This webinar will begin momentarily

Learning session on alternative care in the COVID-19 pandemic
20 July 2021

Better Care Network

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HOUSEKEEPING

- This webinar is being recorded and the recording will be made available to you.
- Introduce yourself in the chat (select “Panelists and Attendees” when sending a message so everyone can see it)
- Use the Q & A to ask questions and upvote and comment on the questions of other attendees.
- Respond to poll questions when they pop up.
- Those accessing the webinar from their internet browser will not be able to see polls but are encouraged to respond in the chat.

MODERATOR

Sangita Bhatia
Consultant Child Protection,
UNICEF India

AGENDA

- Introduction to the webinar
- Presentations:
  - Dil Air, Save the Children (Nepal): Parenting messaging, videos and community level work, in particular in relation to relieving parental stress, preventing violence in the home
  - Lo Leang & Augustin Thomas, Family Care First|REACT (Cambodia): Cash support added to case management with focus on addressing prevention of separation and addressing loss/lack of livelihood.
  - Lopamudra Mullick, CINI (India): Gatekeeping in the context of COVID - tracing extended family for kinship care arrangement, psychosocial support to children and families in kinship care and families where children have lost one parent
  - Galina Bisset, Hope and Homes for Children (Bulgaria): Emergency foster care practice in COVID context
  - Maureen Obuya, Changing the Way We Care (Kenya): Adaptation to virtual case management due to COVID to support reintegration into family care from residential care
- Discussant: Nilima Mehta, Visiting Professor & National Advisor, Child Protection & Adoption
- Q&A

POLL #1

What has been the most common response in your interventions since the onset of the pandemic last year?

a. Linking families and children to social protection schemes and benefits and addressing survival needs

b. Responding to child protection risks like child labour, child marriage, school dropout, trafficking etc

c. Responding to COVID related health needs of children and families

d. Responding to children who have lost parent/s to COVID-19

PANELIST

Dil Air

Technical Manager - Child Rights Governance and Child Protection, Save the Children Nepal


Save the Children

POSITIVE PARENTING ADAPTATION: EXPERIENCE OF NEPAL

Positive Parenting Session during COVID-19

OUTLINE OF THE PRESENTATION

- Program Context
- Positive parenting program update
- Adaptation of Parenting Sessions during COVID-19
- Challenges faced due to COVID-19
- Additional support to improve program adaptation

CONTEXT OF PROGRAM LOCATION

Rolled out Positive Parenting Program in Five municipalities

Geographically remote and people have to rely on daily wages due to higher rate of multi-dimensional poverty (MPI 0.235)

Mainly the male caregivers have to migrate to urban for seasonal work to survive their family

Low literacy rate; only 58.25% people can read and write

High gender disparity, cultural malpractice of keeping females away from homes during 5 days of menstrual cycle (Chhaupadi)

CONTEXT OF PROGRAM LOCATION

Increased number of GBV and violence against children cases reported in the media during COVID-19 pandemic.

National Child Rights Council (NCRC) reported that this province is the main source of children transferred to institutional care in the Kathmandu valley

44.3% women aged 20-24 years who were first married or in union before age 18 in the province.

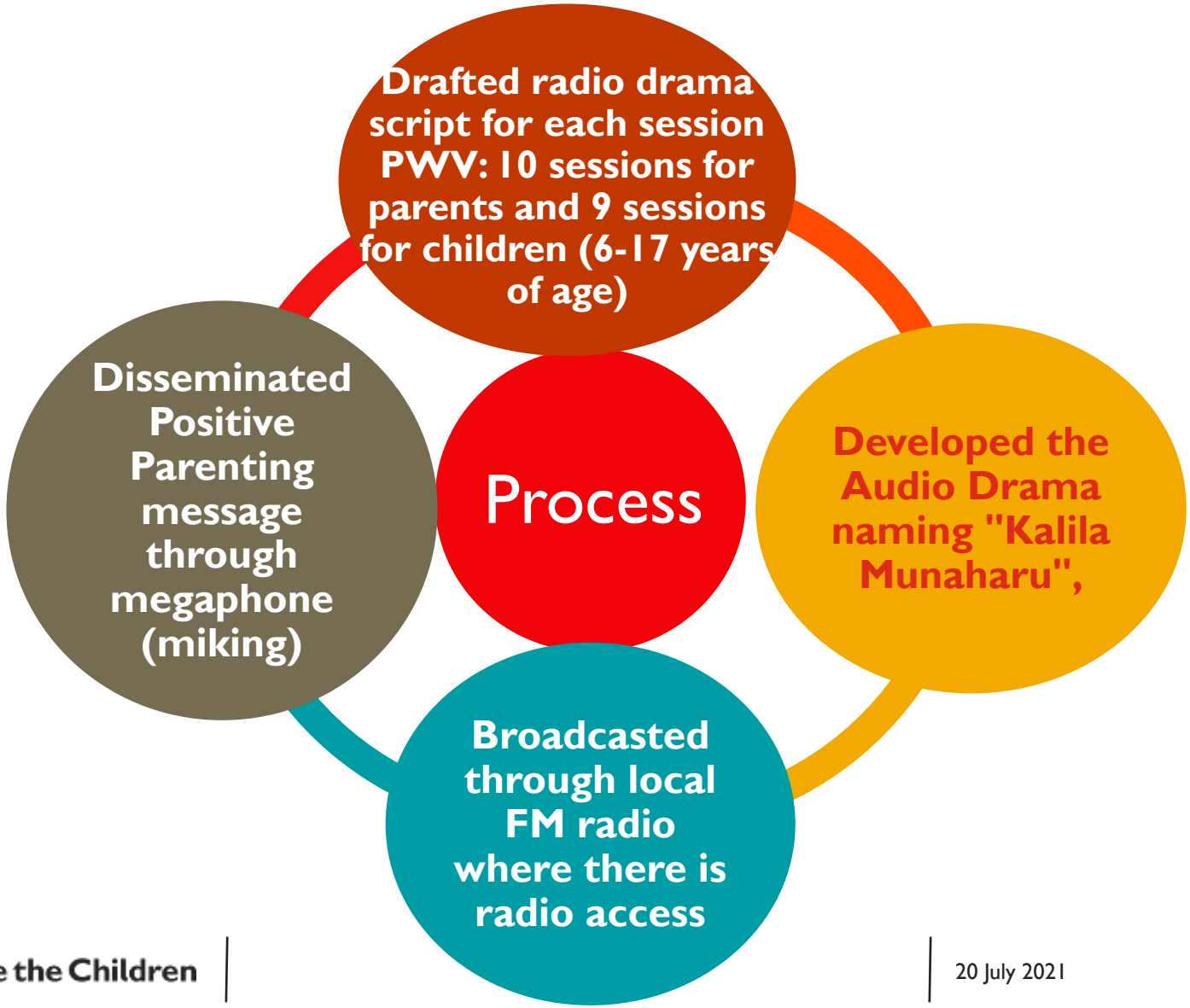
79% of children aged 1-14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past one month (MICS 2019)

POSITIVE PARENTING PROGRAM UPDATE

- Implemented total 10 positive parenting Sessions for parents and 9 session for children.
- Inbuilt the Positive Parenting sessions with early stimulation and Health & Nutrition Program.
- Pictorial session guideline /booklet developed for community level mentors to facilitate session
- Community sensitization events i.e. Street Drama and dialogue carried out on the importance of PWV session
- Technical support provided to local government to develop and endorse multi-sectoral strategy to end Violence Against Children (VAC)

ADAPTATION MODALITY DURING COVID-19

1. AUDIO DRAMA ON POSITIVE PARENTING SESSIONS



Component 1: Positive Parenting Activities

Positive Parenting Group session Topics

1. Family dreams & self-care for caregivers
2. Right to be safe
3. Identifying positive parenting goals
4. Caring for children with emotional warmth & structure
5. Understanding children, their views & feelings (0-5 years)
6. Understanding children, their views & feelings (6-9 years)
7. Understanding children, their views & feelings (10-17 years)
8. Respectful communication & problem solving
9. Respectful communitcation & positive relationships
10. Supporting our children, each other & seeking support

Component 2: Children's Session

Children's Session Topics

1. Getting to know one another
2. My life
3. Our community
4. Children's needs and rights
5. Being a girl or a boy
6. What is abuse?
7. My body is mine and protecting ourselves
8. Communication and problem solving
9. Friendship

Miking in the communities to disseminate key message of Positive Parenting during COVID-19

Disseminating Key message on Positive Parenting during COVID-19 lockdown

2. POPULAR TELEVISION SHOW "PAWANKALI" DEVELOPED

Collaborated with MoHP and NHEICC and developed 'Pawankali' the comedy show with visual and radio-based contents focusing positive parenting and COVID-19.

The comedy show aired through 100+ community FM stations through Community Information Network (CIN) every Sunday from 7:15 to 7:30 AM, and on Monday from 8:30 to 8:45 PM.

The show also broadcasted through YouTube, and other social media channels

The link is here:

https://drive.google.com/drive/folders/1TP21Y7yxfpVkUuQvFR19pS1pplVWrUrr

3. RADIO PROGRAM "OUR TURN"

Save the Children

CIN

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
राष्ट्रिय स्वास्थ्य शिक्षा, सूचना तथा सञ्चार केन्द्र

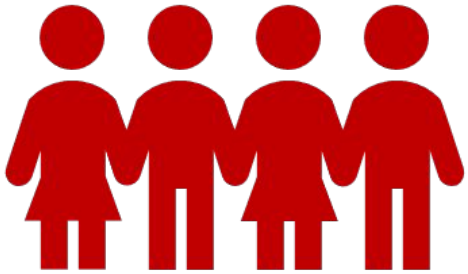
4. MOBILIZATION OF PARA SOCIAL WORKER IN THE COMMUNITY

- More than 102 Para Social Workers were already recruited and mobilized to manage the cases of most vulnerable children
- Trained them on Positive parenting Sessions.
- Mobilized them to disseminate key message on positive parenting to parents of vulnerable households in their own community.

CHALLENGES FACED DURING THE COVID-19

- Postponed the community-based awareness activities i.e public hearing, dialogue and street drama on positive parenting
- Low Literacy level of community people.
- Geographical remoteness and limited access to telephone and internet connectivity.
- Increased number of cases related to violence against children.

TOTAL REACH DURING COVID-19 PANDEMIC



Children 7513
Girls: 3039
Boys: 4474

Adult 9385
Male: 5059
Female: 4326

ADDITIONAL SUPPORT TO PROMOTE POSITIVE PARENTING

- Develop more audio, visual materials focusing illiterate people
- Sharing of short videos of parenting message through social sites
- The tiktok can help to disseminate key message on parenting.

THANK YOU

Save the Children

PANELISTS

Lo Leang
Head of Child Protection, Family Care First | REACT

Augustin Thomas
Head of Food Security, Livelihoods and Cash Operations, Family Care First | REACT

FAMILY CARE FIRST | REACT

CVA for CP – the case of Cambodia

សហភាពអឺរ៉ុប

USAID
ជំនួយពីពលរដ្ឋអាមេរិក

GHR FOUNDATION

Save the Children

unicef

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Overview

FCF|REACT Objective

FCF | REACT aims to support Cambodian children to live in safe, nurturing family based care.

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Child Sensitive Cash Transfer Goals

Cash assistance to prevent vulnerable households from resorting to negative coping strategies leading to increased child protection risks

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Targeting beneficiaries

At-risk of family separation

Or

Recently re-unified

And

Receiving case management

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Activities

Key Activities

- Household Economic Survey
- Transferred values calculation
- FGD with caseworkers on pre-cash transfer
- Agreement with service provider (Wing): 8-month mobile money
- Economic Prioritization Tools trainings
- Baseline and Post Distribution Monitoring
- End-line survey

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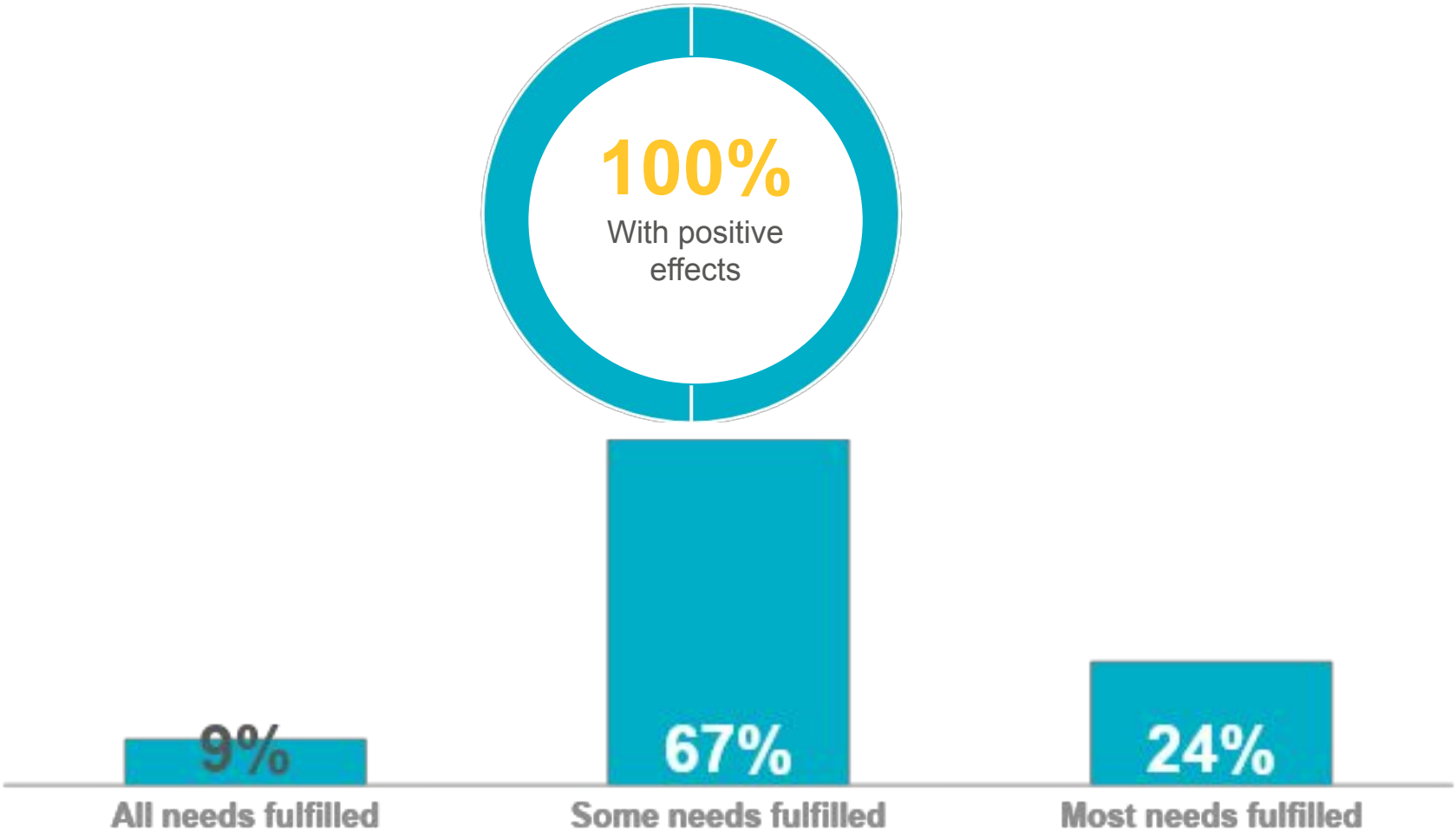
Achievements

Cash Outcomes on Overall Needs



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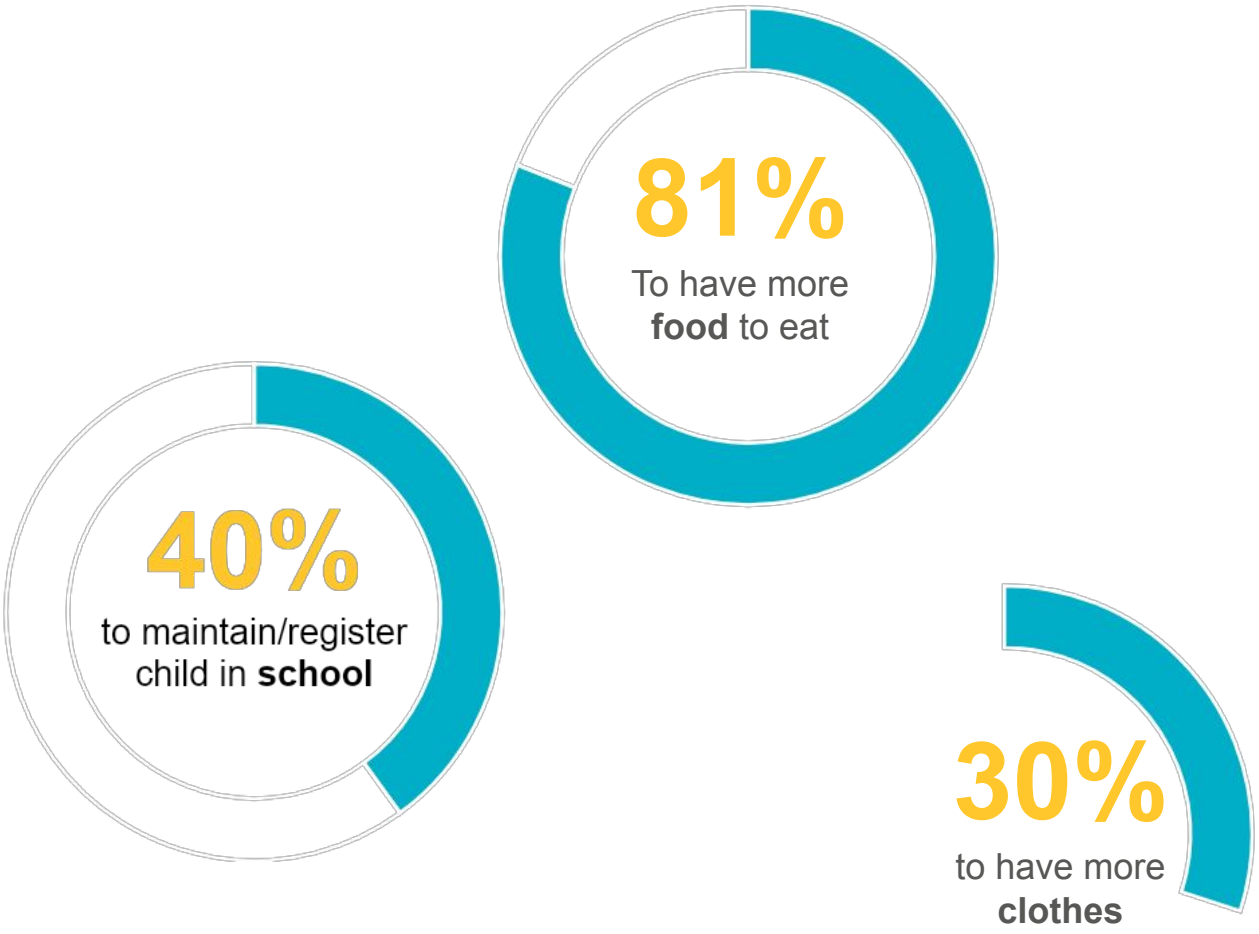
Overall Cash Outcomes (cont.)



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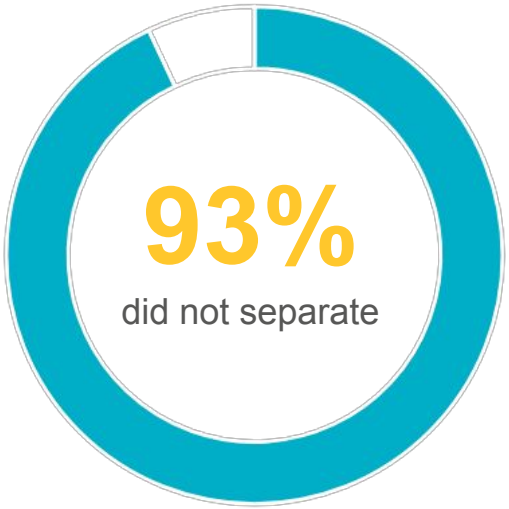
Cash Outcomes on Family Separation



Children have enough food

Children are able to study

Children do not need to work

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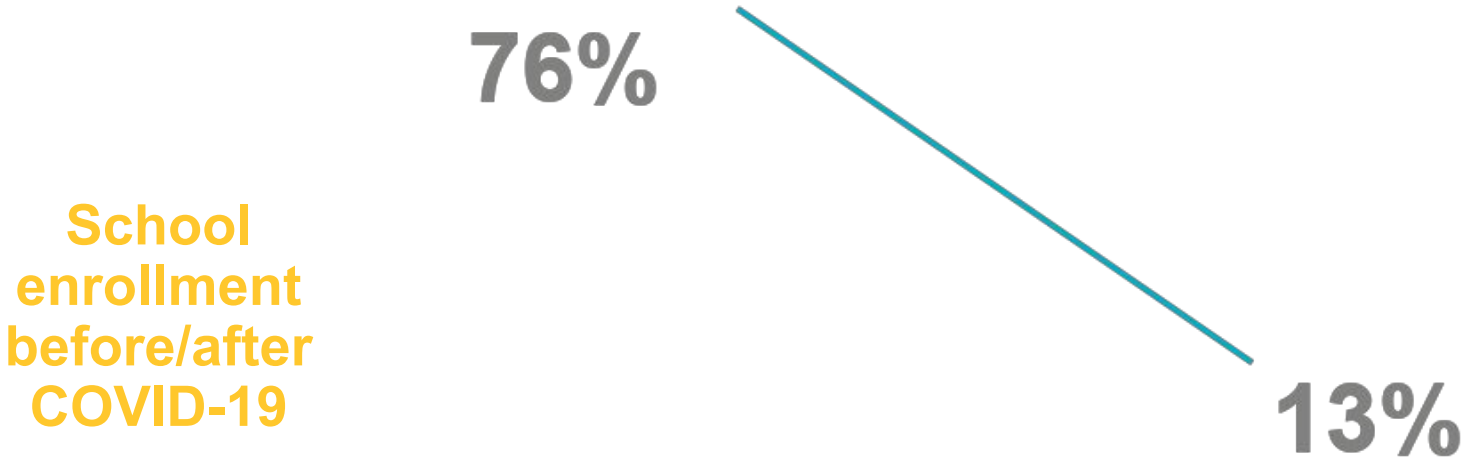
Cash Outcomes on Education



"*Not having enough money was by far the biggest causal factor in children not attending or dropping out of school*"

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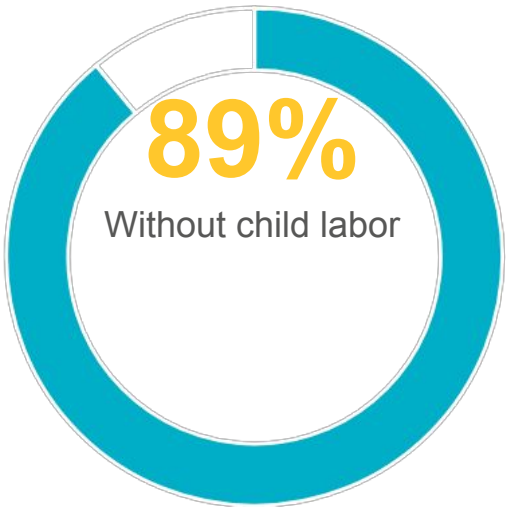
Cash Outcomes on Child Labor

90% (baseline)



10% (baseline)

- Insufficient income to meet basic needs
- Schools closure

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Lessons Learnt

Cash outcomes and limitations

- Cash is the most **preferred assistance modality**, by far
- Cash transfer with case management proves effective at preventing risks of **family separation** (reduce risk of migration, strengthen **access to education,** child labor…)
- Cash assistance helps households covering part but not all of their **essential needs**
- Cash limits risks of **child labor** – school closure is one of the greatest factor

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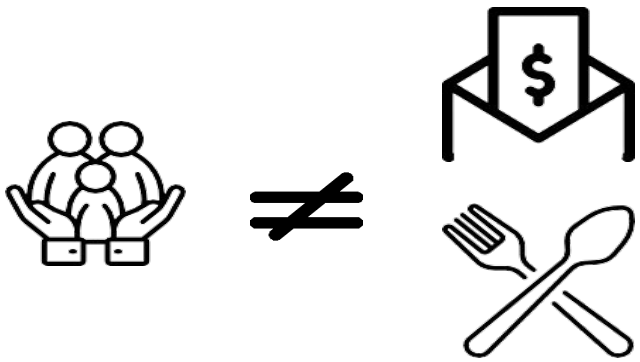
Challenges

A. Expertise

B. Mean and outcome



Diversion from CP mandate ?

C. Risk and protective factors

- Multiple risk factors
- No validated tools for measuring risk of or vulnerability to separation
- Subjectivity for assessing risks of family separation

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Next Steps

Child-sensitive livelihood assistance

- **Transition** from emergency to early recovery

- Conditional cash assistance (inputs & assets, trainings and business start-up…etc.)

- Strengthen **resilience in the long-term** by **diversifying livelihoods,** extending the **national safety net scheme coverage,** register vulnerable households into ID poor, promoting access to **saving and loans** mechanisms…etc.

- Consider **building systems** to integrate basic livelihood services into case management

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Thank You!

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Ministries & Government Institutions

REACT Partner Network

3PC
Together, building stronger child protection systems

Members

AHC
APLE
Bandos Komar
Better Care Network
CDPO
Cambodian Children's Trust
Cambodian Organization for Living and Temporary-care
CRS
Catholic Relief Services
ChildFund Cambodia
CAD
Children's Home Society of Minnesota
CIF
children's future
epicarts
friends international
Together, building futures.
First Step Cambodia
free to shine
Global Social Service Workforce Alliance
HAGAR

Members

Donors

PANELIST

Lopamudra Mullick

Programme Manager - Child Protection, CINI India


Gatekeeping
during
COVID

Our History

Who are we?

An Indian NGO that has adopted a human rights-based approach (HRBA) to programming with children and adolescents to foster their human and social development.

What is our mission?

'To ensure that children and adolescents achieve their rights to health, nutrition, education, protection and participation by making duty-bearers and communities responsive to their wellbeing.'

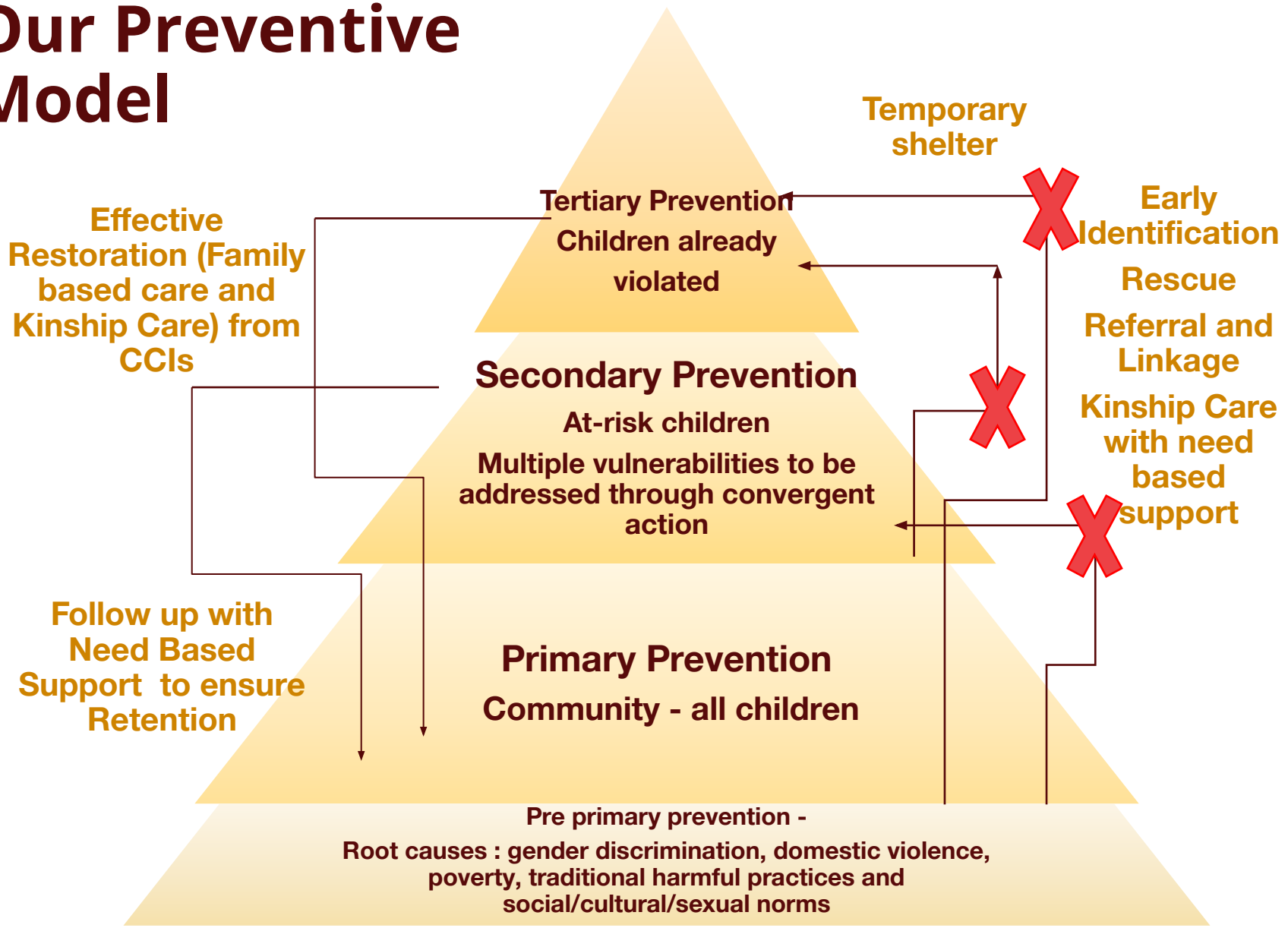
What is our vision?

To create 'a friendly and responsive community where children and adolescents achieve their full potential.'

Our Reach

7 million people

Our Preventive Model



Aggravated Vulnerabilities during COVID

Child Marriage surge by 8.7%

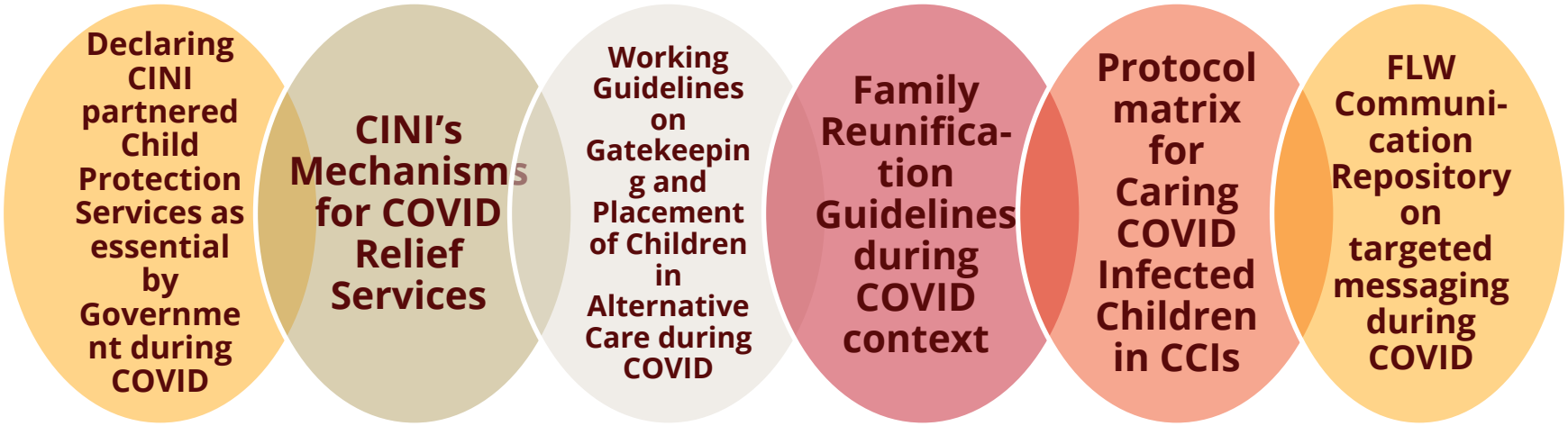
Child Labour surge by 2.8 %

Child Abuse surge by 8.9%

Child Trafficking surge by 4.7%

516 children orphaned due to COVID

Strategising CINI's response to COVID



Early Identification and Response during COVID

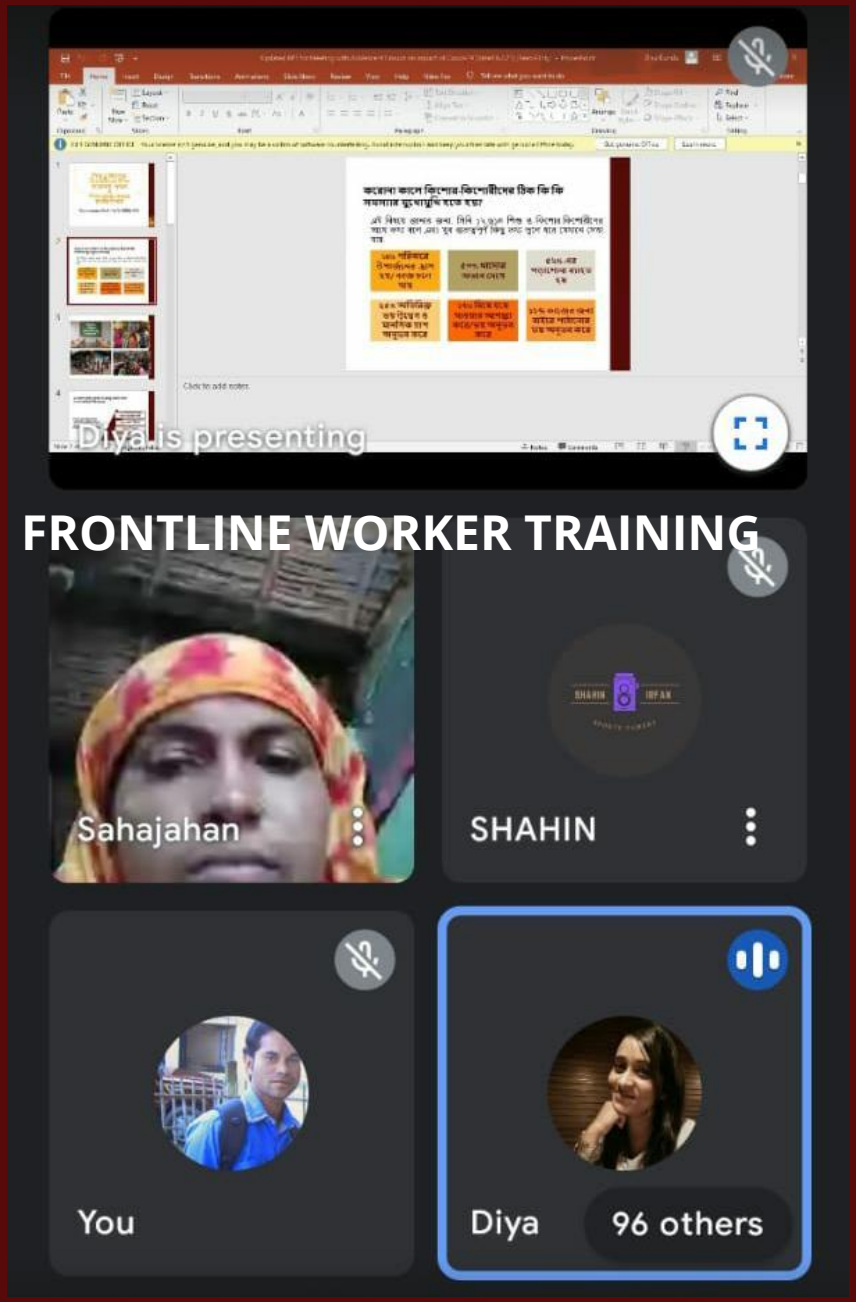
- Outreach and house visits (in particularly vulnerable communities like red light areas, bordering areas, tea gardens, rural and remote areas and tribal belts)
- COVID HELP DESKS (CHD's) at strategic locations
- Awareness drives by mobile CHDs in worst affected areas
- Peer led networks (WhatsApp Groups of Children/Adolescents) to track and respond
- Incubate technology in identification of children who have lost parents and/or abandoned due to COVID
- Intensive counselling, safe custody and temporary shelter for children who have lost parents and/or abandoned
- Addressing food shortage, medical aid, and mental health stemming from extended shutdowns and economic loss
- Training government frontline workers on alarming CP issues during COVID, and response mechanism

COVID HELP DESK


STOP COVID-19
COVID SAHAYATA KENDRA
কোভিড সহায়তা কেন্দ্র
cini
Govt. Help line(24 Hrs)
1800-313-444-222
CINI Teen Line(10am - 6pm)
1800-121-5323

OUTREACH


NIKE



FRONTLINE WORKER TRAINING

RELIEF KIT DISTRIBUTION

Prioritising Kinship Care and ensuring continuity of care for children already placed in Kinship Families

What did we do?

Family Counselling to address mental stress and trauma stemming from COVID

(MOHFW,MWCD,NIMHANS,CINI and Childline) focusing on :

- Looking out for stress response in children.
- Avoiding blaming anyone for the situation.
- Reassuring that situation is transient
- Their role and contribution in keeping children safe.
- Indentifying stressors in the family and prevention of violence in families.
- How to engage with children positively and effectively.
- Being aware about the lurking and alarming child protection issues.
- Informing them about support being extended by central and state government and facilitating access to them.
- Building their capacities on child protection risks – prevention and response

Linking and ensuring access of families to services and benefits

- Linking them the public distribution system (PDS)
- Linking them with relief distributions.
- Linking with health benefit scheme (eg-Swasthya Sathi)
- Linking children with sponsorship scheme
- Relief kit distribution at the doorstep of the child along with educational support

Convincing families for kinship care

- Baked on CINI's rapport with communities and community leaders to facilitate kinship care
- Need of the child to stay in a family setting.
- Institutionalization and its pitfalls.
- Highlighting linkage with government support services.
- Highlighting essence of sibling bonding
- Seeking support from the neighbours, community members and government frontline workers for follow-up

Promoting Mental Health and Healthy Coping Strategies

Counselling for age groups (7-13) and (14-18) focusing on-

- Anger management and identifying root causes of anger
- Stress management and identifying root causes of stress
- Overcoming Anxiety
- Relationship issues with kin families (identifying causes and solutions)
- Self awareness and identifying skills, strengths, weakness
- Empathy and sympathy
- Creative thinking
- Critical thinking
- Decision making
- Effective Communication
- Interpersonal relationship
- Coping with emotion and stress
- Aspiration

How many did we reach out to during COVID?

12614 children from the community

3022 children rescued through Childline

40% boys

1332 children restored in families

60% girls

332 children placed in kinship families

Followed up, linked with services

1588 children provided with support services

Thank you

PANELIST

Galina Bisset

Technical Adviser - DI and Alternative Care, Hope and Homes for Children UK

HHC model of emergency foster care in Bulgaria in the context of the Covid-19 pandemic

Galina Bisset
Technical Adviser – DI and Alternative Care

20th July 2021

hope and homes for children

Context and scope of HHC's programme in Bulgaria since January 2010

Support to national level reform of child protection and care system launched by the Bulgarian government in 2010 – DI strategy and action plans – leading to the closure of all large residential institutions for children (137 facilities with 7 716 children)

- 25 districts of operation (out of 28);
- 23 local coordinators + core team of 6 specialists
- 1984 successful preventions;
- 197 successful reintegrations;
- 472 supported foster families;
- 21 gate-keeping commissions at district level; 160 case meetings with 1032 participants;
- 2648 participants in trainings – child protection officers, social services providers, members of gate-keeping commissions;
- Advocacy, policy and legislation development, monitoring of the action plans implementation;

HHC's work led to the closure of 24 institutions for children 0 to 3 (baby homes) – out of 32. Now, only 4 baby homes left with 230 children.

By end of 2020 all other types of institutions for children have been closed by the state.

Context and scope of HHC's model of emergency foster care

In 2011, the Bulgarian government launched a national project for developing FC in support of the plans to close all large institutions for children. FC, as alternative family care, was intended for children who cannot remain in their families and would otherwise be placed in institutions, as well as for children already in institutions who cannot go back home, when the institution closes.

From a few hundred foster families prior to the project their number rose to 2120 with 1900 placed children at the end of 2020.

However, initial reluctance by both child protection departments and foster carers to place newborn children on an emergency basis, and especially those with disabilities.

In order to stop the flow of children into the baby homes, HHC had to develop a model of supporting existing foster families to provide care for infants and young children with disabilities.

- 472 supported foster families by HHC

The model through the eyes of external evaluators

Two external evaluations in 2014 (sample of 192 FFs) and 2017 (sample of 72 FFs) by New Bulgarian University

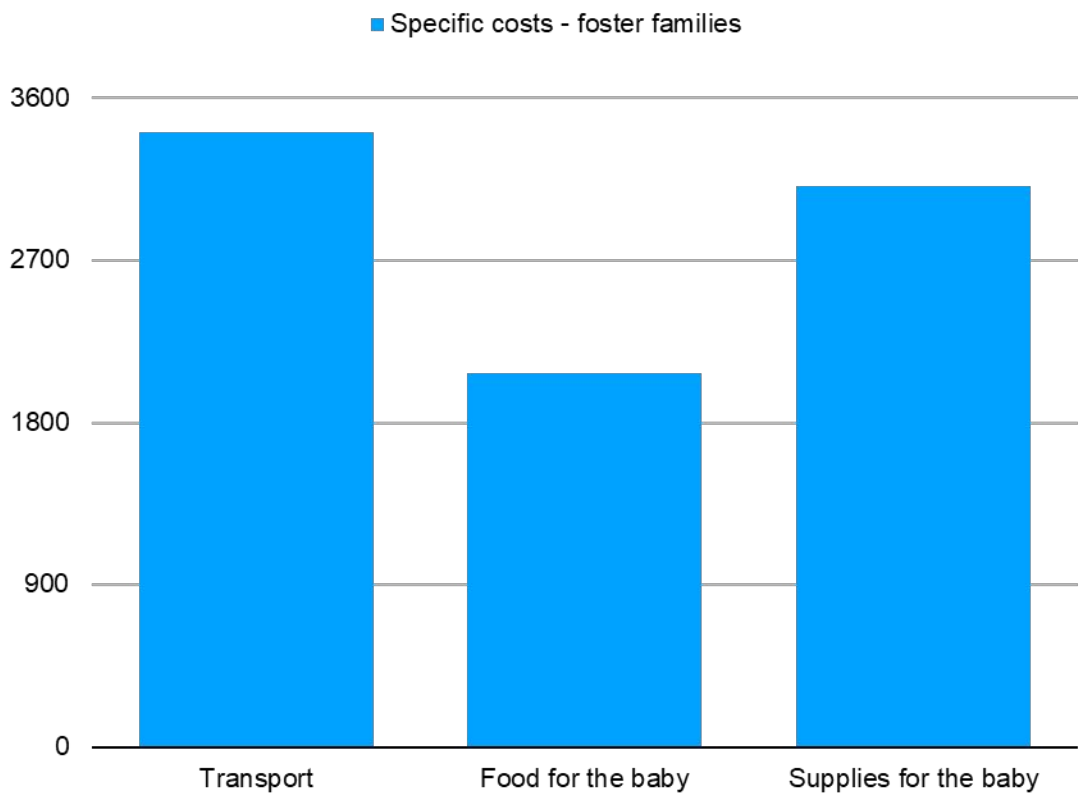
The aim of the support by HHC - timely, flexible, tailor-made - is to encourage the fostering of newborn babies and disabled children.

Samples include cases in which reintegration in the biological family is not feasible, cases involving a long rehabilitation period for the family or cases in which there is a need for emergency temporary protection in order to prevent child abandonment.

Usually, the support of foster families who are caring for newborn babies is short-term (1-3 months). This is the period during which families must reckon with the costs of extra space, childcare equipment and accessories for the baby. The period of support for children with disabilities is generally longer than 1-3 months and depends on the child's status when removed from the baby home, the complexity of his/her specific needs and the duration of the necessary interventions. The goal is to achieve an optimal level of health care before ending support. HHC withdraws when the child is in a stable condition and receives all necessary care and services in the community.

Expenditures by areas of intensive support

Vertical axis is local currency - leva



Responding to the gaps in the state FC system

High transport costs:

Transport costs for matching visits when children and FFs are far apart, final transfer. (GAP – CPD's lack resources);

Covering transport costs of FFs with disabled child to receive high quality medical care far away from the place of living - interventions and prophylactic examinations. (GAP - Many FFs live rurally; good medical care only in the largest cities);

Transport costs of intensive visits by HHC coordinator to the FFs, for advocacy and mediation, logistical support, arranging appointments. (GAP – newly formed FC teams lacked experience and resources).

High costs for baby milk and equipment:

Expensive baby milk and diapers in disproportion to the child allowance, received by the FF (GAP- low and delayed allowances for children 0 to 3);

A large amount was spent on the purchase of cots, mattresses and pillows, baby accessories. This investment is not only for the particular child placed in the family during the project, it helps enable the family to care for other infants in the future (GAP – this initial investment acted as a disincentive to FFs to take babies);

Children with disabilities need immediate home adaptations and aids (GAP – slow process of receiving state entitlements and very basic range of aids for children; need for home adaptations is a disincentive).

“IN THE ABSENCE OF STATE MECHANISMS FOR FLEXIBLE AND TIMELY FUNDING, HHC SUPPORT IS SENSITIVE TO THE FAMILY LIFE SITUATION AND DOES NOT REQUIRE AN UNJUSTIFIABLY LONG ADMINISTRATIVE PROCEDURE FOR APPROVAL.”

External evaluation of New Bulgarian University

Impact of the Covid-19 pandemic

Ban on placing children in residential care during the lockdowns – only in extreme circumstances.

Increase in demand for FC.

Increased call to HHC for help by child protection and foster care teams – shortages of disinfectants, protective gear, cost of PCR tests, provision of medication but also – monitoring visits as CPD and FC teams were not allowed to visit family homes.

HHC coordinators remained mobile and well equipped with full personal protection.

Increased interest in HHC model by the national authorities: improved allowances and range of aids for disabled children (pushchairs, walkers etc.); increased allowances for babies and disabled children in foster care since January 2021; better coverage of transport costs of CPD and FC teams under the national project.

Sustainability of HHC model of emergency foster care

The national FC project is funded with EU money until the end of 2022.

HHC contributes to the working group on creating a financial standard for this service, homing in on all the experience to date in motivating and assisting foster families to provide short-term support in difficult cases.

The HHC model of work is implanted into local teams mostly through joint casework and the attitude of partnership and support to local professionals which HHC is able to achieve.

Contact Details

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Vision: a world where children no longer suffer institutional care.

Mission: to be the catalyst for the global elimination of institutional care for children.

PANELIST

Maureen Obuya

Senior Project Officer, Changing the Way We Care

Changing the Way We Care

International Learning Event: The Impact of COVID on Children's Care

July 2021

The adaptations to case management practice to support reintegration of children from residential care and into family care during COVID.

Presentation Outline

Background and approaches

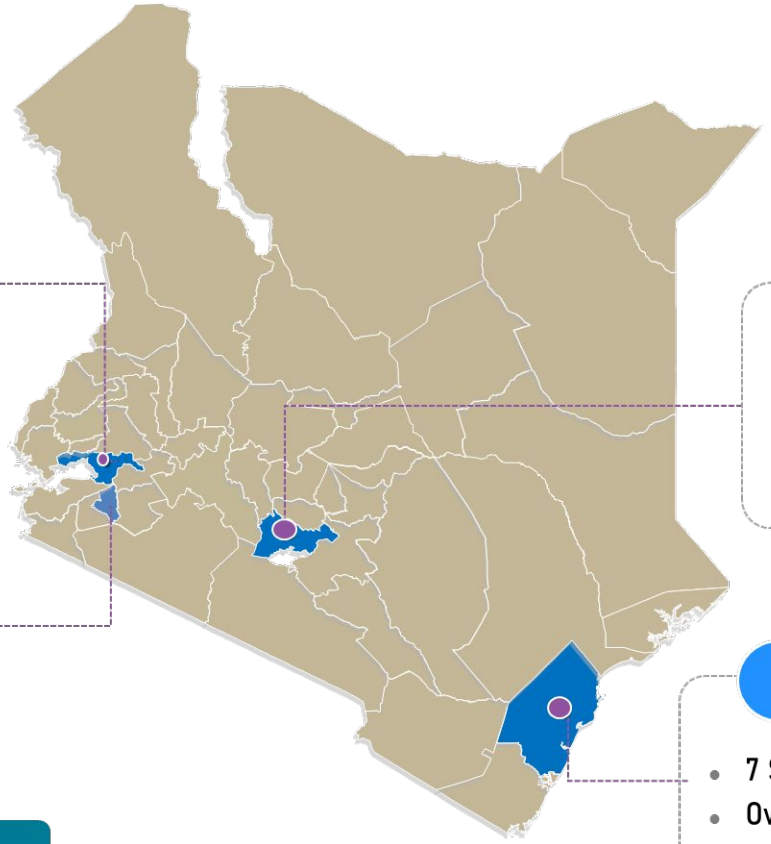
Opportunities

Impact of COVID

CM adaptations and Lessons Learned

Background and Approaches

Demonstration Counties



Kisumu County

- 7 Sub counties
- ~ 35 RCFs
- 1700+ children in RCFs

Nyamira County

- 5 Sub counties
- 10 RCFs
- ~300 children in RCFs

not yet funded

Kiambu County

- 13 sub counties
- Over 100 RCFs
- 3600+ children in RCFs

Kilifi County

- 7 Sub counties
- Over 40 RCFs
- 1700+ children in RCFs

RCF = Residential Care Facility

Our Approach

Building relationships + getting buy-in from key government line ministries & other social actors

Awareness raising sessions at community level to promote family + community-based care

Family strengthening

Preventing separation & reunifying children with families

Transitioning of RCFs to community services

Strengthening family-based

Responding to rapid release of children from institutional care due to COVID-19 pandemic

moving towards transformational change at scale in Kenya

The Impact of COVID-19

Government Response to COVID-19

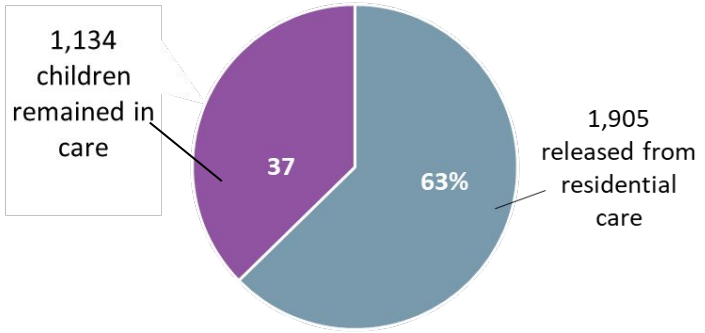
- Formation of Care Reform Steering Committee and Sub-committees.
- Countrywide circulars directing the release of children from institution back to their families/community.
- Countrywide data collection on institution needs and status of children/families.

Effects of COVID-19 on Children

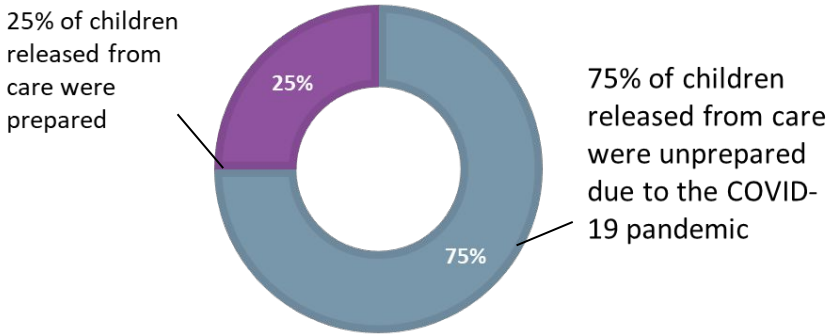
Results from 79 RCFs

County	Released		Remaining		Total No. children
	No. children	%	No. children	%	
Kisumu	1007	70.2%	428	29.8%	1435
Nyamira	155	90.6%	16	9.4%	171
Kilifi	743	51.8%	690	48.2%	1433
Grand Total	**1905**	**62.7%**	**1134**	**37.3%**	**3039**

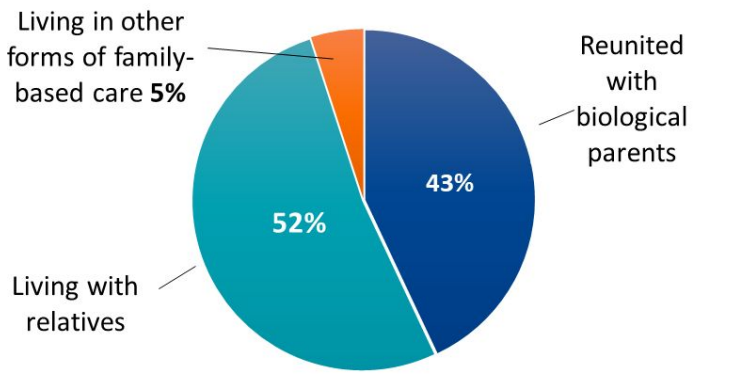
Children placements



Children preparedness before release from institutional care



Forms of care for children released from institutional care



Other important information for children either in care or released from care

- **80% of children** reunified/placed with families within the same county.
- Reasons for children remaining in RCFs: poverty/family vulnerability, access to food, education, health services and inability to trace family.
- Families who received children requiring immediate food support, education and hygiene products.

Effects of COVID……..

- Approximately 3% (94) were indicated to have some of disability.
- Out of 94, 35 children (37%) were released back to family.
- More than two-thirds of the children are within the same counties as the institutions they had been placed.

The Opportunities

COVID-19: Opportunities

Commitment | **Coordination** | **Collaboration** | **Ownership**

- There was buy-in from both the National Council for Children's Services (NCCS) and Department of Children's Services (DCS), and other Care Reform actors e.g., UNICEF, STAHILI, CTWWC etc.

COVID-19: Opportunities

Commitment | **Coordination** | Collaboration | Ownership

- Better coordination of children's work at national and county level
- Government taking led in the coordination of activities: enhanced learning and multi-sectorial collaboration

COVID-19: Opportunities

Commitment | Coordination | **Collaboration** | Ownership

- Better coordination of activities, meetings and events resulted to better collaboration amongst the state and non-state actors.
- Resulted to efficient and effective resource allocation and utilization.

COVID-19: Opportunities

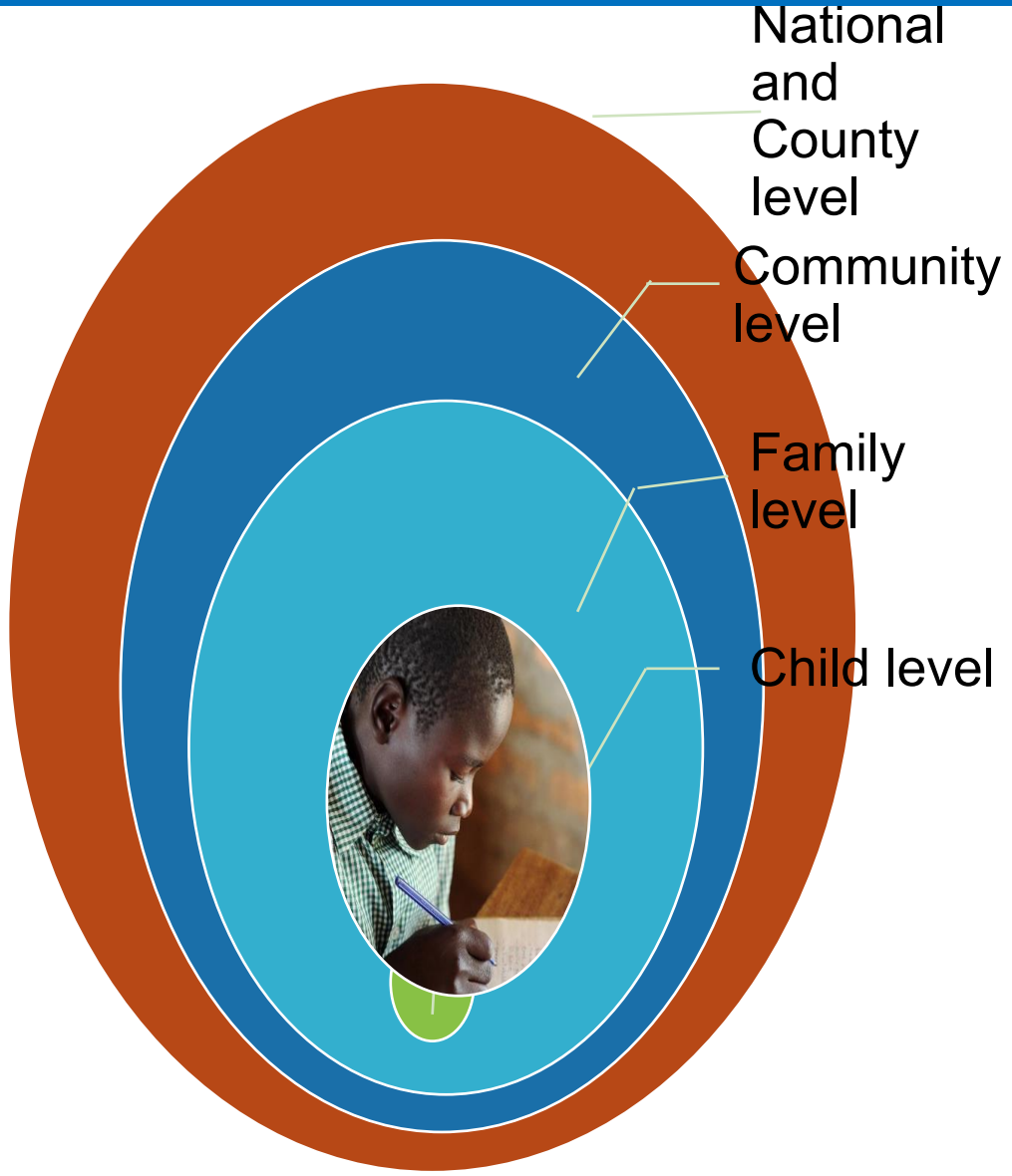
Commitment | **Coordination** | **Collaboration** | **Ownership**

- The *Three 3Cs* and the core principle of " *Best Interest of the Child -BITC"* being at the heart of the state and non-state actors, led to ownership.
- Again, led to better coordination of activities, efficient use of resources and prompt service provision to children and families.

CM Practice Adaptations and Lessons Learned.

National Level data collection: Child and Caregiver Information

- Influenced NCCS and DCS to adopt CTWWC institution level data collection tool **(1st level).**
- In collaboration with other CR actors supported NCCS and DCS in developing child and family level data collection tool **(2nd level).** *The tools been used nationally.
- Support the data collection, cleaning and analysis for three demo counties.



The What and How of the Case Management Adaptations

- **Combined Child and family assessments/ Prioritize Family assessment (741 Child and 505 Family Assessed).**
- **Supported the families develop reintegration case plans (at the household or virtually) 505 families .**
- **Monitoring of families at the household or virtually, including confirming care type.**
- **Cash Transfer payments, followed by Post Distribution Monitoring.**
- **Support families with business start-up kits.**
- **Enhanced supportive supervision to the workforce.**

Lessons Learned

- Need to enhance participation of family members including children for ownership and resilience building. (Beneficiary participation and feedback to be the core of our work)
- Need to strengthen supervision for workforce and monitoring for families.
- Need to orient workforce on the different forms of alternative care.
- Introduce a HH level form for family members to refer to with regards to the implementation/achievement of theirs CP goals
- Enhance use of data for decision making.
- Appreciate change, be flexible and be ready to embrace change promptly.
- Sustain government and partner collaboration for sustainability.


Changing
THE WAY WE
care
CRS
CATHOLIC RELIEF SERVICES
Maestral
Thank you
USAID
FROM THE AMERICAN PEOPLE
GHR
FOUNDATION
MacArthur
Foundation

DISCUSSANT

Dr Nilima Mehta

Visiting Professor & National Advisor - Child Protection & Adoption, Independent Consultant

Q&A

POLL #2

Was today's sharing relevant to interventions in your context?

a. Extremely relevant
b. Somewhat relevant
c. Not relevant at all

Would you like to attend similar learning events in the future?

a. Yes
b. No

What would you like our next learning event to focus on?

a. Targeted interventions on family strengthening
b. Research and learning on kinship care
c. Mechanisms to support foster care
d. Reintegration of children from CCIs back to families
e. Improving care in CCIs
f. Any other (please comment in the chat box)

Learning session on alternative care in the COVID-19 pandemic
20 July 2021

We will be sending you a link to the webinar recording and slides in a follow-up email shortly.

If you have questions, comments or recommendations for future webinar topics, please send them to: iacnsecretariat@gmail.com

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