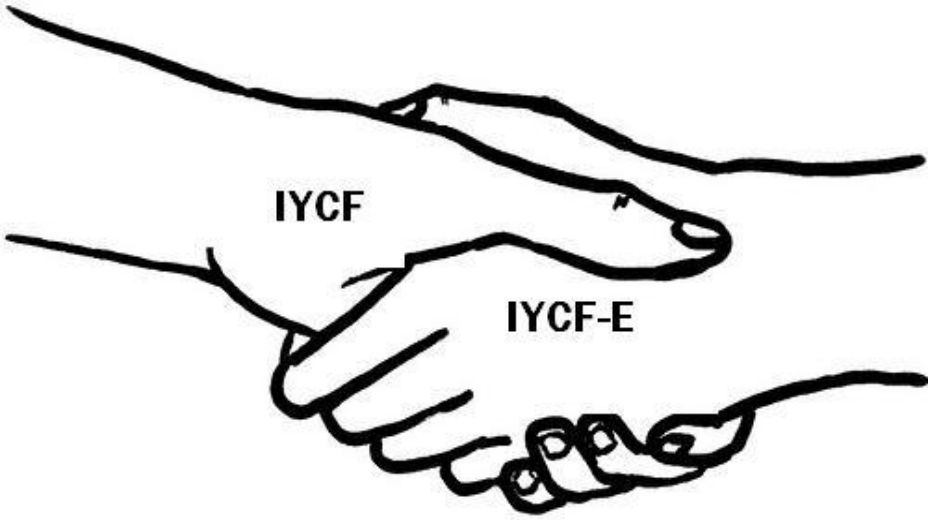

Strengthening Infant and Young Child Feeding Programming and Planning for Emergency Preparedness and Response

Proceedings of an international workshop

25th-29th June 2012, London, UK

Organised and funded by Save the Children UK
in co-operation with UNICEF's IYCN and Emergencies Units
and the IASC Global Nutrition Cluster.

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Summary

In recent years there has been increasing recognition of both the short and long term benefits of improved infant and young child feeding (IYCF). Until now, IYCF experts working in emergency and development nutrition have tended to work quite separately from one another. There is however growing awareness of the need to recognize and further develop the "handshake" between IYCF and IYCF in emergencies (IYCF-E), particularly in terms of emergency preparedness. This report details the presentations, discussion and outcomes of a workshop held from 25th-29th June in London which aimed to bridge this divide and provide impetus for a way forward.

The workshop was organised and funded by Save the Children UK, in partnership with UNICEF (IYCF and Emergency Units) and the Global Nutrition Cluster (GNC) in recognition of the need to support agencies to improve non-emergency IYCF programming, as the best way to ensure good IYCF practices during emergencies, and to improve appropriate IYCF-E programming. The workshop attracted 67 participants representing INGOs, United Nations (UN) agencies, donors, academics, government, and infant and young child feeding experts.

The aims of the meeting were to share experiences, challenges and lessons-learnt in IYCF and IYCF-E programming in different contexts, to disseminate IYCF and IYCF-E policies and capacity development tools, and to discuss recent developments in programming, assessment/M&E and coordination. The five day workshop comprised of two days being devoted to IYCF and IYCF-E respectively, with half a day spent on the "handshake". Participants were encouraged to develop action plans incrementally as the workshop progressed and the final afternoon was spent revising these plans and working in thematic teams to generate recommendations and plans for action.

The workshop started with a review of the global situation on IYCF and IYCF-E and was followed by a participatory gap analysis on IYCF/IYCF-E programming and 'infrastructure'. This indicated that whilst organisations were undertaking both IYCF and IYCF-E programming, there were common areas of concern in both IYCF and IYCF-E in terms of poor understanding of M&E and indicators, lack of funding, lack of policy/policy not implemented, lack of understanding of what constitutes 'good' IYCF/IYCF-E programming and few trained frontline staff. It was therefore very pertinent in having a workshop that covered both IYCF and IYCF-E and throughout the workshop these issues were discussed further.

The workshop highlighted that for IYCF all the necessary aspects of IYCF policy, strategy development, design and implementation tools for IYCF recommended interventions are now available. The development of the Programming Guide on Infant and Young Child Feeding (2012) by UNICEF can aid implementers to navigate their way through the resources and issues in order to ensure quality IYCF programmes are undertaken. (This guide was used as the basis of the initial 2 days of the workshop on IYCF).

In contrast, while IYCF-E is supported by a variety of strategies and guidelines and has some useful resources, it still lacks key tools. (The Operational Guidance on IYCF-E guided the agenda for the 2 days on IYCF-E). As well as focusing specifically at the particular elements of IYCF and IYCF-E programming, the workshop focused on the link/difference between the two. This link between IYCF and IYCF-E was referred to as the 'handshake'. Participants gave wide spread support for the concept of the 'handshake' and the need to better tie IYCF and IYCF-E was acknowledged. Participants also expressed the need for programmes to complement each other as programmes moved in to and out of emergencies.

In order to ensure that the workshop was a catalyst for change, participants were encouraged to write action plans and there were discussions in thematic groups to further explore challenges and solutions. Specific action points came out of these group discussions and the action plans will be

followed up 3 months after the workshop in order to determine if they have been implemented and to detail the challenges if not.

Four key issues arose through the workshop which require imediate commitment and action:

- The workshop firmly established the need to explore how to better link IYCF and IYCF-E. Participants appreciated the concept of the 'handshake', using the 'best' tools and lessons learnt from programming in different contexts. They also expressed the need for programmes to complement each other as programmes moved in to and out of emergencies. Therefore, any future initiatives have to keep this at their heart and ensure that these linkages are acknowledged and supported.

- One of the reasons why IYCF programmes are not undertaken, especially during emergencies, are that donors and implementing agencies do not know what types of IYCF-E programmes to undertake (how to prioritise and what is 'best' in their context) and how practically to set them up. There is also uncertainty about how to monitor and evaluate the programmes, especially over a short funding period. The critical need for practical 'how to' guidelines -including agreed core M&E indicators for IYCF-E programming in different contexts is clear and lessons from the CMAM scale up show that such guidance is necessary for a step-change to occur. It is important that the guide uses the 'best practices' from non-emergency IYCF and ensure that it addresses the need for programming to cross from development to emergencies and back again. However, as part of the development of these guidelines it is also recognised that there is a need to better document and determine what works in emergency contexts and undertake operational research where clear gaps exist.

- Another key issue highlighted was the need to better package IYCF-E, emphasizing its vast life-saving potential and its role in community resilience. Though the evidence-base is clear it is necessary to encourage more internal buy-in from senior management and communications/ advocacy teams, as well as from donors. With the latter in mind a letter was drafted and sent to donors requesting increased collaboration on protecting and promoting appropriate IYCF as a cornerstone of emergency preparedness and response.

- Finally, there needs to be clarity about role and responsibilities for moving the IYCF / IYCF-E agenda forward. Whilst the mandate for UNICEF in terms of IYCF is clear, the scope of work required for IYCF-E (including ensuring the links with IYCF) means that it is too large for one body. Furthermore other actors (e.g. GNC, IFE Core Group, UN, NGOs, and academics) have their role to play and skills/expertise to offer. The development of a strategy on IYCF-E setting out the key actions needed and timeframe would allow actors to lead on parts, whilst the strategy itself would serve as an advocacy tool to obtain funding and to undertake (and document) IYCF-E programmes. There should be an urgent meeting between key players in order to discuss outcomes of this workshop and the findings of the SC-UK review on IYCF-E programming in order to frame this strategy. It is the time for action.

Acknowledgements

This report was compiled by Save the Children UK in consultation with UNICEF HQ, Global Nutrition Cluster (GNC) and other collaborators. SC-UK would like to acknowledge the support of UNICEF HQ, the GNC, facilitators, presenters and participants in the realisation of this workshop. SC-UK would also like to gratefully acknowledge the funding support of UNICEF (IYCN and Emergencies Units) and the GNC to this meeting.

Abbreviations

ACF	Action Contre le Faim
ANC	Antenatal care
ARV	Antiretroviral
BCC	Behaviour Change Communication
BFHI	Baby Friendly Hospital Initiative
BMS	Breast milk substitutes
CHW	Community Health Worker
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
DFID	Department for International Development (UK)
ENN	Emergency Nutrition Network
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organisation
GMP	Growth Monitoring and Promotion
HH	Household
IBFAN	International Baby Food Action Network
ICRC	International Committee of the Red Cross and Red Crescent Societies
ICFI	Infant and Child Feeding Index
IFE	Infant and Young Child Feeding in Emergencies
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
IYCN	Infant and Young Child Nutrition Project
IRA	Initial Rapid Assessment
LSHTM	London School of Hygiene and Tropical Medicine
MAM	Moderate Acute Malnutrition
MICS	Multiple Indicator Cluster Survey
MIRA	Multi-sector Integrated Rapid Assessment
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organisation
PMTCT	Preventing Mother-to-Child Transmission of HIV
RUSF	Ready to use Supplementary Food
RUTF	Ready to use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Save the Children
SCI	Save the Children International
SC-UK	Save the Children, United Kingdom
SC-US	Save the Children, United States
SENS	Standardised Expanded Nutrition Survey
SUN	Scaling Up Nutrition
TIPS	Trials of Improved Practices
UCL	University College London
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WABA	World Alliance for Breastfeeding Action
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organisation

Introduction

The importance of appropriate infant and young child feeding both in both non-emergency (IYCF) and emergency (IYCF-E) settings for survival and ensuring good nutritional status is well known, however, many challenges remain for IYCF in both contexts.

The global rate of exclusive breastfeeding remains low and is not improving – indeed in some of the largest countries IYCF results are deteriorating. High stunting rates persist in many countries, with complementary feeding and maternal nutrition receiving little attention. Many countries do not yet implement effective, comprehensive and large-scale IYCF programmes, and only allocate a very small proportion of available nutrition resources to IYCF. With competing priorities and an interest in technologies, campaigns and products, the health and nutrition impact provided by good IYCF is often underestimated. Further, some of more recently developed IYCF tools and materials are not yet as widely known and applied as they could be.

In terms of IYCF-E there are additional challenges. Often emergencies happen in countries where there are already poor non-emergency IYCF practices, and the emergency then leads to a further deterioration – with the outcome being an increase in infant and young child morbidity and mortality. Over the years there has been a formidable push to ensure that governments, donors and agencies start to address IYCF-E issues, most notably by the IFE Core Group[1]. This has led to the development of international guidance and capacity building tools. However, whilst there has been an increase in attention on IYCF-E in general, the reality is that during emergencies, the focus remains on management of acute malnutrition and with IYCF-E hardly featuring, if it does so at all.

With this background it has become increasingly clear that if sustainable achievements in child survival, growth and development are to be attained then there needs to be quality and appropriate IYCF programming in normal times, which then needs to continue (and indeed grow) during emergencies. Further, there is an increasing recognition of the need to learn from each other and ensure that the 'best' tools and systems are in place to improve IYCF practices throughout the humanitarian continuum. The recognition of these issues led Save the Children UK, UNICEF and the GNC to organise this workshop.

The aims of the 5 day workshop were to share experiences, challenges and lessons-learnt in IYCF and IYCF-E programming in different contexts, to disseminate IYCF and IYCF-E policies and capacity development tools, and to discuss recent developments in programming, assessment/M&E and coordination. Two days each were devoted to IYCF and IYCF-E respectively, with half a day spent on the "handshake". Participants were encouraged to develop action plans incrementally as the workshop progressed and the final afternoon was spent revising these plans and working in thematic teams to generate recommendations and plans for action.

Sixty Seven people from 22 countries participated in the workshop, representing the United Nations (UN), international and local NGOs and Red Cross (HQ and field level), donors, academics and infant and young child feeding experts. For a full list of participants see Annex 1.

[1] The IFE Core Group is an interagency collaboration on IYCF in emergencies that since 2001 has developed policy guidance and training materials on IYCF-E, especially in gap areas. The group has played a key role in advocacy and bringing IYCF-E into mainstream humanitarian response. The group currently consists of Save the Children UK, Save the Children US, UNICEF, WHO, WFP, UNHCR, IBFAN-GIFA, CARE USA, Concern Worldwide, ACF, IMC, Goal, and individual experts. It is coordinated by the Emergency Nutrition Network.

DAY 1

Opening Remarks

The workshop was opened by Ali Maclaine, Senior Humanitarian Nutrition Adviser for Save the Children UK and Nune Mangasaryan, Senior Adviser Infant and Young Child Nutrition for UNICEF. Ali welcomed the participants from around the world to the workshop. She explained that there had been two successful regional meetings on IYCF-E (Bali, 2008[2] and Manila, 2010[3]) which had looked at preparedness but neither meeting had fully explored the linkages, between IYCF and IYCF-E. This workshop was consequently developed to emphasize the importance of having a strong link between IYCF programming in non-emergency and emergency contexts ("the handshake") and encourage strong operational action plans among and between organisations involved in order to ensure that the theory is put into practice. Nune stressed the importance of IYCF for growth and long term development and stated that while some countries have made significant progress, others have stagnated or even show reverse trends in terms of IYCF indicators. She emphasized that the best emergency preparedness for IYCF is having strong IYCF programming and practices in non-emergencies and also explained how emergencies can derail improvements in optimal IYCF practices. She therefore welcomed this workshop as an extremely important initiative. The main facilitator Mija-Tesse Ververs reminded participants of the goals and objectives of the workshop. See box 1 below.

Box 1

The main goal of the workshop was to determine how to improve non-emergency infant and young child feeding programming, which is one of the best way to ensure good infant and young child feeding practices occur in emergencies and learn how to ensure that during an emergency appropriate IYCF-E programming is undertaken.

The main objectives included:

A) To increase awareness of the importance of IYCF and IYCF-E
B) To share experiences, challenges and lessons-learnt in IYCF and IYCF-E programming in different contexts
C) To orientate and disseminate IYCF and IYCF-E policies and capacity development tools
D) To assist in the development of agency/wider consortium action plans

The aim of the workshop was that by the end participants:

- Are updated on the latest developments in IYCF and IYCF-E
- Understand the similarities and differences between IYCF and IYCF-E programming, what is appropriate programming in each context, and what that entails.
- Are familiar with both IYCF and IYCF-E resources and tools.
- Understand some of the practical aspects of delivering IYCF interventions in different contexts
- Have been part of the discussion on IYCF and IYCF-E programme monitoring and evaluation systems
- Have developed action plans for IYCF and/or IYCF-E programming and capacity strengthening

2 Emergency Nutrition Network. Infant and Young Child Feeding in Emergencies – Making it Happen. Proceedings of a regional strategy workshop. Bali, Indonesia, 10-13 March 2008.

3 Draft Report. UNICEF Regional Asia-Pacific Meeting on Infant and Young Child Feeding in Emergencies. Manila, Philippines 24-27 August 2010

1 The global situation of IYCF and IYCF-E

1.1 Review of the global situation of IYCF and IYCF-E

During the first session, Christiane Rudert (Nutrition Specialist Infant Feeding for UNICEF) gave a summary of global and national progress in non-emergency IYCF, derived in part from a 2010-11 UNICEF assessment of 65 countries[4]. Globally, the rate of exclusive breastfeeding has improved very little since 1990 and remains below 40% but on the positive side exclusive breastfeeding rates in almost 60% of countries with trend data are improving. The high burden in large countries such as India, China, Nigeria and Indonesia tends to skew more positive trends in smaller countries, and limited or absent monitoring, reporting and enforcement systems mean that it is difficult to achieve a true picture of progress at scale on the ground.

What is clear from the assessment however is that there are significant issues still to be addressed in terms of perception change and programme support, for example percentages of health workers trained in IYCF remain inadequate. Low levels of priority afforded to IYCF are attributed in part to the fact that IYCF programmes need to focus substantially on behaviour and social change rather than being associated with products (as opposed to the recognition afforded to RUTFs in the treatment of severe acute malnutrition), greater understanding of treatment solutions and micronutrient supplementation as opposed to behavioural change and the view that treatment of severely malnourished children is of more immediate and critical concern. In addition the assessment showed that quality of complementary feeding (minimum acceptable diet) remains generally very poor and frequently correlates with high stunting rates.

Ali Maclaine (SC-UK) then gave an overview of the status of IYCF programming in emergency settings. She underlined how emergencies can happen anywhere, that the number of emergencies is increasing and for some affected communities the time in-between is getting shorter. In many cases this translates into reduced resilience and increased risk of malnutrition for infants and young children. In emergencies even in previously healthy populations child morbidity and crude mortality can increase by 20% in 2 weeks and rates of child mortality can soar from 2 to 70 times higher than average[5]. In areas where malnutrition is high the risks are even higher. Further the younger the child the higher the risk. Optimal IYCF is especially important in environments with poor water, lack of shelter, crowded conditions, unfamiliar surroundings and lack of food. Indeed breastfeeding can be seen as a shield that protects infants in emergencies through providing food security, comfort, warmth and protection (through mother and child being kept together). However, the truth is that optimal IYCF is extremely hard to achieve in non-emergency situations, in emergencies additional challenges and emergency-related myths/misconceptions are loaded on top of the normal issues meaning that IYCF-E needs additional focus and activities. Only by having a continuum between IYCF in non-emergencies and emergencies can gains in improving optimal IYCF be maintained, there is also a need to learn from different programming methods. However, it is necessary that there is recognition of the specific challenges of undertaking IYCF programming during emergencies so that these issues can be addressed.

1.2 Gap analysis on IYCF/IYCF-E programming and 'infrastructure'

Using an interactive matrix exercise participants were asked to consider what they thought that were their organisations' current IYCF and IYCF-E capacity in terms of programming, organisational infrastructure and most significant gaps. The results of this exercise (see Table 1 and Picture 1) were then used throughout the workshop to frame sessions and discussions[6].

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4 UNICEF. Infant and Young Child Feeding Programming Status. Results of 2010 - 2011 assessment of key actions for comprehensive infant and young child feeding programmes in 65 countries. April 2012
http://www.unicef.org/nutrition/files/IYCF_65_country_assessment_report_UNICEF.pdf

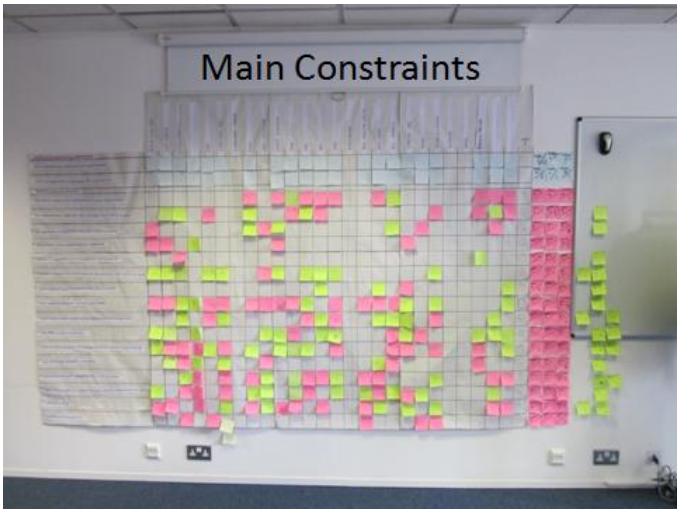
5 WHO, Guiding principles for feeding infants and young children during emergencies, 2004

6 The matrix was divided into organisations in order to structure participants' opinions, not to look at individual organisations or compare them. It is important to note that the results of this exercise are not definitive for that organisation and should not be taken as representative of that organisation.

Table 1: Summary of findings from the IYCF and IYCF-E situation analysis

OUTPUTS (PROGRAMMING UNDERTAKEN)	Participants were asked to say if they undertook this type of programming commonly (C), sometimes (S) or never (N)							
IYCF programming undertaken (by the organisation)	Total common = 11	Total sometimes = 9	Total never = 1					
IYCF-E programming undertaken (by the organisation)	Total common = 6	Total sometimes = 11	Total never = 4					
INPUTS (AREAS OF CONCERN)	Participants were asked to prioritise the main areas of concern (red) and the second line priorities (yellow). They were then asked to identify if the MAIN area of concern was related to IYCF programming in non-emergencies (I), IYCF programming in emergencies (E), or if it was -related to both normal IYCF and emergency programming (B)							
	Total agencies expressing input as priority area of concern	*Priority area of concern defined as non-emergency IYCF*	*Priority area of concern defined as IYCF-E*	*Priority area of concern defined as both IYCF & IYCF-E*	Total agencies expressing input as second line priority	*Second line priority area of concern defined as non-emergency IYCF*	*Second line area of concern priority defined as IYCF-E*	*Second line area of concern priority defined as both*
No policy or policy not implemented in your organisation	9			9	2			2
No preparedness / DRR plan that includes IYCF, IYCF-E or both	6		1	5	5		1	4
No legislation or legislation not enforced (in country)	4			4	3			3
Government (where working) not supportiv0e	4		1	3	1			1
Senior management not interested in / not aware0 of	1		1		1			1
People in charge of co-ordination do not prioritise IYCF, IYCF-E or both	1	1			10		3	7
Lack of global focus/interest in IYCF, IYCF-E or both	1			1	3			3
Poor understanding of indicators (and M&E)	**12**			12	6			6
Rapid assessments rarely include IYCF-E during emergencies	4		4		7	1	6	
Few IYCF surveys undertaken	3	2	1		11	3	1	7
Lack of understanding/knowledge of what is 'good' programming	9			9	7	2		5
Lack of trained lactation counsellors	4			4	4			4
Few front-line staff trained on IYCF, IYCF-E or both	9	1		8	5	1		4
Lack of focus and/or support for appropriate complementary feeding	6			6	9	1		8
Lack of funding	**10**	1		9	5		1	4
Other (see comments below)	5							

Comments: (i) No long term plans, only 5 year projects so little impact on stunting.(ii) Competing programming responses in emergencies – food versus development. (iii) Need to link IYCF with food security initiatives and complementary feeding (not all about BCC).(iv) What works in what scale? (v) Aggressive promotion and common use of BMS. (vi) Other comment: Co-ordination, technical skill and competing priorities among health workers.



Picture 1: Completed matrix reflected in table 1

Some of the key findings of the situational analysis exercise were:

- Most organisations attending the workshop were undertaking both IYCF and IYCF-E programmes.
- Significantly participants identified their main areas of concern as being for both IYCF and IYCF-E programming. Hence, the workshop was appropriate in covering both contexts.
- The most common areas of concern for both IYCF and IYCF-E programming were: poor understanding of M&E and indicators; lack of funding; lack of policy / policy not implemented; lack of knowledge or understanding of what constitutes 'good' programming; and few trained frontline staff.

The discussions focused mainly on funding and that whilst in terms of funding for nutrition there may be increased opportunities of late, (perhaps due to the Scaling up Nutrition (SUN) initiative), this was not translating to increased funding for IYCF (especially at scale). Further, it was thought that support for breastfeeding was often sidelined due to limited funding and limited agency capacity and a consequent need for an agency to prioritize programming for treatment of acute malnutrition. The fact that there appears to be a tendency by donors, governments, UN and agencies to look towards magic bullet solutions that can be easily packaged (both literally and figuratively) and that breastfeeding support is more complicated than just handing out a product means that IYCF programming is minimal, if it is undertaken at all. To start to address /this, participants expressed the need to be able to communicate to stakeholders (including their own organisations) on what constitutes 'good' IYCF programming, but they also felt that they needed to better understand what this meant as well. In terms of complementary feeding, participants discussed the need to ensure that messaging and programming around nutrients and use of 'real foods' is undertaken in order to address the increase of readymade products. In addition the need to work more intensively with food security and livelihoods experts, examining agricultural systems and looking at issues of utilisation and access was mentioned.

II IYCF: Policies & Programming

2.1 Role of IYCF in child survival, growth and development and the evidence for IYCF interventions

Nune Mangasaryan (UNICEF) spoke about the importance of evidence-based advocacy efforts. She presented research demonstrating the reductions in neonatal mortality that can be achieved through early initiation of breast feeding and how breastfeeding and complementary feeding have the single biggest impact on child mortality of all preventative action, particularly due to their protective association with diarrhoea

and pneumonia[7]. She then went on to talk about the "1000 days" critical window of opportunity, the period in which an infant is most susceptible to growth faltering and its knock on effects, including reduced cognitive and motor function development, and in the long term increased risk of Non Communicable Disease such as diabetes and heart disease.

2.2 Overview of global IYCF policies, guidance, capacity building and tools in non-emergency settings

Christiane Rudert (UNICEF) gave an overview of major existing IYCF policies, strategies, guidelines and tools[8]. Amongst the range of documents highlighted of particular note is the new 'Programming Guide on infant and young child feeding'[9] developed by UNICEF. This guide serves as a single reference on IYCF programming – it draws upon and builds on existing strategies but it is more than a planning tool as its focus is on giving detailed and practical guidance on the design and implementation of the recommended key IYCF action areas at scale in a comprehensive manner (Note: The programming guide provided the basis for many of the IYCF sessions). She also highlighted tools for community-based IYCF, in particular the Generic community based IYCF counselling package and planning/adaptation guide. UNICEF 2010 (Edition 2: August 2012 – adds MNPs and ECD and supervision/ mentoring/ monitoring module). Standards and tools for monitoring of IYCF and tools for: formative research; Code monitoring and maternity protection; health service interventions and capacity building; communications; e-learning opportunities
She was keen to point out that all the necessary aspects of IYCF policy, strategy development, design and implementation tools for IYCF recommended interventions are now available. However, whilst these elements exist there remains a critical need to ensure that they are widely disseminated and used. There is also a need for IYCF practitioners to feedback and improve the materials that exist.

2.3 National strategic planning processes for IYCF

Nune Mangasaryan (UNICEF) talked through the seven "building blocks" essential for a comprehensive approach to improving IYCF both equitably and at scale, as illustrated in figure 1 below:

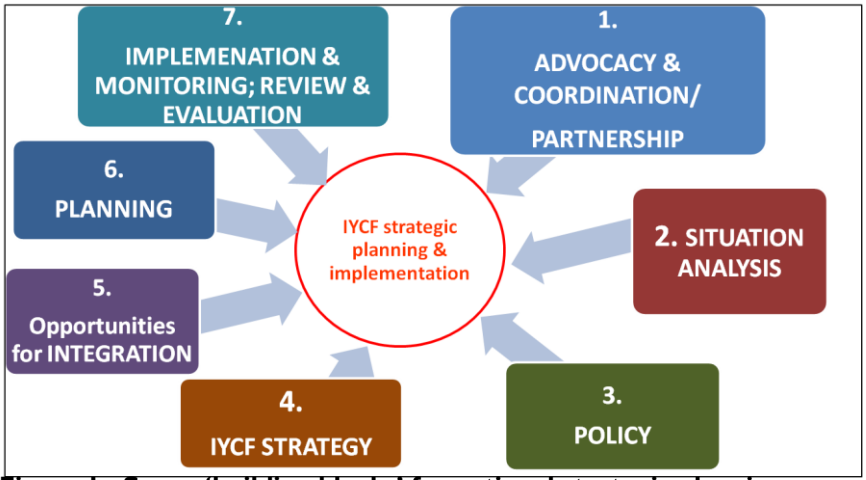


Figure 1 : Seven 'building blocks' for national strategic planning processes for IYCF

It was highlighted that countries have different starting points and might be at different stages in the evolution of their IYCF programmes and therefore it is key to analyze where the country stands in terms of strategic planning process for IYCF and gaps.

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[7] The Lancet series on Maternal and Child Undernutrition, 2008
http://www.who.int/nutrition/publications/lancetseries_maternal_and_childundernutrition/en/index.html
[8] Many of these have been set out in the document 'A Selection of Recent Programme Aids & Tools for Improving Infant and Young Child Feeding (IYCF)'. Available from UNICEF. There is also the 'Infant and Young Child Feeding. Tools and Materials' guide (2009) available from WHO. They are also set out in the Programming Guide on infant and young child feeding (UNICEF 2012)
[9] UNICEF. Programming Guide on infant and young child feeding. June, 2012
http://www.unicef.org/nutrition/files/Final_IYCF_programming_guide_June_2012.pdf

In regards to advocacy a key point was that a more concerted effort should be made to ensure decision-makers (in organisations and globally) understood the importance of IYCF and to highlight the linkages between other sectors such as agriculture and IYCF and not just public health. There is also a need to tailor advocacy strategies at country level and to find highly respected local "champions" who are powerful enough to bring a voice to the issue.

Nune went on to outline the 6 key components of 'Building Block 4' - a national IYCF strategy, which is illustrated in the figure below:

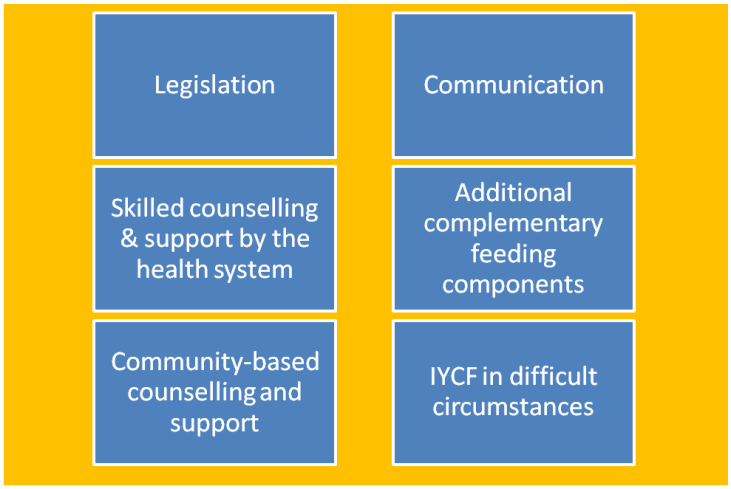

Figure 2: The six key components of a national IYCF Strategy

She also discussed various aspects of IYCF assessment (Building Block 2) and reminded participants of the standard IYCF indicators and methodologies[10], noting also 4 new core IYCF indicators, which were not reflected in the previous iteration of the IYCF standard indicators, namely early initiation of breastfeeding, minimum dietary diversity, minimum acceptable diet and consumption of iron-rich or iron-fortified foods.

2.4 Overview of key programme components in multiple sectors

Following group work on the six key components of a national IYCF strategy Christiane Rudert (UNICEF) went on to highlighted all 15 key components and interventions that can be considered for inclusion in a comprehensive IYCF strategy:

Legislation

1) Development and enforcement of national legislation on the marketing of BMS
2) Development and enforcement of national legislation on maternity protection

Skilled support by the health system

3) Development and updating of IYCF integrated curriculum for health provider per-service and in-service education
4) Capacity development on IYCF and maternal nutrition during pregnancy and lactation for health providers and lactation counsellors
5) Establishment of IYCF counselling and other support services in health facilities at relevant MCH contacts in primary health care services
6) Institutionalisation of the Ten Steps to Successful Breastfeeding in all maternities (BFHI)

[10] Standard indicators and methodologies are set out in: (i) Indicators for assessing infant and young child feeding practices: Part 1, definitions. (WHO/UNICEF/IFPRI/USAID/AED/FANTA/UC Davis 2008) and (ii) Indicators for assessing infant and young child feeding practices: Part 2, measurement (WHO/UNICEF/USAID/AED 2010).
Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html

Community-based counselling and support

7) Establishment of community based integrated IYCF counselling services at community level and capacity development of community workers
8) Creation of mother support groups for peer-to-peer support

Communication

9) Communication for behaviour and social change through multiple channels

Complementary Feeding components

10) Improving the quality of CF through locally available ingredients
11) Measures to improve the availability and use of local foods
12) Provision of nutrition supplements and foods for CF
13) Social protection schemes with nutrition components - CF

IYCF in difficult circumstances

14) HIV and Infant Feeding
15) IYCF in emergencies

The key message was that an IYCF strategy needs to be comprehensive, addressing all 6 major components – rather than picking one or two - and tailoring the sub-components to the local situation. Further, that producing results on complementary feeding requires a multi-sectoral response (looking at agriculture, social protection and education, as well as public health).

2.5 Tool for assessing complementary feeding and programming: ProPAN and Optifoods

Nune Mangasaryan (UNICEF) introduced ProPAN as a comprehensive tool to design and evaluate interventions for improved complementary feeding. It is a ready to use package and comes with questionnaires and software for data analysis. The six questionnaires include a caregiver survey, 24h dietary recall, market survey, opportunistic observation, semi-structured interview and food attributes. By combining data from these questionnaires, ProPAN is able to identify specific issues and causes of suboptimal feeding practices and suggest tailored interventions.

Later in the day there was a session on the latest developments in software aimed at improving capacity to assess complementary feeding needs and design relevant interventions. In this Elaine Ferguson of London School of Hygiene and Tropical Medicine (LSHTM) described the Optifoods linear programming tool. This tool has been developed by LSHTM in conjunction with the WHO and FANTA II with the aim of generating food-based complementary feeding recommendations that take into account nutritional, food pattern, and cost considerations.

The programme models different scenarios and is able to address whether recommended levels of nutrients are attainable via locally available foods, whether families on different incomes are able to afford such a diet, and whether fortified foods or nutritional supplement would play a useful role in allowing families to access a nutritious diet. The software should be freely available to download from WHO from mid 2013.

2.6 *Field example of IYCF programming – challenges, achievements and key learning points*: Concern Worldwide - Improving IYCF through productive safety net programmes in Ethiopia

Gwyneth Cotes (Concern Worldwide) presented on the use of an integrated approach to improving IYCF practices in the Amhara region of Ethiopia. The project combined interventions on nutrition education, vitamin A and iron supplementation, agriculture, and water and sanitation. Challenges included the difficulty of improving dietary diversity in a chronically food insecure region and proving impact in just two years. However, despite these issues, the programme appears to be a good example of multi-sectoral, multi-level programming on improving IYCF outcomes, which uses existing structures to its advantage.

DAY 2

2.7 Prioritization of IYCF interventions and the complementary feeding decision making framework

Nune Mangasaryan (UNICEF) started this session by outlining how to prioritise protection, promotion and support of breastfeeding. Whilst there is no single universal 'best' package of breastfeeding interventions due to variations in different countries and settings there are proven interventions to improve breastfeeding and ways to use specific country data, based on the situational assessment, to help to select interventions that can make a difference, for example:

- In countries where institutional delivery rates are high, interventions in maternity facilities such as the BFHI may impact significantly on rates of early initiation of breastfeeding but on their own may only have limited impact on exclusive and continued breastfeeding rates. Therefore sustained support through primary health care and community-based services in the first six months is required to increase rates of exclusive breastfeeding up to six months.
- In countries where institutional delivery rates are very low, community-based IYCF interventions including strengthening of community-based newborn care should be prioritized, as well as interventions to maximize breastfeeding promotion and support at all health system contacts with higher coverage for maternal and child health interventions (e.g. ante-natal care and immunization).
- In all settings, improving maternity breastfeeding practices is important as the staff in hospitals is often influential and may be the same senior people who influence policy and train and supervise others. However, improving maternity practices through the standard BFHI process has generally been slow and poorly institutionalized.
- Countries which have very weak health systems and low access and utilization of health services should include health system IYCF actions in their strategy but should prioritize community level actions and communication which are crucial in such settings, particularly in ensuring equitable access rather than just provision of services for the wealthiest and best-served segments of the population.
- Countries which have strong health systems with coverage down to the lowest level and reaching the entire population should prioritize IYCF counselling and support interventions at scale in the health system. IYCF services should be fully integrated within the various platforms of health systems strengthening initiatives. Such countries may not have community based structures and their creation may not be warranted.
- Countries where formula manufacturers aggressively promote their products and legislation on the marketing of breastmilk substitutes (BMS) is absent or not enforced, interventions to address legal frameworks for this legislation and strengthen its monitoring should be prioritized and communication, community and health service interventions should counter the formula marketing with strong promotion, protection and support for breastfeeding.
- If formative research identifies major knowledge gaps or barriers that may have a big impact on breastfeeding or complementary feeding practices, the priority interventions should include appropriate communication and counselling to address these, and should be based on formative research rather than generic messages about the benefits of breastfeeding.

Nune then introduced a decision framework for improving the quality of complementary foods (see Figure 3). The framework allows national level decision-makers to clearly see the issues at hand. It emphasizes the importance of appropriate feeding for those under 2 years old and promotes tailored interventions over generic ones.

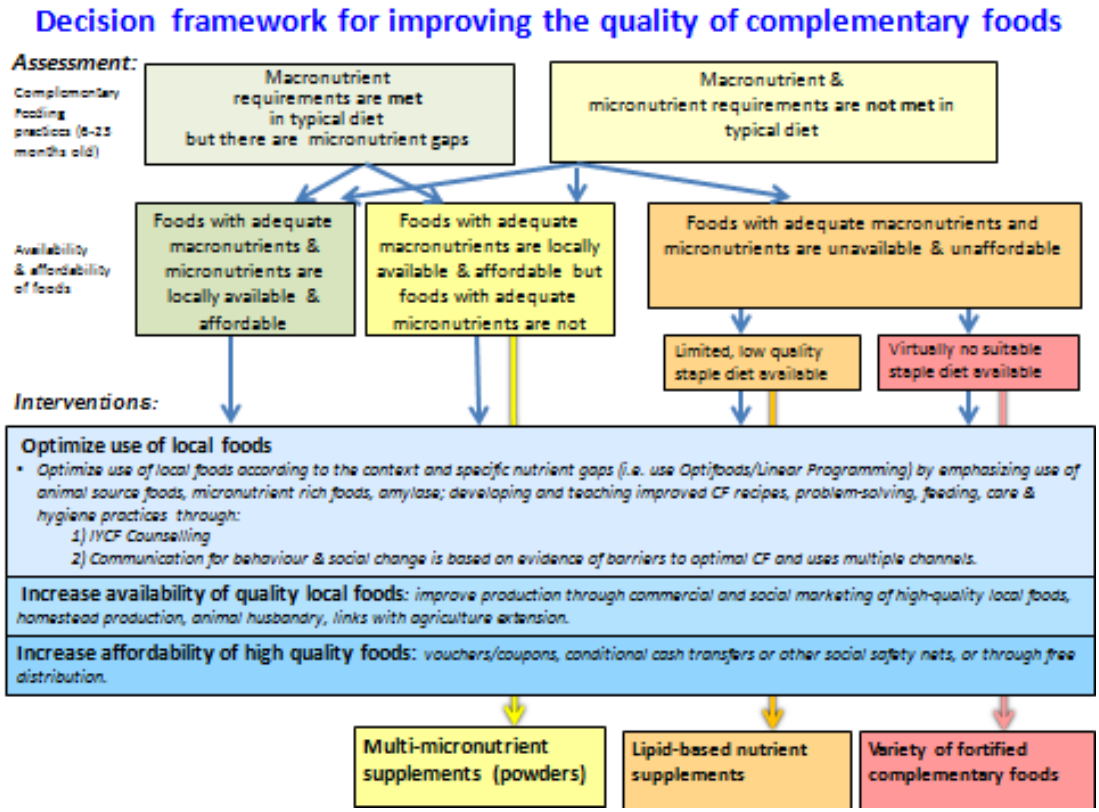

Figure 3 : Decision Framework for improving the quality of complementary foods

Participants were given one of 4 case studies and asked to categorise the situation at each level of the model in order to arrive at a set of potentially suitable interventions.

Feedback on the framework from the exercise was generally positive. However, whilst many found the framework a useful tool for analyzing scenarios, there was some concern that it was not sufficiency capable of capturing complexity, with too many real-life situations falling between the framework categories. It was also suggested that it would be difficult to "plug in" data from tools such as HEA analysis and SMART surveys.

2.8 Overview of opportunities for multi-sectoral integration – especially of complementary feeding-related interventions

In this session, Nune Mangasaryan (UNICEF) spoke about prospects for integration, giving examples from health (maternal/neo-natal care, CMAM, CCM, PMTCT), child development, social protection, education, food security and livelihoods. She highlighted the Brazil Zero Hunger Strategy, a rights-based approach which promoted increased food access, family-based agriculture, income generation and the involvement and mobilization of civil society. Evidence shows a continuous shift towards normal growth among Brazilian children over the three decades since the strategy was implemented, even bridging the wealth divide. These major improvements reflect positive and equitable trends in the underlying, intermediate and proximate determinants of under-nutrition resulting from overall economic progress and equity-oriented public policies.

In the proceeding debate a general consensus emerged on the need for nutrition professionals to advocate more strongly on integration. Donors have expressed interest but the nutrition community needs to prove that we can design relevant interventions and come up with the results. Establishing effective coordination mechanisms that promote such approaches is a key step.

2.9 Implementation of key IYCF programme components

The focus of this presentation by Christiane Rudert (UNICEF) was on how to support health systems to implement IYCF components through the proper and effective use of tools and the creation of structures

and systems to support IYCF implementation. Health providers are important for the effective implementation of IYCF interventions as they are influential. However, often the wrong messages are perpetuated by the health system, or health providers do not have the skills or structures to provide IYCF practical support and counselling. It is therefore imperative to get senior health providers and managers on board for IYCF capacity building as they are the ones that supervise and advise the lower levels on protocols and procedures.

Steps to institutionalize IYCF need to be taken in order to ensure that pregnant and lactating women receive the support they need throughout the entire continuum of care (see Figure 4). Essential elements of institutionalization include ensuring up-to-date IYCF components in health service provider curriculums, including IYCF support in job descriptions, ensuring the work structures can accommodate the provision of IYCF counselling and putting monitoring systems (e.g. ensuring dedicated space on child health charts and including clinic progress wall charts) in place for IYCF counselling. It was also highlighted that to be effective the Ten Steps to Successful Breastfeeding/Baby Friendly Hospital Initiative (BFHI) should also be institutionalized on a national basis as part of standard operating procedures of all maternity facilities rather than implementing the traditional individual hospital certification, which is rarely successful in achieving scale nor sustained. Further the importance of having a communication strategy (behavioural and social change, social mobilisation, social marketing – key messages, and advocacy) based on formative research and appropriate for the context was emphasised.

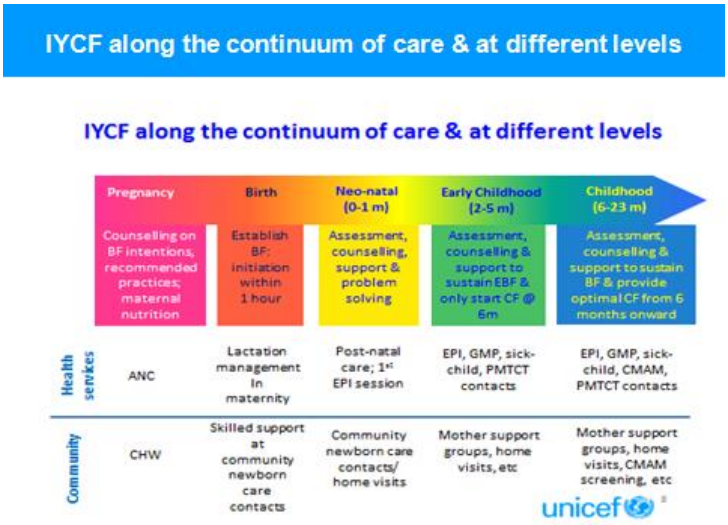

Figure 4 : IYCF along the continuum of care and at different levels

2.10 Further challenges for improving IYCF - HIV and infant feeding

Sandra Lang (Infant Feeding Consortium) highlighted the current recommendations in relation to HIV and infant feeding as set out in the WHO guidelines, 2010[11] and discussed the rationale behind the changes. These changes were the result of growing evidence that antiretroviral (ARV) interventions to either the HIV-infected mother or HIV-exposed infant can significantly reduce the risk of postnatal transmission of HIV through breastfeeding.

The key principles of the 2010 guidance are:

- Need to balance HIV prevention with meeting nutritional requirements and protection of infants from other causes of child morbidity and mortality (Noting the increased risk of morbidity and mortality if the infant is not breastfed)
- Integrate HIV services into MCH services

11 WHO. Guidelines on HIV and infant feeding. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. 2010

- National authorities should set national or sub-national recommendations for HIV-exposed infants which are either breastfeeding (exclusively for 6 months and continued thereafter with complementary feeding) and ARV interventions or avoid all breastfeeding
- When antiretroviral drugs are not immediately available breastfeeding may still provide infants born in HIV-infected mothers with a greater chance of HIV-free survival
- Although recommendations are set nationally or sub-nationally women should still be informed about feeding options
- Skilled support should be provided to mothers to appropriately feed their infants
- Avoid harm to infant feeding practices in the general population
- Exclusive breastfeeding for six months and continued breastfeeding with complementary feeding thereafter for 24 months should be recommended for all mothers HIV-uninfected or with HIV-unknown status. In addition, HIV prevention interventions and HIV testing should be implemented respectively.

This well received session triggered an interesting debate among the participants on the clarity of the recommendations and the potential difference of interpretations from one country to another.

2.11 Design and implementation of community-based IYCF interventions including orientation on Key IYCF materials to be used

Christiane Rudert (UNICEF) and Mary Lung'aho (Nutrition Policy and Practice) gave an introduction to key aspects of design, planning, capacity building and implementation of community based IYCF interventions. The key message was that training must not be done in a vacuum. Thorough situation assessment, engagement of communities, identification of entry points, planning for scale, establishing supervision, support and monitoring structures must all be done before training is planned. Sessions should focus on building counselling and communication skills through *practise* and allocated sufficient time for this. Finally, supervision, mentoring and monitoring are absolutely crucial to further develop and sustain skills and assess quality and coverage.

Mary went on to present UNICEF's Community IYCF Counselling Package[12] which aims to provide community workers with knowledge on the recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months. Based on materials tried and tested in East Africa, the package is accessible to those with low levels of literacy and is designed to promote genuine interaction during 1-to-1 counselling and group support sessions. To this end the training methodology is very hands on; no PowerPoint just counselling cards and visual aids, demonstrations, group discussion, case studies, role plays and field practice. The intention is to building cohorts of regional and country master trainers, with 11 trainings planned for 2011-12 with participants from Somalia, East & South Africa, Nigeria, Philippines, Laos, Nepal, Indonesia, Bangladesh, Timor Leste and Democratic Republic of Congo. Country-level trainings will then be cascaded subsequently.

2.12 Field examples of IYCF programming – challenges, achievements and key learning points.

SC Bangladesh - Improvement of IYCF practices in rural Bangladesh through behaviour change communication activities, linking with homestead food production and engagement of community health workers/volunteers

Dr Golam Mothabbir (SC Bangladesh) discussed Save the Children Bangladesh's work in disaster prone areas of coastal Bangladesh and its IYCF promotion as an integral part of two recent food security projects in Nobo Jibon and Jibon O Jibika.

12 UNICEF, Community Infant and Young Child Feeding Counselling Package, September 2011 available at http://www.unicef.org/nutrition/index_58362.html

The programme has involved the delivery of key IYCF messaging in four settings; (i) during antenatal visits (exclusive breastfeeding, positioning and attachment), (ii) GMP sessions (exclusive breastfeeding, age-appropriate complementary feeding), (iii) female-only "courtyard sessions" (general importance of IYCF) and (iii) community meetings (role of community in supporting breastfeeding/complementary feeding). In addition the project has also supported poor households to implement what they have learnt by supplying the necessary inputs for household food production. The project has been very successful with a significant increase in exclusive breastfeeding over the 5 years that the projects have been running e.g. from 69% at one month (baseline) to 88%. Other achievements include increased consumption of dark green leafy vegetables among children 6-23 months, increased diversity in food production and consumption and dramatic increases in households taking goods to market.

Dr Golam Mothabbir suggested that *one of the principal reasons for the project's success is the inclusion of the entire household and wider community.* After six months 'graduation ceremonies' are organised to celebrate the transition to complementary feeding and periodic cooking and complementary food demonstrations are also held. Follow up home visits are made by trained community volunteers to observe cooking and feeding practices and to support mothers to overcome any difficulties. There have been challenges however, not least of which have been the prescription of infant formula milk by local health service providers and a media campaign publicizing BMS and alternative complementary foods.

FAO - Complementary feeding, food security, dietary diversification and TIPS

Theresa Jeremias (FAO) outlined their work in Afghanistan, Malawi, Zambia and Cambodia on the nutrition-agriculture nexus. In particular the project in Malawi was highlighted. In the first phase, 'Trials on Improved Practices' (TIPs) were conducted, which involve the creation of more nutritious complementary feeding recipes based on locally available foodstuffs. In the second phase, a wider dissemination of tested IYCF messages via community-based cooking demonstrations and group discussions in 2 districts will take place. (A research study looking at the effectiveness of combined nutrition education and food security interventions (intervention) versus food security intervention only (control) is attached to this project.) The project team identified a particular and urgent need for capacity building, having encountered low levels of knowledge on young child feeding and few trained counsellors. Whilst FAO sees TIPs as a successful approach to identifying feasible food-based dietary improvements for children 6-23 months in diverse environments, there are concerns with regard to the feasibility of scale up in terms of human and monetary constraints.

DAY 3

2.13 *Field example of implementing IYCF programming – challenges, achievement and key learning points.* Alive and Thrive Bangladesh - community volunteers and IYCF integrated into maternal and newborn health - example of multi-media communication strategy

Tina G. Sanghvi and Rukhsana Haider from Alive & Thrive Bangladesh shared their experiences of implementing IYCF programmes as part of a 24-partner alliance. Based on the theory of behaviour change and epidemiology of IYCN, the aim of Alive & Thrive in Bangladesh is to deliver and scale up locally adapted strategies for improved IYCF outcomes. These consist of:

1. Improving IYCF policy and regulatory environment for opinion leaders and policy makers to turn Bangladesh's progressive IYCF policies into impact on infant survival, educational potential and economic development.
2. Shaping IYCF demand and practice. Limited knowledge, skills, confidence, time, support, access to resources, and decision-making authority are critical to the adoption of recommended IYCF practices by mothers.
3. Increasing supply, demand, and use of locally available nutrient dense complementary foods and related products

The programme has been rigorously designed with all elements being tested through formative research. After 5 years Alive & Thrive expects to have reached a cumulative total of 8.5 million mothers of children in Bangladesh.

One-to-one interaction with mothers, including home visits have proved to be crucial. BRAC implements this component and instead of blanket messaging, provides individual advice and support and holds meetings for local community leaders. The delivery style has also shifted to be more hands-on, with health workers now visiting the families' kitchens and supporting the mothers while preparing food, washing hands etc.

Tina emphasized the potential of mass media to reinforce individually delivered IYCF support and convey messaging at scale. 30% of the programmes resources go towards mass media campaigns. It is therefore of absolute necessity to understand the media habits of the population. Before studies were carried out it had for example been assumed that radio would prove an important medium however, it was found that television was more effective. Commercial marketing companies are used to design and deliver the campaigns so that IYCF is on a par with any other product in the country. Alive &Thrive developed a set of six television spots with key messages on overcoming common barriers to recommended breastfeeding and complementary feeding practices. The TV spots each tell a story featuring people who influence feeding practices such as mother-in-laws, fathers, and health care providers. Showing fathers feeding and caring babies in TV advertisements proved to be a real challenge in the socio-cultural context of Bangladesh.

Whilst previously there had been 15 years of stagnation in terms of exclusive breastfeeding rates, the 2011 DHS survey indicates major improvement from 43 to 64 percent. The success illustrates the need for a comprehensive approach that includes interaction with mothers on an individual basis. The project has also revealed the complexity of the complementary feeding behaviours which requires further investigations.

This workshop provided much discussion and questioning by the participants who were particularly interested in the cost of the programme (approximately 2USD per child), and sustainability.

2.14 Monitoring and Evaluation in IYCF programming

The next session on monitoring and evaluation was led by Christiane Rudert (UNICEF). Christiane recalled the difference between inputs, outputs and outcomes/impact and proposed to link each one to a question:

1. Inputs: How much did we do?
2. Outputs (coverage and quality): How well did we?
3. Outcomes & Impact: Is anyone better off? (shown by changes in IYCF practices - standard IYCF indicators - and nutrition status)

Output refers to the quality and the coverage of the programme and is often the missing piece that people find difficult to measure. The session was participative and everyone got a chance to brainstorm about what they consider to be the key IYCF indicators to measure output, and Christiane shared examples of IYCF indicators for monitoring outputs as found in the UNICEF Programming Guide on IYCF[13]. Whilst there is no global consensus on output indicators what is clear is that the quality of health and community IYCF interventions needs to be assessed and that monitoring needs to be doable. Unfortunately routine monitoring of IYCF activities through health care systems has traditionally been absent in many countries, although they could be recorded through systems such as used for immunisation, tally sheet and/or integrated into existing tools. It seems in order for it to be done well IYCF monitoring needs to be a compulsory and at present few health systems require it. The current revision of HMIS and community registers underway in some countries is an opportunity to ensure appropriate IYCF in included. Christiane also indicated how small surveys such as Lot Quality Assurance Sampling are relevant in triangulating the information collected during routine monitoring data, or in cases where there is no routine data.

When it comes to outcome and impact measurement, she recommended using standardised large households surveys such as DHS, MICS. In addition SMART surveys can add on an IYCF survey to provide

[13] Chapter 2.7. Programming Guide on infant and young child feeding (UNICEF 2012)
http://www.unicef.org/nutrition/files/Final_IYCF_programming_guide_June_2012.pdf

standard IYCF indicators and nutrition information[14]. Periodic and in-depth programme reviews should be carried out at local and country level to report progress against the initial plan.

Participants discussed the reliability and quality of some surveys on behaviour change where desirable answers are often given and what can be done to limit this bias. Observation visits are necessary and once on site it is important to talk to other family members and neighbours and to observe the environment, for example a caregiver may say that she is exclusively breastfeeding but infant feeding bottles might be lying around or she may be observed giving water. Further, information on IYCF can be complemented by anthropometric data. Lessons may also be learnt from HIV programming where there has been research into how to ensure effective, sustainable behaviour change and further how to monitor and evaluate the impact.

III Linking IYCF and IYCF-E

3.1 Introduction to IYCF in emergencies: The 'hand-shake' between IYCF programming in non-emergency and emergency contexts

The focus of the workshop now shifted towards IYCF in emergencies. Ali Maclaine (SC-UK) discussed the linkages between IYCF-E and long-term IYCF programming using the analogy of a handshake between IYCF and IYCF-E – the fingers of each hand representing different elements necessary for behaviour change (see figure 5). She highlighted the strong links between IYCF and IYCF-E and that strong IYCF programming in everyday circumstances provides a firm foundation to ensure good IYCF during emergencies. However, often IYCF programmes in non-emergencies are inadequate to be scaled up in emergencies because, for example, they focus mainly on promotion activities and long term behaviour change. IYCF-E on the other hand focuses mainly on doing no harm and immediate life saving. The reality of emergencies means that there are other differences between IYCF and IYCF-E.

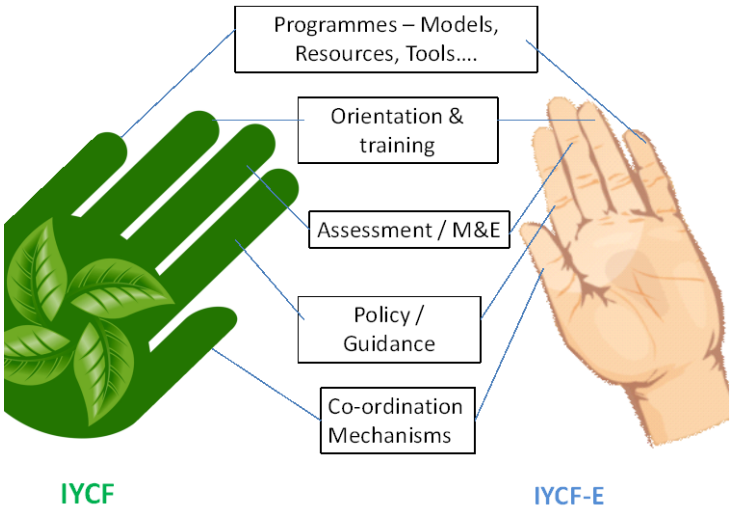

Figure 5: Representation of the two hands of IYCF and IYCF-E – the fingers of each hand representing different elements of the IYCF and IYCF-E (see front cover for the 'handshake')

During emergencies IYCF-E is often missing from the response, seemingly being seen as a non-essential 'extra', or a piece-meal 'promotional' response is deemed as sufficient. There is often a lack of trained workers able to provide the necessary support for caregivers struggling to care for infants and young children in a decimated environment, where myths/misconceptions perpetuate[15], there is a lack of

[14] One example of a tool to do this is: CARE USA. Infant and Young Child Feeding. Collecting and Using Data: A Step-by-Step Guide. January 2010 other methods are being developed and tested.

[15] Examples of common myths and misconceptions during emergencies include stress drying up breastmilk, malnourished women not being able to breastfeed.

complementary food and support of non-breastfed infants is challenging. Specific challenges of IYCF-E programming have been highlighted in a recent review on IYCF-E[16]. This found that NGOs/UN agencies, donors and governments are uncertain about what constitutes appropriate IYCF-E programming in their different contexts, and practically how to do it. Ali highlighted that whilst both IYCF and IYCF-E programming may include communications, individual counselling, action-orientated groups and support groups, the relative importance and scale of these is different in an emergency or non-emergency response.

It was emphasised that there is a need for IYCF-E to forge better links with non-emergency IYCF as the latter has stronger materials and tools, and to ensure that programming across the development-humanitarian continuum is consistent. However, it is clear that whilst the IYCF resources are necessary they are not sufficient for IYCF-E and that new tools/models/systems are required for IYCF-E – whilst ensuring the links with IYCF. The session concluded that preparedness is key – organisations need to be 'IYCF and IYCF-E friendly' with policies, decision-making structures, strategies, tools and partnerships in place – although it is recognised that this has many challenges.

IV IYCF-E: Policies & Programmes

Note: The following sessions set out to detail the main areas needed to ensure a 'good' IYCF-E response. Unfortunately due to scheduling issues the sessions could not be given in the most logical order which would start with 'Setting the framework for successful IYCF in emergencies' and then the different elements: Policies, guidance and capacity building tools; Coordination; Assessment and Monitoring; Support for Optimal Infant and Young Child Feeding; Minimising the risk of artificial feeding in emergencies; and Communications.

4.1 How to design and implement a communications strategy on IYCF-E

Karleen Gribble (Independent from Western Sydney University) and Casie Tesfai (Independent) outlined the importance of appropriate communications for IYCF-E. Karleen Gribble discussed how aid organization and government communications influence media reports from disaster-affected areas. During Cyclone Sidr (Bangladesh 2007), Cyclone Nargis (Myanmar 2008) and the WenChuan earthquake (China 2008) media reports did much to encourage donations of BMS without referring to the importance of breastfeeding. These media responses largely reflected the content of aid organization press releases.

By contrast, during Typhoon Ondoy in the Philippines (2009) the importance of breastfeeding and the risks of milk products in aid received greater prominence. During this response aid organizations and the government were proactive in media communications on IYCF-E. This occurred partly as a result of the government, NGOs and UNICEF being aware of the issues surrounding infant formula due to a long battle with pharmaceutical companies on infant formula marketing. Further, this battle was played out in the local and international media, aided by savvy NGO communications teams.

Karleen suggested that one of the key actions for IYCF-E advocates should be educating communications and fundraising staff in their own organizations. Capturing stories of dramatic human interest and portraying breastfeeding women as brave and resilient will begin to challenge common disaster myths. Unless aid organisations engage the public and their supporters' harmful aid will continue to be promoted. The good news is that the public (and therefore the media) is interested in babies and appropriately framed information can be used to improve the delivery of aid to mothers and babies. (Note: media guide available from: http://www.ennonline.net/resources/tag/121)

Whilst Karleen focused specifically on the media and the importance of appropriate communications by organisation, Casie spoke more broadly about the need for a communications strategy on IYCF-E that sets out what information needs to be disseminated, who to, and the most effective ways to do it. The

16 Save the Children. Review of opinions and experiences around Infant and Young Child Feeding in Emergencies. September 2012

importance of agreeing key messages amongst actors was highlighted in order to ensure caregivers get consistent, accurate advice. It was also highlighted that in order to be effective the message had to be relevant to the caregiver at that time. The benefits of preparedness were again emphasized; messages and images can be pre-tested for effectiveness, and generic messages adapted. Examples of communication tools such as CREATE[17] and details of were to get further support such as Infosaid[18] were provided. Joint statements were highlighted as being useful in setting out the issues. They are generally used to inform media and Embassies; however, it was emphasised that they can be too long and technical to be an effective tool to, for example, inform other sectors, or health workers. Therefore, sub-Joint Statements may be developed for different audiences. Where possible it was emphasised that Joint Statements should be developed in advance[19] to ensure prior agreement between signatories and to be certain that the text covers essential aspects in a concise manner. The formation of a Joint Statement should be as inclusive of different agencies as possible; they can be a great advocacy tool, encouraging organisations to talk about the issues internally (local partners in particular may not be aware of IYCF issues) and dispel common myths and misperceptions.

4.2 Overview of global IYCF-E policies, guidance, capacity building and tools

Ali Maclaine (SC-UK) highlighted that there are many strategies and frameworks, collaborations and policy guidance in existence that underscore or specifically support appropriate IYCF-E. This range of documents is complementary and builds upon each to make a protective policy framework.

There was specific focus on:

- The development of the Operational Guidance on IYCF-E[20] and its 6 practical steps, which provide concise but not technical guidance to ensure appropriate IYCF-E. As well as the support of organisations globally in 2010 the Operational Guidance on IYCF-E got the backing of the World Health Assembly (WHA) Resolution 63.23, 2010.
- The revision of the Sphere handbook in 2011[21] which included IYCF standards for the first time.
  - Standard 1: **Policy guidance and coordination:** Uphold Operational Guidance on IYCF-E and Code; avoid soliciting or accepting of BMS, other milk products, bottles and teats.
  - Standard 2: **Basic and skilled support**: Optimal IYCF; Support to non-breastfed; Support for special cases e.g. Malnourished children

The session also highlighted other key resources on IYCF-E[22] such as Module 1[23](recently revised) and Module 2[24] on IYCF-E. Ali concluded by saying that although many useful materials have been developed there are still gaps. The review on IYCF-E carried out by SC UK[16] identified, for example, the need for 'How to' IYCF-E guides for different contexts, as well as more guidance on complementary feeding and M&E.

4.3 IFE Core Group – History, Challenges, Successes and work

Kate Golden (Concern Worldwide) introduced the history, role of the IFE Core Group, which is an international community of practice for IYCF-E. She stressed how the group's role aims to fast-track the link between practitioner experience, policy, guidance development and implementation, but also gently

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[17] Communications, Resources, Essentials and Tools for Emergencies (CREATE!) is a communication-based tool that supports behavior-change interventions especially during emergency and post-emergency situations. It developed IYCF-E communications materials following Yogyakarta earthquake in Indonesia 2006 using community participation in deciding messages and images. Notably communities stressed that they were fed up of normal pictures of breastfeeding mothers and that the messages were not tackling their issues at http://www.createforchildren.org

[18] Infoasaid works at multiple levels to improve communications with crisis-affected communities. It has 4 elements: Emergency Preparedness; Emergency Response; Advocacy; and Research. See more at http://infoasaid.org/e-learning and the Video at: http://www.youtube.com/watch?v=2egF6-abvOg&feature=youtu.be

[19] A generic IYCF-E Joint Statement that can be adapted is available at www.ennonline.net/ife

[20] IFE Core Group. Infant and Young Child Feeding in Emergencies. Operational Guidance for Emergency Relief Staff and Programme Managers. Version 2.1. February 2007 (addendum on 6.3.2 added in 2010). Known as the 'Operational Guidance on IYCF-E'

[21] http://www.sphereproject.org/

[22] Many IYCF-E resources are available to download for free at: www.ennonline.net/ife

[23] IFE Core Group. IFE Orientation Package Module 1 v 2.1, 2010 http://www.ennonline.net/ife/orientation

[24] IFE Core Group. Infant Feeding in Emergencies. Module 2 for health and nutrition workers in emergency situations for training, practice and reference. Version 1.1. December 2007 http://www.ennonline.net/resources/4

reminded the group that the IFE Core Group was not responsible for fulfilling any agency mandate, operational programming or provide 'real time' technical support. In order to clarify the role of the IFE Core Group and other actors in March 2010 a draft conceptual model was produced – in this it is set out that the Cluster and UNICEF lead on IYCF globally and in countries and should be the first line of support for agencies along with the agencies respective HQs. The Cluster, UNICEF or NGO representatives (if they are members of the IFE Core Group) can then directly access peer support as a member of the group.

The IFE Core group has played a crucial role in raising awareness, capturing and disseminating lessons learns on IYCF-E and provides numerous resources on-line[25]. .It also develops and follows up specific project funded by donors such as ECHO and OFDA. Currently, the IFE Core Group is looking for new members to capture and share learning however it faces some funding issues and need additional support to keep working.

4.4 Setting the framework for successful IYCF in emergencies

In this presentation Ali Maclaine (SC-UK) examined what constitutes a 'good' and a minimum IYCF-E response. The Operational Guidance on IYCF-E 6 key steps for a 'good' response: (1) Appropriate Policies; (2) Trained staff; (3) Co-ordinated Operations; (4) Assessment and Monitoring; (5) Integrated Multi-Sectoral Interventions; (6) Minimize the Risks of Any Artificial Feeding, but there is no guide on how to prioritise these steps in an emergency. Ali tried to explore how the element could be prioritised: firstly an assessment is needed in any emergency to determine the necessity to respond (now or in the future) and the scale of need. Good coordination and ensuring that there is leadership on IYCF-E is also critical to make certain IYCF-E is assessed and that an effective and coordinated response is undertaken. In addition in any emergency where infants and young children are affected a basic multi-sectoral response is needed as it will have the largest impact. This consists of measures that prioritise infants & young children and their caregivers in order to protect and support optimal IYCF and ensure that the majority of caregivers are able to manage their own needs and won't require specialised support. [Basic measures include: Prioritising mothers/caregivers for essential needs – household food, water, shelter, security; Registration; Establishing safe breastfeeding areas; Provision for nutritional needs of PLW and complementary foods; Support for early initiation of breastfeeding; Consistent and appropriate communications; Ensuring appropriate frontline feeding support.] At the same time there also needs to be focus on preventing donations of BMS and other milk products, as dealing with them can take up critical time and focus, which could be better spent on addressing actual needs. Finally in terms of prioritisation arguably technical interventions, which consist of specialised support for mothers/caregivers and non-breastfed infants come last. Whilst this is often regarded as 'real' IYCF-E programming, the capacity, time, resources and funding required means that fewer numbers that will be able to receive this level of support, and moreover if basic support is provided then the numbers should be smaller.

This session highlighted that although these steps and prioritisation appears logical, in reality it is extremely difficult to prioritise as all elements are important and interact with each other. It is also challenging at present because no evaluation or research has been undertaken to determine the 'best' way to respond in a specific context and the outcomes. Workshop participants expressed the need for a clear 'how to' undertake IYCF-E programming guide for their contexts as they thought that this was the only way that they get the support of their agencies, could act quickly, and undertake quality IYCF-E programming and obtain good outcomes. The importance of using the experiences and expertise of different stakeholders (operational agencies, donors, academics) and the benefits of operational research to test programming models in different contexts and to be able to establish priorities was also discussed.

What is clear is that to have the best IYCF-E response emergency preparedness is key at all stages. This will provide more time to focus on 'quality' of programming rather than just a 'minimum' response. For this,

[25] www.ennonline.net/ife

actions are needed at the global and country levels, by governments, individual organisations and as groups, and by the nutrition sector alone and with other clusters.

4.5 IYCF-E Coordination, Responsibilities and Leadership: What is the role of the Nutrition Cluster, GNC, UNICEF, Ministry of Health and NGOs, etc in IYCF-E?

Josephine Ippe (Global Nutrition Cluster Coordinator) then (re) introduced to participants the role and responsibilities of the Nutrition Cluster and other key actors in regards to IYCF-E. She recalled how the Global Nutrition Cluster (GNC) has supported the development of IYCF-E guidance, tools and capacity building through the collection of experiences, translation and dissemination of documents. She also indicated that both UNICEF and the cluster have also supported the set up of a forum and regional meetings. At country level, when operational, the Nutrition Cluster works to ensure that there is leadership, coordination between actors and sectors, that gaps are filled and that standards are met for all areas of nutrition including in IYCF-E.

Josephine then posed the question that if this is so why is IYCF-E not working or being implemented at scale during emergencies? A number of reasons were evoked including: the need for policies and legislation (e.g. the Code) to be in place at national level; the need for clear guidance on how to assess the need for IYCF-E programming and how to implement and evaluate IYCF-E programming; and the poor capacity of both government and cluster partners to implement IYCF-E programmes at scale. These result in most appeal documents that outline the nutrition priorities in an emergency from respective countries being very weak on IYCF-E programming, rarely articulating the need for IYCF-E programmes beyond promotion messaging and issuing of joint statements. She also highlighted the role of the health system and how issues such as poor capacity and lack of up-to-date knowledge on programming in emergencies, can undermine an effective response.

Josephine emphasized that agencies need to take responsibility for IYCF-E themselves and to ensure that it is part of agencies strategies, plans, appeals and included in funding requests – the Cluster Coordinator needs IYCF-E programmes to coordinate! There was also further discussion on coordination and the roles of the GNC, the IFE Core Group and UNICEF. It was agreed that clarification was important to avoid confusion, avoid duplication of effort and to utilise the skills of the respective bodies. Nune (UNICEF) explained how UNICEF focuses on sharing IYCF technical knowledge, building the capacity building of partners and improving IYCF practices, which then means that mothers are better prepared to withstand the shock of an emergency. In practical terms Josephine further clarified that GNC is a member of the IFE Core Group and if there is a need for technical guidance in the field, agencies/governments should go through the cluster system that will refer it to the IFE Core Group as necessary.

-IYCF-E: Assessments and Monitoring

4.6 Overview of IYCF-E assessments and surveys: MIRA

Mary Lung'aho (Nutrition Policy & Practice) described the Emergency Assessment methodology, including the multi-sector integrated rapid assessment (MIRA) tool. MIRA is the first step in the humanitarian country team's response to an emergency. The results from the assessment facilitate development of a joint strategic plan, memorandums of agreement, monitoring and response plans. Unfortunately, the MIRA tool currently lacks an IYCF component and this may prove a barrier for the mainstreaming of IYCF in emergencies. Mary suggested several ways to rectify this stressing that early rapid assessment including IYCF is necessary in every emergency. She highlighted that members of the IFE Core Group had previously developed specific IYCF-E questions that could be included in a rapid assessment which could be used as a starting point. Mary also emphasized the importance of pre-crisis secondary data to identify pre-existing vulnerabilities & risks and suggested that emergency preparedness plans address this.

4.7 UNHCR standardised nutrition survey guidelines (IYCF-E in refugee contexts)

Caroline Wilkinson (UNHCR) outlined the new Standardized Expanded Nutrition Survey (SENS) for refugee populations. The package contains 6 modules: Anthropometry & Health, Anaemia, IYCF, Food Security, Water, Sanitation and Hygiene (WASH) and Mosquito Net Coverage. The aim of the IYCF module is to investigate IYCF practices among children 0-23 months in refugee settings in combination with a nutrition survey. It uses selected standard IYCF indicators for children aged 0-23 months:

- Timely initiation of breastfeeding in children aged 0-23 months
- Exclusive breastfeeding under 6 months
- Continued breastfeeding at 1 year in children aged 12-15 months
- Continued breastfeeding at 2 years in children 20-23 months
- Introduction of solid, semi-solid or soft foods in children aged 6-8 months
- Consumption of iron-rich or iron-fortified foods in children aged 6-23 months
- Bottle feeding in children aged 0-23 months

IYCF results are presented as proportions with 95% confidence intervals, which help to compensate for the small sample size (30*30). Files in EPI-info are being developed to facilitate analysis. In addition pre-survey research aims to gather information on local foods, food aid used in camps, preparation times and methods and composition of mixed foods.

So far the survey has been implemented in Ethiopia, Rwanda and Bangladesh. This year it will be used another 3 times and evaluated for ease of analysis, precision of results and use of information gathered. The module is available at: http://info.refugee-nutrition.net/

4.8 *Field example of IYCF-E programming – challenges, achievements and key learning points.* UNICEF Ethiopia: IRA assessment conducted in Dolo Ado, Ethiopia (Horn of Africa response)

Casie Tesfai relayed her experience of conducting an IRA in Dolo Ado in Ethiopia. Early rapid assessment on IYCF-E combines multi-sectoral information and specific IYCF information to enable a rapid analysis of the situation with regard to IYCF. It involves collating and analysing secondary data, background information and primary data. Casie recalled how crucial it is to understand the prevailing IYCF practices of an emergency affected population in order to design and implement adequate IYCF-E responses. Early IYCF assessment is especially looking for factors that indicate that infants and young children are at increased and significant risk, and that warrant further investigation. It also assesses the risk of BMS donations especially if BMS are in use before in the affected population. The assessment was challenged by the continuous influx of new refugees in the 4 camps of Dolo Ado. Key recommendations included among others the establishments of baby friendly spaces/tents.

4.9 New developments in IYCF survey/assessment methods

In this evening session Paul Binns on behalf of Valid International presented the Infant and Child Feeding Index (ICFI). This has been developed in order to try and address some of the challenges of standard IYCF surveys such as the need for a large sample size and small age ranges for some indictors. The ICFI is a composite scoring technique (Arimond & Ruel, 2008) that aimed at measuring appropriate feeding practices among children 6-23 months by combining data on breastfeeding, frequency and diversity of meals at a low cost. It only requires a sample of 150 and a small team. As well as providing a headline indicator, ICFI is able to provide reliable estimate of dietary diversity, consumption of vitamin A rich foods, consumption of animal source foods and meal frequency. Inadequate sample size means that the continued breastfeeding indicator still lacks precision. With the addition of a question on the age that the child stopped breastfeeding the method also allows for Survival Analysis to be undertaken and provides an almost full set of IYCF indicators (core indicators 2 and 4 not included). The methodology is still under development and there are challenges such as measuring exclusive breastfeeding however, the workshop participants thought that this was a very interesting development. Paul finished by giving a brief overview of another development called Rapid Assessment Method (RAM). This method can determine the prevalence of GAM, the period prevalence of

common childhood illnesses and cover the full set of standard IYCF indicators using a maximum sample size of 200, over a period of 5 days. In the future it is hoped to develop other indicators for inclusion.

DAY 4

-IYCF-E: Monitoring & Evaluation

4.10 M&E IYCF-E programmes: challenges, achievements, key learning points for others

Monitoring and evaluating IYCF-E programmes was identified by workshop participants during the situation analysis exercise as one their key challenges.. This session gave the floor to NGOs to relate their practical experiences and to highlight how they had managed to address some of their M&E challenges. Save the Children Somalia, Save the Children Pakistan and ACF France briefly presented their M&E frameworks and tools.

Alison Donnelly (SC-Pakistan) started by setting out the situation in Pakistan. Whilst there is some progress made on harmonising tools in Pakistan, the short duration of the grants (often between 6 to 9 months for emergency grants) do not allow conducting adequate baseline and end lines or assessing change in behaviour in a meaningful way. Further, although in Pakistan there various monitoring formats – individual cards, tally sheets, weekly monitoring forms, supervision checklists, minimum standards – these monitor the process and it is still not clear how to measure the outcome of the activities, especially when it is a short-term interventions.

She explained how the several large-scale emergencies over the past years, led to the inclusion of IYCF into emergency CMAM. They have developed quite a comprehensive programme, with each mother/infant pair being screened and then being directed to the most appropriate support. She also referred to the bottle amnesty component that was successfully developed where bottles are taken from the mother, whilst she is also counselled on breastfeeding. The bottle is replaced with a cup and spoon for children over 6 months.

Rachel Mose (SC-Somalia) described how in Somalia, Save the Children designed monthly and weekly tools to capture the progress of the intervention (e.g. IYCF register, IYCF daily and weekly summary sheet, quality checklists, etc.). In terms of programming Rachel was keen to emphasise the benefit they have found of having a specific IYCF counsellor attached to each facility/community to follow up, counsel mothers and disseminate IYCF messages, as well as the importance of mother to mother groups.

Finally Roselyne Monin (ACF-France) described the work of ACF who are currently developing Baby Friendly Tents practical guidelines including a M&E chapter. ACF explained the challenges they have had in collecting qualitative and reliable information related to IYCF-E. Conducting regular Focus Group Discussion with mothers and caregivers and pre/post interviews had proved to be a good way of assessing the relevance of the intervention. Measuring the impact – notably behaviour change at population level - within an emergency timeframe remains however the major challenge.

During discussions the lack of clarity on how to 'best' monitor and evaluate IYCF-E programmes was raised along with the need for harmonisation between tools, formats and templates and linking these to government systems. Participants expressed frustration that there is a lack of guidance on how to monitor and evaluate IYCF-E programmes. It was felt that they are being asked to 'prove' the value of IYCF-E programming, often over short term periods, and wanted guidance on what methods and indicators they should use. It was suggested to create a Minimum Reporting Package for IYCF-E to increase harmonisation and consistency across the countries and the interventions and that the development of such a package should be undertaken in consultation with donors so that they could understand the challenges of monitoring and evaluating IYCF-E programmes.

-Support for Optimal Infant and Young Child Feeding during emergencies

4.11 How to protect and support optimal breastfeeding during emergencies

Roselyne Monin (ACF France) started this session by highlighting the two levels of intervention required to support IYCF – 'basic interventions' and 'technical interventions'. (i) Basic interventions are for all mothers/caregivers in order that the essential needs of mothers/caregivers are prioritized. This is done by creating an enabling environment where mothers can safely breastfeed and have access to support should also be taken into consideration. (ii) Technical interventions are for those mothers/caregivers that require more specialised support. It focuses the limited skilled support to caregivers who need it for example, those with breastfeeding difficulties, who are re-lactating or wet nursing, and those who need psycho-social support.

Sandra Bernhardt (ACF France) then described the importance of taking into account mental health in IYCF-E interventions. During food shortage emergencies, integrating simple early stimulation, learning and play activities with IYCF-E intervention is crucially important to increase and sustain the impact on a young child's health and nutritional status. Child growth and brain development depends on a mixture of good nutrition, stimulation and caretaker emotional responsiveness. Integrated programmes designed to involve and support parents through home visits and group interventions help to improve maternal mood and wellbeing and have a knock-on effect on child health.

4.12 *Field example of IYCF-E programming* – Breastfeeding - challenges, achievements and key learning points.

Haiti review of baby tents and breastfeeding support Marjolein Moreaux (Independent) shared lessons learnt from an evaluation of Concern Worldwide's 'Baby-Tent' programme[26] one year after the earthquake in Haiti. Concern set up a total of 15 tents supporting infant and mother pairs and the evaluation found strong indication of improved IYCF behaviours – especially in terms of a decrease in mixed feeding for infants under 6 months. Whilst the evaluation found that the Baby-Tent approach had proved successful in a country where IYCF policy, guidance and staff capacity and expertise was very low, the evaluation also highlighted the importance of improving IYCF knowledge and practices in non-emergency times and ensuring that preparedness for IYCF-E is in place. As found in other emergencies the team faced challenges in evaluating the impact partly because of the lack of data pre-emergency/baseline, but also the difficulty in designing meaningful indicators at individual and project level. Also the lack of a clear exit- or transitioning strategy proved to be a weak point. One of the main recommendations from the review is the need for international Baby Tent guidelines, which include a set of core-standardized easily-collectable indicators. The review also argued for better integrated psycho-social support and guidelines on how to use and procure ready-to-use-infant formula in emergency.

4.13 How to protect and support optimal complementary feeding in emergencies: Designing and implementing emergency complementary feeding interventions for children 6-23 months

Carol Williams, (University of Brighton) began by explaining the shift in recommendations from 4 to 6 months exclusive breastfeeding; highlighting a 2004 systematic review Kramer & Kakuma[27] which concluded that giving solids to babies < 6 months did not improve growth but conversely increased the risk of infection.

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[26] The 'Baby-Tent' model was a concept undertaken by all major agencies undertaking IYCF programming during the Haiti response. There was strong collaboration on the development of this model through the IYCF-E Working Group – a sub-group of the Nutrition Cluster. The concept involved provision of comprehensive IYCF support (including psycho-social support were possible, and also provision of ready to use infant formula to targeted individuals according to strict criteria) in a 'tent' setting.

[27] Kramer, M.S. & R. Kakuma, *The optimal duration of exclusive breastfeeding: a systematic review*, Adv Exp Med Biol. 2004;554:63-77.

She went to explain how the revised growth curves (WHO), which are based on breastfed babies, have led to revised energy requirement estimate – in essence the energy gap has shrunk. The result is that nutrition density is more important than ever - as micronutrient requirements have remained the same, or even increased. The implication is that there needs to be a shift away from providing empty calories (sugar/oil), with more emphasis now going on micronutrients, taste and texture. She also highlighted that commercial complementary foods may not meet the nutritional requirements of children. During discussions the potential conflict of interest of the private sector in the marketing of commercial complementary foods was also highlighted.

Moving on to address emergency contexts Carol stressed how complementary feeding challenges can intensify in emergencies and that arguably a complementary fed child is at much higher risk than an exclusively breastfed infant <6 months old. It is important therefore that measures are taken to address sub-optimal complementary feeding practices – both pre-emergency and during an emergency. Moreover, practitioners in emergencies should bear in mind that some food available or distributed might be difficult for a child to digest with high content of fibre and roughage (e.g. staples), so there should be specific attention in ensuring quality complementary foods of the right texture and that caregivers have the means to prepare and serve it correctly.

Christiane Rudert (UNICEF) then introduced the different complementary foods that can be used during emergencies and referred back to the Complementary Feeding framework. The options in emergencies are:

- Food - The context of intervention requires analysis and as much as possible what is locally available at home or in market should be promoted – innovative solutions such cash transfers may also be considered.
- Multiple Micronutrient powders (MNP) are proved successful in addressing anaemia (not stunting), are easy to deliver and use for home fortification to prevent micronutrient deficiencies for children 6-59 months.
- Lipid-based Nutrient Supplements are relevant to supplement in small quantity local diet for children 6-23 months but also be used for treatment of moderate acute malnutrition in larger quantity. This Ready-to-use-food contains high energy and is rich in micronutrient and essential fatty acids. Evidence of effectiveness remains low as no large scale effectiveness trials have been conducted yet.
- Fortified Blended foods are used to prevent and treat moderate acute malnutrition.

Christiane concluded by highlighting that complementary feeding in emergencies tends to be ad-hoc and may fall into the gap between Food Security and Nutrition, meaning that may not even be addressed at all. Whilst breastfeeding promotion and support is vital, ensuring appropriate complementary food is also key.

4.14 *Field example of IYCF-E programming* – Complementary feeding - challenges, achievements and key learning points. ACF-Kenya: Complementary feeding IYCN project in Dadaab camp, Kenya

Joy Kiruntimi (ACF) recounted Kenya's efforts to strengthen its IFE/IYCN programme in Dadaab refugee camp. She emphasized the time necessary to institute changes in childcare practices due to deeply entrenched cultural beliefs and other structural issues such as illiteracy and the complex operational environment. Noting that this situation jarred with the desire of donors for rapid outcomes, she suggested that it was time to consider more sustainable strategies in terms of partnerships, systems strengthening and modes of intervention.

-Minimising the risks of artificial feeding in emergencies

4.15 How to Deal with donations of Breast Milk Substitutes and other milk products

Ali Maclaine (SC-UK) set out the evidence against donations of BMS and other milk products, including research from the 2006 earthquake in Yogyakarta, Indonesia which found a significant link between donations, consumption and increase in diarrhoea. She also emphasised that 'free' donations are a misnomer

as they have resource and capacity (and subsequently monetary) implications. The presentation also explored how whilst there may be acceptance by some that donation of BMS should not be allowed, there may be a belief that donations of milk intended for older children or adults are acceptable. However, due to the likelihood that any 'milk' will be used as a BMS and to take account of the reality of emergencies Sphere and the Operational Guidance on IYCF-E state that donations of BMS, other milk products, bottles/teats should not be accepted during emergencies.

However, stopping them arriving during emergencies requires a coordinated and multi-sector strategy – especially with communications and logistics. Establishing the amount and location of donations is challenging (as demonstrated by the mapping undertaken in Haiti[28]) as is managing them when they do arrive. Tackling donations during an emergency takes time away from improving the quality of programming, therefore agreeing in country pre-emergency how to stop and manage donations, and preferably legislating against it is key. Ensuring that a programme to support non-breastfed infants is immediately in place is also essential, so that all recognise that donations are not required.

4.16 *Field example of IYCF-E programming* – BMS - challenges, achievements and key learning points. IMC: Breastmilk Substitute challenges in Lebanon emergency

Caroline Abla (IMC) recalled the 2006 crisis in Lebanon where lack of awareness of the Operational Guidance on IYCF-E and the Code led to inappropriate donations and distribution of BMS and other milk products. A report published by SC-UK in 2007[29] set out how donor agencies, including INGOs and UN agencies, did not always ensure that the Code and the Operational Guidance on IYCF-E were followed by their local partners or their own staff. It highlighted that infant feeding was rarely a priority issue for agencies and that mothers were not adequately supported to continue breastfeeding during or immediately after the conflict. It also highlighted some key issues with implementing the Operational Guidance on IYCF-E in the field such the lack of clarity in the Operation Guidance in relation to the distribution of BMS through hospitals and clinics.

Following the release of the report, notable efforts have been made to ensure that the situation does not reoccur. Globally the Operational Guidance on IYCF-E was revised to take account of the Lebanon lessons. In Lebanon most significantly, a multi-sector, multi-stakeholder National Committee of Infant and Young Child Nutrition was established early this year, within the Ministry of Public Health in an attempt to improve nutrition for infants and young children in Lebanon. The National Committee has a sub-working group on IYCF-E. Also recent trainings for Syrian and Lebanese health workers on nutrition in emergencies have heavily focused on IYCF-E support and programmatic guidance. This case study illustrates the importance of documenting IYCF-E responses as a necessary step for change.

4.17 How to design and implement feeding interventions for infants with no possibility to breastfeed/meeting criteria for artificial feeding

Elham Monsef (UNICEF) started the session by sharing her experiences of trying to support non-breastfed infants after Typhoon Ondoy in the Philippines (2009). She then went on to outline the guidance on artificial feeding in the Operational Guidance on IYCF-E (including the 2010 addendum). The risks of artificial feeding were discussed and evidence given of increased morbidity and mortality for artificially fed infants following flooding in Botswana, 2005-2006. She emphasized that artificial feeding should only be undertaken in extreme circumstances, after exploring all other options, and discussed erroneous needs for BMS (such as a mothers/health workers perceived need for BMS due to myths/misconceptions; poor supportive breastfeeding environment/services; free commodity) versus the limited scenarios in which artificial feeding would be necessary. She finished by highlighting the relative advantages/disadvantages of powdered and ready-to-use-infant formula and gave case studies of where they have been used - the former having been provided along with a BMS 'kit' in Myanmar 2008 as part of a Save the Children nutrition programme and the latter in Haiti 2010.

[28] A. Maclaine. Report on donations of infant formula, milk product, bottles/teats following the earthquake in Haiti, UNICEF, Haiti. 7th April 2010
[29] A. Maclaine. Infant Feeding in Emergencies – Lebanon. Save the Children UK (Summary report March 2007. Full report: April 2007)

4.18 *Field example of IYCF programming* – non-breastfeeding - challenges, achievements and key learning points. Concern Worldwide: Experience from Haiti on programming for infants with no possibility to breastfeed

Kate Golden (Concern Worldwide) went on to speak about the experience of implementing the artificial feeding recommendations of the Operational Guidance on IYCF-E during the Haiti earthquake response in 2010. It was the first large scale distribution of infant formula in an emergency setting, necessitated by large number of orphaned infants, low pre-disaster rates of breastfeeding and reticence around wet-nursing brought about by cultural restrictions and fears of HIV transmission.

Overall, during the Haiti response 8,787 non-breastfeeding infants 0-11 months received ready-to-use-infant formula from implementing agencies, with 602 cases handled by Concern. Although no thorough impact assessment was carried out in discussions amongst those involved it is acknowledged that there were many challenges. One of the major issues is that artificial feeding is very resource intensive; as such it is easy to lose sight of broader IYCF needs. One of the main lessons is the need for preparedness including: having pre-existing data on feeding practices and vulnerable populations, established protocols and criteria for targeting of BMS, agreed M&E indicators and tools, established estimates of stock needs and costs (including warehousing), as well as environmental mitigation plans and an exit strategy in place. These things are necessary to improve the timeliness and effectiveness of a response that includes artificial feeding - but it is important to recognise that artificial feeding should only be part of a much more comprehensive IYCF-E programme.

V Funding for IYCF and IYCF-E Programming

5.1 A donor's perspective on IYCF and/or IYCF-E funding and discussion of challenges for NGOs regarding funding

Abigail Perry from the Department for International Development (DFID) discussed the current humanitarian funding climate in general terms and specifically in relation to IYCF. DFID has significantly increased its capacity in humanitarian response support in recent years and also has a new research strategy. One area of interest includes examining the impact of cash-based interventions on nutrition outcomes. They have established a joint initiative with the Welcome Trust, looking at improve health and nutrition outcomes in rapid onset emergencies. They are also very active in supporting the SUN movement.

Presently DFID is putting ever greater focus on measuring the outcome of activities undertaken in humanitarian contexts and ensuring responses represent value for money. DFID is keen to ensure that investments in humanitarian action can, where possible, support longer term resilience, enabling individuals, households, systems etc. to "bounce back better".

She emphasized that DFID gives priority to supporting activities that are needs-based, evidence-based and part of a coordinated response. They are concerned to make sure that what is happening in emergencies is feasible and appropriate and therefore NGOs need to make a strong case for investment with improved sectoral plans based on more rigorous needs assessments. She stressed however that it is recognised that randomized control trials are not realistic in most operational settings and that other forms of evidence from the field will be respected if packaged convincingly. DFID are also keen to learn from technical experts and are especially eager to engage on the issue of monitoring, to understand what standard output, outcome and impact indicators can realistically be collected in an emergency. In addition, they would be more prepared to fund IYCF and IYCF-E if they had more convincing field data on best practice and the "how to" of IYCF models in different contexts.

VI Management of Acute Malnutrition in Infants

6.1 Update on MAMI initiative and MAMI 2 research priorities

Marko Kerac from UCL presented the main findings from the original "MAMI 1" project[30]. Introducing the topic, he firstly, asked why infants aged under 6 months have not received as much attention as older children with SAM. One philosophy about how innovation gains strength and becomes widely disseminated in through meeting the following criteria: being simple, compatible, presenting relative advantage, having observable benefit and easily being tried. Treatment of child SAM with RUTF fulfils these criteria: treatment of infant SAM does not so easily. It therefore needs greater efforts to ensure that it is given due attention in both policy and practice.

Though evidence and field guidance are limited, it is known that acutely malnourished infants have important nutritional, physiological and pathological differences to older children. The number of SAM children eligible for treatment changes from 13 million using NCHS growth references to 19 million using the new WHO growth standards. Of these, 0.8 million and 3.8 million are infants aged under 6 months respectively. In terms of treatment, supplementary suckling is the most commonly recommended treatment in national SAM guidelines. In contrast to the outpatient-focused treatment of older children, current treatment of infants is exclusively inpatient-based. Many guidelines also recommend antibiotics, micronutrients, and some also recognise the importance of supporting mothers/carers and IYCF practices. Through some are context specific, Marko recounted common challenges in treating SAM in infants. Infant malnutrition finds its roots in a wide variety of factors (infant, mother, socio-cultural) and too often identification of cases is nutrition focused while other problems also exist.

The MAMI initiative was one of several factors playing a key role highlighting the importance of this group of vulnerable infants. It helped plan initial seeds of evidence towards the treatment of infant SAM and also helped raise the topic at the February 2012 WHO NUGAG (Nutrition and Growth advisory Group) meeting. At NUGAG, it was proposed that the treatment of SAM in infants be better aligned with that of children above 6 months. A major change is that infants with uncomplicated SAM should be treated wherever possible in the community rather than as inpatients, where they are exposed to a variety of risks and their families experience significant opportunity costs.

Marko also drew the attention of participants on how evidence get translated into policy and introduced GRADE[31] which aims to ensure the development and dissemination of sound based and high quality evidence recommendations. Finally, plans for the next phase of the project, "MAMI 2" were discussed. These involve a number of issues including the identification of SAM infant (including with MUAC alone), the aetiology of infant's malnutrition, type of feasible community based treatment and optimal relationship with health services.

As a follow up, Marko then invited session participants to contribute to the MAMI 2 research agenda by discussing key topics for further exploration. These are being further developed and news is being posted on the MAMI website: http://www.ennonline.net/research/mami

DAY 5

VII Integrating CMAM and IYCF/IYCF-E

7.1 IYCF integration with CMAM: overview of why and how is IYCF being integrated with CMAM? Pros, cons and challenges

Mary Lung'aho (Nutrition Policy and Practice) and Suzanne Brinkmann (SC-US) presented an overview of why and how IYCF is being integrated with CMAM. (The presentation was an update of one done in Washington DC in 2008 during the 'International Workshop on the Integration of Community-Based

[30] For details on MAMI including reports go to: http://www.ennonline.net/research/mami
[31] http://www.gradeworkinggroup.org/

Management of Acute Malnutrition'[32].) Mary and Suzanne highlighted how CMAM and IYCF can be linked at different contact points - including community outreach, in & out-patient care, and in some contexts, supplementary feeding. They explained how trainings should be community and skills-based (including counselling and negotiation skills) and grounded in the local culture to be fully effective and operate a change in behaviour.

Following the 2008 Washington DC workshop, the ENN and the IFE Core Group received funding from the GNC/UN Nutrition Cluster to develop materials to integrate training and support for Infant and Young Child Feeding into CMAM/CTC activities which led to the creation of the 'Integration of IYCF Support into CMAM' training package[33]. More recently in 2011 UNICEF published the '*Community IYCF Counselling Package'*[34] which complements the IYCF-CMAM package, but Mary and Suzanne reflected on what is needed to move IYCF integration with CMAM forward in 2012. They suggested that one key element is ensuring that the skills learnt during training are being actively used on the ground. Mentoring and supportive supervision are critical components to ensuring that this happens and should mean that workers/counsellors are aided to provide effective support. Checks to ensure the programme is on the right tracks are also important and they suggested that the identification of a small number of widely agreed indicators would assist in monitoring the implementation, quality and coverage of IYCF-CMAM initiatives. They also highlighted that it is important to keep the mother at the heart of all activities and ensure that she is empowered as she is the primary critical safety net for the child in all (especially difficult) circumstances. They concluded that national authorities should commit to tackling both prevention (through appropriate IYCF programming) and treatment of malnutrition together on an equal foot through integration.

7.2 *Field example of IYCF programming* – IYCF integration into CMAM - challenges, achievements and key learning points. SC Pakistan - Experience of IYCF support into CMAM

Bushra Rashid (SC Pakistan) spoke about integrating IYCF into CMAM programmes in Pakistan. Drawing on the IFE module 235 and the baby tent model from Haiti, SC Pakistan in conjunction with UNICEF have incorporated breastfeeding corners and counselling services into 80 OTP facilities across the country. A simple rapid assessment tool is used to determine which mothers require further assistance and lady health workers refer them from the community to the facilities. It is a challenge to secure funding when the essential costs are chiefly human resources but the inclusion of a bottle amnesty, together with the breastfeeding corners helps to make the activities "visible" and thereby more attractive to donors. One of the next steps is to determine useful quality indicators and to transition from facility-based to community-based services.
A question about the sustainability (bottle amnesty) of cup feeding was raised. There needs to be a full evaluation on this. However from anecdotal evidence during counselling sessions it seems that mothers have not returned to using bottles.

7.3 Learning the lessons of CMAM in relation to IYCF and IYCF-E discussion

Geraldine Le Cuziat (SC Myanmar) then introduced some of the lessons learned from the experience of CMAM and how to take a nutrition programme to scale. There is potential for IYCF to take off in these next years with more interest and funding for nutrition through the SUN framework. Additionally, in a context of economic crisis and limited resources, it seems common sense that donor will look even closer at cost-effective interventions. She explained how a combination of factors at global and country level has acted as boosters for CMAM. At global level, progress was made thanks to: key publications in peer journal; highly advertised debates among personalities and respected experts; a small and effective nutrition community of practices; simplification of the modalities of intervention with the development of RUTF; a rise in emergencies response and the increased need for a scalable approach; existence of guidance and manual

[32] http://www.fantaproject.org/publications/ENN_CMAM08.shtml
[33] ENN. Integration of IYCF Support in to CMAM. October 2009 http://www.ennonline.net/resources/722
[34] UNICEF, *Community Infant and Young Child Feeding Counselling Package,* September 2011 available at http://www.unicef.org/nutrition/index_58362.html
[35] IFE Module 2, Infant Feeding in Emergencies, For health and nutrition workers in emergency situations Version 1.1, December 2007 available at http://www.ennonline.net/resources/4

allowing replicability by many actors; and the endorsement from WHO and UNICEF with a joint-statement in 2005-06. Additionally, it was observed that CMAM scaled up in countries where health facilities were in place and where UNICEF and NGOs were strongly supporting the government.

Some of these lessons can be used in order to scale up IYCF/IYCF-E but there are also significant barriers to overcome. For example, the fact that IYCF/IYCF-E is often skills based and not "associated" to any product may make it less attractive to decision makers and it is still not considered by many as life-saving intervention. Geraldine emphasized the key role of the Cluster in engaging donors and stakeholders so that IYCF-E is regarded as an essential emergency response. She also highlighted the need for consensus around field guidance and indicators if IYCF-E is to be undertaken by multiple agencies at scale.

7.4 Exploring and addressing common IYCF and IYCF-E challenges

During this session participants discussed the similarities and differences between IYCF programming in emergency and non-emergency contexts and outstanding questions were addressed. It was agreed that it is imperative to work across the development-humanitarian continuum, as this would both improve the quality of IYCF programming in both contexts and help to sustain positive change.

VIII Strengthening IYCF and IYCF-E planning and implementation

8.1 Thematic discussion groups on IYCF and/or IYCF-E

At the start of the workshop participants were reminded that one of the key objectives was the development of action plans in order to move the IYCF / IYCF-E agenda forward following the workshop. Participants were then encouraged to complete their action plans throughout. To enable further in-depth discussions on specific thematic areas that could feed into the action plans participants divided into thematic groups: (1) IYCF and IYCF-E Policies, (2) Coordination and Funding, (3) Assessment and monitoring (4) Capacity building and (5) Protection, promotion and support of optimal IYCF. Each group was asked to agree on the 3 main issues/challenges and determine possible solutions for each one.

Group 1: IYCF and IYCF-E Policies

The main issues highlighted in this group related to the fact that (i) even when agencies have policies that address IYCF issues they are poor, (ii) they do not lead to IYCF/IYCF-E programming being prioritised by the agencies decision makers, and (iii) they rarely filter down to the country/field level. Suggested solutions for these issues included agencies using generic policy guidance from the IFE Core Group and others and then contextualising it. Ensuring that senior staff, finance and others, including field staff, are included in policy development to ensure accountability and buy-in. Using different methods to communicate and disseminate the policy to all levels (up and down) such as through IYCF/IYCF-E champions, meetings, inclusion in induction packs for new staff, and providing the key policy messages (rather than the full policy) as appropriate to the level. This group also recognised the need for the IYCF/IYCF-E policy to be integrated with other policies and sector plans for it to be effective.

Group 2: Coordination and Funding

Two of the main issues undermining effective IYCF-E coordination determined by this group are (i) a lack of global leadership on IYCF-E and (ii) a lack of consensus on the activities to undertake and prioritise in a given context. Possible solutions provided to address these issues included that the IFE Core Group, UNICEF, GNC and other stakeholders should develop an IYCF-E strategy, which should detail roles and responsibilities and the plans to address the gaps in IYCF-E- including the creation of a minimum package of IYCF-E activities. The third issue identified by the group was lack of attention on IYCF-E by the Cluster at field-level. To solve this the group thought that (i) agencies in the field should advocate for IYCF-E to have a specific slot in each Nutrition Cluster meeting and (ii) further that they should advocate for IYCF-E to have a

specific slot at the Inter-Cluster meetings due to the need to address IYCF issue across clusters e.g. food security, health, logistics, WASH, child protection. In addition in order to ensure that Nutrition Cluster Coordinators can take the lead in IYCF-E a specific session on IYCF-E should be included as standard in cluster coordination training.

In terms of funding the main issues were thought to be a lack of interest and understanding on IYCF/IYCF-E by donors. For IYCF-E in particular this was thought to be due to a lack of evidence on the impact of IYCF-E programming. The group believed that there was an urgent need for advocacy with donors and suggested the development of an 'IYCF/IYCF-E advocacy package' including targeted messages. At the same time the group determined that there should be standard M&E tools in order to better shown donors the impact of IYCF-E - health as well as nutrition outcomes.

During plenary workshop participants provided additional suggestions to address these issues. For example in terms of advocacy it was suggested that the Nutrition Advocacy Group (NAG) may be of assistance in advocating for appropriate funding for IYCF including in emergencies (Kate Golden from Concern Worldwide to follow up), whilst another potential ally was the SUN – Communications and Advocacy Working Group (UNICEF to follow up). In terms of funding participants suggested that agencies should ask donors if funding for IYCF/IYCF-E is in their funding guidelines and to highlight these if IYCF/IYCF-E proposals are not being funded. They also thought that there should be advocacy for IYCF-E to be part of SUN as this may provide more funding opportunities. Further the importance on including IYCF/IYCF-E in CAPs, FLASHs, etc was highlighted as even if it is not funded it will ensure that its profile is raised.

Group 3: Assessment and Monitoring

This group highlighted that one of their main concerns was the lack of consensus/consistency on the core IYCF indicators to be included and the appropriate methodology. They also highlighted the challenges in terms of routine IYCF/IYCF-E monitoring and the need to avoid a heavy burden for staff but still ensuring that the data collected provided the detail needed for relevance and quality. They thought that the solution for these issues was the development of an agreed minimum IYCF assessment/monitoring package – which should be able to be adapted to country/area requirements. The group the third issue for the group was the challenge of evaluating the impact of IYCF-E programmes – the reality being that there is often a lack of baseline or pre-emergency data related to IYCF situation, there is confusion over how to determine impact especially in the short term and coverage and also there are concerns about study design, as well as a frequent lack of clarity on the objectives of the programme. The group proposed that the solution is to generate evidence and develop a study design, which assesses effectiveness, impact. They suggested that the Cluster, SMART and ENN should lead the research related to IYCF M&E. The group recognised that measuring change during the timeframe of IYCF-E interventions may not be feasible nor desirable. BCC requires specific conditions and conducive environment that are rarely met in emergencies. Preventing malnutrition to occur and measuring it is already a success in itself.

Group 4: Capacity-Building

This group acknowledged that capacity building on IYCF is essential for the implementation, roll out and success of IYCF/IYCF-E at scale, systematically and in a sustainable manner. However, developing additional curricula for IYCF-E was not seen as an immediate priority. A number of training packages already exist and should be used (e.g. IASC GNC Harmonized Training Package (HTP); WHO/UNICEF Integrated IYCF Counselling course, Module 2 on IYCF-E). However, the group recognised the need to develop modules to address missing material (e.g. guidelines on management of artificial feeding, complementary feeding in emergencies) and that clarity was needed in order to explain better the scope of the different existing training modules (perhaps through some kind of guidance note). It was recommended that trainers should pay specific attention to the context of implementation and the choice of the training curriculum should take into consideration any training material promoted by the country government (including the national IYCF working group) and put strong focus on counselling and group facilitation skills.

Rolling out and cascading the training package for emergency preparedness should be a component of any national IYCF capacity plan including: selection criteria for national trainers; targets for the numbers of master trainers, trainers and counsellors or other workers required for scale-up; criteria for certification of both trainers and counsellors; and recommendations for monitoring. There is need for innovative solutions for sharing and disseminating the already developed package. The set up of an on-line library that describe available tools and guidelines could be envisaged; ensuring certifications and refresher trainings to a pool of key people in country should also be developed.

The other main issues to emerge were limited leadership and funding for capacity building. It is essential to develop mechanisms to better inform partners and stakeholders of training opportunities at country and global level. As part of emergency preparedness, it was recommended to explore linkages for collaborating on training with in-country initiatives (e.g. SUN initiative, other national training initiatives). Donors should be sensitized about the need to protect their previous investments by securing funding for IYCF-E to prevent further deterioration of the situation related to IYCF. Resilience funding would close the gap between IYCF and IYCF-E. Additionally, it would be worth exploring whether donors would find the funding of consortia attractive. Overall, the group recommended being innovative in raising the attention of donors on IYCF-E.

Group 5: IYCF and IYCF-E, protection, promotion and support for optimal IYCF

The outstanding challenges identified in ensuring protection, promotion and support for optimal IYCF included (i) limited delivery in the health system, (ii) multiple entry and contact points for IYCF and (iii) particular challenges faced at community level or during an emergency. In terms of solutions the group highlighted that it is essential to integrate and institutionalise IYCF in current health and nutrition packages in pre-service training, in structures and systems for implementation and in health management information systems to avoid bottlenecks in delivery. Further as IYCF touches upon many sectors it should be considered as a cross-cutting issue and engage multiple sectors and actors including health, WASH, agriculture, education, social protection. A way forward involves mapping the relevant stakeholders and organisations working at different levels and establishing effective dialogue, partnership and tailored IYCF information. In terms of the third issue, engaging the community is often challenging due to high turnover among community workers, lack of community structures resulting in difficulties in delivering at scale. Several solutions were mentioned during this group's discussion to address these challenges including stronger community mobilisation from the project's onset, community empowerment, involvement of non-traditional community structures (e.g. microfinance and religious groups) and promotion of a national policy that includes a framework for incentives and support of community workers.

This group also discussed how often the implementation of IYCF-E at the start of a rapid-onset emergency does not seem feasible. Several options were discussed to improve the promotion and support of IYCF-E. Identifying high risk countries where to prioritize support for strengthening IYCF as part of emergency preparedness should result in faster IYCF-E responses. Engaging in IYCF-E needs to be considered as a life-saving and preventive intervention and could for example be a standard part of UNICEF's Programme Cooperation Agreements with NGOs and in funding proposals and appeals to donors. The group also recommended systematically sensitising and engaging with Cluster leads on the IYCF-E issue – especially the Health Cluster or Reproductive Health Working Group highlighting the health benefits of supporting IYCF / IYCF-E. (Suggested action: Lizzy Berrymann (Merlin) or WHO). Lastly, the SUN initiative at global and country level raises some opportunities for IYCF-E which need to be explored. It was suggested to frame IYCF-E as being a 'prevention against malnutrition' as much as blanket feeding and maintaining long-term gains may be appealing to the initiative. The workshop participants suggested that the Nutrition Cluster should lead in this engagement with SUN.

8.2 Action Plans

After the thematic groups each participant was asked to write up 2-3 main action points[36] which were then fed into a matrix and discussed in plenary[37]. Table 2 shows that main focus of the participants' action plans is on capacity building, followed by policy and programming. It is also notable that the majority of actions in all thematic areas cover both IYCF and IYCF-E – hence there is recognition of the on-going need to link the two. Many participants' plans focus on updating their organisation on what they have learnt on the workshop, developing/reviewing their agencies policies and programmes, and utilising the tools that they have learnt about during the workshop. Throughout the workshop a lot of discussion had centred around the need to be able to better engage with decision makers (internal and external) on IYCF/IYCF-E therefore it is not surprising that there is strong reference to undertaking advocacy / communication in the action plans.

Theme	**Coordination**			**Policy**			**Capacity Building**			**Assessment/ M&E**			**Programming**			**Other**		
Type	IYCF	IYCF-E	both	IYCF	IYCF-E	both	IYCF	IYCF-E	Both	IYCF	IYCF-E	both	IYCF	IYCF-E	both	IYCF	IYCF-E	both
Total actions per type	2	5	15	2	13	18	5	9	22	4	7	7	7	5	16	0	0	9
Total actions per theme	22			33			36			18			28			9 (5 comments on advocacy and communications)		

Table 2: Summary of main actions to be undertaken by participants by theme and type of programming

8.3 Workshop Outputs

In addition to the participants' action plans, and those specific actions detailed in this report, three additional actions were identified:

- SC-UK committed to feedback on the workshop at the GNC annual meeting (3-5th July 2012)
- Letter to donors: A critical gap identified by participants is engagement and discussion with donors on this issue. A draft letter was devised by participants during the workshop. A subsequent revision process was led by SC-UK and, as agreed by the participants, sent to donors by the GNC late August (see annex III).
- In order to ensure that the actions identified by the participants are undertaken, and/or in order to learn more about what are the hurdles to implementing actions on IYCF(-E), SC-UK committed to contact the participants 3 months following the workshop.

IX Conclusion and Steps forward

The workshop was the first of its kind. There is clearly huge interest in IYCF, IYCF-E and exploring the linkages between the two. The presentations and discussions highlighted the relative issues, guidance, tools, and types of programming undertaken in normal and emergency situations and how the handshake can be of benefit to improving the quality of IYCF programming in all contexts.

The report sets out the key points and main discussions from the different sessions. Four key issues however came out as priorities which require imediate commitment and action :

[36] It was recognised that many of the participants had developed extensive action plans over the 5 days of the workshop, but were asked to choose 3 for this exercise in order to enable similarities and innovations to be discussed in plenary.
[37] Action plans were received from 51 participants.

- Firstly, the workshop firmly established the need to explore how to better link IYCF and IYCF-E. Participants appreciated the concept of the 'handshake', using the 'best' tools and lessons learnt from programming in different contexts. They also expressed the need for programmes to complement each other as programmes moved in to and out of emergencies. Therefore, any future initiatives have to keep this at their heart and ensure that these linkages are acknowledged and supported.
- Secondly, it is critical that IYCF and IYCF-E are better packaged to work at scale and unleash their full potential. It is unacceptable that IYCF is not universally recognised as a life-saving, and thereby essential, intervention and that it does not receive the level of funding required. The evidence exists that IYCF saves lives, but IYCF / IYCF-E programmes are not being prioritised by decision-makers within organisations, funding donors, policy makers and others. It is unacceptable that they are not receiving the level of attention that they deserve in comparison to, for example, CMAM. Whilst treatment of malnutrition is critical, it is surely not ethical to wait until malnutrition occurs and let the burden on the shoulder of children meanwhile focus on prevention in the first place could have saved life, time and resources. An advocacy / communications package 'selling' IYCF and IYCF-E needs to be developed for different audiences (e.g. donors, media and general opinion), initiatives (e.g. SUN), related sectors/clusters, and within implementing agencies, in order to advocate for increased focus, funding and support for IYCF and IYCF-E.
- One of the reasons why IYCF programmes are not undertaken, especially during emergencies, are that donors and implementing agencies do not know what types of IYCF-E programmes to undertake (how to prioritise and what is 'best' in their context) and how practically to set them up. There is also uncertainty about how to monitor and evaluate the programmes, especially over a short funding period. The critical need for practical 'how to' guidelines -including agreed core M&E indicators for IYCF-E programming in different contexts is clear and lessons from the CMAM scale up show that such guidance is necessary for a step-change to occur. It is important that the guide uses the 'best practices' from non-emergency IYCF and ensure that it addresses the need for programming to cross from development to emergencies and back again. However, as part of the development of these guidelines it is also recognised that there is a need to better document and determine what works in emergency contexts and undertake operational research where clear gaps exist.
- Finally, there needs to be clarity about role and responsibilities for moving the IYCF / IYCF-E agenda forward. Whilst the mandate for UNICEF in terms of IYCF is clear, the scope of work required for IYCF-E (including ensuring the links with IYCF) means that it is too large for one body. Furthermore other actors (e.g. GNC, IFE Core Group, UN, NGOs, and academics) have their role to play and skills/expertise to offer. The development of a strategy on IYCF-E setting out the key actions needed and timeframe would allow actors to lead on parts, whilst the strategy itself would serve as an advocacy tool to obtain funding and to undertake (and document) IYCF-E programmes. There should be an urgent meeting between key players in order to discuss outcomes of this workshop and the findings of the SC-UK review on IYCF-E programming in order to frame this strategy. It is the time for action.

  What is clear from this workshop is that there is an urgent need to address the gaps and challenges happening on the ground. Some of the solutions may come from exploring the links between IYCF and IYCF-E, therefore as we move forward it is important that there is a firm 'handshake' between the two.

Evaluation of the workshop

An evaluation of the workshop was undertaken at the end of the fifth day through a questionnaire to participants[38]. The majority of the participants attending the workshop completed the evaluation and the comments were extremely positive. For example 98% of the respondents thought that the facilitators and workshop materials were good to excellent, and 93% thought that the presenters were good to excellent.

All topics covered in the workshop were seen as being relevant to the participants in their current jobs. The top 5 were: Design and implementation of community-based IYCF interventions; Complementary feeding (and decision making framework); IYCF (non-emergency) policies and programming; IYCF integration with CMAM; Setting the framework for successful IYCF-E; and IYCF-E Coordination, Responsibilities and Leadership. Most respondents indicated that all topics were relevant, but of those who answered the top 3 least relevant session were: Design and implementation of community-based IYCF interventions; IYCF-E Coordination, Responsibilities and Leadership; and IFE Core Group – History, Challenges, Achievements. It is noticeable that two of these sessions were also listed in the top 5 perhaps this is reflecting the differing backgrounds of the participants. It also illustrates the challenge of developing an agenda for such a workshop.

Participants were asked which NGO presentation was most useful for their work, the top 3 answers were: Baby Tents – as participants learnt more about the concept and how they may implement it in the future; Alive & Thrive – as it was a good example of a successful IYCF programme; and IYCF integration with CMAM – as it is very relevant to participant's current work.

When asked what participants would do differently in their current job following the workshop the majority of respondents focused on ensuring IYCF and IYCF-E is prioritised within the organisation through advocacy, development/update of a policy on IYCF/IYCF-E, capacity development, and ensuring that it is included in work plans. In addition, many referred to ensuring that IYCF/IYCF-E forms part of preparedness plans, project proposals and that quality IYCF/IYCF-E programmes are undertaken and documented. Advocating for IYCF to be prioritised as a response in order to prevent malnutrition and not just treat it was also mentioned by many. Finally many participants commented on the usefulness conceptually of the 'handshake' between IYCF and IYCF-E.

In terms of how things could have been done better participants indicated overall that they would have liked more time on M&E and developing a consensus on key minimum indicators, complementary feeding, sharing experiences/challenges, and establishing clear conclusions. Some also thought that the agenda was too full and there wasn't enough time for (small group) discussion, nevertheless as one participant stated, 'We realise that all answers are not going to be answered by the end of the week, but the fact that they were raised and a structured discussion around most was facilitated was a huge achievement. It has given me hope as I know my agency is not alone in struggling with them and that actually a lot of progress has been made on tools, indicators and awareness in the last 3 years. It was also a good opportunity to meet people working in IYCF and will be following up with several on specific topics'.

The workshop met the expectations of the respondents a lot or completely for 82% of participants and more or less for 16% (1 participant didn't answer). Participants particularly liked the development of the action plans, getting an update on technical issues from experts and the 'handshake' between IYCF and IYCF-E. One participant stated that 'This was one of the best workshops I have been to. It was well organised, inclusive, informative and focused on action'

The workshop appears to have met its objectives to increase awareness on the importance of IYCF and IYCF-E, provide a forum to share experiences, orientate to disseminate IYCF and IYCF-E policies and tools, and has led to the development of action plans in order to move the agenda forward following the workshop.

[38] 45 participants completed the questionnaire.

ANNEXES
Annex I: List of participants

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Shahid Mahbub Awan	National Nutrition Cluster & ERWG Coordinator	UNICEF Pakistan	smawan@unicef.org	Pakistan
Sisay Sinamo	Nutrition advisor	World Vision-Ethiopia	Sisay_Sinamo@wvi.org	Ethiopia
Sonya Kibler	Advisor	Concern Worldwide	sonya.kibler@concern.net	International
Suzanne Brinkmann	Emergency Nutrition Advisor	Save the Children US	sbrinkmann@savechildren.org	Washington, DC
Theresa Jeremias	Associate Nutrition Officer	Nutrition Education and Consumer Awareness Group, FAO	Theresa.Jeremias@fao.org	Rome
Tina Sanghvi	Senior Country Director	Alive and Thrive - Bangladesh	tsanghvi@fhi360.org	Bangladesh
Vivian Iberwe		Islamic Relief Worldwide		
Remote presentations				
Carol Williams	Public Health Nutritionist Snr Lecturer Health Promotion & Public Health, School Nursing & Midwifery	Infant Feeding Consortium and University of Brighton	C.Williams2@brighton.ac.uk; carol@carowill.plus.com	UK
Karleen Gribble (Dr)	Independent	University of Western Sydney, Australia	karleeng@netspace.net.au; karleeng@aapt.net.au	Australia
Sandra Lang	Independent midwifery teacher in lactation and neonatal nursing.	Infant Feeding Consortium	sandra.lang1@virgin.net	UK

Annex 11: Agenda

MONDAY 25 JUNE

Day 1: Setting the Scene and Implementing IYCF programming in non-emergency situations			
Time	**Session number**	**Subject**	**Presenters**
Registration 8 am to 9 am on day 1			
INTRODUCTION TO THE WORKSHOP - *Facilitator Mija-tesse Ververs*			
9.00 - 9.10 10 min	D1.1	Formal opening session	Nune Mangasaryan (UNICEF); Ali Maclaine (SC-UK)
9.10 - 9.25 15 min	D1.2	Introduction to the workshop and objectives, introduction of participants Introduction to Action Plan	Mija-Tesse Ververs (Independent); Ali Maclaine (SC-UK)
9.25 – 9.40 15 min	D1.3	IYCF/E QUIZ	Mija-Tesse Ververs (Independent)
THE GLOBAL SITUATION ON IYCF AND IYCF-E - *Facilitator Mija-tesse Ververs*			
9.40 – 10.40 60 min	D1.4	Review of the global situation on IYCF and IYCF-E	Christiane Rudert (UNICEF); Ali Maclaine (IYCF-E) (SC-UK)
10.40 - 11.10	Coffee/tea break		
11.10 - 12.00 50 min.	D1.5	Gap Analysis on IYCF/IYCF-E programming and 'infrastructure' e.g. policies, action plans, tools, etc	Ali Maclaine (SC-UK)
INFANT AND YOUNG CHILD FEEDING (focus on non-emergencies) – POLICIES AND PROGRAMMING (1) - *Facilitator Geraldine Le Cuziat*			
12.00 - 13.00	Lunch		
13.00 – 13.30 30 min.	D1.6	Role of IYCF in child survival, growth and development and the evidence for IYCF interventions	Nune Mangasaryan (UNICEF)
13.30 – 13.45 15 min	D1.7	Overview of global IYCF policies, guidance, capacity building and tools in non-emergency settings	Christiane Rudert (UNICEF)
13.45 – 15.15 90 min	D1.8	National strategic planning processes for IYCF:	Nune Mangasaryan, (UNICEF)
15.15 - 15.45	Coffee/tea break		
15.45 - 16.15 30 min	D1.8 cont	Overview of key programme components in multiple sectors	Christiane Rudert (UNICEF)
16.15 –16.45 30 min.	D1.8 cont.	Tool for assessing complementary feeding and programming: ProPAN	Nune Mangasaryan (UNICEF)
16.45 – 17.05 20 min.	D1.9	*Field example of IYCF programming – challenges, achievements and key learning points.* - Concern: Improving IYCF through productive safety net programmes in Ethiopia (PSNP)	Gwyneth Cotes (Concern)
CONCLUSION – *Facilitator Mija-tesse Ververs*			

	17.05 – 17.20 15 min	D1.10	Ensure completion of action plans	Ali Maclaine (SC-UK)
	17.20 – 17.30 10 min.	D1.11	Wrap up and Close	Mija-Tesse Ververs (Independent)

Evening - optional

	18.00 – 18.30 30 min.	D1.12	Tool for assessing complementary feeding and programming: Optifoods	Elaine Ferguson (LSHTM)
	18.30 – 19.00 30 min.	D1.13	Infant and Young Child Feeding Amnesty: Questions that will have been handed in anonymously during the day will be answered by experts and participants.	Nune Mangasaryan, Christiane Rudert (UNICEF); Mary Lung'aho (Nutrition Policy & Practice); Mija-Tesse Ververs (Independent)

End of Day 1

TUESDAY 26 JUNE

Day 2: IYCF programming continued and monitoring and evaluating			
Time	**Session number**	**Subject**	**Presenters**
INTRODUCTION - *Facilitator Mija-Tesse Ververs*			
9.00 – 9.10 10 min.	D2.1	Introduction to the day	Mija-Tesse Ververs (Independent)
INFANT AND YOUNG CHILD FEEDING (focus on non-emergencies) – PROGRAMMING (2) - *Facilitator Alison Donnelly*			
9.10 – 10.30 80 min	D2.2	Prioritization of IYCF interventions and complementary feeding decision making framework	Nune Mangasaryan (UNICEF)
10.30 - 11.00	Coffee/tea break		
11.00 – 11.50 50 min	D2.2 cont.	Activity: Individual work on complementary feeding decision framework	Facilitated by Nune Mangasaryan (UNICEF)
11.50 – 12.30 40 min.	D2.3	Overview of opportunities for multi-sectoral integration - especially of complementary feeding-related interventions	Nune Mangasaryan (UNICEF)
12.30 - 13.30	Lunch		
13.30 – 14.30 60 min.	D2.4	Implementation of key IYCF programme components	Christiane Rudert (UNICEF)
14.30 – 15.10 40 min.	D2.5	Further challenges for improving IYCF: HIV and infant feeding	Sandra Lang (Infant Feeding Consortium) (via video link)
15.10 - 15.40	Coffee/tea break		
15.40 – 16.40 60 min.	D2.6	Design and implementation of community-based IYCF interventions including orientation on key IYCF materials to be used in communities:	Christiane Rudert (UNICEF); Mary Lung'aho (Nutrition Policy & Practice)
16.40 – 17.10 30 min.	D2.7	*Field examples of IYCF programming – challenges, achievements and key learning points*. 1. SC-Bangladesh: Improvement of IYCF practices in rural Bangladesh through BCC activities, linking with homestead food production and engagement of community health workers/volunteers 2. FAO: Complementary feeding, food security and dietary diversification projects and TIPS.	Golam Mothabbir (SC-Bangladesh) Theresa Jeremias (FAO)

CONCLUSION – *Facilitator Mija-tesse Ververs*				
	17.10 – 17.20 10 min.	D2.8	Ensure completion of action plans	Ali Maclaine (SC-UK)
	17.20 – 17.30 10 min.	D2.9	Wrap-up and closing	Mija-Tesse Ververs (Independent)

End of Day 2
WEDNESDAY 27 JUNE

Day 3: Introduction to IYCF in emergencies and assessing the situation			
Time	**Session number**	**Subject**	**Presenters**
INTRODUCTION - *Facilitator Mija-Tesse Ververs*			
9.00 – 9.10 10 min.	D3.1	Introduction to the day	Mija-Tesse Ververs (Independent)
9.10 – 9.25 15 min	D3.2	*Field example of IYCF programming – challenges, achievements and key learning points.* - Alive & Thrive Bangladesh: Field experiences of implementing IYCF programmes - community volunteers and IYCF integrated into maternal and newborn health - example of multi-media communication strategy	Tina Sanghvi & Rukhsana Haider (Alive and Thrive Bangladesh)
IYCF – MONITORING AND EVALUATION – *Facilitator Mija-Tesse Ververs*			
9.25 – 10.25 60 min.	D3.3	Monitoring and Evaluation in IYCF programming	Christiane Rudert (UNICEF)
10.25 – 10.55	Coffee/tea break		
LINKING IYCF AND IYCF-E – *Facilitator Mija-Tesse Ververs*			
10.55 – 11.20 25 min.	D3.4	Introduction to IYCF in emergencies: The 'hand-shake' between IYCF programming in non-emergency and emergency contexts	Ali Maclaine (SC-UK)
INFANT AND YOUNG CHILD FEEDING (focus on emergencies) – POLICIES AND PROGRAMMING – *Facilitator Mija-Tesse Ververs*			
11.20 – 12.10 50 min.	D3.5	'HOW TO' SESSION 1 How to design and implement a communications strategy on IYCF-E (part 1)	Karleen Gribble (University of Western Sydney) (via video link)
12.10 – 12.30 20 min.	D3.6	Communications strategy for IYCF-E (part 2)	Casie Tesfai (Independent) with Ali Maclaine (SC-UK);
12.30 - 13.30	Lunch		
13.30 – 14.00 30 min.	D3.7	Overview of global IYCF-E policies, guidance, capacity building and tools	Ali Maclaine (SC-UK);
14.00 – 14.15 15 min	D3.8	IFE Core Group – History, Challenges, Successes and work	Kate Golden (Concern) (on behalf of Marie McGrath)
14.15 – 14.45 30 min	D3.9	Setting the framework for successful IYCF in emergencies	Ali Maclaine (SC-UK);
14.45 – 15.15 30 min.	D3.10	IYCF-E Coordination, Responsibilities and Leadership: What is the role of the Nutrition Cluster, GNC, UNICEF, Ministry of Health and NGOs, etc in IYCF-E?	Josephine Ippe (IASC GNC)
15.15 – 15.45	Coffee/tea break		
IYCF-E ASSESSMENTS AND SURVEYS – *Facilitator Geraldine Le Cuziat*			

15.45 – 16.15 30 min.	D3.11	'HOW TO' SESSION 2 – *Assessment and Monitoring* - Overview of IYCF-E assessments and surveys: MIRA	Mary Lung'aho (Nutrition Policy & Practice)
16.15 – 16.55 40 min.	D3.11 cont.	Assessments continued - UNHCR standardised nutrition survey guidelines (IYCF-E in refugee contexts)	Andrew Seal (UCL Centre for International Health and Development)
16.55 – 17.25 15 min.	D3.12	*Field example of IYCF -E programming – challenges, achievements and key learning points.* - UNICEF Ethiopia: IRA assessment conducted in Dolo Ado, Ethiopia (Horn of Africa response)	Casie Tesfai (Independent);
CONCLUSION - *Facilitator Mija-Tesse Ververs*			
17.25 – 17.35 10 min.	D3.13	Ensure completion of action plans	Ali Maclaine (SC-UK)
17.35 – 17.45 10 min.	D3.14	Wrap-up and closing	Mija-Tesse Ververs (Independent)

Evening - optional

18.00 – 19.00 60 min.	D3.15	New developments in IYCF survey/assessment methods	Paul Binns (Valid) (on behalf of Ernest Guevarra and Mark Myatt)

End of Day 3

THURSDAY 28 JUNE

Day 4: IYCF-E, the complete package			
Time	**Session number**	**Subject**	**Presenters**
INTRODUCTION - *Facilitator Mija-Tesse Ververs*			
9.00 – 9.10 10 min.	D4.1	Introduction to the day	Mija-Tesse Ververs (Independent)
IYCF-E MONITORING AND EVAULATION – *Facilitator Geraldine Le Cuziat*			
9.10 – 9.50 40 min.	D4.2	Monitoring and evaluating IYCF-E programmes *Field examples of IYCF-E programmes - M&E: challenges, achievements, key learning points for others* 1. SC-Somalia: Field experience in IYCF-E and M&E 2. SC-Pakistan: Field experience in IYCF-E and M&E 3. ACF-Fr: IYCF M&E guidelines, field programming tools and challenges	Facilitated by Alison Donnelly (SC-Pakistan) 1. Rachel Mose (SC-Somalia) 2. Alison Donnelly (SC-Pakistan) 3. Roselyne Monin (ACF-Fr)
IYCF-E – OPTIMAL INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES – *Facilitator Mija-Tesse Ververs*			
9.50 – 10.50 60 min.	D4.3	'HOW TO' SESSION 3 How to *protect and support optimal breastfeeding during emergencies:*	Roselyne Monin, Sandra Bernhardt (ACF-Fr)
10.50 – 11.20	Coffee/tea break		
11.20 – 11.40 20 min.	D4.4	*Field example of IYCF-E programming – Breastfeeding - challenges, achievements and key learning points*. - Haiti review of baby tents and breastfeeding support	Marjolein Moreaux (Independent)
11.40 – 12.20 40 min.	D4.5	'HOW TO' SESSION 4 How to protect and support optimal complementary feeding in emergencies: Designing and implementing emergency complementary feeding interventions for children 6-23 months	Carol Williams (University of Brighton, IFC) Christiane Rudert (UNICEF)
12.20 – 12.40 20 min.	D4.6	*Field example of IYCF-E programme – Complementary feeding: challenges, achievements, key learning points* - ACF-Kenya: Complementary feeding IYCN project in Dadaab camp, Kenya	Joy Kiruntimi (ACF-Kenya)

IYCF-E – REDUCING THE RISKS OF ARTIFICIAL FEEDING – *Facilitator Geraldine Le Cuziat*			
12.40 – 13.20 40 min.	D4.7	'HOW TO' SESSION 5 How to *Deal with donations of Breast Milk Substitutes (BMS) and other milk products*	Ali Maclaine (SC-UK)
13.20 – 14.20	Lunch		
14.20 – 14.35 15 min	D4.8	*Field example of IYCF-E programme - BMS: challenges, achievements, key learning points* - IMC: Breastmilk Substitute challenges in the Lebanon emergency	Caroline Abla (IMC)
14.35 – 15.05 30 min.	D4.9	'HOW TO' SESSION 6 How to *Design and implement feeding interventions for infants with no possibility to breastfeed/meeting criteria for artificial feeding*	Elham Monsef (UNICEF Afghanistan)
15.05 – 15.15 10 min	D4.10	*Field example of IYCF-E programme – Non-breastfed: challenges, achievements and key learning points* - Concern Worldwide: Experience from Haiti on programming for infants with no possibility to breastfeed	Kate Golden (Concern Worldwide)
15.15 – 15.45	Coffee/tea break		
FUNDING FOR IYCF AND/OR IYCF-E PROGRAMMING – *Facilitator Geraldine Le Cuziat*			
15.45 – 16.25 40 min.	D4.11	A donor's perspective on IYCF and/or IYCF-E funding and discussion of challenges for NGOs regarding funding	Abigail Perry (DFID);
MANAGEMENT OF ACUTE MALNUTRITION IN INFANTS (<6 MONTHS) – *Facilitator Mija-Tesse Ververs*			
16.25 – 17.05 40 min.	D4.12	Update on MAMI initiative	Marko Kerac (University College London)
CONCLUSION - *Facilitator Mija-Tesse Ververs*			
17.05 – 17.15 10 min.	D4.13	Ensure completion of action plans	Ali Maclaine (SC-UK)
17.15 – 17.25 10 min.	D4.14	Wrap up and Close	Mija-Tesse Ververs (Independent)

Evening optional

17.30 – 18.15 45 min.	D4.15	- MAMI 2 research priorities	Marko Kerac (University College London); Sagar Mehta (Duke University)

End of day 4

FRIDAY 29 JUNE

Day 5: Linking IYCF and IYCF-E programming and the way forward			
Time	**Session number**	**Subject**	**Presenter**
INTRODUCTION - *Facilitator Mija-Tesse Ververs*			
9.00 – 9.10 10 min.	D5.1	Introduction to the day	Mija-Tesse Ververs (Independent)
CMAM - INTEGRATION WITH IYCF and IYCF-E - AND LEARNING THE LESSONS cont. – *Facilitator Mija-Tesse Ververs*			
9.10 – 10.10 60 min.	D5.2	*IYCF integration with CMAM* - Overview of w*hy and how is IYCF being integrated with CMAM? Pros, cons and challenges*	Mary Lung'aho (Nutrition Policy & Practice); Suzanne Brinkmann (SC-US)

	10.10 - 10.30 20 min	D5.3	*Field example of IYCF-E programme - IYCF integration into CMAM – Challenges, achievements and key learning points* - SC-Pakistan: Experience of IYCF support into CMAM from Pakistan	Bushra Rashid, (SC-Pakistan)
	10.30 – 11.00	Coffee/tea break		
	11.00 - 11.15 15 min	D5.4	Learning the lessons of CMAM in relation to IYCF and IYCF-E discussion	Geraldine Le Cuziat - facilitator (SC-Myanmar)
	11.15 - 11.45 30 min	D5.5	Exploring and addressing common IYCF and IYCF-E challenges	All
STRENGTHENING IYCF AND IYCF-E PLANNING AND IMPLEMENTATION – *Facilitator Geraldine Le Cuziat*				
	11.45 – 12.00 15 min	D5.6	Introduction into finalisation of action plans on IYCF and/or IYCF-E	Ali Maclaine (SC-UK)
	12.00 - 13.00 60 min	D5.7	Thematic discussion groups: 1. IYCF and IYCF-E Policies 2. IYCF and IYCF-E Capacity Building 3. IYCF and IYCF-E Coordination and Funding 4. IYCF and IYCF-E Assessment and Monitoring 5. IYCF and IYCF-E Protection, promotion and support of optimal IYCF	Each group led by facilitator
	13.00 – 14.00	Lunch		
	14.00 – 15.30 90 min	D5.8	NGO / agencies / individuals finalise action plans and statements of commitment.	Facilitated by Ali Maclaine (SC-UK)
	15.30 – 16.00	Coffee/tea break - Mapping of main action points		
	16.00 – 16.30 30 min	D5.9	Discussion on main action points – Similarities, innovations.	Ali Maclaine (SC-UK)
	16.30 – 16.55 25 min	D5.10	Next steps	Facilitated by Ali Maclaine (SC-UK)
	16.55 – 17.15 20 min	D5.11	Formal closure by organising agencies Certificate Ceremony	Christiane Rudert (UNICEF); Ali Maclaine (SC-UK)
Closure				

End of Day 5

Annex III: Letter to donors

30th August 2012

Dear Donors,

Eight weeks ago, 67[1] Nutritionists and Public Health Professionals from 22 countries met in London to share experiences of protecting and promoting Infant and Young Child Feeding (IYCF) in non-emergencies and Infant and Young Child Feeding in Emergencies (IYCF-E) at the workshop organised by the Global Nutrition Cluster (GNC), UNICEF and Save the Children UK[2]. They represented a broad spectrum of organizations who regularly respond to many of the world's most severe emergencies and who support development programming for nutrition. All agreed that, protecting and promoting appropriate infant and young child feeding is critical to saving lives and that strengthening IYCF outside of emergencies is essential to reducing the loss of life when disasters strike.

The participants agreed that, appropriate IYCF in all situations is vital to accelerate progress to reduce child undernutrition and that collective action must be taken to ensure protection and promotion of IYCF becomes a cornerstone of emergency preparedness and response activities, as well as the bedrock of developmental nutrition programmes.

The first step in this collective action is to engage with the donor community in ensuring that funding is available to invest in IYCF programmes both during and outside of emergencies. The global Scaling Up Nutrition (SUN) movement is helping to increase investment in IYCF in non-emergency contexts, however, emergency preparedness and response for IYCF-E is sorely overlooked and underfunded. In order to address this, the group recognise that, they to need better understand donor policies, funding strategies and priorities, and would like to discuss with you how they can increase the availability of funding for well designed, lifesaving IYCF preparedness and emergency response activities.

The case for appropriate IYCF is clear. One-fifth of deaths among children less than five years could be prevented through optimal infant and young child feeding[3]. In emergency situations, infants and young children are at greater risk[4] [5] [6], for example, in Botswana in 2005/6 infants who were not breastfed were 50 times more likely to need hospital treatment, and much more likely to die[7]. Appropriate IYCF-E programming that actively supports optimal IYCF and care of non-breastfed infants according to international guidelines[8] saves lives. Furthermore, children who are fed well in infancy are not only more likely to survive but also to reach their physical and cognitive potential. Therefore, a failure to address IYCF

[1] The participant for CRS has been removed from this number as high-level approval necessary under CRS policy for such letters could not be obtained in the necessary timeframe.
[2] Workshop on **'Strengthening Infant and Young Child Feeding Programming and Planning for Emergency Preparedness and Response'** The workshop was funded by the Global Nutrition Cluster, UNICEF (IYCN and Emergencies Units) and Save the Children UK, who also organised the meeting. The workshop objectives included: To increase awareness of the importance of IYCF and IYCF-E; To share experiences, challenges and lessons-learnt in IYCF and IYCF-E programming in different contexts; To orientate and disseminate IYCF and IYCF-E policies and capacity development tools; and to develop concrete action plans for agencies to move towards more effective mainstreaming of IYCF within its nutrition strategy and commitments.
[3] Jones, Gareth, et al., 'How many child deaths can we prevent this year?' *The Lancet*, vol. 362, no. 9377, 5 July 2003, pp. 65–71.
[4] http://www.ennonline.net/ife/orientation/technical
[5] http://www.ncbi.nlm.nih.gov/pubmed/21426621
[6] WHO. Guiding Principles for Infant and Young Child feeding during Emergencies. 2004
[7] Creek T, ArveloW, Kim A, Lu L, Bowen A, Finkbeiner T, Zaks L, Masunge J, Shaffer N and Davis M. *Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children, Botswana,* 2006. Session 137 Poster Abstracts, Conference on Retroviruses and Opportunistic Infections, Los Angeles, 25-28 February, 2007. http://www.retroconference.org/2007/Abstracts/29305.htm
[8] IFE Core Group. Operational Guidance on Infant and Young Child Feeding in Emergencies. v2.1, Feb. 2007. This document is endorsed by WHA: Resolution 63.23 (May, 2010)

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needs both during and outside of emergencies will derail initiatives and efforts to reduce chronic undernutrition.

Global policies and guidelines including the Operational Guidance on IYCF-E[8] sets out what is required to protect and actively support IYCF in emergency settings. But to succeed in providing the required level of support, both stand-alone and integrated programming are necessary. At present, any funding for IYCF in emergencies that is available tends to be linked to Community-based Management of Acute Malnutrition (CMAM). Whilst the integration of IYCF into CMAM programmes is important, and should be continued, this will only go part of the way to protecting the millions of infants and young children that are at risk of getting sick because of sub-optimal practices. Standalone IYCF-E interventions are critical for reducing loss of life and preventing undernutrition, and we know that they work[9]. We would request that IYCF-E programmes receive the level of funding and support that is necessary and appropriate to such life-saving activities.

At the same time, we recognise that there is a need to be able to better describe and propose clear IYCF-E programmes in different contexts that can be performed at scale and monitored effectively in order for agencies to be able to respond better and for donors to be able to target funding. To this end, we are copying this letter to the IFE Core Group[10] in order to urge the member agencies to explore how to strengthen documentation of programming experiences to inform development of models for IYCF-E intervention (e.g. practical guidance on how to programme and monitor IYCF-E in different settings), to strengthen evidence-informed practice. We also recognize the urgent need to increase operational capacity in IYCF-E and in order to move this agenda forward, donors have a critical role and we would ask for your engagement in this.

We are highly committed to saving the lives of infants and young children by supporting caregivers to feed and care for them appropriately. We are ready, but we need your support to ensure that IYCF-E becomes an essential component of humanitarian action as well as development investments. We look forward to your responses and to dialogue and collaborate with you on this important issue.

Instead of having all the workshop participant sign this letter, the Global Nutrition Cluster Coordination Unit as one of the organisers of the meeting has agreed to signed this letter and will also be the focal point in circulating your responses to the participants of the workshop and will be ready to arrange for further dialogue on this issue.

Yours sincerely,

Josephine Ippe
Global Nutrition Cluster Coordinator
(On behalf of participants of the IYCF / IYCF-E workshop)

cc: IFE Core Group

Note: The list of the participants of this workshop along with their respective positions in the organization represented at this meeting is attached in annex 1

[9] See Examples in Module 1 on IYCF-E at: http://www.ennonline.net/ife/orientation/technical
[10] IFE Core Group is an expert advocacy and resource group on infant and young child feeding in emergencies. Current members include: UNICEF, WHO, Save the Children (UK and USA), WFP, UNHCR, Concern Worldwide, ACF, IBFAN-GIFA, ENN, CARE USA, IMC and others. http://www.ennonline.net/ife/mandate