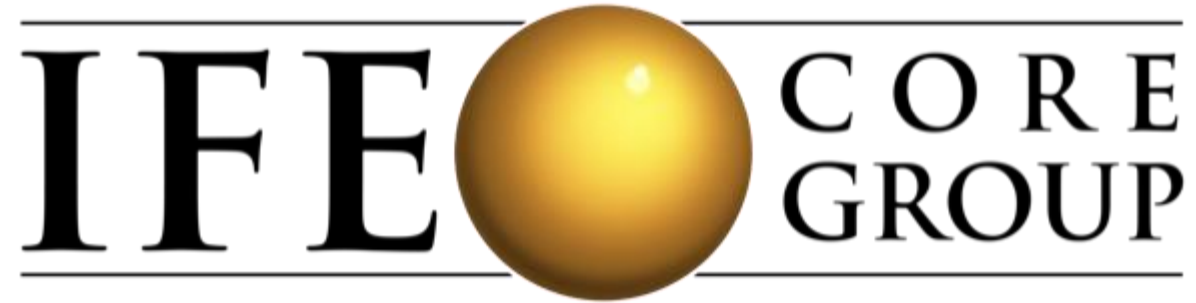


Annual meeting 2021

November 15-16-18 2021



Annual meeting 2021

Day 1 - November 15

Welcome!



Individual members: Caroline Abl, Brooke Bauer, Bindi Borg, Karleen Gribble, Hiroko Hongo, Isabelle Modigell, Linda Shaker Barbari, Lourdes Santaballa, Victoria Sibson, Mija Tesse-Ververs.

Support of:



Part of:



Meeting objectives

- ❖ Review IFE Core Group progress for 2021
- ❖ Identify priority areas and actions for a work plan to be delivered by the collective for 2022



Setting the scene - moments in IYCF-E for the year 2021

Your reflections - IYCF-E moments

Have we missed any important events?

What contributions have we had during these moments?

Update on

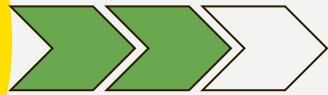
IFE Core Group Annual Work Plan

IFE Core Group achievements for 2021

IFE CORE GROUP STRATEGY AND ACTION PLAN



Output 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



Establish a **protocol** for tracking, monitoring, and reporting on **issues and challenges related to IYCF-E**




Develop a **report** on implementation of **IYCF-E policies and plans** by countries and governments



Develop a **report** on the **dissemination of the IYCF-OG**

Output 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



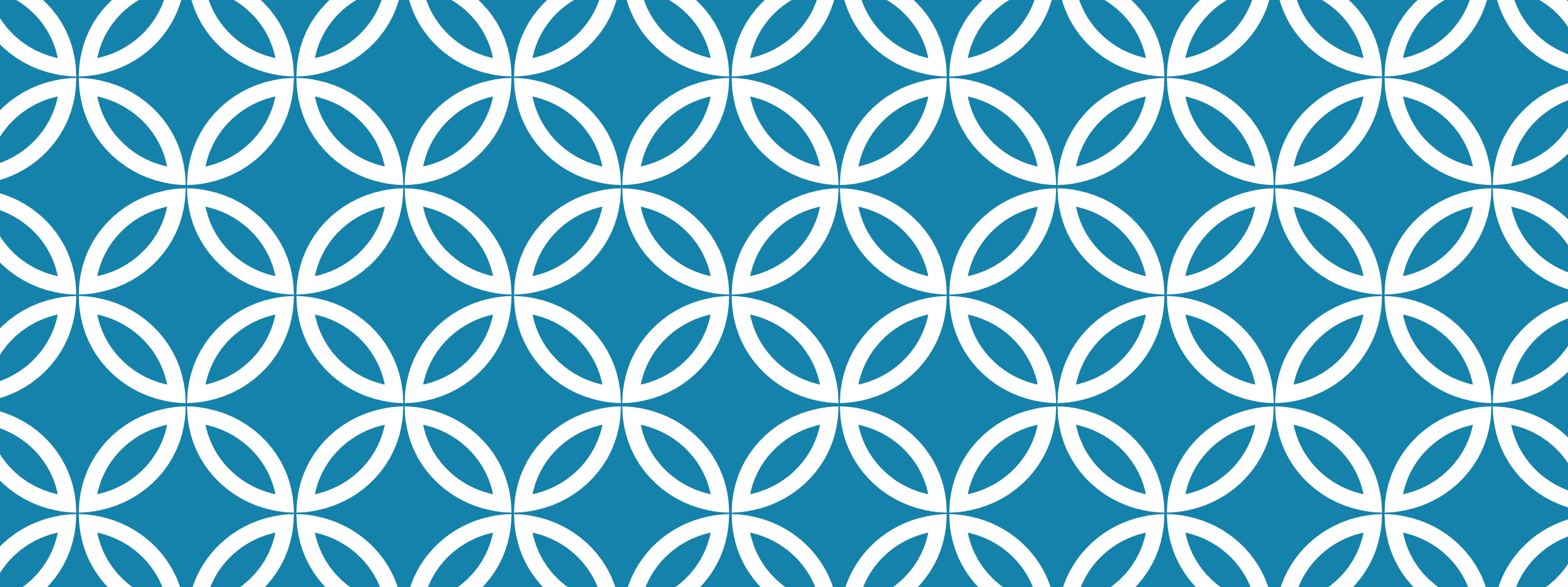
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ROADMAP FOR IDENTIFYING GAPS AND CHALLENGES RELATED TO IYCF-E

IFE Core Group – Working group
A1

LISTING OF CHANNELS, FREQUENCY, AND METHOD

Channel

IYCF-E TWG

Field Exchange

En-net

Technical Support Team (TST)

IFE Core Group members

Internet / grey literature

Peer reviewed literature

UNICEF regional offices

Experts and researchers

Other platforms (GNC, GTWG, MAMI)

When?

Quarterly

Monthly

Weekly

When applicable

Yearly

Method how?

Meetings/Calls

Google doc

Document / literature review / Alert

Review of questions under IYCF-E

Solicitation/survey/website

Summary report

e-mail

Roundtable discussion / Sharing and learning space

ROADMAP – CHANNEL, WHEN, AND HOW

Channel	When	How? (method)				
		Report	Meeting/call	Round table discussion	Online review/Alert system	Google doc /excel
IYCF-E TWG	Monthly		x	x		x
Field Exchange	Bi-yearly				x	
En-net	Monthly				x	
Technical Support Team (TST)	Monthly	x	x			
IFE Core Group members	Monthly		x			x
Internet / grey literature	Monthly				x	
Peer reviewed literature	Monthly				x	
UNICEF regional offices	Quarterly		x	x		
Experts and researchers	Ad hoc		x	?x		
Other platforms (GNC, GTWG, MAMI)	Quarterly					

Other methods for particular issues on an ad-hoc basis


- Email
- Survey / solicitation

Channel

Who?



Output 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



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Develop a **report** on the **dissemination of the IYCF-OG**

Develop a **report** on implementation of **IYCF-E policies and plans** by countries and governments

- Implementation report re-initiated with support from Save the Children
- Sub-Committee A2 activated with representation from UNICEF, WHO, WFP, ACF, GOAL, an Independent, IFE CG and Save the Children
- Consultant (Diane Holland) recruited
- **Objectives** confirmed:
 1. Review and document the progress governments have made in adopting and implementing the OG-IFE, including in policy, programmes, action plans and funding allocations.
 2. Identify and present examples of how governments and organisations have translated the operational guidance into practice.
 3. Make recommendations for governments on increased support for infant feeding in emergencies.

Output 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



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Develop a **report** on implementation of **IYCF-E policies and plans** by countries and governments



Develop a **report** on the **dissemination of the IYCF-OG**

Develop a report on the dissemination of the IYCF-OG

Working Group A3

Dashboard for reporting on dissemination of the OpsG operational guidance



++ Lessons learned from Haiti response

Summary of responses to request on lessons learned for the Haiti IYCF-E response

August 24, 2021







Below is a summary of responses received as a result of a request to IFE Core Group members to share lessons learned related to IYCF-E in Haiti. Table 1 presents previous programme documents, guidance, joint statements etc. that were shared. Table 2 includes articles written documenting the experience in 2010 and lessons learned. What follows is also a list of individual observations and lessons learned from IFE Core Group members.

Table 1: Previous guidance and programme documents

Title of document	Nature of document	Description
Points de Conseil en Nutrition pour Bébé Directives Nationales National guidelines for infant nutrition	National guidelines	This document outlines the standards related to responding to the needs of infants and young children during emergencies including the establishment of baby tents and provision of artificial feeding support
Terms of Reference for Save the Children's role in ready to use infant formula as a last resort in Haiti.	ToRs	The document outlines the roles and responsibilities of Save the Children in temporarily assisting UNICEF to control supply of RUIF and cups to the nutrition cluster partners requiring it for their emergency nutrition response, while UNICEF positions itself to take on this role.







Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

Part A

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EARLY INITIATION OF BREASTFEEDING DURING EMERGENCIES

A guide for maternity service providers on supporting early initiation of breastfeeding

Warning

- Delaying the start of breastfeeding and withholding skin-to-skin contact puts mothers and babies at serious risk of:**
- Neonatal infection, disproportionately low body temperature and blood sugar, low stable heart rate and breathing, and death.
 - Neonatal stress, disrupted mother-baby bonding, neglect and abandonment.
 - Maternal mortality, postpartum haemorrhage, postpartum depression.
 - Breastfeeding difficulties, no breastfeeding exclusively, stopping breastfeeding too soon.

Key conversations

- Cover the following topics in pregnancy and the first few days of life:
- Trust maternal feelings/bodily cues (the "right" timing of feeding/breastfeeding signals)
 - Relaxation techniques for baby's gut
 - Infant signs that the baby is getting enough milk (see Check below)
 - Realistic expectations and support for breastfeeding
 - Common infant behaviours during breastfeeding (crying, gagging, arching, fussing)
 - Resources to continue breastfeeding, even when stressed or overwhelmed
 - Maternal nutrition and wellbeing
 - Early support for breastfeeding success
 - 24-hour lactation support
 - 24-hour breastfeeding night-line

Check

Is the baby getting enough breastmilk?

The most reliable way to tell if a newborn is getting enough milk is to monitor newborn weight, stool and urine output.

Day of solid diapers	# of wet diapers
1	1
2	2
3	3
4	4
5	5

Other reassuring signs:

- Infant feeds at least 8 times in 24 hours
- Infant has lost no more than 10% of their birth weight
- No signs of dehydration, e.g. sunken fontanel, dark or no urine, weight loss
- Baby is alert and active

Part of the Infant Feeding in Emergencies Core Group infographic series. Find out more at www.enonline.net/ife

+ translations!

Essential tips

- For successful breastfeeding in the first days of life:**
- Always comply with the International Code of Marketing of Breastmilk Substitutes and your facility's infant feeding policy.
 - Delay bathing for the first few days.
 - Use bottles and pacifiers, or giving any foods or fluids other than breastmilk.
 - During emergencies, mothers may be more stressed than usual and their confidence may be shaken. This may delay the onset of plentiful milk production or slow down milk flow. You can support a mother's milk flow by holding her for feet and support.

WHO and UNICEF recommend that all mothers and newborns have immediate, uninterrupted skin-to-skin contact.

WHO and UNICEF recommend that all mothers and newborns have immediate, uninterrupted skin-to-skin contact.

When temporary separation is unavoidable, express milk.

WHO and UNICEF recommend that all mothers and newborns have immediate, uninterrupted skin-to-skin contact.

Spec for higher risk

- Early initiation of breastfeeding:**
- It should be prioritized response for both health and nutrition.
 - Remember to record the number of children who were put to the breast within one hour of birth.
- Low birth weight or preterm:**
- Provide kangaroo care and exclusive breastfeeding.
 - Provide kangaroo care and exclusive breastfeeding.
 - Use a kangaroo care kit.
 - Try to lay back, side-lying or on the back.
 - Show birth control methods to avoid the risk of unintended pregnancies.

Mothers with a disability

Mothers who are unwell

Mothers who are unwell

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

When supplemented

PREVENTING AND MANAGING INAPPROPRIATE DONATIONS

A guide for emergency relief staff, donors, and governments

Do not solicit, donate, accept, or distribute donations of breastmilk substitutes (BMS) and other products*

What's the risk?

- Prohibited donations:**
- Donations and uncontrolled distributions of the following products put infants at risk:
 - Breastmilk substitutes, including infant formulae, follow-on formulae and growing-up milk.
 - Other milk products, e.g. dried or liquid cow's milk, soy milk, evaporator or condensed milk, fermented milk or yogurt.
 - Baby teas, juices and waters marketed as suitable for infants under six months.
 - Bottles, teats, breast pumps.
 - Any commercial complementary food marketed for use for infants under six months.

Prevent donations

- Never call for donations of these products.**
- Be aware of relevant policies.**
- Report any calls for, offers of or actual donations (including online data) to the designated government, health and nutrition cluster coordinators and partners.**
- Ensure the dissemination of a policy clearly stating that donations will not be accepted.**
- Ensure Media/Operations Alerts and Monitoring Systems in place.**
- Trustworthy evidence base, including other cluster reports, as a danger of donations and market distortions.**
- Develop and disseminate a joint assessment by key stakeholders, including media, communications, logistics, donors and partner agencies.**
- Establish a Volunteer Management System (VMS) (e.g. online reporting form).**
- Develop all communications on why you do not accept donations, prohibited products.**
- Assign a designated agency (usually the Ministry of Health) to rapidly respond to any offers of or actual donations.**
- Implement security measures to ensure stored products are not stolen or re-used.**

Donation Management Plan



Sort and handle

- 1. Detect and report**
- 2. Intercept, transport and securely store**
- 3. Sort and handle**

5. Sort and handle

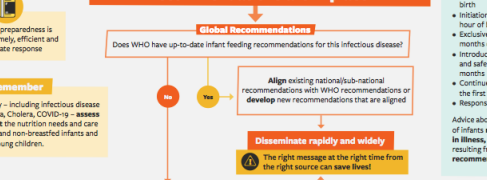
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Part of the Infant Feeding in Emergencies Core Group infographic series. Find out more at www.enonline.net/ife

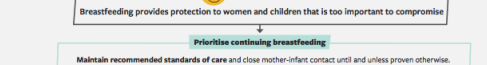
INFANT FEEDING DURING INFECTIOUS DISEASE OUTBREAKS

A guide for national health authorities, health and nutrition policymakers, professional associations and other bodies and practitioners working in outbreak preparedness and response.

Ensure appropriate infant feeding recommendations are in place



Develop interim infant feeding recommendations based on the best available evidence



Practice relevant and appropriate infection Prevention and Control (IPC) measures (e.g. hand hygiene, facemasks, preventing nipple damage etc.)



Temporary alternatives for suspected/confirmed cases

Separation: Causes severe stress, hampers mental health, impairs development, weakens breastmilk's protection against infectious diseases, carries a high risk of breastfeeding failure and places a high burden on healthcare systems.

Best option: Good option: Mother's expressed breastmilk. Good option: Donor breast milk (if available with GMP or up to date). Last resort: Well nursing (breastfeeding to other women). Breastmilk substitutes (if no other options).

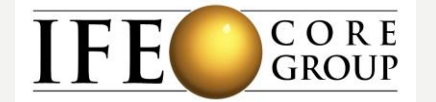
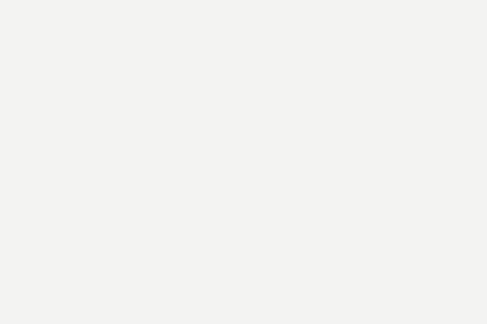
Interrupting breastfeeding: Increases short- and long-term mortality as well as morbidity, may disrupt breastfeeding in the general population, impairs maternal health, weakens maternal caregiving capacity, increasing the risk of infant abuse, neglect and abandonment.

Separation is temporary: Protect the mother-infant relationship.

Interrupting is temporary: Protect the mother's milk supply.

Part of the Infant Feeding in Emergencies Core Group infographic series. Find out more at www.enonline.net/ife

Detect and manage unprevented donations



INFANT FEEDING DURING INFECTIOUS DISEASE OUTBREAKS

A guide for decision makers and program managers working in emergency preparedness and response

In every emergency - including infectious disease outbreaks - assess and act to protect the nutrition needs and care of both breastfed and non-breastfed infants and young children

Anticipate and assess the impact of the outbreak on Infant and Young Child Feeding (IYCF)



All outbreaks

- | All actors | Nutrition sector | Health sector | Food security | Child Protection |
|---|--|--|--|--|
| Coordinate and collaborate on multi-sector actions. | Provide guidance on appropriate IYCF practice during illness and recovery. | Engage IYCF into case management, assessment and risk communication. | Support treatment and recovery of malnourished children. | Present sharing of feeding utensils in emergencies, where this is identified as a transmission risk. |

Outbreaks with guidance to continue breastfeeding

Outbreaks with guidance to resort to temporary alternatives

Health sector

Nutrition sector

Child Protection







Educator

Communication

IPC


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IYCFHub

Infant and Young Child Feeding in Emergencies Hub

 Menu


 Search


 My Library

 English

Discover IYCFHub – a global repository of essential Infant and Young Child Nutrition in Emergencies resources

Welcome to the IYCFHub! The IYCFHub is a comprehensive, online global portal of the most relevant resources related to infant and young child nutrition in emergencies and humanitarian contexts. IYCFHub is for health and nutrition frontline workers, technical officers, programme managers, specialists, academics and any other professional interested in accessing globally endorsed and trusted resources, guidance, protocols, evidence, educational materials, and tools. The IYCFHub also promotes relevant events and webinars throughout the year











Answer any of the following questions to find the right resources

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Learning and Sharing Café' on Infant and You...

A Learning and Sharing Café: Preventing and managing inappropriate donations - breastmilk substitutes products

7 October 2021

2:30 PM CET

'Learning and Sharing Café' on Infant and Young Child Feeding in Emergencies

titled:

“WHO/UNICEF IYCF Indicators: challenges and opportunities in humanitarian contexts”

24th of November 2021 at 14:00-15:30 (GMT+1, CET, Geneva time).

Shared Responsibilities for Infant and Young Child Feeding in Emergencies - Experiences implementing the IYCF Multi-sector Framework for Action

11 August 2021

2PM CET

Infant and young child feeding in emergencies programming in the context of COVID-19: learnings from a webinar series

By Alessandro Lellamo and Linda Shaker Barbari

Alessandro Lellamo is Global Infant and Young Child Feeding in Emergencies (IYCF-E) Adviser for Save the Children. He has almost 20 years of experience in the area of maternal, infant and young child nutrition with the past eight years having been spent providing technical assistance and guidance to agencies working in emergencies.

Linda Shaker Barbari is the Infant Feeding in Emergencies (IFE) Core Group facilitator and consultant for ENN. She has over 18 years of experience in the area of community and public health nutrition with a focus on IYCF-E, community-nutrition programmes, policy, strategy and guidance development and research.



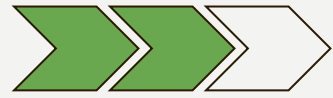
Improving access to nutrition services by strengthening community interventions in the COVID-19 context

Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

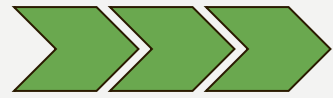
Part A



Translate Version 3 of the IYCF-E OG to needed languages



Develop new material that help operationalise the IYCF-E OG (6 infographics)



Maintain the availability of an up-to-date IYCF-E resources and material database



Organise a series of internal and external webinars that respond to gaps and challenges



Develop needed guidance materials on IYCF-E (Case studies on Complementary Feeding in emergencies)



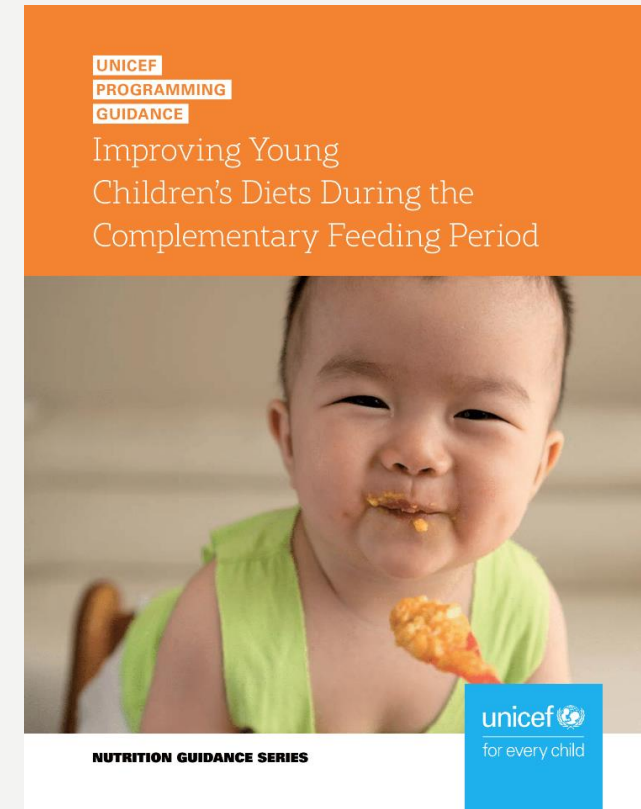
Develop needed guidance materials on IYCF-E (Operational Guidance: Breastfeeding Counselling in Emergencies)

Complementary Feeding in Emergencies

- To document through a case study approach two CFE programmes in emergency contexts using guidance from the UNICEF programming guidance as a tool for documenting the case studies.
 - Key output: Two Case Studies documenting CFE interventions in two countries.







Update:

- Document review conducted
- Review of programming guidance
- Selection of 2 countries (Sudan and Nigeria)
 - Key informant interviews conducted (14 in total)
 - Online survey
 - Document review



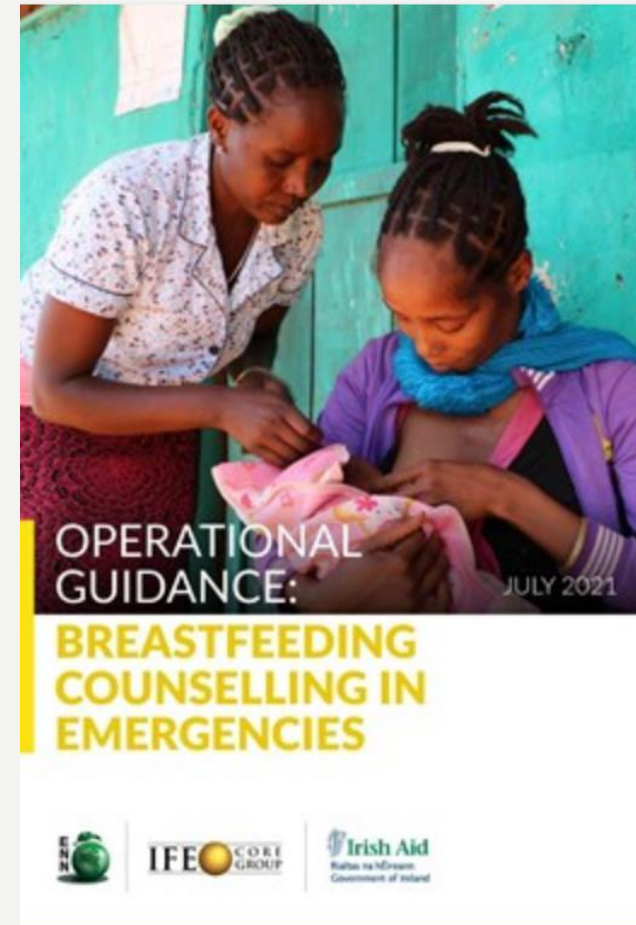
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<https://www.globalbreastfeedingcollective.org/reports/implementation-guidance-counselling-improve-breastfeeding-practices>



<https://www.ennonline.net/breastfeedingcounsellinginemergencies>

++ Develop needed guidance materials on IYCF-E

FREQUENTLY ASKED QUESTIONS: COVID-19 vaccines and breastfeeding based on WHO SAGE interim recommendations

(26 March 2021)

These Frequently Asked Questions (FAQs) have been developed jointly by the IFE Core Group, UNICEF, and the COVID-19 Infant Feeding Working Group based on the most recent World Health Organisation (WHO) Strategic Advisory Group of Experts on Immunization (SAGE):

- Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing
- Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19
- Interim recommendations for use of the AZD1222 (ChAdOx1-5 [recombinant]) vaccine against COVID-19 developed by Oxford University and AstraZeneca
- Interim recommendations for the use of the Janssen Ad26.COV2.5 (COVID-19) vaccine

The FAQs are intended to **provide answers** to health care providers and the public including mothers who are breastfeeding or expressing milk **on breastfeeding and the following COVID-19 vaccines:**

- Pfizer–BioNTech BNT162b2
- Moderna mRNA-1273
- Oxford University – AstraZeneca AZD1222
- Janssen Ad26.COV2.5

COVID-19 and breastfeeding

Breastfeeding is safe for infants and young children even when mothers are suspected or known to have COVID-19. The numerous benefits of breastfeeding substantially outweigh the potential risks of illness associated with the virus. Breastfed children have not been shown to be at risk of transmission of SARS-CoV-2 through breastmilk. Consequently, WHO and other organizations such as the Centers for Disease Control and Prevention (CDC), UNICEF and the Royal College of Obstetricians and Gynaecologists recommend that mothers continue to breastfeed their infants if suspected or known to have COVID-19. Refer to [FREQUENTLY ASKED QUESTIONS: Breastfeeding and COVID-19 for health care workers](#)

WHO SAGE Interim recommendations

Vaccine	Ok for breastfeeding mothers?
Pfizer–BioNTech BNT162b2 vaccine	Yes, if in high priority group
Moderna	Yes, if in high priority group
AstraZeneca AZD1222	Yes, if in high priority group
Janssen Ad26.COV2.5	Yes, if in high priority group

1. Should women currently breastfeeding or providing expressed milk receive the vaccines?

Yes. WHO SAGE recommends that if a lactating woman is part of a 'high risk group' e.g. health worker or part of a group recommended for vaccination, vaccination CAN be offered. Therefore, healthy individuals currently breastfeeding or expressing milk CAN receive the vaccines.

Breastfeeding is vital to the health of infants and their mothers. Research on COVID-19 vaccines did not include breastfeeding women or consider the effects of mRNA vaccines or non-replicating vaccines on them or on the breastfed child. However, the absence of data does not mean that the vaccine is not safe for lactating women or their children. Therefore, the WHO SAGE guidance recommends that mothers who are vaccinated **continue breastfeeding after vaccination.**

FREQUENTLY ASKED QUESTIONS: COVID-19 vaccines and breastfeeding based on WHO interim recommendations

(12 August 2021)

These Frequently Asked Questions (FAQs) have been developed jointly by the IFE Core Group, UNICEF, the World Health Organization (WHO) and the COVID-19 Infant Feeding Working Group based on the most recent recommendations from the WHO Strategic Advisory Group of Experts (SAGE) on Immunization:

- Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing
- Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19
- Interim recommendations for use of the AZD1222 (ChAdOx1-5 [recombinant]) vaccine against COVID-19 developed by Oxford University and AstraZeneca
- Interim recommendations for the use of the Janssen Ad26.COV2.5 (COVID-19) vaccine
- Interim recommendations for use of the inactivated COVID-19 vaccine BIBP developed by China National Biotec Group (CNBG), Sinopharm – Interim guidance
- Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac

The FAQs are intended to **provide answers** to health care providers and the public, including mothers who are breastfeeding or expressing milk, **on breastfeeding and the following COVID-19 vaccines:**

- Pfizer–BioNTech BNT162b2
- Moderna mRNA-1273
- Oxford University – AstraZeneca AZD1222
- Janssen Ad26.COV2.5
- Sinopharm – BIBP vaccine
- Sinovac – CoronaVac

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WHO SAGE Interim recommendations	Pfizer–BioNTech BNT162b2 vaccine	Moderna	AstraZeneca AZD1222	Janssen Ad26.COV2.5	Sinopharm BIBP vaccine	Sinovac-CoronaVac
Ok for breastfeeding mothers?	✓	✓	✓	✓	✓	✓

1. Should women currently breastfeeding or providing expressed milk receive the vaccines?






Yes. WHO recommends the use of COVID-19 vaccines in lactating women as in other adults. Therefore, healthy individuals currently breastfeeding or expressing milk CAN receive the vaccines.

Breastfeeding is vital to the health of infants and their mothers. Research on COVID-19 vaccines did not include breastfeeding women or consider the effects of mRNA or non-replicating vaccines on them or on the breastfed child. However, the absence of data does not mean that the vaccine is not safe for lactating women or their

Frequently Asked Questions: COVID-19 vaccines and breastfeeding based on WHO interim recommendations | 12 August 2021

Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

Part B

	Review tools/guidance produced by IFE Core Group members
	Contribute to the update of IYCF-E Indicators from the NiE Registry
	Members to provide support on en-net and other online platforms
	Contribute to defining a process for receiving requests for technical support with GNC-TA
	Regularly engage and respond to GNC-TA as the Global Thematic Working Group on IYCF-E

Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

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MARCH 2021



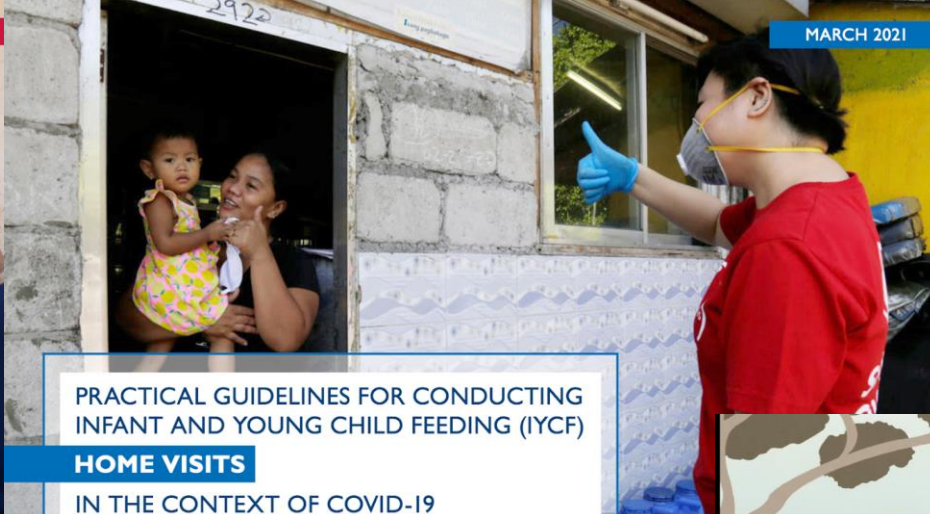
PRACTICAL GUIDELINES FOR CONDUCTING INFANT AND YOUNG CHILD FEEDING (IYCF)

SUPPORT GROUP SESSIONS

IN THE CONTEXT OF COVID-19



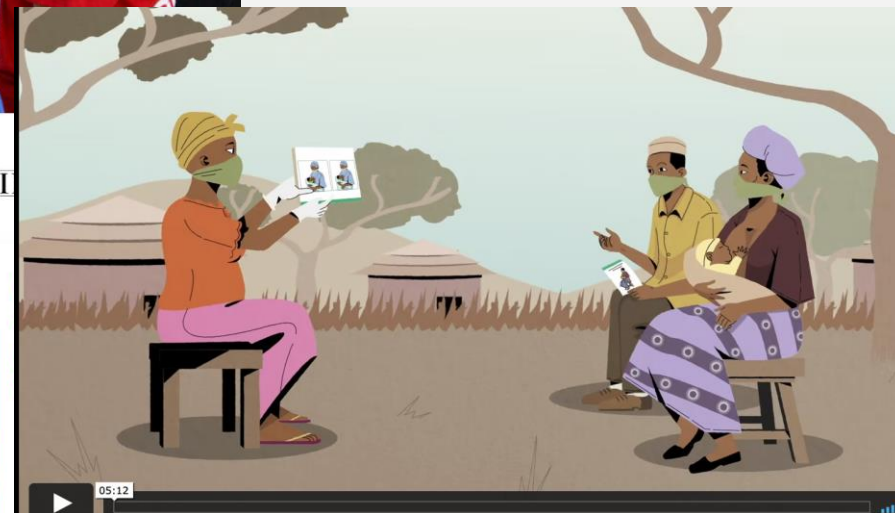
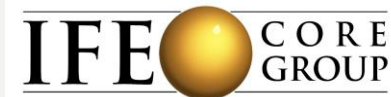
MARCH 2021



PRACTICAL GUIDELINES FOR CONDUCTING INFANT AND YOUNG CHILD FEEDING (IYCF)

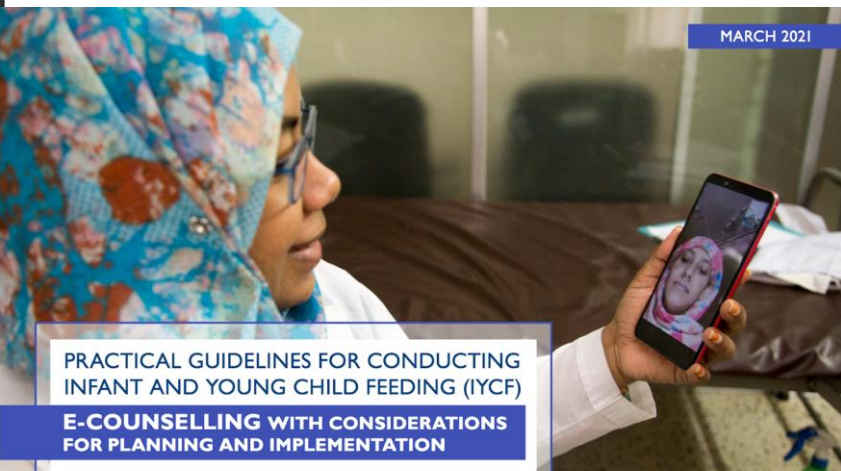
HOME VISITS

IN THE CONTEXT OF COVID-19



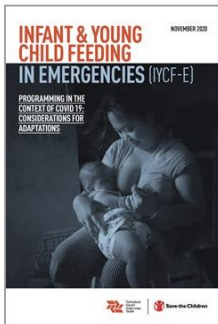
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MARCH 2021

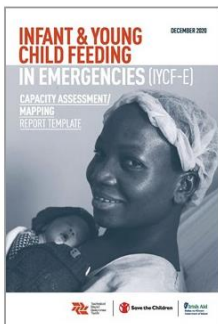
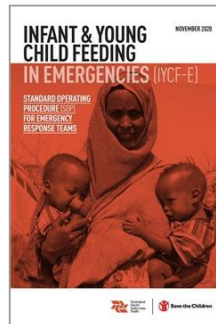


PRACTICAL GUIDELINES FOR CONDUCTING INFANT AND YOUNG CHILD FEEDING (IYCF)

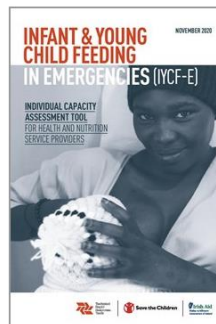
E-COUNSELLING WITH CONSIDERATIONS FOR PLANNING AND IMPLEMENTATION



IYCF-E Programming in The Context Of COVID-19: Considerations for Adaptations



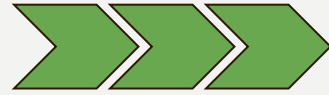




IYCF-E policy and programme review template



IYCF-E individual capacity assessment tool

Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

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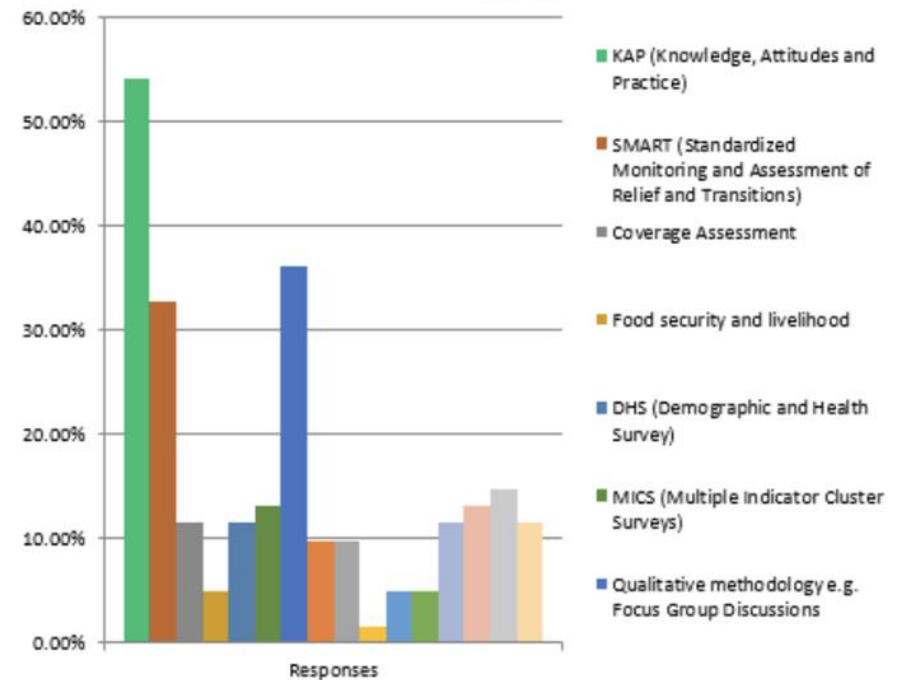
Collaboration with NIS working group

Mapping of IYCF-E assessment methodologies

Q14.What methodology did you use?

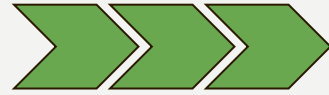




Answer Choices	Responses	
KAP (Knowledge, Attitudes and Practice)	54.10%	33
SMART (Standardized Monitoring and Assessment of Relief and Transitions)	32.79%	20
Coverage Assessment	11.48%	7
Food security and livelihood	4.92%	3
DHS (Demographic and Health Survey)	11.48%	7
MICS (Multiple Indicator Cluster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

What methodology did you use? (select all that apply)



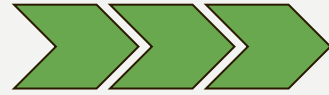




Output B: Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

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Output C: Advocacy and communication strategies developed and implemented



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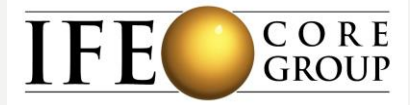
IFE Core Group - Relevant Calendar of Events (Global/Regional)																
Event	Date											IFE Core Group members engaged? (E) Prioritised? (P)				
	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec						
2021												Consensus	Fatmata	Karleen	Deborah	Linda
World Breastfeeding Week						1 to 7						Yes-discuss at next monthly meetin	Yes		(P) (E)	Yes - pr
World Health Assembly			24	1								Annual event -consider for 2022	In 2022			N/A
Scaling Up Nutrition Lead Group					TBC							? 2020 -Find out more	In 2022			Not for
The Global Summit on the Consumer Goods Forum					25-26							No	I agree with Linda's comment h			Not for
Nutrition for Growth Summit										TBC		Yes concurrently	Yes, let's prioritise. \	(P) (E)	Yes - hc	
Code anniversay			21									during 2021 -as a year of events	Yes, i agree with Linda on priorit		Comple	
Food Systems pre-summit					26-28							Yes concurrently	Yes, let prioritise bu	(P) (E)	Yes - pr	
Food Systems Summit							13					Yes concurrently	Yes, let prioritise bu	(P) (E)	Yes - pr	
SOFI Report Launch					TBC							? Post-launch based on findings	Perhaps more clarit	(P)?post ev	Not for	
UNDDR?												? Find out more	Perhaps more clarity on the eve		Not for	
International Refugee Day				20								2022	I agree with Linda here		Not for	
World Humanitarian Day						19						?Find out more	Yes		(P) (E)	Possibl
Global midwifery conference?												? Find out more	More details on dates and levels of eng			
Global nutrition conference?												? Find out more	More details on dates and levels of eng			
Public Health Conference												No				
G7 summit?												No				
International Conference on Nutrition and Growth						26-28						No			(P) (E)	-

IFE Core Group Twitter: @IFECoreGroup

Output C: Advocacy and communication strategies developed and implemented



IFE Core Group participating in:



U.S.G. Global Nutrition Coordination Plan

Infections and Infant Feeding Practices: Lessons Learned from Response to Recent Crises- HIV, Ebola and COVID-19

On behalf of the U.S. Government Global Nutrition Coordination Plan and the COVID-19 Infant Feeding Research Interest Group, thank you for registering for the webinar on September 16th. The event recording and presentation slides are now available.

Presentation slides:

[Ebola \(Mija Ververs\)](#)

[HIV \(Nigel Rollins\)](#)

[COVID-19 \(Linda Shaker Berbari\)](#)

**December 4!
(6:00 PM JST)
N4G Side Event**

NetCode

Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode)

Western Sydney University Infant and Young Child Feeding Collaborative invites you to the second in a series of webinars.

**WESTERN SYDNEY
UNIVERSITY**



**Feeding our
Children for the
Future**

**TUESDAY 9TH NOVEMBER
3:30-5PM**



Global Health Practitioner Institute

Responding and recovering effectively and equitably from COVID-19

Session Title: Adapting in-person WASH and nutrition services during COVID-19: What did we learn, what new practices are here to stay, and how do we sustain improved adaptations?

Output C: Advocacy and communication strategies developed and implemented



IFE CORE GROUP COMMUNICATIONS STRATEGY

DRAFT 2 - SEPTEMBER 2021

2021

1. BACKGROUND AND PURPOSE

The IFE Core Group identified in our organisational strategy one of our core streams. As part of this, we identified a strategy to develop our communications processes, a webpage on the [Emergency Nutrition Network website](#). We have developed a limited range of materials, including a flagship guidance – the Infant and Young Children Feeding Strategy – mainly in presentation and PDF formats. The purpose of this strategy is to enable the IYCF-E community to learn, as well as find

2. COMMUNICATIONS STRATEGY PROCESS



IFE Core Group Key Messages

Part 2: Overall key messages

Who are we?









Key message:

The IFE Core Group is a global collaboration of agencies and individuals committed to the protection, promotion and support of appropriate infant and young child feeding in emergencies (IYCF-E) // nutrition of children from 0-2 years of age in emergencies.

Sub messages:

- The IFE Core Group was established in 1995 by a group of dedicated IYCF-E professionals who saw an urgent need to respond to concerns and gaps related to infant feeding during emergencies.
- We are a community of IYCF-E policymakers, nutrition advisors, experts, academics and others striving together to achieve more effective IYCF-E support through learning, sharing and supporting each other.
- We are made up of 26 member organisations and 10 individuals across over 20 countries.
- Our vision is that young children and infants in emergencies receive safe, adequate and appropriate feeding to enable them to survive and thrive. *Our mission is* to improve infant and young child feeding support in emergencies with expert policy guidance and capacity-building training resources.
- IFE Core Group collective is jointly facilitated by Emergency Nutrition Network and UNICEF. and in priority-setting and achieving those priorities.
- We are driven by the principles outlined in the IYCF-E Operational Guidance, a document developed by the IFE Core Group in *** and recently revised in ***.

Output D: Networked IFE Core Group ‘community of practice’ is active and further enhanced

	Keep IFE CG membership data base up-to-date and respond to new membership
	Map the group's current composition, identify gaps, and strategize
	Implement a plan for increasing engagement with local/national
	Conduct regular monthly meetings
	Conduct Annual meetings
	Update information on the ENN website
	Conduct regular meetings with GNC-TA and participate in other fora (CIF-WG, etc.)
	Facilitate peer-to-peer support via online communication and regular meetings

Clarifying questions?

Gaps, challenges and issues identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support




Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats



Advocacy and communication strategies developed and implemented



Networked IFE Core Group **'community of practice'** is active and further enhanced



Gaps, challenges, enablers and priorities in IYCF-E

Channel for identifying gaps, challenges, enablers and priorities

IYCF-E TWG

Field Exchange

En-net

Technical Support Team (TST)

IFE Core Group members

Internet / grey literature

Peer reviewed literature

UNICEF regional offices

Experts and researchers

Other platforms (GNC, GTWG, MAMI)


IYCF-E technical working groups


- **Three call with IYCF-E national technical working groups (Feb, Apr, Sept) - average 35 participants per meeting**
- Aim to provide space for exchange between GNC-TA, IFE CG, and IYCF-E TWGs

Challenges and needs reported:

1. **BMS donation monitoring system** - assistance to set or improve existing systems
2. In-country **Capacity building on IYCF-E** for front-line and field personnel
3. Global guidance on **IYCF-E indicators**
4. Assessment of **IYCF counselling quality**
5. Usefulness of capacity assessment tools but need for additional guidance on how to adopt them.
6. Challenges in **addressing / managing BMS donations**

Field exchange

COVID19  Field Article

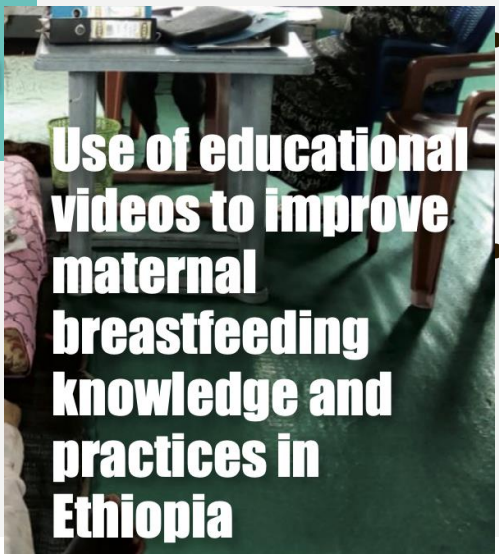


Infant and young child feeding in emergencies: **Programming adaptation in the context of COVID-19 in Lebanon**

COVID19 



Adapting infant and young child feeding interventions in the context of COVID-19 in Somalia



Use of educational videos to improve maternal breastfeeding knowledge and practices in Ethiopia

Sustainability evaluation of a national infant and young child feeding programme in Bangladesh and Vietnam Research snapshot¹

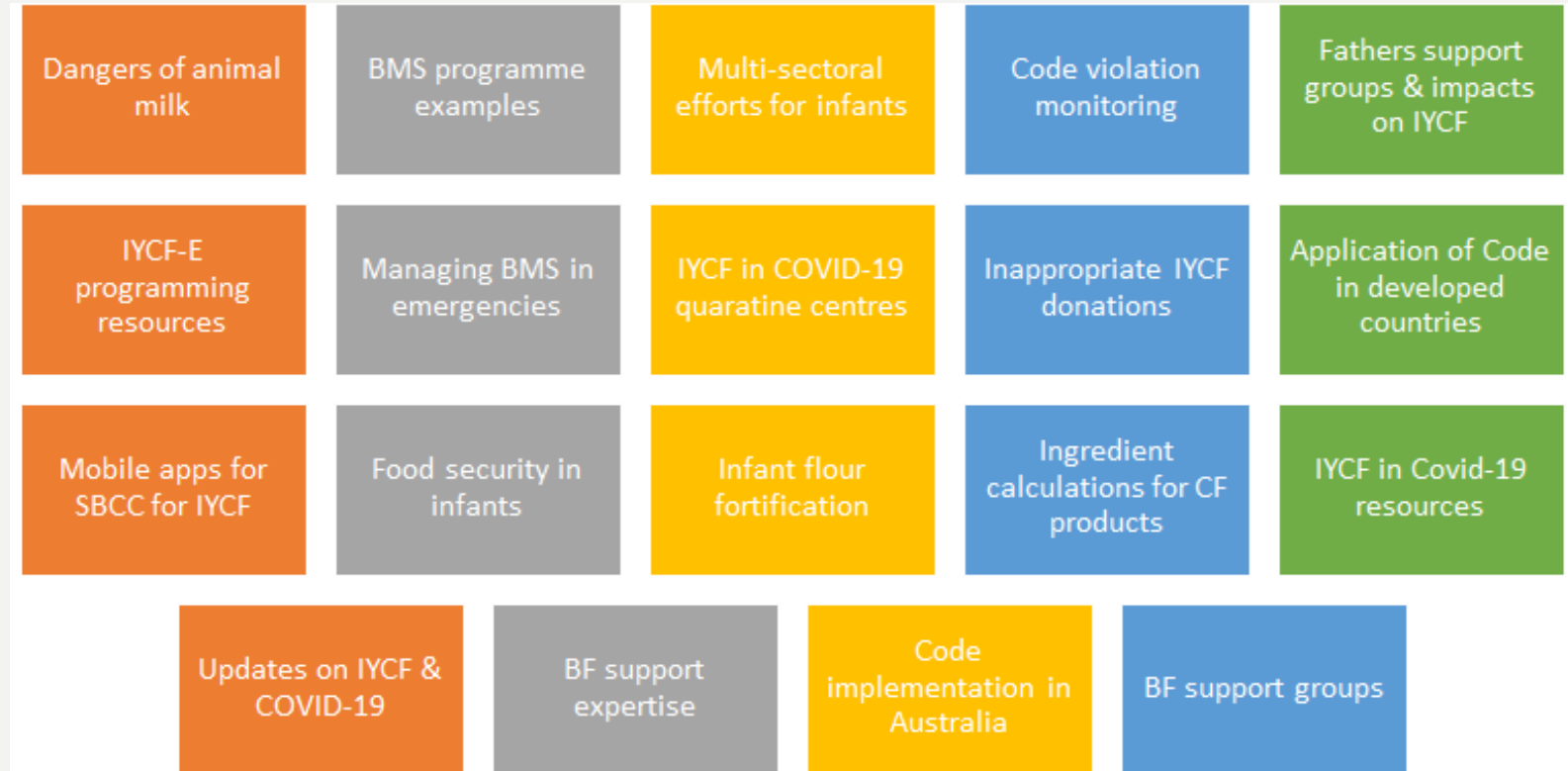


A risk communication and community engagement (RCCE) response to support maternal, infant and young child nutrition in the context of COVID-19 in Rwanda

- Use of programmatic adaptation tools and guidance.
- Challenges with securing funding for IYCF-E programmes including budget reallocations for COVID-19 programmatic adaptations.
- Challenges with dealing with BMS donations in the context of economic crisis and COVID-19.

En-net

- 32 questions posed on en-net since the beginning of 2021 in the IYCF thematic area
- Question with the highest number of views (1221): ‘Calculating amount of ingredients needed to formulate a complementary food product’
- Lots of engagement from members of the IFE Core Group



En-net

- Overall analysis to update the baseline review that was undertaken by the TechRRT

Thematic area	Number (%) of total post	Number (%) of total questions	Number (%) of posts that were announcement and requests*	Number (%) of total views	Number (%) of total replies**	Number (%) of questions adequately answered***
Infant and Young Child Feeding Interventions	67 (20.4)	25 (9.7)	42 (62.7)	80,555 (16.7)	143 (17.9)	19 (76)

- The question that received the most views (3,441 views) was whether to use boiled water for the preparation of infant formula, with different countries having different guidelines. There was also a debate on whether bottled water is appropriate to use in the preparation of infant formula.
- Other relevant questions included: use of antibiotics in infants with growth faltering; alignment of national guidelines on the preparation of infant formula with global guidance

GNC Technical Alliance

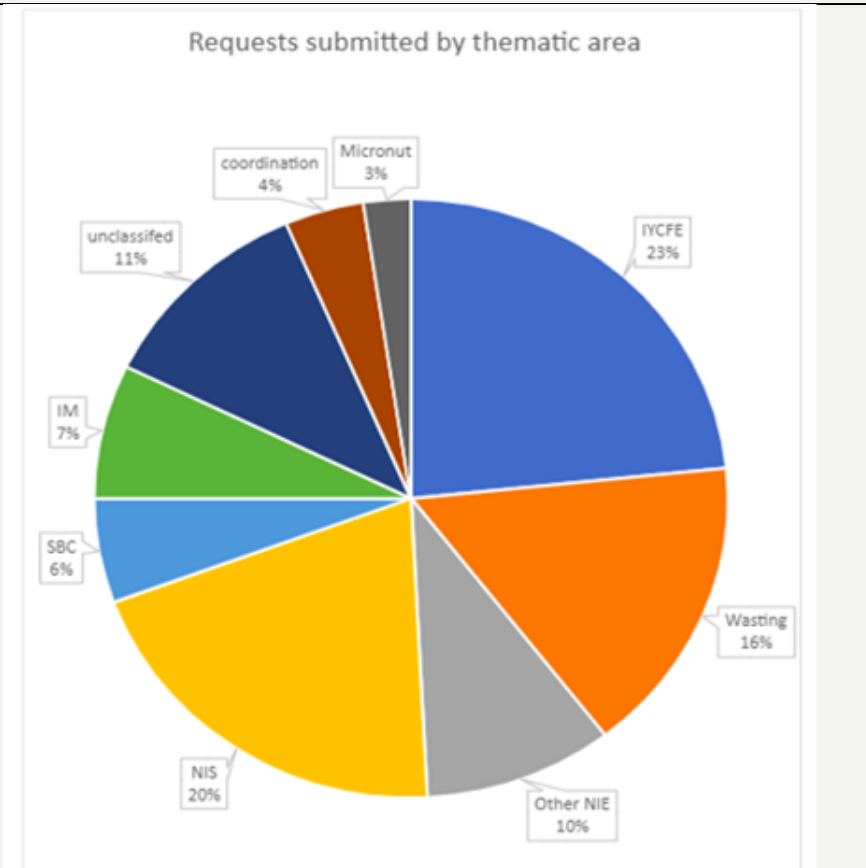
Helpdesk requests

124 queries for support submitted:

- 59 quick remote technical support
- 46 in-depth technical support
- 10 coordination support requests
- 9 unclassified support

IYCF-E and NIS most requested areas

Focus on building capacity to provide support for:
 Localisation and Gender/GBV Risk Mitigation and NiE

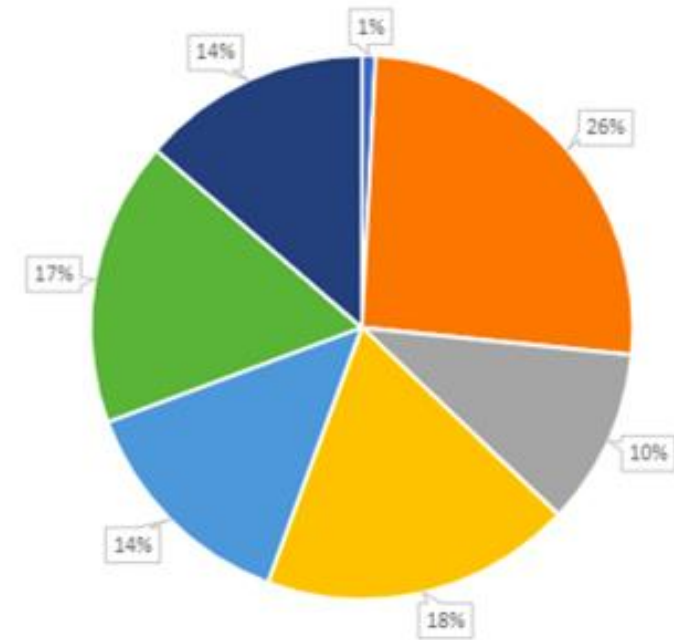


GNC Technical Alliance

Where are the requests coming from?

- 26% East and Southern Africa
- 18% Middle East and North Africa
- 17% West and Central Africa
- 14% South Asia
- 10% Latin America and Caribbean
- 1% Europe

Requests submitted by Region

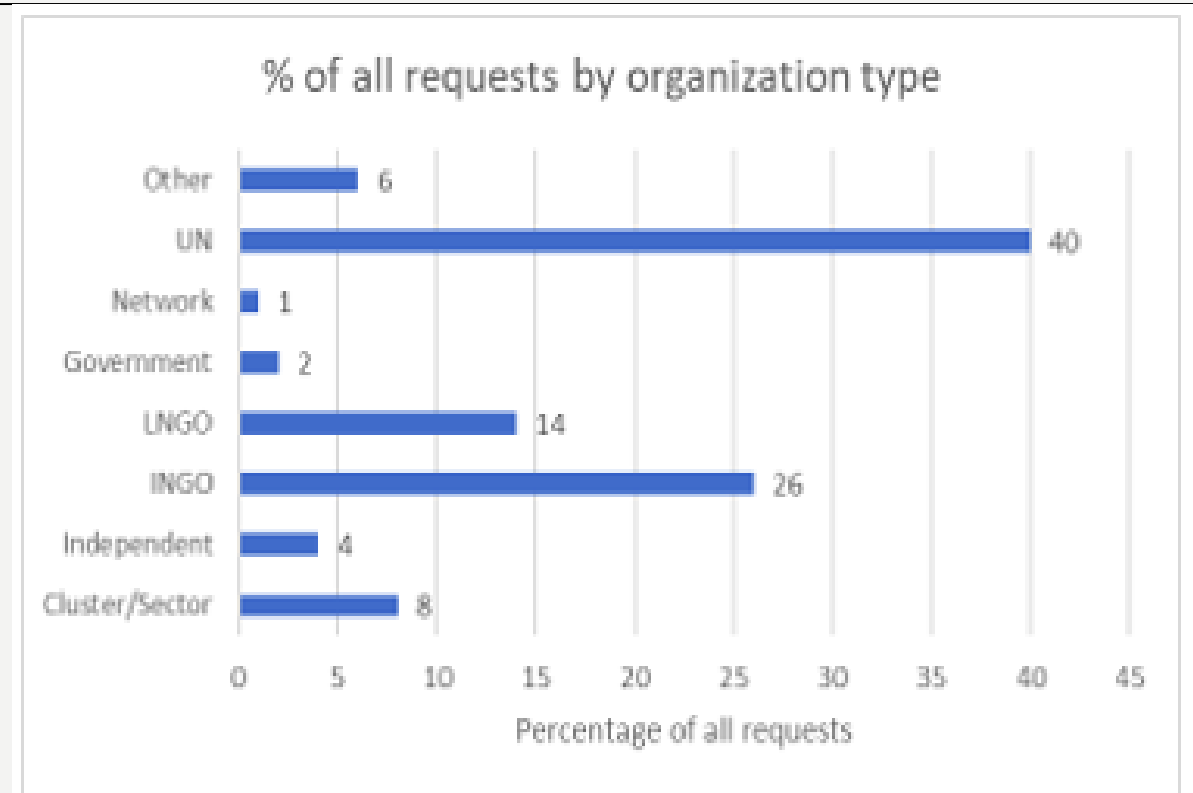


■ Central & Eastern Europe
 ■ Eastern & Southern Africa
 ■ Latin America & Caribbean
 ■ Middle East & North Africa
■ South Asia
 ■ West & Central Africa
 ■ Other

GNC Technical Alliance

Who requests support?

- 40 % UN
- 26 % INGO
- 14 % LNGO
- 8 % Cluster/ sector
- Only 2 requests from Government



GNC Technical Alliance

IYCF-E rapid remote support

Main Countries: Haiti, Nigeria, Sudan, South Sudan, Nicaragua, Myanmar, Ethiopia, Lebanon

Main Themes:

- Programming for non-breastfed infants
 - Protocols, RUIF calculations, procurement, constraints
- IYCF-E TWG
 - Set up, reactivating, ToRs, tools to assess the capacity
- COVID-19
 - Latest updates, breastfeeding and PLW vaccination

GNC Technical Alliance

IYCF-E longer term In-Country Support

Main Countries: Burkina Faso, Haiti, Nigeria, Sudan, Nicaragua, Honduras, Myanmar, Palestine

Main Themes:

- Regional and national **Operational Guidance development**
- Individuation and organisational **Capacity assessment**
- **BMS guidance** including monitoring and reporting
- **Non-breastfed infant** guidance and training
- IYCF-E **TWG development**
- Emergency response/**priority actions**
- **Breastfeeding counselling** capacity building,

Questions from webinars

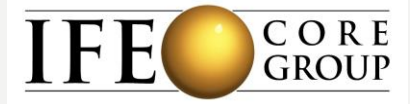
Learning and Sharing Webinars

- Shared Responsibilities in IYCF-E
- Preventing and Managing Inappropriate Donations
- WHO/UNICEF IYCF Indicators: challenges and opportunities in humanitarian contexts (upcoming 24 November)

Question Themes

- **Harmonisation:** How do you harmonize IYCF and IYCF-E in Refugee settings?
- **BMS Monitoring and Reporting:** What is the best way to report?
- **Relactation:** How can we involve fathers and other family members?
- **Assessment:** What is the most appropriate IYCF assessment during the pandemic?
- **Counselling:** How effective is remote counselling?

Other platforms - GNC satellite event + IFE Core Members



What are two key priority challenges that you have encountered or are currently facing in IYCF-E?



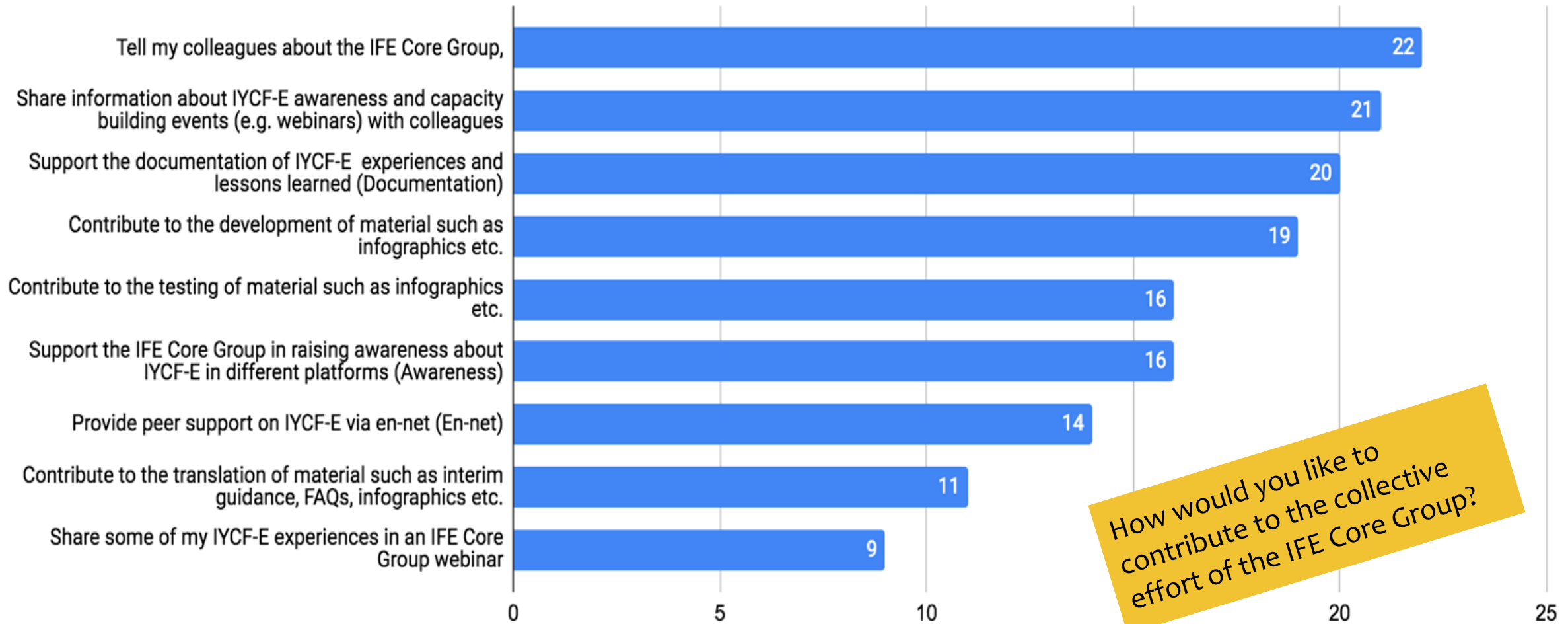
Please tell us what you think the IFE Core Group can do to address challenges in IYCF-E

Opportunities:

- Advocacy at the global and national level / advocacy guidance
 - Build evidence related to importance of IYCF-E as a life saving intervention
- **Guidelines on operationalisation of IYCF-E guidance**
- IYCF/IYCF-E link
- Documenting learnings (e.g. Jordan)
- Access to IYCF-E guidance in different languages - media guides

Technical issues / gaps

- Wetnursing (guidance)
- BMS Code - addressing violations (professional organisations, health facilities etc.) - one-pager on the Code in emergencies - awareness in high income countries.
- IYCF indicators in emergencies
- Supporting non-breastfed infants and those dependent on infant formula.
- Community based IYCF-E counselling
- Language around IYCF and IYCF-E



How would you like to contribute to the collective effort of the IFE Core Group?

Wetnursing research and guidance

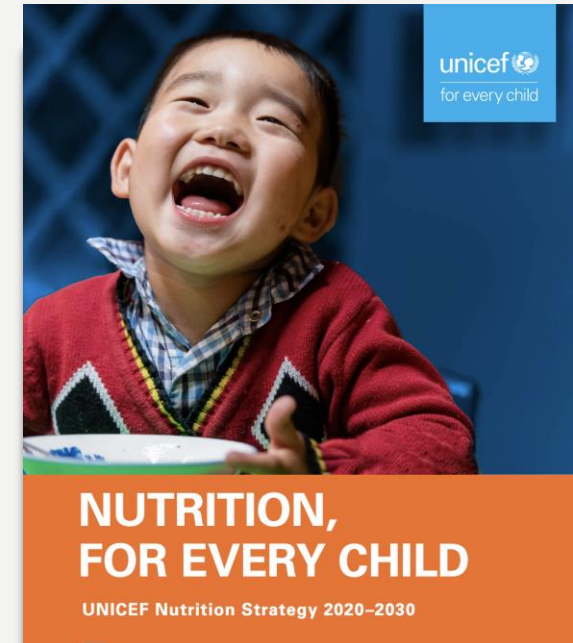
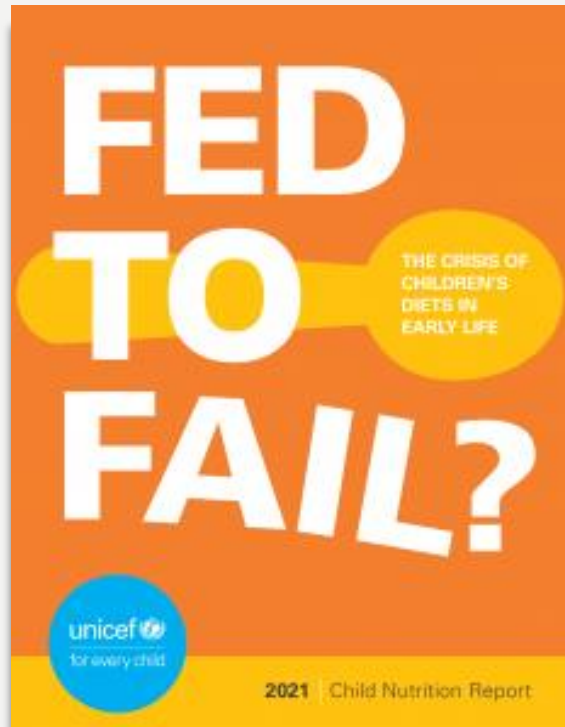
Support with research / literature review / technical support

Fundraising

Youth awareness

Advocacy

Grey literature



WHO/UNICEF statement on the 40th anniversary of the international code of marketing breastmilk substitutes



Peer reviewed literature

- Total of 52 articles on IYCF-E identified
- **Countries:** Australia, Azerbaijan, Croatia, Ethiopia, Ghana, Indonesia, India, Italy, Japan, Jordan, Mexico, Myanmar, Nigeria, OTP, Puerto Rico, Philippines, Sri Lanka, Turkey/Syrian refugees, Uganda, USA, Yemen
- 17 articles: Global/regional/Reviews

‘We make a mistake with shoes [that's no problem] but... not with baby milk’: Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe

Karleen D. Gribble¹  | Aunchalee E. L. Palmquist² 

REVIEW

Op

Barriers and challenges of infant feeding in disasters in middle- and high-income countries

Cindy H. Hwang¹ , Alessandro Iellamo² and Mija Ververs^{3*}

RESEARCH IN PRACTICE

Open A

Breastfeeding knowledge of mothers in protracted crises: the Gaza Strip example

Alessandro Iellamo^{1*}, Emily Monaghan¹, Samar A. L. Moghany², Jonathan Latham¹ and Nihal Nassereddin³

ORIGINAL ARTICLE

Maternal & Child Nutrition | WILEY

Predictors of complementary feeding practices among children aged 6–23 months in five countries in the Middle East and North Africa region

Linda Shaker-Berbari¹  | Vilma Qahoush Tyler¹ | Chaza Akik²  |
Zeina Jamaluddine^{2,3}  | Hala Ghattas² 

- Governments, humanitarian organisations, and donors should ensure that IYCF-E preparedness and programmes are adequately **resourced**.
- Emergency responders should be appropriately trained with **training** including infant feeding experience debriefing.
- Health and emergency organisations should provide **maternity protections** enabling employees to breastfeed as recommended (Gribble and Palmquist)

- Lack of IFE preparedness and response capacity in middle and high-income countries
- Need for governments and aid organisations to **adapt guidelines** and **establish policies and programs** to support infant feeding in emergencies (Hwang et al.)

Recognizing the dignity, self-worth, and inherent right of mothers to exercise autonomy in decision making and to actively participate in the design of policies governing them, this article calls for a more emancipatory feminist approach to breastfeeding practice in fragile humanitarian settings (Marcus)

In this article, International Human Rights Law is analysed, within the framework of the principle of the best interests of the child, to determine if the choice to breastfeed should be protected as a human right and how the indiscriminate supply of formula milk interacts with this choice in refugee camps (Ebrahimi)

→ Promote support materials translated into other languages for care actions in nursing and in the clinical management of breastfeeding as well as to improve the bond between refugee women and local health services.

→ Essential that health professionals are sensitive and aligned with educational health work, mediating safe, up-to-date information respecting different cultures, ideologies and traditions (Guerra et al.)

Gaps, challenges, priorities, enablers

Gaps, challenges and issues identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

Discussion

- Have we missed any critical issue? or activity?
- What are future opportunities/priorities?



IFE CORE GROUP STRATEGY AND ACTION PLAN



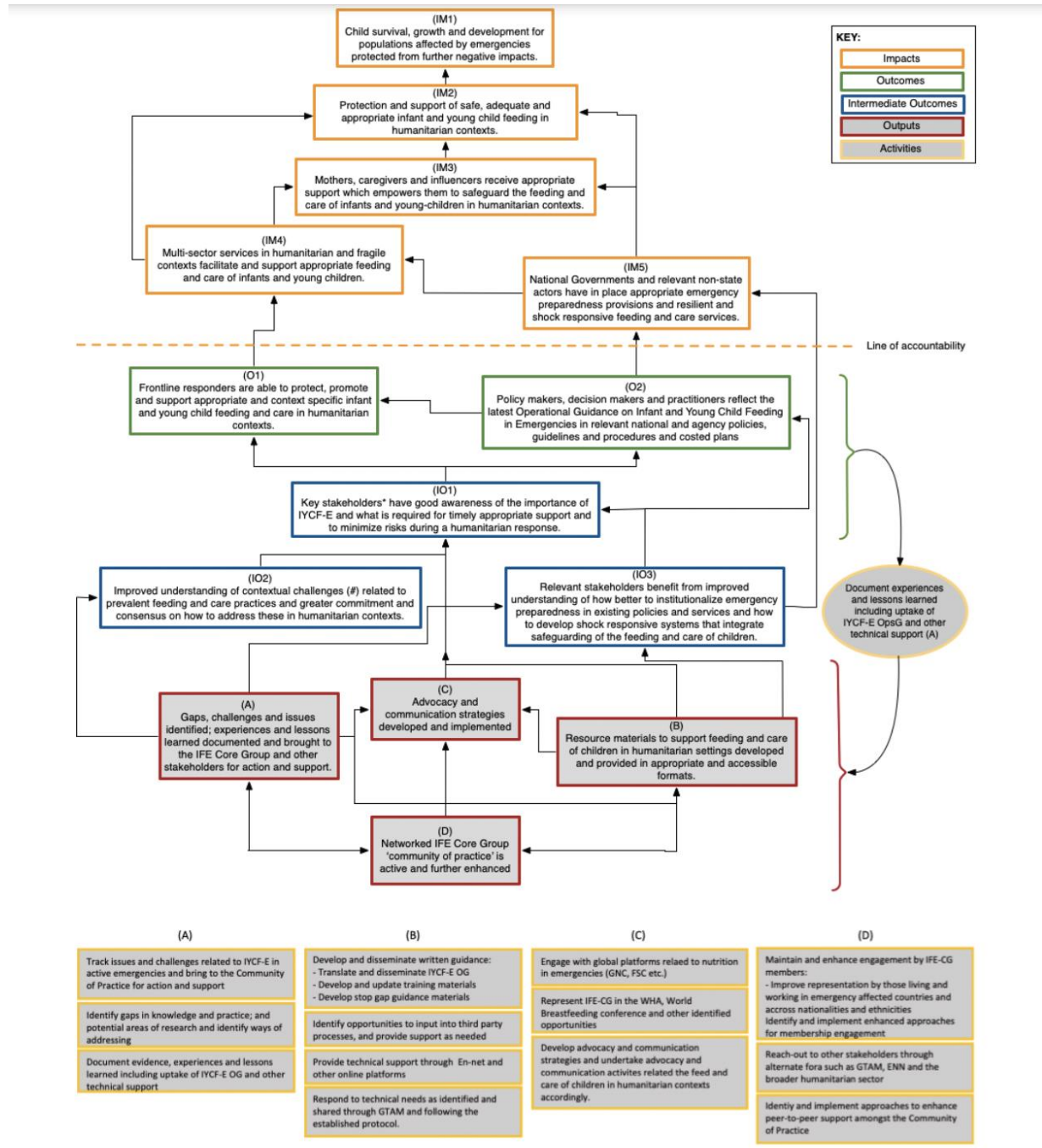
Impacts

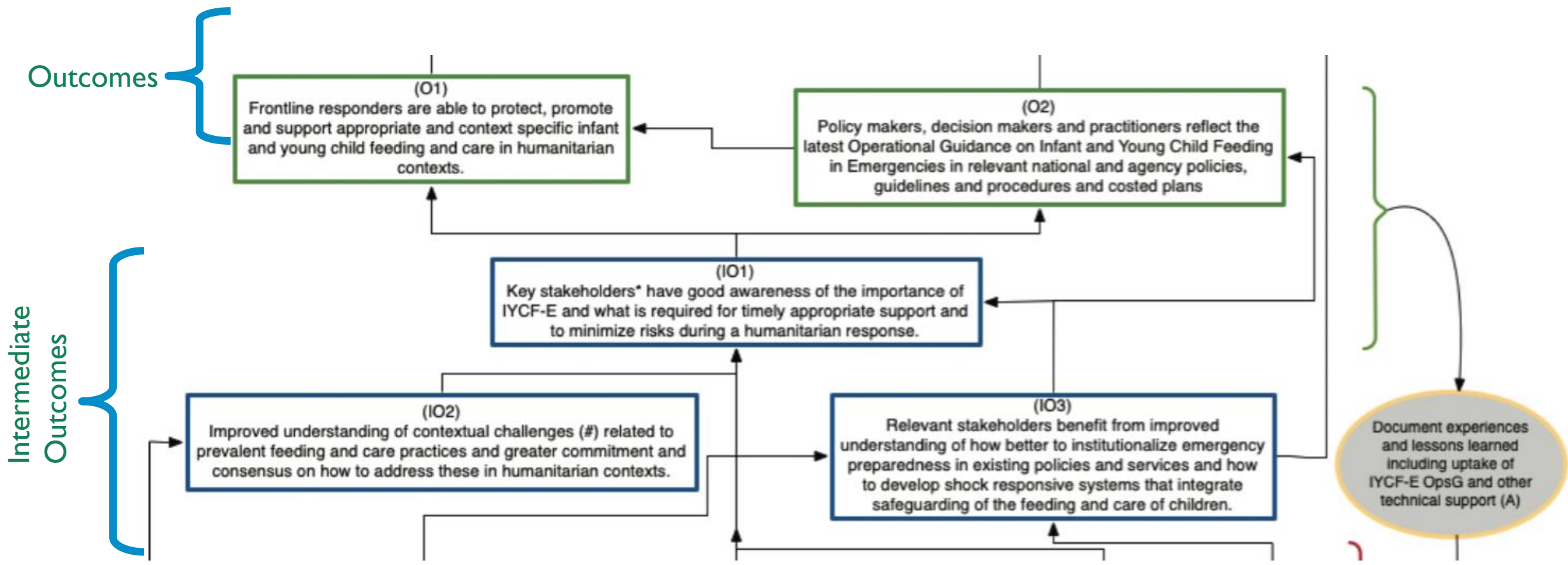
Outcomes

Intermediate Outcomes

Outputs

Activities





Gaps, challenges, priorities, enablers

Gaps, challenges and issues identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

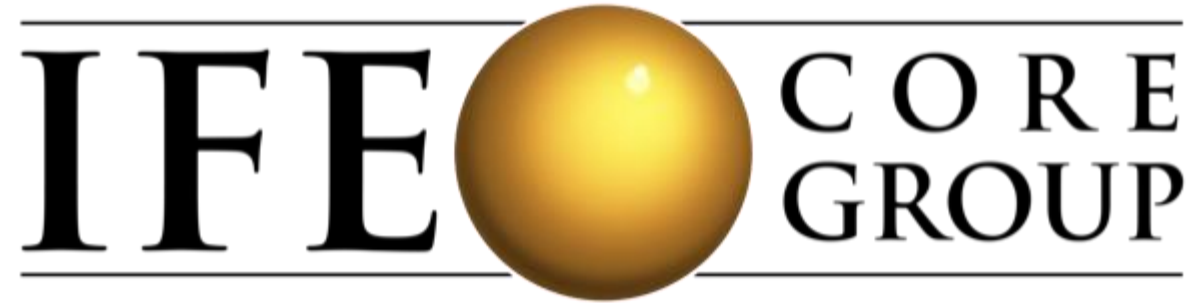
Discussion

- Have we missed any critical issue? or activity?
- What are future opportunities/priorities?



Wrap up and closing of Day 1

Evaluation of Day 1



Annual meeting 2021

Day 2 - November 16

Welcome and recap of day 1

Day 1:

- **Setting the scenes for 2021**
- **Updates from members**
- **Update on IFE Core Group achievements for 2021**
- **Presenting gaps, challenges, enablers and priorities using a list of identified channels → identification of themes**

Agenda for today

- Recap of day 1
- Member updates
- Themes on gaps, challenges, enablers from day 1 (AM and PM)
- Instructions and objective of working groups
- Update from AM session
- Working groups (1hr 30 minutes)
- Member updates
- Plenary discussion
- Wrap up and closing

Working groups - 1hr 30 minutes

Objective is to identify priority **activities** for 2022 to be delivered under the IFE Core Group action plan → prepare a slide or two on the list of suggested activities to present on Thursday

Suggested process:

- Review suggested activities from 2021-2023 action plan (pasted on Jamboard and found [here](#))
- Review themes / priorities / gaps from two sources: [Jamboard](#) and [slides](#)
- Discuss suggested activities:
 - Keep?
 - Modify?
 - Suggest new ones?
- PM session: review AM session and complete process

Considerations while making a decision on activities

- Priority/urgency
- Alignment with IFE Core Group strategy
- Feasibility
- Resources needed / capacity available based on 2021 experience

Working groups/breakout rooms:

Room 1 → Discussion of activities under Output 1 Gaps, challenge, issues, enablers identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

Room 2 → Discussion of activities under Output 2 Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

Room 3 → Discussion of activities under Output 3 Advocacy and communication strategies developed and implemented

Room 4 → Discussion of activities under Output 4 Networked IFE Core Group 'community of practice' is active and further enhanced

Activities in workplan 2021-2023

In blue those included for 2021

Output A

A.1.1. Establish protocol for tracking, monitoring, and reporting on issues and challenges

A.1.2. Regularly track issues and challenges based on established protocol and document / report on them

A.2.1. Design an inclusive method to identify research questions that need answers based on review of Prudhon 2016

A.3.1. Develop a report on implementation of IYCF-E policies and plans by govts

A.3.2. Develop a report on the dissemination of the IYCF-OG

Activities in workplan 2021-2023

Output B

- B.1.1. Translate Version 3 of the IYCF-E OG to needed language
- B.1.2. Develop new material that help operationalise the IYCF-E OG (infographics and other tools)
- B.1.3. Develop and update training materials based on the IYCF-E OG
- B.1.4. Maintain the availability of an up-to-date IYCF-E resources and material database
- B.1.5. Organise a series of internal and external webinars that respond to gaps and challenges
- B.1.6. Develop needed guidance materials on IYCF-E
- B.2.1. Review tools/guidance produced by IFE Core Group members
- B.2.2. Contribute to the update of IYCF-E Indicators from the NiE Registry
- B.3.1. Members to provide support on en-net and other online platforms
- B.4.1. Contribute to defining a process for receiving requests for technical support
- B.4.2. Regularly engage and respond to GNC-TA as the Global Thematic Working Group on IYCF-E

Activities in workplan 2021-2023

Output C

C.1.1. Map existing global platforms to engage with

c.2.1. Develop a calendar of events/opportunities

C.2.2. Represent IFECG in selected opportunities (WBC, WHA, etc.)

C.3.1. Develop, implement and monitor a targeted advocacy strategy

C.3.2. Develop, implement and monitor a communication strategy that supports the advocacy strategy

Activities in workplan 2021-2023

Output D

- D.1.1. Keep IFE CG membership data base up-to-date and respond to new membership
- D.1.2. Map the group's current composition, identify gaps, and strategize
- D.1.3. Increase engagement with local/national / Increase localization and national engagements
- D.1.4. Conduct regular monthly meetings
- D.1.5. Conduct Annual meetings
- D.1.6. Update information on the ENN website and en-net for new membership
- D.2.1 Conduct regular meetings with GNC-TA and participate in other fora (CIF-WG, etc.)
- D.3.1. Facilitate peer-to-peer support via online communication and regular meetings

Working groups/breakout rooms:

Room 1 → Discussion of activities under Output 1 Gaps, challenge, issues, enablers identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

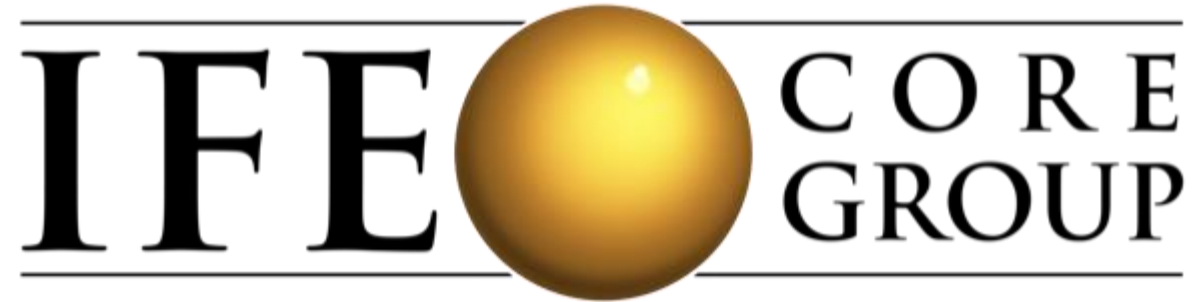
Room 2 → Discussion of activities under Output 2 Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

Room 3 → Discussion of activities under Output 3 Advocacy and communication strategies developed and implemented

Room 4 → Discussion of activities under Output 4 Networked IFE Core Group 'community of practice' is active and further enhanced

Working Group Discussion Plenary

5 minutes reflection from each group and plenary



Annual meeting 2021

Day 3 - November 18

Agenda for today

- Recap of day 2
- Member updates
- Working group presentations
 - Group 1
 - Group 2
- Break
 - Group 3
 - Group 4
- Plenary discussion
- Wrap up and closing!

Announcement



Infant Feeding in Emergencies

Learning from other countries' experiences
他国の経験から学ぶ災害時の乳児栄養支援

TOKYO
**NUTRITION
FOR GROWTH**
SUMMIT 2021
Food, Health, & Prosperity for All



December 4, 18:00pm JST

Global experts will present experiences and evidence-based information on infant feeding in emergencies: how to protect infants' health in emergencies (for both breastfed and non-breastfed infants)



Register at

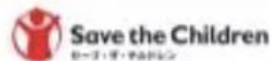
<https://docs.google.com/forms/d/e/1FAIpQLSfZNTuullf99nCb1q5N5OxWKtHLS2iCM4DmP8Z1NKxUpOAZg9A/viewform>

simultaneous Japanese translation available

日本語同時通訳付



Supported by



Working Group Presentations

Output 1 Gaps, challenge, issues, enablers identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

Output 2 Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

Output 3 Advocacy and communication strategies developed and implemented

Output 4 Networked IFE Core Group 'community of practice' is active and further enhanced

Questions to ponder on...


Extent to which activities are:

- Relevant to the IFE Core Group and needs and priorities
- Feasible given the existing capacity
- Urgent
- Other?

Objective is to reach consensus with both AM and PM groups, finalise the workplan for 2022 and update the broader workplan through to 2023.

Group A: Gaps, challenge, issues, enablers identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support

Sub-activities

A.1.1. Establish protocol for tracking, monitoring, and reporting on issues and challenges 

~~A.1.2. Regularly track issues and challenges based on established protocol and document / report on them~~ (limited progress)

A.1.2. Activate and maintain protocol to track issues and challenges based on established protocol and document / report on them

~~A.2.1. Design an inclusive method to identify research questions that need answers based on review of Prudhon 2016~~ (not undertaken)


A.2.1.A: Conduct a "Stock Taking" including (1) What's been done: Lit Review and Interviews (to address publication bias) to identify what progress has been made against CHNRI (Prudhon). (2) What are the research results? (3) Have tools been developed? (4) What's been the uptake? (5) What are the priority questions now? (Funding?)

A.2.1.B: Disseminate information about research gaps to organisations and individuals undertaking research (A lot of data on IYCF-E is being collected and held by organisations delivering IYCF-E . Does the IFE Core Group in supporting organisations collecting data to publish to fill gaps?) (added by Karleen)

A.2.1.C Build a system to track new research / findings (something like: thinner version of JHU COVID repository) (Key questions: Is there a need? Who is the audience -IFE CG or beyond? What are the key questions / topics? Resource Needs: Search engine review (weekly) & writers. How to disseminate? Question of grey literature?)

A.3.1. Develop a report on implementation of IYCF-E policies and plans by govts (Report in development to be published July 2022)

A.3.1.B Develop communications plan and derivative products for A.3.1 Report to support advocacy efforts (linked with Group C)

~~A.3.2. Develop a report on the dissemination of the IYCF OG~~ (Dashboard is operational) 

A.3.2 Maintain mapping of IFE OG dissemination on IFE CG website

Output B Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

B.1.1. Translate Version 3 of the IYCF-E OG to needed language **Remove:** *However, create a package so that countries can translate easily on their own*

B.1.2. Develop new material that help operationalize the IYCF-E OG (infographics and other tools)

Continue— several suggestions for tools to support the operationalization of the IYCF-E OG as follows;

- Continue developing the infographics- 2 finalized , 2 currently under development and at 1 more identified – then suggest outreach to users and partners to identify a further 2-4 that are needed
- Develop new guidance or update existing guidance based on current gaps identified: Artificial feeding in emergency context; Wet nursing and re-lactation in emergencies; Context specific support for complementary feeding in Emergencies etc
- Develop draft template of a good practice operational guidance that can then be set to develop national guidelines – consider translation into Fr Sp and Arabic – given those countries are mostly likely in need

B.1.3. Develop and update training materials based on the IYCF-E OG

Continue - Update the update the newly released [IYCF Counseling: an integrated course](#) with additional modules that could be used in emergency contexts – Note possibility for support from USAID AN here

Identify opportunities to integrate MAMI Care Pathway into OG related tools and training materials

Output B Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

B.1.4. Maintain the availability of an up-to-date IYCF-E resources and material database (IYCF-E hub)

Continue – ensure link with USAID AN complementary feeding repository tool and UNICEF IYCF global database

B.1.5. Organise a series of internal and external webinars that respond to gaps and challenges

Continue – aim for 3-4 max- key topics

B.1.6. Develop needed guidance materials on IYCF-E

Continue - Ref 1.2 above

- Develop glossary to standardize core terminology such as breastfeeding/ lactation; IYCF/ MIYCN, more inclusive language
- Additional needs assessment tools may be worth considering

Output B Resource materials to support feeding and care of children in humanitarian settings developed and provided in appropriate and accessible formats

B.2.1. Review tools/guidance produced by IFE Core Group members

Continue

B.2.2. Contribute to the update of IYCF-E Indicators from the NiE Registry

Continue - support reviews/ updating of IYCF indicators and assessment tools as appropriate and encourage quality assessments integrating IYCF indicators where possible

B.3.1. Members to provide support on en-net and other online platforms

Continue – and review website analytics to understand where are users come from and their needs to help target KM and product development

B.4.1. Contribute to defining a process for receiving requests for technical support

Remove – process now defined

B.4.2. Regularly engage and respond to GNC-TA as the Global Thematic Working Group on IYCF-E

Continue



















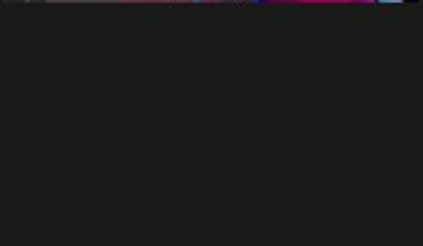
What's that saying?

Go to Jamboard:

Write an old saying and let us guess what it means (bonus if it is in another language!)

Picture time!

Break

 Linda Shaker Barbari	 ENN Office	 Nicki Connell	 Jodine Chase (she, her)	 Colleen Emary, World Vision
 Jen Burns, USAID Advancing Nutrition	 Judy Canahuati	 JULIE TANAKA	 Sarah O'Flynn	 Gwénola Desplats
 btonon- FR ou EN	 Emily Hirata	 Kirk Dearden	 Fatmata Sesay, UNICEF	 Deborah Wilson (WFP HQ)
 Isabelle Modigell (Save the Children/Indepen...)	 Galaxy A01 Core	 Galaxy A01 Core	 Judy Canahuati	

Output C Advocacy and communication strategies developed and implemented

Original activities from 2021-2023 plan

C.1.1. Map existing global platforms to engage with

c.2.1. Develop a calendar of events/opportunities

C.2.2. Represent IFECG in selected opportunities (WBC, WHA, etc.)

C.3.1. Develop, implement and monitor a targeted advocacy strategy

C.3.2. Develop, implement and monitor a communication strategy that supports the advocacy strategy

Output C: Progress for 2021

	<p>Map existing global platforms to engage with (FSC, WASHC, etc.)</p>
	<p>Develop a calendar of events/opportunities</p>
	<p>Represent IFECG in selected opportunities (WBC, WHA, NetCode etc.)</p>
	<p>Develop, implement and monitor a communication strategy that supports the advocacy strategy</p>

Output C: Considerations

Audiences:

- need to define our audiences for communications
- stronger advocacy toward food industry
- opportunity to strengthen national networks in own backyard--preparedness

Comms Products:

- routine newsletter with roundup on research and gray literature on IFE topics
- Contextualize products/tools to countries--person centered design process
- Brief on importance of integrating IYCF-E activities into a workplan/mission/ program

Topics to Advocate on:

- advocacy on the Code and preventing and managing donations

NOTE: We need to strengthen the visibility of the CG (as a global network of practitioners/academics etc.) as a point of global reference / source of credible evidence.

Output C: Suggested revised activities



1. Finalise and endorse a communications strategy (in all its components)
 2. Develop a costed/resourced workplan to implement the communications strategy.
 3. Incorporate a comms tool within the workplan for workstreams to do their own Comms work
-
1. Define advocacy purpose based on priority issues, as identified through Output group A.
 2. Develop an approach to strategically support the advocacy of key issues (as identified above) - Who will we target, how, through what fora.
 3. Elaborate a system for responding to ad hoc national and global advocacy needs.

Output D

Summary of Progress and Relevant Themes Considered

How to track peer-reviewed and grey literature to ensure the IFE Core Group is responding to fill gaps and address priorities

I think a routine newsletter with a roundup of scientific and grey literature and other items of note with a specific IYCF-E focus would be very helpful for all of us engaged in this work (and to engage others.)

How to better engage and learn from local/national WLOs to ensure, voices are heard in the global conversation, sustainability in technical support provided, and handover occurs.

How to engage local NGOs and governments so that they regularly consult TA from various sources.

How can we increase our focus on the intermediaries, such as midwives, nurses, et al and inform them more on good/weak practice. Not every health practitioner is aware of the best practice.

linking more with national NGO / civil societies and local government

The opportunity to strengthen national networks (including in our own back yards!)

Increased focus on multi agency Netcode work at regional level so countries have resources to draw from

Feedback from Plenary

** Consider better engagement with own countries where relevant, and consider how we best connect and inform?

**Role of GNC-TA as link to the countries and practitioners?

** Could be worth exploring a "regional/national chapter systems" supported by regional/national focal points with clear ToR supporting the global strategy and mentorship/skill building programme

Output D: Networked IFE Core Group 'community of practice' is active and further enhanced

	Keep IFE CG membership data base up-to-date and respond to new membership
	Map the group's current composition, identify gaps, and strategize
	Implement a plan for increasing engagement with local/national
	Conduct regular monthly meetings
	Conduct Annual meetings
	Update information on the ENN website
	Conduct regular meetings with GNC-TA and participate in other fora (CIF-WG, etc.)
	Facilitate peer-to-peer support via online communication and regular meetings

** PM group can more easily engage with IFE core group

Sub-activities

D.1.1. Keep IFE CG membership database up-to-date and respond to new membership

Keep

D.1.2. Map the group's current composition, identify gaps, and strategize

Keep - discussed how

D.1.3. Increase engagement with local/national / Increase localization and national engagements (mentoring youth etc.)

Keep - but reword, discussed how

D.1.4. Conduct regular monthly meetings

Keep

D.1.5. Conduct Annual meetings

Keep

D.1.6. Update information on the ENN website and en-net for new membership

Keep - ENN website updates due early 2022

D.2.1 Conduct regular meetings with GNC-TA and participate in other fora (CIF-WG, etc.)

Keep - Continuous by Linda, other fora to consider? 🍌

D.3.1. Facilitate peer-to-peer support via online communication and regular meetings

Keep - but reword, discussed how

D.1.2. Map the group's current composition, identify gaps, and strategize

HOW?

- Gap in national membership
- Higher visibility in regional fora e.g. East Africa - FANUS through listserves/conferences
- Explore national chapter idea (focus on 1-2 countries to start with?)

D.1.3. Increase engagement with local/national organisations/ Increase national engagement (mentoring and relevant resource sharing with young professionals etc.) - Remove localization as that is an agenda in itself, and change 'youth' to 'young professionals'

HOW?

- Facilitate south-to-south consultations on IFE to facilitate lessons learned (E.g. mentoring - Midwives-to-midwives example)
- Journal club summarising key articles and operational work from LMICs in particular (quarterly/biannually?) to highlight key challenges/lessons learned and discuss
- Mapping of others' efforts on this e.g. CORE group to see what IFE core group can institutionalise

D.3.1. Facilitate member support via online communication and regular meetings (remove peer-to-peer, can imply one-on-one)

HOW?

- Monthly newsletter with programmatic/research implications highlighted. Easier to share with others. Combine with MAMI GN newsletter? 🍌

Plenary discussion

Next steps?