

Regional IFE Workshop, 10-13th March 2008
Evaluation Report
March 2009



This evaluation was undertaken by the Emergency Nutrition Network as coordinating agency of the IFE Core Group, and as part of a package of activities funded by the UNICEF-led Inter-Agency Standing Committee (IASC) Nutrition Cluster.

Background

One hundred and twelve participants from 16 countries and special territories¹, together with regional and international representatives of United Nations (UN) agencies, non-governmental organisations (NGOs) and infant and young child feeding experts, met in Bali, Indonesia from 10-13 March 2008 to reach consensus on how to protect and support Infant and Young Child Feeding in Emergencies (IFE) in the region². The particular focus was on emergency preparedness and the early humanitarian response on IFE.

The workshop was organised by the Emergency Nutrition Network (ENN) as coordinator of the IFE Core Group - an established interagency collaboration developing policy guidance and building capacity on IFE since 1999³. The workshop and this evaluation was funded by the Inter-Agency Standing Committee (IASC) Nutrition Cluster and IBFAN-GIFA⁴.

The aims of the workshop were to orientate participants on relevant policy, guidance, key issues and initiatives in IFE, to identify key constraints to appropriate IFE, and to establish strategic directions and practical steps to address these, at country, regional and international levels. The four day workshop comprised two days of presentations and discussions that culminated on Day 3 in a series of thematic and country working groups. This was followed by a capacity building workshop on Day 4 that focused upon training needs of frontline workers in a variety of scenarios. Six months after the workshop, this evaluation was undertaken by two consultants engaged by the ENN to investigate with participants, *did it make a difference?*

Method:

From the listing provided by the workshop organisers, 92 participants were working in-country with another six regional delegates and 14 facilitators/presenters and organisers. At the outset, key constraints to progressing work on IFE identified by participants at the workshop indicated:

- Poor co-ordination of the emergency response on IFE
- Lack of national policies that specifically deal with IFE
- Low capacity to respond on IFE.

¹ From hereon referred to as 'countries'.

² Infant and young child feeding in emergencies. Making it Happen. Bali, Indonesia, 10-13 March 2008.

³Current members are: UNICEF, WHO, UNHCR, WFP, International Baby Food Action Network-Geneva Infant Feeding Association (IBFAN-GIFA), CARE USA, Action Contre la Faim (ACF), Save the Children UK, Save the Children US and the Emergency Nutrition Network (ENN). Associate members: Fondation Terre des hommes.

⁴ International Baby Food Action Network – Geneva Infant Feeding Association

The workshop attempted to address these issues. Key outputs of the workshop were country/territory action plans⁵, a model joint statement on IFE⁶, and a pledge for action⁷ agreed by all individual attending. These constraints, with reference to action plans, were thus specifically explored in this evaluation to investigate if the workshop enabled further progress in IFE in the region.

Two major emergencies occurred in the region since the workshop took place: i.e. cyclone Nargis in Myanmar and the Sichuan Earthquake in China. Feedback on the impact of the IFE workshop on the response was sought.

Objectives of evaluation:

- To identify how the workshop has contributed to work in this area in countries in the Asia region.
- To identify any further areas of concern / supports required by practitioners to facilitate optimal operations in the area of IYCF (Infant and Young Child Feeding).
- To provide a mechanism for participants feedback for future workshop development on IFE.

Evaluation tools:

Contact lists for participants were utilised from workshop co-ordinators. An evaluation questionnaire was emailed to 92 participants. Regional representatives were contacted by email with follow-up telephone conversations where feasible.

Non-responders to the initial email were invited to participate twice more by email to maximise response rate, especially in relation to key points. The questionnaire is outlined in Appendix III.

Countries represented in questionnaire feedback:

Afghanistan, Bangladesh, China, Democratic People's Republic of Korea (DPRK), Indonesia, Myanmar, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Nepal, Taiwan, Thailand and Vietnam (14 from 16 countries represented at the meeting).

Total feedback received from 28 participants, i.e. ~ 30% of participants contributing to the report.

Profile of participants in terms of work responsibilities:

- Health (&/or nutrition) needs assessment (16/23)
- Programme management (15/23)
- Programme design / evaluation (13/23)
- Funding proposal writing (14/23)
- Staff management (11/23)
- Training (17/23)
- Co-ordination with other agencies (16/23)
- Others included: resource mobilisation, finance, nutrition surveys, monitoring, research

⁵ See Annex 2 of Bali workshop report. Making it Happen. Proceedings of a regional strategy workshop. March 2008. ENN, UNICEF, IASC. Nutrition Cluster, IBFAN-GIFA.

⁶ See Annex 4 of Bali workshop report. Making it Happen. Proceedings of a regional strategy workshop. March 2008. ENN, UNICEF, IASC. Nutrition Cluster, IBFAN-GIFA.

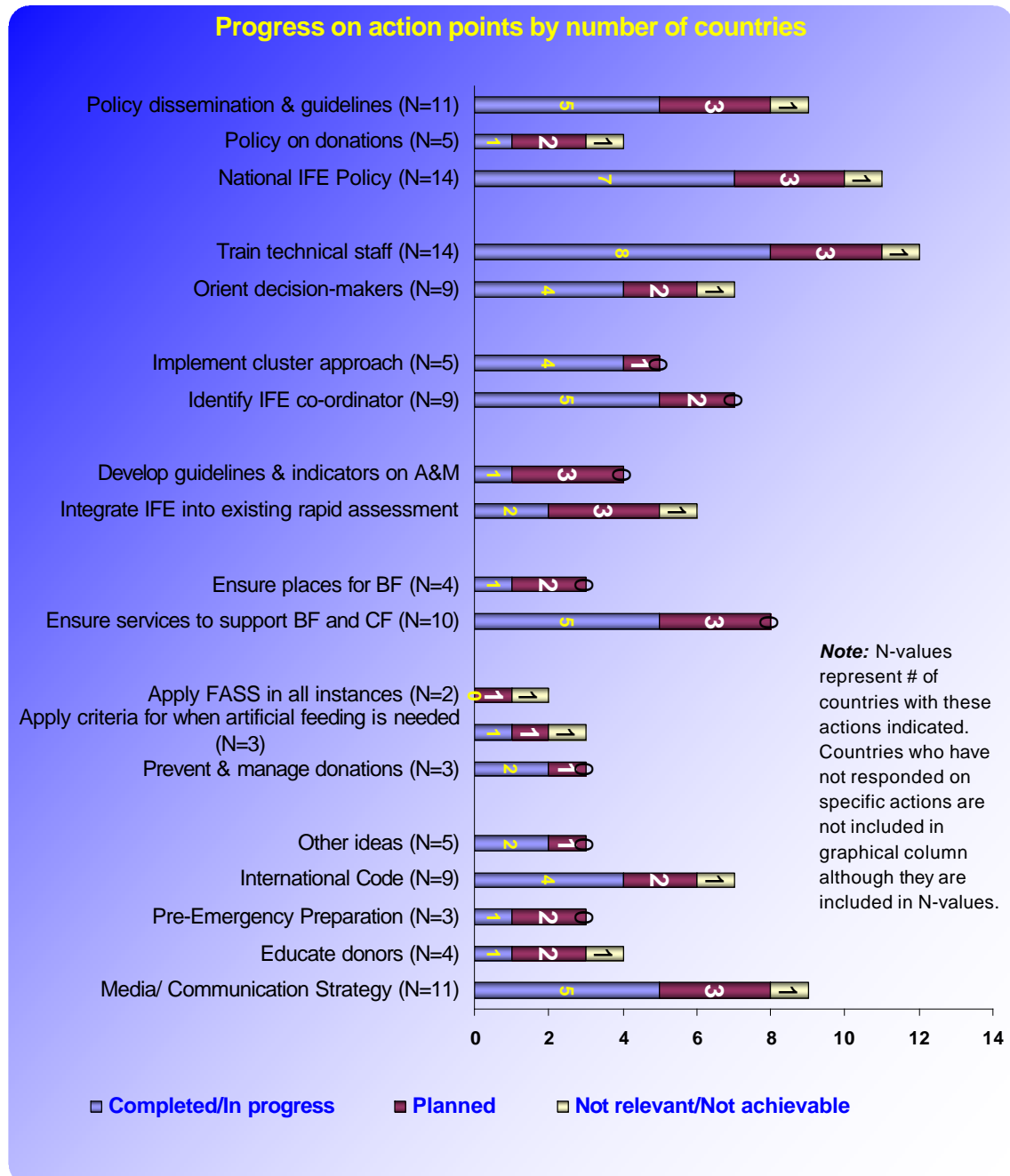
⁷ See Annex 3 of Bali workshop report. Making it Happen. Proceedings of a regional strategy workshop. March 2008. ENN, UNICEF, IASC. Nutrition Cluster, IBFAN-GIFA.

Evaluation of Country Action Points

Participants identified key action points specific to their country of work and a matrix of country/territory actions was created during the workshop. Responses came from 12 countries in relation to their progress on these specific goals.

A synopsis of progress by country is represented in Figure 1.

Fig 1: Progress on action points by number of countries*



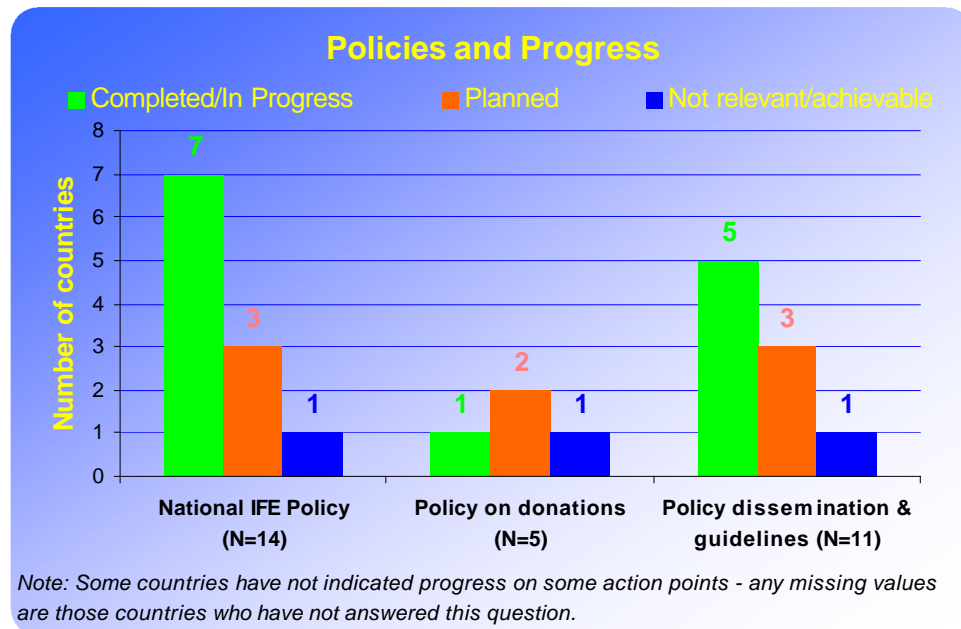
* A&M – Assessment & Monitoring; BF – Breastfeeding; CF – Complementary Feeding; FASS = feasible, affordable, sustainable, safe

Comprehensive analysis on progress of action points are outlined in Appendices II and III.

Policy Development

Figure 2 highlights developments in developing and disseminating policies on IFE.

Fig 2: Progress on policy development and dissemination



Action around policy creation has been vigorous with the majority of countries actively working in this area. Even more impressive is the realisation of the impact of this impetus at regional level. See ‘*Map of policy development*’, below, for the geographical scale of progress. Almost half of countries (5/11) have already disseminated policies and guidelines on IFE since the workshop.

The majority of countries in the region have put in place or incorporated IFE policies into existing Infant and Young Child Feeding national policies. The magnitude of progress has the potential to provide other countries in the region with motivation or support to achieve the same result. Participants from countries who have not yet achieved nor indicated their progress may be in a position to liaise with other participants from other countries to gain support, advice and technical support if this would support their endeavour in this area. Participants valued “*exchange with countries that are doing a great job*” and this may support regional capacity building.

From 5 countries who indicated developing a policy on donations as an important action point, one country has already achieved this with three others in the planning stages. Only one reports it as not currently achievable or no longer relevant.

The existence of a policy statement provides an underpinning imperative for action by all health professionals and agencies working in the area of nutrition and child health.

Respondents indicated that the advantage of IFE and/or a policy on donations being incorporated into national policies on infant and child health, is that it reflects the country is already working towards this in non-emergency situations. Consequently it is not considered a new programme/initiative to be rolled out in the event of an emergency, when time/resources and personnel are limited and stretched. As one participant said... “*Policies need to be prepared, practised and enforced.*”

Map of Policy Development is represented below



Capacity Building

1. Training of technical staff:

As indicated in Figure 1, training of staff was completed in one country, in progress in seven and planned in another four countries. Only one country represented indicated it was no longer achievable – primarily due to other priorities of that organisation.

Other feedback suggested rolling out training on IFE via:

- Incorporate into all routine health and nutrition programmes.
- Incorporate infant and young child feeding (IYCF) and breastfeeding into all appropriate disciplines of health staff training (from universities to pre-service training).
- All emergency preparedness plans and policies to incorporate an element of IYCF.

One respondent indicated that skilled staff are enabled by training and networking, which positively influences their capacity to develop programmes. One participant from Pakistan has *“made an effort to include IYCF in all Disaster Management and emergency workshops”*.

A consistent plan across all countries stressed the emphasis on training / incorporating supporting the breastfeeding message as choice for all mothers, even in non-emergency situations, with the view that if an emergency arises, mothers themselves will continue/ choose to breastfeed.

Lack of appropriately skilled staff with sufficient expertise to roll-out training will hinder training on IFE. One participant from DPRK utilised the workshop to *“identify consultants for capacity building on complementary feeding and breastfeeding”*.

The resources made available via the workshop were highly regarded by all and considered very useful for training. Some respondents indicated constraints in time and funds to translate the IFE modules into local languages, which impacts on training roll-out. Some suggest further development of the modules into a community manual, targeting community health workers on IFE, e.g. participants from China indicated additional supports for them would include a standard training module for different aspects of IFE.

Funding is a consistent theme influencing all actions – especially in terms of developing resources, training of staff and choosing media strategies. Pre-emergency planning and training activities are seen as difficult actions to achieve as funding is considered “not easily available” from donors.

2. Orienting decision makers

From nine countries with this actioned, four indicated actions were in progress/completed, two were at planning stages, one did not respond and the other indicated it was no longer organisational priority.

In DPRK, one participant reported one obstacle they have overcome since the workshop was *“being able to convince many donors and NGOs that donations of breastmilk substitutes (BMS) are not needed except for infants requiring it, like orphans in institutions”*.

For the Bali regional workshop, country teams were sought to attend, ideally with UN, NGO and government representation – a process coordinated by the ENN and UNICEF regional officers, with UNICEF country offices as the focal point to compile country teams. One participant highlighted the value of the ‘country team’ approach, which led to practical peer support post-meeting and facilitated orientating decision makers..... *“It was a challenge to get Ministry of Health (MoH) attention for this topic and then get the attention of the participants who did not consider this as an important agenda. The good thing was that one of the MoH focal persons attended the Bali meeting with us has been a great ally and one NGO colleague also attended Bali meeting who mobilized the NGO community to participate.”*

Co-ordination

This was a consistent element throughout feedback – especially where participants stated a strong co-ordination was lacking that was felt to impede progress. As to identifying a co-ordinating body, this differed between countries. There were strong feelings that to support/progress action ‘a good co-ordinator who understands this issue well and has the ability to connect with other organisations and governments’ was required (Taiwan participant).

Regarding *implementation of the cluster approach*, four out of five countries had completed or are progressing with this action point with only one still in the planning stages. In feedback from participants working within a Nutrition Cluster approach, UNICEF and Ministry of Health for that country were identified as those bodies who should lead co-ordination activities.

Respondents from Pakistan identified **the most important thing** that enabled them to improve their work in IFE from the workshop was “*better co-ordination with the Government and UNICEF in IYCF*”.

Follow-up on Action: reflection on workshop contribution

Key factors from the workshop that supported participants in achieving actions already started or completed.

1. **Technical/knowledge:**

- *Analysis* of IFE from technical to policy perspectives, Policy dissemination & guidelines, Capacity building, *Coordination*
- Some examples of the *experiences* on IFE
- Need for bringing other partners *together* and repeated dialogue with the concerned authorities
- Familiarising with the Operational Guidance on IFE, sessions on the Code, and sessions on communication
- The availability of the Operational Guidance on IFE and training Module 2 on IFE
- Information about the IFE Approach
- Promoting breastfeeding and early initiation of breastfeeding

2. **Networking:**

- Networking / presence at the meeting of members of the Global Nutrition Cluster
 - Sensitisation and commitment of other participants from the country
 - Liaison with workshop facilitators and identification of consultants for capacity building on BF and CF
 - The encouragement and support from WHO, UNICEF and ENN/IFE Core Group
- One participant summed it up as “*Wealth of experience sharing from different countries, variety of resource persons, presence of world authorities and wonderful CDs with resource materials- perfect match.*”

Authors note: These comments suggest the practical nature of the workshop, in terms of translating policy documents to ‘real situations’ and learning from experiences (especially in terms of co-ordination and communication) have supported progress upon return to their own country. This is a common theme throughout feedback. This forum where several members from one country have attended and ‘committed’ to action has supported progress.

Local supports available that help with IFE work include: Nutrition cluster providing technical support with a leading agency present (UNICEF), existing national IYCF policies & strategies, existing national community support groups/promotion for breastfeeding (include local authorities, local/international NGOs).

At **international** level, supports mentioned included: UNICEF headquarters staff, funding, ENN, IFE Core Group, Consultants from IBFAN, ICDC at University College London Centre for International Health and Development.

Supports identified that would greatly facilitate action in IFE if available, included:

1. A strong lead agency

- i) to provide follow-up support after workshop
- ii) to facilitate co-ordination
- iii) to facilitate training
- iv) to recognise expertise available & use it when required.

2. Funding for activities such as:

- i) translation of IFE resources into other working languages
- ii) training of more health professionals in IYCF to increase technical expertise (especially as pre-emergency preparedness)
- iii) printing & dissemination of messages/media strategy rollout
- iv) adequate budgeting to include supportive supervision and monitoring activities.

3. More involvement of international expertise e.g. lack of human resources for implementation and monitoring of IFE activities. Technical support (capacity building) in developing a Media Strategy (messages and promotion).

4. Networking

Consider a website for the group (highlighting annual achievements/progress on IFE, facilitating networking/discussion groups). A follow-up forum. More exchange to learn from other countries.

5. Register of skilled/trained personnel

Preparation and dissemination/availability of a register of appropriately skilled people at both country and regional level that could be called upon in an emergency by agencies (for individual agencies or co-ordinating bodies). Facilitators in IFE readily available.

Barriers already encountered or anticipated in implementing action plans:

- Security issues
- Lack of capacity at national level*
- Stakeholders commitment*
- Ministry of Health support & community participation*
- Limited timeframe in emergencies (e.g. Myanmar)
- Difficult to involve people during non-emergency situation*
- Where artificial feeding is already 'popular' in a country. *“The Guidance will be easy to accept if it could give more suggestions on managing formula [artificial] feeding”.*
- Time / human resources / other organisational priorities
- Financial support*
- Political-will among key stakeholders e.g. local government/policy makers /
- “Tight implementation of Legislation related to BMS code & getting government attention & commitment for that”.
- “Enforcement of Law need training and monitoring”

**Reiterated by participants from other countries*

Overcoming barriers: How participants were planning or what needed to happen for progress to occur:

1. **Advocacy:** Convincing MoH, other stakeholders, regional/local health departments, policy makers and donors/programme planners.... Via “*advocacy oriented evidence presentation of facts and figures (needs some operations research)*”, media campaigns e.g. leaflets, handbooks, posters, CD. Training of more people & building awareness of issues. “*With the progress of the Baby Friendly Hospital Initiative (BFHI) and IYCF, optional feeding practices would be understood and accepted by more professionals and people...*”
2. **Management:** Prioritising IFE activities within organisations and amongst partners at national and district areas (including allocation of funds).
3. **Monitoring:** Set up authority to oversee the implementation of the legislation. “*strengthen the monitoring of code compliance and bring into the table the case of violation and take actions and publicity of such acts.*”

Enhancing effectiveness of a workshop on IFE

Over 80% of responses indicated that a workshop on IFE was considered the **best approach** for people to start or continue working in the area of IFE. The vast majority of comments complemented the expertise and knowledge of the presenters and facilitators and benefited by having an opportunity to network at this level.

As on participant from Bangladesh acknowledged... “*it was a unique opportunity to have latest concepts and sharing of experiences and evidences.*”

Reflection on workshop	Responses
The workshop did help/guide towards implementing pledge or IFE action points.	20/20
Everyone learned something new in the workshop and almost all learned new approaches.	20/20 & 19/20 respectively
Respondents indicated i) they had developed clear ideas on how to progress with work on IFE and ii) had the confidence to do so.	20/21 & 19/20 respectively
They had clear ideas on how to progress with co-ordination around IFE	18/21
The majority felt they had greater information for them to feel confident to approach donors in relation to IFE.	14/19
The workshop was sufficiently practical to enable starting IFE work.	17/19
Action points on IFE were considered as current work priorities.	13/19

The most important or extremely useful thing that improved work in IFE (from attending the workshop)

1. **Analysis:** of IFE problem, existing laws and their limitations, updating on IFE policy and operational guidelines, cross-cutting issues and strategies, strategy simplification, import
2. **Planning:** comprehensive approach to emergency preparedness and response, the necessity of co-ordination and building partnerships on this issue, training manuals, pre-emergency preparedness, prioritisation of actions
3. **Experiences:** IFE approaches and media strategies, experiences from other countries
4. **Networking:** establishing networks with others with more experience & knowledge on IFE, linking with international organisations e.g. UNHCR
5. **Motivation:** at individual level and within countries between counterparts who have also attended workshop

Suggestions for increasing usefulness of this workshop include:

- 1. Location:** Organising the workshop in a country with ongoing IFE activities may allow addition of a field trip or else visual footage (e.g. video footage from countries e.g. from field, documentaries, photos). May be included at start of workshop to orient the group and have a group understanding of issues involved (facilitates those less aware / experienced in IFE).
- 2. Planning:** More inclusive approach for participants, e.g. more opportunities for participants to chair groups, etc. Fewer participants attending.
- 3. Roll-out:** More time allocated to practical sessions. More time to allow participants to network / share with others, e.g. *it would be useful to hold smaller regional group meetings within the larger meetings to at least ensure networking at regional level.* Number of sessions reduced to ensure retention of information. Only two participants suggested a shorter time frame as 4-days was considered long. The majority felt the content load enabled them to continue or initiate work on IFE.
- 4. Information:** Focus on best practice via case studies and related operational issues. More emphasis on how IFE is incorporated in other interventions... *“since it’s rare to find exclusive IFE projects/plans and funding at country level”*
- 5. Resources:** Further develop the Modules on IFE for practitioners at all levels e.g. include information for community/grassroots level. Reference materials on best practice were available only as a reference, which may be difficult to source at field level - should consider distributing more of this material at workshop.
- 6. Participants:** A distinction between sessions for new practitioners and more experienced. Participant responsibility to be aware of terms of reference before attending. Advantage to have more than one representative from one country.
- 7. Follow-up:** Have a regular seminar or forum to update the countries on IFE. Notify all member countries on updates via ENN website.

Resources

Eighteen from nineteen responses indicated the resources provided were useful when participants returned to work. Experiences from countries, e.g. from the Philippines team on Code violation, were highly regarded. The most useful resources mentioned were:

- Tools for evaluation of IFE
- Photos / visual aids
- CDs with the presentations (were subsequently used in roll-out training at national level)
- Operational guidelines and training modules (e.g. operational guidance helped one country review the emergency preparedness plan)
- Guidance on legislation and policy

Distribution of lessons learned/ resources in other organisations

It was hoped that attendees at the Bali meeting would disseminate the knowledge and resources gained to others. Eighteen from twenty one respondents shared knowledge/resources within their organisation. The vehicles for dissemination included in-house workshops, internal reports, training sessions, trainer of trainer sessions, annual meetings for national staff.

Twelve from twenty respondents distributed knowledge/resources with other organisations. This was achieved via working in partnership with other agencies (e.g. in Myanmar), distribution of resources (CDs, etc) with other agencies and local universities (e.g. in Taiwan and Indonesia), at co-ordination meetings, Nutrition Cluster meetings, reports e.g. to UNICEF offices, organisation of workshops on IFE with invitations to key stakeholders and agencies, local community groups.

Networking

All respondents (20/20) indicated the connections made with others at the workshop were helpful, both reconnections and new connections were made.

- 1. In-country:** 19 from 21 respondents stayed in contact with participants from their own country. An example of progress from the Philippines indicated participants are the core group finalising the policy guiding nutrition in emergencies and so are still in communication (this

suggests significant outputs and achievements due to having several participants from the one country attend).

Enhancing networking within a country was suggested by creating an in-country network of the group (or those interested in it) with a perceived benefit by.. “ *we could discuss together and convince the decision makers.*”

2. Between countries: 13 from 21 respondents stayed in touch with participants from other countries and was deemed ‘*useful*’. One participant was supporting training in IFE in a neighbouring country. Another re-established contact with participants following their publication of an article in *Field Exchange* on IFE.

All respondents indicated the connections were helpful, some were re-connections with others/refreshing the contacts. Continued contacts were primarily of a similar role rather than with someone in a different role. Contacts appear to have been more active post-workshop and some have waned in time.

3. International representatives: 13 from 21 responses indicated continued contact between participants and one/more of the International representatives at the workshop. Those specifically mentioned were UNICEF headquarters, Global Nutrition Cluster Co-ordinators, ENN and some individual presenters.

The Pledge

Attendees at the Bali meeting made a commitment to seek to implement the Operational Guidance on Infant and Young Child Feeding via 11 steps. This document entitled ‘The Pledge’⁸ was considered a “*good achievement...to set common action goal*” and a “*clear guidance document*” which facilitates planning and action. It is “*a planning and advocacy tool*”. Only one respondent indicated they didn’t know if the pledge was useful – but other participants from the same country did report it as a positive initiative.

Two in three respondents representing 13 different countries had tried to implement some or all of those steps. For example, in Bangladesh, a joint statement on IFE was published and disseminated by the government counterparts. In Taiwan, education of health workers and volunteers on supporting the breastfeeding mother is underway.

One participant was..... “*using every opportunity through media to make public and health workers more aware of the code*”.... albeit it is not considered easy.

The types of assistance required to implement pledge steps include: strong leadership and co-ordination, strong contribution of UNICEF to be leading agency, more health personnel to appreciate importance of IFE, learning and sharing of technical experience from more experienced organisations in IFE, technical support, financial support, translation of resources, training of trainers on IFE, and a solid communication network. These are common to progressing country action plans.

Regional events

Two major emergencies occurred in the region since the workshop took place: i.e. cyclone Nargis in Myanmar and the Sichuan Earthquake in China. Responses from countries which supported the Myanmar government and agencies included: Afghanistan, Indonesia, Bangladesh, Sri Lanka

⁸ Pledge for Action. Steps to improve infant and young child feeding in emergencies. Inside back cover cover. Making it Happen. Report of regional IFE workshop. 10-13 March 2008.

and the Philippines. Responses from countries which supported the Chinese government and agencies included⁹: Indonesia, Nepal, Sri Lanka, Taiwan. UNICEF Afghanistan was also involved in assisting in India and Bangladesh flooding emergencies.

^Note: These represent responses from participants and are not a comprehensive list of those countries or governments which provided assistance to those emergencies, nor the extent of support provided by individual countries.

- An example of contribution on IFE at regional level was one participant's direct involvement in orienting high-level emergency teams on IFE prior to their departure to the affected country (Sri Lankan support to Myanmar cyclone).
- In Myanmar, the workshop did impact on response to the cyclone, especially through “*good coordination and networking system of the Nutrition Cluster*”.
- In Myanmar, the model joint statement on IFE was used as the basis for the interagency joint statement released.
- In Bangladesh, the workshop generated a network within the country and regionally/internationally which supported IFE activities.
- In China, the resources from the workshop supported activities after the earthquake. In Indonesia, the workshop helped participants revitalise the food and nutrition cluster.
- In the Philippines, an increased level of motivation among programme implementers was attained.

Discussion

Logistical constraints on methodology

For several participants, email address was no longer valid or emails did not reach the intended participant (e.g. person had moved on from agency/position and no further contact details were provided). Phone lists were incomplete and contact details other than email did not exist for the majority of participants. It should be noted that this has implications for the participants who wish to network with other participants in the future⁹. A system for updating contact details of participants with expertise in the area of IYCF is recommended in this report.

The questionnaire was extensive (see Appendix IV) which may have deterred some respondents. However use of an abbreviated email version prompted additional responses. The advantage of having 23 completed questionnaires is enhanced provision of detail, especially relating to progress. The response to abbreviated feedback does infer evaluations of this nature and scale need to be flexible in their approach and considerate of participants limited time and heavy workloads. The questionnaire was only provided in English, however the workshop was conducted in English so it was deemed the appropriate language for the evaluation.

Evaluation of progress at regional level

This report is attempting to amalgamate progress from feedback from 12 different countries, each with their own individual needs, priorities and capacity. Some countries have been in a position to progress faster than others in relation to IFE and all participants have their own individual facilitators and barriers, e.g. supportive management, availability of funds and own technical experience & knowledge. Progress is influenced by a participant's personal ability and

⁹ This listing is the same as that provided in the “Proceedings of a regional strategy workshop, Making it Happen” by the ENN.

motivation and two additional factors (support and networking) appear to favour this, even within funding limitations.

An overarching lack of awareness for the importance of breastfeeding in emergency situations was highlighted as one reason why IFE doesn't get enough profile or attention / not sufficiently regarded as important in emergency situations. The periodical nature of some emergencies makes it difficult to involve/motivate others of the importance of IFE (including donors).

Co-ordination issues resonate through responses. It is a key enabler for action and its absence or ineffective co-ordination has left some participants frustrated and de-motivated. While co-ordination is an essential element for progress, some participants have progressed via co-ordinating themselves as a group, e.g. the core advisory group facilitating policy development in one country, rather than one key agency being solely responsible for the success/failure of progress (UNICEF/MoH was proposed as lead agency/co-ordinator from several respondents from different countries).

Funding is the second element which participants continually highlight. Despite having stated new confidence in approaching donors, it appears that lack of funds has limited progress. It would appear that co-ordinated activities and partnerships may be more likely to be funded by donors. Future workshops may explore funding issues in greater detail with increased emphasis on sourcing funds especially via cross-cutting initiatives.

The terms of reference for participation in workshops of this nature should emphasise the request for commitment for participants to give feedback post-workshop. Contact details of participants who are working in this area could be highlighted on the ENN/IFE Core Group website where a networking section already exists (for example), with a request to update on a regular basis, as it is evident that some participants were no longer available from contact lists.

In terms of networking and support, regional participants could stimulate discussion / strategies themselves via email / discussion group if contact details were updated and available. Participants constantly reiterated the value of learning from case studies and others experiences which could be further enhanced themselves based on their progress in the region post-workshop.

It is hoped that this report once disseminated back to participants will emphasise the progress that has been achieved since this workshop. This may encourage/re-energise efforts in IFE and support those who continue to work in this area. Our very best wishes to you all.....

Acknowledgments

The ENN, on behalf of the IFE Core Group, would like to sincerely thank all those participants who contributed to this report, especially for giving their time and valuable insight on the workshop and their ensuing experiences in pushing progress in the area of IFE. We appreciate that this evaluation was an unexpected addition to your already busy workloads and you gave of your time voluntarily and freely. Your support is very much appreciated and it is hoped that this report accurately represents your feedback. We acknowledge that this report reflects feedback from 14 different countries and your valuable information was collated to form a 'regional perspective'. We welcome ongoing feedback to continue to inform the collaborative effort around IFE and to continue to inform the development of policy guidance and capacity building in this area. The ENN gratefully acknowledges the work of Joyce Kelly and Karleen Gribble who undertook this evaluation and authored this report.

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Appendix I: Progress on Action Points by country

Country	Number of participants	Actions Completed	In Progress	Planned
Afghanistan	4	<ol style="list-style-type: none"> 1) National IFE Policy 2) Implement cluster approach 3) BF campaign 	<ol style="list-style-type: none"> 4) Orient decision-makers 5) Integrate IFE into existing rapid assessment 6) Message to stakeholders 7) Finalise Code and monitor 	<ol style="list-style-type: none"> 8) Train technical staff 9) Letter to embassies
Bangladesh	6	<ol style="list-style-type: none"> 1) National IYCF strategy 2) IFE Co-ordination via DMC & regular meetings 	<ol style="list-style-type: none"> 3) Policy dissemination & guidelines 	<ol style="list-style-type: none"> 4) Media/ Communication Strategy 5) Advocacy in preparedness plans
China	2	<ol style="list-style-type: none"> 1) Operational Guidelines translated 	<ol style="list-style-type: none"> 2) Add IFE to IYCF strategy 3) Services to support BF in community 4) Media/ Communication Strategy 5) International Code 	<ol style="list-style-type: none"> 6) Train technical staff 7) National coordination body-Planned 8) Integrate IFE into existing rapid assessment
DPRK	3		<ol style="list-style-type: none"> 1) Train technical staff 2) Guidelines to Prevent & manage donations 	<ol style="list-style-type: none"> 3) National IFE Policy 4) Policy on donations 5) Policy dissemination & guidelines 6) Ensure services to support BF and CF 7) Ensure places for BF
Indonesia	42	<ol style="list-style-type: none"> 1) Cluster approach 	<ol style="list-style-type: none"> 2) National IFE Policy – finalising 3) Orient decision-makers 4) Train technical staff 5) Integrate IFE into existing rapid assessment 6) Media/ Communication Strategy – Harmonisation of messages 7) Letter to embassies 	<ol style="list-style-type: none"> 9) Policy dissemination & guidelines

Country	Number of participants	Actions Completed	In Progress	Planned
			8) Food basket for families with young children	
Myanmar	4	1) Media/ Communication Strategy	2) Policy dissemination & guidelines 3) Orient decision-makers 4) Train technical staff 5) Identify IFE co-ordinator 6) Develop RA tool - In progress	7) IYCF training and emergency preparedness 8) International Code
Nepal	4		1) Train technical staff 2) Community HW training	3) Integrate IFE policy into IYCF & national disaster plan 4) Policy on donations via Council of Ministers 5) Implement cluster approach 6) Develop guidelines & indicators on A&M
Pakistan	5		1) Mothers counselling & CF	2) National IFE Policy 3) Policy dissemination & guidelines 4) Orient decision-makers 5) Train technical staff 6) Identify IFE co-ordinator 7) Define R&R & develop tools & training 8) Prevent & manage donations 9) Apply criteria for when artificial feeding is needed (A) 10) Apply FASS in all instances 11) Decision on food basket
Papua New Guinea	2		1) National IFE Policy 2) Integrate IFE into existing	6) Policy dissemination & guidelines 7) Integrate IFE into existing rapid

			<ul style="list-style-type: none"> training programmes 3) Identify IFE co-ordinator 4) Apply criteria for when artificial feeding is needed – current situation assessment 5) Media/ Communication Strategy 	<ul style="list-style-type: none"> assessment 8) Training community to support IYCF
Country	Number of participants	Actions Completed	In Progress	Planned
Philippines	4	<ul style="list-style-type: none"> 1) National IFE Policy integrated into IYCF 2) Enforced Policy on donations 3) Educate donors via letters to embassies 	<ul style="list-style-type: none"> 4) Train technical staff 5) Implement cluster approach 6) Media/ Communication Strategy 	<ul style="list-style-type: none"> 7) Integrate IFE into existing rapid assessment 8) Develop guidelines & indicators on A&M 9) Ensure places for BF
Sri Lanka	4	<ul style="list-style-type: none"> 1) Train technical staff 2) MoH appointed as IFE co-ordinator 	<ul style="list-style-type: none"> 3) Policy dissemination & guidelines 4) Implement cluster approach 	<ul style="list-style-type: none"> 5) Orient decision-makers 6) Roll out of training to all districts planned 7) Media/ Communication Strategy – key messages 8) International code
Taiwan*	1		Ensure services to support BF and CF	
Thailand	3		<ul style="list-style-type: none"> 1) Pre-Emergency Preparation 2) International Code 	<ul style="list-style-type: none"> 3) Media/ Communication Strategy
Vietnam	2	<ul style="list-style-type: none"> 1) International Code 	<ul style="list-style-type: none"> 2) National IFE Policy 3) Policy dissemination & guideline 4) Train technical staff 5) IFE Co-ordination 6) Ensure places for BF 7) Produce MN fortified food 	<ul style="list-style-type: none"> 8) Counselling as part of services in BF and CF
Cambodia	2	No feedback on specific action points listed		

India	3	No feedback on specific action points listed
<p>X=action; BF=breastfeeding; CF=complementary feeding; IYCF=infant and young child feeding; MS: mother support; (A): acceptable; FASS=feasible, affordable, sustainable, safe; MN=micronutrient; OG=Operational Guidance on IFE; HW=health worker; RA=rapid assessment; R&R=; BCC=Behaviour Change Communication; LGU=local government unit; DMC=developing member countries; IRR=Implementing Rules and Regulations</p> <p>* Other actions not achievable currently due to capacity limitations</p>		

Appendix II: Summary of Action Point Progress

	Policies		Capacity Building			Co-ordination		Assessment & Monitoring	
	<i>National IFE Policy</i>	<i>Policy on donations</i>	<i>Policy dissemination & guidelines</i>	<i>Orient decision-makers</i>	<i>Train technical staff</i>	<i>Identify IFE co-ordinator</i>	<i>Implement cluster approach</i>	<i>Integrate IFE into existing rapid assessment</i>	<i>Develop guidelines & indicators on A&M</i>
<i>Number of countries with this actioned</i>	14	5	11	9	14	9	5	7	4
<i>Completed</i>	3	1	0	1	1	2	2	0	0
<i>In progress</i>	4	0	5	3	7	3	2	2	1
<i>Planned</i>	3	2	3	2	3	2	1	3	3
<i>No longer relevant</i>									
<i>Not answered</i>	3	1	2	2	2	2	0	1	0
<i>Not achievable</i>	1	1	1	1	1	0	0	1	0

	Support IYCF			Artificial Feeding		Cross Cutting Actions				
	<i>Ensure services to support BF and CF</i>	<i>Ensure places for BF</i>	<i>Prevent & manage donations</i>	<i>Apply criteria for when artificial feeding is needed (A)</i>	<i>Apply FASS in all instances</i>	<i>Media/Communication Strategy</i>	<i>Educate donors</i>	<i>Pre-Emergency Preparation</i>	<i>International Code</i>	<i>Other ideas</i>
<i>Number of countries with this actioned</i>	10	4	3	3	2	11	4	3	9	3
<i>Completed</i>	2	0	0	0	0	1	1	0	1	0
<i>In progress</i>	3	1	2	1	0	4	0	1	3	2
<i>Planned</i>	3	2	1	1	1	3	2	2	2	1
<i>No longer relevant</i>	0	0	0	1	1	0	0	0	0	
<i>Not answered</i>	2	1	0	0	0	2	0	0	2	2
<i>Not achievable</i>	0	0	0	0	0	1	1	0	1	0

Appendix III: Sample questionnaire

Dear participant,

In March 2008, 112 participants from 16 countries and special territories, together with regional and international representatives of United Nations (UN) agencies, non-governmental organisations (NGOs) and infant and young child feeding experts, met in Bali, Indonesia to resolve how to protect and support Infant and Young Child Feeding in Emergencies (IFE) in the region. You were one of those participants. We want to understand how the meeting has impacted on you and your work.

Since the Bali meeting you will have had time to reflect on the information and action points discussed in Bali. We anticipate that you may now have additional insight into how this work will 'fit' into your mode of operation. We would therefore appreciate your honesty in updating the IFE Core Group of the practicalities of implementation, areas for improvement for the IFE group and your unique experiences will further contribute to making the IFE Guidance more appropriate for different contexts.

Your feedback will be compiled into an evaluation report which will ensure your anonymity but if there are any specific comments you would like acknowledgement for, please feel free to advise us on this. You may also like to consider writing a report for Field Exchange about your work. We will be more than happy to support you in any way we can to do so.

Thank you for taking the time to contribute to this follow-up evaluation of the IFE Bali meeting. Please reply to this email with confirmation that you have received it. We hope that we can hear from you within 2 weeks.

Bali IFE Meeting Questionnaire

The aims of the Bali meeting were: to orientate participants on relevant policy, guidance, key issues and initiatives in IFE, to identify key constraints to appropriate IFE, and to establish strategic directions and practical steps to address these, at country and regional levels. This questionnaire aims to identify whether the meeting was successful in these areas and how we can support you in your work in IFE.

1. Application of resources and knowledge

The Bali meeting sought to disseminate knowledge and resources to those in a position to support appropriate IFE and to empower them to support appropriate IFE

a) Have you been able to apply any of the knowledge or resources gained at the Bali meeting in your work?

Please write Yes or No in the box.....

If you answered "yes".....

i) What specifically have you applied?

ii) What obstacles have you overcome?

iii) What obstacles are impeding your progress ?

iv) What do you plan to apply in the future?

v) How do you think the obstacles you have encountered might be overcome?

If you answered “no”.....
What has prevented you from applying knowledge or resources obtained at the Bali meeting?
What additional supports/resources would support you in achieving your actions if they were available to you

b) Did you find any of the resources provided useful when you returned to work?

Yes	No	Comment
		Please indicate which ones were most useful
		Please indicate which ones were least useful

2. Distribution of knowledge and resources

It was hoped that attendees at the Bali meeting would disseminate the knowledge and resources gained to others

	Yes	No	Comment
Have you distributed the lessons learned/resources to others within your own organisation			
Have you distributed the lessons learned/resources to others in other organisations			

3. Networking

Another goal of the Bali meeting was to collect together delegates who might be able to assist one another in support appropriate IFE both within and between countries.

	Yes	No	Comment
Have you maintained contact with any of the participants from your own country of work?			
Have you maintained contact with any of the other Bali attendants from a different country of work?			
Have you maintained contact with any of the international representatives that attended the meeting?			
Have you maintained contact with attendees who have a different role from yours?			
Have the connections made with others			

at the Bali meeting been helpful to you?			
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4. Facilitating work in area of IFE

We understand that you would need support from others in your work in IFE

	Comment
What supports are available locally that help you with IFE work?	
What supports are available at regional level that help you with IFE work	
What supports are available at international level that help you with IFE work	
What is your current best form of support you have available to you?	
What would be a great form of support if it was available to you?	

5. Reflection on the content and delivery of the Bali meeting

How do you feel about the Bali meeting since your return home?

	Agree	Disagree
I learned new approaches which I have tried to implement since my return		
I have clear ideas on how to progress work on IFE in my own organisation		
I have clear ideas on how to better co-ordinate with other agencies in relation to IFE		
I have more confidence now in my ability to work with IFE since the meeting		
The meeting did not help or guide me in any way towards implementing the IFE guidelines/pledge points		
Action points on IFE are not priority for my work right now		
I did not learn anything new in the Bali workshop		
The workshop was sufficiently 'practical' to enable me to start work in this area		
The workshop provided enough 'information' for me to feel confident to work in this area		
I have a greater understanding in how to approach donors in relation to IFE		
Please comment if you feel you would like to add more insight		

6. Action on the Pledge

Attendees at the Bali meeting made a commitment to seek to implement the Operational Guidance on Infant and Young Child Feeding via 11 steps (the pledge in full is attached to the email accompanying this questionnaire).

	Yes	No	Comment
Have you tried to implement any of these steps?			
Do you have plans to implement other of these steps?			
What assistance do you require in order to implement any of these steps from inside or outside your organisation?			
Do you now feel the pledge was a useful achievement?			
Please indicate Yes or No and comment			

7. Country Action Points

As a part of the Bali meeting delegates from each country got together in country working groups to formulate a plan of action for the next year to improve IFE planning and practice. The 'action points' which were developed for **your country** are outlined below in the following table. We anticipate that **since your return**, there may have been some changes and we would like to know how **relevant** and **achievable** you feel the action points are **now**. Please put an 'X' in the appropriate boxes and fill in the green **and** the yellow sections.

They are presented in table format for ease of responding. Please type into the boxes with as much detail as possible. Do not worry about formatting the boxes afterwards. Thank you.

Please tick the boxes most appropriate for both Section A (relevance) and Section B (achievability)			Please indicate whether these activities are	Please comment if you choose "No longer relevant" Or "Not Achievable"
NOTE: This is the sample of Action points specific for Indonesia. Each country had an individualised table based on their actions. Refer to Annex 2 of Bali workshop report. Making it Happen. Proceedings of a regional strategy workshop. March 2008. ENN, UNICEF, IASC. Nutrition Cluster, IBFAN-GIFA for further details.			1. Planned 2. In progress 3. Completed or 4. No longer relevant 5. Not achievable	
Policies	National IFE Policy	X share and finalise		
	Policy dissemination & guidelines	X		
Capacity Building	Orient decision-makers	X - each agency		
	Train technical staff	X		
Coordination	Implement cluster approach	Jun-08		
A&M*	Integrate IFE into existing rapid assessment	Harmonisation of tools		
Cross Cutting Actions	Media/ Communication Strategy	Harmonisation 5 messages		
	Educate donors	Letter to embassies		
	Other ideas	Food basket for families with young children		
If other areas of immediate concern (for action) have emerged since your return in the area of IFE, please comment on what they are...				

8. Follow up on Action Points for your country

*This section focuses on your experiences **since your return and your efforts** to incorporate the learning's from the workshop into your workplace and work. Your insight in making changes can greatly support the further development of the IFE initiative and provide valuable support for others in this area. Please feel free to give as much detail as possible (do not worry about formatting). Please refer to the list of actions for your country in the table in the previous page.*

What key factors from the workshop have supported you in achieving these actions you have already started or completed.

What additional supports would help you

What barriers have you encountered / do you now anticipate in implementing these action plans?

How do you propose or what needs to happen for you to overcome these barriers?

9. How might we do this better

What aspects of the Bali meeting have helped you since your return to work and how might future workshops be improved?

What was the **most important thing** that enabled you to improve your work in IFE (from attending the workshop)

What other aspects from the workshop have been useful for you to **make changes** in your work

If you were organising this workshop for another group of participants similar to yourself, what **changes to the workshop** would you suggest so that it may be more useful to participants **for when they return to work** ?

Was a workshop on IFE the best approach for you to start working or continue working in this area? Please write Yes or No in the box.....

Please add your comments:

10. Regional events

There have recently been two major emergencies in the region, cyclone Nargis in Myanmar and the Sichuan Earthquake in China.

10 a) Has your organisation or other organisations within your country been involved in any these emergencies or any others since the Bali meeting? Please describe.

10 b) Do you believe that the Bali meeting had any impact upon the involvement in relation to IFE? Please describe.

11. Roles & responsibilities

What are the specific roles associated with your position
(please put an “X” in as many as apply)

Health (&/or nutrition) needs assessment	Programme management
Programme design / evaluation	Funding proposal writing
Staff management	Training
Co-ordination with other agencies	Other, please specify

12. Please complete these sentences:

The most valuable thing from the workshop in Bali was.....
The least valuable thing from the workshop in Bali was....

13. Your last word...

If you have any other comments or suggestions about **any aspect** of follow-up from the IFE workshop please feel free to comment. Your feedback will remain confidential, unless you would specifically like acknowledgement.

If we have some particular points we would like to discuss with you in some more detail, can we contact you by telephone at a time that is convenient to you?

Yes ()

No ()

If yes, could you please give a phone number (including country code) that we could reach you on:

We would like to take this opportunity to wish you every success in your future work in this area and to thank you for taking the time to give us some very valuable feedback.