GLOBAL
EVENT
2024

OUR
FUTURE

LEADING THE WAY TO A COORDINATED NUTRITION RESPONSE BEFORE, DURING AND AFTER EMERGENCIES

Global Nutrition Cluster Global Event 2024

Virtual
26 March 2024

AGENDA

Time (CET)	Agenda
12–12:05	Welcome, Recap of Day 1
12:10–12:40	**Theme 3: Cash and Voucher Assistance**
12:40–12:50	Networking Session
12:50–14:20	**Theme 4: Maternal and Child Nutrition**
14:20–14:35	Questions and Answers, Theme 4
14:35–14:50	Networking Session
14:50–15:40	**Theme 5: Management of Wasting**
15:40–15:55	Questions and Answers
15:55–16:10	UNICEF/World Food Programme Strategic Approach on Early Actions to Address Wasting in Humanitarian Contexts
16:10–16:25	Questions and Answers
16:25–16:30	Wrap Up

Zoom Language Interpretation

English	Click the Interpretation icon to have the option to hear the meeting in French, Arabic, or Spanish. To hear the meeting only in French, Arabic, or Spanish, select Mute Original Audio.
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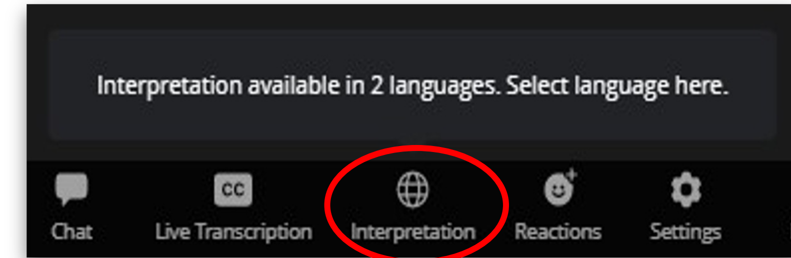
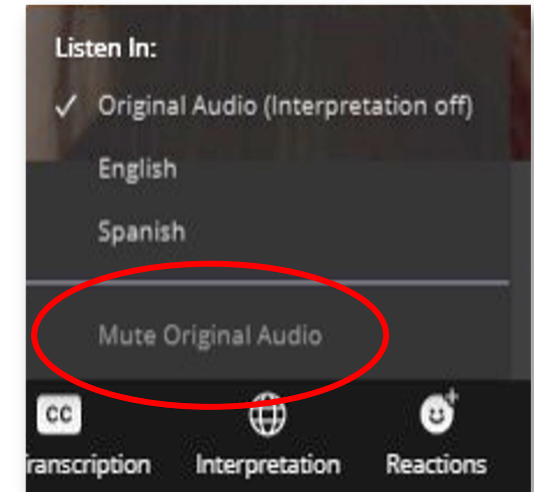
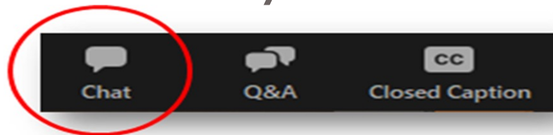
عربي	انقر فوق أيقونة الترجمة الفورية ليكون لديك خيار الاستماع إلى الاجتماع باللغة الفرنسية أو العربية أو الإسبانية. لسماع الاجتماع باللغة الفرنسية أو العربية أو الإسبانية فقط، حدد كتم الصوت الأصلي.



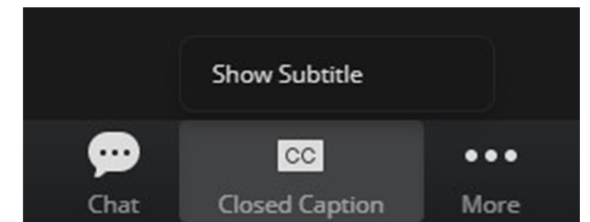


Zoom Reminders

- If at any point during today's meeting you are unable to hear the speakers, please make sure you've connected your audio by selecting the headphones icon.



- Please send a message to *Everyone* in the chat box to introduce yourself, send in your questions, or ask for support by locating the individuals with "tech support" in their name.

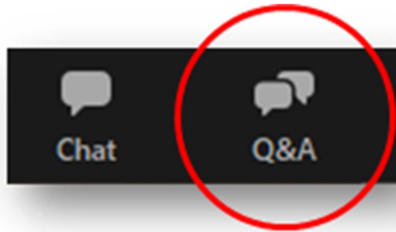


- Closed captioning in English has been enable for this meeting, to view the live English subtitles on your screen, click on the CC icon and select to *Show Subtitle.*

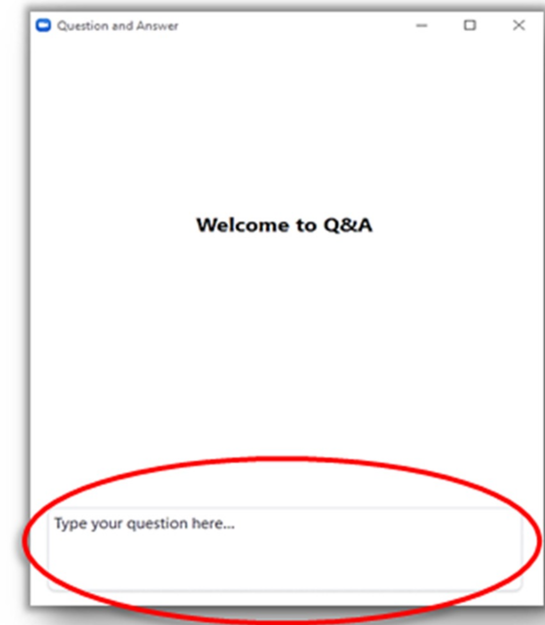
- Finally, please note that this meeting is being recorded.

Zoom Reminders

Please submit your questions for the panelists in the Q&A box.



Panelists will either reply back to you via text in the Q&A box or will answer your question during the Q&A discussion portion of the session.



THEME 3: CASH AND VOUCHER ASSISTANCE

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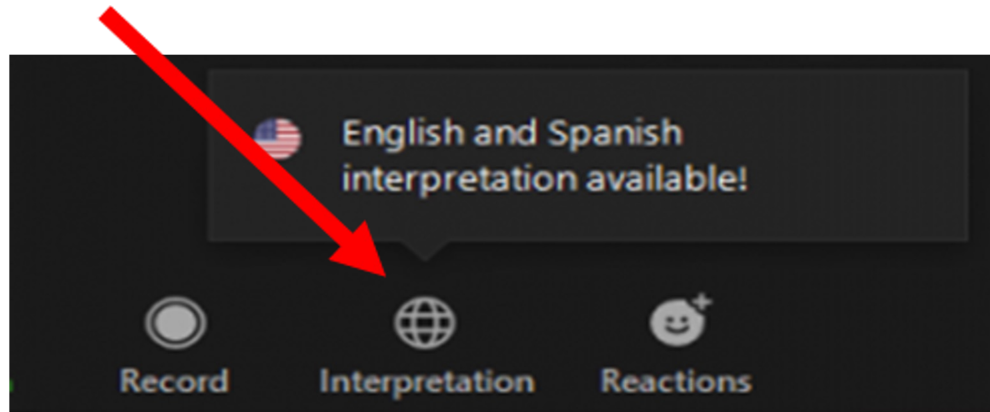
Cash and Voucher Assistance (CVA) for Nutrition
Day 2

Developing Guidelines on the Use of CVA for Nutrition Outcomes

Diane Moyer (Concern Worldwide)
Pierluigi Sinibaldi (Save the Children)

- Interpretation is accessible by clicking the globe icon on the bottom of your screen.
- L'interprétation est accessible en cliquant sur l'icône du globe terrestre au bas de votre écran.
- Se puede acceder a la interpretación haciendo clic en el icono del globo en la parte inferior de la pantalla.



يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق رمز الكرة الأرضية أسفل الشاشة.

OUTLINE

- Country clusters share experience on developing and applying CVA for nutrition operational guidance with support from Global Technical Working Group (GTWG).
- Reflections for future guidance
- Q&A

How the GTWG is promoting the use of CVA for nutrition outcomes

Our Objective: To advance the use of CVA as a tool for enhancing nutrition interventions by sharing best practices, research findings, and innovative approaches.

Synthesis and diffusion of evidence, good practices, and tools:

- Learning brief on programmatic challenges and promising practices
- F.A.Q on using CVA for nutrition
- Webinars on the use of Cost of Diet/ NutVal/minimum expenditure basket

Support to countries & organisations:

- **When**: Demand-based via GNC Ops team
- **How:** On site/remote technical support on CVA for nutrition
- **What:** Guidelines/Strategies/Training
- **Where:** Nigeria, Myanmar, Northwest Syria, Ethiopia, Yemen

CVA FOR NUTRITION—OPERATIONAL GUIDANCE

- Nigeria, Northwest Syria, Myanmar, Ethiopia
- Framed around five main approaches on CVA for nutrition *(Evidence & Guidance note, GNC, 2020)*
- Prioritise the actual approaches most relevant/ used in country with detailed guidance on how: ⇒ targeting; modality; transfer features; monitoring, evaluation, accountability, and learning; complementary activities; risks; protection/gender etc.
- Multi-agency collaborative initiative

	Approach
Prevention	Combine household assistance with individual feeding assistance *Cash or vouchers can be considered for both components*
	Combine household cash or vouchers with SBC interventions
	Provide conditional cash transfers to incentivise attendance to priority preventative health services
Treatment	Provide cash or vouchers to facilitate access to treatment of malnutrition
	Provide household cash or vouchers assistance to caregivers of children with SAM

Voices from Countries

Facilitators and Panelists

Diane Moyer
Nutrition Advisor/GTWG CVA & Nutrition Co-Chair
Concern Worldwide

Pierluigi Sinibaldii
Cash & Market Senior Advisor /GTWG CVA & Nutrition Co-Chair
Save the Children

Koki Kyalo
Nutrition Cluster Coordinator
Syria
UNICEF

Maung, Kyaw
Humanitarian Surge Team
Food Security and Livelihoods Advisor
Save the Children

Mabasa Farawo
Nutrition Cluster Coordinator
UNICEF

TO REMEMBER

- 1 size does not fit all: not all 5 CVA for nutrition approaches will be relevant, must adapt to context

- Coordination and collaboration across sectors and clusters is essential, especially nutrition, food security and livelihoods, health, and cash working group

- Dual expertise of cash and nutrition is required

- Learn from other countries and share your own experience, cross country learning is key!

REFERENCES & RESOURCES

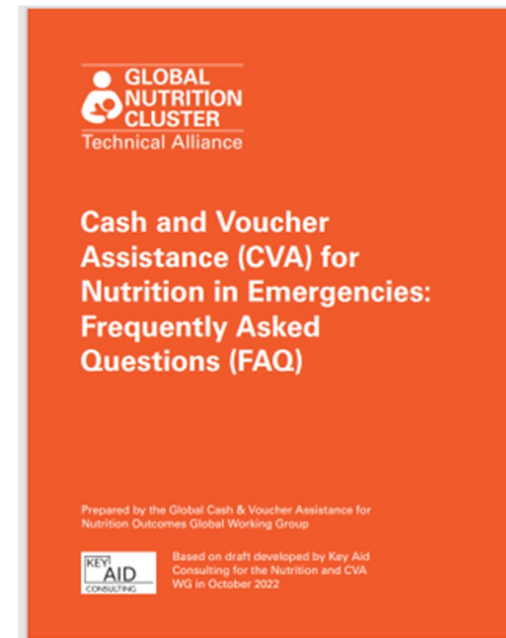
Do you want to know more about CVA for nutrition?

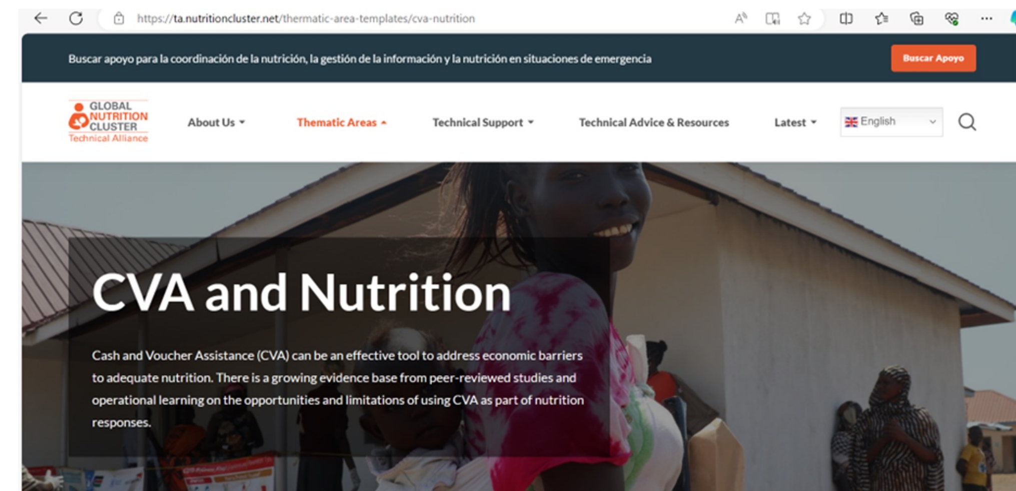
- GNC Evidence & Guidance Notes on CVA for Nutrition Outcomes in Emergencies
- CVA for Nutrition in Emergencies: Summary of Programmatic Challenges and Promising Practices
- CVA for Nutrition in Emergencies: FAQ
- Ops Cash & Nutrition Guidance Myanmar
- Ops Cash & Nutrition Guidance Northwest Syria

Need technical support on CVA for nutrition?

- Diane Moyer Diane.Moyer@concern.net &
- Pierluigi Sinibaldi Pierluigi.Sinibaldi@savethechildren.org

- Request support





THANK YOU

Networking Session

Networking Session 3

Instructions:

- Participation is optional; if you would prefer to opt out, don't join the breakout we assign you to.
- You will have 5 minutes to introduce yourselves to each other and answer this question:

What is a new habit you adopted since the pandemic?

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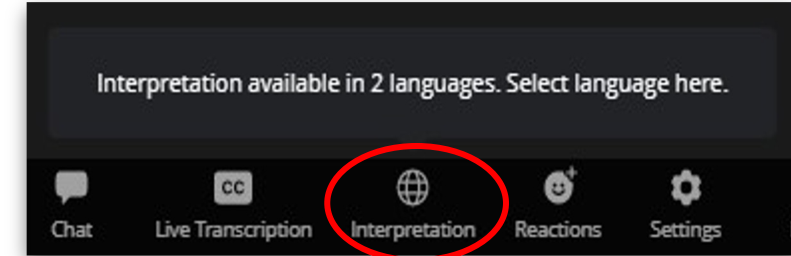

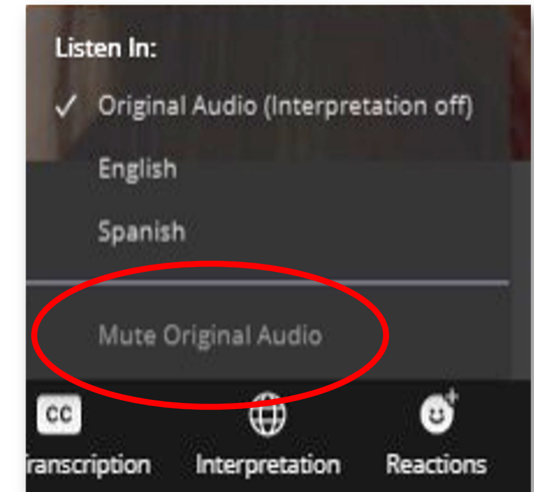

THEME 4: MATERNAL AND CHILD NUTRITION

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MATERNAL AND CHILD NUTRITION

Women's Nutrition

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GNC Gender and Gender-Based Violence (GBV) Working Group Update

Co-Chairs:
Sona Sharma, *Social and Behaviour Change Advisor with GNC*
Brooke Bauer, *Sr. Humanitarian Advisor for IYCF-E, Save the Children International*

GENDER & GBV WORKING GROUP

Vision

All humanitarian health and nutrition organisations mitigate and respond to gender inequality and GBV risk mitigation within their organizations and in their work with crisis affected populations.

Core Functions

1. Ensure that gender and GBV risk mitigation are incorporated into the ways of working of the GNC.
2. Act as a champion for gender and nutrition in the nutrition arena including Technical Working Groups, donors, and other key stakeholders.
3. Facilitate linkages with Gender and GBV networks to ensure access to relevant tools and resources.
4. Identify and support sharing of best practices and lessons learned on gender and GBV risk mitigation in nutrition.

UPDATE ON ACTIONS

- Capacity assessment with GNC Team
- Nutrition GBV Risk Mitigation checklist developed and included in Advisor/Consultant orientation package
- Regular review of all terms of reference (ToRs) for advisor deployment from a gender perspective

Capacity strengthening:

- Coffee chat on Gender and Language
- Orientation on Gender and GBV for GNC Team
- Two-part webinar series on GBV risk mitigation integration into humanitarian needs overviews/humanitarian response plans
- Inclusion of GBV risk mitigation in technical support trainings for infant and young child feeding in emergencies (IYCF-E)/community-based management of acute malnutrition (CMAM)
- Global webinar on the linkages between gender and nutrition and the lessons learned

Joint technical support: Ethiopia Nutrition Cluster

Technical Support to Ethiopia Nutrition Cluster

March to June of 2023

Aim: Joint mission between UNICEF and GNC with support from World Food Programme (WFP) to identify gaps and opportunities for gender and nutrition

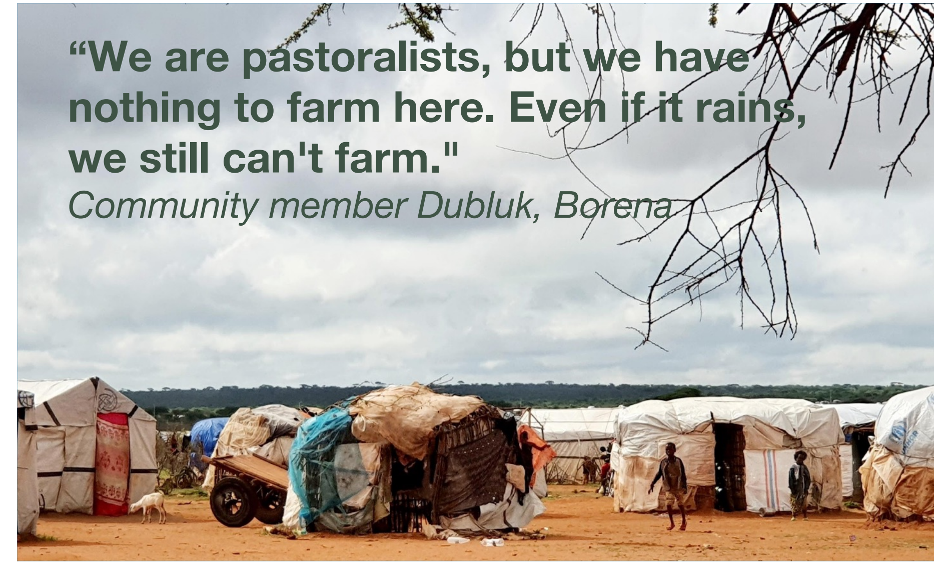
Overview:

- 7.4 million people estimated in need of nutrition assistance in Ethiopia.
- Severe drought one of the key drivers of increased malnutrition.
- Women and young girls vulnerable to sexual and physical violence and coercion, child labor, and early marriage.
- Drought forces women and girls to travel far distances to fetch water and firewood
- Young girls are often left alone while family members are away looking for food or livelihood increasing vulnerability.

"As women we are suffering a lot."
Community member Dubluk, Borena

Technical Support to Ethiopia Nutrition Cluster

March to June of 2023



Key activities: Focus group discussions, action planning workshops, key informant interviews

Key themes:

- Women's heavy workload
- Engagement with women and indigenous led and women rights organisations
- Safer programming and GBV risk mitigation
- Gender transformative programmes
- Accountability and meaningful engagement with communities

Recommendations:

- Strong coordination between nutrition cluster and GBV and child protection area of responsibility
- Train frontline staff of nutrition partners on how to safely receive disclosures of gender-based violence
- Ensure that all nutrition staff have the up-to-date information on available GBV services
- Target fathers for nutrition education and programmes
- Stronger meaningful engagement with communities, ensure leadership from local women rights organisations and women and indigenous lead organisations.

GBV POCKET GUIDE: Receiving disclosures of gender-based violence

Service Providers

POLICE

Entry Points
(humanitarian actors)

Entry Points
(women/adolescent-led NGOs, community leaders, organizations of persons with disabilities)

App Store

Google Play Store

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THANK YOU

Panel Discussion

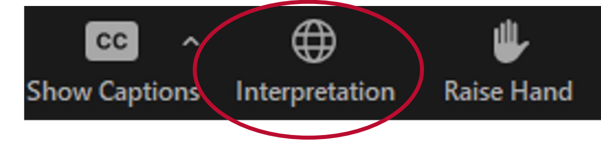
Voices for Dignity and Rights: Gender and GBV Risk Mitigation in Nutrition Programming

Yvette Alal; *Technical Manager and member of Violence Against Women Prevention Team, Raising Voices*

Andy Solomon-Osborne; *Head of Department, Protection, Gender & Mental Health; Action Against Hunger Ethiopia*

Ines Lezama; *Nutrition Cluster Coordinator, Ethiopia*

Interpretation | Interprétation | Interpretación | تفسير



For attendees listening in English:

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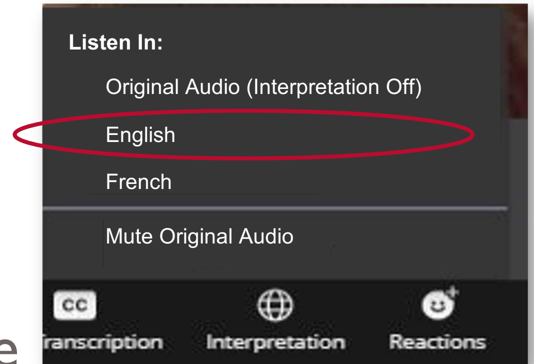
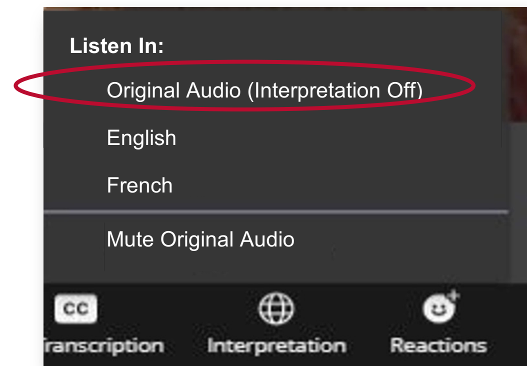


Pour les participants qui écoutent en français :

Si les orateurs sont francophones, vous devrez peut-être cliquer sur l'icône d'interprétation et sélectionner l'audio original (interprétation désactivée) pour entendre les orateurs français.



Para los asistentes que escuchan en español:

¡No ajustes tu configuración!

للحاضرين الذين يستمعون باللغة العربية:

لا تضبط إعداداتك!

Feuille de route sur la nutrition des femmes et adolescentes (2023–2026)

Réunion du Cluster nutrition globale

26 mars 2024

Plan de présentation

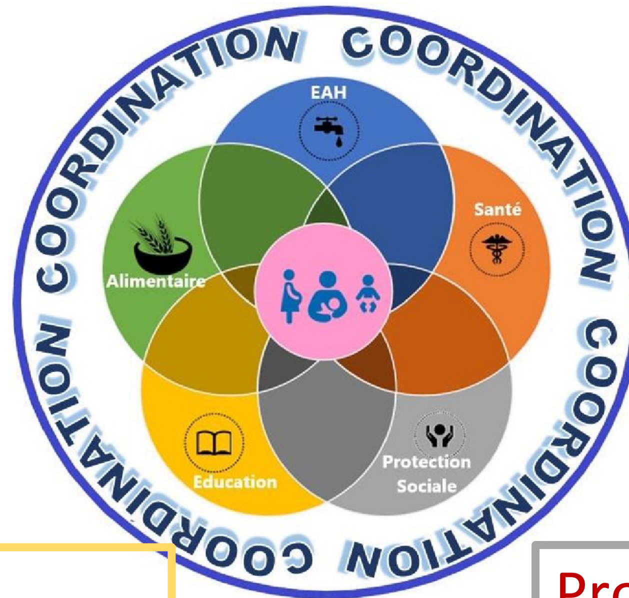
- Contexte et justification
- Vision et théorie du changement développées
- Feuille de route : Résultats attendus
- Plan de mise en œuvre
- Plan de suivi et évaluation

Madagascar NUTRITION CLUSTER

PRIMATURE ONN OFFICE NATIONAL DE NUTRITION

Peu de données sur l’état nutritionnel des femmes et des adolescentes

Approche multisectorielle du plan national



Pas de définition claire des seuils de malnutrition aiguë sévère (MAS) et malnutrition aiguë modérée (MAM) et de protocole national de prise en charge pour les femmes enceintes et allaitantes

Peu d’intégration des éléments nutrition dans les programmes visant les jeunes et la santé sexuelle et reproductive des adolescents

Programmes qui visent les femmes en tant que mères (ou potentielles) plus que pour elles-mêmes

Contexte de Madagascar

Contexte humanitaire

- Madagascar connait des crises humanitaires récurrentes : la sécheresse et des cyclones récurrents, des crises au niveau mondial
- La vulnérabilité de la femme à ses différents stades de vie est considérablement exacerbée: notamment, enceinte, allaitante et/ou adolescente

Nexus Humanitaire-Développent

- La vulnérabilité des femmes et des adolescentes existait avant les situations d'urgence
- Les programmes d’urgence doivent tenir compte à la fois des réponses aux besoins immédiats et des perspectives de développement -> Nexus Humanitaire-Développement

-> Développement d’une feuille de route s’adresse à la fois aux situations d'urgence mais aussi hors urgence, en tenant compte du nexus humanitaire-développement

Rationnel pour s'adresser aux adolescentes, aux femmes et aux femmes/ adolescentes enceintes et allaitantes (1/2)

Adolescentes

- La deuxième fenêtre d'opportunité pour le développement et la croissance
- Établir des habitudes alimentaires
- Phase de préparation pour être un adulte avec un bon état nutritionnel
- Les filles peuvent se préparer à entrer dans leurs années de procréation avec un bon état nutritionnel

Femmes/adolescentes enceintes et allaitantes

- Pendant la grossesse et l'allaitement, les besoins nutritionnels des femmes augmentent
- Un faible indice de masse corporelle maternel, un gain de poids sous-optimal pendant la grossesse, les femmes ayant connu une forme de violence avec leur partenaire sont des facteurs de risque pour avoir un enfant avec un retard de croissance et/ou d'avoir un enfant de faible poids à la naissance (un cycle intergénérationnel de malnutrition)

Rationnel pour s'adresser aux adolescentes, aux femmes et aux femmes/ adolescentes enceintes et allaitantes (2/2)

Grossesse adolescente

- Un double fardeau nutritionnel: besoins nutritionnels accrus pour leur propre croissance pubertaire et la croissance du fœtus et du nourrisson
- Conséquences dans les domaines de la santé et sociaux :
  - Des complications lors de l'accouchement
  - Des avortements à risque entraînant la mortalité
  - Un faible poids à la naissance
  - L'abandon scolaire
  - La perte d'opportunités d'emploi

Femmes

- Les femmes, quel que soit leur statut de grossesse et d'allaitement, ont le droit d'accéder à la nourriture et à une nutrition adéquate
- L'état nutritionnel des femmes affecte leur capacité à travailler et à participer activement à la vie familiale et publique

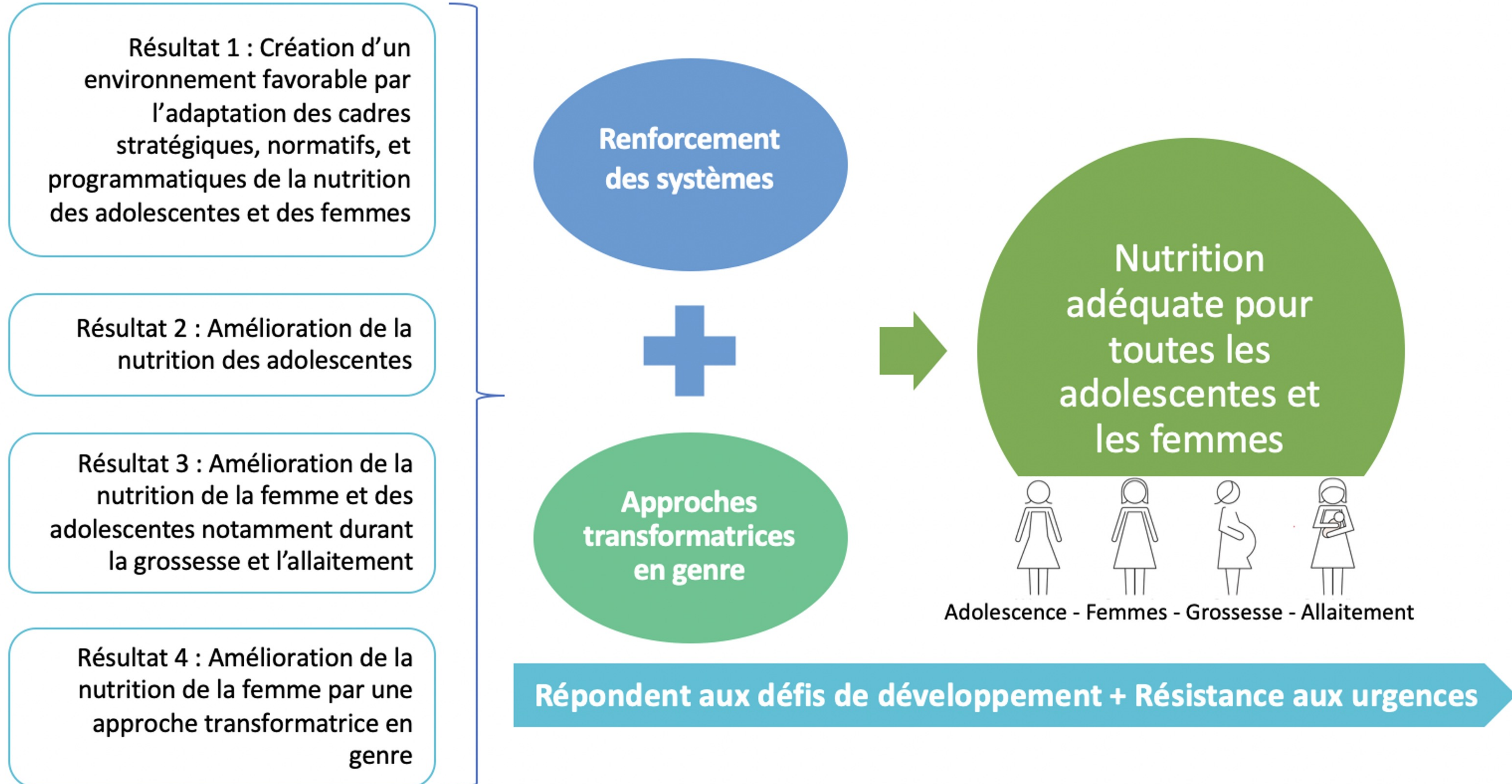
Vision

« Toutes les adolescentes et les femmes accèdent à une nutrition adéquate à travers le renforcement des systèmes et les approches transformatrices en genre, répondant aux défis du développement et aux urgences » (2023–2026)[1,2,3]

Note:

1. Conformément au Plan National d'Action Multisectorielle pour la Nutrition (PNAMN) 2022–2026
2. Les approches transformatrices en genre cherchent à lutter contre les inégalités de genre en transformant les normes, les rôles et les relations de genre néfastes, tout en œuvrant à une redistribution plus équitable du pouvoir, des ressources et des services
3. Les cinq systèmes (santé, alimentaire, protection social, WASH, éducation) du PNAMN 2022–2026

Théorie du changement



Résultats attendus

Résultat 1 : Création d'un environnement favorable par l'adaptation des cadres stratégiques, normatifs, et programmatiques de la nutrition des adolescentes et des femmes

Axe stratégique 1 : Renforcement du système d'information sur la nutrition de la femme à tous les stades de sa vie pour une programmation sensible au genre

Axe stratégique 2 : Disponibilité de documents normatifs

Axe stratégique 3 : Augmentation des engagements financiers et politiques pour intégrer la nutrition des adolescentes et des femmes comme priorité, en particulier dans les situations d'urgence

Résultat 2 : Amélioration de la nutrition des adolescentes (10–19 ans)

Axe stratégique 1 : Intégration de programmes nutritionnels et de santé adaptés à l'âge et aux besoins différenciés des filles dans le **système éducatif** primaire, collège et lycée

Axe stratégique 2 : Mise en place de programmes **nutritionnels communautaires** adaptés aux contextes au profit des adolescentes (y compris non scolarisées)

Axe stratégique 3 : Renforcement des services nutritionnels essentiels pour les adolescentes dans le **système de santé**

Axe stratégique 4 : Intégration des besoins nutritionnels spécifiques des adolescentes dans la programmation de **protection sociale et de l'assistance alimentaire** en priorité dans les situations d'urgence

Résultat 3 : Amélioration de la nutrition de la femme et des adolescentes notamment durant la grossesse et l'allaitement

Axe stratégique 1 : Amélioration de la prestation de services de nutrition pour la femme durant la grossesse et l'allaitement et avec un focus sur les adolescentes, en priorité dans les situations d'urgences

Axe stratégique 2 : Intégration des besoins nutritionnels particuliers des femmes/ adolescentes enceintes et allaitantes dans la programmation de protection sociale et d'assistance alimentaire dans les situations d'urgence

Résultat 4 : Amélioration de la nutrition de la femme par une approche transformatrice en genre

Axe stratégique 1 : Amélioration du système alimentaire pour la consommation des aliments nutritifs et diversifiés adaptés aux besoins différenciés

Axe stratégique 2 : Amélioration de l'offre et de la demande des services communautaires sensibles à la nutrition

Axe stratégique 3 : Promotion de l'autonomisation, l'implication et la participation des adolescents et des femmes dans les activités sociales et la prise de décision

Plan de mise en œuvre

- La mise en œuvre de cette feuille de route sera réalisée conformément aux mécanismes existants (Lead: ONN, Co-lead: SNUT), en collaboration avec les partenaires (gouvernements nationaux et régionaux, des ONG internationales et locales, et des agences des Nation Unis)
- Différents groupes techniques/ cluster nutrition joueront un rôle central dans la planification, mise en œuvre, le suivi et l'évaluation des interventions prioritaires dans la feuille de route
- « Le paquet minimum d'interventions spécifiques au contexte pour la prévention et le traitement de toutes les formes de malnutrition chez les femmes, les adolescentes, et femmes/adolescentes enceintes et allaitantes à différents niveaux » décrit les rôles des acteurs à différents niveaux (national, régional, district, communautaire, fokontany)

Plan de suivi et évaluation

- Suivi : Au niveau processus (formation/ mise en œuvre) et la couverture de l'intervention/du programme
    - Qui: les Groupes Techniques/le cluster nutrition
    - Quand: semestriellement
    - Quoi: Discuter de l'état d'avancement de la mise en œuvre de la feuille de route
        - Suivi de l'état d'avancement: 3 classifications – i) Réalisé ou mise en œuvre avec bonne couverture ; ii) Mise en œuvre mais couverture faible ; iii) Pas encore mise en œuvre
        - Données de routine et les données des enquêtes (Cf : Manuel des indicateurs clés)
    - Identifier les facteurs de réussite, les défis et les recommandations pour le semestre suivant
        - Documentation de manière narrative
- Evaluation en 2026 : Les mêmes méthodes décrites ci-dessus

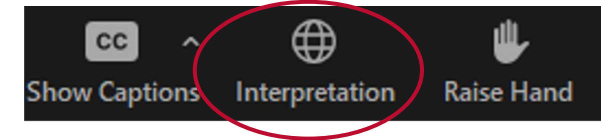
Leçons apprises du processus

- Intérêt de travailler avec différents acteurs et interlocuteurs, humanitaires et de développement
  - Permet de s'appuyer sur des initiatives en cours (intégration dans le plan)
  - Permet d'influencer des documents en cours de révision — gains rapides et mutuels
    - ex: mise à jour protocoles de santé maternelle
    - mise à jour du protocole de prise en charge nutrition
    - Stratégie nationale de protection sociale — volet nutrition
  - Nécessité d'harmonisation des définitions entre différents programmes et secteurs
    - Ex: Tranches d'âge pour les adolescentes.
- Certains éléments techniques restent en discussion au niveau global : seuils d'admission pour les adolescentes

Prochaines étapes

- Intégration dans les stratégies nationales et plan de réponse humanitaires
  - Opérationnalisation dans les paquets d'activités, notamment intersectoriel
  - Nécessité de maintenir le plaidoyer
- Suivi semestriel conjoint — avec l'ensemble des acteurs

Interpretation | Interprétation | Interpretación | تفسير



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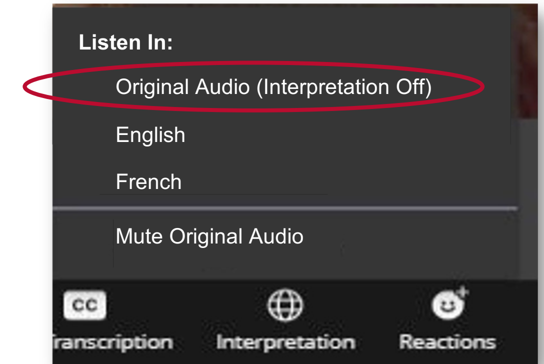

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MATERNAL AND CHILD NUTRITION

Management of small and nutritionally at risk infants under six months and their mothers (MAMI)

Management of small and nutritionally at-risk infants under six months and their mothers (MAMI)

MAMI Global Network Strategy
2021–2025

Strong Infants, Strong Mothers, Strong Futures: Building Bridges Towards 2030

MAMI and the **MAMI Global Network**

March 2024

Nicky Dent
MAMI Global Network Coordinator
Emergency Nutrition Network

Management of small & nutritionally At-risk infants under 6-months & their Mothers (MAMI)

Approximately 1 in 5 infants nutritionally at risk
(born too early or too small, wasted, stunted, underweight, growth concerns)

Higher risk of death, poor development and long-term ill health

Infants under 6 months in LMICs estimates:

9.2 million (15.5%) are wasted
0.3 million (17.4%) are underweight
11.8 million (19.9%) are stunted and
8.9 million (15%) born LBW

Kerac *et al* (2024). Prevalence and assessment of malnutrition in infants aged <6 months in low- and middle-income countries: secondary data analysis.
Pending peer review submission

- **Integrated care pathway** (reinforces what already exists)
- **Strengthens bridges between sectors—continuity of care**
- **Infant-mother pair central**

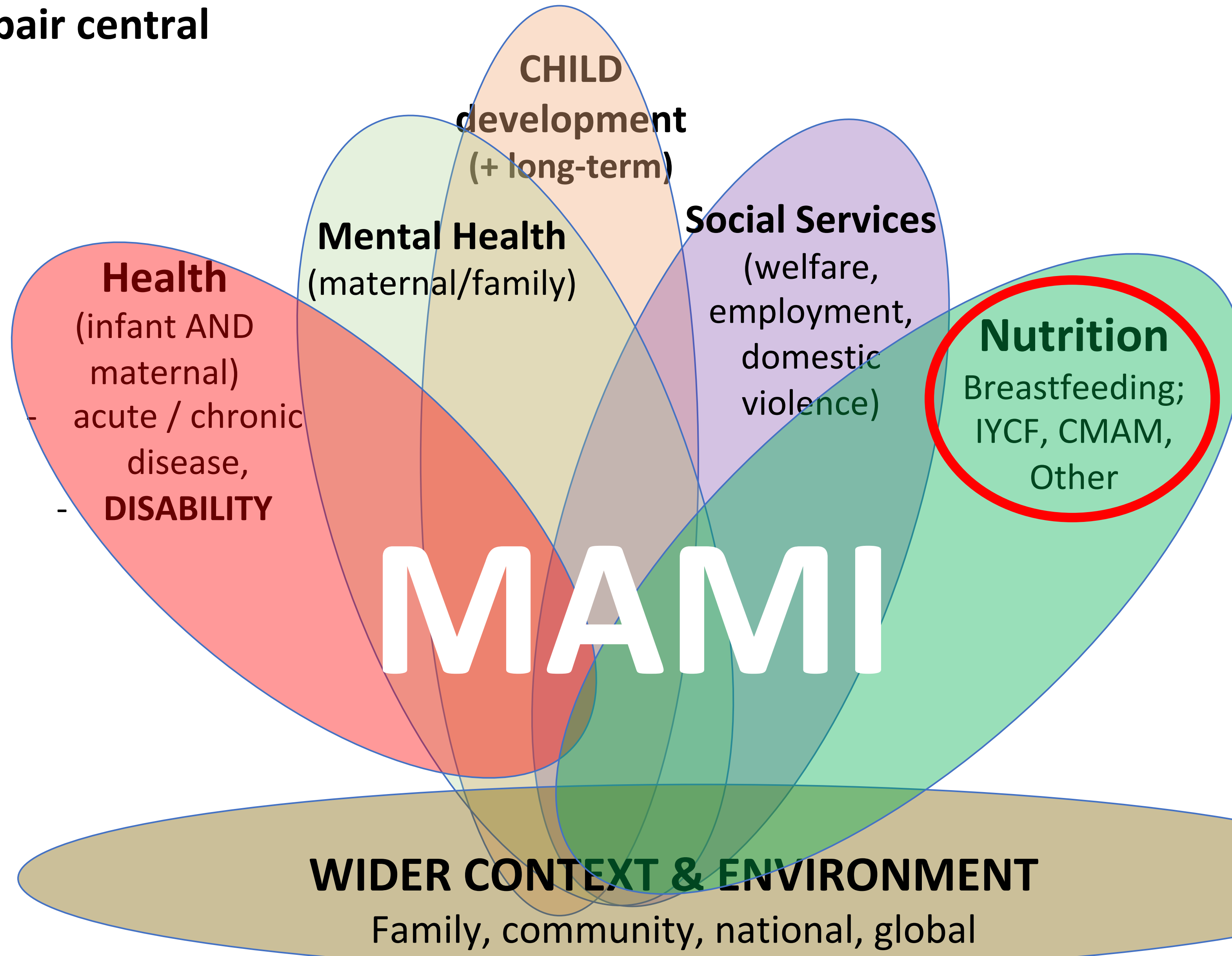


Figure adapted from Marko Kerac

MAMI Global Network

Current focus on under 6 months

WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition)

Section A:

Management of infants less than 6 months of age at risk of poor growth and development

Blog

MAMI and the new 2023 WHO recommendations on 'at-risk' infants under 6 months: we're talking the same talk!

BLOG: L'approche MAMI au regard des nouvelles directives 2023 de l'OMS sur les nourrissons "à risque" de moins de 6 mois : nous tenons le même discours !

=> WHO / UNICEF Implementation/Programme guidance under development

MAMI Global Network / Réseau mondial MAMI

(https://www.ennonline.net/ourwork/research/mami)

MAMI Global Network
Coordination & Steering Committee
(ENN, LSHTM, MOH, NGO, UNICEF, WHO)

Country chapters or networks

MAMI Practitioner's Group (global)

MAMI en Pratique (francophone, regional)

GNC-TA
MAMI GTWG

Country experiences/case studies; disability; maternal mental health, kangaroo mother care

Use of MAMI Care Pathway in Niger; shared experiences

EN-net MAMI questions

MAMI Deployments (Save the Children)

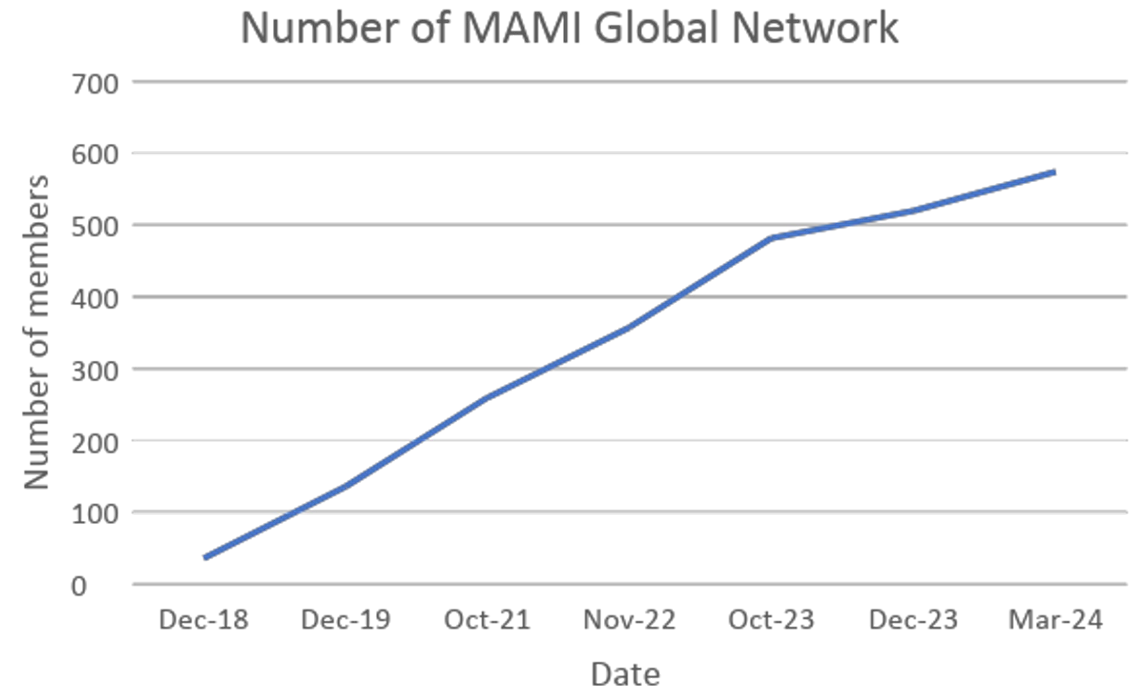
Role of the MAMI Global Network

- **Share and network**: connect with others
  Partager et networking : se mettre en relation avec d'autres

- **Monthly newsletter** (english/french)
  Lettre d'information mensuelle (anglais/français)

- **Online meetings** and discussions including emergency response updates
  Réunions en ligne, y compris les mises à jour sur les interventions d'urgence

- Sign in form / Formulaire d'adhésion



66 countries
Approaching 600 members

MAMI
Management of small & nutritionally At-risk Infants under six months & their Mothers

MAMI Care Pathway Package

Forms & User guides

MAMI ENROLMENT AND FOLLOW-UP FORM

MAMI Feeding Assessment Guide

Counselling & Support Action Booklet

Card A13 Low weight infant

Contextualisation: *Who, What, Where*

Also
[Save the Children Resource Centre]

MAMI Global Network, ENN, LSHTM. MAMI Care Pathway Package. v3. 2021. https://www.ennonline.net/mamicarepathway

To read....

- **Disability**: [Identifying and supporting infants under 6-months with **feeding difficulties and disabilities**: an overview of resources and evidence]
- **Country Case studies**: Pakistan, South Sudan, Yemen (ENN) *(end April 2024)*
  Honduras, Nigeria (Save); Cameroon, Indonesia, Philippines, Vietnam (EAPRO)
  [*UNICEF scoping (ESARO, WCARO, global)*]
- **Global policy guidance** on care of vulnerable infants under six months and their mothers – a scoping review *(available end March 2024)*
- **"Mothers in MAMI"** commentary *(complete end August 2024)*
- **MAMI Practitioners' resources** *(Relaxation, Kangaroo Mother Care….) (ongoing)*

MAMI Global Network

MAMI YouTube / Chaîne YouTube MAMI

MAMI Global Network: Who are we?

Le réseau mondial MAMI : qui sommes nous ?

THANK YOU

MERCI

Vivement MAMI

En-net MAMI

Create Request form | Global Nutrition Cluster: Technical Alliance
(including deployments)

MAMI Global Network / Réseau mondial MAMI (https://www.ennonline.net/ourwork/research/mami)

Nicky Dent: nicky.dent@ennonline.net

mami@ennonline.net

MAMI
Global Network

The Church of Jesus Christ of Latter-day Saints and Save the Children

Helping Babies Thrive: Management of small and nutritionally at-risk infants under six months and their mothers (MAMI)

GNC GLOBAL EVENT – MARCH 2024

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

MATERNAL AND CHILD NUTRITION

Infant Feeding in Emergencies

GLOBAL EVENT **2024**

OUR FUTURE

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IFE CORE GROUP

Tuesday 26 March
GNC Global Event 2024

IFE CORE GROUP

Who we are?

Individual members: Alison Donnelly, Angela Giusti, Bindi Borg, Caroline Abla, Deborah Wilson, Hiroko Hongo, Isabelle Modigell, Karleen Gribble, Magdalena Whoolery, Mija Tesse-Ververs, Shela Hirani, Yara Sfeir.

What do we do?

1. Develop & disseminate guidance and resource materials

2. Document lessons learned, challenges and gaps

3. Develop and implement advocacy and communication strategies

Ensure more effective infant and young child feeding support in emergency contexts

1. We develop and disseminate guidance and resource materials

You tell us the gap, we will develop the resource

Infant and Young Child Feeding in Emergencies

Operational Guidance for Emergency Relief Staff and Programme Managers

Developed by the IFE Core Group

Version 3.0 – October 2017

OPERATIONAL GUIDANCE: BREASTFEEDING COUNSELLING IN EMERGENCIES

JULY 2021

PLANNING AND MANAGING ARTIFICIAL FEEDING INTERVENTIONS DURING EMERGENCIES

IYCF-E Infographic Series

CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR (CBRN) THREATS IN WARTIME SITUATIONS: THE IMPACT ON BREASTFEEDING SAFETY AND INFANT/ YOUNG CHILD FEEDING PRACTICES

Infant and Young Child Feeding in Emergencies during Infectious Disease Outbreaks

1-hour eLearning course

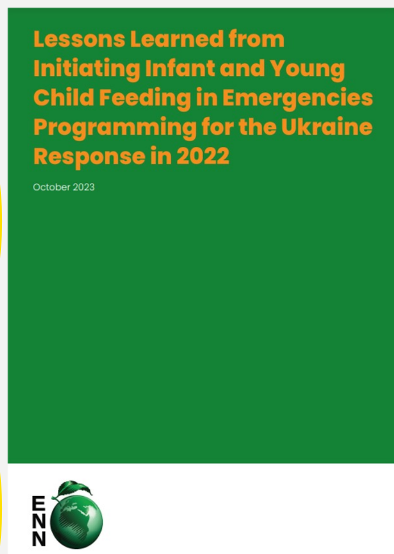
USAID FROM THE AMERICAN PEOPLE

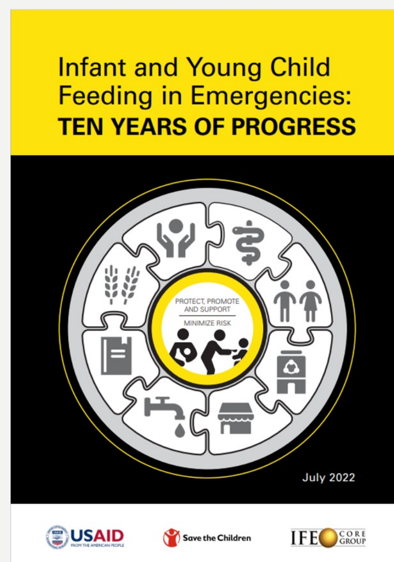
READY

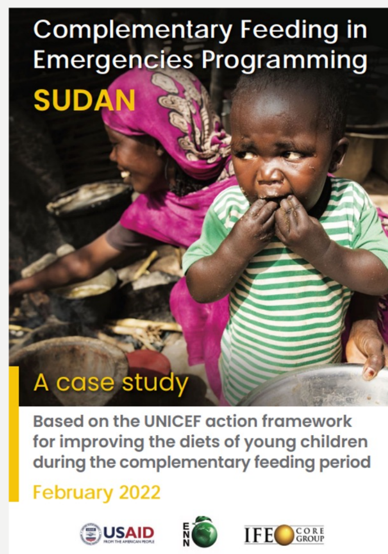
IYCF-E Hub: A global portal to the most relevant resources related to infant and young child nutrition in humanitarian contexts!

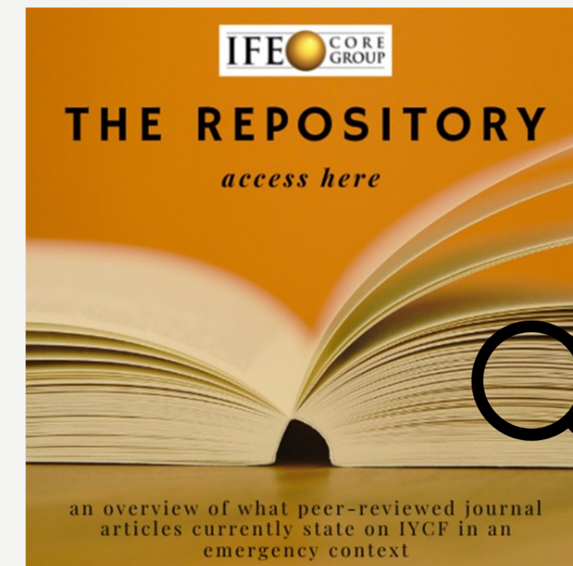
2. We document lessons learned, gaps & challenges

IFE CORE GROUP





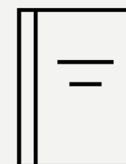




Complementary Feeding in Emergencies (CFE) Programming Case Studies: **Sudan and Nigeria** Case Studies (2022)

3. We develop and implement advocacy and communication strategies

Webinars: Media, communications & IYCF-E, CFE programming & resources, BF counselling in emergencies, and more



Draft IFE Core Group communication strategy

Ongoing and upcoming works

IFE CORE GROUP

IYCF-E Assessment Guide (led by FHI360 and AAH UK)

Wet nursing guidance (led by UNICEF)

Translations of key guidance and resources into Arabic, Spanish and French

Series of webinars (wet nursing, complementary feeding in emergencies, IYCF-E and disability)

Operational Guidance on IYCF-E: how to adapt in your country

MAMI/IYCF-E Brief (led by ENN)

Complementary Feeding in Emergencies Roadmap (led by ENN)

Active Emergencies Gaps & Challenges (AEGC) Dashboard

How we can help & how to get in touch

IFE CORE GROUP

Flagging an IYCF-E challenge or a gap

1

2

Request support from the GNC Helpdesk:
https://ta.nutritioncluster.net/request-support

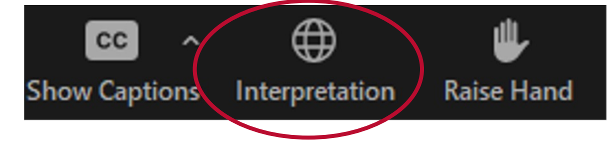
3

Send an email to: ife@ennonline.net

Any IYCF-E challenge you want to share with us?

Reach out to us

Interpretation | Interprétation | Interpretación | تفسير



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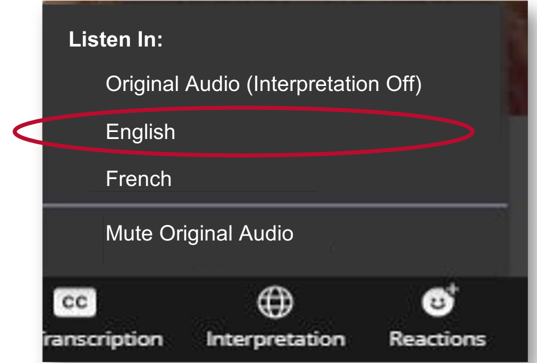

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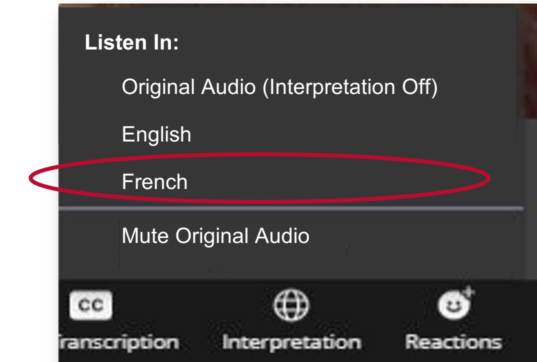

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ALIMENTATION DU NOURRISSON ET DU JEUNE ENFANT DANS LES SITUATIONS D'URGENCE

Mars 2024

GNC Global Event

HISTORIQUE

TASK FORCE ANJE

- Membres multisectorielles
- Lead: Service de la Nutrition /Ministère de la Santé Publique
- Coordination des activités ANJE avec tous les secteurs de développement

Des initiatives éparses des partenaires sur l ANJE-U mis en place durant les contextes d'urgence

- Capacité de réponses aux urgences limitée : sécheresse, inondations et cyclone
- Demande d'assistance technique par le SNUT pour répondre aux différents besoins de la réponse aux urgences :
- Integration du volet ANJE-U dans le plan de contingence cyclones /inondations (urgences rapides)
- Besoin d’éléments plus précis pour situation d’urgence longue (sécheresse …)

DEMANDE D’APPUI AU GNC

SNut
Service de la Nutrition

L'appui du GNC : Processus

Consultance en 2 étapes :

1. Évaluation faite en collaboration étroite avec un groupe de travail restreint sous lead SNUT

2. Définition des besoins pour la phase 2 après l'évaluation

Evaluation des capacités ANJE U → Plan d'action → Elaboration des documents cadres

SNut
Service de la Nutrition

Étape 1 : évaluation (1/3)

Objectif global:

Comprendre les capacités qui sont essentielles à l'exécution d'une réponse opportune, appropriée et efficace en faveur de l'ANJE-U

Objectifs spécifiques:

1. Évaluer le niveau de préparation pour mettre en œuvre une réponse adéquate d'ANJE-U
2. Identifier les actions clés de l'ANJE à mettre en place
3. Assurer un suivi des progrès réalisés en matière d'ANJE-U

S Nut
Service de la Nutrition

Étape 1 : évaluation (2/3)

7 critères évalués:

1. Politiques, plans et directives
2. Capacités des ressources humaines et organisationnelles
3. Coordination
4. Gestion de l'information
5. Prestation de service d'ANJE-U
6. Capacités financières
7. Communication et plaidoyer

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Service de la Nutrition

Étape 1 : évaluation (3/3)

Exemple : Capacité en programmation, développement de politique ANJE-U

POINTS FORTS

- Politique National de Nutrition et Plan National d'Actions Multisectorielles en Nutrition avec mention ANJE-U
- Manuel de référence ANJE avec une section sur ANJE-U
- Curriculum de formation ANJE-U
- Code de commercialisation SLM avec mention ANJE-U
- Plan de contingence et plan de réponse mise à jour comprenant l'ANJE-U
- Plan de gestion risques et catastrophes dans certaines localités à Manakara

FAIBLESSE/ LACUNES

- Peu de répondants connaissent que l'ANJE-U est mentionné dans ces documents
- Pas de section sur la gestion de l'alimentation artificielle dans les politiques
- Pas de section gestion des dons de SLM
- Code : mesure temporaire non définie, non respecté dans les formations sanitaires , système de suivi de violation pas en place
- Plan de contingence : identification et gestion des enfants vulnérables non mentionné

Étape 2 : Élaborer et diffuser les documents normatifs

FAIRE RESPECTER LES DISPOSITIONS DES NORMES INTERNATIONALES D'URGENCE DANS TOUTES SITUATION D'URGENCE A MADAGASCAR

Documents normatifs internationaux

Documents cadre de travail à Madagascar

(6) AXES STRATEGIQUES ANJE U

GRANDES LIGNES D'INTERVENTION

S Nut
Service de la Nutrition

Étape 2 : Élaborer et diffuser les documents normatifs

Listes documents élaborés	État d’avancement	Recommandations
Rapport d'évaluation du pays et le plan d'action	Partage au membres et partenaires du cluster	Renforcement de la sensibilisation des acteurs durant la réponse
Directives opérationnelles		
Messages clés de l'ANJE-U		
Plan de gestion pour le traitement des dons inappropriés pendant l’urgence	Réunion de plaidoyer du groupe sectoriel nutrition et TF ANJE auprès du BNGRC sur l'intégration des activités ANJE U et gestion de gestion des dons inappropriés	
Fiches techniques sur la gestion de l'alimentation artificielle	Partage au membres et partenaires du cluster	Large diffusion
Système de suivi et de rapportage ANJE/ANJE U	Mise à jour des indicateurs en ANJE/NdF/DPE à suivre en routine et identification des indicateurs prioritaires en ANJE-U	Rapportage dans Kobo Collect, en cours de mise de mise en place en collaboration avec UNICEF
Plan de formation ANJE-U	Pool de formateurs ANJE-U mise en place : niveau central , région Atsimo Atsinanana et région Fitovinany	

Étape 3 : Mise en œuvre

- Intégration du volet ANJE-U dans le plan de contingence national cyclones /inondations
- Briefings en ligne des 23 régions de Madagascar sur les activités du plan de contingence national et les activités ANJE-U
- Réunion de concertation tripartite entre le MSANP, l'ONN et le BNGRC
- Mise à jour des termes de référence de la Task Force ANJE : integration de l'ANJE-U
- Formation des acteurs en ANJE-U.

Prochaines étapes

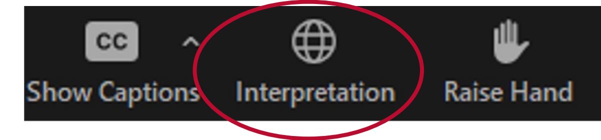
- Élaboration d'une déclaration conjointe des parties prenantes impliquées dans l'ANJE-U
- Finalisation du planning de formation en ANJE/NdF/DPE et ANJE-U
- Établissement d'un plan d'action pour les zones vulnérables aux cyclones et inondations
- Mise en place un système de suivi per et post urgence
- Mise en place d'un système de collecte et analyse des données en ANJE-U

S Nut
Service de la Nutrition

MERCI DE VOTRE AIMABLE ATTENTION

Madagascar
NUTRITION
CLUSTER

Interpretation | Interprétation | Interpretación | تفسير



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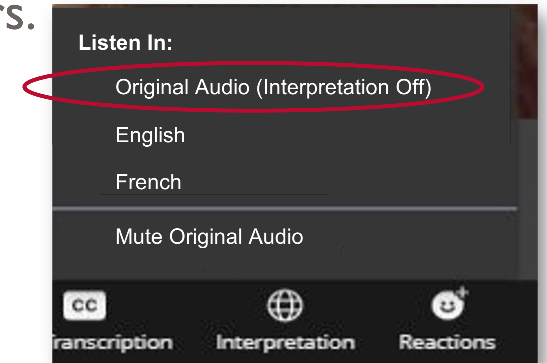

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Supporting Humanitarian Guidance Strengthening (SHGS)

Development of a comprehensive IYCF-E assessment guide

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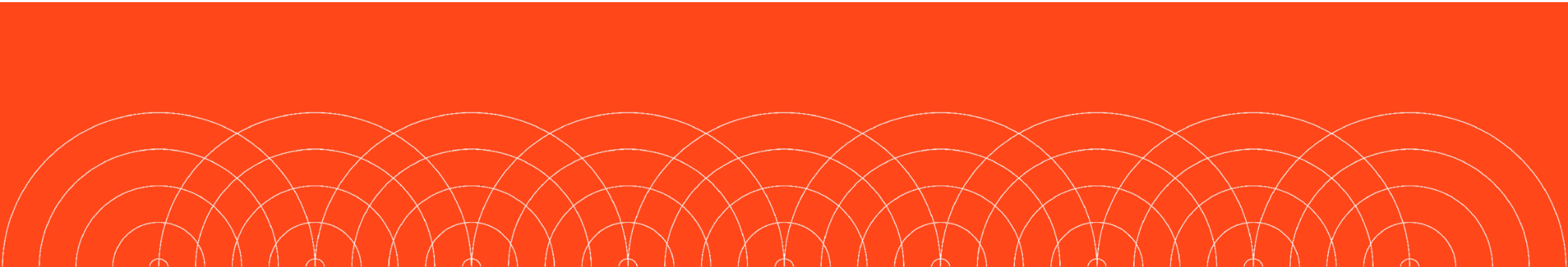
IYCF-E Assessment Guide

Background, scope, and progress to date



Project Details

- FHI360 lead with the support of ACF-UK
- Lead consultants developing new modules with the support of an Advisory Group (14 members)
- Engagement of the following TWG from the Global Nutrition Cluster:
  - NIS WG
  - IFE CG
  - ISCWG

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The situation:
Mapping of IYCF-E Assessment Practices
March 2021
26 countries and 88 respondents

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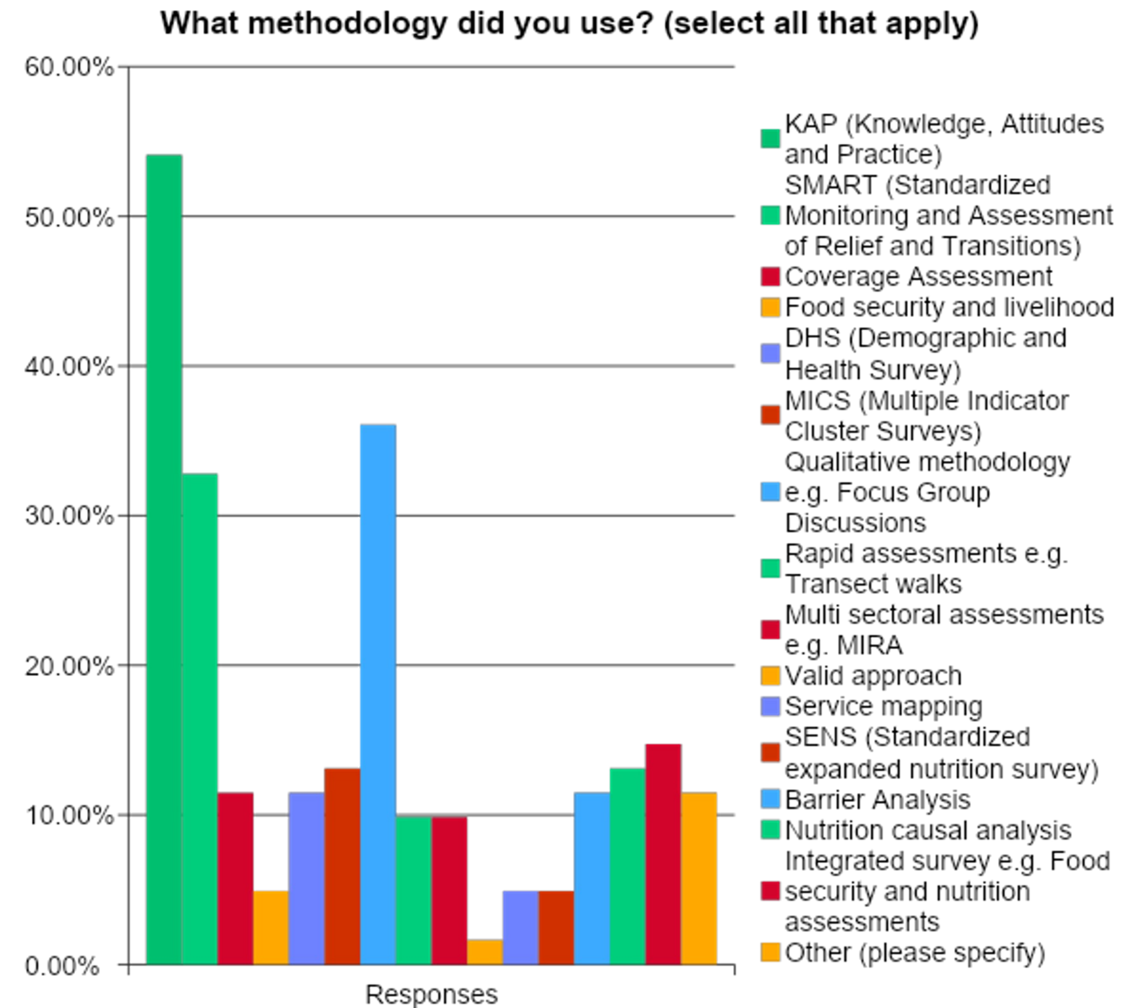
fhi360

What methodology did you use?

Answer Choices	Responses	
KAP (Knowledge, Attitudes, and Practice)	54.10%	33
SMART (Standardized Monitoring and Assessment of Relief and Transitions)	32.79%	20
Coverage Assessment	11.48%	7
Food security and livelihood	4.92%	3
DHS (Demographic and Health Survey)	11.48%	7
MICS (Multiple Indicator Cluster Surveys)	13.11%	8
Qualitative methodology e.g. Focus Group Discussions	36.07%	22
Rapid assessments e.g. Transect walks	9.84%	6
Multi sectoral assessments e.g. MIRA	9.84%	6
Valid approach	1.64%	1
Service mapping	4.92%	3
SENS (Standardized expanded nutrition survey)	4.92%	3
Barrier Analysis	11.48%	7
Nutrition causal analysis	13.11%	8
Integrated survey (e.g., Food security and nutrition assessments)	14.75%	9
Other (please specify)	11.48%	7
	Answered	61
	Skipped	85



Challenges identified

1. The lack of globally recognized thresholds for IYCF indicators
2. No harmonized sampling methodology for IYCF–E assessments.
3. No standard methodology of IYCF-E assessment such SMART, SQUEAC, etc. that can be followed easily.
4. There is no standard IYCF-E indicators that is acceptable to all agencies that has led every agency to take its own preferred indicators
5. The usual sample size issue with including IYCF in a SMART survey—we cannot be confident in the results; it just provides an indication.
6. The main challenge was related to the presence of this current pandemic COVID-19 which made the enumerators got panic as they do the survey as per household.
7. Population movement, instability in the areas, & community misunderstanding

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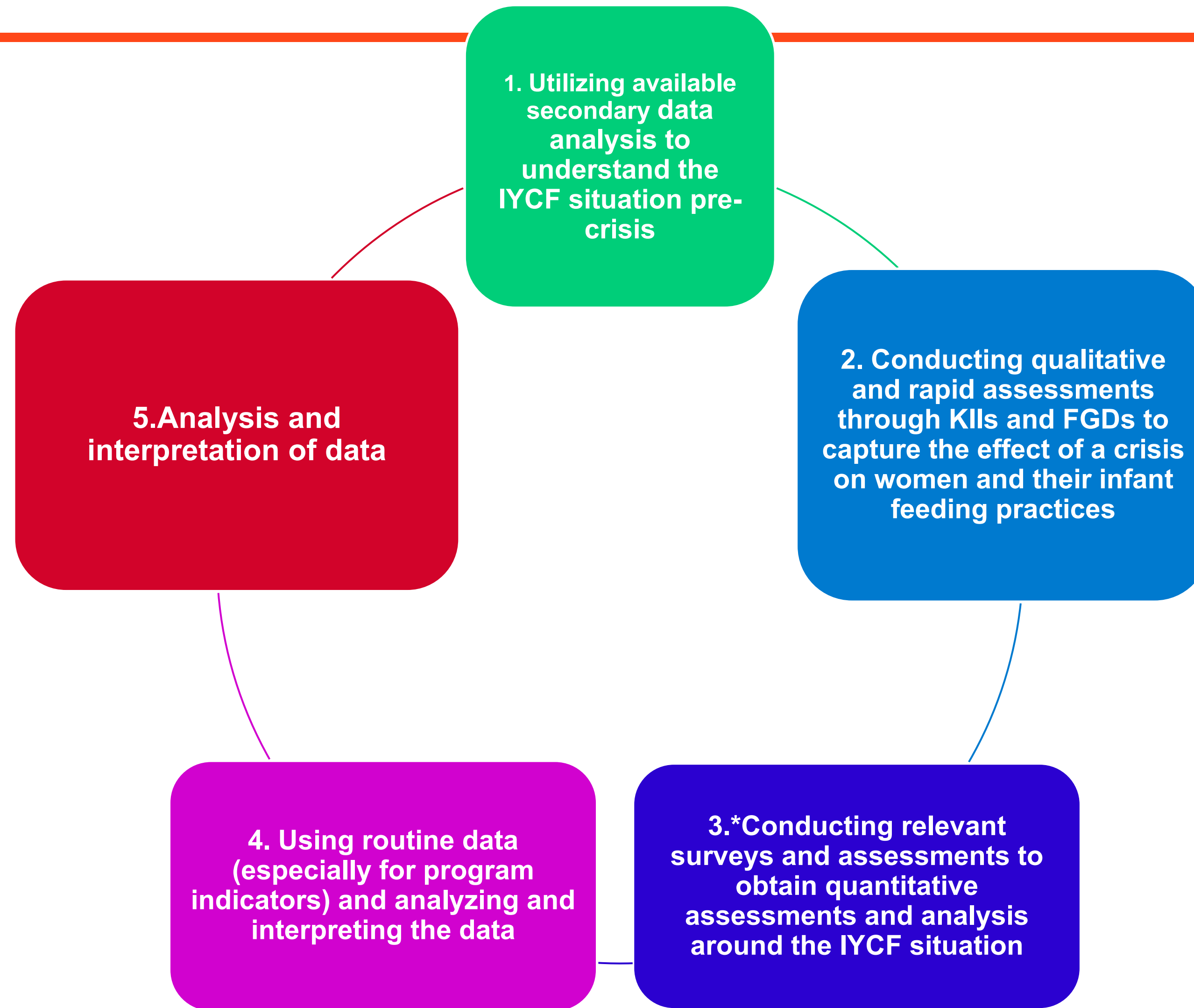
IYCF-E Assessment Guide (Sept 2023 to Dec 2024)



- Five modules

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* Component 3 initial draft by May 2023

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Sample Module 1: Utilizing Available secondary data

Identify data and their availability across potential sources (pre-crisis) and how to use them…

Indicator	DHS	MICS	SMART	CAPS	NGO Reports	UN Agencies	Academic Literature	HMIS	National Nutrition Surveys
Ever Breastfed	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Early Initiation of Breastfeeding	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Exclusively Breastfed for the First Two Days After Birth	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Exclusive Breastfeeding Under Six Months	High	High	High	Variable	Variable	Variable	Variable	Variable	Variable
Mixed Milk Feeding Under Six Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Continued Breastfeeding 12–23 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Introduction of Solid, Semi-Solid, or Soft Foods 6–8 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Minimum Dietary Diversity 6–23 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Minimum Meal Frequency 6–23 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Minimum Milk Feeding Frequency for Non-Breastfed Children 6–23 Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Minimum Acceptable Diet 6–23 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Egg and/or Flesh Food Consumption 6–23 Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Sweet Beverage Consumption 6–23 Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Unhealthy Food Consumption 6–23 Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Zero Vegetable or Fruit Consumption 6–23 Months	Moderate	Moderate	Variable	Variable	Variable	Variable	Variable	Variable	Variable
Bottle Feeding 0–23 Months	High	High	Moderate	Variable	Variable	Variable	Variable	Variable	Variable
Infant Feeding Area Graphs	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable	Variable

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Sample Module 2: Conducting Qualitative and Rapid Assessments through Key Informant Interviews and Focus Group Discussions

Module Plan: Qualitative Module

Module Overview

Guidance Objectives

Section 1: Introduction to Qualitative Methods ***What***

Section 2: Why Qualitative IYCF-E Assessments are Important ***Why***

Section 3: Timing of Qualitative Approaches During the Emergency Response ***When***

Section 4: Practical Guidance on Conducting Focus Group Discussions and Key Informant Interviews ***How***

- Section 4.1: Key Informant Interviews or Focus Group Discussions
- Section 4.2: Selecting the Sample
- Section 4.3: Qualitative Data Collection tools and Methods in Emergency Settings
- Section 4.4: Data Analysis

Section 5: Assuring Validity and Quality

Section 6: Cultural Sensitivity, Gender, and Ethical Considerations

Additional Resources

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Module Plan: Qualitative Module

More urgency, less resources, less access, less expertise:
More limitations on methods

More resources, less urgency, more access, more expertise:
Less limitations on methods

Methods Continuum

- Notes rather than transcription
- Unlikely to reach saturation point
- More directive, less inductive
- More reliant on expert interviews – for example health workers, community leaders

- Transcription more feasible
- Saturation point possible
- More inductive, less directive
- More feasible to consult the population directly, for example by holding FGDs with breastfeeding women

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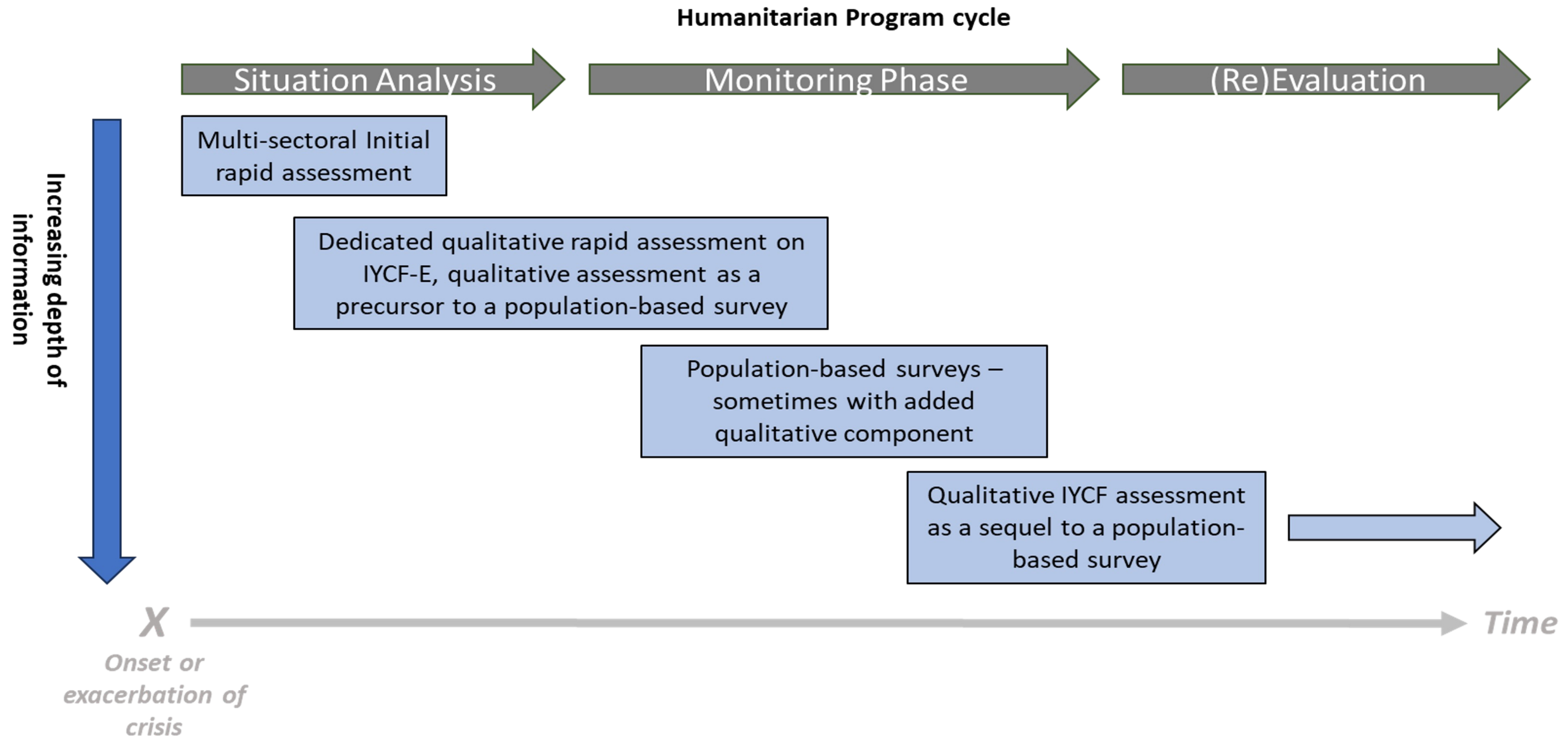
Timing of qualitative assessments



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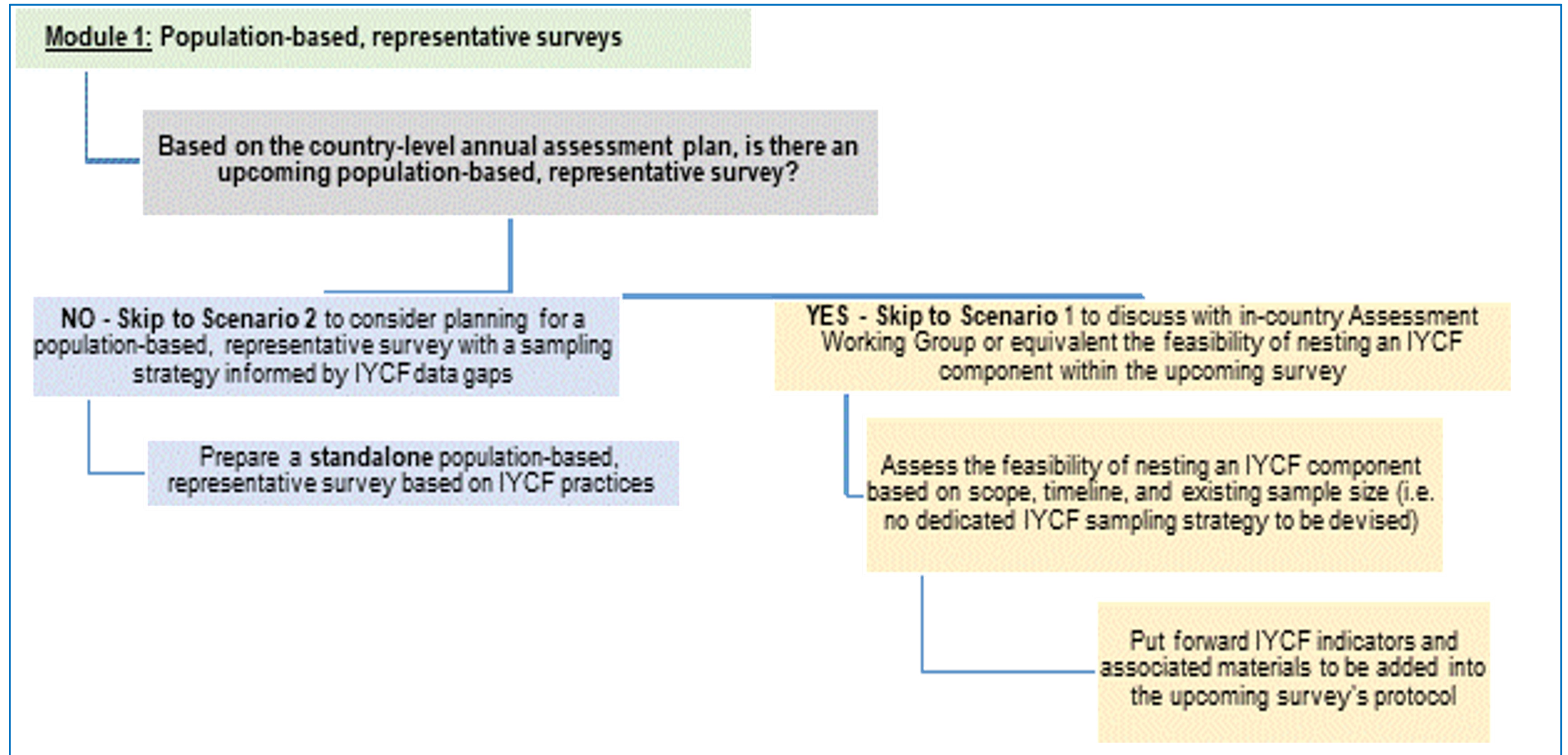
Sample Module 3: Conducting Relevant Surveys and Assessments to Obtain Quantitative Data on the IYCF Situation

Module 1: Population-based, representative surveys



Scenario 1—nesting an IYCF component within an upcoming survey

Planned sample size in number of children aged 6–59 months	Approximate percentage of age groups for IYCF indicators (examples of globally-accepted indicators)	Estimated denominator for IYCF age groups	Key takeaways
≥400* (for example, 10% estimated GAM prevalence, 3 desired precision and 1.5 design effect for cluster sampling) *May also be common for SRS surveys in refugee contexts	44% for indicators with 0–23 (24) months age range (EvBF, EIBF, BoF)	**≥176 children aged 0–23 months**	Include all relevant IYCF indicators with an age range ≥6 months into your SMART survey – on average, meaningful precision for these target age group is achievable (Do not worry about issued design effects — in general, at least one child aged 0–5 months would be found)
	33% for indicators with 6–23 (18) months age range (MMF, MDD, MAD, MMFF, EFF, SwB, UFC, ZVF)	**≥132 children aged 6–23 months**	
	22% for indicators with 12–23 (12) months age range (CBF)	**≥88 children aged 12–23 months**	
	11% for indicators with 0–5 (6) months age range (EBF, MixMF)	**≥44 children aged 0–5 months**	
	5.5% for indicators with 6–8 (3) months age range (ISSSF)	**≥22 children aged 6–8 months**	Problematic in terms of precision for response and decision-making purposes – do not include in nested survey unless planned sample size is ≥800 children 6–59 months old
≥200 (for example, 8% estimated prevalence, 3 desired precision and 1 design effect for SRS surveys)	44% for indicators with 0–23 (24) months age range (EvBF, EIBF, BoF)	**≥88 children aged 0–23 months**	Include all relevant IYCF indicators with an age range ≥12 months into your SMART survey — on average, meaningful precision for these target age group is achievable
	33% for indicators with 6–23 (18) months age range (EFF, MMF, MDD, MAD)	**≥66 children aged 6–23 months**	
	22% for indicators with 12–23 (12) months age	**≥44 children aged 12–23**	

Scenario 2—Standalone population-based, representative survey with a dedicated IYCF sampling strategy

Assess the severity and magnitude of the humanitarian and fragile context on IYCF practices

- Sample size is based on **Exclusive breastfeeding under six months (EBF)** in children aged 0–5 months (6 months age range)

Establish precise IYCF estimates for baseline, monitoring or endline (post-interventions) use

- Sample size is based on **Introduction of solid, semi-solid or soft foods (ISSSF)** in children aged 6-8 months (3 months age range)

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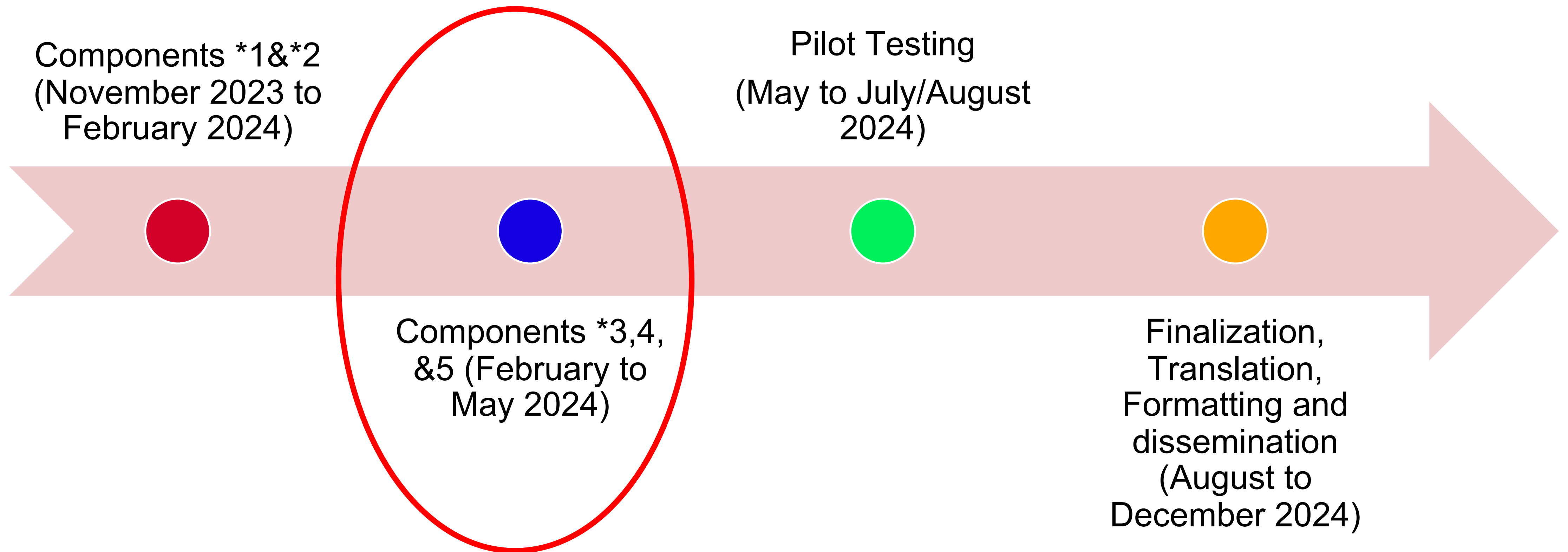
IYCF-E Assessment Guide: the work

- Development of the five modules (in progress)
- Field-testing in several countries (One or more modules) (starting soon)
- Finalization of the modules based on a) internal and external reviews and b) in country testing exercises
- Formatting and layout
- Translation in other languages (will be available in 4 languages)
- Global and regional dissemination

IYCF-E Assessment Guide: Where we are and where we are going



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Questions and Answers

Networking Session

Networking Session 4

Instructions:

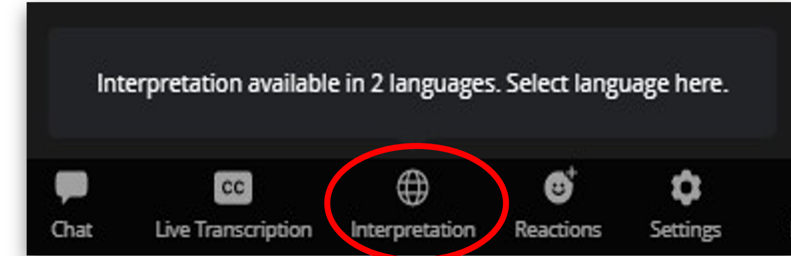
- Participation is optional; if you would prefer to opt out, don't join the breakout we assign you to.
- You will have 10 minutes to introduce yourselves to each other and answer this question:

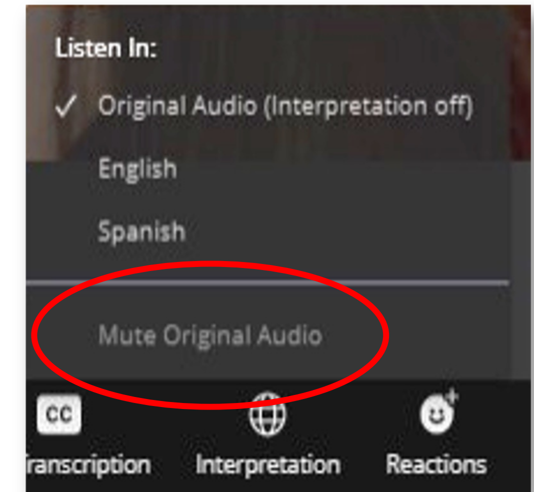
Would you rather be sticky or itchy? Why?

Bonus: What would you like to be doing if you weren't in your current job?

Zoom Language Interpretation

English	Click the Interpretation icon to have the option to hear the meeting in French, Arabic, or Spanish. To hear the meeting only in French, Arabic, or Spanish, select Mute Original Audio.
Françai s	Cliquez sur l'icône intitulée « interprétation » pour avoir la possibilité d'écouter la réunion en français. Pour écouter la réunion uniquement en français, vous pouvez désactiver l'audio original.
Español	Haga clic en el ícono de Interpretación para tener la opción de escuchar la reunión en francés, árabe o español. Para escuchar la reunión solo en francés, árabe o español, seleccione Silenciar audio original.
عربي	انقر فوق أيقونة الترجمة الفورية ليكون لديك خيار الاستماع إلى الاجتماع باللغة الفرنسية أو العربية أو الإسبانية. لسماع الاجتماع باللغة الفرنسية أو العربية أو الإسبانية فقط، حدد كتم الصوت الأصلي.





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THEME 5: Management of Wasting

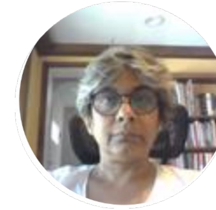
March 26, 2024

PRESENTERS

Adan Yusuf Mahdi
Senior Nutrition Technical Specialist
Save the Children, Somalia

Jared Lollar
Regional Response and Fundraising Coordinator
Medical Teams International, Ethiopia

Andrea Yesenia Palencia
Health and Nutrition Officer
UNICEF, Colombia



Anuradha Narayan
Senior Nutrition Adviser, Nutrition in Humanitarian Action
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Minh Tram Le
Care for Children with wasting
UNICEF, HQ

AGENDA FOR THE SESSION

1) Wasting Global Technical Working Group

1) Somalia: Adapting Integrated Community Case Management
   Save the Children

3) Ethiopia: Outpatient Therapeutic Programming Outcomes
   Medical Teams International

4) Colombia: Treatment of Wasting
   UNICEF

Part 1: Questions & Answers

5) UNICEF-WFP Strategic Approach to Early Actions to address wasting
   UNICEF & WFP

Part 2: Questions & Answers

WASTING GLOBAL TECHNICAL WORKING GROUP (GTWG)

Purpose

To facilitate a consensus driven process to develop timely interim guidance or expert advice on emerging nutrition technical issues or areas where guidance is lacking or evidence inconclusive.

WASTING GLOBAL TECHNICAL WORKING GROUP (GTWG)

Provide **rapid responses** to questions escalated by the GNC Helpdesk and TST

Specialised **temporary subgroups** are created according to need to explore specific sub-themes and issues.

Established prior to the COVID-19 pandemic. GTWG scaled up activity significantly between April and July 2020 in response to numerous questions seeking guidance on programme adaptation in response to the pandemic

Meets **bimonthly** and has approximately **50 members** from UN agencies, INGOs, academics/research institutions, independent experts, etc.

WASTING GLOBAL TECHNICAL WORKING GROUP (GTWG)

Workstreams

1) Programming in the absence of therapeutic products
2) Costing guidance for CMAM programmes
3) Prevention of wasting
4) Cost of inaction
5) Moderate wasting initiative
6) Adult malnutrition
7) National policies

WASTING GLOBAL TECHNICAL WORKING GROUP (GTWG)

- **Rapid technical assistance**
- **Global level Coordination** including with other global Working groups (UNICEF-WHO TAG, etc.)
- Coordination with regional working groups
- Feedback from **NIE Helpdesk** and expert discussions and guidance
- Regular updates on the WHO Guidelines process => ongoing
- **Information sharing** on wasting-related updates

Somalia integrated community case management (iCCM)+ Service Prototype (2022/23)

Adapting iCCM to Enable Female Health Workers to Treat Malnutrition

BACKGROUND

- In 2022, 1.4 million children under the age of five (44% of all children under five in Somalia) were acutely malnourished, including 329,500 who were severely acutely malnourished.
- Health services are stretched and often out of reach for many communities. Due to persistent gaps in treatment coverage for children with acute malnutrition, treatment by female health workers (FHWs), elsewhere called community health workers, has been considered as a way to reach more children, particularly in remote areas.
- Via the integrated community case management (iCCM) system, FHWs in Somalia already treat children under five with pneumonia, diarrhoea and malaria.
- However, currently FHWs are only able to screen children for malnutrition and refer them to a nearby health facility for treatment, which can be a barrier for many families. By adding malnutrition treatment to this service (referred to as iCCM+), it is thought that more children can be reached with timely treatment.

STUDY PURPOSE AND DESIGN

- The iCCM+ service prototype was designed to assess the adapted tools, protocols and monitoring processes required to enable FHWs to effectively diagnose and treat acute malnutrition in Somalia.

- The service prototype offers early insight into the how FHW treatment of malnutrition helps address barriers to service uptake in Somaliland and this will inform future research and service delivery.

- The study took place over five months between September 2022 and January 2023 in five communities within the Gabiley district of Somaliland.

- FHWs were visited once a month by a FHW supervisor and an iCCM+ coordinator. They conducted interviews with FHWs and caregivers, monitored FHW performance and provided supportive supervision to correct any errors and reinforce skills.

ICCM+ KEY FEATURES

Phase 1—Home visits and screenings

- From Saturday to Wednesday, FHWs conduct household visits.
- FHWs use the simplified MUAC tape & nutritional oedema test. The MUAC tape has two additional increments in the SAM range (dark red and pink) to better track SAM recovery. These colours are linked throughout all the registers. This helps FHWs with low literacy/numeracy to perform screenings and follow-up actions.
- If the child meets admission criteria, caregivers are asked to bring the child to the FHW's home the following Thursday.

Phase 2—Admission

- Admission takes place at the FHW's home as they can more easily access their supply of registers, RUTF sachets, and prophylaxis medication. This is the 'home distribution day'.
- The child is enrolled into SAM or moderate acute malnutrition (MAM) treatment and receives a two-week supply of RUTF.
- The SAM and MAM registers provide a visual patient history and specific guidance on the protocol for treating each child.

Phase 3—Treatment

- The child returns every two weeks for further assessment and treatment until the child is discharged as cured, or they default or they are referred to a health facility due to a danger sign.

Simplified MUAC Tape

WASAARADDA HORUMARINTA CAAFIMAADKA

XAASHIDA QORAALKA CARUURTA U DHAXAYSA 6-59 BILOOD

Nutrition Tally Register

Simplified MUAC tape and Nutrition Tally Register can be found in Annex 1 as linked files

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KEY FINDING

iCCM+ services have shown to reduce transport costs and the time away from home for caregivers which **removes significant barriers** for families accessing malnutrition treatment.

Figure 1: Caregiver monetary and time costs of round-trips to the health centre

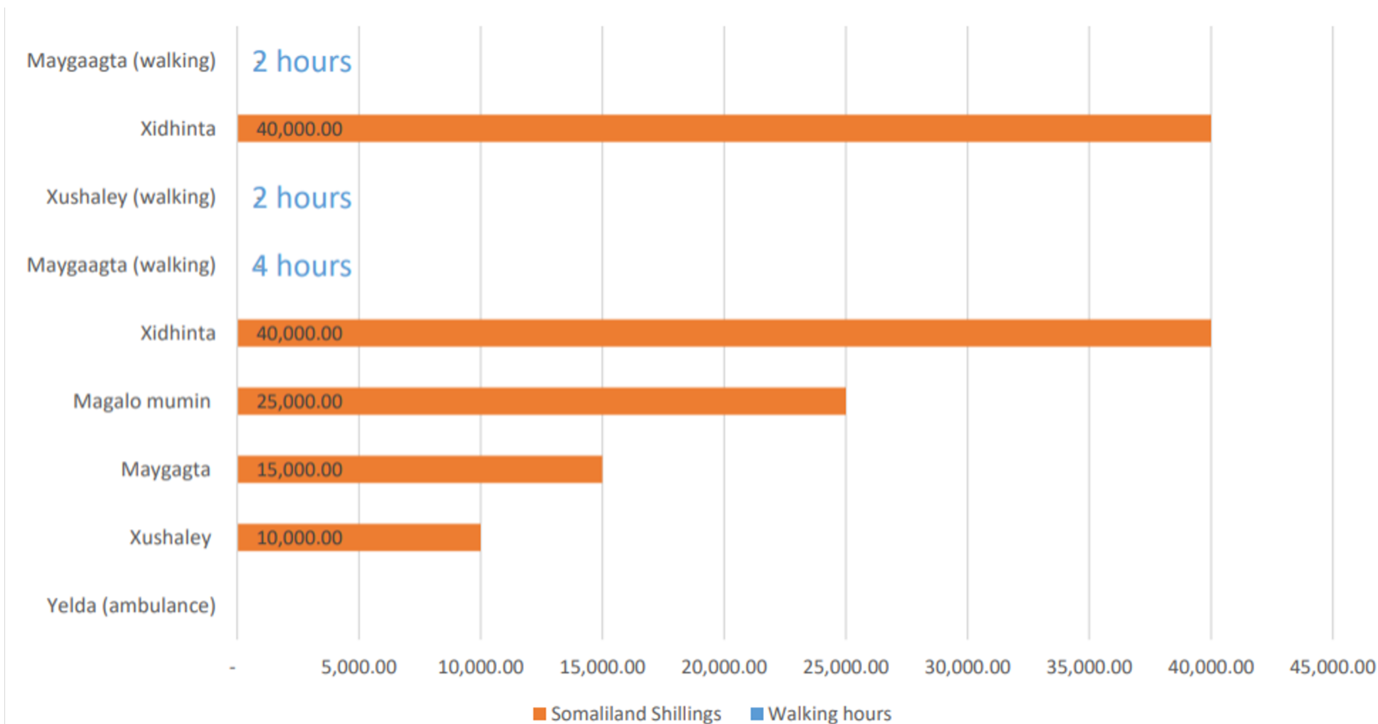
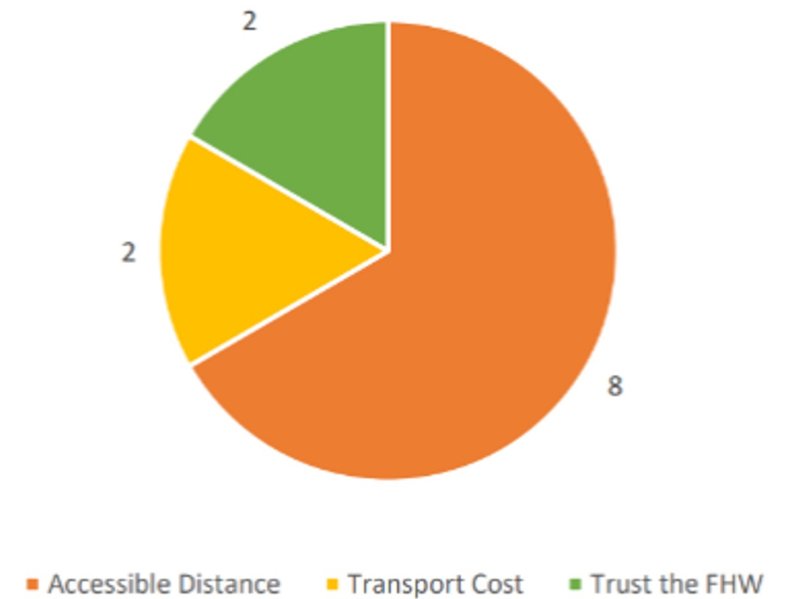


Figure 2: Caregiver motivations for accessing FHW treatment instead of travelling to the health centre



KEY FINDING

Some FHW errors were observed but **skills improved over time with supervision and support**

The photo shows a FHW pulling the MUAC tape too tightly, resulting in an inaccurate danger sign measurement. The iCCM+ coordinator demonstrated the correct use of the MUAC tape, and the FHW did not repeat the error.

Error	September field visit (06/10/22)					October field visit (10/11/22)					November field visit (09/12/22)					December field visit (16/01/22)					January- field visit (22/02/23)				
Community	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E
1				X					X																
2									X	X		X												X	
3				X																					
4				X																					
5												X													
6				X																					

Table 1: FWH errors over time

The Maygaata FHW (column D) initially struggled on several topic areas yet began to show improvement by the end of the service prototype

OTHER FINDINGS

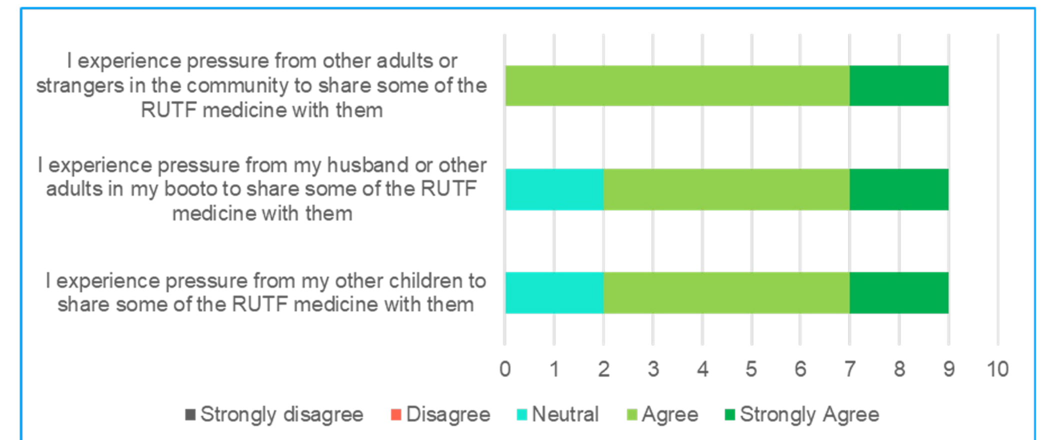
WORKED WELL

- The adapted iCCM+ tools were fit for purpose, though small adjustments can be made.
- Arrangements such as a 'RUTF home distribution day' once a week was convenient for FHWs and carers.
- A stock re-supply schedule of 1.5 weeks from request and delivering RUTF on the home distribution day ensured smooth supply.
- Maintaining an emergency buffer stock of RUTF helped maintain continuity of service.
- FHWs coped with the extra workload but some evidence suggests they would like additional compensation.

CHALLENGES

- Access to potable water was identified as a challenge, especially in the dry season, leading to additional costs.
- There were some problems identified with community demand for RUTF as well as misconceptions around RUTF and diarrhoea

Figure 3: Caregiver reports of receiving pressure to share RUTF



CONCLUSION

- FHW treatment can help more children access timely treatment.
- However, it is important that FHWs receive appropriate training, supervision and support. It is recommended that FHWs receive bi-weekly field visits for their first three months of deployment, followed by monthly visits and quarterly refresher trainings.
- FHWs also need support to communicate the purpose of iCCM+ and RUTF to the community, to ensure the community understands the change in service and the proper use of RUTF.
- FHWs also need support to access and store potable water, as this is an important part of iCCM+, particularly when families visit the FHW's home on the RUTF distribution day.
- Consideration should be given to compensating FHWs or supporting their additional costs, (e.g., subsidizing water purchases or helping with transportation).
- Working with the community to co-create tools and working with MOHD to implement the research is important for the sustainability of the project.

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Determinants of Outpatient Therapeutic Feeding Programme (OTP) Outcomes During the **Northern Ethiopian** Conflict

BACKGROUND—THE NORTHERN ETHIOPIAN CONFLICT

- 87% of health facilities were damaged/looted (MSF 2022)
- The Tigray Emergency Food Security Assessment (EFSA) conducted in June 2022 reported that 29.4% of children had wasting and 55–80% pregnant and lactating women were malnourished.
- 2.1 million people displaced in the region (UNFPA 2022)
- 15 months of treatment data during the conflict examined—36% of this time the OTP was stocked out of RUTF.

RESULTS

	Cured (N=93)	Default (N=11)	Default due to stockout (N=203)	Ongoing (N=46)	Overall (N=353)
Sex					
Female	57 (61.3%)	6 (54.5%)	125 (61.6%)	28 (60.9%)	216 (61.2%)
Male	36 (38.7%)	5 (45.5%)	78 (38.4%)	18 (39.1%)	137 (38.8%)
Age at Admission					
Mean (SD)	13.4 (7.88)	13.2 (9.21)	13.9 (9.57)	13.3 (7.62)	13.7 (8.87)
Median [Min, Max]	12.0 [6.00, 39.0]	8.00 [7.00, 36.0]	11.0 [6.00, 56.0]	12.0 [6.00, 48.0]	11.0 [6.00, 56.0]
Treatment Missed (Weeks)					
Mean (SD)	3.05 (2.51)	3.27 (2.65)	1.97 (0.197)	3.28 (3.17)	2.47 (1.87)
Median [Min, Max]	2.00 [0, 9.00]	2.00 [0, 7.00]	2.00 [0, 2.00]	3.00 [1.00, 23.0]	2.00 [0, 23.0]
Treatment Length (Weeks)					
Mean (SD)	12.1 (8.60)	15.6 (4.90)	4.81 (2.84)	1.00 (0)	6.58 (6.42)
Median [Min, Max]	10.0 [1.00, 39.0]	17.0 [7.00, 22.0]	4.00 [1.00, 20.0]	1.00 [1.00, 1.00]	5.00 [1.00, 39.0]
Total Time Elapsed from First OTP Admission (Weeks)					
Mean (SD)	23.14 (14.57)	22 (9.56)	16 (14.57)	19.57 (21.28)	18.57 (15.71)
Median [Min, Max]	18.57 [.85, 66.57]	20.57 [7.0, 40.57]	9.86 [2.0, 70.14]	9.5 [2.0, 70.56]	12.0 [.86, 70.56]

Table 1: Abridged Table of Treatment Results

COX PROPORTIONAL HAZARD

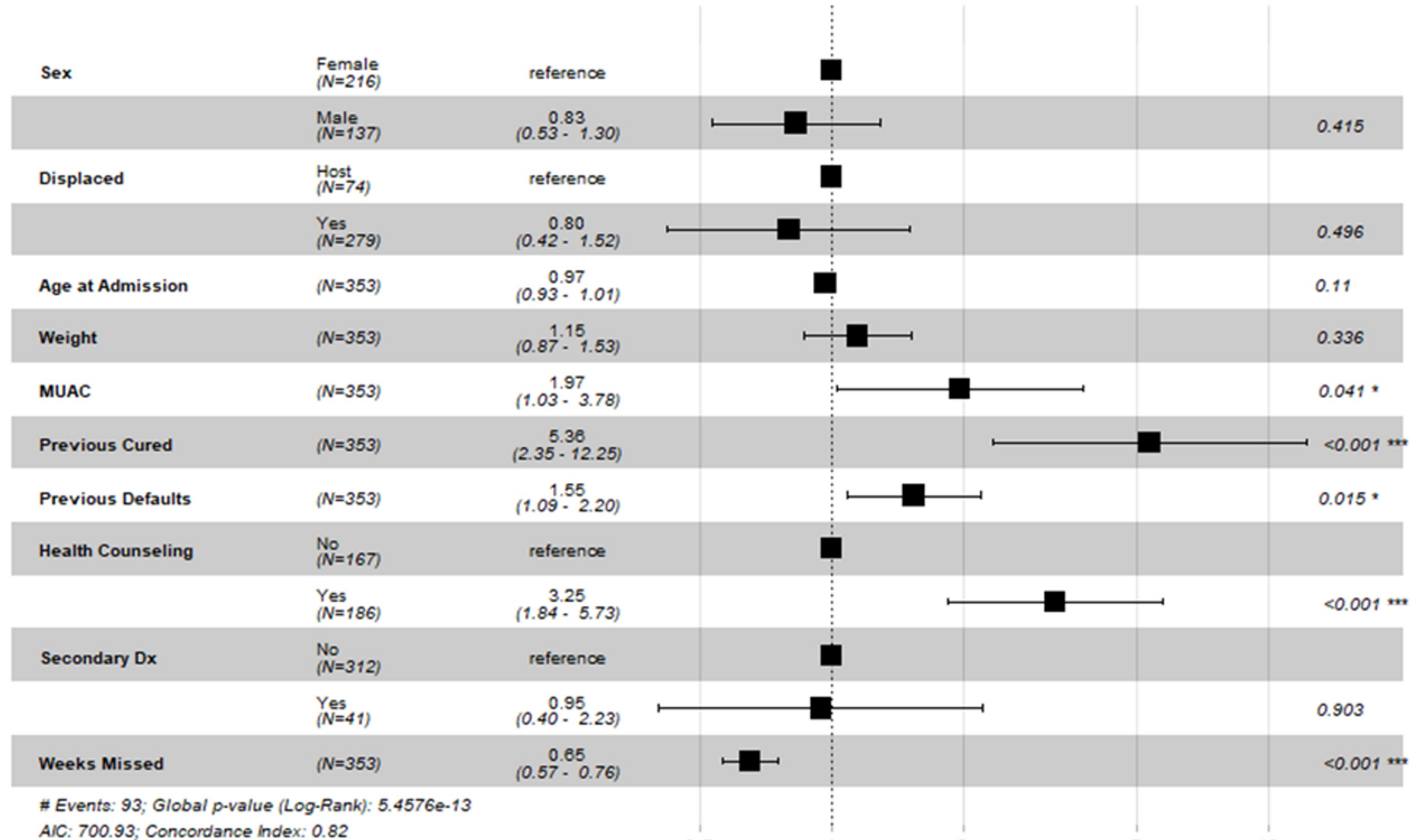

Figure 1: Forrest Plot of Exposure Variables

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MISSED TREATMENT

- Each week of missed treatment reduced the likelihood of a cured outcome by about 35%

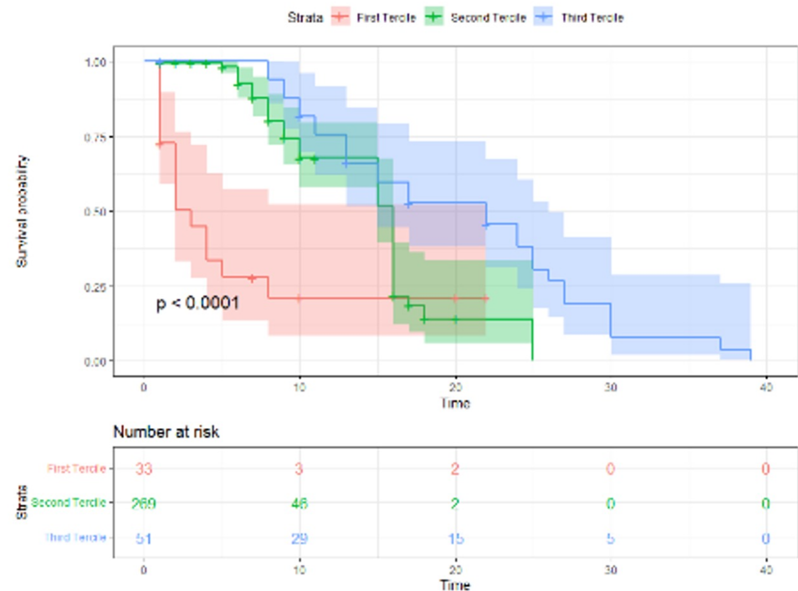

Figure 2: Kaplan Meier Curve and Risk Table for Study Participants Based on Treatment Sessions Missed Banded by Tercile

LONG TREATMENT TIMES

- Children who had previously defaulted or been previously cured had more positive outcomes but, this means that children were in and out of treatment for an average of 130 days and an average treatment period with interruptions was 63.5 days

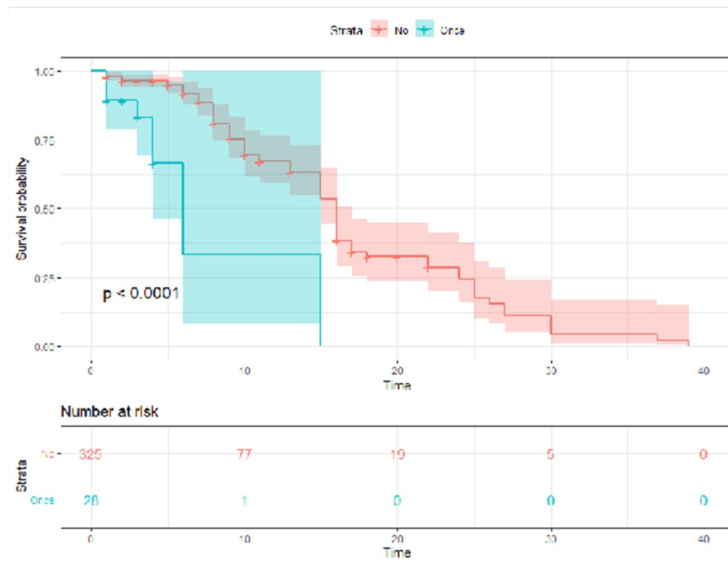

Figure 1: Kaplan Meier Curve and Risk Table for Study Participants Based on Previous Cured Outcomes

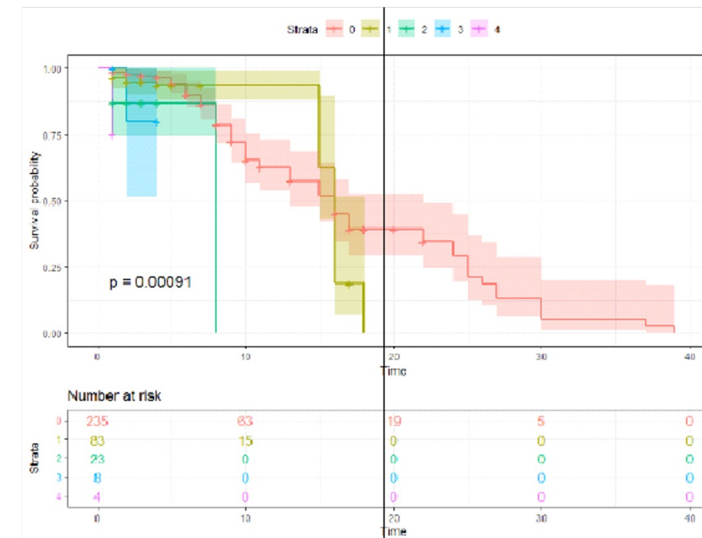

Figure 2: Kaplan Meier Curve and Risk Table for Study Participants Based on the Number of Previous Default Outcomes

IYCF AND HEALTH COUNSELING

- "Mothers want to take care of their children"

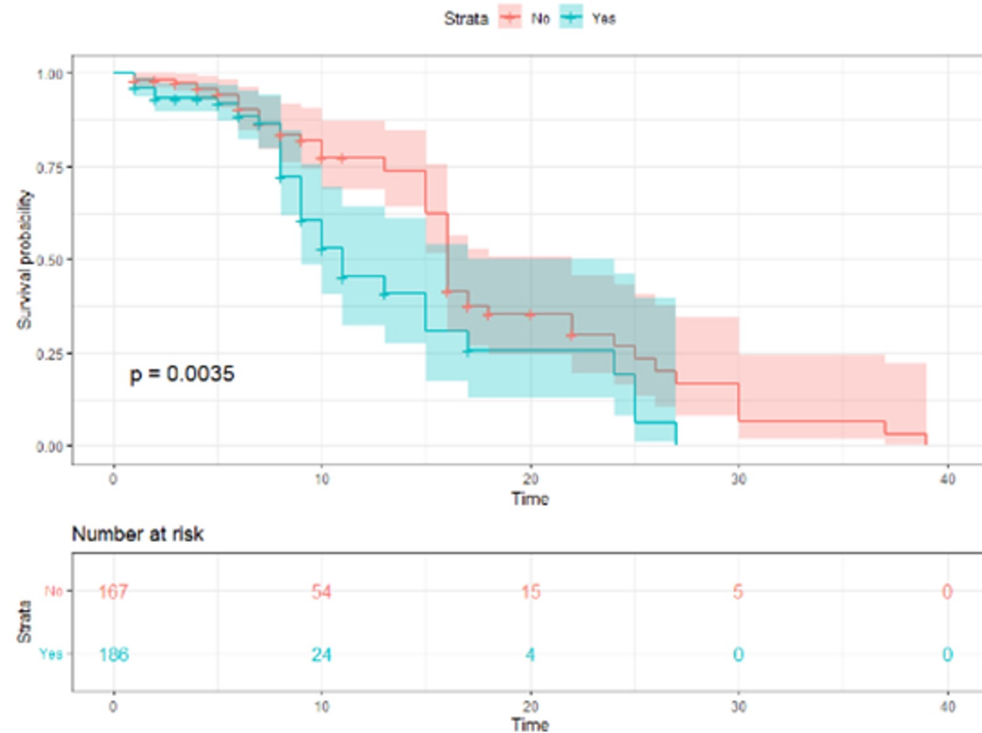

Figure 3: Kaplan Meier Curve and Risk Table for Study Participants Based on Reception of Health Education

RECOMMENDATIONS

Stockouts have a negative impact—requires advocacy.

Buffer stocks should be in place when there is a risk of stockout.

Counseling had a positive effect but, was not standardized—needs further research.

More analysis can and should be done on routinely gathered data during emergency interventions.

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Colombia
Community outreach mobile response teams for detection and treatment of malnutrition
A strategic programmatic shift
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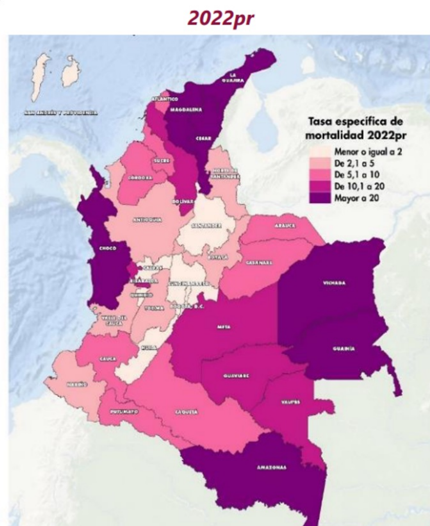
BACKGROUND

Child Nutrition Context



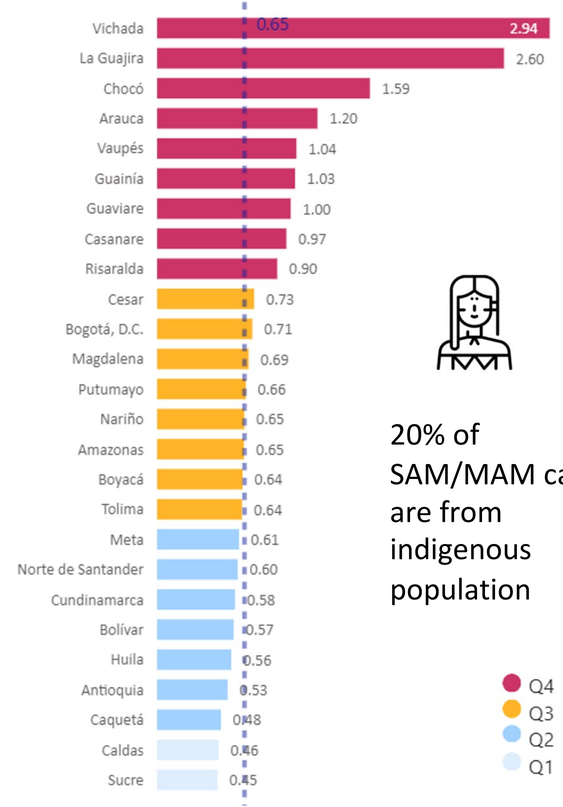
MORTALITY RATE RELATED TO SAM/MAM

Colombia reported **24.226 children under 5 with SAM or MAM** during 2023.*
~28% with SAM

The mortality rate associated with acute malnutrition in 2023 was. 10.4 per 100.000 children under 5 yrs

15.5 million people in moderate or severe food insecurity conditions in 2022****

Prevalencia de desnutrición por 100 menores de 5 años, según departamento de residencia. 2023



20% of SAM/MAM cases are from indigenous population

- Sources: * Acute Malnutrition Event Report 2023 - National Institute of Health; **ENSIN 2015 ; Low birth weight event report 2023 - national institute of health. ***Vital Statistics: Births and Deaths .DANE. **** Food Insecurity Experience Scale (FIES) 2022 – FAO/DANE.

BACKGROUND

- The highest prevalence of acute malnutrition is found in the rural areas, indigenous population and children under one year of age.
- 30% of cases require hospitalization due to late identification and 13% relapse in a period of less than 90 days
- Since 2020, a noticeable increase in food insecurity has led to a rise in SAM/MAM cases, prompting a strategic shift towards early detection and management of malnutrition.
- Colombia has a specific guide for the comprehensive management of acute malnutrition.
- The identification and management of SAM/MAM in children primarily rely on health institutions, with limited community engagement, particularly in rural and dispersed areas.
- Children at risk of malnutrition are 6 times more than children identified with malnutrition and these are not addressed in the country.

INTERVENTION PURPOSE

Enhance detection and treatment of acute malnutrition and malnutrition risk among children under 5 in rural areas of departments with high prevalence rates of acute malnutrition (Chocó, La Guajira, Vichada).

Highlight the fundamental role of the community agents in addressing acute malnutrition in rural and ethnic communities at an early stage.

Contribute to the country's nutrition response by strengthening the capacity of the health system to respond to the needs of the territory beyond crises.

To provide a guiding model to improve the detection and treatment of malnutrition in rural contexts that can be incorporated into the care models of health centers.

PLANNING OF INTERVENTION

Definition of model

- Definition of appropriate professional profiles and the field operation scheme.
- Orientation of admission criteria for case detection Establishing a model for evaluating the quality of care in the field.
- Generate tools for the technical strengthening of teams and ongoing evaluation.
- Definition of minimum medical supplies and equipment required for the intervention.

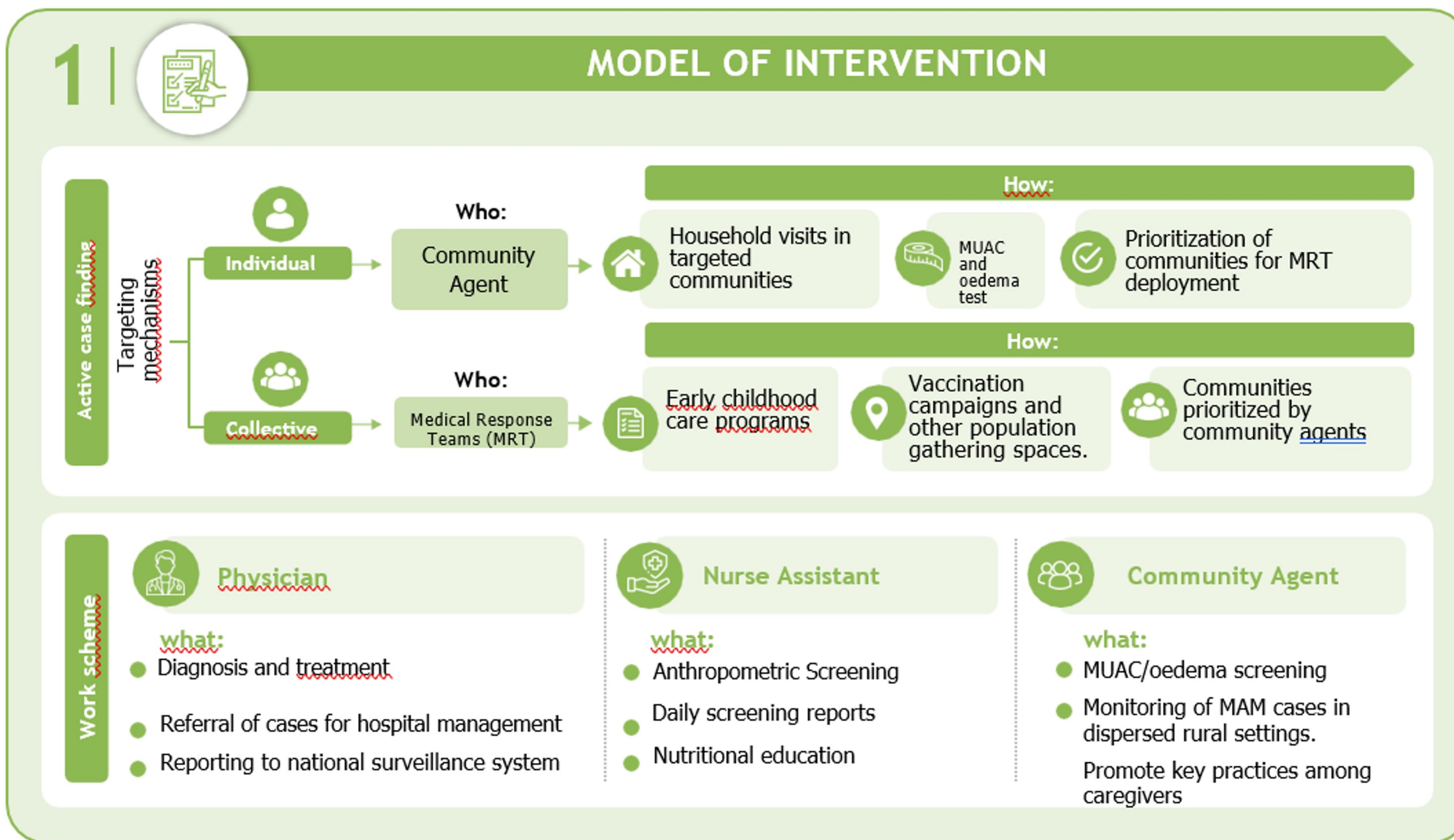
Community targeting

- High prevalence of acute malnutrition.
- Criteria: presence of ethnic groups, population without health insurance or with gaps in access to health services due to geographic location and/or socioeconomic status, non-regularized migrants and population affected by armed conflict.

Implementation

- Generation of agreements for the provision of nutrition services through public health institutions in each municipality.

HOW IS IT OPERATING?



KEY MILESTONES SO FAR

20 MRT trained and deployed
70 community agents
5 Quality Assurance Leaders

2,524 children under 5 years old screened for acute malnutrition

435 children with SAM and MAM and at risk identified and at treatment.

LESSONS LEARNED

- Working directly with public health centers has been our approach, aiming to foster resilience and empower them to respond autonomously to future crises.
- Smaller teams enable us to reach the most remote areas
- One-on-one technical support in the field allows us to ensure the quality of nutritional care
- Adapting child monitoring according to the context enhances adherence and improves recovery outcomes
- The role of the community health worker is crucial in facilitating the planning of field visits.
- Having community health workers who speak the language of indigenous communities is essential for effectively conveying key messages about treatment and essential practices

CHALLENGES

- Training community agents presents a challenge due to limited time and varying levels of experience, but also offers an opportunity to identify potential leaders.
- Retaining medical personnel is a significant challenge, as professionals often prefer to work in urban areas, leading to high turnover rates in remote regions.
- Constant training is necessary to address the turnover and ensure continuity of care in health centers in remote areas.
- Implementing both analog (paper) and digital methods for data collection to monitor indicators in regions with limited connectivity.

COMPLEMENTARY ACTIONS

- Digital tool for health professionals

NEXT STEPS

- Participatory development of a toolkit for the promotion of IYCF and breastfeeding for community agents.

Thank you.
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Q&A

UNICEF and WFP Strategic Approach for

Early Actions to Address Wasting in Children and Women in Humanitarian Context with a Focus on 15 Priority Countries (2024–2026)

Anuradha Narayan, UNICEF HQ

Britta Schumacher, WFP HQ

A New Opportunity

- ***WHO Guideline**: an opportunity to foster programmatic shifts for wasting, under Government leadership*
- ***Targeting to the most vulnerable:** increased needs and decreased resources*
- ***Prevention**: strengthened programming linked with management*
- ***Partnership Process:***
  - BHA/UNICEF/WFP Meeting: April 2023
  - Strategic planning: June 2023
  - Communication to key countries: Strategic Note, July 2023
  - Ongoing: Government engagement; fundraising and implementation planning

Agreed shifts in programming for children with wasting

- Prevention and treatment **as standard for the same populations**
- UNICEF and WFP will ensure a **complementary set of preventive actions** for young children and pregnant and breastfeeding women
- UNICEF will lead on supporting national governments to provide services to enable children with **severe wasting and children with moderate wasting at higher risk of death recover using ready-to-use therapeutic food (RUTF)**
- WFP will use a diverse range of interventions **to supplement other children with moderate wasting** to ensure their additional dietary needs for recovery **(ready-to-use supplementary foods [RUSF] or local nutrient dense foods)**
- WFP will lead on supporting support communities to ensure access to **nutritious family foods through food assistance** to vulnerable households

Some key principles and ways of working

- Context-specific approach: co-created with government
- Prioritization of needs: Integrated Food Security Phase Classification, global acute malnutrition (GAM), hotspots, other aggravating factors
- Transfer modalities: informed-by market functionality and other assessments
- Not forgetting hard to reach populations
- Multisectoral approach and platforms

- **Management and prevention interventions** to feature as standard package in food insecure humanitarian settings

- **Management of wasting:**
  - **UNICEF:** Children with wasting at higher risk of mortality (SAM and MAM at higher risk—specially formulated foods [SFF])
  - **WFP:** Other children with wasting (SFF or local nutrient-dense foods)

- **Nutritionally adequate food or social assistance** will form the fundamental basis of an effective humanitarian nutrition response

2024–2026 Transition Plan

2026

Afghanistan, Somalia, Yemen

2025

Burkina Faso, Chad, Democratic Republic of Congo, Mali, Niger, Ethiopia, Sudan

2024

Haiti, Kenya, Madagascar, Nigeria, South Sudan

Joint support to countries for transition

Nutrition Information: data and context analysis (refining vulnerability, indicators and PIN)

Programme monitoring, evidence generation and learning (home/local foods; risks/success with transition; community health worker role)

Supply chain strengthening (forecasting, readiness and responsiveness, last mile delivery)

Advocacy and resource mobilisation

Global areas of collaboration between UNICEF and WFP

Thank you

Q&A

GLOBAL EVENT 2024

OUR FUTURE

LEADING THE WAY TO A COORDINATED NUTRITION RESPONSE BEFORE, DURING AND AFTER EMERGENCIES

Day 2 Wrap Up

Virtual

26 March 2024

THANK YOU