conducted on a voluntary basis. WHO CC Trieste is conducting a review of reviews, on the impact on excessive screen time, however, this exercise would benefit from additional resources.

- **REQUEST FROM TASK TEAM:** Task Team 2 calls for support for Marzia Lazzerini and her team to continue this work.
- **ADVICE TO TASK TEAM:** The Secretariat advises Task Team 2 to develop an M&E Framework for screen time. This would support the definition of boundaries around what the Task Team would like to produce.
- **ACTION POINT:** Maria Muñiz to follow up with Claudia Cappa, UNICEF, on the possibility to test indicators through MICS.

Safety and Security indicators

The Task Team aims to move forward with reviewing safety and security indicators.

Recommendations to DHS (and other surveys)

The Task Team intends to provide recommendations on revisions to DHS and MICS, for Early Learning Opportunities, Responsive Care, and safety and security.[13]

Potential activities: cross gaps and opportunities for cross themes

The current Task Team 2 was formed as a consolidation of several different previous Task Teams – with the intent to capture gap areas in child health measurement.

The Task Team asked the CHAT TAG whether there are any:

1. cross gaps across Task Teams, or within Task Team 2, which CHAT should consider working on;
2. cross themes, or cross gap areas, which intersect with violence, safety and security.

- **ACTION POINT:** CHAT TAG members to flag cross gaps/themes to Ilan Cerna-Turoff.

As an example of cross themes, Ilan Cerna-Turoff shared a recently published paper that he has co-authored, on the integration of considerations around climate change into violence against children/sustainable development.[14]

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[13] Also see further discussions about DHS recommendations on pp. 43-44.

[14] https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(24)00301-8/abstract

Task Team 3: Climate Change and Child Health

Task Team 3 was formed in 2023 to address the measurement of how climate change impacts child health. At the time of its inception, the team aimed at forming an overview of what has already been done/is being done on this topic, and to then determine how CHAT can contribute to this field. As this field is relatively new but rapidly evolving, the Task Team identified an opportunity to contribute to harmonisation and prevention of duplication, at an early stage.

Focus areas

At the inception of the Task Team, it was discussed whether to focus on climate change or environmental health, two areas that are overlapping but distinct. It was decided to focus on climate change. Recent activities have revolved around:

- Stressing the importance of considering the impact of climate events on child health.
- Climate migration and displacement and its impact on child health.

Recent and current activities

- **Commentaries:** Two manuscripts were submitted.
- **Developing recommendations** on how to incorporate climate change impacts into monitoring frameworks for child health and well-being.
- **Liaising with a WHO advisory group** on heat indicators.
- **Continuous reviews of new evidence** on the climate change and child health.
- **Climate displacement and migration:** various current and planned activities.

Submission of commentaries

- **Publication 1:** The commentary *Measuring and monitoring child health and well-being - an integral part of the climate change agenda was submitted* to Health Policy and Planning in November 2024 (under review).
  - The purpose of the paper is to synthesise available evidence on the effects of climate change on children's health and well-being, organised by the five dimensions of the Nurturing Care Framework; and to highlight the absence of children's specific needs in most climate change frameworks and response plans.
  - Key messages:
    - Include child health and well-being indicators into associated monitoring, evaluation and learning frameworks to address children's needs in climate mitigation and adaptation strategies.
    - Develop a research agenda for pathways through which climate change affects child health and how to measure them.

- The paper refers to CHAT's recommended indicators and how they can serve as a starting point.

Publication 2: The commentary Ensuring harmonisation and comprehensive measurement of child health indicators within global climate adaptation has been submitted to The Lancet Planetary Health (under review). Liaising with a WHO advisory group on heat indicators

There is a WHO advisory group dedicated to selecting indicators for the monitoring of the impact of extreme heat on MNCH. To get an overview of the approach of this group, Task Team 3 has participated in meetings arranged by this heat group.

The last meeting that Task Team 3 attended was in April 2024. The heat group has conducted a systematic review on the impact of temperature on pregnancy outcomes, and data analysis for 15 countries at national, sub- national and local level. There have also been discussions with stakeholders in RSA and Zimbabwe on priority MNCH indicators and extreme heat. The group has also discussed how to map content and indicators in heat health plans.[15]

Continuous reviews of information and new evidence on the topic.

The Task Team continuously reviews reports, papers and other sources on the topic[16], to stay up to date with the developments in this rapidly evolving field.

It was noted that the 77th WHO Assembly resolution on climate change and health only mentions children once.

Climate migration and displacement and child health

Background: UAE-Belém Work Programme

As part of the Paris climate agreement in 2015, there is a global goal for adaption: to enhance adaptive capacity, strengthening resilience and reducing vulnerability to climate change. There are also temperature targets.

In response to meeting that goal, there is the UAE-Belém Work Programme, a 2-year work programme launched at COP28, to operationalise and advance adaptation efforts for climate and track progress for the Global Goal on adaptation, with 11 target areas.

In response to this 2-year plan, UNICEF developed a brief on ensuring that child health indicators are incorporated into the planning for this group and this climate process. One of the key comments/recommendations from UNICEF was that there is a main gap in the adaptation framework: attention to climate change-induced migration and displacement; and that indicators need to be disaggregated by age, gender, disability type, and displacement status.

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[15] A more detailed overview of the work of the TAG on heat indicators can be found in the Dropbox folder.
[16] Including reports from UNICEF, Children's Environmental Health Collaborative, 77th WHO Assembly resolution on Climate change and health, the MIDEQ/UNRISD 2023 report on Migration and inequality in the Global South, and a presentation by Anthony Costello, University college of London

The COP29 decision in 2024 was to include child-specific indicators under 11 themes, and to add indicators that potentially cross-cut education and health, as well as capture information on social inclusion.

A draft set of 5339 indicators have been published, including mobility specific indicators. The draft indicators are mainly derived from the SDGs, but also from UNICEF, the health sector, UNDRR, UNF, and other sources.

By November 2025, a maximum of 100 indicators will be identified out of these initial 5339 ones. The intention is that the final indicators will capture how climate change impacts different areas, including child health, and countries will be mandated to measure these.

Out of the maximum 100 final indicators, there will be a smaller sub-seat specifically on children, and a sub-set related to displacement/migration and climate – which can be cross tabulated with child indicators. The Task Team is hopeful that the final list will provide better indicators than currently exist, on climate, and well as on displacement and child health, respectively.

Current activities

Task Team 3 has identified the planned list of indicators as an opportunity to advocate for inclusion of indicators that can be disaggregated for children experiencing climate displacement and migration.

Sayaka Horiuchi and Ilan Cerna-Turoff are leading the process of developing a viewpoint/commentary on the need to measure indicators for child health in the context of climate migration and displacement. The paper will focus on current global climate change processes as a target for this integration.

In a preliminary review, the Task Team found that 85 out of 5339 indicators are child specific/sensitive (n = 10), or have the potential to be disaggregated by age (n = 75).

Paused activities

The Task Team had considered performing a literature review on who is working on/developing indicators related to climate change and health. This activity has not been pursued, due to capacity constraints.

Planned activities

Task Team 3 has identified several possible activities and outputs for 2025-2026, some which would be possible to complete without further funding, and some which would require additional funding:

Activities requiring no additional funding (and partly started):

Climate migration and displacement and child health:

1. **Advocating for inclusion of indicators** that can be disaggregated for children experiencing climate displacement and migration (commentary)

2. **Proposing a format for monitoring** indicators in relation to children.

Activities requiring additional funding:

3. **Mapping existing standardised tools,** indicators and available data sources in countries
4. **Mapping measures of progress** in recommended actions

Climate migration and displacement and child health

Activity 1: Advocating for inclusion of indicators that can be disaggregated for children experiencing displacement and migration.

The Task Team will finalise the commentary that advocates for inclusion of indicators that can be disaggregated for children experiencing displacement and migration.

Building on the review and comparison of the proposed indicators in the UAE-Belem process, the paper will include a suggestion on indicators to include in the final list. The target audience will be stakeholders in the climate field (global adaptation processes).

Activity 2: Proposing a format for how indicators should be monitored in relation to children

The Task Team aims to propose a format for how the selected indicators should be monitored in relation to children, and how to approach disaggregation. The Task Team has started the process of mapping how disaggregation is monitored, as well as drafting a manuscript.

Choice of framework

During the process of mapping indicators, the Task Team concluded that there are few indicators related to children, and the scope of these indicators are limited to food and WASH. There are no indicators related to education, development, or Nurturing Care. A reference to a specific framework may support the Task Team as they determine what aspects of child health and well-being should be included, when monitoring climate change and child health. The intention is to align with a relevant, current framework for organising information. The Task Team is currently exploring how to best frame the information.

The tables below outline different high-level processes that relate to child health and climate, and child health and migration/displacement. They all have different categorises for organising the information.

Belem*
Water
Food & Agriculture
Health
Ecosystem and Biodiversity
Infrastructure & Human Settlement
Poverty Eradication & Livelihoods
Cultural Heritage
Impact, Vulnerability, & Risk Assessment
Planning
Implementation of Adaption Action
Monitoring, Evaluation, & Learning

IDAC**
Health
Education
Child Protection
Poverty

**High-level group for deciding measurement of indicators for children on the move

UNICEF CCRI***
Health
Nutrition
WASH
Education
Protection
Poverty
Child Survival
Indicator Not Assigned

***Children's Climate Risk Index for UNICEF's first global climate/environmental database

The Task Team posed the following questions to the TAG:

- **REQUEST TO CHAT TAG FROM TASK TEAM 3:** How should we frame the information to best influence policy makers?
    - By organising the information according to UAE Belém Work Programme themes (which are climate focused, and where health is one out of many different components), or;
    - By organising by themes from other international processes (which rather match domains of child health and well-being)?

- **REQUEST TO CHAT TAG FROM TASK TEAM 3:** How should we structure the proposed monitoring in relation to child's age and indicator type?

The CHAT TAG and the Secretariat agreed that there is a need to develop a framework (alternatively, to incorporate this work into an existing framework, e.g. the Nurturing Care Framework).

The Secretariat explained that the GAMA TAG also has a framework, which mimics the Nurturing Care Framework, but which uses different wording for some of the categories, to reflect what is relevant for adolescents.

- **OPPORTUNITY FOR TASK TEAM 3:** Reflect on how to develop a framework that incorporates the whole spectrum of life stages.

- **OPPORTUNITY FOR TASK TEAM 3:** Similarly to the process undertaken by Task Team 1, Task Team 3 may benefit from first defining what CHAT wants to achieve – i.e. the outputs and key success factors for achieving the outputs – before identifying the indicators. (M&E Framework.)

Timeline for manuscript

The agenda for the Global Adaptation Technical Working Group discussions are as follows:

- Potential expert meetings to discuss indicators: Feb/Mar 2025.

- List of proposed new indicators: Apr 2025.

Given this timeline and the target audience, there is a need for a quick turnaround time for publishing commentaries in this rapidly evolving field. The Task Team aims to circulate a draft of the manuscript to the wider TAG in Mar 2025.

- **ACTION POINT:** Maria Muñiz to connect with colleagues (TAGs and task teams) who will find this paper relevant, to possibly share a draft version of the manuscript with them.

Possibly combining activities 1 and 2.

The Task Team may possibly combine activity 1 and 2 may into one commentary. Alternatively, activity 2 could be broader in character and be described in a separate commentary – to be used by IDAC or other processes that have all universally called for disaggregation by age, sex, displacement status etc. (TBD.)

Activity 3: Mapping existing standardized tools, indicators, and available data sources in countries, to provide more concrete guidance to countries on how to monitor/measure the health impacts of climate change.

- Output: Scoping review or case study, depending on available resources.
- Building on the 2024 UNICEF report *A threat to progress,* which proposes a framework for the impact of climate change, on various dimensions incl. child health. May focus on other risks and exposures than displacement and migration.
- Targeted paper: Lancet Planetary Health (considering the target audience).
- **ACTION POINT:** Task Team 3 to factor in the potentially high cost of publishing in Lancet Planetary Health, in the budget.

Activity 4: Mapping measures of progress in recommended actions to protect children, especially focusing on adaptation.

- Output: Scoping review or case study.
- Exploring what measures countries are using to illustrate progress of actions recommended to protect children from the effects of climate change. Particular focus on what adaptations/interventions have been used and what the progress is in those measures.

Discussion

Understanding the pathways / Displacement and migration vs. other aspects of impact of climate change

It is important to understand the pathways and not jump to conclusions. For example, in between the event of heavy rain, and of a child being unwell, there are plenty of events.

Climate change can lead to two separate scenarios: either people move due to a climate event, or they are unable to move despite a climate event. For example, we should not simply assume that massive rain leads to migration – there are children in the slums who do not move but live in flooded houses for months. These children are not captured in the heat stress monitoring, nor in the displacement monitoring. Moreover, the health implications (for example in terms of injuries and mental health) are different for the different scenarios.

Task Team 3 acknowledges these differences. Future additional products may focus on other aspects than displacement and migration.

Stand-alone indicators will not tell the depth and breadth of climate impact. Effective coverage and continuum of care are some of the aspects of care that are hampered the most in climate change events. CHAT needs to reflect on how to factor in those aspects, in addition to the monitoring or proposing of stand-alone indicators.

The Task Team has attempted to insert children on the move into a Theory of Change, however, it proved to be difficult, and the Task Team questioned the usefulness of this. It may be more practical to monitor countries' implementation of policies to reduce the vulnerability of children affected by climate events.

Exposure vs. adaptation

There is a need to measure not just exposure, but also adaptation: primary health care resilience, and what countries are doing in response to events, to protect children.

Acute vs. Long term responses

Climate events (just as conflicts) lead to acute as well as long term responses. These different types of responses may require different indicators.

Some of the indicators already available could be adapted. CHAT may identify indicators that are not intended to be used continuously, but that can be adjusted for the contexts of acute vs. long term responses to climate change.

Definitions of heat and how to measure it

The difficulty to even define the exposure to heat, and how to measure it, reminds us of the complexity of the topic of climate change and its impact on health. There are different methods and definitions, in terms of how to measure heat and where (e.g. temperature at day or night? Considering moisture?) The impact of heat also varies across populations: e.g. children vs. adults; school-aged children vs. newborns; pregnant women vs. non-pregnant population.

Up-to-date resources

- **REQUEST TO CHAT TAG FROM TASK TEAM 3:** Task Team 3 welcomes the Secretariat and other CHAT TAG members to continuously share reports and documents relevant to the field of impact of climate change on child health, to support Task Team 3 is staying up to date with this rapidly evolving field.

Other discussion points to advance the work of the CHAT TAG

Funding to support future work of Task Teams

For each Task Team area, there may potentially be smaller amounts of additional funding that could be used to support the acceleration of the work of each Task Team.

The Secretariat will also fundraise further with the goal of raising more funds for the work of CHAT.

- **ACTION POINT:** Each Task Team to flag whether any of the planned activities will require additional resources in order to achieve the advances envisioned – and if so, a rough indication of what that need entails (an amount/range).

Preliminary ideas of activities that would require funding:

- Task Team 2:
    - Additional resources to analyse the existing data in GSED (some of the items that could be incorporated into the Early Learning items).

- Task Team 3:
    - Funding to conduct Activity 3: Mapping existing standardized tools, indicators, and available data sources in countries.
    - Funding to conduct Activity 4: Mapping measures of progress in recommended actions to protect children, especially focusing on adaptation.

Response to suspension of USAID

It was agreed that CHAT should state their opinion in a rapid response, with regards to the recent suspension of the USAID. A manuscript was drafted and submitted shortly after the meeting. The focus evolved to be more about empowering countries to improve their health information management systems, and making use of facility data.

Recommendations to DHS and other surveys

When providing input on DHS 8, CHAT collaborated with a group that was funded by DHS, and that collected responses via a survey. CHAT reviewed the survey material and submitted recommendations to DHS, based on evidence. For the DHS 9 review, the initial idea was to go through a similar process.

- **The CHAT TAG concluded that,** despite the risk that DHS will be discontinued, there would be a value in moving forward with developing recommendations.

Even if DHS will not be available in the future, CHAT will still have a role to play in harmonising and standardising indicators, and recommendations concerning DHS will still be valuable, for a variety of reasons:

- MICS (which is nationally owned) will continue, and recommendations may be used to feed into MICS. Most of the indicators that the Task Team has identified or will identify, will likely be answered by MICS (except for the mortality estimates, which have a 10-year time lag).

- Recommendations may be used by potentially new survey(s), which may appear as a response to fill the void if DHS is discontinued.

- The DHS questionnaire is likely to be used as a survey template/reference in countries for the next coming years.

The CHAT TAG should take the opportunity to identify critical gaps, and to reiterate our key message: that there is need for harmonisation and standardisation.

One possible solution may be to start developing recommendations with MICS[17] in mind, and to possibly work on DHS recommendations at a later stage, once the situation with DHS has been clarified.

Input to DHS may be more powerful if it involves regional bodies or individual countries.

- **ACTION POINT:** The Secretariat to liaise with UNICEF colleagues to organise a presentation to the CHAT TAG on MICS updates.

As reflected in the rapid response submitted by the CHAT TAG after this TAG meeting, CHAT has decided to modify their approach since the meeting – focusing more on empowering countries to improve their health information management systems, and making use of facility data.

Future Task Team meetings

Each Task Team expressed that they would like to (continue) holding regular, monthly, meetings to advance their work.

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[17] MICS reviews their surveys on an annual basis.