

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

Thursday 22<sup>nd</sup> October 2020 (2-3:30pm, Geneva time)



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# 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.
3. Encourage others to submit ideas for a next world café.



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# Webinar Agenda

1. Objectives and introductions
2. IYCF-E to strengthen IYCF practices during Covid-19 in Nepal
3. Adaptations to routine IYCF activities in response to COVID-19 pandemic in Jordan
4. Kyrgyz Republic adaptation of nutrition programming for COVID 19
5. Interactive game/quiz
6. Questions & Answers
7. Evaluation, recommendations and closing



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# Today's Presenters



***Brooke Bauer***

IYCF advisor  
Technical Rapid Response  
Team



***Ruba Abu Taleb***

Nutrition Project Manager  
International Medical Corps  
Jordan



***Linda Shaker Berbari***

IFE Core Group Facilitator  
Independent Consultant



***Dr. Nazgul Abazbekova***

Chief of Party, USAID  
Advancing Nutrition project,  
JSI, Kyrgyz Republic



***Bhim Kumari Pun***

Sr. Program Manager,  
Suaahara II, Helen Keller  
International, Nepal



***Alessandro Iellamo***

Global IYCF-E Advisor,  
Save the Children UK



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# IYCF-E to strengthen IYCF practices during Covid-19 in Nepal

Bhim Kumari Pun

Sr. Program Manager, Suaahara II

Helen Keller International, Nepal

October 22, 2020





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# COVID-19 Situation in Nepal



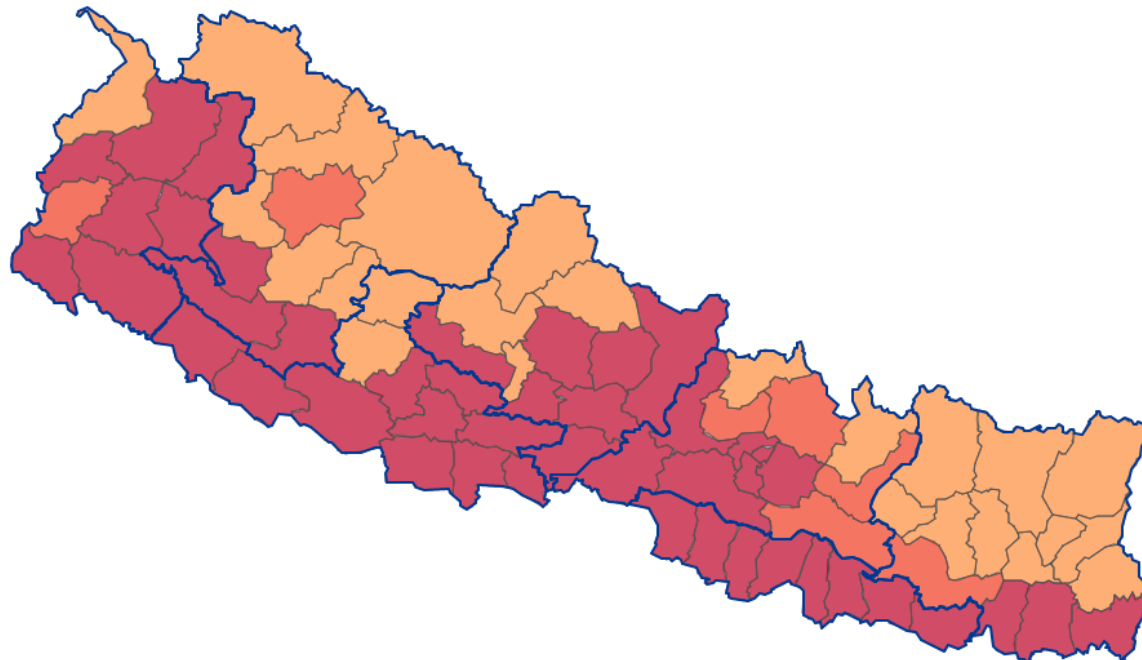
**129,304**  
Total Cases



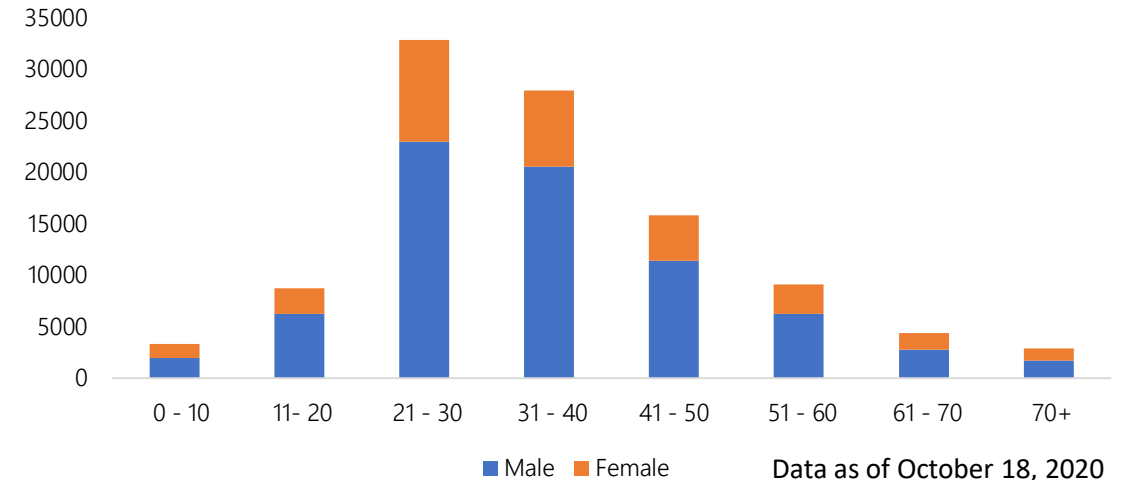
**70%**  
Recovered



**0.6 %**  
Deaths



COVID 19 cases (Age Category)



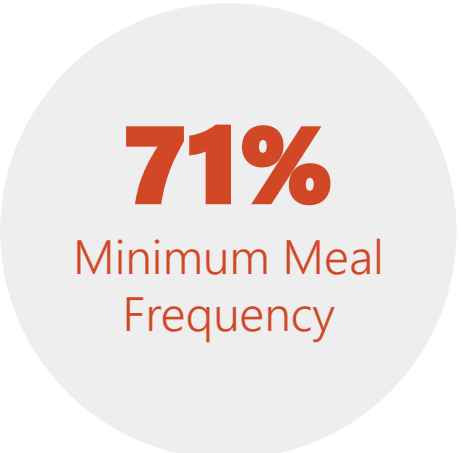
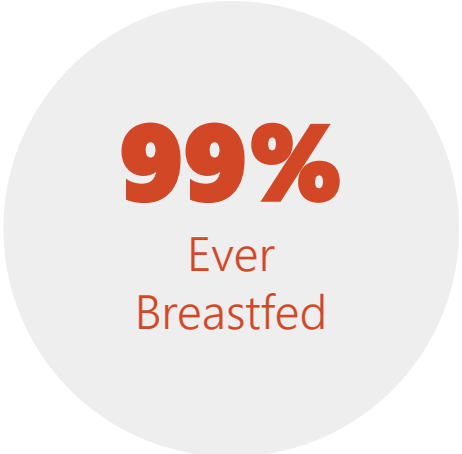
**More than 1.2 million  
0-23 months children affected and 60,000 additional  
children estimated to be at risk of wasting**



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# IYCF Indicators in Nepal Pre COVID

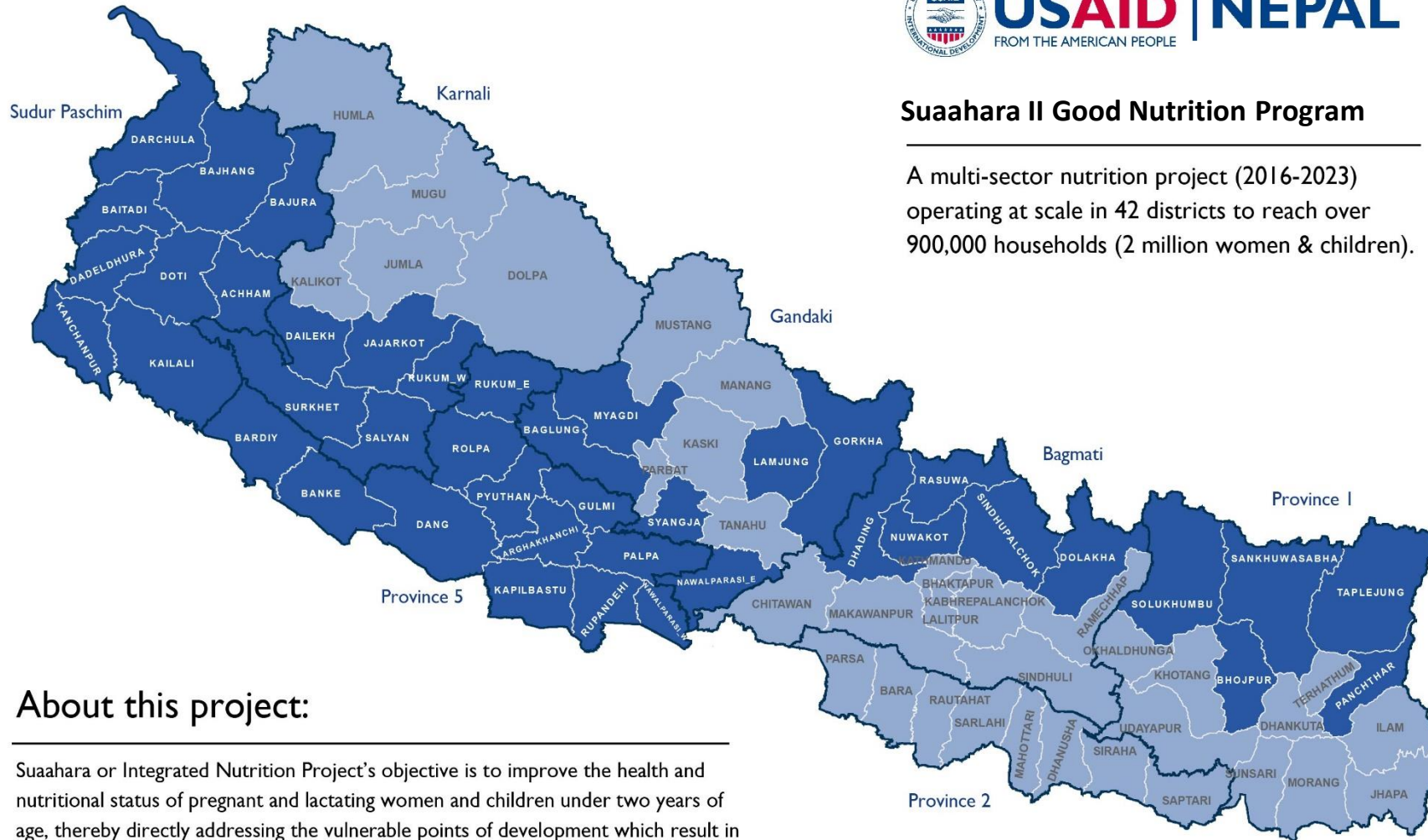


Source: Nepal Demographic Health Survey, 2016



## Suaahara II Good Nutrition Program

A multi-sector nutrition project (2016-2023) operating at scale in 42 districts to reach over 900,000 households (2 million women & children).



### About this project:

Suaahara or Integrated Nutrition Project's objective is to improve the health and nutritional status of pregnant and lactating women and children under two years of age, thereby directly addressing the vulnerable points of development which result in chronic undernutrition or stunting.

The project aims to prevent stunting in children and increase the health and nutritional status of women and children under two years of age by improving: nutrition; maternal, newborn and child health services; family planning services; water, sanitation and hygiene; and home based gardening. The project also supports provincial and local governments to strengthen multi-sector nutrition governance.



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## IYCF Programming Pre-COVID



**Interpersonal  
counseling during  
home visits**



### **Community Mobilization:**

- Key life events
- Cooking Demonstrations
- Health Mothers' Groups
- Screening for malnutrition

**भान्छिन आमा**  
परिवारके स्वास्थ्यका लागि



### **Mass Media and Technology**

- “*Bhanchhin Aama*” (Mom Knows Best) multimedia and weekly radio program
- Social Media IYCF Promotion
- Targeted SMS over 1000-day period
- Videos, Interactive Voice Response



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# COVID – IYCF Disruption, Challenges and Problems

## Nationwide Lockdown

Affected the ongoing in-person IYCF/SBCC interventions; services seeking trends i.e. GMP, OTCs, MNPs decreased



## Nutrition/health Service Disruption

ANC, GMP, Immunization, Vitamin A supplementation

**Access to Market** (Nutritious food and necessary commodity)



**Loss of Income Opportunity**



## Mother-child infection

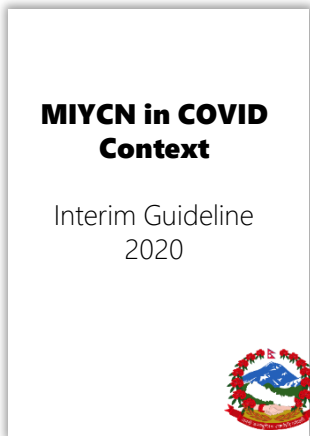
Risk in Breastfeeding Continuation; myths and misconception around COVID and breastfeeding



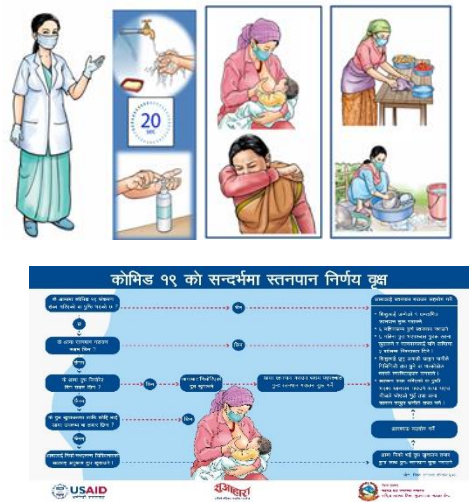
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# Program Implementation Adaptation and Rationale



Adapt  
IYCF Guideline in  
Country context



Adapt SBCC  
Materials & develop  
Job aid for Frontline  
workers



Remote Counseling



Accelerate Social &  
Mass media



Virtual and in-person  
Capacity building

## Program Implementation Adaptation and Reach

Counseling on  
IYCF-E  
**531,368**  
**families**

See recording for video.

Personalized SMS  
messages  
**1.7 million people**

Diversified  
social media  
**4 million views**

Referral to health  
facilities for  
malnourished  
children  
**438**

Virtual trainings and follow-ups  
**28,301 community health service**  
**providers**

Nutrition commodity  
tracking and support  
**2,655 health facilities**



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# Enablers



## Existing System of Suaahara II

Network of frontline health workers

Up to date information and HH and FCHVs



## Three tiers of Government

### Federal

Standardization, resource mobilization, technical support

### Provincial

Coordination for humanitarian support

### Local

Continuation of services, Food relief packages, household interventions



## Technology

Access to cellular devices

Access to internet

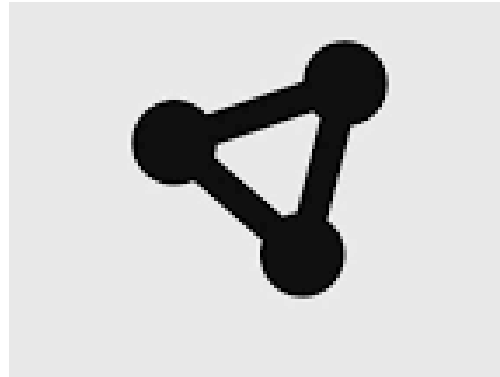
Access to radio



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Intensive tele counselling and frequent follow-up

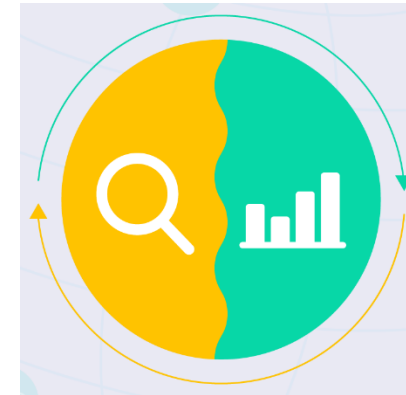


Multi-sectoral approach  
agriculture/markets,  
WASH, nutrition, GESI

In-person counselling with infection prevention measures



## What is Working Well ?



Comprehensive monitoring system to inform programming:  
Up to date information and HHs and FCHVs



Intensive SBCC and social media promotion



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# Challenges & Responses

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Challenges	Responses
Low media and technology coverage in remote areas	<ul style="list-style-type: none"><li>• Use diverse media channels</li></ul>
Staff and frontline workers at risk of infection	<ul style="list-style-type: none"><li>• Supply PPE to staffs and FCHVs</li><li>• Incorporate COVID 19 preventive measures into all IYCF curriculums</li><li>• Reinforce preventive measures from multiple channels</li><li>• Mandatory use of mask and handwashing at the entry and exit points of events</li></ul>
Interventions ranging from households to community to facility level	<ul style="list-style-type: none"><li>• Maximum use of telephone counseling &amp; remote follow up at HHs and health facilities</li></ul>
Context changing everyday	<ul style="list-style-type: none"><li>• Review &amp; revise program approaches/strategy as per the context</li></ul>





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# Community Perspective Testimonial

See recording for video.



# Lesson Learnt & Way Forward

*Smooth transition from in-person to remote, phone-based interventions because of prior investments in technology*

*Client population bring valuable insight which helps in standardizing and updating messages, prioritizing interventions*

*Messages complemented by diverse media are effective*

## **Lessons Learnt**

## **Ideas for Transferability**

*Tele-counselling and Phone Follow-up*

*Messages in local/ diverse language and context (social media, SMS, Radio)*





*Suaahara II* is honored to support the Government of Nepal to implement Multisector Nutrition Plan II.

THANK YOU!



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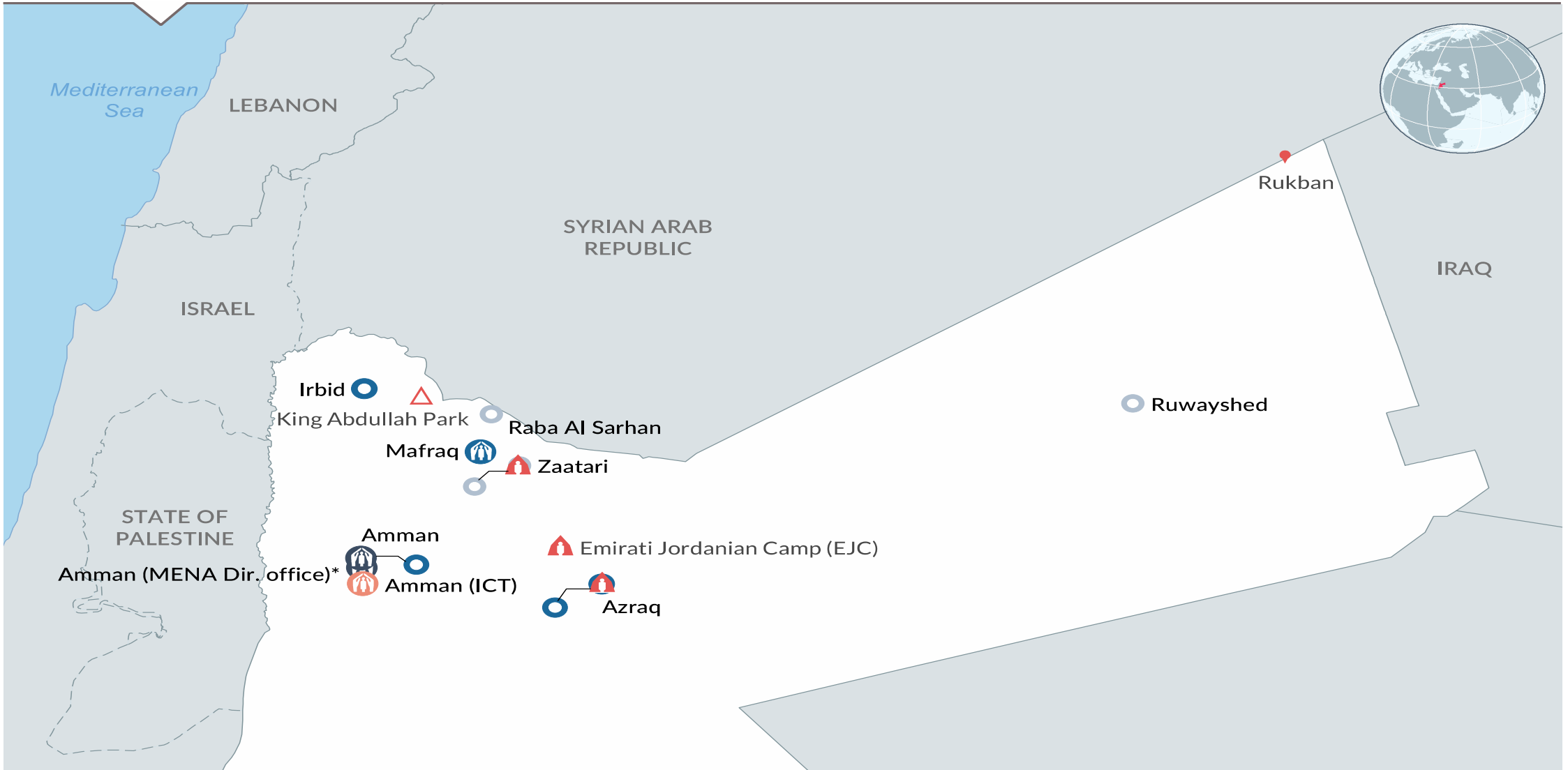
**The Adaptations of Routine IYCF Activities in  
Response to COVID-19 Pandemic in Zaatri and Azraq  
Camps in Jordan**

Presented by

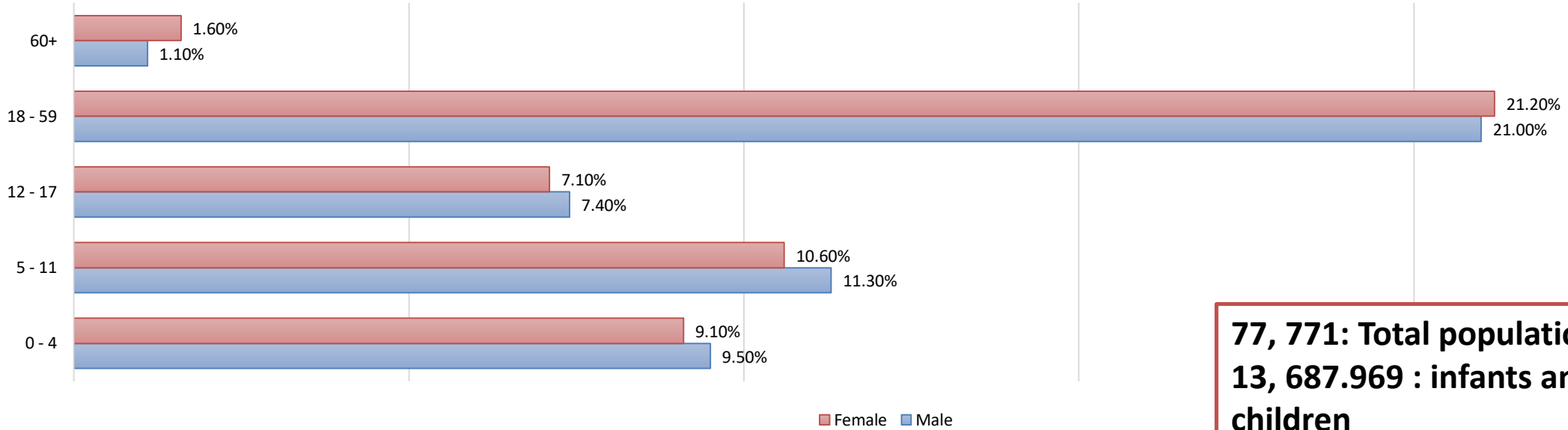
Ruba A., Abu-Taleb

Nutrition Project Manager

October 2020

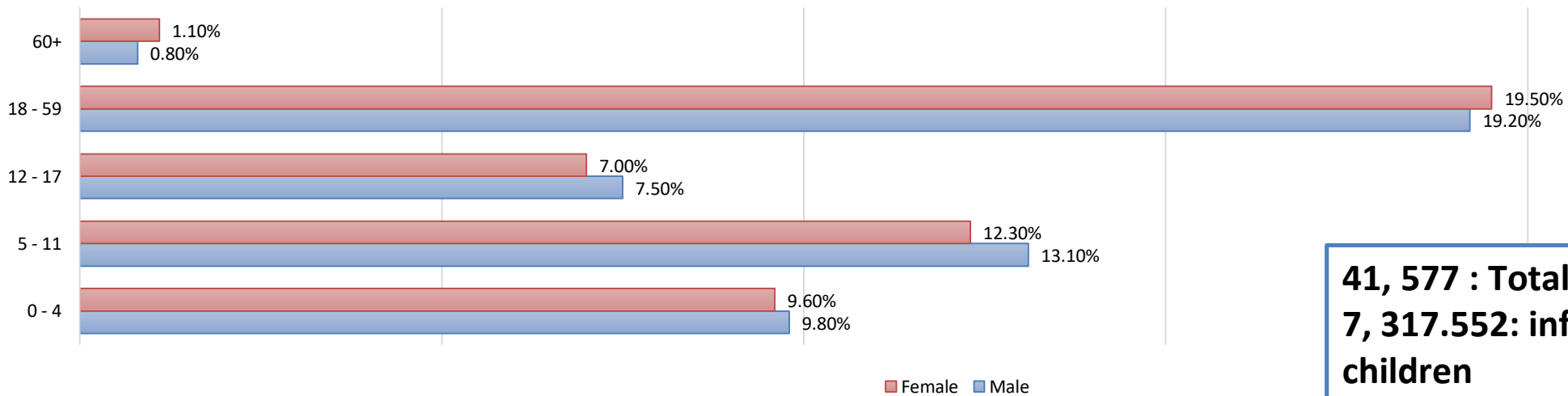


### Population figure in Zaatri camp



**77, 771: Total population**  
**13, 687.969 : infants and young children**

### Population Figure in Azraq camp

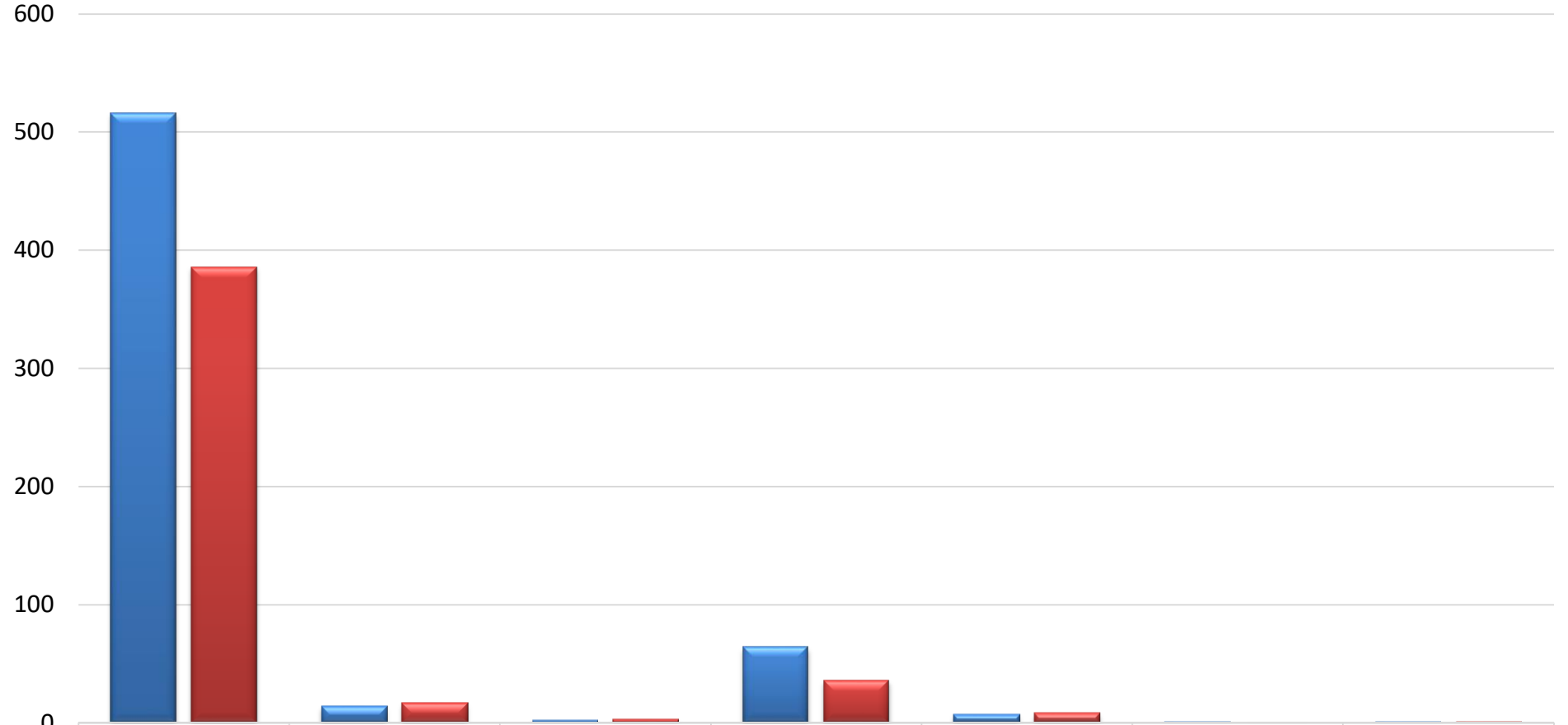


**41, 577 : Total population**  
**7, 317.552: infants and young children**

## Infant and Young Child Feeding Practices among children 0-23 months

Surveyed area	Za'atri Camp	Azraq Camp
<b>Timely initiation of breastfeeding</b>	<b>55.3%</b>	<b>50.5%</b>
<b>Exclusive breastfeeding under 6 months</b>	<b>53.7%</b>	<b>38.2%</b>
<b>Continued breastfeeding at 1 year</b>	<b>59.3%</b>	<b>60.0%</b>
<b>Continued breastfeeding at 2 years</b>	<b>18.9%</b>	<b>16.0%</b>
<b>Introduction of solid, semi-solid or soft foods</b>	<b>77.4%</b>	<b>66.7%</b>
<b>Consumption of iron-rich or iron-fortified foods</b>	<b>21.1%</b>	<b>31.3%</b>
<b>Children bottle fed</b>	<b>13.8%</b>	<b>21.8%</b>
<b>Children given infant formula</b>	<b>3.7%</b>	<b>9.9%</b>

## IYCF Practices (0-6m) - Azraq

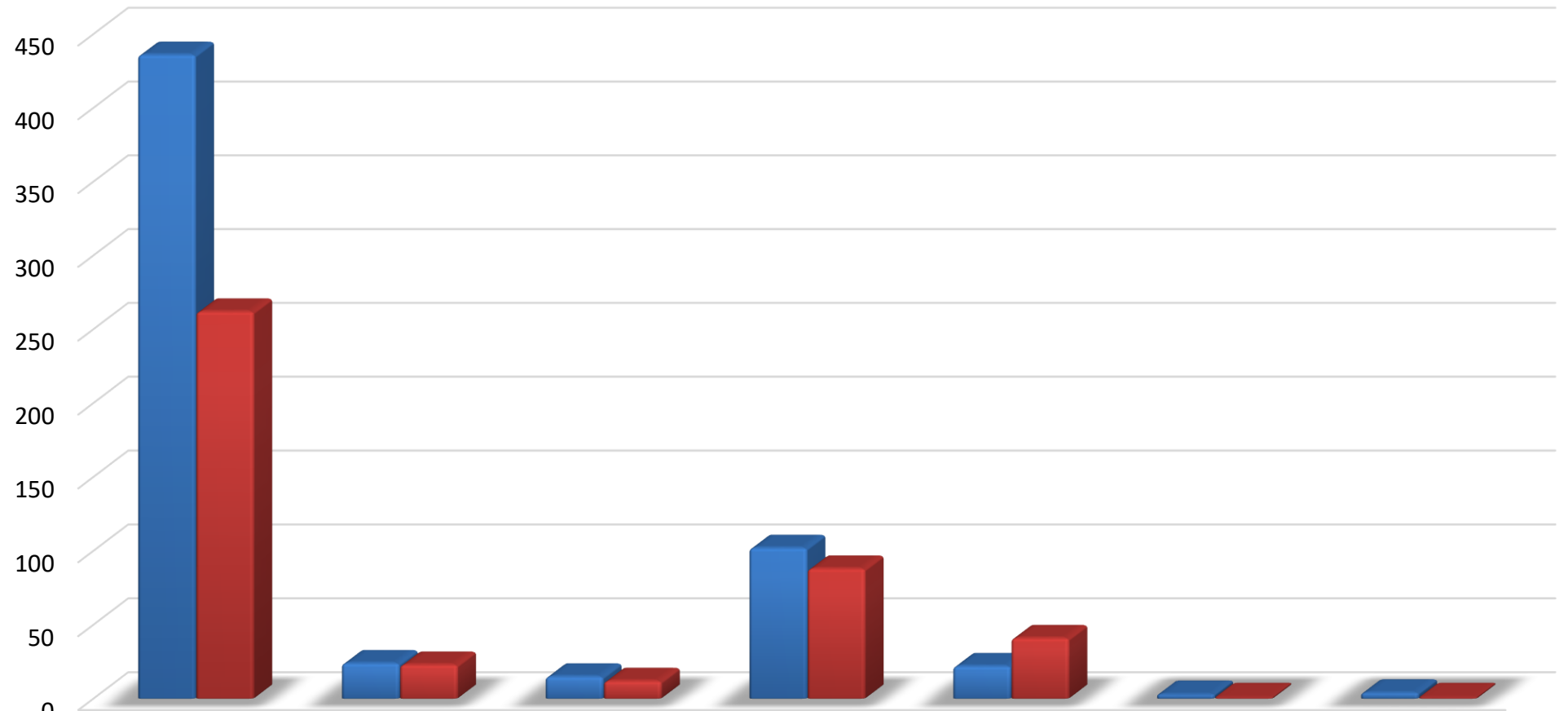


■ October 2019 - February 2020  
■ March - July 2020

<b>EXCLUSIVE BREASTFEEDING</b>	<b>516</b>	<b>14</b>	<b>2</b>	<b>64</b>	<b>7</b>	<b>1</b>	<b>1</b>
<b>breastfeeding and water only</b>	<b>14</b>	<b>17</b>	<b>3</b>	<b>36</b>	<b>8</b>	<b>0</b>	<b>1</b>
<b>breastfeeding with other food</b>	<b>2</b>	<b>3</b>					
<b>mix feeding</b>	<b>64</b>	<b>36</b>					
<b>fully formula fed</b>	<b>7</b>	<b>8</b>					
<b>fully formula fed+ food</b>	<b>1</b>	<b>0</b>					
<b>not breastfeeding at all and no formula</b>	<b>1</b>	<b>1</b>					



## IYCF practices (0-6m)-zaatri

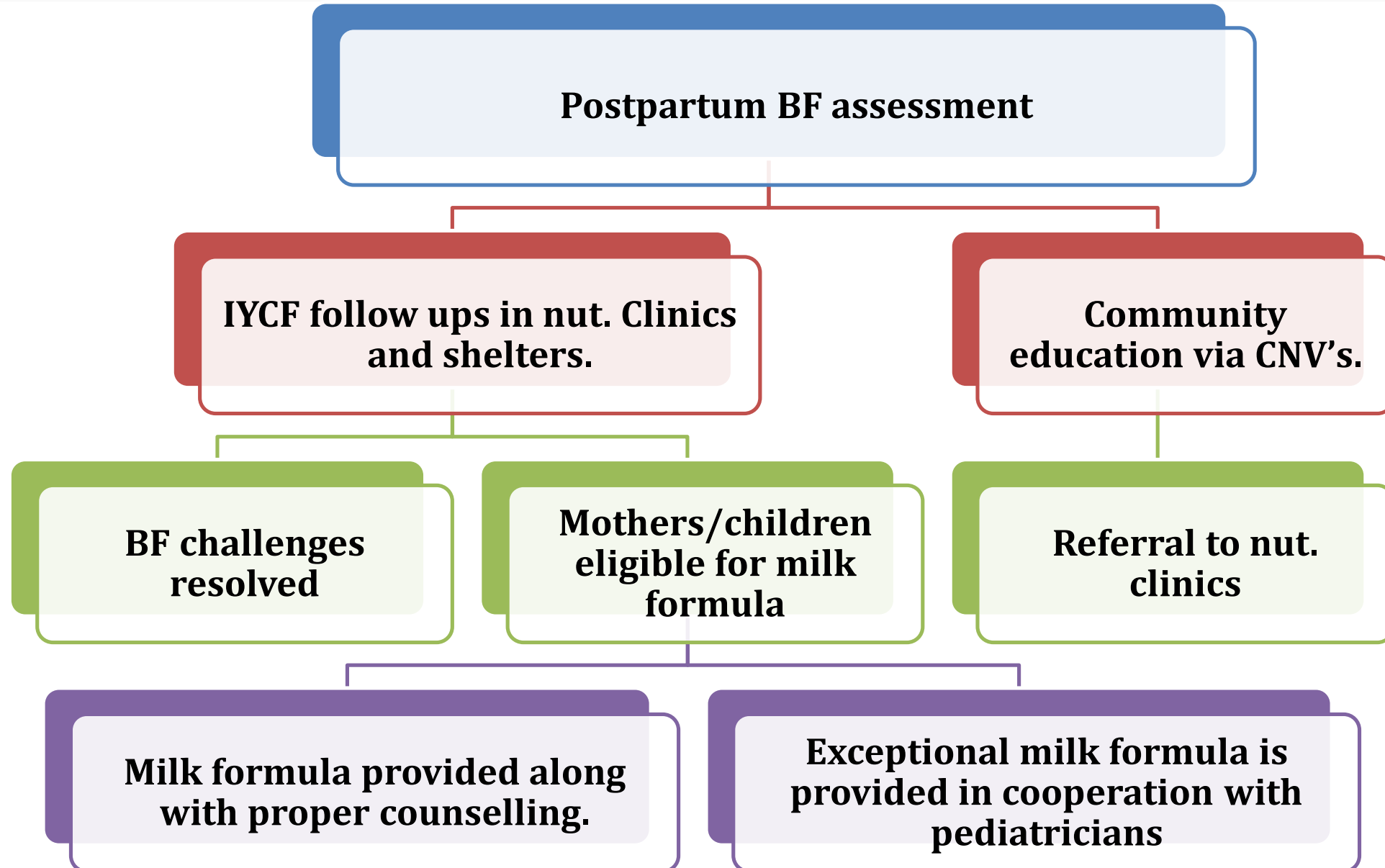


■ October 2019 - February 2020

■ March - July 2020

EXCLUSIVE BREASTFEEDING	436	24	15	102	22	3	4
breastfeeding and water only	24	23	12	88	41	1	1
breastfeeding with other food	15	12					
mix feeding	102						
fully formula fed	22						
fully formula fed+ food	3						
not breastfeeding at all and no formula	4						

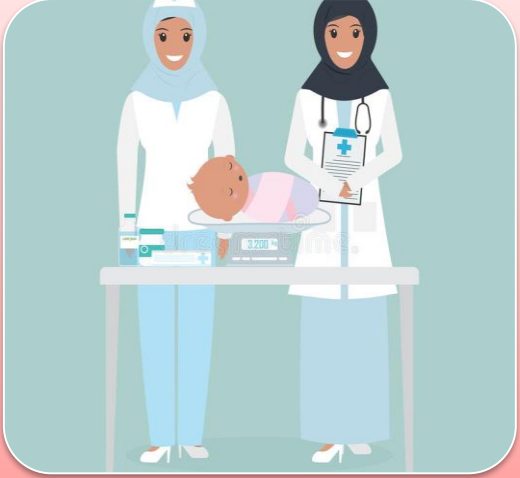
# IYCF Scope of Work Pre-COVID-19



# Main challenges

- **Nutrition Counselors needed special permits to enter the camps.**
- **Local pharmacies selling milk formula are available inside the camps (uncontrolled during lock down).**
- **Primary PHC'S are operating at minimum capacity, responding to emergencies (some PHC's were officially closed during the lockdown).**
- **Children do not have access to MUAC screening**
- **Risk of too late diagnosis of malnutrition**

# Program Adaptations



## Cooperation with medical teams:

- Midwives cooperate with breast assessment
- Pharmacists support with milk formula dispensing



## Community nutrition volunteers at primary healthcare centers

- Community nutrition volunteers were redistributed to screen PHC's operating at minimum capacity for PLW's/children in need for support.
- One CNV is based at delivery clinics.

# Program Adaptations



## Changed schedule and location of follow-ups

- not all clinic locations were accessible
- Only specialized volunteers were allowed to manage OTP and formula prescribed children.



## Family MUAC (Caregivers empowerment)

- Avoid delayed diagnosis of malnutrition
- Disposable paper MUAC



## Working remotely

- Entry permits were not issued
- Remote training to healthcare providers
- Continual remote communication with CNV's
- WhatsApp support groups.

# Challenges of implemented adaptations

- **Level of education of CNV limited their ability to holistically support sick malnourished/formula fed children.**
- **Limited staffing under RH projects complicated needed cooperation.**
- **Part of the refugee community in camps does not trust CNV's to deliver nutrition services ....(defaulters).**
- **Interrupted electricity and internet connections (at the shelters level).**
- **Private pharmacies inside the camp selling milk formula.**

# Enablers of implemented adaptations

- **Well trained specialized volunteers**
- ❑ **Cooperation with pharmacists and midwives.**
- ❑ **Good reporting and communication**
- ❑ **All mothers are reached early in post partum**
- **Good internet and electricity connections at the facility level allowed nutrition counselors to maintain solid communications with CNV's.**
- **Curfew inside the camp prevented virus spreading.**
- **Nutrition counselors communicated remotely with all pediatricians to support identified complicated cases.**
- **Proper inter-agency coordination held by UNHCR in both camps.**

## Lessons learned

- **Sustain deployment of one CNV at the delivery clinic to ensure that all mothers are thoroughly supported to initiate BF soon postpartum.**





# Lessons learned

- **The family MUAC initiative proved its efficiency mainly via better engagement of the community and caregivers with the nutrition program and the wellness of their children.**
- **Utilization of CNV's is essential particularly because of their constant presence in the community.**



# Virtual peers support group video

- See recording for video.

# Lessons learned

- **IYCF/CMAM integration into primary healthcare is a key for successful sustainable programming beyond emergency settings.**
- **Remote training via special software programs can be done regularly while sparing the hassle of booking training rooms and gathering staff beyond their working hours.**
- **On-the-job training was performed soon after curfew ended to maintain social distancing and avoid gatherings “a beneficial training approach”.**



Thank you!



# Strengthening IYCF Practices during COVID-19 in the Kyrgyz Republic

Nazgul Abazbekova

Chief of Party, USAID Advancing Nutrition  
Kyrgyz Republic

October 22, 2020



## USAID Advancing Nutrition

Improve the nutritional status of women of reproductive age (ages 15-49) and children under 5 in the Kyrgyz Republic, with a specific focus on the 1,000-day Window of Opportunity



### Population

Kyrgyz Republic: 6,523,529

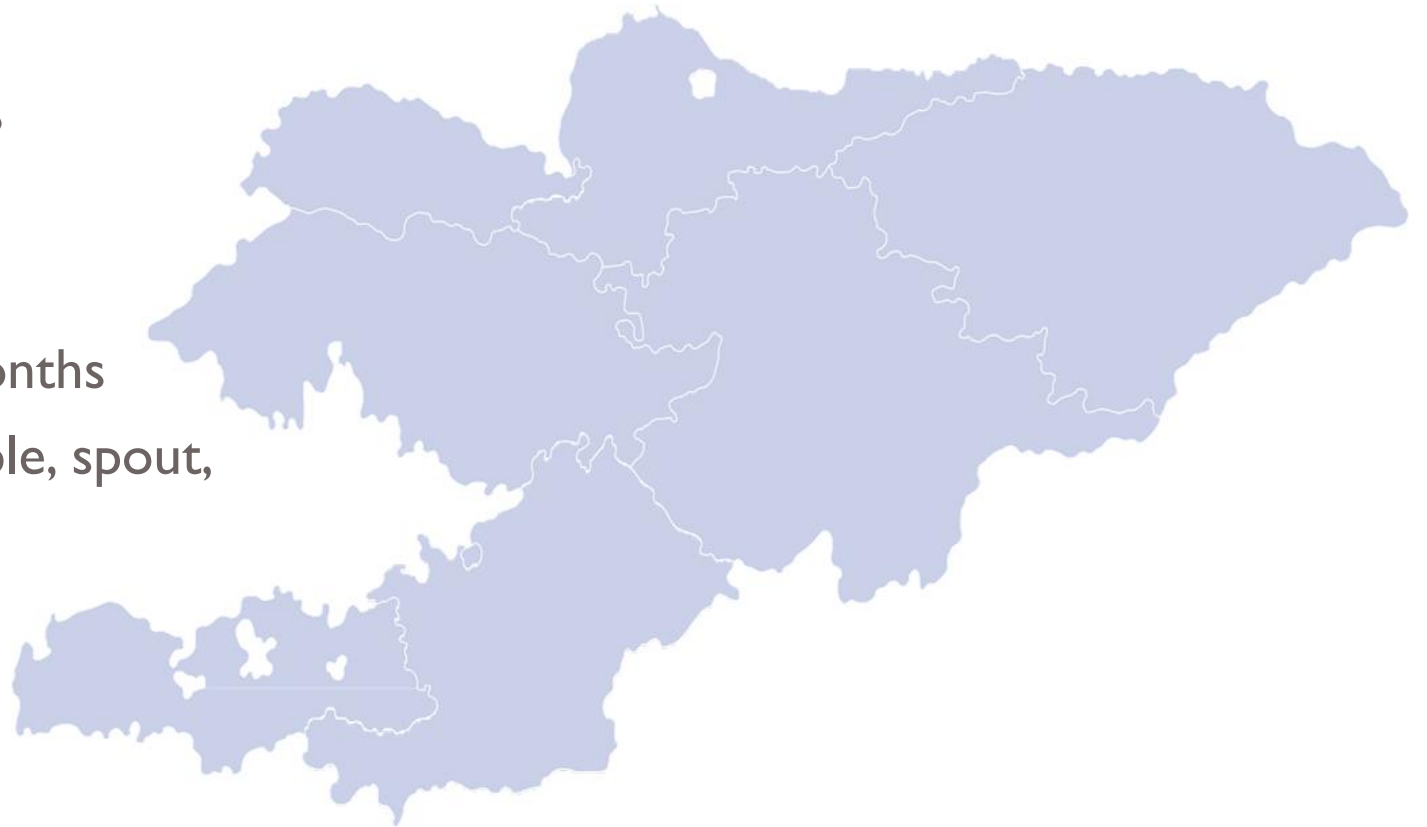
Jalal-Abad Oblast: 1,238,750

Batken Oblast: 537,365

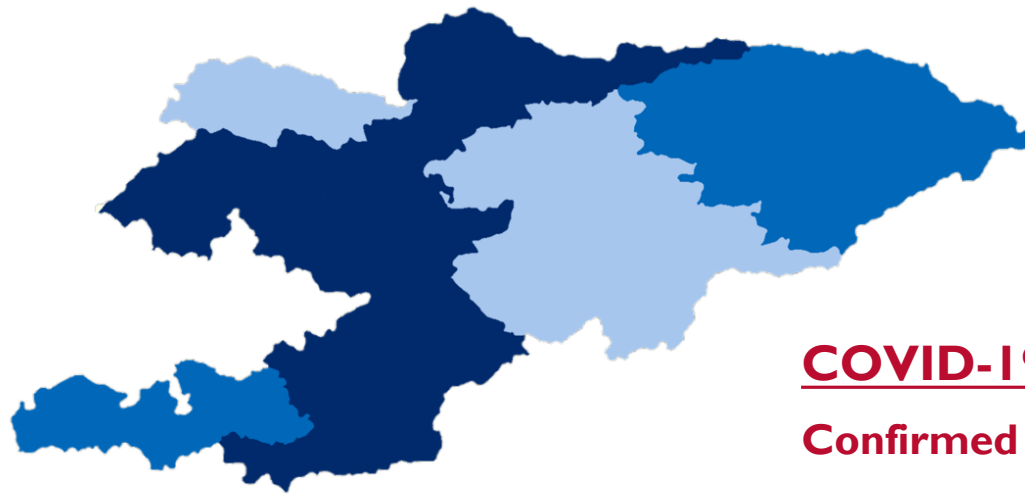
# Infant and Young Child Feeding Practices

- Initiation rates within 1 hour - 81%
- Never initiated breastfeeding - 14%
- Exclusive breastfeeding - 46%
- Minimum acceptable diet - 43%
- Percentage of children age 0-23 months fed with a bottle or cup with a nipple, spout, or reusable straw - 45%
- Minimum dietary diversity - 60%

*Source: 2018 Kyrgyzstan Multiple Indicator Cluster Survey*



# Current COVID-19 Situation



> 5,000 cases

3,000-5,000 cases

< 3,000 cases

## COVID-19, by WHO

**Confirmed Cases: 52, 044**

**Newly reported in your country within the last 7 days:  
2,814**

**Cases - cumulative total per 1 million population:  
7,977**

**Deaths - cumulative total: 1,111**

**Deaths - cumulative total per 1 million population: 170**



# Disruptions to Programming

- Quarantine and lock-downs due to COVID-19 pandemic
  - Loss of income for daily-income seekers
  - Limited access to food for vulnerable groups
  - Limited access and reduced availability of health services provision
- Health providers lack knowledge of IYCF best practices, including if COVID-19 is suspected or confirmed
- Mothers are concerned about breastfeeding during the pandemic
- Unstable political situation



# Pre-COVID Programming

## Reaching Target Communities through SBC Approaches



Community and urban outreach



Home visits and community meetings among target communities

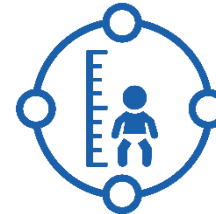


TV and social media postings and airing of key nutrition and hygiene messages and recommendations

## Improving the Quality of Nutrition Services through the Health System



IYCF and AWNA counselling

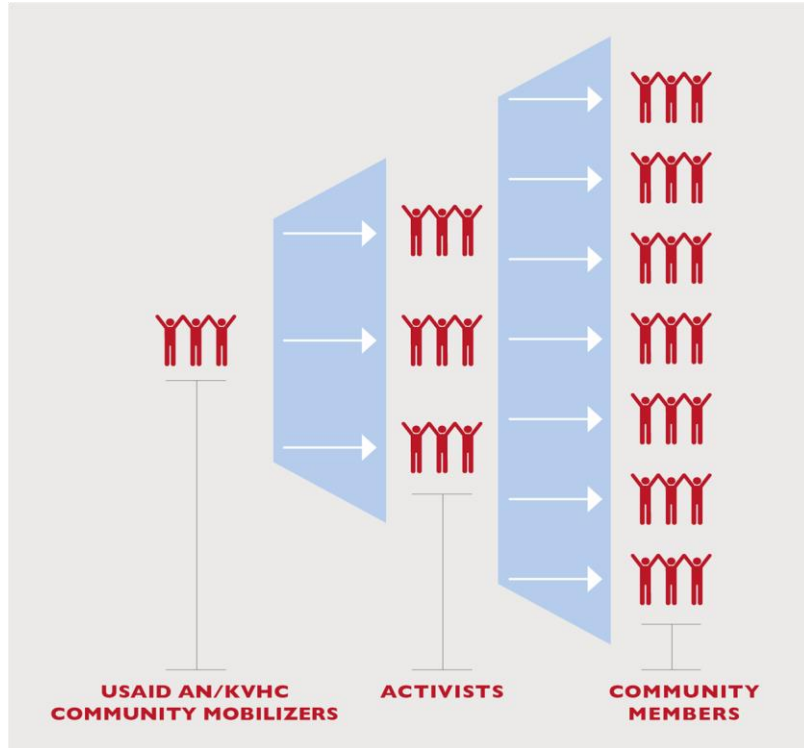


Growth monitoring and promotion



Advocate for improved policies

# Adaptations: Community Activities



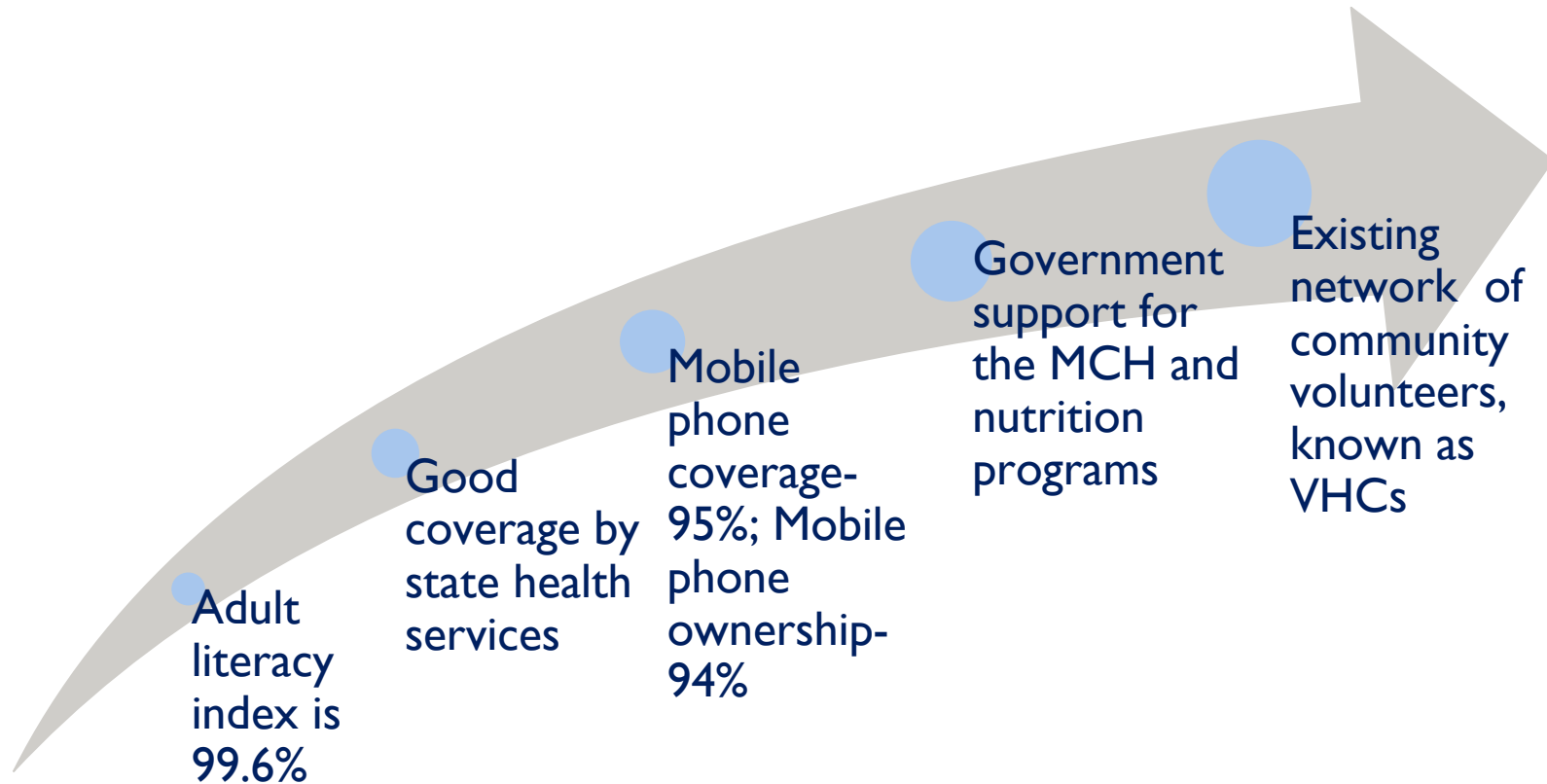
- Recruited and trained community volunteers (“Activists”) online
- Created job aids for training more than 1,200 Activists (infographics and videos)
- Established WhatsApp groups of community members for Activists to share nutrition and hygiene messages
- Held online community meetings and households visits using WhatsApp and Zoom

# Adaptations: Health Facility Activities



- National IYCF Counselling Package updated with COVID-19 guidance
- Virtual trainings for health providers
- Remote supportive supervision of trained health providers

# Enablers during Adaptation



# Challenges during Adaptation

Delays in immunization and routine health care visits

Limited infection prevention measures

Limited internet connection and power in some remote and rural areas

No in-person communication/connections

Difficulties in receiving feedback from the target population

# What is working well?



Exploring new opportunities in the delivery of counselling and other SBC activities

Building stronger communication and advocacy plans with special emphasis on national and local policies



Contributing to positive changes in perception of virtual training programs

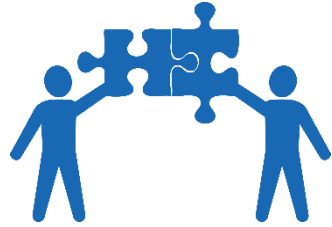
# Community Perspective

See recording for video.

[Community Perspective Video](#)



## Critical Inputs for Success



- Strengthening skills around the use of technology by target communities
- Having access to mobile and internet connections
- Keeping connections with target communities during emergencies

## Ideas for Future Programming



- Continue online connections in combination with in-person meetings in future programming
- Prioritize development of effective dissemination materials
- Continue to improve adaptation of programs to emergencies



Thank you!



## **USAID ADVANCING NUTRITION**

### **IMPLEMENTED BY:**

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USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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# Quiz



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Q&A



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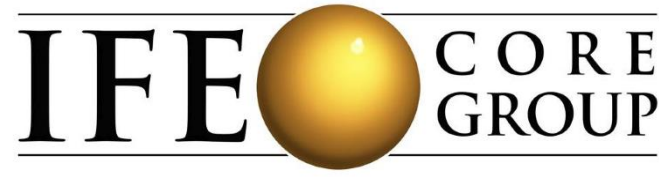
UNICEF / Frank Dejongh

# Survey

- A quick survey on the use of guidance and how they inspired those adaptations
- Link in the chatbox



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

Tuesday 27<sup>th</sup> October 2020 (2-3:30pm, Geneva time)



# How can I get support?

	Type of supported needed	Provider	Contact
1	I want remote or in-country technical support	Tech RRT 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 Technical Alliance HelpDesk	

In all cases please go to:  
<https://gtam.nutritioncluster.net/>  
and click “Request Support”



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Please fill out the webinar evaluation,  
it will take less than 5 minutes

**Thank you!**

For more information contact:

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

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