

# IFE Core Group Mid-Term Review Summary Report

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This MTR represents a snapshot in time from August to December 2023. The report provides the feedback received at that time from different IFE-CG internal and external participants. The recommendations made by the consultant are based on discussions, understanding, and interpretation of the participants' responses and are the sole responsibility of the consultant.

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# Abbreviations and Acronyms

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<b>CFE</b>	Complementary feeding in emergencies
<b>Col</b>	Conflict of interest
<b>DEI</b>	Diversity, equity, inclusion
<b>ENN</b>	Emergency Nutrition Network
<b>EKIIIs</b>	External key informant interviews
<b>GNC</b>	Global Nutrition Cluster
<b>GNC-GTWGs</b>	Global Nutrition Cluster – Global Thematic Working Groups
<b>IBFAN</b>	International Baby Food Action Network
<b>IFE</b>	Infant feeding in emergencies
<b>IFE-CG</b>	Infant Feeding in Emergencies Core Group
<b>IKIIIs</b>	Internal key informant interviews
<b>IYCF</b>	Infant and young child feeding
<b>IYCF-E</b>	Infant and young child feeding in emergencies
<b>MTR</b>	Mid-term review
<b>NGO</b>	Non-governmental organisation
<b>OG-IFE</b>	Infant feeding in emergencies – operational guidance
<b>SC</b>	Steering Committee
<b>TOR</b>	Terms of reference
<b>UN</b>	United Nations
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>WASH</b>	Water, sanitation and hygiene
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization
<b>UN</b>	United Nations

# Executive Summary

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## MTR Background

In 2023, Emergency Nutrition Network (ENN) commissioned a mid-term review (MTR) to take stock and critically examine what the IFE Core Group (IFE-CG) is doing and how it is doing it, what has worked and what has not, and whether the needs and challenges that were present when the strategy was developed remain relevant or whether new needs, challenges and, indeed, opportunities have emerged.

## MTR Process

The MTR process included an online survey, internal and external key informant interviews (IKIIs and EKIIs), and focus group discussions (FGD). Thirty-four IFE-CG members participated in the online survey, 14 IFE-CG members participated in the IKIIs, 11 EKIIs were conducted, and seven IFE-CG members participated in three FGDs.

The aim was to gather information about the participants' understanding of how the IFE-CG works, how it is governed, and how relevant it is. The findings were presented at the IFE-CG annual meeting in November 2023, and the members provided feedback on the suggested top priorities to be focused on in the next steps. The interviews, consultations, and report preparation were undertaken from August to December 2023.

## MTR Key Findings – Summary

- IFE-CG is a safe, neutral space to express, respectfully discuss, raise red flags, hold each other accountable, and reach consensus.
- IFE-CG is relevant and fit for purpose to deliver on infant feeding in emergencies (IFE) but there is room for improvement.
- IFE-CG strategy is still relevant and fit for purpose but activities undertaken are not always linked to the strategy and workplan.
- There is a lack of understanding of the role of the IFE-CG – who the group is, who it serves, what it should or should not do.
- There are three critical functions that would be compromised or neglected without the IFE-CG's existence: guidance, knowledge, and advocacy.

## MTR Key Findings – Priorities

Based on the results of the survey, KIIs, and FGDs, the consultant prioritised several recommendations to address the issues identified by the MTR. The top five priorities include:

1. Articulate a clear vision, purpose and mission statement based on what the IFE-CG does and does not do, in addition to reviewing and updating the detailed roles and responsibilities of the Steering Committee, and all member organisations and individuals as it relates to their responsibility for IFE.
2. Clarify the IFE-CG and Global Nutrition Cluster working relationship. This needs to be clearly formulated (who does what) and understood by both groups.

3. Promote, encourage, and support regional UN/NGO entities to engage with day-to-day IFE work at the regional or country level to ensure better links to work on IFE at the global level and to ensure that global level work is informed by those working in the contexts that the IFE-CG supports.
4. Map the membership to better understand geographic, technical, and emergency representation and assess who else should be considered to join the IFE-CG or if the IFE-CG needs to join those that are also addressing different aspects of IFE in their work.
5. Strengthen advocacy and communication, review and finalise the communication strategy, and include advocacy and communication specialists in the IFE-CG.

# Mid Term Review Background

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The Infant Feeding in Emergencies Core Group (IFE-CG), a global collaboration of agencies and individuals, was formed in 1999 to address policy guidance and training resource gaps hindering programming on infant and young child feeding (IYCF) support in humanitarian contexts.

Since 1999, the IFE-CG has developed guidance and resource materials, documented lessons learned, and built capacity for effective IYCF support in emergency contexts. One of the major tasks and achievements of the IFE-CG has been the development and the continued management of the Operational Guidance on IFE (OG-IFE) including updates which is a key piece of policy guidance endorsed by the World Health Assembly (WHA).

Internally to the IFE-CG, 2019 saw the restructuring of the group which included a renewed governance structure, three sub-committees and seven working groups to deliver key tasks and the establishment of a leadership structure, the Steering Committee (SC). In addition, at the same time, the IFE-CG developed a 2020-2024 strategy (Annex 1) that was informed by a theory of change which presented the desired long-term impacts that the IFE-CG was trying to contribute to and how the activities of the IFE-CG would influence these impacts. This strategy set a direction for the IFE-CG for the next three to five years (2020-2024). Higher level objectives were intended to remain functional for the full five years. Externally to the IFE-CG, the infant feeding in emergencies (IFE) landscape changed, requiring closer examination given the potential consequences for the need/niche for the IFE-CG, what the IFE-CG does and how it does it.

In 2023, ENN commissioned a mid-term review (MTR) to take stock and critically examine what the IFE-CG is doing and how it is doing it, what has worked and what has not, whether the needs and challenges that were present when the strategy was developed remain relevant or whether new needs, challenges and, indeed, opportunities have emerged.

## MTR Objectives and Timeframe

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The objectives of the MTR are to (1) examine what activities the IFE-CG has undertaken, with whom and how, “the way the IFE-CG works”, (2) appraise if/the degree to which the IFE-CG as a collective is needed and in what way (relevance), and (3) review and advise on IFE-CG governance and ways of working to deliver on commitments most effectively and efficiently.

The timeframe for the MTR was between August and December 2023.



# MTR Deliverables

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The main MTR deliverables include:

1. An inception report detailing consultation process, timeline, etc.  
*The inception report presented the IFE-CG strategy and governance context, the methodology for the MTR, questionnaires for the key informant interviews (KIIs), focus group discussions (FGDs), and a member survey, and a timetable for the process including document review, conducting interviews and the survey, and completing the MTR. This report was produced in August 2023.*
2. An evaluation report on the MTR findings (this report).
3. A summary presentation of the MTR findings to the IFE-CG at the virtual annual meeting in November 2023.  
*A PowerPoint presentation was developed and delivered at the November 13 and 15, 2023 annual meeting.*
4. A light implementation plan to put recommendations into practice (developed in a separate document).

## MTR Process

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The MTR process included an online survey, internal and external key informant interviews (IKIIs and EKIIs) and focus group discussions (FGDs). The aim was to gather information about the participants' understanding of how the IFE-CG works, how it is governed, and how relevant it is. The findings were presented at the IFE-CG annual meeting in November 2023 and the members provided feedback on the suggested top priorities to be focused on in the next steps.

### MTR Process – Online Survey

A survey questionnaire, using SurveyMonkey, was developed focusing on the role of the IFE-CG, awareness of and the relevance of the strategy, IFE-CG relevance, partnerships, internal and external communications, leadership on IFE, focus on OG-IFE dissemination and communication, the promotion of regional entities, and three critical IFE-CG functions. An email was sent to the IFE-CG members asking them to participate in the survey. Thirty-four IFE-CG members participated in the online survey. The data was then analysed and the results are used throughout this report.

### MTR Process – Internal Key Informant Interviews (IKIIs)

The IKIIs questionnaire focused on the work of the IFE-CG as a collective, what the IFE-CG does/does not do, the question of if the IFE-CG is the best entity to lead on IFE, should the IFE-CG focus on the OG-IFE including training at field level, what is working or not in terms of the governance of the group and how it can improve, SC selection process, participation in the IFE-CG, who is missing from the IFE-CG, and what the three critical IFE-CG functions are. A list of potential internal KIIs was developed based on the number of years of involvement and active participation in the IFE-CG. An email was sent to potentials IKIIs requesting participation in the interviews. Fourteen IFE-CG members participated in the internal interviews. The data was then analysed and the results are used throughout this report.

## **MTR Process – External Key Informant Interviews (EKIIs)**

The aim of the EKIIs was to understand how other groups similar to the IFE-CG are structured and governed, what has worked or not in engaging their members, if EKIIs were familiar with IFE, the degree to which the IFE-CG is needed to deliver on IFE, who else can lead, and what the EKIIs thought were the three critical IFE-CG functions. A list of potential EKIIs was developed and emails were sent requesting an interview. Seven EKIIs were interviewed via Zoom and four were reached via email exchange. The data was then analysed and the results are used throughout this report.

## **MTR Process – Focus Group Discussions (FGD)**

The consultant sent out a call for IFE-CG members to take part in the FGDs. The following criteria were set for members to be selected: (1) active involvement in the IFE-CG, (2) attendance at least six monthly meetings or involvement in one of the working groups, and (3) having been a member of the IFE-CG for at least a year. Those who took part in the IKIIs were not eligible to take part in the FGDs. Several emails calling on IFE-CG members to participate in the FGDs were sent out and a total of seven members volunteered and participated in three FGDs. One FGD (two participants) focused on ways of working and if and how the IFE-CG is needed. Another FGD (two participants) discussed if and how the IFE-CG is needed and group governance while the third FGD (three IFE-CG members) focused on ways of working, if and how the IFE-CG is needed and governance. The data was then analysed and the results are used throughout this report.

## **MTR Process – Consultations with IFE-CG at the Annual Meeting 2023**

The findings from the survey, IKIIs, EKIIs, and FGDs were presented at the IFE-CG virtual annual meeting in November 2023. The intention was to have the IFE-CG's discussions of the findings and the feedback inform the MTR report but not dictate the priorities. The group's priorities overlapped with the consultant's suggested priorities that the SC will be required to approve and move forward.

# **MTR Findings**

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As stated, the information from the survey, IKIIs, EKIIs, and FGDs was analysed and the results are used throughout this report. The information is presented below by themes: IFE-CG relevance, working methods, governance, and fundamental functions. Each section is summarised in the body of this report. This report presents and focuses on priority findings across all themes. These priorities are suggested by the consultant and were supported by the consultations during the IFE-CG 2023 annual meeting.

## **IFE-CG Relevance**

The question of the relevance of the IFE-CG considered several aspects including looking at if the IFE-CG is still fit for purpose, if the strategy remains relevant, if other entities can/should step up to take leadership of IFE, and if the IFE-CG's main focus should be on the OG-IFE, updating, translating, and disseminating this as well as providing training.

### **Is the IFE-CG relevant and fit for purpose?**

Eighty-eight percent of those who responded to the survey, in addition to those who responded to the KIIs and FGDs, believed that the IFE-CG is relevant and fit for purpose to deliver on IFE but there is room for improvement as shown by the MTR results. The group is relevant, as it brings a wealth of experience and is very active, but some members think that it is limited in its membership (predominantly HQ-based members from western countries) and is somewhat disconnected from coordination groups at country-level.

### **Is the IFE-CG strategy relevant and fit for purpose?**

Seventy-six point five percent of the survey respondents stated that they had reviewed or looked at the strategy in the past year. In addition, 73.5% of survey respondents and the majority of the FGD and KIIs stated that the IFE-CG strategy is still relevant and fit for purpose and addresses all the fundamental issues that the IFE-CG should focus on.

Those who believed that the IFE-CG strategy is not as relevant and fit for purpose stated that the strategy is based on the priorities of members who are rarely based at country level or deployed to emergency responses, that it was developed prior to several significant changes in the IFE field, particularly the formation of the Global Nutrition Cluster (GNC) Technical Alliance (now known as the technical arm of the GNC), and it has not reflected new areas of emphasis including a gender lens.

### **Leadership and delivering on IFE**

Sixty-five percent of the survey respondents stated that they did not think that there are other agencies/networks who can or should be leading/taking over the role of leading the IFE-CG. These sentiments were also shared by the KIIs and FGD participants. Members believed that the IFE-CG is a coalition that brings a broad range of expertise and experience beyond that which any single agency could do. The IFE-CG has diversity, highly committed individuals and agencies, and content experts all in one group. Because the IFE-CG is a collective, it has more gravitas than one agency carrying the IFE flag. In the KIIs and FGD discussions, participants addressed ENN's role in coordinating the IFE-CG. They thought that ENN was the agency to continue coordinating the group. They stated that United Nations (UN) agencies have links to governments and may not be as independent as the leader of the IFE-CG needs to be. This also applies to non-governmental organisations (NGOs) such as ENN, but particularly the large NGOs who have multi-country chapters and have to navigate multiple departments and red tape, who have ties to their donors and may not be as independent as they need to be to lead the IFE-CG as ENN has done since the start. Although the agencies that make up the IFE-CG may not be independent and able to say what needs to be said, the collective is independent and can voice the concerns of the partners.

Seventy point six percent of the members who responded to the survey, as well as KII and FGD respondents said that the IFE-CG is the best entity to address IFE issues because it is a highly technical group that has a diversity of opinions but can work together to reach consensus. One limitation to the IFE-CG is that it does not have the resources (funding and time) to do what it needs/wants to do. With access to these resources, there is potential to do more, such as having a pool of experts who can work on advocacy, research, and the economics of IFE, and work with donors on how to include IFE in preparedness and emergency responses.

There are some agencies that are better positioned to deliver on individual pieces of IFE work but not at a collective level. However, this approach risks orphaning certain topics if there is no lead agency able to find capacity to champion them. The agencies that could lead on individual

pieces of work on specific IFE issues include UNICEF and the World Health Organization (WHO), including regional and country offices, and GNC, Save the Children, and other NGOs.

### **IFE-CG and the Operational Guidance**

Seventy-three point five percent of respondents said that the IFE-CG's internal and external communication focused sufficiently on the operational guidance on IFE in the last two years. However, the dissemination of the OG-IFE had not expanded much (47%) since the new strategy although, since it had been developed, a great deal of dissemination has taken place including the translation of this key resource into many languages. Some of the KIIs and FGDs believed that the work of the IFE-CG in the past two years had shifted away from disseminating the 2017 guidance to focusing on tools and resources to better articulate the OG-IFE and this is appropriate. The work on the infographics and the webinars has contributed to communicating the operational guidance.

The IFE-CG internal advocacy and communication needs to concentrate on both supporting members and holding them to account. The IFE-CG needs to advocate to members that they are responsible for ensuring that their organisations have disseminated and trained their staff on the OG-IFE at HQ, regional, country, and response site levels, are compliant with the International Code of Marketing of Breast-milk Substitutes (the Code), utilise best IFE practices when they develop emergency responses, and that their media messages and fundraising appeals are in accordance with IFE best practices.

### **IFE-CG Working Methods**

One of the roles of the IFE-CG is to bring experts in emergencies and in infant feeding to consensus on specific issues, develop guidance, and disseminate new knowledge. The way the IFE-CG generally works gives equal opportunity for all to be involved with clear tasks and a specified commitment time that is communicated upfront.

From the survey, KIIs, and FGD responses, it is clear that there is a lack of understanding of the role of the IFE-CG, who it is, who it serves, what it should or should not do, the role of ENN, and the role of the different members.

There is also confusion about the relationship between the IFE-CG and the GNC. Since the IFE-CG existed before the formation of the clusters, it was asked to act under the GNC and was not formed under the GNC. However, there needs to be clearer understanding by the members and the GNC as to what this means, how the two entities work together, what the expectations are of the GNC of the IFE-CG and vice versa, and how the IFE-CG relates to the other GNC global thematic working groups (GTWGs). Is it the IFE-CG's role to link to the different clusters that impact on IFE (health, water, sanitation and hygiene (WASH), logistics, protection) or is this the GNC's role? Or both? Would, for example, the IFE-CG work on products that are not in the IFE-CG workplan simply because the IFE-CG is the IFE GTWG under the GNC?

Most of the IFE-CG members involved in the MTR stated that the IFE-CG is not mandated to work at country level, "country response is not our job", but the IFE-CG can proactively facilitate what the field needs in order to provide quality IFE responses. It is not clear what scale and/or stage the emergency has to be at before the IFE-CG starts its support to and through the partners.

A recurring theme under the IFE-CG working methods is that the IFE-CG needs to focus on its core business, its niche. If the IFE-CG becomes involved in the operational side, then the core

business will not receive the attention needed. According to respondents from the survey, KIs, and FGDs, the core business is being the “guardian of the operational guidance” and its update, when needed, the dissemination of the OG-IFE and advocating for its use, and developing tools for its implementation, as well as IFE preparedness and policies. There is further need to look at the practicality of the guidelines from a field perspective and simplifying and operationalising more sections of the OG-IFE, such as has been done through infographics, to make it easy for use at field level. There is need to ensure that the implementation of the OG-IFE is happening through IFE-CG partners. Some suggested that complementary feeding in emergencies (CFE) is now a new niche for the group. IFE-CG has shown a spotlight on the CFE issue, and partners have started to take the work forward.

### **IFE-CG Strategy and Workplan**

The strategy and the workplan are not prominent enough in the IFE-CG’s daily work. They were the result of members investing their time to develop and implement the strategy and workplan. Even though the development of these was inclusive to existing members, and transparent, some are still confused about what gets into the workplan, how decisions are made as to what work is funded and who gets the funding.

Some believed that the IFE-CG has not been accountable to itself, critiquing what and how it does its work. The group is at times moved to action depending on available funding and capacity without questioning if the group should invest in these actions.

Some of the respondents to the survey, IKs, and FGDs mentioned that in 2022-2023 the workload of IFE-CG members, as it relates to IFE-CG work, increased with so many projects led by members asking the collective to work on specific activities without much discussion of how these activities connected to the strategy and workplan. Additionally, members are asked to participate in many taskforces/working groups without clarity as to how these activities connect to the strategy. Members accepted this workload but there is a lack of prioritisation of effort which is not coordinated in a strategic manner.

### **IFE-CG and the Shift in IFE Needs**

There has been a shift in terms of attention to IFE and IFE needs in different contexts. More organisations, the UN, local and international NGOs, and donors have strengthened their focus on IFE. There has been a geographical/economical shift in where emergencies are occurring. With climate change and conflict, emergencies are not only occurring in low-income countries but are becoming more frequent in middle- and high-income countries such as Ukraine, Australia, and the USA. The IFE-CG’s approach to IFE has been based on a model of support to low-income countries that do not have strong systems to support infant feeding in times of non-emergency and emergency. The IFE-CG needs to rethink how it will support emergency responses in areas where there is a strong health system and government engagement. The IFE-CG has led and adapted to a broader focus than breastfeeding to also address the non-breastfed infant as well as CFE.

### **IFE External Communication and Engagement**

Forty-one percent of the respondents said that there is not effective communication by the IFE-CG with different external groups, and only 56% thought that the IFE-CG included all the relevant entities in communications and discussions. They stated that communication has been challenging in recent months/years due to all the changes at the coordination level. External communication is not done well. This is a result of a lack of expertise as well as a lack of budget. The IFE-CG consistently develops guidance and writes reports, but dissemination

to other groups is ad hoc and not strategic. All outputs and deliverables produced under the auspices of the IFE-CG should have a dissemination plan built into them from the beginning as is envisioned in the communication strategy that is under development. This requires resourcing strategic communications to be foundational rather than as an output that is divorced from the deliverables.

### **IFE-CG and Knowledge Products**

Ninety-seven percent of the survey respondents as well as KIIs and FGD respondents believed that the IFE-CG is the appropriate group to produce the knowledge products that the IFE-CG has developed in the last two years. The added value of the products is that they are the work of the collective including NGOs, the UN, and donors which gives additional weight for their dissemination, use and implementation. Arguably, the IFE-CG had to develop some knowledge products because others did not or were not able to step up to do so.

Fifty percent of respondents using all the data collection tools thought that the Chemical, Biological, Radiological, and Nuclear (CBRN) guidance work should probably not have been undertaken by the IFE-CG while others believed that the guidance on CBRN is work that the IFE-CG is best suited to do because it is uniquely able to integrate scientific and technical information within the OG-IFE in novel circumstances. On the other hand, there is a belief that work such as the breastfeeding counselling guidance in emergencies, the infographics, and the work on Covid-19 developed by the IFE-CG is important and could not have been easily done by other organisations. Clearly there is confusion about what the IFE-CG should do/produce, and what others should take responsibility for and produce.

### **IFE-CG and Regional Entities**

KIIS, FGDs, as well as 79.4% of survey respondents thought that the IFE-CG should promote, encourage, and support regional UN/NGO entities to engage with the day-to-day IFE work at the regional or country level but that ultimately it was the responsibility of those entities operating regionally or at the country level to engage and not that of the IFE-CG. They can engage with already existing regional platforms such as the nutrition and health clusters, national working groups such as the IFE working groups in country, regional entities such as NGO forums, the Asia Disaster Centre and similar entities. Agencies that are members of the IFE-CG should create opportunities to share experiences and knowledge from the regions, disseminate information from the global level to their regional and country entities and platforms, and bring issues that the field is having and needs assistance with to the IFE-CG.

### **IFE-CG Governance**

There has been a lot of progress in the governance of the group since the IFE-CG came into existence, particularly in the last few years. The governance has improved with the formation of the SC to support the IFE-CG, the addition of the conflict-of-interest (Col) document that all members must sign, and with the terms of reference (TOR) for membership. Despite the membership TOR having been developed and shared with the members, it is still not clear to some what is expected of them, and what members' duties towards the group are with some members being very active while others presenting more as 'observers', and what members expect to gain from the membership. Some members still felt that accountability and transparency need to be strengthened. There is a suggestion that the development of a collective Diversity Equity Inclusion (DEI) statement would assist the group to improve transparency. Annex 5 provides further details on the IFE-CG governance and suggested solutions to identified problems.

EKIs provided information about their governance structure. Like the IFE-CG, some are struggling with the same issues, including membership, participation, and scope (global, regional, or country level involvement). Others focus on country level yet still find difficulties engaging with that level during emergencies.

### **Internal Communication**

Eighty-eight percent of survey respondents and most of the KIs and FGDs thought that internal communications from the IFE-CG were regular and effective. The monthly meeting minutes, the current format of the newsletter (What's New, an IFE-CG email update), and the infant and young children feeding in emergencies (IYCF-E) repository were very useful. Even though the respondents thought that the monthly meetings are valuable, they suggested that the meeting format and content should be revamped to provide a space for dialogue and discussion of issues and reporting against the workplan rather than partner updates.

### **Steering Committee Selection**

There are members who believed that the SC selection process provided inclusion (anyone can nominate themselves or be nominated to the SC) and transparency while a few others did not agree. From comments in the survey, FGDs, and KIs, about 40% lack understanding of the SC selection process and criteria leading to a feeling that the SC is not accountable or transparent and is far removed from the IFE-CG. There is a need to better understand the SC's relationship to the IFE-CG and what the SC's responsibilities are.

### **Level of participation in the IFE-CG**

At least 60% of those who participated in the MTR stated that active participation in IFE-CG work and meetings had fluctuated in recent years, however the engagement of members remains strong. Some members did not participate in monthly meetings due to the time of the meeting and the difference in time zone. There is a feeling that a small number of members are very engaged and do most of the work. Some members only engage when the issue is of interest to them. Some members are grateful that there is no pressure to engage in working groups as they are busy with their day-to-day jobs and may not have the time to be involved. Members have an understanding of the role of the collective versus the role of the individual in the IFE-CG. This can be used to build on to improve participation.

### **Who is missing from the IFE-CG membership?**

Sixty-five percent of those who responded to the online survey, and from feedback from the KIs and FGDs, stated that the IFE-CG has developed and leveraged the necessary and appropriate partnerships with direct and tangential partners. However, several improvements can and should be made to move the IFE-CG forward.

Representation in the membership by those living and working (field implementors) in emergency affected countries and across nationalities, ethnicities, and experiences has not been achieved as per the strategy. There is a need to expand and leverage the experiences and partnership from low- and middle-income countries, and different regions of the world (Central America, Southeast Asia, etc.). Suggestions as to how to tackle this issue are included in the light implementation plan (separate document).

The respondents thought that intersectoral work is still missing from the IFE-CG approach and that this is a lost opportunity. IFE is not only a nutrition issue but also a health, protection, food security, WASH, and logistics issue at a minimum. Engagement is required with the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) to ensure that IFE needs

are understood at the highest level and that support for the activation of the nutrition cluster is a priority to protect IFE.

Another missing group or specialty from the IFE-CG is advocacy and communications experts. There are very few members who have experience in advocacy or communications. These experts are needed to assist the IFE-CG in developing a concrete advocacy and communications plan of action to promote the OG-IFE and developed resources, as well as to unify messaging on IFE during an emergency. This was part of the workplan but has not yet been achieved and has proved difficult to achieve in the past.

## IFE-CG Fundamental Functions

Thirty-four respondents from the survey in addition to 14 KIIs, and seven people from three FGDs provided their thoughts on the critical functions that the IFE-CG provides and what would be compromised and or neglected without the group's existence.

The respondents felt that the IFE-CG is a safe, neutral space to express and respectfully discuss IFE issues and raise red flags, hold each other accountable, and reach consensus. The IFE-CG as a collective is recognised as an authority on IFE. It is a collection of committed, passionate and knowledgeable people who willingly give their time and expertise. The IFE-CG is more than the sum of its parts. The group brings its technical knowledge to protect and support breastfeeding and optimal complementary feeding in emergency contexts, including respect for the mother's choice in deciding which infant feeding method to use.

Regarding the IFE-CG fundamental functions, the answers from the respondents can be divided into three critical functions that would be compromised or neglected without the IFE-CG's existence: guidance, knowledge, and advocacy.

### Guidance

- ✓ Maintaining, updating, translating, and positioning of the OG-IFE
- ✓ Addressing emerging questions for which no previous guidance has been developed
- ✓ Providing clear guidance on IFE emergency preparedness

### Knowledge

- ✓ Highlighting gaps, developing, and disseminating tools
- ✓ Documenting lessons learnt

### Advocacy

- ✓ Providing visibility on IFE
- ✓ Ensuring IFE is addressed (assessed, specific IFE activities planned and implemented to support IFE response, and interventions evaluated) in different types of emergencies regardless of the rate of acute malnutrition.

## Priority Recommendations

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Based on the results of the survey, KIIs, and FGDs, the consultant prioritised several recommendations and presented these to the IFE-CG during the annual meeting in 2023. The meeting participants discussed the list of recommendations presented and agreed to the consultant's priorities except for one. The participants felt that the priority to "reassess the



IFE-CCG workplan, what activities the group is unable to work on, decide to drop or move activities to another time frame. Cost out remaining activities and fundraise” would be more easily addressed once the other priorities have been addressed, particularly priority 1 listed below. This document focuses on the five main priority recommendations. The associated light implementation plan t produced in conjunction with this report details specific activities that the SC can discuss and undertake for each recommendation to take forward and implement these priority recommendations.

The priority recommendations are as follows:

1. Articulate a clear vision, purpose and mission statement based on what the IFE-CG does and does not do, in addition to reviewing and updating detailed roles and responsibilities of the SC, and all member organisations and individuals, as it relates to their responsibility for IFE.
2. Clarify the IFE-CG and GNC working relationship. This needs to be clearly formulated (who does what) and understood by both groups.
3. Promote, encourage, and support regional UN/NGO entities to engage with day-to-day IFE work at the regional or country level to ensure better links to work on IFE at the global level and to ensure that global level work is informed by those working in the contexts that the IFE-CG supports.
4. Map the membership to better understand geographic, technical, and emergency representation and assess who else should be considered to join the IFE-CG or if the IFE-CG needs to join others that are also addressing different aspects of IFE in their work.
5. Strengthen advocacy and communication – review and finalise the communication strategy, include advocacy and communication specialists in the IFE-CG.

#### **Next step**

The next step is for the consultant to finalise a light implementation plan to address the five priority recommendations identified by the MTR. This will then be provided to the IFE-CG SC for feedback and implementation in order to take forward the findings from this MTR.

# Annex: IFE-CG Strategy

**Table 1** Results Matrix

	Outcome/Output	Indicator	Tools
Impact	IM1: Child survival, growth and development for populations affected by emergencies protected from further negative impacts.	These impact indicators won't be evaluated specifically, but learning in relation to them will feature in the IFE-CG's work and may also come up in stories of change.	
	IM3: Mothers, caregivers and influencers receive appropriate support which empowers them to safeguard the feeding and care of infants and young-children in humanitarian contexts.		
Outcomes	O1: Frontline responders (service providers, mothers, families and communities) are able to protect, promote and support appropriate and context specific infant and young child feeding and care in humanitarian contexts.	Secondary literature (reviews and evaluations of on-the-ground interventions) (a) report appropriate feeding and care interventions and (b) cite materials provided by the IFE-CG as a contributing factor.	Review of secondary literature
		Staff of frontline service providers report use of key approaches and practices	Knowledge, Attitudes, Practices (KAP) study of practitioners implemented through an online survey tool and at least one 'Story of Change'
	O2: Policy makers, decision makers and practitioners reflect the latest IYCF-E OpsG in relevant national and agency policies, guidelines and procedures, and costed plans	Countries have in place policies, programmes and funding for IYCF-E	Analysis of NutriDash, GINA and WBTI data
		policies, guidelines and costed plans reflect core elements of the IYCF-E OpsG and cite the IYCF-E OpsG and other key IFE-CG outputs.	Review of key documents key word analysis citation analysis and at least one 'Story of Change'
Intermediate Outcomes	IO1: Key stakeholders are aware of the importance of IYCF-E and what is required for timely appropriate protection, promotion and support and to minimize risks during a humanitarian response.	Secondary literature (reviews and evaluations of on-the-ground interventions) indicate good awareness	Review of secondary literature
		Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
		IFE-CG generated documentation and tools reflected in literature	Citation analysis
Intermediate Outcomes	IO2: IFE Core Group members and other stakeholders have improved understanding of the contextual challenges related to prevalent feeding and care practices and greater commitment and consensus on how to address these in humanitarian contexts	Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
		Increase in the extent to which literature reflects emerging issues	Key word analysis
		IFE-CG generated documentation and tools reflected in literature	Citation analysis
	IO3: Relevant stakeholders benefit from improved understanding of how better to institutionalize emergency preparedness in existing policies and services and how to develop shock responsive systems that integrate safeguarding of the feeding and care of children.	Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
Increase in the extent to which literature reflects emergency preparedness and shock responsive systems		Key word analysis	
IFE-CG generated documentation and tools related to emergency preparedness and how to develop shock responsive systems reflected in literature		Citation analysis	
Outputs	(A) Gaps, challenges and issues identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support.	# and nature of documents produced, Discussion groups established, Research proposals developed, Field exchange articles, IYCF-E related/relevant assessments	Internal monitoring
	(B) Resource materials to support feeding and care of children in humanitarian settings developed and provided in accessible and appropriate formats and widely used means.	Dissemination of IYCF-E OpsG # and nature of documents produced; IFE-CG engagement in third party processes (e.g. WHO guideline development and their by-products). # of GTAM engagements	Internal monitoring
	(C) Advocacy and communication strategies developed and implemented	Existence of communication and advocacy strategies, IFE-CG representation at global platforms, conferences etc.	Internal monitoring
	(D) Networked IFE Core Group 'community of practice' is active and further enhanced.	# and make up of IFE members # of IFE-CG conference call and face-to-face meetings, IFE-CG tagged outreach through GTAM and ENN	Internal monitoring



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