Capacity Strengthening Webinar Series:
Programme Spotlights of multi-sectoral integration with IYCF-E

Integration of Infant and Young Child Feeding into World Food Programme Cash Distributions in the Democratic Republic of the Congo

Wednesday, 31 July 2019
Today’s webinar

• Introduction of the webinar
• Tech RRT overview
• Program spotlight on integrating IYCF and cash distributions:
  • Milca BORA, Policy Officer for Nutrition Program, WFP in DRC
  • Gwenaelle GARNIER, Emergency Nutrition Officer, WFP, HQ
• Questions and discussion
**Overall aim:**
To increase integrated programming for IYCF-E, taking advantage of all opportunities to put mothers and babies at the centre of response

**Objectives:**
1. To present practical examples of how nutrition, and specifically IYCF-E, has been integrated within other sectors programmes
2. To discuss the opportunities and challenges of doing so
This webinar series is

An initiative within the new

Global Technical Assistance Mechanism for Nutrition

IN CLOSE COLLABORATION WITH

Global Nutrition Cluster

UNICEF

With special thanks to

Save the Children & IFE

for their help to make this series a reality.
Technical rapid response mechanism that deploys advisers to support improved nutrition programming

What is the Tech RRT?

Consortium

Funding

In close collaboration with

Within the new

Global Technical Assistance Mechanism for Nutrition
**Gwen GARNIER**

- 12 years of management of nutrition and health interventions in the most complex humanitarian contexts like Yemen, Central African Republic, North East Nigeria, South Sudan and Somalia with ACF and WFP.
- Currently based at WFP HQ as Emergency Nutrition Officer

**Milca BORA**

- Nutritionist
- 6 years of experience in emergency nutrition and development
- Since 2017, Policy Officer for the Nutrition Program at WFP, DRC
Programme Spotlight of multi-sectoral integration with IYCF-E:

Integration of Infant and Young Child Feeding into World Food Programme Cash Distributions in the DRC

• Please type your questions at any time in the chat box
• Please type your name, position, organisation and country of work in the chat box
• Please fill out the evaluation at the end of the webinar! (link in chat box now)
Integration of IYCF-E into WFP cash distributions

DRC experience

July 2019
Outline

• Context
  • Global level
  • DRC level

• Integration of IYCF-E into WFP cash distributions in DRC: Operationalization of the approach
  • Package of IYCF-E activities
  • Capacity building on IYCF-E
  • Coordination around IYCF-E
  • Programmatic data from the field
    • Progress and challenges
    • Links with Cost of the Diet study

• Next steps
  • Integration in GFD, BSFP, TSFP and other platforms
  • Lessons learnt and WFP operational guidelines
Context

Global level

• WFP nutrition policy 2017-2021: commitment to support good nutrition and prevent undernutrition before, during and after emergencies
• Strengthen IYCF-E and integrate it in a number of emergency responses
• Gather lessons learned, better define operational models and develop operational guidance for WFP
Context

DRC level

• One of the first pilot countries for this approach

• April/May 2018: IYCF-E Tech RRT mission’s recommendation in DRC
  • The evaluation of IYCF practices is not done frequently, is not systematic or documented
  • Links between the health centre and the community level regarding IYCF activities are insufficient
  • The role of RECOs in IYCF focuses mainly on the families of malnourished children
  • Define Food Distribution Sites / cash / blanket feeding and IDP sites as main points of contact for the integration of IYCE F in WFP's interventions
Context

DRC level

• One of the first pilot countries for this approach
  • April/May 2018: IYCF-E Tech RRT mission
    • Recommendations for the integration of IYCF-E in WFP’s food and nutrition distributions
  • September 2018: national IYCF-E training
    • Attended and co-facilitated by WFP
  • October 2018: national IYCF-E technical WG created
    • WFP as one of the members
  • November 2018: WFP mission
    • Conception of operational models
  • March-April 2019: WFP mission
    • Capacity building for WFP staff, partners and other stakeholders
    • Technical support for implementation of activities
In 2018, food insecurity doubled: **13.1 million people are food insecure** (IPC 3 and 4), compared to **7.7 million in 2017**

- **Estimated 5 million children** expected to suffer from acute malnutrition in 2019, **1,5 million of these are SAM** while **3,5 million are MAM children**

- **800,000 pregnant and nursing women/girls** are expected to be in need of moderate acute malnutrition treatment in 2019

- 20 percent food production deficit. **20 million people at risk of hunger**

- **IPC results endorsed** by the Government in December 2018

- **New emergencies:** Ebola, Angola returnees, Yumbi
Integration of IYCF-E into WFP cash distributions in DRC

Operationalization of the approach
Package of IYCF-E activities

Partner A (at the distribution site level)

- Information sharing and mass awareness raising at the distribution site level
- Simple and rapid assessment of IYCF practices and referral to appropriate counseling services
- Nutrition Promotion and IYCF-E including 3 key messages targeting pregnant and lactating women (PLW), and their family members (caretakers, male, female) during distributions
- Control of donations and uncontrolled distribution of breast-milk substitutes and reporting of violations
- Screening for acute malnutrition of 6-23 months old children and PLWs during distributions and referral

Partner B (community-based strengthening)

- Link between women referred to IYCF-E services and the health center/
- Establishment of a coordination framework between the different stakeholders
- Demonstrations at support group level
- Nutrition Promotion and IYCF-E including 3 key messages targeting PLW, and their family members (caretakers, men, women) at the community level
- Control of donations and uncontrolled distribution of breast-milk substitutes and reporting of violations
- Screening for acute malnutrition of 6-23 months old children and PLWs during distributions and referral

World Food Programme
Package of IYCF-E activities

Group discussion and cooking demonstration with the PLWs in the community, Kalemie, Tanganyika

Cash site distribution with IYCF E stand Nyemba, Tanganyika
Objective, Timeline and Target

• Objective: To protect, promote and support recommended Infant and Young Child Feeding (IYCF) practices through mainstreaming high quality IYCF-E services in CBT emergency food assistance and effective coordination.

• Period: March to July 2019

• Direct target: PLW and Children 0-23 months

• Indirect target: Household members etc
Capacity building on IYCF-E

- Training on integration of IYCF-E in emergency food and nutrition distributions
- Duration: 2 days
- Content based on the 5-day Save the Children IYCF-E training curriculum
- Participants: WFP, implementing partners, other NGOs working in nutrition, UNICEF, MoH
- A total of 46 people trained

Other training:
- Health worker and community actors
- Duration: 2 days
- Content based on counseling IYCF E
- Total 50 people trained
Coordination around IYCF-E

• Coordination with:
  • MoH (PRONANUT)
  • Nutrition cluster and IYCF-E sub-working group
  • UNICEF
  • NGOs working in nutrition

• At national and provincial levels
Integration of IYCF-E into WFP cash distributions in DRC

Programmatic data from the field
Progress and challenges

Tanganyika

4,953 Lactating women assessed on IYCF practices
329 Lactating women referred for support in IYCF
227 Lactating women received IYCF services

Kasai

2,847 Lactating women assessed on IYCF practices
1,033 Lactating women referred for support in IYCF
1,016 Lactating women received IYCF services
Reporting and monitoring

Outcome and Output indicators

• **Minimum Dietary Diversity – Women** Proportion of Women of Reproductive Age (15-49 years) who reached Minimum Dietary Diversity for Women (MDD-W) has increased compared to previous year’s value

• **Predominant breastfeeding under 6 months** Proportion of infants 0–5 months of age who are predominantly breastfed has increased

• **Proportion of children 6–23 months of age who receive a minimum acceptable Diet**

• **Proportion of households with pregnant and lactating women and children up to 2 years of age receiving WFP assistance (food, CBT)**

• Integration of 2 Cost of Diet study with interventions modeling (refer to innovative approach)
### Reporting and monitoring

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Planned</th>
<th>Reached</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of lactating women <strong>assessed</strong> on IYCF practices at the distribution site and at community level</td>
<td>6000</td>
<td>7776</td>
<td>130%</td>
</tr>
<tr>
<td>Number of lactating women <strong>assessed</strong> on IYCF practices at the distribution site and at community level referred to be assisted at appropriate IYCF care services who received support</td>
<td>3000</td>
<td>1362</td>
<td>45%</td>
</tr>
<tr>
<td>Number of targeted pregnant and lactating women receiving key messages on nutrition and optimal IYCF practices through WFP in distribution site and at community level</td>
<td>13000</td>
<td>7235</td>
<td>56%</td>
</tr>
<tr>
<td>Number of targeted pregnant and lactating women participated in IYCF sessions at community level by support groups</td>
<td>6000</td>
<td>1634</td>
<td>27%</td>
</tr>
<tr>
<td>Number of targeted household members and caregivers (male and female) receiving key messages on IYCF delivered through WFP in distribution site and at community level</td>
<td>8000</td>
<td>20291</td>
<td>254%</td>
</tr>
<tr>
<td>Number of children from 6 to 23 months detected with acute malnutrition referred to existing treatment centers</td>
<td>2000</td>
<td>1387</td>
<td>66%</td>
</tr>
<tr>
<td>Number of children from 6 to 23 months detected with acute malnutrition admitted to existing treatment centers</td>
<td>1387</td>
<td>1250</td>
<td>90%</td>
</tr>
<tr>
<td>Number of PLW detected with acute malnutrition referred to existing treatment centers</td>
<td>2000</td>
<td>1705</td>
<td>85%</td>
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Lessons learnt

- The referral of pregnant women to the health facilities has led to an increase in the use of Pre-Natal Consultation and growth monitoring for children under two years of age,
- Most pregnant and lactating women who were assessed at the distribution site and identified to have IYCF problems received support at the health centre and in the community,
- The activity is a major strategy for the active case finding of children with acute malnutrition in community and in the distribution sites,
- Involvement of men in the community during sensitization and cooking demonstrations,
- Community (mothers of children and caregivers) are interested and actively participate in group discussions
Challenges

- In some cases, implementing partners (at the cash distribution site and in the community) did not have good communication / coordination to ensure tracking of beneficiaries at the health centre and in the community.

- Establishment of the steering committee for the pilot at provincial level was difficult among different partners in central Kasai.
Integration of IYCF-E into WFP cash distributions in DRC

Links with Cost of the Diet study in Tanganyika and Kasai
IYCF-E links with Cost of Diet

- COD estimates the amount and combination of local foods needed to provide a typical family with a diet that meets their averaged needs for energy and recommended intakes of protein, fat, and micronutrients.

- The COD helps to know, the minimum cost of foods that meet the nutrient needs of a typical household; if a nutritious diet can be achieved and if it is affordable using locally available foods,

- WFP is using the results of the COD to:
  - Promote the consumption of locally available and affordable nutritionally dense foods.
  - Adapt CBT programming to provide adequate transfers to ensure that beneficiaries are able to meet the nutrient gap.
  - Provide messaging to ensure that beneficiaries utilize the cash assistance to meet their nutritional needs using locally available foods
  - Influence food security and nutrition policies and contribute to advocacy.
Rural markets offer less variety of foods, especially animal-source foods in Tanganyika

% of markets with at least one egg/meat product available

urban

- 83%

rural

- 0%

Total sample: 7 urban and 16 rural markets across 6 territories

World Food Programme
Rural markets offer less variety of foods, especially animal-source foods in Kasai Central

% of markets with at least one egg/ meat product available

urban

- 0%

rural

- 16%

Total sample: 8 urban and 12 rural markets across 5 territories
Calories from nutrient-dense foods are more expensive than from staple foods, especially in rural areas. This means an increased risk for inadequate nutrient intake, particularly for women, girls and children as they need more nutrient-dense foods.
Many household cannot afford to meet their energy needs; very few can afford a nutritious diet.

Cost of an energy-only diet

1,770

CDF per day per household

8 in 20 households (39%) cannot afford to meet their energy needs

Cost of a nutritious diet

7,685

CDF per day per household*

19 in 20 households (94%) cannot afford a nutritious diet

* Without rural Mitwaba, rural Kalemie
Many households cannot afford to meet their energy needs; very few can afford a nutritious diet.

Cost of an energy-only diet

1,492
CDF per day per household

8 in 20 households (40%) cannot afford to meet their energy needs

Cost of a nutritious diet

4,209
CDF per day per household

17 in 20 households (84%) cannot afford a nutritious diet

CotD 2019; EFSA 2019
Without breastmilk, it is twice as expensive to feed a child under 2 a nutritious diet. The diet needs to be very highly diverse.

<table>
<thead>
<tr>
<th>Region</th>
<th>With Breastfeeding</th>
<th>Without Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanganyika</td>
<td>250</td>
<td>479</td>
</tr>
<tr>
<td>Kasai Central</td>
<td>150</td>
<td>176</td>
</tr>
</tbody>
</table>

**Daily Cost (in CDF)**
Next steps

• Integration in GFD, BSFP, TSFP and other platforms

• Lessons learnt and development of WFP operational guidelines
Questions & Discussion
Tech RRT Capacity Strengthening Webinar Series: Programme Spotlights of multi-sectoral integration with IYCF-E

These Programme Spotlights will start in July and will initially feature four practical examples of integration of IYCF-E with other sectors programming.

*Do you talk of multi-sectoral programming but don’t know how to do it?*  
*Do you want to see how others have integrated IYCF-E with other sector programming?*

This webinar series is for you! Explore how others have done it and discover that the boundaries are as broad as your creativity!

### Wednesday, 17th July 2019
**Integrated Family Planning Services with Mother-Baby Nutrition Areas in the Rohingya Camps in Cox’s Bazar, Bangladesh**

*Presenter: Novem Uddin, Save the Children International Bangladesh*

### Wednesday, 24th July 2019
**Baby-friendly spaces linked with Mental Health & Psycho-Social Support in CAR**

*Presenter: Elisabetta Dozio, Action Contre la Faim*

### Wednesday, 31st July 2019
**General Food Distribution with integrated IYCF-E in DRC**

*Presenter: Milca Boramwema & Gwenaelle Garnier, World Food Programme*

### Wednesday, 7th August 2019
**Integrated Food Security Phase Classification (IPC) and use of IYCF data**

*Presenter: Douglas Jayasekaran, IPC Global Support Unit*

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Please register via email at least 1 day before each webinar to receive the link to our online platform.

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Thank you!