

Questions and Answers

A Learning and Sharing Café Webinar: Shared Responsibilities for Infant and Young Child Feeding in Emergencies - Experiences implementing the IYCF Multi-sector Framework for Action

Date: August 11, 2021

1. **Q:** Hello, I would be interested to better understand how the MBA in the camps have become a sustainable approach: are they have been attached/managed by the closest health facilities or others ways or are they still INGO funding dependants.

A: MBA is still a modality being developed from the learning of the electronic food voucher and possibility of markets being developed then expansion of livelihood for both refugees and host community will create better systems.

2. **Q:** How do you mainstream and harmonize IYCF-E and MIYCN activities in refugee settings?

A: IYCF-E is part of the overall country MIYCAN strategy, except that the strategy goes ahead to prioritize mothers and adolescents on top of infants children (as the classic case goes)

3. **Q:** What strategies have you used to engage with other sectors and bring them on board with the IYCF framework? How do you help them understand they also have a role to play in IYCF activities?

A: A shared responsibility of IYCF-E across sectors can be realized quicker if the environment operated in is an enabler of multisectoral engagement. While multisectoral engagement has proven to be the most cost-effective way to deliver different basic services across different sectors, it also opens space for dialogue across the IYCF-E priority sectors. Mainstreaming IYCF-E requires that we elevate the discussions around contributions of other sectors to optimal feeding, and identify key priority actions that those sectors can take on. This often requires delivery as one through joint or consultative planning, implementation, common results framework, fundraising etc. At the national level, this dialogue could involve engagement of the different line ministries based on comparative advantage e.g. in Uganda, Ministry of Health coordinates MIYCAN, Ministry of Gender is the main convener on the implementation of the BMS code, and Ministry of Agriculture coordinates activities around nutrition-sensitive food production.

4. **Q:** What is the role of government for nutrition implementations at refugee camps? Any accountability mechanism for the nutrition interventions in refugee residents?

A: In the context of the Uganda Refugee Response, the Government with support from UNHCR takes overall lead of Refugee Protection, and all actions by the different entities supporting

refugees are done on behalf of the Government. In the context of nutrition, the government takes lead in the development and operationalization of policies, strategies, and action plans for nutrition. UN agencies, development partners, INGOs and NNGOs, CBOs work to strengthen government systems to deliver a well-integrated refugee response. e.g. UNICEF procures therapeutic nutrition commodities that feed the national pipeline, the UNHCR Health Information Systems feed into the government District Health Information System (DHIS2), nutrition trainings are convened by Ministry of Health. Government nutritionists based at districts and regional referral hospitals provide technical support to nutrition programs in the refugee settlements through mentorships and support supervision.

5. **Q:** Is there any observation / constraints for recruiting of male nutrition counselor? e.g social barrier, afraid to tell about breast feeding difficulties to male counselors

A: While males have a crucial role in IYCF, roles that are gender sensitive e.g. identifying breastfeeding problems and might involve physical screening are left to women. In recognition that women open up more to fellow women during these counselling sessions in IYCF corners, we use women for such sensitive roles for optimal results. Males have a crucial role just as much, especially around facility and community IYCF nutrition education, Family-MUAC, and the role of males on the shared household responsibilities on child care practices. In the refugee context, gender sensitivity plays a crucial role in averting potential protection concerns arising from sexual misconduct.

6. **Q:** Linkage and partnerships are key in ensuring we are successful in our IYCF interventions, despite the ongoing linkage and partnerships, funding and support to many livelihood, protection, nutrition and food security partners seems to be dwindling with fewer services available to support/ back up linkages. What is the future of the multisectoral IYCF approach in the face of dwindling funding?

A: This question was answered live, please feel free to watch the webinar recording for answer.

7. **Q:** What are your recommendations for ensuring that IYCF-E is not siloed within the Nutrition Sector, and rather is viewed as a shared responsibility by multiple sectors?

A: please see above in response for question 3.

8. **Q:** Hello, based on the MAMI Pathway, the number of tools to be implemented seems to be quite huge with the risk to add overload of work for the health staff who consequently may be reluctant to implement it. I would like to know if there are experiences of MAMI projects to be shared, which have already shown positive results (versus successful integration with health and others sectors)?

A: Hi Sophie, I know that at first glance it may seem like a lot of tools but the care pathway aims to reduce patient workload by allowing health workers to identify and focus on the infants and mothers with the highest needs and provides a simple 'how to' guide for health workers to manage potentially complex cases and potentially reduce the burden of wasted children coming in after 6m of age. Not all tools will be needed in all contexts (e.g. health workers may already be using local versions of feeding assessments). The MAMI Assessment Form also uses screening questions for feeding and maternal mental health risk - if no risk is identified by these brief questions then there's no need for the HW to use the MMH Assessment Form or Feeding Assessment Form). Here is a link to an article on GOAL's experiences with MAMI in Ethiopia: <https://www.enonline.net/fex/62/goalexperiencesofmanagement>.

Also to note that the MAMI Care Pathway will be tested in an RCT beginning this year in Ethiopia and the results (as well as the experiences of current implementers) will shape the next version of the pathway. <https://www.enonline.net/ourwork/research/mamiriseethiopia>

9. **Q:** I was very interested to hear about the back yard gardening in the camps - how common is this and what support is given - so important to encourage more bio-diverse foods for babies and the whole family

A: Backyard gardening is quite common across all refugee settlements in Uganda for the reasons;

- Refugees in Uganda are allocated livelihood plots for food production
- It's a priority action to complement the ever-reducing food assistance rations (now at 60%) due to regional funding shortfalls
- Strategic direction to prioritize and invest more in nutrition-sensitive and curative interventions
- Significant role of livelihoods, linkages to nutrition

Support given;

Besides the livelihood plots, target households are provided with inputs (seeds, equipment), and skilled with agronomic practices. Because of the multisectoral engagement, nutrition partners tap the agronomic expertise of livelihood partners. Backyard gardening is largely implemented through Care Groups/Support groups, which includes targeting and prioritization, training, distribution of inputs, and M&E. Often before implementation at the household level, community demonstration gardens and facility based gardens are used as a platform for training and testing out. Behavior change communication around consumption of bio-diverse complementary foods is channeled through nutrition education/IYCF sensitization sessions at health facilities, care groups, and community dialogues.

10. **Q:** We have been disturbed to see Nestlé and Danone and other baby food companies cashing in on WBW - ignoring the WHA resolutions on Conflicts of interests and exploiting the idea of "shared responsibility" for mothers" have others witnessed this?

A: Please be encouraged to post on-net for this to hear other experiences.