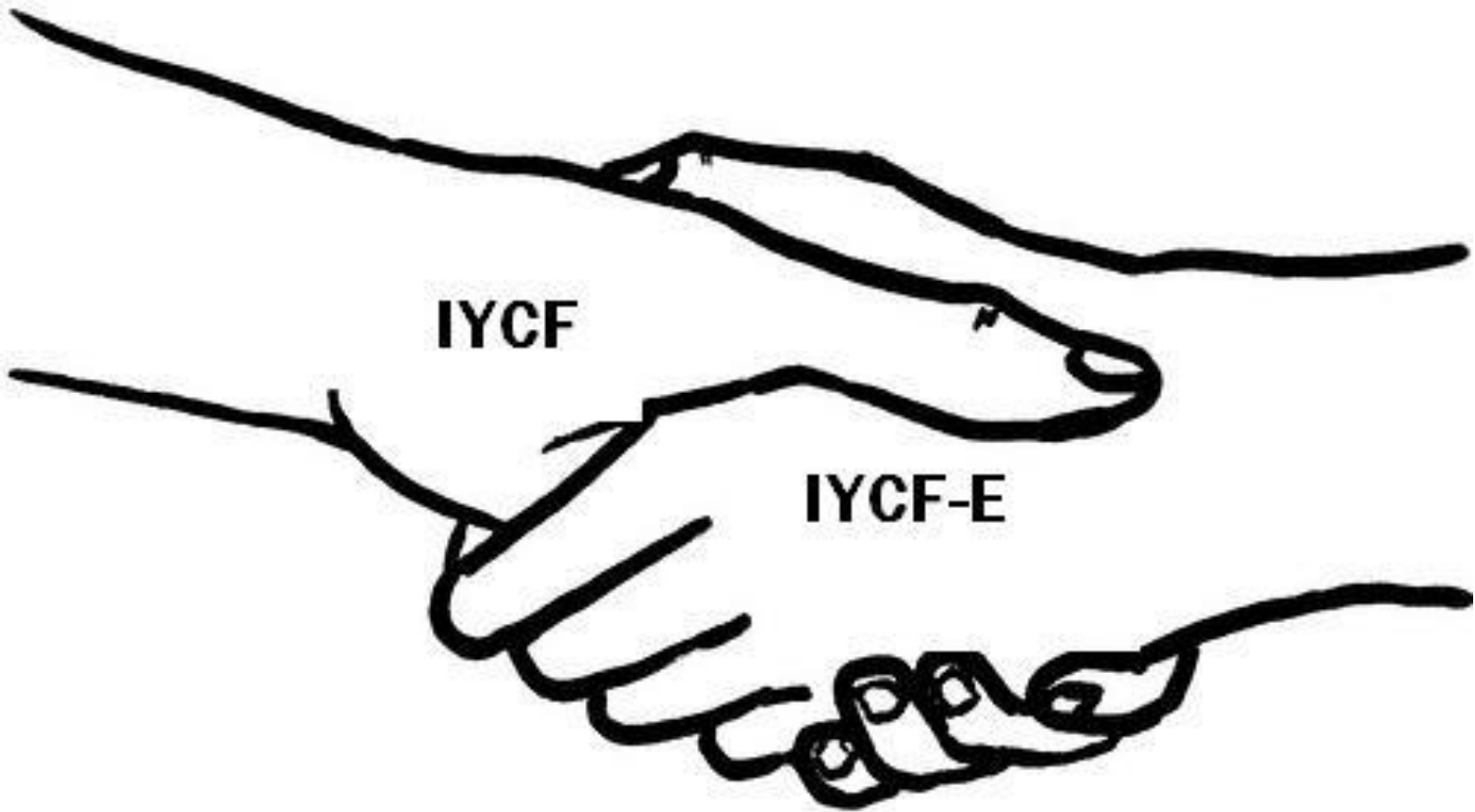


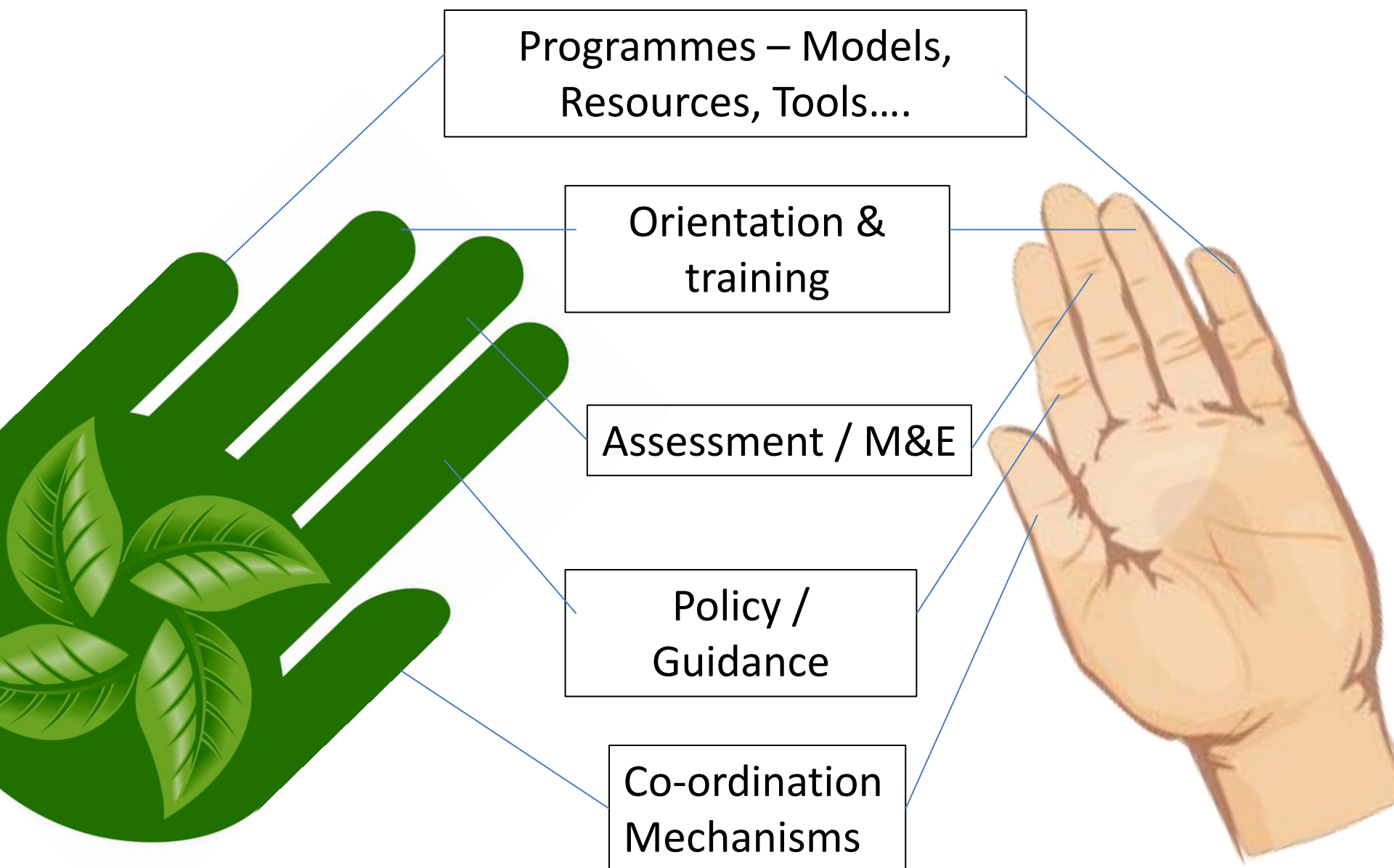
Introduction to IYCF-E: The 'hand-shake' between IYCF programming in non-emergency and emergency contexts

Ali Maclaine, Save the Children

IYCF / IYCF-E Workshop – 25-29th June, 2012, London

All shake hands!





IYCF

IYCF-E

Main Focus

IYCF

- Promote, protect and support optimal IYCF
- Improve IYCF practices

(Reality IYCF: Few go as far as appropriate skilled support, mostly promotion)

IYCF-E

- Do NO harm
- Immediately save lives
- Promote, protect and support optimal IYCF
- Improve IYCF practices (if possible)

Are similarities between the 2
But also differences

SC (Echo funded) review on IYCF-E programmes found

- High awareness of IYCF-E

BUT

- IYCF-E still not a priority in emergencies (by agency and wider) / not seen as life saving / lack of funding
- Not sure what IYCF-E programming means in THEIR context
- Not sure what to prioritise
- Want 'How to do IYCF-E' – tools, models, delivery mechanisms
- Need more evidence and impact research on what works

Save the Children. Infant and Young Child Feeding in Emergencies – Why are we not delivering at scale? A review of global gaps, challenges and ways forward. November 2012. Available at: <http://www.savethechildren.org.uk/resources/online-library/infant-and-young-child-feeding-emergencies-why-are-we-not-delivering-scale>

Reality

- IYCF-E often 'missing' in emergency response
 - Especially if Nutrition Cluster not activated or if not appointed lead on IYCF-E in country
 - Thinking that it is covered because doing long-term IYCF programming

(When agencies do sign up for IYCF-E, they aren't fully aware what it means, feel that promotion activities suffice)
- 'Ad hoc' (*promotional*) response e.g. Joint statement released, 'added on to' other programmes, stopping ad hoc donations.

Reality

- IYCF programme staff not skills to be able to tackle IYCF-E needs
- No focus on additional / differing needs of caregivers in emergencies related to:
 - Breastfeeding – stress, lack of food/malnutrition, other priorities
 - Complementary feeding
 - Support for non-breastfed child, etc.

Remember: Emergencies mean severe disruption of family, community, systems, infrastructure, etc.... 'normal' / 'safe' environment destroyed

(Which differences in CAPACITY needed, tools needed, M&E systems needed than in non-emergencies)

(Often IYCF programmes in non-emergencies are inadequate to be scaled up in emergencies, such as pure promotion activities, lack of skilled counselling, etc. Health workers also do more damage by not being trained appropriately pre-emergency and give inappropriate advise, such as promotion of infant formula when not enough milk, etc)

Reality

- Think that the international guidelines aren't relevant in THEIR context - famine, conflict, developed/undeveloped, pastoralist societies...

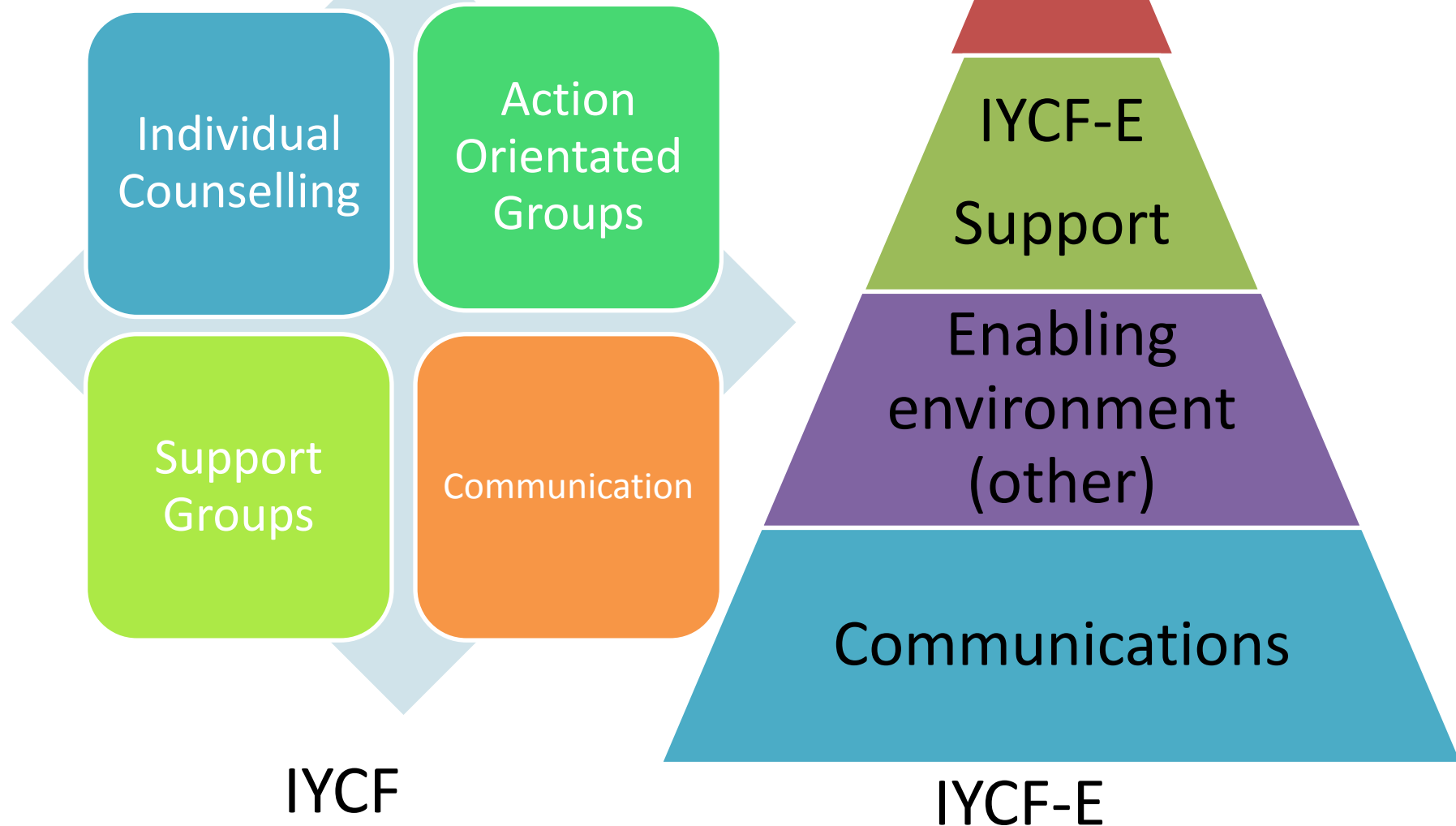
Reality – How to manage in an emergency?

- Need to focus on humanitarian ‘public health’ need of the **MAJORITY**
- Not possible to give every individual mothers on-going support that may be possible in normal situations
- Need to rapidly increase knowledge and capacity of certain groups
e.g. front line workers = What do we want them to do? What do they know to do that? (as a minimum)

Differences? – but also similarities...

For IYCF- the level of need varies – but need very skilled workers, in-depth training – to get behaviour change over long term

For IYCF-E more of a triangle as can't focus on all needs - need greater impact over public to maintain (and improve if possible) IYCF and deal with other issues in a changed environment from the norm



when we are looking at our hands we can see on the IYCF side and have seen in the past few days some of the materials and tools that it has. These are 'Necessary' but as will be seen over the next couple of days due to the differences they are **not sufficient for IYCF-E**. contexts to tackle.

Programmes – Models, Resources, Tools....

On the IYCF-E hand we do have some tools but it is recognised that there are gaps. Some of these gaps can be filled with materials and tools from IYCF – linking fingers – some need to be adapted, but as the review has shown we also urgently need other materials and tools specifically on IYCF-E in different



Orientation & training

Assessment / M&E

Policy / Guidance

Co-ordination Mechanisms

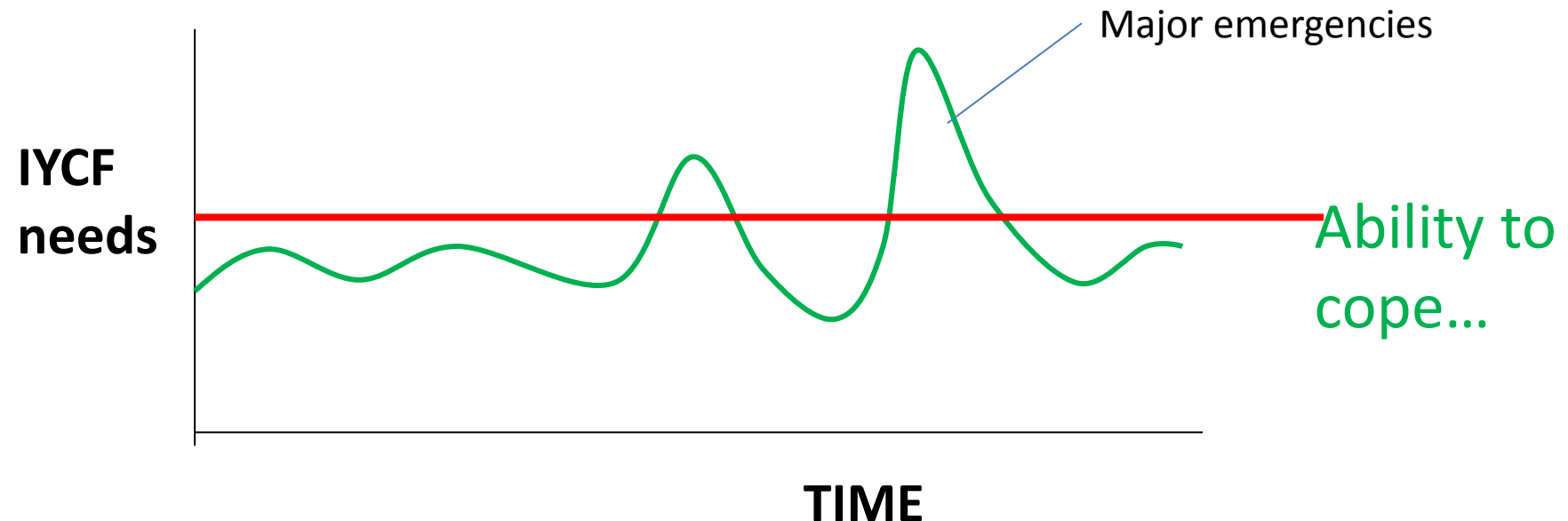


IYCF

IYCF-E

Clearly...

- **GOOD IYCF-E needs STRONG IYCF**
 - E.g. A confident breastfeeding mother will continue to breastfeed during an emergency...
 - We need programming and systems that complement each other (need EVIDENCE)



Emergency preparedness is vital

- Is your agency 'IYCF AND IYCF-E friendly'?
- What policies / systems need to be in place?
- Who needs to be involved in decisions?
- Think about the differing emergency contexts
– need to address them all
- What tools are available or could be adapted?
- Who could you work with / collaborate with?
- What are YOUR next steps?

Key Points

- There are strong links between IYCF and IYCF-E
- But the reality of emergencies means that there are also differences
- IYCF has stronger materials and tools – which are necessary but not sufficient for IYCF-E
- Need to take what we can from IYCF into emergencies – so programming can step-up
- But also need to develop new tools / models / systems for IYCF-E for different contexts
- Preparedness is key – can't sort this during an emergency
- YOU need to take action NOW.