

# A LEARNING AND SHARING CAFÉ: IYCF PROGRAMMING ADAPTATIONS IN THE CONTEXT OF COVID-19

Thursday 30<sup>th</sup> July 2020 (2-3:30pm, Geneva time)



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**Note:** *This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the individual presenters and do not necessarily reflect the views of these donors.*

# Today's Webinar

1. Objectives and introductions
2. Background and essential adaptations
3. IFE Core Group: IYCF programmatic adaptations in the context of Covid-19
4. Case Study 1: Remote IYCF-E support in Colombia
5. Case Study 2: IYCF-E in Somalia
6. Q&A
7. Interactive game/quiz
8. Webinar evaluation



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# Webinar Objectives

1. Create a platform where countries can share their lessons learned and experiences in adapting IYCF programmes in the context of COVID-19.
2. Reflect on how global guidance including the OG-IFE have helped and have been used in inspiring and guiding these adaptations.
3. Encourage others to submit ideas for the next world café in October 2020.



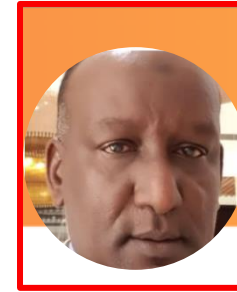
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# Today's Presenters



***Andi Kendle***

Program Director  
Technical Rapid Response  
Team



***Adan Yusuf Mahdi***

Nutrition Technical Specialist  
Save the Children Somalia



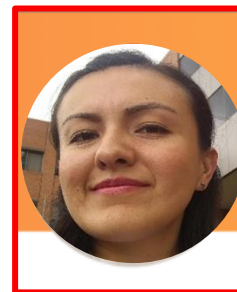
***Linda Shaker Berbari***

IFE Core Group Facilitator  
Independent Consultant



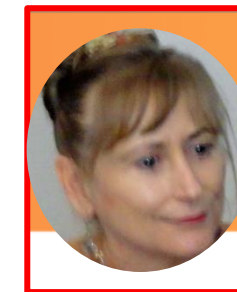
***Brooke Bauer***

IYCF advisor  
Technical Rapid Response  
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***Andrea Garcia Charnichart***

Nutrition and Food Safety  
Coordinator  
Save the children Colombia



***Deborah Joy Wilson***

Maternal, Infant and Young  
Child Nutrition Specialist and  
Inclusive Nutrition Specialist  
WFP HQ Rome



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# IYCF PROGRAMMATIC ADAPTATIONS IN THE CONTEXT OF COVID-19

RESOURCES AND TOOLS

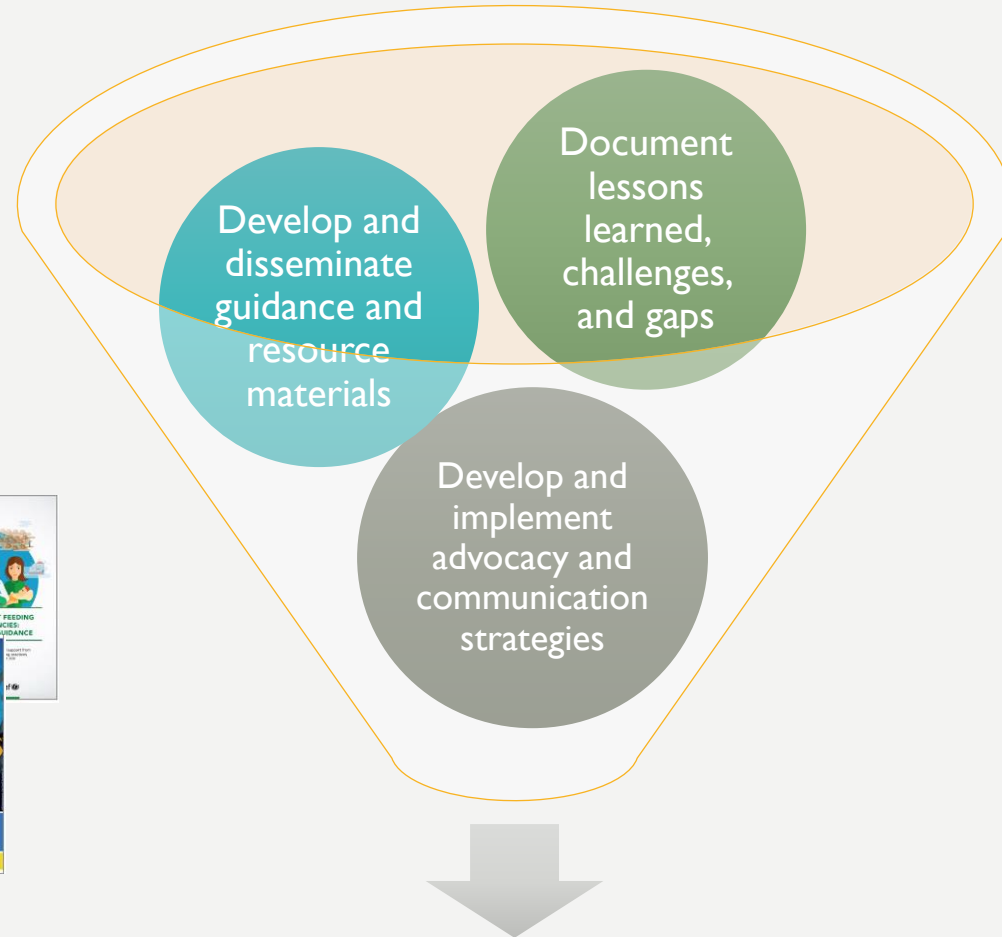
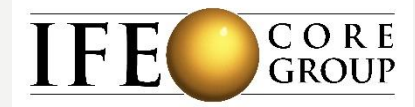
**SHARING AND LEARNING CAFÉ**

JULY 30, 2020

# THE IFE CORE GROUP

A global collaboration of agencies and individuals

Coordinated and chaired by ENN – guided by Steering Committee



Ensure more effective IYCF support in emergency contexts

8 individual members

<https://www.enonline.net/ife>  
[ife@enonline.net](mailto:ife@enonline.net)

# Infant and Young Child Feeding in Emergencies

Operational Guidance for Emergency Relief Staff and Programme Managers

Developed by the IFE Core Group

Version 3.0 – October 2017

Still applies in the context of COVID-19



1 Endorse or develop policies

2 Train staff

3 Coordinate operations

4 Assess and monitor

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

6 Minimize the risks of artificial feeding

Emergency preparedness actions





# COVID-19 PANDEMIC

- Questions and issues compiled from the country offices via the IFE Core Group, En-net, GNC etc.
- Summary of issues and challenges (mainly related to breastfeeding and COVID-19)
  - **Transmission and destruction of the virus and testing on COVID-19 of breast milk**
  - **Recommendations from normative organizations and from health workers**
  - **Mechanisms of the provision of technical assistance and materials**
  - **Provision of milk**
  - **Miscellaneous**
    - Are there certain precautions (IPC, messaging) we need to take during food distributions targeted for pregnant and lactating women?

Misinformation /evidence based information

## INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

Brief No. 2 (v1)  
(March 30th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-informed guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Operational guidance on infant feeding in emergencies* (2017).

### KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices<sup>1</sup> with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

March 2020





<https://docs.google.com/document/d/1baIU0yYwhhzxIMMSkiUIUa0leoHoTVhq7IddqZVQris/edit>

- Questions from the field on programmatic adaptations
- Multi-agency stakeholder meetings, led by UNICEF, on nutrition in the context of COVID-19
- **Creation of Programmatic Adaptations Team (PAT)** (UNICEF, IFE Core Group, Tech RRT, WFP, Save the Children)
- Development and update of a Google Doc for support on IYCF programmatic adaptations in the context of COVID-19

**Technical support on nutrition programmatic adaptations in the context of COVID-19**

Version 1.1.

***Nutrition for Infants & Young Children – IYCF & Micronutrients***

Below you can find a collection of programmatic adaptations and related tools and resources being adopted to respond to contextual challenges presented by COVID-19 for nutrition programming in the area of IYCF and micronutrients. If you can continue with programming while taking safety provisions, then it is important to continue doing so. If restrictions make it impossible to do so, then the below adaptations could be considered depending on the context.

This document will be updated on a rolling basis. If you want to submit an adaptation or a solution that you have implemented in your country and/or if you need support click [here](#).

If you have particular questions related to programming or have experiences that you would like to share with your peers and global nutrition colleagues via an open discussion forum that others can feed into, please visit the [en-net forum](#), we will also be compiling experiences and challenges shared on the forum for reflection in the collection.

**Programmatic Adaptation Support in the Context of COVID-19**

Global Technical Assistance Mechanism for Nutrition (GTAM) has prioritized the release of specific critical guidance on Nutrition Programming to support Nutrition in Emergencies (NIE) practitioners and coordination teams in their ability to continue to deliver humanitarian assistance during the COVID-19 outbreak. This includes management of child wasting, IYCF and NIS. Additional resources from UNICEF, WHO, WFP, ENN and other sources are also included.

[Find out more](#)



Guidance and Tools for programmatic adaptations

General	+
Prevention and Management of Wasting <small>You can find <a href="#">here</a> a collection of potential adaptations and related tools and resources according to different contextual scenarios/challenges.</small>	+
Nutrition for Infants & Young Children – IYCF & Micronutrients <small>You can find <a href="#">here</a> a collection of potential adaptations and related tools and resources according to different contextual scenarios/challenges.</small>	+



Anticipated Disruption/Challenge	Alternative Approach	Relevant Resources/Tools (What to do and How to do it?)
<b>Delivery services through existing platforms/institutions</b>		
<ul style="list-style-type: none"> <li>• Mobility restrictions by household/reduce demand for routine services</li> <li>• Mobility restrictions by community</li> <li>• Mobility restrictions by staff, community/village health workers/counsellors</li> </ul>	<ul style="list-style-type: none"> <li>• Radio/media/social media messages/printed visible images and messages in local languages</li> <li>• Announcements e.g. megaphones.</li> <li>• Phone counselling</li> <li>• SMS promotion messages</li> <li>• Members of groups to support neighbours [maintaining social distancing and hygiene practices]</li> <li>• CHWs/VHWs support home visit</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">IYCF in the context of COVID-19 Brief</a></li> <li>• <a href="#">Guidance for adaptations to community case management of childhood illness in the context of COVID-19 to ensure uninterrupted provision of life-saving services</a></li> <li>• <a href="#">WHO infographics on breastfeeding and COVID-19</a></li> <li>• <a href="#">Counselling cards on IYCF and COVID-19</a></li> <li>• <a href="#">Key messages on breastfeeding and COVID-19 (WHO EMRO)</a></li> </ul>

# PROGRAMMATIC ADAPTATIONS



## Main themes:

1. Delivery services through existing platforms/institutions
2. Norms/fears related to COVID-19 and affecting programming
3. Communication, training tools and resources

Delivery services through existing platforms/institutions

- Mobility restrictions by household/reduce demand for routine services
- Mobility restrictions by community
- Mobility restrictions by staff, community/village health workers/counsellors
- No or limited community gatherings/meetings/sessions [groups]/ social support networks constrained

- Radio/media/social media messages/printed visible images and messages in local languages
- Announcements e.g. megaphones.
- Phone counselling
- SMS promotion messages
- Members of groups to support neighbours [maintaining social distancing and hygiene practices]
- CHWs/VHWs support home visit according to social distancing and hygiene practices and in line with the UNICEF Community Case Management (CCM) Guide
- Use of social platforms where applicable like WhatsApp groups
- Mobile health

- [IYCF in the context of COVID-19 Brief](#)
- [Guidance for adaptations to community case management of childhood illness in the context of COVID-19 to ensure uninterrupted provision of life-saving services](#)
- [WHO infographics on breastfeeding and COVID-19](#)
- [Counselling cards on IYCF and COVID-19](#)
- [Key messages on breastfeeding and COVID-19 \(WHO EMRO\)](#)
- [Peer reviewed articles, documented experiences, digital projects on media/phone/SMS use in the promotion and support to IYCF](#)
- [WHO, UNICEF and IFRC published a guidance on community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#)

# EXAMPLE

- Where feasible, provide virtual support to pregnant women and parents via established support groups.



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Interim guidance  
May 2020



**Table 1. Examples of health care activities and appropriate infection prevention and control precautions in the context of community transmission of COVID-19**

Activity	Type of precautions and personal protective equipment
Home visit (for example, for antenatal or postnatal care, or care for a person with tuberculosis, HIV or another chronic condition)	<ul style="list-style-type: none"> <li>• If feasible, conduct home visits outside in a well-ventilated space and keep a distance of at least 1 m.</li> <li>• Perform hand hygiene frequently and while providing care, according to WHO's recommendations on the 5 moments for hand hygiene.</li> <li>• Wear gloves only if exposure is expected to blood, body fluids, secretions, excretions, mucous membranes or broken skin.</li> <li>• Consider wearing a medical mask when in direct contact or when a distance of at least 1 m cannot be maintained.</li> </ul>
Outreach activities and campaigns	When no direct contact is involved (for example, during the distribution of insecticide-treated nets)



## Anticipated Disruption/Challenge

## Alternative Approach

## Relevant resources and tools

<ul style="list-style-type: none"> <li>● Uncontrolled donations of BMS and commercial complementary foods</li> <li>● Marketing and promotion of BMS and other complementary foods</li> <li>● Artificial feeding support (responding to the needs of infant's dependent on infant formula)</li> <li>● Distribution of powder milk (blanket distribution or as a part of a food basket)</li> </ul>	<ul style="list-style-type: none"> <li>● Issue IYCF Joint statements at all levels</li> <li>● Sensitize and remind health workers, decision makers, politicians, donors of the importance of supporting recommended IYCF practices</li> <li>● Ensure reporting and enforcement of the national law/regular or relevant international mechanisms [online reporting and SMS reporting]</li> <li>● Follow National Guidelines (when existing) in relation to monitoring and reporting of Code violations (reminder to people so that they can refer to the respective guidance)</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">IYCF in the context of COVID-19 Brief</a></li> <li>● <a href="#">Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 (April 2 2020)</a></li> <li>● <a href="#">Operational Guidance on Infant and young Child Feeding in Emergencies</a></li> <li>● <a href="#">WHO Guidelines -Net Code Tools</a></li> <li>● <a href="#">UNHCR guidance on handling of BMS</a></li> <li>● <a href="#">UNHCR Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months</a></li> <li>● <a href="#">WFP Position Paper on Use of MILK</a></li> <li>● <a href="#">UNICEF position on engagement with the food and beverages industry</a></li> </ul>
<ul style="list-style-type: none"> <li>● Concerns about access to appropriate (healthy) and safe complementary foods in the markets</li> <li>● Delaying introduction of CF due to lack of access to complementary foods and/or fear of infection</li> <li>● Concerns about inappropriate (unhealthy) complementary foods*[1] distribution</li> <li>● Concerns about food safety</li> </ul>	<ul style="list-style-type: none"> <li>● Revise existing Standard Operating Procedures (SOPs) for Food Distribution in the COVID-19 context at the country level to minimize the risk of exposure of personnel, partners and beneficiaries</li> <li>● Ensure adjustment is shared by government and relevant authorities and is applied to food markets/distribution points</li> <li>● Ensure that complementary feeding and guidance on feeding healthy food choices to young children is shared via different practical platforms (such as digital, social etc.)</li> <li>● Social protection, measures like cash and vouchers, for most vulnerable families with pregnant and lactating women and girls (PLW/G) and children under the age of 2 years</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Counselling cards on IYCF and COVID-19</a></li> <li>● <a href="#">Interim guidance - ADJUSTING FOOD DISTRIBUTION STANDARD OPERATING PROCEDURES IN THE CONTEXT OF THE COVID-19 OUTBREAK</a></li> <li>● <a href="#">What will children be eating in a post-COVID-19 world?</a></li> <li>● <a href="#">Feeding young children during the COVID-19 pandemic</a></li> <li>● <a href="#">UNHCR Cash assistance during Covid 19</a></li> <li>● <a href="#">FAO. Social protection: ensuring effective response and inclusive recovery in the context of COVID-19 in Africa</a></li> <li>● <a href="#">FAO. Social protection and COVID-19 response in rural areas</a></li> <li>● <a href="#">A Joint Statement on the role of Social Protection in Responding to the Covid 19 Pandemic</a></li> <li>● <a href="#">India ESSENTIAL NUTRITION PRACTICES DURING COVID-19 PANDEMIC</a></li> </ul>

# EXAMPLE



## Template<sup>1</sup> for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic

<Joint Signatories> call for ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to prevent malnutrition, illness and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response.

### Box 1 - Infant and young child feeding recommendations

Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. Recommended practices<sup>2</sup> are:

- 1) Early initiation of breastfeeding (putting baby to the breast within 1 hour of birth);
- 2) Exclusive breastfeeding for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate complementary feeding from 6 months of age; and
- 4) Continued breastfeeding for 2 years and beyond.

In the context of the COVID-19 pandemic, the recommended IYCF practices should be protected, promoted and supported while applying appropriate respiratory hygiene during feeding, care, and contact with the infant and the young child in line with the IYCF in the context of COVID-19 brief<sup>3</sup>.

### Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices<sup>4</sup>:

- Policies and practices implemented for mothers and infants with suspected or confirmed COVID-19 in the immediate postnatal period that physically separate infants from their mothers making it more difficult to establish and maintain breastfeeding.
- Decreased access to health services and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.
- Loss of social support structures for pregnant and lactating women (PLWs) due to social distancing and fear of contact.
- False beliefs, misinformation and misconceptions about infant and young child feeding and lack of understanding that stress or trauma does not impact milk production and that breastfeeding is safe for COVID-19 positive women.
- Concerns for the supply chain of BMS, increased demand for infant formula and panic regarding the scarcity of formula resulting in needs of formula dependent infants not being met, poorly/untargeted BMS distribution and inappropriate marketing of infant formula.
- Concerns about transmission via food, affecting complementary feeding practices and maternal dietary intake.
- The inability to implement recommended infection prevention and control measures.
- Compromised access to markets and fresh produce which can lead to over-reliance on highly processed foods that are of typically low nutritional value and inappropriate for infants and young children.

<sup>1</sup> This template Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of the Covid-19 Pandemic includes a consolidation of available recommendations related to IYCF in the context of Covid-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the IFE Core Group. It is important that this Joint Statement is accompanied by the IYCF programming brief (3).

<sup>2</sup> <https://www.who.int/news-room/factsheets/detail/infant-and-young-child-feeding>

<sup>3</sup> [https://www.nourishment.com/files/attachments/2020/04/2020-04-20-17-48-29-9712-1646512086IYCF\\_programming\\_in\\_the\\_context\\_of\\_COVID\\_19\\_March\\_2020.pdf](https://www.nourishment.com/files/attachments/2020/04/2020-04-20-17-48-29-9712-1646512086IYCF_programming_in_the_context_of_COVID_19_March_2020.pdf)

<sup>4</sup> Addressed that are relevant to country context

# Template for Joint Statement on Infant and Young Child Feeding in the Context of Covid

Includes a consolidation of available recommendations related to IYCF in the context of Covid-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the IFE Core Group.

 Template for Joint Statement on Infant and Young Child Feeding in the Context of Covid (April 2 2020).pdf

 Arabic Joint statement on IYCF in the context of the Covid-19.docx

 french IYCF.docx

## Template<sup>1</sup> for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic

<Joint Signatories> call for ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to prevent malnutrition, illness and death.

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### Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices<sup>4</sup>:

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- Decreased access to health services and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.



## Anticipated Disruption/Challenge

## Alternative Approach

## Relevant resources and tools


### Communication, training tools and resources

- Mobility restrictions and physical distancing disrupting normal communication channels and methods to support adoption and sustainability of recommended behaviour change for families with infants and young children
- Limited/no access to health and nutrition workers and volunteers

- Radio/media/social media messages/printed visible images and messages in local languages
- SMS promotion messages
- CHWs/VHWs and educations support home visit according to social distancing and hygiene practices and in line with the UNICEF CCM Guide
- Use of social platforms where applicable like WhatsApp groups
- Mobile health
- Use newly adapted educational tools for provision of awareness on infant feeding and complementary feeding

- [WHO infographics on breastfeeding and COVID-19](#)
- [Counselling cards on IYCF and COVID-19](#)
- [Key messages on breastfeeding and COVID-19 \(WHO EMRO\)](#)
- [Peer reviewed articles, documented experiences, digital projects on media/phone/SMS use in the promotion and support to IYCF](#)
- [WHO FREQUENTLY ASKED QUESTIONS: Breastfeeding and COVID-19 For health care workers \(28 April 2020\)](#)
- [UNICEF Complementary Feeding Video series](#)
- [UNICEF EAPRO: What will children be eating in a post-COVID-19 world?](#)
- [UNICEF EAPRO: Feeding young children during the COVID-19 pandemic](#)
- [Example of community activity: Join the #ChefsChallenge!](#)
- [UNICEF ROSA: Breastfeeding during coronavirus](#)

# EXAMPLE



**Close contact and early, exclusive breastfeeding helps a baby to thrive**

**A woman with COVID-19 should be supported to breastfeed safely, hold her newborn skin-to-skin, and share a room with her baby.**

If a woman with COVID-19 is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:





Expressing milk      Relaxation      Donor human milk

World Health Organization      #COVID19 #CORONAVIRUS



**Women with COVID-19 can breastfeed if they wish to do so. They should:**



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby




Routinely clean and disinfect surfaces

World Health Organization      #COVID19 #CORONAVIRUS

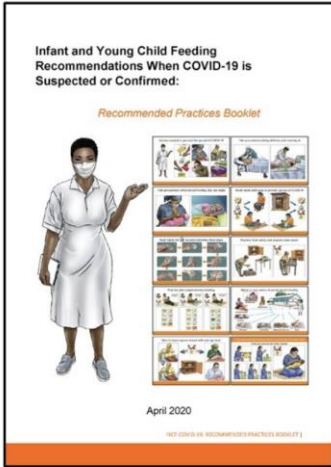
**Infant and Young Child Feeding Recommendations**

When COVID-19 is Suspected or Confirmed



**Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed:**

Recommended Practices Booklet



April 2020

## First Foods for Young Children



**1. When to start your child's solid foods**  
Explains when to introduce their baby to solid foods and why getting the timing right is so important.



**2. What to feed your young child**  
Shows the range of foods that will provide the best nutrition for their baby's growing needs.



**3. Feeding your baby from 6-to-12 months**  
Shows how to feed their young child from age 6 to 12 months of age.



**4. Feeding your child from 1-to-2 years**  
Illustrates how to feed their child after one year old and is learning to eat on her or his own.



**5. How to keep your child's first foods safe**  
Shows ways to keep food and water safe to protect their child.



**6. How to feed your young child with care**  
Shows how to feed their young child with an interactive feeding approach.



**7. Feeding your child during and after illness**  
Demonstrates how best to feed their sick child during and after illness.



**1. Breastfeeding for working mothers**  
For frontline workers, demonstrates how to express breastmilk and keep it safe.



**2. Breastfeeding when you go back to work**  
For mothers, demonstrates how she can express her breastmilk and keep it safe.

### Videos on Breastfeeding for working mothers

# WHAT NEXT?

- How and whether tools, resources, adaptations are used?
- Extent to which they are useful?
- What about your experiences?
  - Ready to share?

<https://drive.google.com/file/d/1gjBE7ehKe-ZRvUc5mOLBTkXrhHiv0UMe/view?usp=sharing>

**Nutrition Innovations and Adaptations in the Context of COVID-19**  
Common Template for collecting programme experiences

Adaptation Title:
Name of Agency:
Location (Country & Province/ District/ State):
Focal Point (Email/ Phone/ WhatsApp/Skype):
Date of submission:
When was this programme adaptation put in place? (month/ year):
Is this linked to an existing intervention? <input type="checkbox"/> Yes, title of intervention _____ <input type="checkbox"/> No
Is it still ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when did it end? (month/year)
Type of activity (check all that apply): <input type="checkbox"/> Policy related adjustments <input type="checkbox"/> Training and capacity building <input type="checkbox"/> Coordination & collaboration <input type="checkbox"/> M&E, Assessments/ Surveys <input type="checkbox"/> Programme/ Service Implementation <input type="checkbox"/> Preparedness in light of COVID-19 <input type="checkbox"/> Nutrition Situation Analysis & Estimate of People in nutritional Need <input type="checkbox"/> Procurement/logistics <input type="checkbox"/> Preparation of Humanitarian Response Plan
Describe the intervention and aims prior to COVID-19 (100 words max):
Describe the programmatic adaptation taken in light of COVID-19 and why. Include stage of development of the adaptation (planned, being tested, scaled up) (300 words max.):
Initial results & learnings (200 words max):  What has worked well?  Challenges faced and how they were addressed?  What was the community feedback/beneficiary reaction to the adaptation?
Is the adaptation applicable to other contexts and settings? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' what types of settings? Discuss the relevance of the adaptation within the country and for other countries. (100 words max):
If applicable for others, what would be required to transfer this adaptation to other relevant contexts? Include a brief outline of the commitments, time and resource inputs that are needed to establish the adaptation. (100 words max):

implemented aligns with, or diverges from, current guidance and any s (100 words max):

ion remain post-pandemic?  Yes  No

r the adaptation will be phased out.

the experiences described here in a more detailed way? This could include an ge, being contacted to discuss on a podcast/ webinar etc.

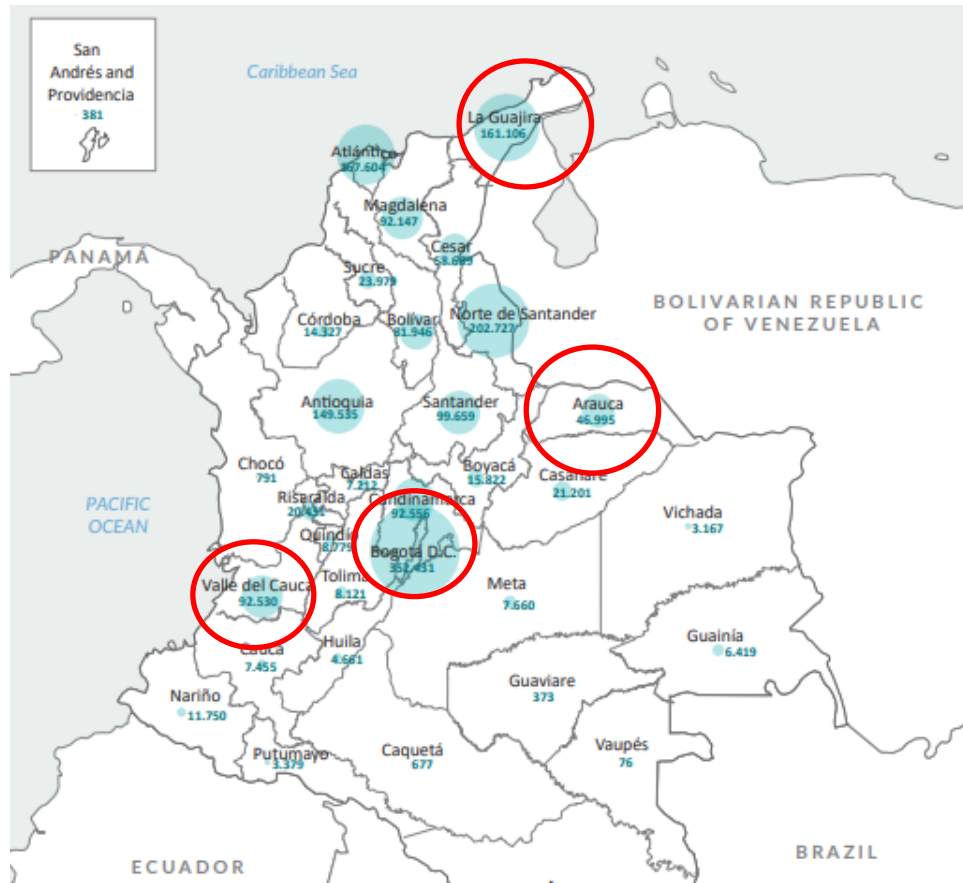
# SAVE THE CHILDREN



**Andrea García Charnichart**  
Nutrition and Food Security  
Coordinator

# Humanitarian Context

## Venezuelan migration crisis

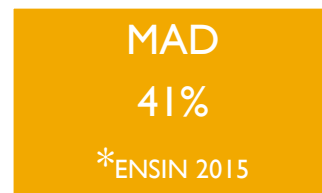
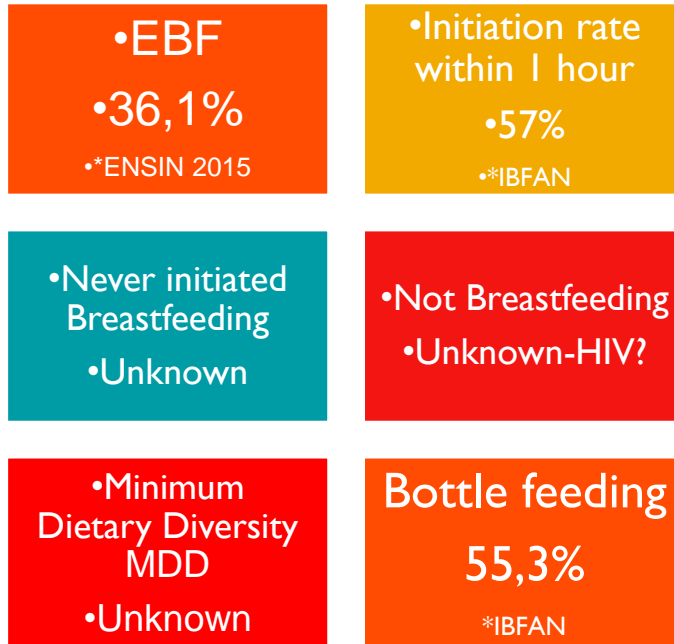


R4V May 2020

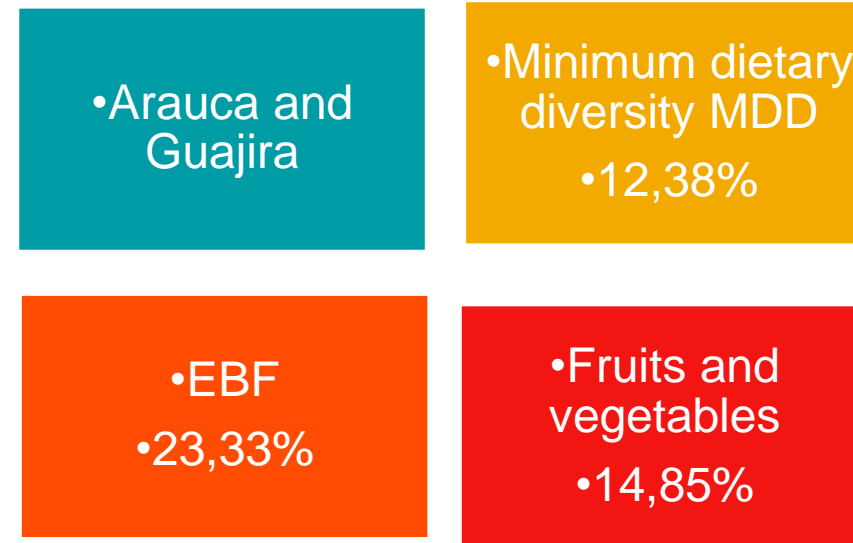
- Since 2015 due to rapidly deteriorating economic and political situation.
- Actually 1.8 million Venezuelans live in Colombia, more than half in irregular situation.
- Only 12% (217.751) have access to the health system
- March 2020 identification malnutrition services interrupted
- Number of people attended with Cash + Nutrition until October 2019=13,183
- Children under 5: 21,9%
- Children under 2: 11,6%
- PLW: 10,5%

# IYCF Practices Pre COVID-19

## Colombia



## Base line 1st project



# IYCF-E Pre- COVID -19

## Support groups



## Screening



## Sensitizations/Workshops

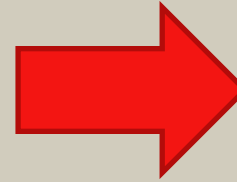


## Establishment of BF corners



## Individual counselling

# Disruptions brought by COVID 19



- Not allowed to work in field due to restrictions on mobility.
- Preventive isolation
- As humanitarian workers we can ask permission to mobilize, however our beneficiaries cannot, and it would be risky to quote them, especially in urban settings





# Adaptation



## All the team have cell phones

- Start making phone calls to our beneficiaries (Cash)
- Promoting Breastfeeding, informing about prevention of COVID-19



## Monitoring

- Only phone calls and people reached without disaggregation, we called all people in the cash databases.
- First response while we could go to the field again



## The situation was not getting better so:

- Adaptation to our SOP of nutrition
- Adaptation of our monitoring tool
- Reinforcement in communication and informatic skills

# Adaptation

## SOP

- We had a standardization of our activities in the field, so by changing the attention mode we designed a script that serves as a guide to take the first call.
- The dialogue is carried out according to the **CLASSIFICATION** of the woman or family (pregnant, under 6 months, under 6-23 months)
- Apply satisfaction survey also by phone

## Monitoring

- Some questions were added to the monitoring tool, in order to be able to establish whether people are interested in receiving more calls, also we made changes in the satisfaction survey.
- Last week, we readjusted the questions to learn more about the women we talked to (pregnant, breastfeeding, non-lactating women with children under 2 years old).

## Reinforce

- When we started calling it was done in a very mechanical way without looking for people to express themselves, we reinforced the counseling skills found in the WHO manual
- Not all the team was clear on the use of online files, each team reinforce in this informatic skills.

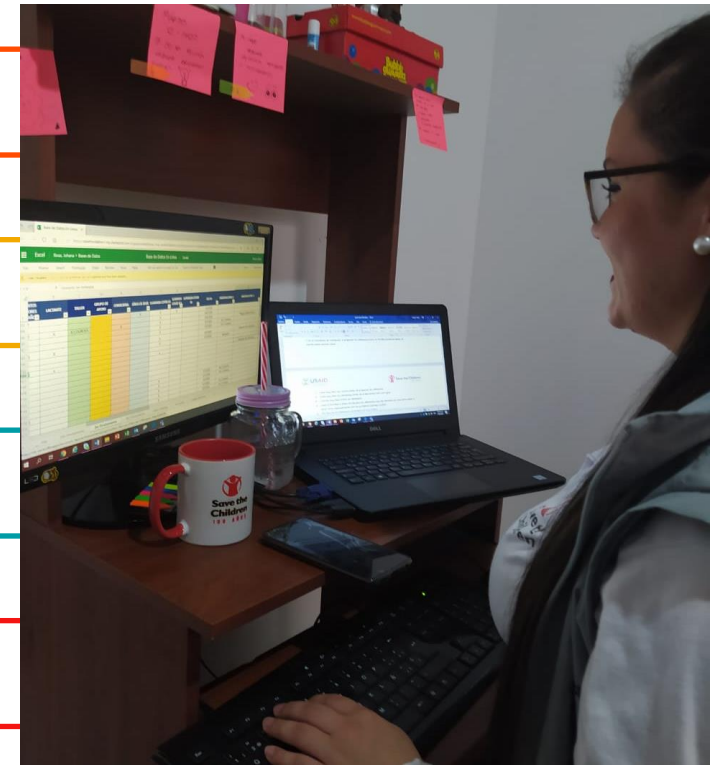
# IYCF-E by phone calls

First call for promotion and engagement (classification)

Second call if specialized help is needed or asked -  
counseling

Third and Fourth call for Support group  
(classification)

We continue to seek partnerships to establish  
breastfeeding corners / Nutritional screening stopped



# Results

3897 calls

2267 promotion calls

1157 Support groups calls

422 counseling calls

3321 women attended

Pregnant 362 / Lactating 1861

NUTRICIÓN INFANTIL | 2020/02/20 9:00:00 AM



## Promover la lactancia materna, una tarea urgente en Colombia

A través de su programa de lactancia materna, Save the Children acompaña a las mujeres gestantes y lactantes con talleres y grupos de apoyo e involucra a las familias para que sean un soporte durante el proceso.

# Challenges / Support

- La Guajira has a majority of indigenous population so the conversation is difficult, they are not used to the phone.
- Not all people have access to a phone.
- Adaptation of the monitoring tool

- The nutrition staff was hired from the beginning with the communication skills for counseling, they are also trained on IYCF-E and are capable of solving almost any problema related to IYCF practices.
- The team is always available so they always know when we have to make changes. (Informed consent, registration of the information, guide script for the phone call).

# ENABLERS

---

Coordination and communication between the 4 regions and with the Cash team

We already had cell phones and computers the open lines

The program manager trusted in our proposal and present the changes of the activities to the donor for approval.

We have the budget available to keep going at least with the staff

# Lessons learnt

We should think how we are going to break the cultural barriers because communication by phone functions better in urban contexts. (The access to a phone too).

From 161 satisfaction surveys:  
Very satisfied: 54% ; Satisfied: 42% ;  
Unsatisfied: 4% of receiving this kind of intervention by phone

The communication skills proposed in the WHO counseling manual are our basic tool to make a link with people.

We need to prove that it functions. It has advantages in saving money for transport, material, we only need the trained staff, the internet connection and computers, we should be connected with other organizations or components to receive the reference.

We can not only give information, we learnt to use the phone call as a tool of exchange of information and participation.

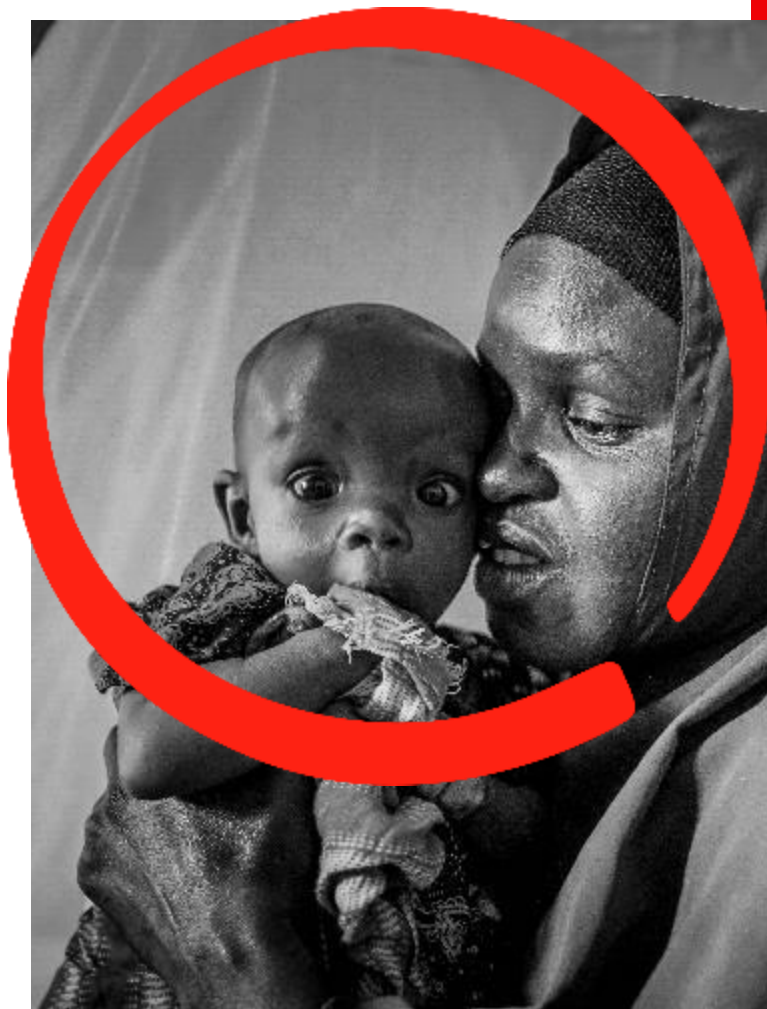
It can be implemented in other countries, for example Perú is already doing something similar and maybe Venezuela can implement it too.

**THANK YOU**



**Save the Children**





## **Infant and Young Child Feeding in Emergencies in the context of Covid 19 in Somalia.**

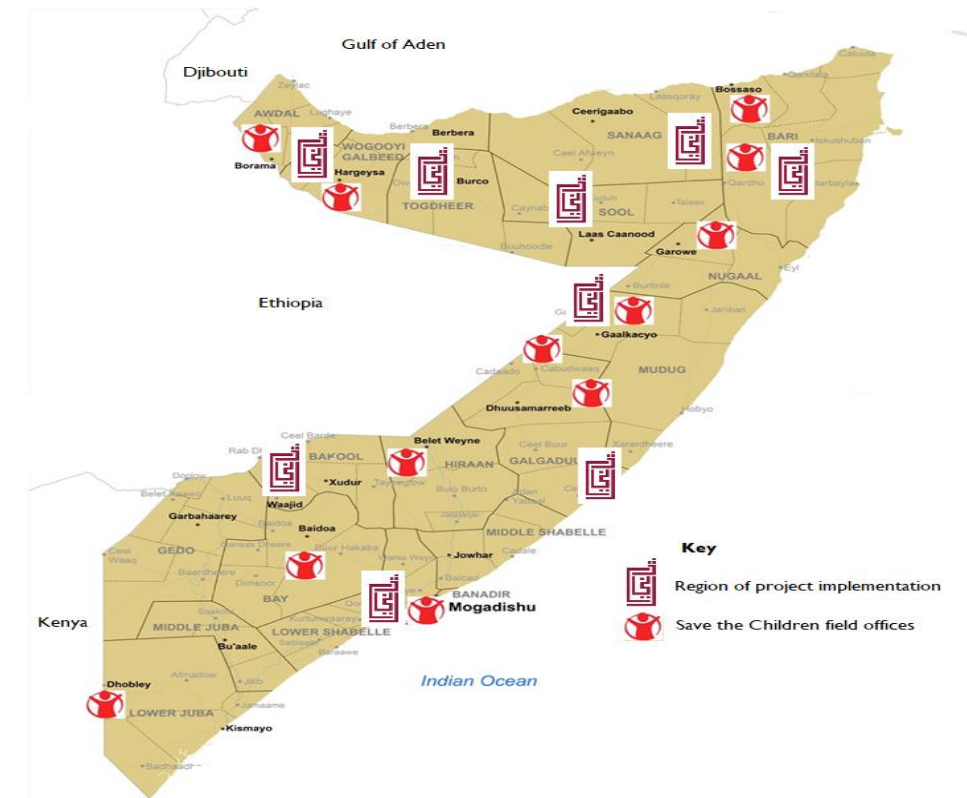
**A multi-sectoral intervention to save lives**

**Adan Yusuf Mahdi**

# Althani Project: Provision of emergency Life-saving interventions (Health, Nutrition, WASH and Livelihoods) to drought and conflict affected communities in Somalia

- Somalia/Somaliland is among the top 10 countries with the highest prevalence of malnutrition in the world.
- Somalia's population is currently experiencing multiple shocks:
  - Desert Locust
  - Riverine and flash floods
  - The novel coronavirus (COVID-19) pandemic
  - Protracted Conflict between SNA/AMISOM Vs Al-Shabaab

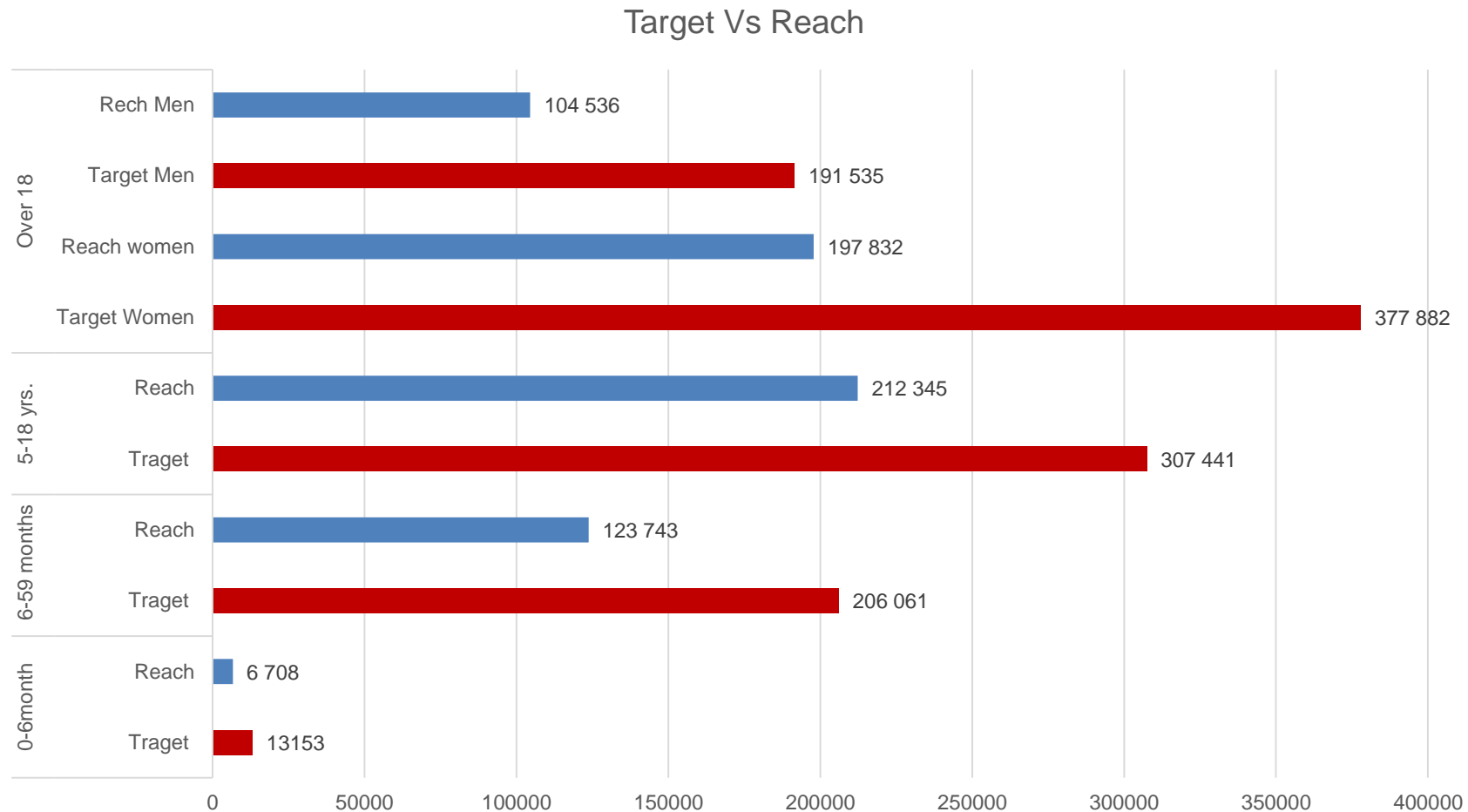
Save the Children Presence in Somalia including Althani project supported regions and districts:



Date/Year/Period: 01/12/2019- 30/11/2020

Type of emergency: Humanitarian

No. people affected: 1,096,072 total IYCF reach through different sessions are 515,166 ( 440,624 women and 74,542 men)



## IYCF practices during emergency response

- Data on breastfeeding/IYCF practices pre COVID 19:
  - Initiation rates within 1 hour: 80%
  - Never initiated breastfeeding: N/A
  - Exclusive breastfeeding: **34%**
  - Not breastfeeding: N/A
  - Minimum Dietary Diversity 6-23 months: 15%
  - Minimum acceptable diet: 6-23 months: **9%**
  - Consumption of vegetables & fruits: 6-23mths: **48%**

# What was the pre-COVID IYCF or IYCF-E programming

Food demonstration sessions



IYCF sessions in the community



# The disruptions brought by COVID 19 to IYCF-E programming

- Increased panic to the mothers that resulted in many not attending health and nutrition centers and hence reducing malnourished children seeking treatment at the clinics.
- Disturbance of feeding practices as mothers could not get sufficient food to produce sufficient milk for their child
- Increased unemployment rate
- Reduced diaspora remittance to support their relatives in the country
- Increased imported food prices while locust has swept local productions.
- Reduced minimum meal frequency of the majority of the Somalia population and particularly IDPs and urban poor populations.
- Gradually increased the burden of malnutrition to that children and PLWs



# Programme adaptations as response to those challenges

- Strengthened up-take of IYCF-E and enforced its implementation
- Trained more than 520 front line IYCF counsellors on IYCF-E adopted for COVID-19
- Distributed Personal Protective Equipment, Face Masks, and hand sanitizers to all frontline staff and beneficiaries
- Printing IEC materials on COVID-19 including IYCF-E counselling cards adopted for COVID-19, and distributed to all facilities and communities
- Increased Hand washing facilities in all clinics including IYCF-E corners, MBAs and Community Gatherings
- Reduced number of M2M/F2F support group members from 10 to maximum 5 with applying social distancing



Some photos from the field of operations



- Integrated IYCF program with cash
- Constructed 8 MBAs, new staff were recruited to MBAs to strengthen IYCF-E and prevent COVID-19
- IYCF group sessions are held in a well-ventilated area with sufficient space
- Established Triage and screening at the entrances to all nutrition sites
- Increased awareness raising on the risks of Breast Milk Substitute

## Challenges

- Funding gaps and insufficient PPE
- Increased concern by most vulnerable communities
- More people being food insecure due to increased unemployment rate
- Standard number IYCF MTMSG members of 10 or 15 people were changed to 5
- Health/nutrition, IYCF sessions stopped
- On-job trainings and supportive supervision were reduced/greatly affected
- All coordination meeting were changed to virtual, that resulted those don't have connections could not benefit meetings.
- Formal face to face trainings/meetings were stopped hence was difficult to immediately train all staff to adopt COVID-19.

## Enablers

- Management support
- Cooperation and support of mothers, communities and health workers
- Donations from UN (esp. WFP) supplies of PPE incl. face masks.
- Nutrition Cluster: Delivered different training such CMAM, IYCF and CHW for COVID-19, in order to increase the capacity of frontline staff and respond COVID-19
- All policies and guidelines indicated that Breastfeeding can be continued
- Religious/cultural leaders have contributed to increase awareness on COVID-19, preparation, adaptation and response, also encouraged all communities to practice IPC measures that health practitioners provide.



## What do we learn

- Integration of Nutrition with key sectors such as WASH and Health is possible and can achieve great results
- Lifesaving interventions continued during the COVID-19 pandemic
- Applying COVID-19 key messages of increasing sanitation and social distancing has reduced the spread of the disease
- Collaborations have worked well with cluster doing trainings, religious leaders and other partners doing awareness raising

## Way Forward

- More people to be recruited from the community to increase uptake of IYCF and SBC messages
- Continuing funds to deliver community based IYCF
- Increase advocacy to strengthen recommended IYCF in the community/ and from the policy level
- Advocate at policy level so that the BMS code of conduct and IYCF are streamlined in all thematic or sectorial responses during and after the COVID -19
- Scale up MBAs so to improve the uptake of optimal IYCF in the different levels of the communities.

**THANK YOU**



**Save the Children**

Q&A



Technical  
Rapid  
Response  
Team



UNICEF / Frank Dejongh

# Interactive Game/Quiz



Technical  
Rapid  
Response  
Team

## How can I get support?

	Type of supported needed	Provider
1	I want remote or in-country technical support	Tech RRT or others through the GTAM
2	I want to hire a consultant directly	GTAM Consultant Rosters
3	I want quick technical advice	GNC HelpDesk

In all cases contact please go to

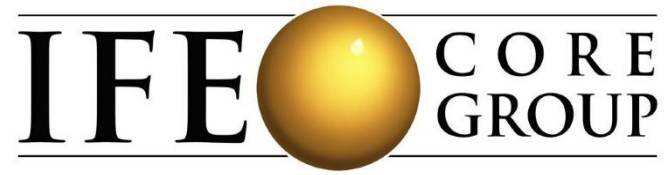
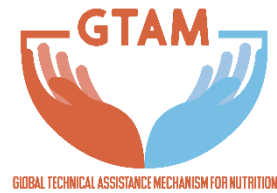
<https://gtam.nutritioncluster.net/>

Click “Request Support”

and you will be supported from there



Technical  
Rapid  
Response  
Team



# A LEARNING AND SHARING CAFÉ: IYCF PROGRAMMING ADAPTATIONS IN THE CONTEXT OF COVID-19

Tuesday 10<sup>th</sup> August 2020 (2-3:30pm, Geneva time)



**Thank you!**

Please fill out the webinar evaluation,  
it will take less than 10 minutes.

For more information contact:

[techrrt@InternationalMedicalCorps.org](mailto:techrrt@InternationalMedicalCorps.org)

And we will point you in the right direction  
(e.g. towards other presenters)

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