



WFP/Giulio d'Adamo, South Sudan

# **IFE Core Group Strategy 2020-2024**

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# Introduction

The Infant Feeding in Emergencies (IFE) Core Group is a global collaboration of agencies and individuals that formed in 1999 to address policy guidance and training resource gaps hampering programming on infant and young child feeding support in humanitarian contexts. The formation followed on from a key meeting, hosted by IBFAN in Geneva in 1995 which, while recognising the need for the provision of small amounts of breastmilk substitutes (BMS) in emergency situations, identified the need to protect mothers and children from the indiscriminate distribution of BMS.<sup>1,2</sup>

The IFE Core Group does not directly implement programmes but rather works to develop guidance and resource materials; documents lessons learned and builds capacity to ensure more effective infant and young child feeding (IYCF)<sup>3</sup> support in emergency contexts (IYCF-E). The IFE Core Group members bring challenges and issues to the collective membership for peer support and guidance to facilitate rapid application of up-to-date experience in operations and to connect on-the-ground experiences with the development of agency and global policy guidance.

The IFE Core Group is coordinated by the Emergency Nutrition Network (ENN). Current members of the IFE Core Group include: ACF, ADRA, CDC, CGBI, Concern Worldwide, Eleanor Crook Foundation, ENN, Global Nutrition Cluster, Goal, IBFAN, IMC, IOCC, IRC, MSF, SafelyFed Canada, Samaritan's Purse, Save the Children, UNHCR, UNICEF, USAID, USAID/OFDA, WFP, WHO, World Vision, and a number of independent individuals.

In the twenty years since the IFE Core Group was formed it has developed and updated the IYCF in Emergencies Operational Guidance (IYCF-E OpsG), developed and/or contributed to a number of other guidance and training materials, provided

guidance on how to communicate with the media and have held and participated in key meetings and fora.

Recent emergencies have expanded the scope of IYCF issues and modified the ways of working in humanitarian contexts. Crises have occurred in more urbanized, middle income countries where rates of breastfeeding were low (such as Syria), which has necessitated greater consideration and the adaptation of guidance for how to support non-breastfed children and their carers including in camps, transit settings as well as remote support contexts. Evidence shows the effect of stress and trauma (such as due to conflict, GBV, etc) on IYCF practices and the need for coordination with mental health/psychosocial support and sexual and reproductive health services for infants and their caregivers and may require sensitization about Post Traumatic Stress Disorder (PTSD), symptoms, and how frontline practitioners can avoid exacerbating PTSD or re-traumatizing families when providing direct services.

In late 2017, the IFE Core Group held a three-day meeting to review its functioning and identify future activities, funding needs, responsibilities and capacities. The meeting confirmed the important role the IFE Core Group plays, and resulted in the development of an action plan (in 2019) to take forward with a restructuring of the group, and the formation of a number of working groups and the leadership of a Steering Committee. Building on this strengthened sense of direction, the IFE Core Group has prepared this three to five-year strategy to further clarify and define the group's overall aim and objectives, to better articulate where the IFE Core Group's responsibility lies (and where it ends) and to identify key indicators for measuring the progress and outcomes of the work of the group.

# Strategy Development Approach

This strategy builds on the work-planning which started in 2017 and is informed through the development of theory of change (Figure 1) which presents the desired long-term impacts that the IFE Core Group is trying to contribute to and how the activities of the IFE Core Group will influence these impacts. The use of a theory of change tool enables the IFE Core Group to envisage how the range of core group activities are expected to lead desired results, including how different activities and different outputs combine and reinforce each other in achieving these results. This, in turn, has enabled the identification of key outcomes of the work of the IFE Core Group and the formulation of a results framework (Table 1) which will allow better measurement of progress towards achieving results and outcomes.

This strategy aims to set a direction for the IFE Core Group for the next three to five years. Higher level objectives will remain functional for the full five years; whereas a mid-term review may result in revisions to outputs and activities.

<sup>1</sup> Infant Feeding in Emergencies, Policy, Strategy & Practice, Report of the Ad Hoc Group on infant feeding in Emergencies, May 1999; Crucial Aspects of Infant Feeding in Emergencies and Relief Situations, July 1996, IBFAN Geneva

<sup>2</sup> Ad Hoc Group on infant feeding in emergencies. Field Exchange 1, May 1997. p12. [www.enonline.net/fex/1/adhoc](http://www.enonline.net/fex/1/adhoc)

<sup>3</sup> WHO recommends mothers worldwide to **exclusively breastfeed** infants for the child's first six **months** to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and **continue breastfeeding** up to the age of two years or beyond. The International Code of Marketing of Breastmilk Substitutes and subsequent resolutions (the Code), which aims 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 breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution"

# Vision for the Next Five Years

As the Theory of Change (Figure 1) shows, the IFE Core Group aims to strengthen learning; guidance and policies; planning and capacity in IYCF-E and thereby protect child survival, growth and development for populations affected by emergencies protected from further negative impacts (the overarching goal **(IM1)** in the theory of change and results framework). Through its work, it aims to improve the services received by mothers/caregivers and their children and influencers<sup>4</sup> and enable them to safeguard the feeding and care of infants and young children in humanitarian contexts<sup>5</sup> **(IM3)** by:

- Improving the awareness of the importance of Infant and young Child Feeding in Emergencies and what is required for timely appropriate support and to minimize risks during a humanitarian response **(IO1)**.
- Increasing the uptake of the Operational Guidance on Infant and Young Child Feeding in Emergencies and facilitating its integration into relevant national and agency preparedness and response policies, guidelines, procedures and costed

plans **(O2)**; and

- Influencing progress in how frontline responders (service providers, mothers, families and communities) protect, promote and support appropriate child feeding and care. **(O1)**.

Defining the impact level objectives **(IM 1-5)** underlines the long-term aims of the IFE Core Group, and helps to draw attention to key pathways such as the importance of multi-sectoral services and the need to invest in preparedness and to develop shock responsive core services. However, these impact level objectives cannot be achieved by the work of the group alone, therefore the IFE Core Group will not aim to measure achievement of these impacts directly but will review learning as part of their work on identifying gaps, issues and lessons learned. The IFE Core Group will seek to monitor its impacts at outcome **(O1-2)** and intermediate outcome **(IO1-3)** level, including the extent to which results achieved can be attributed to the activities of the group. The results framework (Table 1) elaborates the proposed key indicators and means of verification.

# Theory of Change

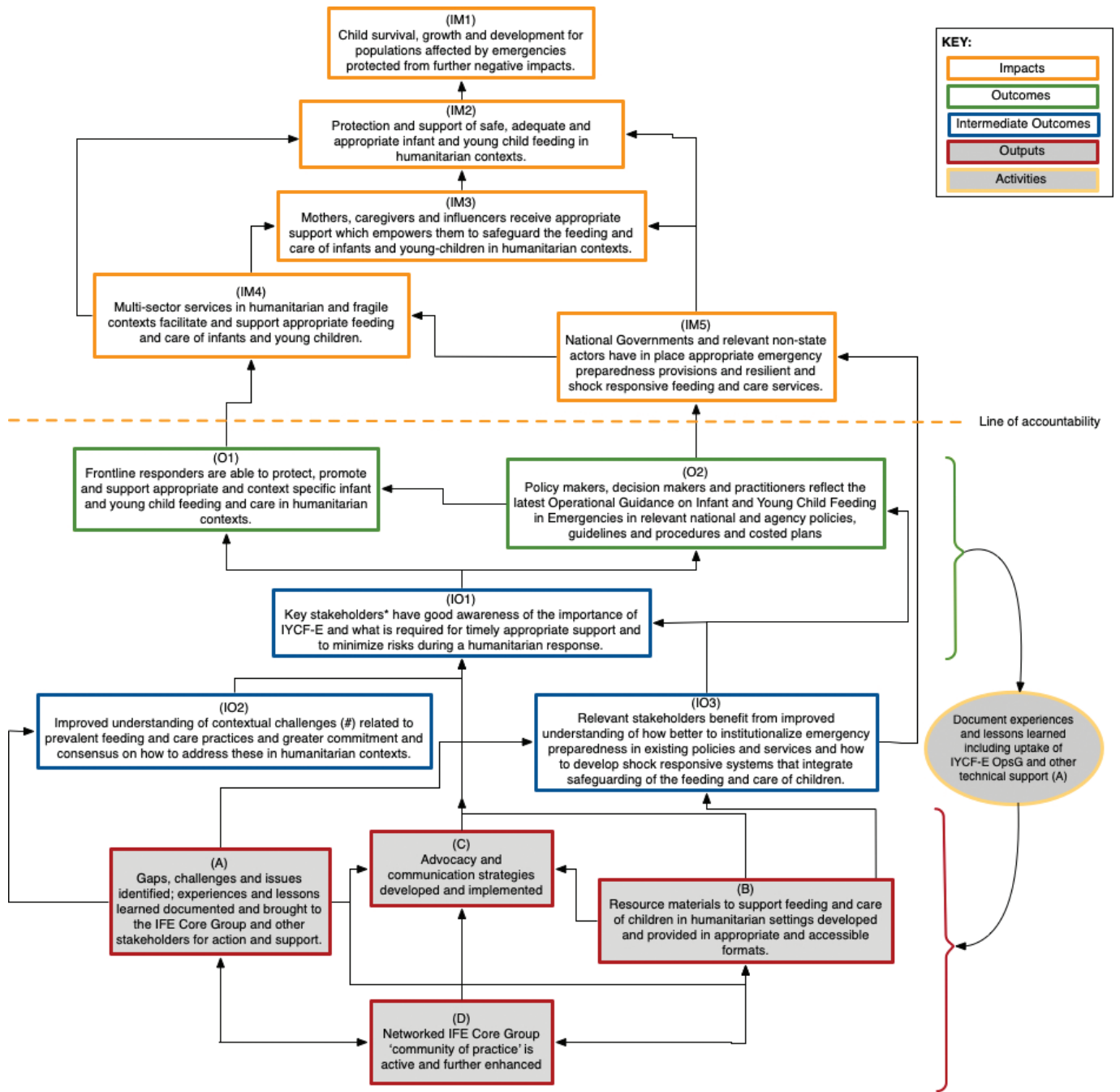
Figure 1 below illustrates IFE Core Group's Theory of Change for the period of the strategy and how the IFE Core Group's four outputs will contribute to the achievement of its intended impacts **(IM1, IM2, IM3, IM4, and IM5)**. It illustrates how the four outputs **(A)** identification and documentation of gaps, challenges and lessons learned, **(B)** development and updating of resource materials, **(C)** advocacy and communication and **(D)** functioning networked IFE Core Group, mutually reinforce each other and combine to achieve the intended intermediate outcomes **(IO1, IO2, and IO3)**. These intermediate outcomes focus on improved knowledge regarding the contextual challenges **(IO2)**, the importance of institutionalizing emergency preparedness into existing policies and services **(IO3)** and the importance of effective IYCF-E and what is required to achieve it **(IO1)**. This enhanced understanding and the access to relevant guidance, training materials and peer-to-peer support will ensure that relevant national agency policies, guidelines and costed plans reflect good practice **(O2)** and that there will be improved practice in humanitarian contexts **(O1)**.

<sup>1</sup> Other members of the family (father, mothers, mother-in-law etc. as well as community leaders)

<sup>2</sup> The terms emergency and humanitarian are often used interchangeably. For the most part, this document will use the term humanitarian context which provides a broader description of the crisis contexts in which IYCF-E approaches will be applicable. A key exception is when the term emergency is part of a commonly used title or phase (such as IFE or IYCF-E).



**Figure 1** Theory of Change for the IFE Core Group 2020 to 2024



(A)	(B)	(C)	(D)
Track issues and challenges related to IYCF-E in active emergencies and bring to the Community of Practice for action and support	Develop and disseminate written guidance: - Translate and disseminate IYCF-E OG - Develop and update training materials - Develop stop gap guidance materials	Engage with global platforms related to nutrition in emergencies (GNC, FSC etc.)	Maintain and enhance engagement by IFE-CG members: - Improve representation by those living and working in emergency affected countries and across nationalities and ethnicities
Identify gaps in knowledge and practice; and potential areas of research and identify ways of addressing	Identify opportunities to input into third party processes, and provide support as needed	Represent IFE-CG in the WHA, World Breastfeeding conference and other identified opportunities	Identify and implement enhanced approaches for membership engagement
Document evidence, experiences and lessons learned including uptake of IYCF-E OG and other technical support	Provide technical support through En-net and other online platforms	Develop advocacy and communication strategies and undertake advocacy and communication activities related to the feed and care of children in humanitarian contexts accordingly.	Reach-out to other stakeholders through alternate fora such as GTAM, ENN and the broader humanitarian sector
	Respond to technical needs as identified and shared through GTAM and following the established protocol.		Identify and implement approaches to enhance peer-to-peer support amongst the Community of Practice

\* Key stakeholders include policy makers, decision makers, programmers and researchers working in emergency preparedness and response.

# Emerging challenges include how best to: support the nutrition and mental health of mothers, non-breast fed infants, and complementary feeding in emergencies; and how to take into account the disruption and trauma associated with humanitarian contexts and support core services to allow them to become shock responsive.

# Outputs and Activities

The work of the IFE Core Group has been organized into four outputs largely reflecting the four objectives outlined in its 2019 action plan. These outputs and the activities which will result in their achievement are summarized in the paragraphs below:

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

Both as individuals and as a collective, IFE Core Group members will continue to track emerging issues and challenges related to infant and young child care and feeding practices in emergencies and bring them to the attention of all IFE Core Group members and relevant groups and individuals for their attention, support and action. This process will help to identify gaps in knowledge and practice and potential areas for research, which the IFE Core Group will seek to identify ways of addressing. The IFE Core Group will also continue to document evidence, experiences and lessons learned, including those related to uptake of the IYCF-E OpsG and other outputs of the IFE Core Group's work.

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

Building on the development IYCF-E OpsG version 3.0 (2017), the IFE Core Group will continue to engage in the translation and dissemination of the guidance. The IFE Core Group will also develop and update training materials to ensure that they reflect changes in the guidance. As new issues emerge and knowledge is developed which can support practice, the IFE Core Group will support the development of stop-gap guidance materials and other resources which can support policy makers and practitioners. Such work might be led by the IFE Core Group, one or more of its members or by a third party; and IFE Core Group members will identify opportunities to feed into these processes. IFE Core Group members will also provide peer-to-peer support through en-net, webinars and other online platforms; and by responding to technical needs as identified and shared through, for example, the Global Technical Assistance Mechanism for Nutrition (GTAM).

## 3. Advocacy and communication strategies developed and implemented

The IFE Core Group will continue to develop and update communication material related to the feeding and care of infants and young children in humanitarian contexts and will develop appropriate communication and advocacy

strategies on core emerging issues. This will include engagement with global platforms related to nutrition and health in emergencies to raise the profile of key issues related to the feeding and care of infants and young children in humanitarian contexts and mobilise required actions. The IFE Core Group will also represent IYCF-E priorities at the World Health Assembly, the World Breastfeeding Conference and the World Breastfeeding Week and other identified relevant opportunities.

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

The IFE Core Group already has procedures in place, which will continue to be exercised, to register new members and to screen and manage any potential conflicts of interests of members. During this strategic period the IFE Core Group will enhance efforts to improve representation in the membership by those living and working in emergency affected countries and across nationalities, ethnicities, and experiences. The IFE Core Group will also seek to reach out to other stakeholders (working in a range of related sectors) through GTAM, ENN and other fora which facilitates communication with those working in relevant humanitarian sectors.

The IFE Core Group will continue to meet and correspond regularly through monthly conference calls, email exchange and annual face-to-face meetings. IFE Core Group members will continue to identify and implement enhanced approaches for membership engagements. The IFE Core Group is currently divided into four sub-committees each focusing on an output. Within these sub-committees, working groups have been established to deliver key tasks. Further working groups may be formed to work on specific tasks or thematic areas. The IFE Core Group will identify and implement approaches to enhance peer-to-peer support between IFE Core Group members and a wider community of practice.

The sectoral and technical focus of the IFE Core Group will evolve during the period of this strategy as new issues and challenges emerge. At present there is growing recognition of the importance of addressing not only the feeding of infants, but also the nutrition and mental health of mothers. The specific challenges of complementary feeding in humanitarian contexts is also an emerging area and further work is needed to better support the feeding and care of non-breastfed infants. There is also increasing acknowledgement of the need to consider the disruption and trauma associated with humanitarian contexts and for policy and practice to better support mothers, caregivers and other household and community members who influence the care and feeding of infants and young children

in this regard. In providing support, it is critical to respect a woman’s right to make decisions regarding infant and young child feeding and care but to ensure that these decisions are informed and that risks and benefits of feeding options have been communicated clearly. Finally, while there has always been a focus on emergency

preparedness, more recently attention is being paid to the importance of having robust routine services which have the capacity, systems and know-how to rapidly scale up in response to crises. These and other sectoral themes will be the subject of the lesson learning, resource development and advocacy undertaken by the IFE Core Group.

## Measuring Progress and Impact

The IFE Core Group is committed to improving the monitoring and evaluation of its activities, outputs and outcomes during this strategic period. As the theory of change (figure 1 above) indicates some of this monitoring forms a critical part of Output A which includes documenting evidence and

learning lessons regarding infant and young child feeding in emergencies including the uptake of the IYCF-E OpsG and other IFE Core Group developed resources. The results framework below provides a summary of the indicators which will be used, and the core means of verification.

**Table 1** Results Matrix

	Outcome/Output	Indicator	Tools
Impact	IM1: Child survival, growth and development for populations affected by emergencies protected from further negative impacts.	These impact indicators won't be evaluated specifically, but learning in relation to them will feature in the IFE-CG's work and may also come up in stories of change.	
	IM3: Mothers, caregivers and influencers receive appropriate support which empowers them to safeguard the feeding and care of infants and young-children in humanitarian contexts.		
Outcomes	O1: Frontline responders (service providers, mothers, families and communities) are able to protect, promote and support appropriate and context specific infant and young child feeding and care in humanitarian contexts.	Secondary literature (reviews and evaluations of on-the-ground interventions) (a) report appropriate feeding and care interventions and (b) cite materials provided by the IFE-CG as a contributing factor.	Review of secondary literature
		Staff of frontline service providers report use of key approaches and practices	Knowledge, Attitudes, Practices (KAP) study of practitioners implemented through an online survey tool and at least one 'Story of Change'
	O2: Policy makers, decision makers and practitioners reflect the latest IYCF-E OpsG in relevant national and agency policies, guidelines and procedures, and costed plans	Countries have in place policies, programmes and funding for IYCF-E	Analysis of NutriDash, GINA and WBTI data
		policies, guidelines and costed plans reflect core elements of the IYCF-E OpsG and cite the IYCF-E OpsG and other key IFE-CG outputs.	Review of key documents key word analysis citation analysis and at least one 'Story of Change'
Intermediate Outcomes	IO1: Key stakeholders are aware of the importance of IYCF-E and what is required for timely appropriate protection, promotion and support and to minimize risks during a humanitarian response.	Secondary literature (reviews and evaluations of on-the-ground interventions) indicate good awareness	Review of secondary literature
		Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
		IFE-CG generated documentation and tools reflected in literature	Citation analysis

Table 1 cont'd

	Outcome/Output	Indicator	Tools
Intermediate Outcomes	IO2: IFE Core Group members and other stakeholders have improved understanding of the contextual challenges related to prevalent feeding and care practices and greater commitment and consensus on how to address these in humanitarian contexts	Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
		Increase in the extent to which literature reflects emerging issues	Key word analysis
		IFE-CG generated documentation and tools reflected in literature	Citation analysis
	IO3: Relevant stakeholders benefit from improved understanding of how better to institutionalize emergency preparedness in existing policies and services and how to develop shock responsive systems that integrate safeguarding of the feeding and care of children.	Stakeholders report knowledge	KAP study of practitioners implemented through an online survey tool
		Increase in the extent to which literature reflects emergency preparedness and shock responsive systems	Key word analysis
		IFE-CG generated documentation and tools related to emergency preparedness and how to develop shock responsive systems reflected in literature	Citation analysis
Outputs	(A) Gaps, challenges and issues identified; experiences and lessons learned documented and brought to the IFE Core Group and other stakeholders for action and support.	# and nature of documents produced, Discussion groups established, Research proposals developed, Field exchange articles, IYCF-E related/relevant assessments	Internal monitoring
	(B) Resource materials to support feeding and care of children in humanitarian settings developed and provided in accessible and appropriate formats and widely used means.	Dissemination of IYCF-E OpsG # and nature of documents produced; IFE-CG engagement in third party processes (e.g. WHO guideline development and their by-products). # of GTAM engagements	Internal monitoring
	(C) Advocacy and communication strategies developed and implemented	Existence of communication and advocacy strategies, IFE-CG representation at global platforms, conferences etc.	Internal monitoring
	(D) Networked IFE Core Group 'community of practice' is active and further enhanced.	# and make up of IFE members # of IFE-CG conference call and face-to-face meetings, IFE-CG tagged outreach through GTAM and ENN	Internal monitoring



The development of the IFE Core Group Strategy and Theory of Change was made possible by the generous support of the American people through funding by the United States Agency for International Development's Office of Foreign Disaster Assistance (USAID/OFDA). The contents are the responsibility of the Emergency Nutrition Network (ENN) and the IFE Core Group and do not necessarily reflect the views of USAID or the United States Government.

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