Tech RRT Post Deployment Webinar:

Infant and Young Child Feeding (IYCF) Deployment to Jordan (August-October 2019)

8th January 2020
Today's Webinar

- Introductions and objectives
- Presentation on Tech RRT
- Deployment context
- The deployment (ToR, achievements, challenges, recommendations and ongoing activities)
- Discussion
- Evaluation – *please please fill this out at the end (10 minutes only)*
Today’s Presenters

Ben Allen
• Deputy Program Director, Tech RRT

Ruba Abu Taleb
• Nutrition Project Manager, International Medical Corps

Brooke Bauer
• Tech RRT IYCF-E Advisor
Objectives

- Foster discussion on the situation in the country
- Share information on the Tech RRT IYCF deployment to Jordan
- Improve the follow up of the work done during the deployment
What is the Tech RRT?

A technical rapid response mechanism that supports improved nutrition programming through deploying advisors, remote support and capacity strengthening initiatives.

Consortium:
- International Medical Corps
- USAID
- Action Against Hunger
- Irish Aid
- Save the Children

Donors:
- Global Nutrition Cluster
- GTAM
- UNICEF

In collaboration with:
- Sida

As part of the:

Goal: To improve and strengthen the technical quality of programs and assessments for improved nutrition outcomes of affected populations in emergencies and protracted crisis situations.
Who are the Tech RRT?

Coordination Team:
Program Director and Deputy Program Director

A team of 4 deployable experts:

- Surveys and assessments
- Community-based Management of Acute Malnutrition
- Infant and Young Child feeding in Emergencies
- Social Behaviour Change

Deployment Steering Committee: Reviews and endorses deployment requests, input into TORs

The flexibility to find others if necessary
What has the Tech RRT done?

58 deployments to 21 countries
How to request support?

Who can request?
- Any agency (national or international) or other stakeholders (e.g. donors, gov’t) with a nutrition technical need
- Nutrition cluster/sector group
- National organisations strongly encouraged

How?
- Contact the Tech RRT (or GNC)
- Fill in a request form
- Develop a ToR – Tech RRT has generic templates
CONTEXT AND BACKGROUND TO DEPLOYMENT
Humanitarian Context

- Jordan is one of the countries most affected by the Syria Crisis, hosting the second highest share of refugees per capita in the world.

- Total registered population figure of Syrian refugees in Jordan 654,192\(^1\).
  i. urban: 531,108
  ii. Camps: 123,084

- Main source of income: WFP’s food vouchers in camps and unskilled labor in host communities

- Food security\(^2\):
  i. Host communities: 14% food insecure and 66% vulnerable to food insecurity.
  ii. Camps (Azraq & Zaatri): 96% HH are consuming all food groups

- 74% of urban refugees selected access to medicine and health services among their three main unmet needs\(^2\).

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

<table>
<thead>
<tr>
<th></th>
<th>Za’atri Camp</th>
<th>Azraq Camp</th>
<th>Refugees in Host communities</th>
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</thead>
<tbody>
<tr>
<td>Timely initiation of breastfeeding</td>
<td>55.3%</td>
<td>50.5%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Exclusive breastfeeding under 6 months</td>
<td>53.7%</td>
<td>38.2%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Continued breastfeeding at 1 year</td>
<td>59.3%</td>
<td>60.0%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Continued breastfeeding at 2 years</td>
<td>18.9%</td>
<td>16.0%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid or soft foods</td>
<td>77.4%</td>
<td>66.7%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Consumption of iron-rich or iron-fortified foods</td>
<td>21.1%</td>
<td>31.3%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Children bottle fed</td>
<td>13.8%</td>
<td>21.8%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Children given infant formula</td>
<td>3.7%</td>
<td>9.9%</td>
<td>28.2%</td>
</tr>
</tbody>
</table>

• Nutrition programming in Jordan started in 2012 following the arrival of Syrian refugees
• For the period 2013 – (June) 2017;

- **Urban**
  - Facility-based OTP under UNHCR partner.
  - Community based IYCF under SCJ in Amman and south Jordan (community outreach counselors)

- **Camps**
  - Facility-based OTP/SFP + BMS prescription under UNHCR partner.
  - Community based IYCF and SFP under SCJ
    - Community outreach counselors (caravan camps border unit)

• MoH is a member of NWG and all guidelines and SOP’s generated by the group are endorsed by MoH.
• In 2017 a different programming approach was adopted; integration into primary health care.

**Urban**

- Facility-based CMAM/IYCF including BMS prescription within PHC’s of UNHCR partner
  (no community outreach activities)

**Azraq camp**

- The camp consists of 4 villages (one besieged)
  - 4 CMAM/IYCF clinics
  - 1 nutrition counselor per clinic
  - BMS prescription in two clinics
    - 21 community nutrition volunteers (Syrian)
    - MUAC screening At triage point

**Zaatri camp**

- The camp consists of 12 districts.
  - 4 CMAM/IYCF clinics (1 per 3 districts)
    - 1 nut. Counselor per clinic
    - BMS prescription in one clinic
  - 19 community nutrition volunteers (Syrian)
    - MUAC screening At triage point
• Since the transition, staff operating CMAM/IYCF, RH and pediatric medicine programs have not received a comprehensive, harmonized IYCF training.

• Urban IYCF activities are limited to breastmilk substitute (BMS) prescription and group education sessions.

• Outcomes of new-born baseline health assessments conducted in 2016 and 2018 in Zaatari and Azraq camps demonstrated the need to focus on developing the capacity of health care providers.¹

Source: ¹2017 Health Sector Humanitarian Response Strategy
1. Protracted emergency
2. IYCF not included in development or community resilience programs
3. BFHI is not very well recognized in urban hospitals
4. Involved practitioners in RH and pediatric medicine (GYN, Pediatricians, nurses...) only refer to IYCF clinics in the camp.
5. Staff are not trained how to compensate for the lack of outreach counselors Urban UNHCR partner for IYCF is new and affiliating staff have never received specialized IYCF counselling training.
THE TECH RRT DEPLOYMENT
**Dates:**
31 August to 4 October 2019

**Purpose:**
Strengthen the delivery of IYCFE among Nutrition and Reproductive Health (RH) actors implementing camp- and/or urban-based nutrition and reproductive health activities in Jordan.

**Scope:** RH and CMAM partners operating in Azraq and Zaatari Camps
The objectives of the deployment were to:

1) Strengthen the integration of IYCF into RH and CMAM programmes
2) Strengthen IYCF Counselling competencies amongst midwives and IYCF counsellors
3) Build local capacity to deliver IYCF Counselling Training
Deployment Activities (1/2)

1. On-site mentoring and discussion

- In-home BMS prescription follow-up
- Midwife in Zaatri Camp shows Tech RRT Advisor her IYCF and Family Planning educational tools
- IMC Nutrition Counsellor walking through Zaatri camp for a BMS follow-up visit
2. IYCF Integration Orientation for Medical Providers

3. IYCF Counselling Training of Trainers
1. Comprehensive IYCF/CMAM and RH integration action plan developed
   - Outlining gaps, recommended activities, timeline and required resources

2. IYCF integration monitoring tools reviewed and revised

3. Contextualized IYCF Orientation Package for RH Actors developed

4. 3 one day IYCF orientations delivered in both camp and urban settings for RH actors
   - 32 participants total
5. Contextualized 5-day IYCF Counselling Training ToT Package developed

6. Contextualized 5-day IYCF Counselling Training ToT delivered
   • 22 participants completed the entire training
   • Trainers identified

5. IYCF Orientation Report and Counselling ToT produced delivered
Challenge 1
While the ToT and orientation sessions were met with a positive response there are limited monitoring practices in place to ensure the skills are put to use.

Recommendation 1
ToT trainees should have mentoring in place to ensure the appropriate use of the skills with oversight from the Nutrition Working Group.

Challenge 2
Training and capacity building was much needed however it was also observed that support on coordination and monitoring of the programme is also required. This could be led by IMC and/or the Nutrition Working Group as a collective.

Recommendation 2
Nutrition partners to seek technical support (if necessary) to re-establish solid leadership in order to improve coordination and monitoring of the CMAM programme.
Challenge 3
Post-deployment communication has been inconsistent. Despite requests for feedback on the Joint Action Plan and training reports there has been a low response rate from in country partners. While the Joint Action Plan is written based on input from partners in-country, continued engagement is required for any action to take place.

Recommendation 1
IMC must **continue to encourage partners to move the plans forward** in country. As the plan implicates extra tasks and activities, IMC Jordan can request support to another key partner if relevant. The Nutrition Working Group must work together to ensure that the Joint Action Plan is implemented.
1. Technical support on IYCF-E and multisectoral integration would be beneficial to IMC Jordan.
   - IMC is a possible lead organization for the integration CMAM into IYCF-E and IYCF-E into RH as they are the largest providers for these services in both urban and camp settings.

2. Deployment was perhaps **slightly too short**
   - After the training, monitoring and evaluation tools are needed to be put into place to measure application of knowledge by participants in their day to day work.
   - M&E tools were outlined in the Joint Action Plan however it is not clear how driven the partners are to implement these tools.
On-going and future work (1/2)

1. The Joint Action Plan is being taken forward by partners
   • Remote support at this stage does not appear necessary
   • Peer support group integration possibly the most noted change

2. Joint statement on IYCF updated and circulated within NWG

3. Training materials developed during deployment are being translated to cascade the training

4. Translated poster on 10 steps for baby friendly hospital initiative is under print
5. Two trainers per camp

6. Advertised new hierarchy at the camp health coordination

7. Coordination with WFP to facilitate cooking demonstration sessions at public kitchens in the camp

8. All community nutrition volunteers received a one-day IYCF training utilizing materials developed during deployment

9. Bottle amnesty is now practiced in camps (facility-based)
Please fill out the webinar evaluation, it will only take 10 minutes:

https://www.surveymonkey.com/r/TechRRT_Webinar_Evaluation

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