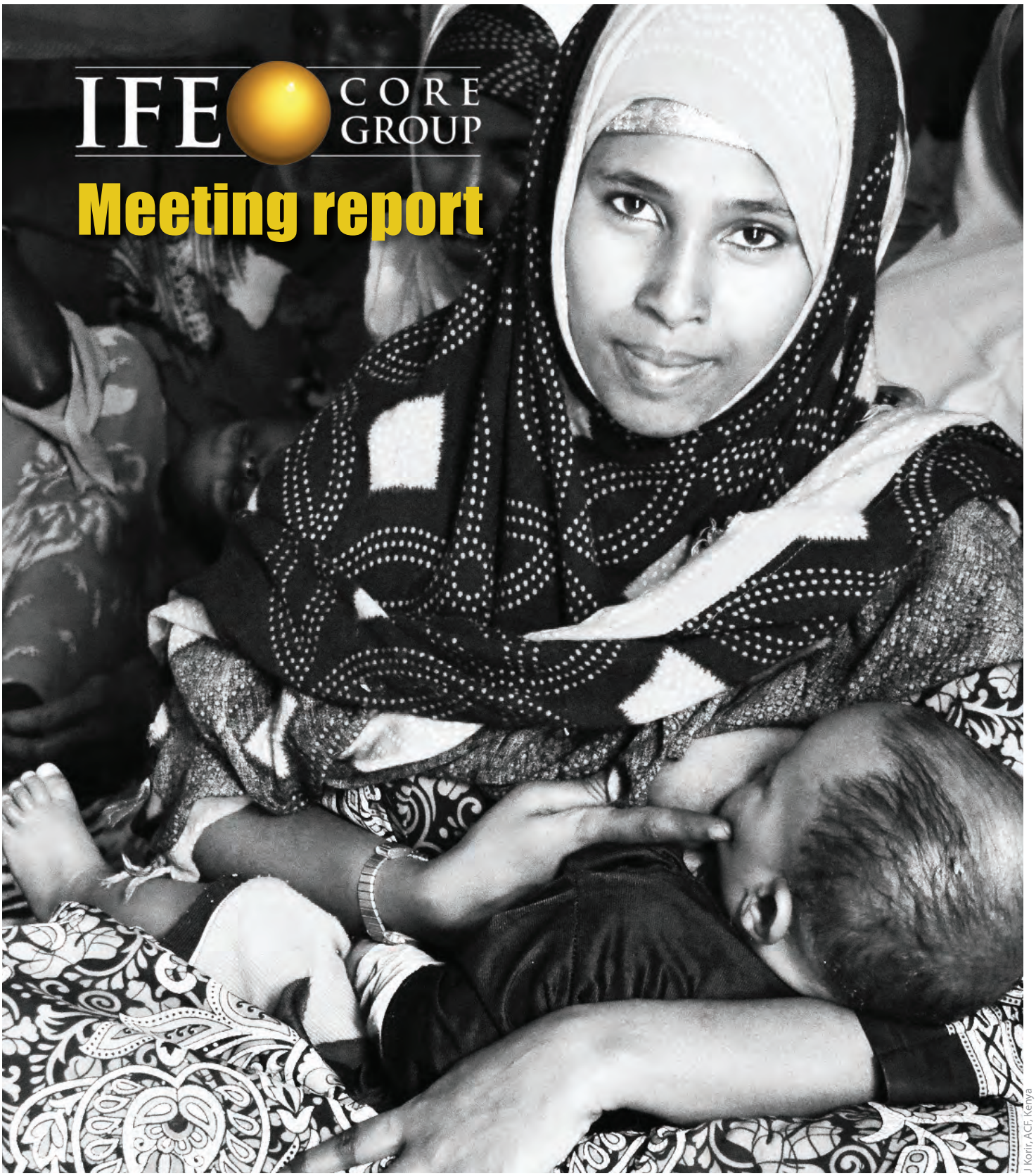
IFE CORE GROUP

Meeting report



J Korin, ACF, Kenya

Update of Operational Guidance on Infant and Young Child Feeding in Emergencies

Oxford, 1-2 March 2016

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Box 1 Background to the IFE Core Group

The Infant and Young Child Feeding in Emergencies (IFE) Core Group is an inter-agency/individual collaboration that came about in 1999 to address gaps observed by programmers around infant feeding support in emergencies. The group collaboratively develops guidance and resource material, documents lessons learned and builds aspects of capacity. The strength of the group is the strong representation of operational agencies to bring challenges and issues to the collective for peer support and guidance and facilitate application of updated experiences to their operations.

The IFE Operational Guidance (OG) is a key policy guidance document produced by the IFE Core Group and managed by ENN (the facilitator and institutional home of the group). The OG is widely referred to and used in humanitarian operations and the basis of Infant and Young Child Feeding (IYCF) Sphere Standards. Developed in 2001, with a 2007 update, a 2010 Addendum and a 2010 World Health Assembly Resolution (WHA 63.23), it has positively influenced agency policy, guidance, training materials and humanitarian action.

Recent emergencies, in particular the Syria crisis response, have highlighted the need to update the OG to reflect new normative guidance and address gaps in current content throughout the programme cycle, from assessment and advocacy through to monitoring and evaluation. In particular, there is an urgent need to assess and address needs during an emergency of non-breastfed infants, complementary feeding, maternal mental health and psychosocial support. The update also needs to be informed by an understanding of the barriers and boosters to the application of the OG encountered to date in order to inform the policy guidance update (for example, emphasis or clarity on responsibilities), communication around the policy guidance (e.g. with responsible agencies) and inform advocacy on filling gaps that are beyond the scope of the IFE Core Group to address.

Finally, there is no clear guidance on how to engage with other sectors in order to address the limiting factors that undermine the practice of IYCF recommendations, nor is there a defined minimum package of nutrition-sensitive components of Infant and Young Child Feeding in Emergencies (IYCF-E). While additional tools and toolkits have been developed in relation to IYCF and IYCF-E, there is a critical need to link these to updated guidance provided through the OG.

ENN and UNICEF co-led a two-day meeting in Oxford from 1-2 March 2015, hosted by ENN. The meeting was funded by the Office of Foreign Disaster Assistance (OFDA). The aim was to initiate the update of the Operational Guidance on IYCF-E (OG), a key policy guidance document produced by the IFE Core Group (see Box 1). A total of 27 participants attended the meeting (including five who joined remotely). (See Annex 1 for a full list of participants.) The agenda is shown in Annex 2. All presentations are available on request from ENN.

The meeting had eight specific objectives that were covered over the two days (see Box 2). This report briefly describes the proceedings, including areas of agreement for action or follow-up under each section or objective as they were discussed at the meeting.

Day 1 focused on three major areas: the remit of the IFE Core Group[1] over the next two years; programme experiences and emerging operational implications that need to be considered for the OG update; and multi-sector engagement, using WASH (water, sanitation and hygiene) as a particular example.

Day 2 began by examining the policy environment and key areas of influence that the group needs to consider over the next two years. Key technical issues of non-breastfed children and complementary feeding were discussed in group work. This was followed by a session on the monitoring of OG implementation, where a start was made on developing a Theory of Change. The group then agreed the editorial process and immediate next steps.

Box 2 Specific meeting objectives

1. Agree the IFE Core Group remit and ways of working for 2016/17
2. Agree editorial processes, review mechanisms and timelines for the OG
3. Clarify definition/guiding framework of 'infant and young child feeding in emergencies'
4. Review and agree the scope of the OG
5. Identify and prioritise key policies, guidance, frameworks, initiatives and inter-sector partners to connect with and clarify how
6. Identify and look to resolve (or suggest paths of resolution) for tricky operational/technical questions that require clarification for the purpose of the OG
7. Agree where further case study development/key interviews/guidance review/sectoral engagement are needed to inform the update and
8. Identify what other guidance/initiatives are needed to support OG implementation.

Session 1 OG in practice

To start proceedings, ENN presented a brief history of the OG. The first OG was developed in 2001, since when there have been two updated versions (2004 and 2007), plus an Addendum in 2010. A great deal has happened in the eight years since the last major update in 2007 at institutional and programming level and in guidance development. Both the humanitarian and nutrition sectors have evolved, with establishment of the cluster system and the Scaling Up Nutrition (SUN) Movement, while global crises continue to increase in number and become more complex.

ENN then presented a summary of **OG user feedback** solicited from 11 field practitioners across a range of contexts (including Somalia, Philippines, Ukraine, Lebanon, Jordan and the refugee/migrant crisis in Europe). This feedback was solicited in order to get a snapshot of 'on-the-ground' understanding of the benefits and challenges of using the OG in practice and

[1] Current members are: ACF Network, Concern Worldwide, ENN, Fondation Tdh, Goal, GNC, IBFAN-GIFA, IMC, IOCC, IRC, Save the Children, World Vision, UNICEF, UNHCR, WFP, WHO and 2 individual members.

helped provide focus to the discussions over the two days. Some of the observations included:

- In some situations, IYCF-E beyond addressing breastmilk substitutes (BMS) Code violations is not really implemented. Engagement tends to stop with the Code issues;
- Varied experiences were reported for those who do violate the Code (there is little follow-up);
- We need to consider rights of the mother (to choose how to feed her infant, right to breastfeeding support) as well as the infant's right to nutrition;
- IYCF is not linked as part of a broader response of emergencies across the nutrition sector – silos exist in acute malnutrition treatment, micronutrients, surveillance, etc;
- The enabling environment is very important and needs more articulation in the OG (e.g. it is very difficult to manage support in a transit setting – many volunteer doctors/organisations have no knowledge of IYCF-E principles);
- There is a need to have the health system on board – especially the doctors who prescribe BMS (more evidence needs to be articulated in the OG); and
- The OG needs to be clearer about the cross-sectoral nature of IYCF-E, involving WASH, shelter, health, etc.

The next session considered the **IFE Core Group remit** and ways of working for 2016/17 (objective 1). Pre-meeting, a draft Terms of Reference (ToR) for the IFE Core Group was shared with members. This covered scope of work, routine activities, proposed steering committee, working groups and collaborating with others. Feedback to date was shared in this short session. A number of points were clarified/agreed:

- In terms of membership categories, the IFE Core Group can draw upon the experiences of the Global Nutrition Cluster (GNC). This includes different categories for individuals and agencies. ENN will follow up with Josephine Ippe regarding this;
- ENN will develop and circulate a membership form for completion (the GNC membership form can be used as a basis for this);
- A Declaration of Interests form (based on the WHO form, which may be adapted as necessary) will also be circulated by ENN for all members to complete;
- During an informal third day meeting[2] , it was clarified that ENN is the coordinating agency for the IFE Core Group and currently steers the group. The role and membership of a steering committee for the IFE Core Group needs closer examination and discussion.

The work plan for 2016/17 of the Core Group was outlined and agreed as follows:

Routine activities

1. Maintain the IYCF-E resource library (**www.ennonline.net/resources/ife**);
2. Act as source of *ad hoc* peer-to-peer support; and
3. Provide support when requested (escalated) by the recently formed **IYCF-E Global Technical Support Cell**; a partnership currently comprised of UNICEF and Save the Children (SC) staff, formed to provide timely access to high quality IYCF-E and technical assistance on IYCF-E.

IFE Core Group Projects

4. Update of the OG to produce version 3;
5. Update of the model joint statement on IYCF-E;
6. Input into the next update of the Sphere Standards (likely to be in 2017);
7. Identify opportunities, resources and leads to undertake Phase 2 of OG update (relating to advocacy, communication, dissemination and rollout of the updated guidance).

Expanded membership and collaborators

8. In 2016, seek to expand membership and collaborators, in the context of the OG update; and
9. A steering committee/editorial board will be formed to guide the OG update process (see Boxes 6 and 7 for more details).

This session concluded with agreement to examine and agree the ToR for the IFE Core Group in 2016. While important, it was also agreed not to get embroiled in process details, which could detract effort from implementing activities.

The next session addressed objective 4; **review and agree the scope of the OG**. ENN presented a detailed review of the 2007 OG, examining the aim and the scope and highlighting areas that need updating or where more/less information is required, and where gaps in the text need to be filled. This detailed review is a starting point for content update (see Annex 3); it will be shared post-meeting for member review and input, and further informed by case studies and feedback solicited beyond the IFE Core Group, including donors and other sectors. Summary headlines from the review presented during the meeting are:

- Extensive update of all sections (policy, training, coordination, assessment and monitoring, minimising the risks of artificial feeding, key contacts, key points

[2] A flexible third day was arranged to allow attendees to share programme experiences and developments informally, exploiting the opportunity of people coming together for the two-day IFE Core Group meeting. The agenda is included in Annex 5. Presentations and meeting notes are available on request from ENN.

and resource listing) is needed. This is to reflect updated guidance (e.g. HIV), developments in programming (e.g. cash as an intervention) and gaps (e.g. complementary feeding and how to manage artificial feeding at scale);
- Restructuring sections would be favourable;
- Emergency preparedness and multi-sector roles and responsibilities are not well specified;
- The central role of government in emergency response and the role of UNHCR (in refugee contexts) is not adequately addressed;
- The OG is located within IYCF frameworks and policies; this should be broadened to include humanitarian/rights/other sectoral mandates;
- The aim of the OG needs review to ensure it caters for feeding all infants and young children, regardless of the way they are fed; and
- Do we aim to protect breastfeeding (the process) or do we aim to protect breastfed infants (the child)? In updating the guidance, we must pay attention to wording as well as to the technical details;
- Use of the term 'breastmilk substitute' (BMS) and how it is defined (in the context of the 'Code'[3]) is overly complex for general users; we must simplify language as part of the update;
- We need to recognise BMS-dependent infants (mixed feeders) and distinguish them from non-breastfed infants;
- There are challenges regarding IYCF indicators that we need to examine. The bottle-feeding rate can be misinterpreted as non-breastfed rate. BMS user rate can be misinterpreted as non-breastfed rate. There is no standard (WHO) non-breastfed indicator, although the data to calculate this will be available whenever 24-hour recall is conducted;
- In our recommendations we must consider the issue of maternal informed choice regarding IYCF practice and how much 'control' of IYCF is appropriate;
- Whether and to what extent maternal nutrition and health should be covered in the OG needs to be clarified; and
- To what extent, and how, can we accommodate accountability to affected populations?

Key discussion and actions points emerging were:
The group agreed with the **breadth of update**. There was no dissent regarding areas for update raised. There was considerable discussion around the aim and the scope of the OG; this will be further developed in the update process. While the required update is extensive, it remains essential to keep the OG document brief. Inclusion of some guiding principles would help direct the user to key areas of consensus.

The group agreed that it was important to **retain the 'branding'** of the document, as it is well known in many countries as 'the yellow book'. More detailed discussion regarding structure is included in Session 4.

It was agreed that it is important to include a section early in the document briefly describing the **different types of emergencies** (rapid onset disasters vs. slow and natural disasters vs. conflict-driven). Text describing the cyclical nature of many contexts (development into emergency and back to development, etc.) would be important. A section on preparedness is warranted, describing links to the 'resilience' approach/agenda, emphasising that IYCF work must start in development times in order to successfully scale up in emergencies.

There was considerable discussion regarding how much the OG should set out the **'ideal' scenario versus the 'reality on the ground'**. The current OG states the ideal; this has proved limiting in recent emergency contexts regarding infant formula management in the Syria crisis, the Middle East, and the European migrant/refugee crisis. The group agreed that it was important to set out the ideal practices, but also to offer pragmatic alternatives, to give clear guidance to users of the OG on what compromises are acceptable when faced with the realities of programming in certain contexts, such as where access to those affected is limited or not possible (what is "good enough" programming in such settings?). The key guiding principle is *risk minimisation*. It will be important also to identify when and what compromises are not acceptable (e.g. the minimum requirements) to ensure standards of best practice are maintained and aspired to.

The particular role of UNICEF regarding IYCF and IYCF-E was recognised and reinforced at the meeting. This includes both as cluster lead agency and UNICEF regular country programming and extends to UNICEF's responsibility for preparedness in the context of development programming.

Recent initiatives for providing additional support to IYCF-E

Over the years, the IFE Core Group has been called on to provide technical support in 'real time' emergencies, taking the group beyond its understood remit. This

[3] 'The Code' is the commonly used term for the 'International Code of Marketing of Breastmilk Substitutes', adopted by the World Health Assembly in 1981 (and subsequent relevant WHA resolutions). Its aim is to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of BMS when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The Code sets out the responsibilities of the manufacturers and distributors of BMS, health workers, national governments and concerned organisations in relation to the marketing of BMS, bottles and teats.

reflected a gap in capacity at global level to respond to challenging operational issues. A number of recent developments are intended to fill this gap in technical stewardship; these were shared informally by participants:

IYCF-E Technical Support Cell

To complement an increase in capacity from UNICEF and SC for IYCF-E in-country support, an IYCF-E Technical Support Cell is in the process of being formed. The aim is to ensure that partners implementing IYCF-E have timely access to high-quality IYCF-E technical assistance. Requests for support will be directed to the SCUK Global IYCF-E Advisor, where the request will be categorised and recorded. The Cell lead will either respond directly to the request or circulate the request to the Cell members, who will then have an opportunity to accept the request and respond. As part of its mode of operation, it is proposed that the Technical Support Cell escalate particularly challenging questions to the IFE Core Group.

Technical Rapid Response Team (Tech RRT)

Three organisations[4] have recently formed a consortium with funding from USAID-OFDA to form a Technical Rapid Response Team (Tech RRT). The team comprises four personnel who will provide partners with emergency-response technical expertise and human-resource support during level two or three emergency situations. The support will focus on three areas: Community Management of Acute Malnutrition (CMAM), Infant and Young Children Feeding in Emergencies (IYCF-E), and Social and Behaviour Change (SBC). The IYCF-E support will cover a number of areas; for example, to lead IYCF-E assessments and advocate for inclusion of IYCF-E in multi-sector rapid assessments; to support country nutrition clusters to develop an IYCF-E strategy and mapping as required (BMS, partners); and to assist with coordination of IYCF-E issues.

On discussion it was agreed that:

- The IFE Core Group can act as a 'go-to' for both the Technical Support Cell and the Tech RRT for escalated questions. ENN will follow up with the focal points in this regard. Agreed answers to questions will be posted on en-net to share the knowledge more widely;
- Both initiatives are important sources of experiences to inform the OG update; and
- The Technical Support Cell and the Tech RRT are in contact with each other and this connection will be strengthened.

[4] International Medical Corps (IMC) is the lead agency, with consortium partners Action Against Hunger (ACF-USA) and Save the Children UK (SCUK).

Session 2a Multi-sector engagement

The afternoon sessions focused on multi-sector engagement. They began with a brief overview of the current OG content and its limitations. This led to a brainstorm on priority sectors to engage. A session focused on WASH followed, with two presentations (SuSanA and Baby WASH) and a WASH-specific discussion. The conversation then regrouped around next steps regarding all sectors.

It should be noted that the current OG makes limited mention of other sectors and, where they are discussed, references are not located in one section, so they are difficult to find. There is some mention of health, water and sanitation, but these are not adequate and there is limited or zero coverage of vital sectors such as social protection, shelter and child protection. Recommendations are sweeping and not specific. This section will need to be considerably strengthened during the update process.

As a starting point for priority sectors with which to engage, sectors that have been identified in two resources – the DG-ECHO IYCF-E guide for programming and the UNHCR/Save the Children IYCF framework for refugee settings (draft) – were shared (see Table A). Following discussion, additional sectors were identified and priority sectors to engage with regarding the OG update identified (see highlights in red).

Examples of expanded content on multi-sector engagement were discussed, including issues surrounding the 'new' generation of emergency programming, where **cash/voucher programming** is becoming more common. This was discussed in the context of infant formula supply. Current voucher schemes (in Lebanon and Syria) prohibit the purchase of infant formula in cash/voucher schemes. The group agreed that infant formula purchase through cash/voucher schemes should not be prohibited.

Investment should be made to lower the need and demand for infant formula; for example by appealing to the economic benefits of breastfeeding and ensuring necessary supports are available at the right time (e.g. for newborns). Linkages with the social protection sector will be vital to make progress in these kinds of emergency settings.

Definitions of different sectors varied, e.g. some consider food security and livelihoods to include cash; whereas others classify this as social protection. For some, social and behaviour change (SBC) only considered communication with beneficiaries; others interpreted it as much wider, including the media and agency communications staff. Clear definitions are needed in the OG.

Table A Overview of sectors relevant to OG update

ECHO IYCF-E guidance for programming	UNHCR/Save the Children, IYCF framework for refugee settings	Other (identified through discussion)
Health	Public health (HIV, RH, MH)	Agriculture
WASH	WASH	Reproductive health
CMAM	Nutrition (SAM, MAM, micronutrients)	Social protection (cash/voucher)
Food Assessment	Food security and livelihoods (include food, cash, vouchers, agriculture)	*Social and Behavioural Change – Beneficiaries/Communication/ Media/ – cross-cutting*
Care & Protection	Child Protection (including registration) unaccompanied, shared spaces, entry points for rights	Fundraising/advocacy
Shelter	Settlement and Shelter	Military
Cash – transfer modality	Education	Early Childhood Development (ECD)
Do no harm for sectors, time	Camp management	*Logistics – help with monitoring, info*
		Mental health

Session 2b WASH

The discussion moved on to WASH and nutrition as an example of multi-sector engagement.

SuSanA Alliance

A presentation was given by a representative from the SuSanA Alliance (Sustainable Sanitation Alliance), a network made up of members who are dedicated to understanding viable and sustainable sanitation solutions and aim to promote innovation and best practices in policy, programming and implementation (see Box 3). Sanitation and nutrition is one of four strategic topics for the Alliance during the 2015-18 roadmap period. One of the 12 working groups that will deliver on the roadmap is WASH and nutrition, which currently has 1,760 members.

Baby WASH

World Vision presented (in plenary and remotely for discussion) the 'Baby WASH' initiative, making the case for the need for a global coalition (see Box 3). The many links between Early Childhood Development (ECD), WASH, Maternal, Neonatal and Child Health (MNCH) and nutrition sectors are evident (see Box 3), with particular 'hotspots of vulnerability' identified throughout the pregnancy, delivery, newborn period and infant and young child life.

The WASH sector to date has not focused on children under two years of age as a target group, although there are many intervention windows where WASH practices (and hence nutritional status) can be improved throughout the 1,000 day period; for example, implementation of the WHO 'six cleans' in delivery: clean hands of birth attendants, clean perineum, clean delivery

surface, clean cord-cutting implement, clean cord-tying, and clean cloth for drying and wrapping baby to mother.

It was suggested that a model around IYCF could be created under Baby WASH, with the IFE Core Group committing to input into this. The launch of the **Global Baby WASH coalition** is planned for 2016 and will run for five years, co-led by World Vision and WaterAid, with the aim of contributing to the WHA targets by:

- Strengthening and consolidating evidence for action;
- Influencing donors, governments and programme implementers to fully integrate through the Baby WASH programme approach; and
- Multiple portfolio investments to achieve better results.

The coalition is hosting a side event at the Women Deliver conference on May 16th 2016.

Key WASH discussion points and actions

- There is strong synergy with the Baby WASH initiative and the OG;
- Currently Baby WASH is not focused on emergencies, but there is much common ground. Specific consideration of emergencies will be a future consideration;
- Targeting WASH services to families with children under two years old (a recommendation we would like to include in the OG) is not currently practised, but could be considered; the Baby WASH forum is where this can be raised;
- SuSanA is running an online thematic discussion on nutrition and WASH from 31 March for two weeks; this is a great opportunity to engage with WASH on IYCF-E and all are encouraged to participate and share with others. ENN will have details and links at **www.ennonline.net and www.en-net.org**; and
- The IFE Core Group will collaborate with Baby WASH (focal points at World Vision) and SuSanA in developing WASH content for the OG. The IFE Core Group will also provide feedback on Baby WASH via World Vision.

Discussion on multi-sector engagement

Following the presentations, discussion was held on important points to be considered for multi-sector engagement in the updated OG:

- The **health sector** needs to be considered in each relevant part (e.g. reproductive health, psychosocial health), or according to the 'touch points' in the various health packages that are vital for nutrition, making the most of the achievable contact points to improve IYCF practices;
- Engagement with the **Health CORE Group** will be important to maximise synergies;
- Priority sectors were identified as **health and WASH**. Other key sectors identified were **food security** (cash/voucher element as vehicles for accessing food for infants), child protection (including the context of orphans, children living with HIV/AIDS), **communication/SBC/media as cross-cutting;**
- The **logistics sector** was also identified as a priority sector because it is often responsible for transport and storage of BMS;
- Areas of synergy or crossover points need to be identified for each of the sectors considered vital for influencing;
- Ensure the **'do no harm'** principle is front and centre in any engagement with other sectors; and
- The UNHCR/Save the Children IYCF-E framework has content developed in collaboration with other sectors and is a valuable resource to draw on in developing the OG.

Agreed actions:

- Representatives from priority sectors will be identified as collaborators on the OG update. They will be invited to co-write or review the relevant section in the updated OG;
- Save the Children reproductive health focal point attending the meeting will collaborate on developing relevant OG contact; and
- ENN has made contact with the CORE Group pre-meeting and will follow up. Other networks and groups will be explored.

Box 3 SuSanA and Baby WASH

The SuSanA Alliance

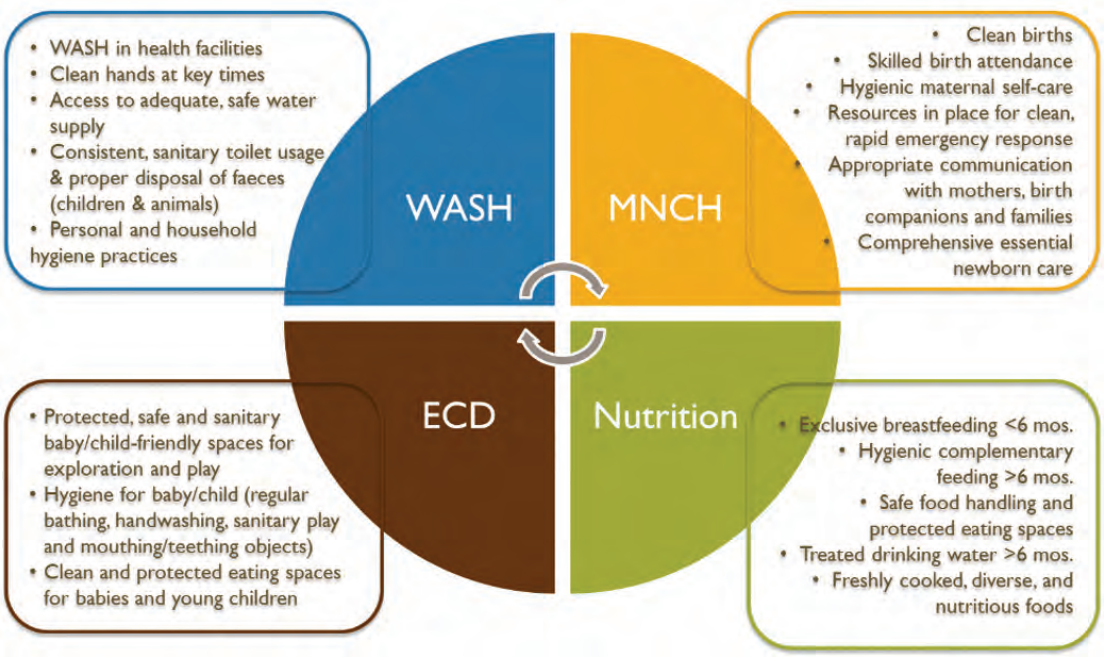
SuSanA is an open network whose members are dedicated to understanding viable and sustainable sanitation solutions. It links on-the-ground experiences with an engaged community of practitioners, policy-makers, researchers and academics from different levels. The alliance aims to promote innovation and best practices in policy, programming and implementation.

Currently SuSanA has more than 6,100 individual members and 262 partner organisations consisting of NGOs, private companies, multilateral organisations, government and research institutions.

Baby WASH

Baby WASH is the nexus of WASH, MNCH, nutrition and ECD programming across the first 1,000 days of life for better outcomes and greater impact (see below).
It is an evidence-based, integrated approach to ensuring the healthiest start to life for the most vulnerable children and their mothers.

Baby WASH: An integrated approach



Session 3 Technical discussions

This session focused on two technical areas: how to accommodate the needs of non-breastfed infants where access and support is compromised; and the challenges relating to complementary feeding. The session on complementary feeding began with an overview from WFP on complementary feeding in emergencies, summarised in Box 4.

For each technical area, critical gaps and questions identified on Day 1 informed priority issues to examine. Four groups considered questions posed with a view to proposing what to recommend in a field situation. Feedback was provided in plenary to review what emerged, areas of consistency/consensus, and areas of disagreement/where further work was needed. Table B details the feedback collated on questions related to non-

breastfed infant management; Table C collates plenary feedback related to complementary feeding. This provides the starting point for the content development for the OG update; no definitive recommendations were made but an indication was given of emerging consensus/key principles/direction of travel. All working group and plenary discussion points will feed into the content development of the OG update. Further clarifications and consensus-building will be part of the process.

Operational challenges highlighted during discussions were:
Addressing **complementary food needs** in contexts such as Ukraine, where locally produced products do not meet WFP complementary food standards (which are high); this risks the possibility of no complementary food being provided because the 'ideal' cannot be achieved (as has happened in recent responses). Minimum standards for complementary foods are in development by WFP to help address this. Mapping complementary food availability and working to improve what exists (including working with manufacturers) is a critical emergency preparedness activity that is currently lacking.

There are significant operational **challenges in securing supplies of breastmilk substitutes** to meet needs, such as in the context of Syria and in the Europe migrant/refugee crisis. The OG recommendations are clear (UNICEF and UNHCR will source after review and approval by their HQs); however implementation is proving much more complex. It was beyond the scope of this meeting to explore these issues in detail; ENN will follow up with the relevant agencies to examine further how the OG can outline realistic policy guidance for these types of challenging situation.

Box 4 Key points from complementary feeding presentation, WFP

- Ensuring access to nutrients is key, in emergencies and beyond. Contexts, emergency phase and transfer modality are key considerations.
- Wasting, stunting and micronutrient deficiencies are all nutrition concerns; the 1,000-day window is critical.
- Often there is a pre-existing nutrient gap that is exacerbated in an emergency. Key questions: Is there a nutrient gap? What is the local food context (often inadequate)? What are the options to fill the gap?
- Issues that affect needs and response include: nutrient gap (magnitude and characteristics), availability of nutrient-rich foods, access to these foods, high prevalence of GAM and/or stunting and/or MND, maternal malnutrition, seasonality, socio-cultural aspects, high food insecurity.
- Context also matters in terms of available delivery platforms (social protection, health sector, markets) and how these have been affected in an emergency. Response options depend on capacity-delivery platforms, nutrient needs and duration of response.
- Important issues to consider for transfer modalities include:
  - Which type of support or transfer works best for children aged 6-23 months?
  - Can cash or food support intended to support livelihoods also help prevent undernutrition in children?
  - Is it possible to provide locally available, commercial, complementary foods and if so, what standards are required? (WFP is working on developing specifications for complementary food and mapping of locally available foods).
- Examples of a phased intervention in Pakistan were shared.
- WFP is working to address challenges regarding nationally available, complementary foods highlighted in Yemen (which did not meet WFP standards on nutrient content and quality). WFP is developing minimum specifications for complementary foods, mapping nationally available, commercial complementary foods (by end 2016) to inform preparedness and work with the private sector to raise standards.
- See full presentation on WFP's 'Fill the nutrient gap tool' at **www.firstfoodsforlife.org/resources.html**

Table B Outcomes of working groups on non-breastfed infant management

Answers to priority questions
Q1: Target age group for BMS supply (whether 0-<6m, 0-<12m, 0-<24m?). OG section 6.3.4
Priority age group 0-6 months. Up to a maximum of 12 months (with analysis of CF, milk source, etc.) Not beyond 12 months.
Policy guidance [indicates] 0-23 months. Interventions; first priority 0-5 months, second priority, 6-11 months, third priority 12-23 months.
Priority age group 0-6 months, 6-12 months, if possible. Not for 12-23 months.
Focus is on 0-6 months, but need to recognise there is a transition period where BMS and CF or breastmilk and CF are needed in the 6-12 month period.
Q2: When and what level of **compromise in terms of artificial feeding** (context, access) is appropriate to prevent deterioration in IYCF practices? Relevant sections of OG: 6.2.1 and 6.2.2. Consider: a) Assessment (individual level not possible); b) Supplies (e.g. lack of access can't guarantee for as long as needed); c) Wider supports not possible to ensure (WASH); and d) Mother's choice.
Goal is harm minimisation. Need pre-crisis data on IYCF; non-BF and mixed feeders. Target population/scenario. Individual assessment should be in tiers: high level; comprehensive assessment; minimum assessment needs.
a) Assessment – individual assessment is necessary, but could decentralise who will do it in the OG. b) Supplies – guidance must give recommendations on judgement calls when the situation is not ideal. Guidance must also reflect the differences between powder BMS and RUIF. Need to prioritise supplies by a) age group, b) risk c) mixed fed vs totally BMS-dependent, d) mother's choice. c) WASH – if not adequate, use RUIF if possible rather than powder. d) Inform mother of benefits of BF vs risk of AF. Individual choice should be respected and supported as supplies allow.
Q3: Cash and vouchers: • Should there be freedom to use cash/vouchers for infant formula (**choice**)? • Cash/voucher as BF incentive.
There should be freedom to use CT/CV. Maternal choice. If programming at scale, ensure it is accessible via 'open' cash/vouchers.
Where food is available, cash is an appropriate (even preferable) intervention.
Choice for use of CT/CV should not be denied – but with awareness that this brings risk. How to manage those who are BF vs those who will purchase BMS – both need vouchers.
Q4: How to deal with reality without compromising basic principles and best practice Section 6.3.5, 6.4.2: • Are cups the only option? • **Bottle** sterilisation, provision, bottle exchanges.
Need a decision algorithm for RUIF or cup feeding. Ideally provide and strengthen support for breastfeeding for newborns. Pros of RUIF: safer, easier to use. Cons of RUIF: expensive, difficult to obtain, generic and local language labels needed. A compromise would be BMS for non-breastfed children. NB: when supporting BMS for non-BF infants, material support is also required for breastfeeding women. All supporting documentation, including training modules, needs updating.
OG needs to outline ideal scenario, then guidance on how to minimise risks. If breastfeeding is not possible; Cups – especially for caregivers who are wanting to re-establish breastfeeding and newborns. Where cup feeding is not possible, other options include: One-time bottles – especially for transit situations; Bottle exchange/sterilisation – where continuous access to sterilisation is possible; and Recommendation/advice on when to transition to cup (after 6 months).
Q5: Role of **milk banks** in emergencies – benefits and risks
Not discussed in detail by the groups. Discussion in plenary.

Non-breastfed infants – emerging areas of consensus

1. **Target age group for BMS:** BMS may be used in infants aged 0-23m. Within this age range, 0-<6m is the priority target group. Provision to 6-<12m and 12-<24m is context-specific.
2. **Ideal v real:** The revised OG needs to recommend high standards of support to non-breastfed infants but also advise on what is 'good enough' support where capacity to access, monitor and sustain support to caregivers of non-breastfed infants is compromised. The key guiding principle is minimising risk to children under two years old regarding their nutrition, morbidity and mortality.
3. **Access to infant formula via cash schemes:** Infant formula should not be on the 'banned' list of items for voucher/cash schemes; investment in an environment that supports optimal IYCF and provides information to enable informed feeding choices is needed rather than 'policing' infant formula access.
4. **Use of bottles:** The use of bottles needs to be accommodated in the updated OG; risk minimisation is the guiding principle based on operational realities.
5. **Role of milk banks:** The issue of 'milk banks' and/or donations of breast milk need to be covered in the update.

Non-breastfed infants – further discussion points

- **'Mixed feeders'** need to be addressed as a category in the updated OG (they currently receive little attention and are complicated to manage).
- Need to ensure the message that **some breastfeeding** is better than none is included, without promoting mixed feeding.
- The **AFASS** (acceptable, feasible, affordable, sustainable and safe) concept is still relevant in emergencies, although this language is no longer used by WHO (in the context of HIV, the same principles but different wording are used).
- In principle, providing equivalent value **'incentive' to breastfeeding mothers** makes sense; in practice, the resource implications are huge and in reality are beyond the scope of current refugee programming (for example).
- Regarding **milk banks and donated breastmilk**, there have been problems in past emergencies with such donations being offered/sent (e.g. Haiti). There are also examples of where milk banks have functioned (e.g. Philippines).
- An update of the **decision tree** currently included in the IFE Core Group Modules 1 and 2 is required to help practitioners in decision-making.

Table C Outcomes of working groups on complementary feeding management

Answers to priority questions

Q1: How to make cash/vouchers IYCF friendly?

- IYCF counselling should be linked to the food types available (whether locally available or in-kind), including understanding of local practices.
- CF options must take into account what the family can access (e.g. general food distributions).
- Analysis of CF in context:
  - Harmonisation of tools;
  - Shared information;
  - Informed programming.
- Who is responsible for it? WFP/FAO?
- Preparedness – who will take responsibility in development contexts and how to ensure preparedness in all contexts.

Q2: What are the risk and benefits of 'imported/external/commercial' products and what criteria could be suggested for consideration? Consider contexts with high endemic anaemia, stunting and/or wasting

For **'local' CF**, consider: women's time (preparation), availability, nutrient content, gap analysis; question the assumption that local is 'best'; ask if it is culturally acceptable (i.e. will it be used); prefer local if nutritionally adequate and feasible.

For **imported/external CF**, consider: having a decision tree as reference; prevalent nutrition status pre-crisis; that 'something is generally better than nothing'; possibility to stop gap with lower-quality foods; micronutrient supplementation; what is the role of products in targeted (time-limited) prevention of seasonal peaks in high-burden countries?

For **commercial products**, consider: do no harm principles (e.g. avoid obesity issues); commercial products are not necessarily best; are they Code-compliant; are they nutritionally adequate?

For **donations**, consider: Code compliance (if not compliant, don't accept); Is it based on calculated need?; Expiry date (do not accept if close to expiry); Will it create a market?; What quality standards does it comply with?; Is it accompanied with feeding utensils?

Q3: What should we consider regarding nutritional adequacy of CFs (local, supplemented)?

- fortification, either in-kind or cash.

Q4: What should we recommend regarding milk in children aged 6-24 months in pastoral communities and other cultural contexts?

Not explored in detail within the working groups

Complementary feeding – emerging areas of consensus

1. **Choice of complementary food:** The OG requires some form of decision tree/key considerations to ensure appropriate and informed choice that is culturally appropriate, nutritionally adequate and minimises risks (e.g. nutritionally, inappropriate marketing, time issues for caregivers).
2. **Cash/voucher schemes:** The OG needs to consider the role of cash/voucher in complementary feeding support. How to make cash/voucher schemes IYCF-friendly needs to be included in the OG (no specific recommendations emerged in this regard).
3. **Nutrient gap analysis:** Assessment of complementary food availability, nutrient gap and what is available to fill this gap is critical in emergencies. There is no one (UN) agency responsible for this. WFP is developing tools to support this and working at national level in some contexts to appraise and support improvement of complementary food quality in the context of preparedness.
4. **Real v ideal:** The revised OG needs to recommend high standards of complementary foods, but also advise on what is 'good enough' where access to nutritionally adequate foods is compromised. Food quality/safety issues are an added consideration. The key guiding principle is minimising risk to children under two years old regarding their nutrition, morbidity and mortality.

Complementary feeding – further discussion points

- The need for continued BF needs to be highlighted in the CF section of the OG (as it tends to be forgotten);
- The need to take into account national food habits and local complementary foods – remembering that these are not always 'better' or cheaper (depending on what is available and traditionally consumed, nutritional quality);
- Be aware that potential conflicts of interest can emerge with public/private partnerships, even though these have not been an issue to date in emergency settings; and
- Different types of emergencies (e.g. slow onset) will have varying effects on the availability and quality of complementary foods.

Session 4 Policy environment

This session located the OG in the policy landscape, with specific reference to a number of key initiatives, and examined potential areas and opportunities of engagement.

The group discussed what would be required during the update of the OG in terms of **policy actions**. A priority is the **World Health Assembly (WHA) Resolution**. The current version (2.1) of the OG was endorsed in a WHA Resolution in 2010 (WHA 63.23). The group discussed the pros and cons of seeking WHA endorsement for the updated version of the OG and agreed that it was not necessary to seek this if the key aspects of the OG remain intact. In order to avoid the need to re-apply for endorsement/resolution at the WHA, discussion centred on how much the updated OG is able to diverge from the current framework (table of contents); whether sections can be added and/or how much leeway there is to alter the content within each section.

An agreed action was that ENN would contact David Clark (UNICEF) and Lida Lhotska (IBFAN-GIFA) for advice on how to accommodate this update in the context of the existing WHA Resolution and report back to the group. If sections can be changed, ENN will suggest an alternative framework for the group to agree on. If sections cannot be changed, ENN will suggest sub-headings under each section title.

The group mentioned a number of possible events at which the updated OG can be launched and/or disseminated, including the WHA and the Committee for Food Security (CFS). Regarding timing for WHA, the update of the OG needs to be completed by December 2016 so that a side event for launching the update can be planned and held at the 2017 WHA meeting in May. IFE Core Group members whose organisations have official relations with WHO (e.g. IBFAN, Save the Children), together with sister UN agencies, will need to assist with requesting, planning and hosting a side event at the Assembly.

The meeting agreed that the updated OG needs to feed into the **Sphere Standards** update due to take place in 2017; another reason for the update to be finalised by end 2016. Actions regarding the WFS were not

discussed in detail; ENN will follow up post-meeting regarding this.

A presentation was then given on the World Breastfeeding Trends Initiative (WBTi), an IBFAN-led initiative (from 2005-6) to evaluate national implementation of the global strategy on IYCF at country level in a participatory manner, with the overall aim to strengthen and stimulate action to protect, promote and support breastfeeding. The WBTi provides useful data and a valuable process of public-interest actors' engagement at country level that can help advocate for OG implementation. Costing tools regarding the price of IYCF scale-up at country level have been developed as part of the World Breastfeeding Costing initiative (WBCi). One participant raised the issue of connecting this initiative with SUN stakeholders at country level. The IBFAN representative specified that the WBT initiative only involved public-interest groups working in the field of IYCF. Given that SUN also works with the business sector, they have not been involved in the WBTi processes at national level.

Box 5 Key points from World Breastfeeding Trends initiative (WBTi) presentation, IBFAN-GIFA

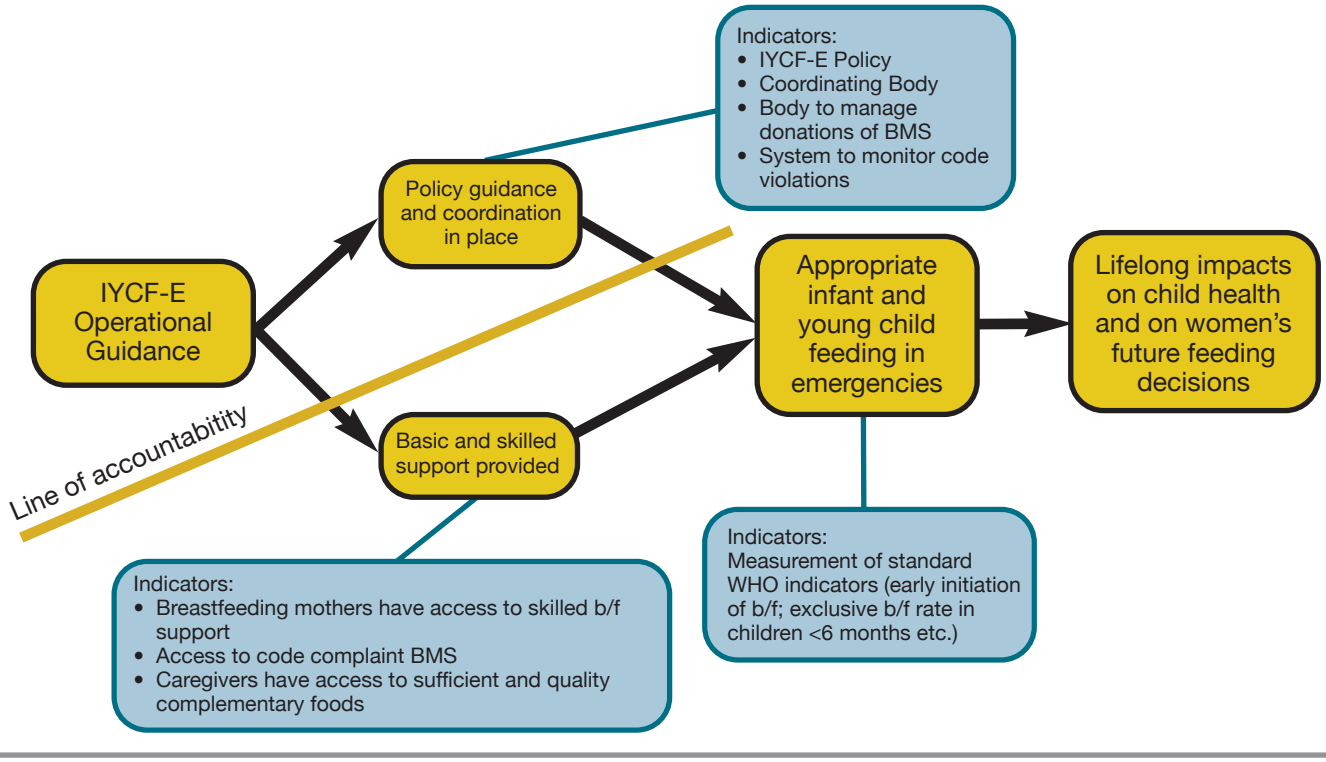
- WBTi's objective is to bring key people together to assess their own implementation of the global strategy on IYCF, identify gaps and build national consensus around actions and priorities, and advocate for change.
- WBTi has been introduced in 106 countries; it is participatory, action-oriented and uses simple research conducted by local people.
- The WBTi assessment tool has two parts; 1) Policy and Programmes indicator, 2) infant feeding practices indicators.
- Report cards are generated, published and shared widely with governments, donors, researchers, media, etc.
- The web-based tool kit provides mapping and graphics for each country report card and, since 2010, multiple country reports.
- Most countries have a low score for IYCF-E in the WBTi.
- WBTi data is included in WHO's GINA database (Global database on the Implementation of Nutrition Actions) and governments are using WBTi for formulating policies.

Session 5 Monitoring & evaluation (M&E) of OG implementation

Monitoring implementation of the OG is not addressed in the current version. Of note, indicators are included in Sphere IYCF Standards (2013) that are based on the OG and were drafted by the IFE Core Group. To examine this, a basic theory of change (ToC) framework specific to the OG was presented and developed through discussion (see figure 1). This will be elaborated in follow-up work. Key points to emerge are:

- It was agreed that M&E should be addressed in the OG. It should be limited to M&E of the OG itself rather than of specific programmes. This will require more process-type indicators; for example, how many agencies in a cluster are aware of the OG. Any indicators need to be SMART and quantifiable, with specific targets.
- More standardisation of indicators across IYCF-E is needed and the links to Sphere need to be clear in terms of indicator development.
- The indicators currently included in Sphere are relevant and a good basis to work from; they are reflected in the ToC framework.

Figure 1 Draft Theory of Change



Session 5 OG review process

The OG editorial and review process, stakeholders, timeline and priorities were examined in the final session. The following was agreed:

- An editorial board (EB) comprising ENN, UNICEF, WHO and three NGO members[5] will oversee the revision. ENN will chair the EB. Final content decisions will be made by ENN and UNICEF.
- Working groups (WGs) will be formed for each OG section/technical area for detailed review. Each will compromise three reviewers who commit to review the content. Agreed WGs and reviewers are shown in Box 7.
- Representatives from other sectors will be identified to help craft and review sector-specific content. Reviewers from WASH and from reproductive health were identified during the meeting (see Box 7).
- Reviewers on emergency preparedness from development partners were deemed important and identified immediately following the meeting.

The detailed process for the update was agreed and is shown in Box 6. Working groups for reviewing each section were also agreed (see Box 7). The agreed timeline is as follows:

- The OG needs to be finalised by the end of 2016 to ensure it is ready for the policy processes taking place in 2017 (WHA Assembly, Sphere Handbook revision and WFS).
- The framework should be agreed by early-May, pending clarifications regarding the extent of structural revision possible.
- A schedule of work will be developed and shared with the group, i.e. order of section review, expected delivery dates for review to WGs, turnaround times, etc.

[5] Save the Children, Action Contre le Faim, IBFAN

Box 6 Process for OG update

a) Propose and agree framework of OG (Table of Contents):
- ENN seek direction from IBFAN-GIFA and UNICEF regarding structure of OG vis-à-vis preserving the WHA Resolution;
- ENN draft table of contents, EB review, ENN update and then circulate to all for feedback and finalisation.

b) ENN draft text for each section.
c) ENN submit section for review by EB and incorporate feedback.
d) ENN submit section to relevant WG to review content and incorporate feedback that emerges.
e) ENN share final draft with WG.
f) Final draft of OG reviewed by EB.
g) Final draft of OG reviewed by all IFE Core Group members (minor omissions/comments only).
h) Final corrected OG shared for external review by selected country users for 'sense check' (an additional step proposed by ENN subsequent to the meeting).
i) EB finalises the OG.

Box 7 Working groups for review of OG

Breastfeeding support	Concern (Kate Golden) IRC (Casie Tesfai) GNC (Josephine Ippe)
Artificial Feeding	SCUK (Christine Fernandes) SCUK (Isabelle Modigell) Independent (Karleen Gribble)
Complementary Feeding	WFP (Britta Schumacher) UNHCR (Caroline Wilkinson) GOAL (Oscar Serrento) OFDA (Erin Boyd and Sonia Walia)
Preparedness	USAID Food For Peace (FFP) (Judy Canahuati) USAID Global Health (Michael Manske and Leslie Koo) WFP (Britta Schumacher)
Assessment	IMC (Caroline Abla) Save the Children (to nominate) GNC (Josephine Ippe)
Maternal Nutrition	WFP (Britta Schumacher) GOAL (Oscar Serrento) Independent (Mary Lung'aho)
Coordination	GNC (Josephine Ippe) Save the Children (to nominate) Possibly UNICEF
Policy	WHO (Zita Weise Prinzo) IBFAN (Rebecca Norton) CDC (Liesel Talley) Independent (Karleen Gribble)
Multi-sector engagement	IMC (Caroline Abla) World Vision (Colleen Emary) SCUS (Nicki Connell) WASH (Peter Hynes, World Vision) Reproductive Health SCUK (Sarah Neusy)
Capacity and training	Concern (Kate Golden) World Vision (Colleen Emary) Save the Children (to nominate)

Conclusion

The meeting ended with agreements for the various actions and follow-up points. Participant feedback on the meeting is shown in Annex 4.

A third flexible day was arranged to allow attendees to share programme experiences and developments informally, using the opportunity of people being together for the two-day IFE Core Group meeting. The agenda is shown in Annex 5. Presentations and meeting notes are available on request from ENN.

Annex 1 Participants list

Name	Organisation
Colleen Emary	World Vision
Nicki Connell	Save the Children
Mary Lung'aho	Independent
Kate Golden	Concern
Marie McGrath	ENN
Christine Fernandes	Save the Children
Karleen Gribble	Independent
Britta Schumacher	WFP
Sinead O Mahony	Goal
Emily Mates	ENN
Maaike Arts	UNICEF
Rebecca Norton	IBFAN-GIFA
Caroline Wilkinson	UNHCR
Cécile Bizouerne	ACF
Caroline Abla	IMC
Sonia Walia	OFDA
Josephine Ippe	GNC
Judith Sandford	ENN (facilitator)
Farah Asfahani	ENN (notes)
Annkathrin Tempel	SuSanA/GIZ
Oscar Serrano Orla	GOAL
Casie Tesfai	IRC
Isabelle Modigell	Save the Children (IYCF-E Technical Surge Advisor)
Sarah Neusy	Save the Children (Reproductive Health)
Remote Participation	
Linda Shaker-Berbari	IOCC
Erin Boyd	OFDA
Limnyuy Konglim	OFDA
Peter Hynes	World Vision (WASH)
Francis Maynard	IMC CORE

Annex 2 Agenda for meeting

Update of Operational Guidance on IFE
IFE Core Group meeting Agenda

Tuesday 1 March and Wednesday 2 March 2016
Trinity College, Oxford

Meeting objectives

- Initiate the update of the Operational Guidance on IYCF-E (OG).

Specific objectives

1. Agree the IFE Core Group remit and ways of working for 2016/17.
2. Agree editorial processes, review mechanisms and timelines for the OG.
3. Clarify definition/guiding framework of 'infant and young child feeding in emergencies'.
4. Review and agree the scope of the OG.
5. Identify and prioritise key policies, guidance, frameworks, initiatives and inter-sector partners to connect with and clarify how to proceed.
6. Identify and look to resolve (or suggest paths of resolution) for tricky operational/technical questions that require clarification for the purpose of the OG.
7. Agree where further case study development/key interviews/guidance review/sectoral engagement are needed to inform the update.
8. Identify what other guidance/initiatives are needed to support OG implementation.

Overview

Day 1 will focus on programme experiences and emerging operational implications for the OG. The opening overview in Session 1 will include consolidated feedback and consensus on the IFE Core Group's remit and priorities for 2016-17, based on a paper circulated in advance of the meeting. The morning session will share a variety of experiences from different contexts; these will help set the scene for clarifying the framework and scope of the OG. Session 2 will look at multi-sector engagement, taking WASH as a working example, with time also dedicated to health sector engagement.

Day 2 will begin by examining the policy environment and key areas of influence we need to prime in 2016/17. Space is provided for detailed discussion on OG recommendations on non-breastfed infant management and complementary feeding. Session 5 will be a facilitated, two-hour session to begin to explore how we can and should monitor OG implementation. The final session will focus on agreeing the OG review process and agreeing next steps.

Essential pre-meeting reading

1. Operational Guidance on IFE, v2.1 and Addendum, 2009.
2. IFE Core Group: remit and ways of working, 2016-17, draft 1.
3. Interim Operational Considerations for the feeding support of Infants and Young Children under two years of age in refugee and migrant transit settings in Europe, v1, Oct 2015.
4. Joint statement from the Ukraine Health and Nutrition Cluster.

Day 1

Time	Topic	Presenters
8.45	**Arrival**	
9-9.10	**Welcome & Introductions**	Judith Sandford (facilitator)
9.10-9.30	**Overview of meeting, objectives and expected outputs of the meeting**	ENN/UNICEF
Session 1 (OG in practice)		
9.30-10.00	**IFE Core Group – remit, members and workplan** Clarifications and agreement on the paper circulated in advance of the meeting.	
10.00-11.00	**OG – review of framework, scope and limitations in programming context, Part 1** Part 1 of this session will examine in detail the provisions of the OG, highlighting where there are gaps/limitations/need for updated guidance. This session will focus on the nutrition specific aspects of programming (multi-sector engagement will be examined in Session 2). Input from all participants will be invited in this interactive session to contribute experiences and context to the discussions.	
11.00-11.20	**Tea break**	
11.20-1.00	**OG – review of framework, scope and limitations in programming context, Part 2** Part 2 of this session will move to examining the definition of IYCF-E in the context of the OG and any limitations in this regard. This session will also examine the approach of the OG guidance – should it recommend the 'ideal' or accommodate compromise to reflect the realities of programming? This has important implications for how we approach revisions.	
	Output from Session 1: Agreement on areas requiring update in the OG. Agreement on definition (scope) of IYCF-E. Agreement on ideal-versus-real approach.	
1.00 – 2.00	**Lunch**	
Session 2a (Multi-sector engagement)		
2.00 – 2.45	**Coverage of other sectors in OG** This opening session will examine in detail the provisions of the OG with regard to multi-sector programming, highlighting where there are gaps/limitations/the need to reflect updated guidance. Input from all participants will be invited in this interactive session to contribute experiences and context to the discussions.	
2.45 – 3.30	**Who should we engage on IYCF-E and how?** This interactive session will identify which sectors we should include in the OG and agree which are the priority sectors to approach.	
	Output from Session 2a: Identified key challenges in multi-sector engagement. Agreement on priority sectors for representation in the OG.	
3.30 – 3.50	**Coffee**	
Session 2b (WASH)		
	This session will focus in detail on WASH to explore opportunities to engage with the WASH sector. Two WASH opportunities will be examined: Baby WASH and the Sustainable Sanitation Alliance (SuSanA).	
3.50 – 4.05	**Overview of Baby WASH**	Colleen Emary, WV
4.05 – 4.15	**Sustainable Sanitation Alliance (SuSanA)**	Annkathrin Tempel, GIZ
5.00 – 5.30	**Engaging with priority sectors – opportunities and actions** This session will identify opportunities, target agencies and agree follow-up actions for priority sectors.	Judith Sandford
	Output from Session 2b: Identified priority sectors for multi-sector engagement and follow-up. Agreement on next steps involving WASH.	
Wrap up		

Day 2

Time	Topic	Presenters
8.40	**Arrival**	
9 - 9.15	**Welcome and Outline of Day 2**	Judith Sandford (facilitator)
Session 3 (Technical discussions)		
	This session will examine in detail new provisions and scope on two technical areas. These are not the only technical areas needing examination but have been prioritised for this meeting.	
9.15 – 10.30	**Non-breastfed infants: what should the OG include?** This session will build on Day 1 discussions to specify revised/new provisions of the OG. The session may identify aspects requiring further investigation/evidence to inform recommendations. The exact wording of provisions will not be achieved.	
10.30 – 10.50	**Tea break**	
10.50 – 12.00	**Complementary feeding: what should the OG include?** This session will be opened by a ten-minute presentation by WFP to act as a starting point for the discussions around complementary feeding. This session will look to specify revised/new provisions of the OG on complementary feeding. The session may identify aspects requiring further investigation/evidence to inform recommendations.	
	Output from Session 3: Agreement on provisions of the OG regarding non-breastfed infants and regarding complementary feeding. Identification of any areas requiring further investigation/evidence to inform recommendations.	
Session 4 (Policy environment)		
	This session will look to locate the OG in the policy landscape and examine potential areas of engagement, if we should pursue them, and how.	
12.00 – 12.15	**Key policy targets 2016/17**	ENN
12.15 – 12.25	**World Breastfeeding Trends Initiative (WBTi) – coverage of OG implementation**	Rebecca Norton, IBFAN
12.25 – 1.00	**Discussion – targets who and how**	Judith Sandford
	Output from Session 4: Agreement on policy targets, and follow-up actions to effect this.	
1.00 – 2.00	**Lunch**	
Session 5 (Monitoring & evaluation of OG implementation)		
	Monitoring implementation of the OG is not addressed in the current version. To help rectify this, this session will begin the process of developing a theory of change (TOC) specific to the OG. This will be elaborated in follow-up work.	
2.00 – 4.00	**Development of Theory of Change for the OG**	Judith Sandford
3.30	**Working coffee**	
	Output from Session 5: A ToC for the OG is initiated.	
Session 6 (OG review process)		
4.00 – 5.30	**OG editorial and review process, stakeholders, timeline, priorities**	ENN
	Output from Session 6: There is clarity on process and timelines for the OG update.	
Meeting evaluation and wrap		

Annex 3 Detailed review of the 2007 OG

Review of OG framework, scope and limitations

Approach – overview of each section of OG

- Observations and questions as a starting point.
- Input from all throughout the session – consensus, observations, questions, applied experiences.
- Agree what we need to revise, direction of travel and priority specifics (Day 1 pm, Day 2).
- Issues for non-breastfed and CF starting point for Day 2 technical discussion.
- Multi-sector closer examination Day 1 pm.
- HIV and infant feeding Day 3.
- Start of a process of update (mechanics, Day 2, pm).
- 'Big picture' questions.
- Aim, scope, framework.
- Affect how we approach the revision.
- Input.
- What are the implications of your experiences for the OG recommendations?
- Parking lot.
- Issues emerging that are not specific to the OG provisions (but relevant to IYCF-E).
- Will be 'parked', recorded and shared as an output (objective 7).

1 Policies

- Policy development at 'central' level – what does this mean? What about sub-national authority?
- Points are limited to breastfeeding, CF and Code. No mention of non-breastfed protection and support.
- Does not refer to consultation with existing policy or role of policy development in terms of preparedness.
- Role of government not explicit (included in 'agency' definition but could be missed).
- What about influence of/contribution to other sectoral policies?
- Should joint statements be accommodated in this section (and referred to in coordination)?
- Do agencies always need a separate IYCF-E policy and/or instead to ensure that IYCF-E is integrated within relevant policies and associated procedures?
- Does not accommodate non-nutrition planning/policies; e.g. ministry of planning, foreign office.

2 Train staff

- Big 'ask' in the OG – basic orientation of all relevant national and international staff on IYCF-E (M1 and M2); health and nutrition programme staff require technical training (M2).
- What has been the experience of orientation? Coverage? Cost? Feasibility? Impact? Timing?
- What has been the experience of training? Coverage? Cost? Feasibility? Impact? Timing?
- Are M1 and M2 used and useful? What other resources now available?

3 Co-ordinate operations

- The primary responsibility of government is not stated. Working with government is not explicit.
- Refers to policy coordination – how does this differ from Step 1?
- Does not distinguish between UNICEF 'hats': as CLA (country cluster coordinator) v UNICEF as UN country office (preparedness role and emergency response?) v UNICEF surge response in emergency (bolster national office capacity?). Should it?
- UNHCR role in coordination of refugee/IDP/migrant context not included.
- Does not address where IYCF-E coordination function is located. Location within government? What to do, for example, where nutrition cluster activated? Or when nutrition cluster is not activated but others are (eg health, food security, WASH)?
- Inter-sector coordination – the list is not comprehensive (e.g. social protection, child protection not included, RH not specified) and specified coordination role limited (attend meetings).

- Role in coordinating development of joint statements not mentioned.
- Evaluation of "success of IYCF interventions" – big ask. Should this be more specific to standards and OG; e.g. met Sphere standards? Indicators for OG implementation?
- Capacity-building and technical development should be "evaluated and addressed by the coordinating body." Sweeping statement/big ask. Can we unpack this more? Initiatives and experiences? Mapping?
- No reference to securing financing in emergencies; e.g. getting IFE into CAP.

4 Assess and monitor

- 4.1 (key information)
  - Does not mention assessing pre-crisis/prevalent IYCF practices in affected and host populations (goes straight to assessment).
  - Reality check: early assessment team include one person oriented on IYCF-E?
  - No mention of the need for expert input into assessment planning/analysis.
- 4.2 (early rapid assessment)
  - Non-breastfed infants not mentioned as a group in terms of feeding practice or as 'reported problems' (examples of BF and CF problems cited).
  - 'Predominant feeding practices'; two suggested. Should it be more prescriptive on what indicators to look for?
- 4.3.1 (qualitative methods)
  - Assessment of CF limited to 'general ration' and 'targeted feeding programmes'.
  - No mention of maternal/household food security/assessment and how it might impact on child food security
  - Assess 'health' environment -but then lists WASH environment
  - Focus of suggestions are for breastfeeding (factors disrupting, potential support for BF, cultural barriers) –nothing on non-breastfed
- 4.2.3 (quantitative)
  - Age stratification -reality check from programming?
  - Pre-crisis IYCF practices mentioned here (better earlier?).
  - No mention of nutritional status of children under two population pre-crisis or current (prevalence of AM, stunting, anaemia).
  - No mention of surveillance/admission data from CMAM, etc. (e.g. admission profiles of infants).
- 4.3.3
  - statement not well-placed here (applies to the whole OG)

Also

- No provision for where there are issues around lack of or limited access to mothers and children.
- Nothing about looking/connecting with general/sectoral assessments.
- Nothing about potential to link activities with other sectors, e.g. child protection.
- CF: Reflect current thinking around CF and range of options?

5 Protect, promote and support optimal IYCF with integrated multi-sector interventions

Overall

- Does section title conflict with accommodating non-breastfed/BMS users ('optimal IYCF')? • Little multi-sector content.
- Is the distinction between basic v technical not clear/useful?
- Varied content in 5.1 and 5.2 that feels random – CF, multi-sectoral, training, registration in health. Difficult for user (especially other sectors).
- 5.1 (Basic)

- Review MN supplementation recommendations.

- 5.1.3-5.1.6 (Complementary Feeding)
  - CF suggestions need extensive updating (commodities, vouchers, cash).
  - "Inexpensive" locally available foods – question "inexpensive"? No mention of nutritional adequacy of locally available foods (implication that local = best).
  - Mentions food ration only (need more on food accessed/used in household).
  - "Micronutrient fortified food in the general ration"– range of products now options.
- 5.1.6
  - Commercial baby foods (cost, nutritional value, context), discourage use. Experiences from recent emergencies?
  - Donations of such products included under section 6 (BMS) but not in terms of donations as a CF. Experiences and thoughts?

- 5.1.7
  - Demographic profile repeated (more specific in age profiling than 4.2). Is this age breakdown gathered in programmes?
- 5.1.8
  - Registration of newborns for food ration and access to EBF support – only reference to reproductive health. Nothing about early initiation of BF or earlier intervention on RH services.
- 5.1.9
  - Identify "severe feeding problems" in new arrivals – what does this mean? What are the priorities/criteria for new arrivals?
- 5.1.10
  - Ensure "easy and secure access" to water and sanitation – what about hygiene? Sweeping recommendation!
- 5.2 Technical
- 5.2.1
  - "Train health/nutrition/community workers as soon as possible after emergency onset".
  - Does not recognise resident capacity (although does earlier).
  - Only optimal IYCF (so not around BMS use)
  - Mixes training recommendation with some criteria for BMS use
- 5.2.2
  - Integration with sectors – big statement, need to unpack and be more specific by sector.
- 5.2.3 Advises separate support areas for BF v non-BF.
  - Reality check – Haiti, Europe, elsewhere?
- 5.2.7-5.2.8
  - HIV and infant feeding needs updating (Day 3)
  - Accommodate other relevant diseases, e.g. Ebola, Zika, etc.?

6 Minimise the risks of any artificial feeding

Overall

- Not explicit about minimising risks for breastfed and non-breastfed infants.
- Nothing about meeting the nutritional needs of non-breastfed (focus is on risk) (see UNHCR SOP).
- Addendem 2010 6.3.2
- Recognises RUIF and updates regarding UNICEF provision of supplies. Any further updates from UN? Experiences on sourcing UNHCR and UNICEF (parking lot)?
- OG assumes provision of product – does not accommodate voucher/cash scheme access.
- 6.1.4
  - Developed to avoid inexperienced agencies procuring/accepting and passing on BMS. Reality check?
- 6.2.1
  - Only targeted to those requiring, individual level assessment, always with BF assessment. Reality check?
  - Note: no recommendation for physical examination as part of assessment.
  - Need to define/reference "very ill mother" – WHO guidance.
- 6.2.3
  - individual and FUP, 6.2.5 conditions, 6.3.4 continued supply. Ideal situations – reality check?
- 6.3.1
  - Donor agencies and funding provision – donor experiences? Agency experiences on funding. Again, only reflecting product supply (rather than voucher).
- 6.3.3
  - Experiences around labelling/relabelling/generic supplies? Feasibility? Recommended?
- 6.3.4
  - Age criteria for infant formula. Should be more upfront. "At least 6 months" v UNHCR SOP 0-6m target age group. Experiences?
- 6.3.5
  - Avoiding bottles. Reality check in contexts like Europe, Ukraine, Syria? How to distinguish with bottle use (for example in Somalia)?
- 6.3.6
  - Therapeutic milk – not a BMS (RUTF not mentioned in this regard).
- 6.4.1
  - Mention of healthcare system related to WHA47.5 where donated infant formula cannot be distributed through the healthcare system.
  - Has this been interpreted as "has to go through health system" (not intended)?
  - Distinction of different management of purchased v donated lost on users?
  - Does not consider other distribution points. Pharmacies and retail outlets are excluded from Code definition of healthcare system.
  - Experiences around avoiding and handling donations in emergencies.
  - Have they been used/challenges in supplies of purchased including cost)?
- 6.4.2
  - Reference to milk powder. No mention of liquid milk (eg UHT), animal milk, pastoral communities. No recommendations on what to do with milk powder that is in circulation. Experiences?

7 Key contacts

Section covers both monitoring and contacts.

- Only reference to monitoring is in this section and is specific to the Code (4.3.3 has a loose reference).
- Should Code violations be included in a separate monitoring section, rather than under Key contacts?
- What is the track record of Code violation reporting in emergencies?

Other tracking:

- Sphere (IYCF indicators subsequent to v2.1); others (Day 2)?
- Monitoring OG implementation (Day 2).
- Review contact points for UNICEF and UNHCR.
- Review wording around UNHCR.
- Should there be more directive statements? For example, identify who is the focal point?

8 References

- Needs review and update.

Introductory section and key points

Mandate

- Located in IYCF-related frameworks – review and update.
- What about other frameworks, e.g. Core Humanitarian Standard (CHS), rights, on nutrition, humanitarian, other sectors?

Aim

"to ensure appropriate IYCF…."

- Can we ensure? Contribute to "policing"?
- No mention of morbidity and mortality in aim (though implied later). Include in aim? Also nutrition, growth and development?
- Include target group in the aim? E.g. to direct policy-makers and programmers on IYCF related programming.

Target groups

- Caregivers. What about mothers explicitly?
- Preparedness mentioned in last sentence – relies on applying the content rather than speaking to preparedness in the document directly (gap?).

Box

- Review need/content

Key points

- Useful to have summary key points.
- Will need to be updated based on content revision.
- No mention of preparedness, multi-sector role.
- Balance: three points on infant formula management (different to meeting needs of BMS dependent infants).
- Definitions/lingo conundrums/observations.
- Language: concerned with the affected population, not the process.
- 'Protecting breastfeeding' versus 'protecting breastfed infants'.
- Artificial feeding: content is crafted more about managing infant formula (and avoiding misuse) than meeting the needs of BMS-dependent infants.
- Set up to protect breastfed infants – should be protecting infants in terms of their feeding and care and supporting their mothers to do so.
- Care in our wording as well as the technical details.

Breastmilk substitutes (BMS).

- Code definition = appropriate and inappropriate (so have to qualify term as currently defined).
- Code definition includes milk powder, etc.
- How is "BMS" interpreted by non-IYCF?
- Result: Overly complicated and not accessible to those not 'in the know'. Can we simplify?
- Need to recognise BMS dependent/reliant infants (mixed feeders) and distinguish them from non-breastfed infants.

Indicators

- Bottle feeding not the same as non-breastfed, BUT interpreted as such (overestimate need)? How to resolve this.
- BMS-fed infants not the same as non-breastfed BUT interpreted as such (overestimate need)? How to resolve this.
- Not breastfed indicator not a standard WHO indicator – needed?

Choice

- What is an "informed" decision?
- How much control should we seek around IYCF practice? Balance?
- Does not deal with pastoral communities or other cultural milk users.

'Big picture' observations and questions

- Is the name of the OG misleading?
- Not as "operational" as users might expect (ie more detail). Is it an Operational Policy Guidance rather than an Operational Guidance?
- Do we need to revisit the aim of the OG?
- In order to minimise risks, humanitarian IYCF response will need to provide support to "sub-optimal practices".
- Reword – protecting infants in terms of their feeding and care and supporting their mothers to do so. Mention breastfeeding as sub-section of aim?
- Do we need to revisit the approach of the OG?
- Only the ideal with no indication of compromise (current approach)?
- Ideal and the 'real' – suggest compromises (and scenarios where compromise might be indicated)?
- What are the benefits and risks of either approach?
- Do we need to broaden the scope in any way; e.g. preparedness, recovery?
- Do we need to revise the structure? Reorganise/add sections? If so, what would we change or add?
- How far should we accommodate maternal nutrition and health within the OG?
- Do we need to accommodate/reflect humanitarian/rights/other sector frameworks and how the OG delivers on them; e.g. CHS, rather than just the IYCF-related frameworks?
- How do we accommodate accountability to affected populations?
- How do we accommodate maternal feeding choice?

Annex 4 Summary of participant feedback

IFE Core Group meeting, Oxford, 1 and 2 March 2016
SUMMARY from EVALUATION FORMS

1. Overall, how would you rate this meeting?

Rating	Poor	Adequate	Good	Very good	Excellent
		1	2	12	1
TOTAL % (n=16)		6%	13%	75%	6%

2. How satisfied are you with this meeting?

Rating	Not Satisfied	Neither satisfied nor unsatisfied	Satisfied	Extremely Satisfied
		1	14	1
TOTAL % (n=16)		6%	88%	6%

3. What were the highlights of this meeting for you?

- Opportunity to take part in the review of an important guidance tool.
- Networking; discussing with all the other participants.
- Group work (x2).
- Decisive fashion of the meeting; having a clear way forward for updating the OG in a consultative manner; constructive atmosphere in the meeting.
- Others receptive to making the guideline more realistic; the move towards a practical update of the OG.
- The need for flexibility in implementation.
- Discussion areas: Non-BF infants, CF, cash/voucher programming.
- Multi-sector engagement discussion (x2).
- Well-focused meeting and we got a lot done.
- The review of what's included and what are the gaps in the OG useful for framing the discussion.
- First half of Day 1 and Day 2.
- Facilitation was good.

4. Were there any topics that you felt were not covered in the meeting that should have been?

Yes	No
8	8

If yes, please tell us which topics you feel should have been covered:

- Addendum 7.1-7,4.
- More time to discuss the difficult issues – maybe a third day was warranted?
- More on BCC aspects.
- Longer-term vision of IFE Core Group other than OG.
- How to involve field practitioners in this review.
- More on capacity building/training section – question is it adequate in current OG to be taken seriously.
- Day 3 discussions should have been included within Days 1 and 2 to provide concrete field examples of challenges.
- Guidance for special cases; Ebola, Zika, etc.

5. What could have gone better in this meeting?

- WHO absence was an important omission[6].
- More space in the room.
- More time for discussion, so that all voices could be heard.
- Too much time discussing and not enough time focusing on OG.
- Making use of existing tools to have a more structured discussion, particularly on integration issues.
- Discussion of ToC should have been focused around the key actions that need to be taken in disseminating the OG and indicators linked to that.
- Group work went too quickly (especially CF section) x2.
- Should have had the third day first to set the scene from the field perspective.
- First day was a bit dry – facilitation could have been better.
- Ability to 'vote' on what the structure of the revision should look like.
- SC/UNHCR-friendly framework should have been reviewed by the organisers and presented.

6. Any other comments?

- Many thanks for organising a great meeting x4.
- Let's not forget the slow onset/drought situations within the revision of the OG (there are more emergencies than the current Europe/Ukraine crises)
- Group was too big – needed to balance participation (e.g. one person per agency).
- Well organised and moderated (x2).
- Looking forward to the final product.
- We need another meeting in a year's time.
- Still don't understand what a Theory of Change is.

[6] WHO were invited to the meeting but were unable to attend. WHO has agreed to join the Editorial Board.

Annex 5 Agenda for Day 3

Day 3: Sharing on initiatives and experiences

Time	Topic
9.00-09.15	**Welcome and overview of day**
9.15-10.00	**World Vision** • CMAM mhealth app development and pilot. • E-learning courses on reducing child stunting and maternal and child anaemia.
10.00-11.30	**WHO/UNICEF/ENN** • Examination of OG HIV and infant feeding recommendations. • Update on WHO infant feeding and HIV guidance forthcoming. • HIV and infant-feeding guidance: next steps. • Update on Ebola virus disease and infant-feeding guidance. • Update on Zika virus and breastfeeding.
11.30-12.00	**ACF** • Update on baby-friendly spaces. • MAMI challenges.
12.00-1.00	**Save the Children** • Update and engagement on UNHCR IYCF-friendly framework. • Update and engagement on Save the Children IYCF-E training curriculum. • Update on Save the Children IYCF-E SOP.
1.00-1.45	**Lunch**
1.45-2.00	**Karleen Gribble** • Recent experiences of use of social media to develop IYCF-E.
2.00-2.15	**ENN/Save the Children** • Update on MAMI meeting, January 2016.
2.15-2.30	**WFP** • Update on filling the nutrient gap tool in development.
Close	

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