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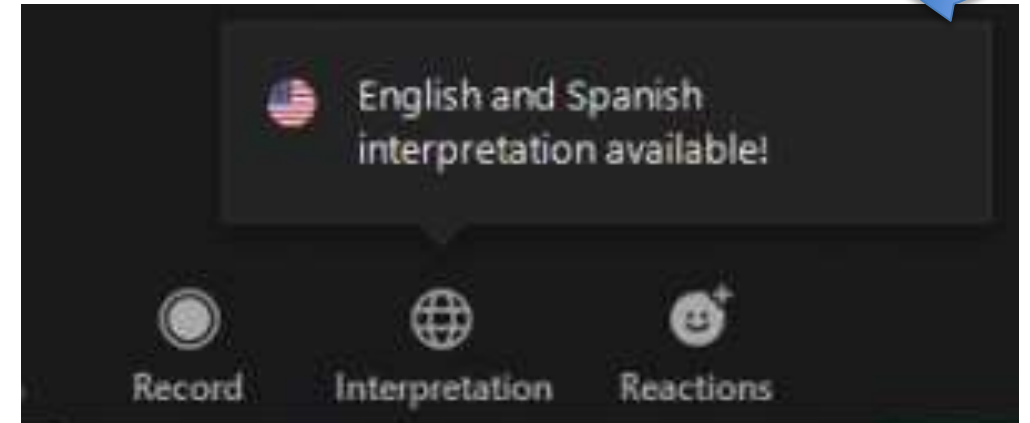
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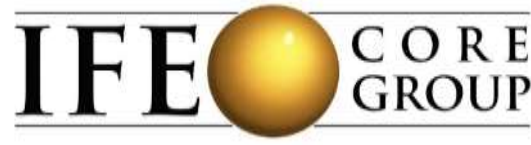
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يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق
رمز الكرة الأرضية أسفل الشاشة.





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

UN CAFÉ D'APPRENTISSAGE ET DE PARTAGE: PROGRAMMATION D'ANJE-U DANS LE CONTEXTE DE COVID-19

UN CAFÉ PARA APRENDER Y COMPARTIR : PROGRAMAR ANJE-U EN EL CONTEXTO DEL COVID-19

ندوة التعلم والمشاركة: برامج تغذية الرضع والصغار في سياق انتشار كورونا

Monday 30th November 2020 (2-3:30pm, Geneva time)



Supporting donors



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Government of Ireland



Save the Children

unicef  | for every child



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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 Tech RRT and the individual presenters and do not necessarily reflect the views of these donors.*

Webinar Objectives

1. Create a platform where countries can share their experiences in adapting IYCF programmes in emergency contexts and in the context of COVID-19.
2. Reflect on how global guidance have helped and have been used in inspiring and guiding these adaptations.



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Webinar Agenda

1. Objectives and introductions
2. IYCF-E response in South Sudan during COVID-19 (ACF)
3. Q&A
4. Infant feeding with refugees in Greece (Cheering)
5. Q&A
6. IYCF-E and COVID-19 in Yemen (IMC)
7. Quiz
8. Reflection: actions and recommendations for 2021
9. Evaluation, recommendations and closing



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Today's Presenters



Deborah Joy Wilson

Maternal, Infant and
Young Child Nutrition
Specialist
WFP HQ



Peggy Koniz-Booher

Senior Advisor, Nutrition &
SBCC
USAID Advancing Nutrition



Linda Shaker Berbari

IFE Core Group Facilitator
Independent Consultant



Alessandro Iellamo

Global IYCF-E Advisor,
Save the Children UK



Brooke Bauer

IYCF Advisor
Tech RRT



Martha Wahu Kega

Field Nutrition Expert
Action Against Hunger - South
Sudan



Samuel Mbuto

Field Coordinator
IMC- Yemen



Anne Merewood

Director, CHEERing
Director, Center for Health
Equity, Education, and Research
Associate Professor of
Pediatrics, Boston University
School of Medicine



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SUPPORTING AND PROMOTING OPTIMAL IYCF IN THE CONTEXT OF COVID-19 AT THE STABILISATION CENTRE



A presentation from Action Against Hunger South Sudan Mission

Name of Presenter: **Martha Wahu Kega**

Date: **30th November 2020**



PRE-COVID



- Initially, Action Against Hunger used to provide nutrition, health and hygiene education sessions on a daily basis, following a pre-defined curriculum of topics in a group setting.
- Most of the counselling sessions were basically tailored on different topics with a well scheduled timetable each week.
- Mothers were gathered in one location and sensitized on various IYCF topics mainly from the MIYCN counselling cards with the aim of promoting and optimizing infant and young child feeding.

IYCF PRACTICES AFTER COVID 19 ONSET



- Nutrition services were adapted as per 'Guidance for Nutrition Service Delivery in the context of COVID-19 shared by MOH/nutrition cluster.
- Safety measures such as limitation of mass gathering and physical distancing were adopted
- IYCF facilitators switched from group sessions to one on one counselling only.
- Use of PPEs, social distancing, frequent handwashing were integrated in routine modality for delivering the one on one counselling

PROGRAM ADAPTATION: ONE ON ONE COUNSELLING

- Providing individual counselling enabled the staff to ask questions based on individual history, constraints and challenges at home
- Enabled staffs to focus on the needs of individual mothers; identify concrete issues and tailor the counselling accordingly.



*Before COVID (Group discussion)
One)*



*After COVID (One on
One)*

PROGRAM ADAPTATION: POSITIVE OUTCOMES

- One on one counselling contributed to strengthening staffs listening, analyzing and problem-solving skills, thus improving the benefits of and counselling quality.
- Given individual attention, mothers and caregivers receive concrete and useful advices to address their individual concerns
- Mothers are confident on safe ways to breastfeed during the pandemic period after the counselling
- Project has been able to integrate some gaps identified through the one on one counselling in upcoming budget and proposals
- Program has been able to adapt to better service delivery and will continue to adopt this new technique even after post COVID period.

CHALLENGES

- Not all staffs have the same capacity in terms of adapting and learning
- Some mothers are not willing to disclose some key issues thus needs further probing/good rapport from the beginning
- Mothers gain knowledge and skills but needs follow up once they're back at home to ensure uptake/behaviour change

ENABLERS DURING ADAPTATION

- On job training and coaching
- Prior trainings on counselling/Health Education
- Staff competence
- Modification of existing Budget for PPEs
- Support from MOH and cluster with guidelines
- Donor support with extra PPEs and IEC material



WHAT IS WORKING WELL

- Staffs are able to probe further on individual history
- Program is able to budget in future proposals gaps identifies at the SC
- Staffs focus on the needs of individual mothers, identify concrete issues and tailor the counselling accordingly.
- This contributed to strengthening their listening, analyzing and problem-solving skills, and thus possibly had a beneficial effect on counselling quality.
- The use of translated IYCF and COVID-19 posters has been helpful in ensuring the mothers have better understanding of the messages and has made it easier for the staffs to relay the messages well using the local language.



TESTIMONIAL

See video in recording....

COMMUNITY PERSPECTIVE



- Mothers can receive messages/counselling tailored to their needs.
- Mothers are equipped with knowledge and skills on how best they can improve/take care of their children once discharged from the SC.

LESSONS LEARNT

- One on one Counselling where possible is the best practice in the current context because it helps in addressing individual needs.
- This intervention is scalable and will be adopted across all our nutrition centers.
- Project staffs from the nutrition centers will be trained on assessing and counselling mothers on optimal IYCF practices.
- This will also be scaled down to our community structures: the MTMSGs and community volunteers.





FROM ACTION AGAINST HUNGER
SOUTH SUDAN MISSION:

THANK YOU

Q&A



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UNICEF / Frank Ojengh



The Infant Feeding Emergency of Refugees in Greece

Anne Merewood, PhD MPH
Director, CHEERing
Associate Professor of Pediatrics, Boston University School of
Medicine
Director, CHEER



CHEERing

- Center for Health Equity, Education, and Research, International Group, based in Athens, Greece; working in refugee camps, shelters, communities since 2018
- Partner of CHEER (Center for Health Equity, Education, and Research) at BUSM, USA since 1997
- CHEERing Goal: Address infant feeding in emergencies; promote and support breastfeeding; train and mentor other groups



CHEERing direct service

- Weigh and measure babies in CHEERing Grow Clinics
- Distribute prenatal iron, folic acid, and vitamins
- Train and support peer counselors – refugee women whom we employ to help women breastfeed



CHEERing Grow Clinics

- Weekly “Grow Clinics” at camps and shelters
- We weigh, measure, and chart babies 0-12m
- Our trained, multi-lingual breastfeeding peer counselors lead
- Check vaccinations, and counsel pregnant women



Greece: The big (refugee) picture



Greece

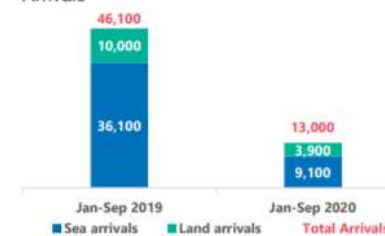
September saw **950 arrivals recorded**, bringing the total arrivals in 2020 to **13,000**. The authorities moved almost **all unaccompanied children out of** dire reception centres. The sweeping **fires** in Moria left **12,000** people homeless. UNHCR helped Greek authorities to provide **immediate shelter and assistance** along with UN agencies, NGOs and volunteers. Over **1,000 vulnerable persons and children** have been relocated this year from Greece as part of the EU-wide **relocation** initiative of solidarity.

REFUGEES AND MIGRANTS IN GREECE*

121,100

98,200 in the mainland and 22,900 on the islands

Arrivals



*UNHCR estimates as of 30 September 2020 of those who arrived and remained in Greece since the 2015 – 2016 flow.

KEY ACHIEVEMENTS

82,250

eligible asylum-seekers and refugees received cash assistance this month

15,000

accommodation places by UNHCR

12,000

accommodation places by the Ministry of Migration and Asylum

PEOPLE IN UNHCR'S ESTIA ACCOMMODATION

- 68% children enrolled in schools
- 56% have access to healthcare (AMKA or PAAYPA)
- 56% have tax identification number (AFM)
- 22% registered with unemployment agency (OAED)
- 6% have a bank account

UNHCR PRESENCE

Staff:

- 314 National Staff
- 34 International Staff

Offices:

- 1 Country Office in Athens
- 2 Sub Offices in Thessaloniki, Lesbos
- 3 Field Offices in Chios, Samos, Kos
- 4 Field Units in Evros, Ioannina, Leros, Rhodes



An asylum-seeker carries bamboo to build a makeshift shelter for his family, after the Moria reception and identification centre was destroyed by fires.

Who is watching the babies?

- Many large NGOs pulled out after the 2015 crisis 'passed'
- Camps run by NGOs with no IFE training or knowledge
- CHEERing survey in 2018 of all 6 Attica region camp managers; none aware of IFE-OG
- Greece in financial crisis – refugee crisis adds a huge burden, then add COVID....



See video in recording....



Observations



- Very little exclusive breastfeeding
- Universal inappropriate infant feeding - mixed feeding, milk with sugar, early solids, not enough formula, no sterilization or boiling of water for formula
- Very little prenatal or routine pediatric care
- Low rate of vaccinations (20% in 1 recent camp visit)
- Little to no qualified assistance or evaluation



Note – we know showing breast milk alternatives violates the Code but we are showing these to demonstrate the incomprehensible languages on the labels on products in the camps



Near misses we caught....

-No one else was watching the babies....
- Premature infant diagnosed with heart failure, @ 6 months had never seen a doctor – losing weight
- 8 month old infant with paralysis – never flagged
- Starving 12 month old twin – hair loss, sunken eyes, delayed development – only breast milk and banana
- Pregnancy: gestational diabetes, early broken waters;





In summary

- The IF situation for refugees in Greece is grave
- There is little to no help or expertise in breastfeeding/infant feeding/IFE
- The strong “Galaxias” organization has many breastfeeding-supportive MDs but refugees have little access to mainstream medical care
- CHEERING tries to plug the gaps on a tiny budget with experienced professionals, peer counselors and volunteers – a drop in a very stormy ocean

Contact info

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- www.cheering.eu
- www.cheerequity.org



Q&A



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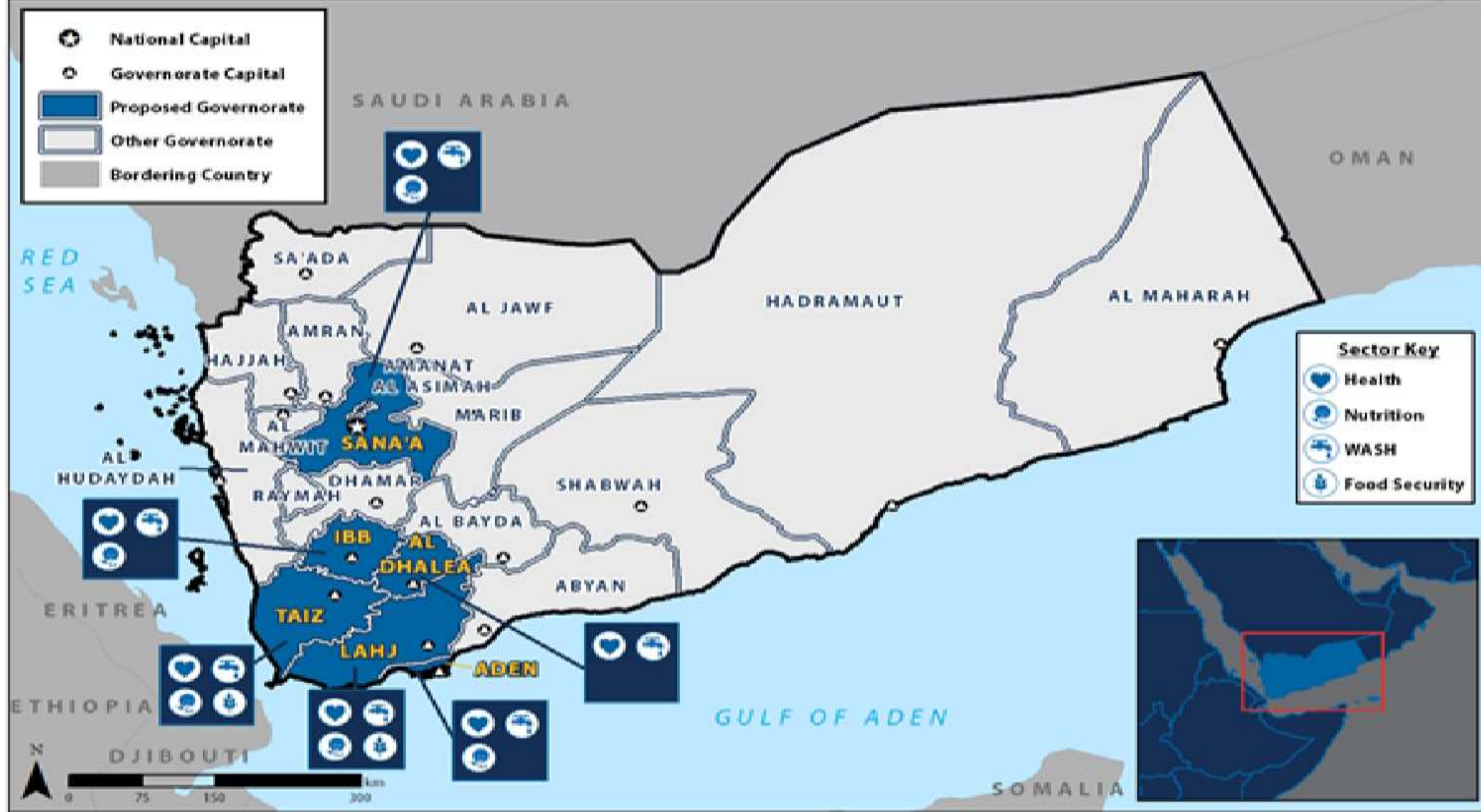
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**The Adaptations of Routine IYCF Activities
in Response to COVID-19 Pandemic in Sanaa
& Taiz Governorates in Yemen**

Presented by: Samuel Mbuto

November 2020



- The humanitarian crisis in Yemen remains the worst in the world, driven by conflict, disease, economic collapse and the breakdown of public institutions and services. In addition Covid-19 pandemic.
- Per 2020 Yemen Humanitarian Response Plan, with estimated population of 30.5 million people, 24.3 million people need humanitarian assistance, including 7.4 million in need of Nutrition support.
- International Medical Corps provides multi-sector humanitarian assistance to the most vulnerable communities in five governorates of Yemen - Sana'a, Ibb, Taiz, Lahj, and Al Dhale'e. An integrated package of Health, Nutrition, Water Sanitation and Hygiene (WASH), Food Security and Livelihood services through its three offices in Sana'a, Ibb, and Aden.
- Integrated support to 48 health facilities; IDPs and Host communities.

IYCF-E Implementation in Yemen

- Use of IYCF MoPHP guidelines pre-COVID-19
- In 2019 Mother support group component added into Community Health Volunteer guideline
- Prime Minister Decree No 18 on Breastfeeding Promotion and Protection, 8 January 2002; The Regulations apply to infant formula, dairy and other food products for the exclusive use of children up to two years of age, complementary foods as well as to feeding bottles and dummies (pacifiers).
- Reporting form BMS code Violation-Yemen
- IYCF-E guideline with COVID-19 Adaptations, April 2020.

Estimated population in the five target governorates *(based on Nutrition cluster caseload calculator-Sept 2020)*

- Estimated population 631,346
- Children 0-59 months 111,306
- Children 0-6 months 11,131
- Children 6-23 months 33,392
- Children 12-59 months 89,045
- PLW 50,505

IYCF practices during at the onset of COVID 19/emergency or during emergency response

IYCF Indicators measured	IYCF-Assessment in Al Musaymir district Lahj governorate 2019 Proportion/results	IYCF-Assessment in Belad Aloss district, Sanaa Governorate, 2019 Proportion/results
Timely Initiation of breast feeding	67%	80%
Exclusive breastfeeding	14%	17%
Timely Complementary Feeding	56%	68%
Introduction of solid, semi sold or soft foods	70%	80%
Continued breastfeeding at 1 Year	74%	73%
Minimum dietary Diversity	25%	34%
Minimum meal Frequency	58%	63%
Minimum acceptable diet	24%	34%
Consumption of iron-rich or iron-fortified foods	43%	54%
Bottle Feeding	41%	31%

Pre-COVID/emergency Programming

- IMC provided IYCF-E messages and counselling to mothers/caregivers through 48 supported health facilities and 240 CHVs.
- A total of 45,546 (30,612 women and 14,934 men) participated in educational sessions at the health facility and community levels between Jan 2019- March 2020
- Health workers provided individual counselling sessions to 6,684 lactating women on various IYCF practices.
- On-the-Job training and supportive supervision among 96 IYCF promoters, either midwives or a nurse (all female staff) enhancing skills and knowledge in providing individual counselling
- Provided support to 62 (24 Sanaa and 38 Taiz) Mother Support Groups (MSGs).

Pre-COVID/emergency Programming



Picture # 1 Mother Support Group session – Taiz Gov. Aug/sept 2019



Picture # 2 IMC Staff and IYCF staff during on-job training and supportive supervision for IYCF activities in Bani Mansour Health facility/Al-Haimah Al-Kharygiah district – Aug 2019

Challenges brought by COVID 19/emergency to the IYCF-E programme

- All community nutrition activities stopped for more than seven months; Mother support groups, Community Health volunteer services.
- Movement restrictions, hampering seeking IYCF services
- Different messaging related to COVID-19, leading to fear, confusion, hence low IYCF service uptake.
- Lack of PPEs at the start of the COVID-19 pandemic, led to health workers not reporting for duty.

IYCF-E Programme Adaptations

Item/descriptions	Adaptation
Mother support groups meetings stopped	<ul style="list-style-type: none">▪ Created WhatsApp groups, sharing key IYCF messages.
Different messaging related to COVID-19, leading to fear, confusion, hence low IYCF-E service uptake	<ul style="list-style-type: none">▪ Through IYCF Technical Working group IMC Staff participated in developing IYCF-E guidelines in adaptation to COVID-19 released on end of April, 2020▪ Trained IYCF service provides in all health facilities on IYCF-E adaptations on COVID-19 in June/July.▪ Printed and distributed IYCF-E guidelines to IYCF-E providers in health facilities.▪ Provision of PPEs to all IYCF-E service provides
CHVs not able to deliver IYCF-E messages at community level	<ul style="list-style-type: none">▪ Use of automobile to raise awareness on the benefits of breastfeeding during COVID-19 pandemic among the lactating, pregnant women, mothers/caregivers, fathers and other community members in Al Wazi'iyah and Mwaza districts in Taiz governorate.

Challenges

- Shortage of funds to procure PPEs
- Poor mobile network in some remote villages, affecting sending IYCF-E messages to MSGs
- Delayed permission by authorities to restart mother support group activities, till now advocating through the nutrition cluster.
- Lack of enough space in some health facilities, hindering social distancing during IYCF-E counselling.
- Slow uptake/adaptation of behavior change towards COVID-19 prevention measures among some health workers and IYCF-E clients.

Photo



Picture: IYCF-E promoter in Harir health facility, Al Hussein district providing breastfeeding messages to lactating women, ensuring social distancing.

Picture: Mobile team staff, in Al Hussein using IYCF-E chart educating lactating mothers on importance of breastfeeding even during COVID-19 pandemic

Enablers during adaptation

- Approvals from donors to use resources for PPEs
- Emergency funds for PPE procurement
- Nutrition cluster, Ministry of Public Health and Population (MoPHP) through IYCF Technical Working group in developing the IYCF-E guidelines in adaptation to COVID-19 in a timely manner.
- Technical support from International Medical Corps HQ Nutrition Advisors
- Health workers and IYCF target groups adapting to IYCF-E activities during this period of COVID-19 pandemic.
- Program staff that continue to provide IYCF-E support and supervision in all supported Health facilities.

What was working well

- Training IYCF-E health providers in small groups adhering to COVID-19 SOPs.
- Using WhatsApp some mother support groups would use this platform to ask questions.
- Use of automobile to raise awareness on IYCF-E practices enabled reaching very remote village without radio network coverage



IMC staff with the nutrition providers, discussing about new wasting guidelines with COVID-19 adaptation in Wadi Al-Ajbar Health facility – Sanhan district

Lesson Learnt

The top actions for 2021;

- 1) More funding for IYCF-E activities to fund other alternative methods to reach target groups
- 2) Invest more on Community health volunteers to run IYCF-E activities at community level (train CHVs on IYCF-E counselling at HH level??)

The top 2 ideas

- (i) Advocacy to allow MSGs activities, maybe further divide the MSGs into smaller groups? 3-4 members?
- (ii) Strengthen more health facility staff on IYCF-E counselling in adaptation to COVID-19

Thank you!

Q&A



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Reflections (1)

Please share your thoughts!



In relation to supporting infant and young child feeding in the context of COVID-19,

this year I learned



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Reflections (2)

Please share your thoughts!



In relation to supporting infant and young child feeding in the context of COVID-19,

I still need to....

(learn about, engage in, etc.)



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Reflections (3)

Please share your thoughts!



In relation to supporting infant and young child feeding in emergencies,


next year, I would like to commit to

I am planning to



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How can I get support?

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



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and click "Request Support"

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