

Infant and Young Child Feeding in Refugee Situations:

A Multi-Sectoral Framework for Action



UNHCR
Commissioner for Refugees



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A Multi-Sectoral Framework for Action

A UNHCR-Save the Children Initiative

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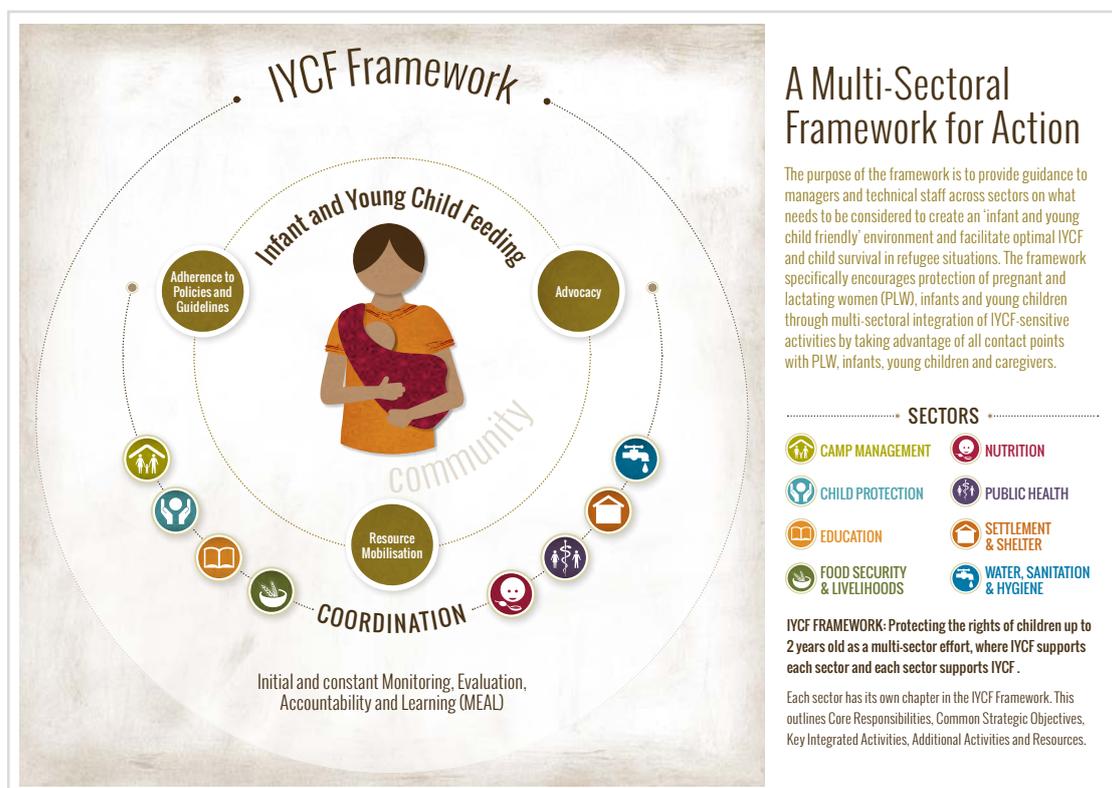
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Executive summary

Traditionally in humanitarian operations a lot of nutrition resources go to treatment of acute malnutrition. Protection, promotion and support to infant and young child feeding (IYCF) practices are increasingly part of humanitarian responses, but specific resource mobilization and raising general attention to IYCF have still proven to be difficult. It is recognised however that, especially in the early stages of an emergency, appropriate IYCF practices are key to saving lives, preventing malnutrition and are an essential part of infant and young child health.

For an IYCF strategy to be implemented successfully, IYCF has to be mainstreamed and integrated with all other sectors operating in the context. For that to happen, all stakeholders need to have a basic understanding of IYCF, even if they are not nutritionists or public health experts. Integration with other sectors and coordination are key enabling factors to ensuring the success of IYCF programming and, more broadly, the protection of pregnant and lactating women (PLW), infants and young children. In this Framework we define effective integration between IYCF and other sectors to be *when the sectors share common strategic objective(s) and activities that respect all sectors' priorities, while contributing to a common goal.* The goal in this case is the Framework goal described below.

The purpose of the Framework is to provide guidance to managers and technical staff across sectors on what needs to be considered to create an 'infant and young child friendly' environment and facilitate optimal IYCF in refugee situations. The Framework specifically encourages protection of PLW, infants and young children through multi-sectoral integration of IYCF-sensitive activities by taking advantage of all contact points with PLW, infants, young children and caregivers.



*In this diagram Public Health includes essential health services, reproductive health, mental health and HIV.

Goal:

To protect infants and young children in refugee situations and enhance their chances of survival, healthy growth and development.

Aim:

To sensitise on and optimise conditions for infant and young child feeding related programming across sectors in refugee situations.

Objectives:

1. Advocacy is done to influence relevant stakeholders to take IYCF into consideration when planning a humanitarian response
(Action 1: Advocate for relevant stakeholders to consider IYCF)
2. All stakeholders push IYCF higher on their agenda and actively look for resources
(Action 2: Mobilise resources for IYCF)
3. Key policies and operational standards that will enable the protection of infant feeding and promotion of appropriate IYCF are endorsed and implemented
(Action 3: Endorse key policies and adhere to operational standards)
4. Specific needs of infants, children and PLW in refugee settings are actively considered across all sectors and appropriate IYCF activities are selected
(Action 4: Select appropriate IYCF activities)
5. Opportunities are identified and activities are put in place in collaboration with all sectors and the community to support timely, appropriate IYCF programming
(Action 5: Integrate IYCF with other sectors)
6. Efficiency, coverage and effectiveness of IYCF-sensitive interventions are enhanced through coordination
(Action 6: Coordinate IYCF-sensitive activities)
7. Quality of implementation is ensured by monitoring, evaluating, setting up accountability mechanisms and learning from experience
(Action 7: Implement monitoring, evaluation, accountability and learning)

The Framework is a tool for UNHCR and partners and is designed for national and international staff working in refugee operations. High level managers, technical advisors and field staff will find guidance and examples to inspire their decision-making at all levels.

The Framework applies to **all refugee operations** from the early phases of an **emergency** to **protracted** situations. The Framework is intended as guidance to managers and technical staff across sectors on what needs to be considered to create an 'IYCF friendly' environment and facilitate optimal IYCF. The Framework is designed based on experiences from the context of refugees living in camps and hence the outline is developed with this in mind. Nevertheless, most parts of the Framework would, with minimal adaptation, also be applicable in settings outside of camps, including refugees living in host communities in urban areas and rural settings and for host communities themselves.

The Framework is designed as a tool to assist with implementing international policies, standards and guidance such as Sphere standards, the Infant Feeding in Emergencies (IFE) Operational Guidance, the Baby Friendly Hospital Initiative (BFHI) and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly (the Code).

The Framework outlines practical examples of how IYCF can be built into multi-sector programming and how IYCF can contribute to the priorities of different sectors, including child protection, education, food security and livelihoods, public health, nutrition, water, sanitation and hygiene (WASH), settlement and shelter, and camp management. The first section introduces the Framework and rationale, outlines the goal, aim, objectives and scope of the Framework, and key considerations for doing a context analysis. The second section describes the seven multi-sectoral actions of the Framework. The third section provides specific guidance organised according to technical sectors. A clear and well defined monitoring, evaluation, accountability and learning (MEAL) mechanism should be put in place to measure the impact of this Framework.



Acronyms

ANC	Antenatal care	HAP	Humanitarian Accountability Partnership
ARV	Antiretroviral	HIR	Humanitarian indicator registry
BCC	Behaviour change communication	HIS	Health information system
BFHI	Baby Friendly Hospital Initiative	HIV	Human Immunodeficiency Virus
BFS	Baby friendly space	HMIS	Health management information system
BMS	Breastmilk substitute	HQ	Headquarters
BSFP	Blanket supplementary feeding programme	HR	Human resources
CCCM	Camp coordination and camp management	IASC	Inter-Agency Standing Committee
CFS	Child friendly space	ICH	Institute of Child Health
C-MAMI	Community management of acute malnutrition in infants	IDP	Internally displaced person
CMAM	Community-based management of acute malnutrition	IEC	Information, education and communication
CP	Child protection	IFE	Infant feeding in emergencies
CPWG	Child Protection Working Group	IMCI	Integrated management of childhood illness
CRC	Convention on the Rights of the Child	INEE	International Network for Education in Emergencies
DBC	Designing for behaviour change	IYCF	Infant and young child feeding
DHS	Demographic and Health Survey	IYCF-E	Infant and young child feeding in emergencies
DRR	Disaster risk reduction	KAP	Knowledge, attitudes and practice
DSM	Dried skimmed milk	LBW	Low birth weight
DWM	Dried whole milk	LEGS	Livelihood emergency guidelines and standards
ECD	Early childhood development	LLITN	Long-lasting insecticide-treated net
ENN	Emergency Nutrition Network	M&E	Monitoring and evaluation
FGD	Focus group discussion	MAM	Moderate acute malnutrition
FGM	Female genital mutilation	MAMI	Management of acute malnutrition in infants
FSL	Food security and livelihoods		
GAM	Global acute malnutrition		

MEAL	Monitoring, evaluation, accountability and learning	TOR	Terms of reference
MHM	Menstrual hygiene management	UHT	Ultra high temperature
MHPSS	Mental health and psychosocial support	UN	United Nations
MICS	Multi-Indicator Cluster Survey	UNCRC	United Nations Convention on the Rights of the Child
MIYCN	Maternal, infant and young child nutrition	UNHCR	United Nations High Commissioner for Refugees
MOH	Ministry of Health	UNICEF	United Nations International Children's Emergency Fund
NFI	Non-food item	WASH	Water, sanitation and hygiene
NGO	Non-governmental organisation	WFP	World Food Programme
OCHA	Office for the Coordination of Humanitarian Affairs	WHO	World Health Organisation
PDM	Post-distribution monitoring		
PLW	Pregnant and lactating women		
PMTCT	Preventing mother-to-child transmission		
PNC	Postnatal care		
PTA	Parent teacher association		
Q&A	Question and answer		
RH	Reproductive health		
RSH	Regional support hub		
SAM	Severe acute malnutrition		
SC	Save the Children		
SENS	Standardised Expanded Nutrition Survey		
SGBV	Sexual and gender-based violence		
SMART	Standardised Monitoring and Assessment of Relief and Transitions		
SOP	Standard operating procedure		
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage		
STD	Sexually transmitted disease		
TLS	Temporary learning space		

Terminology

This Framework is a practical document that will refer to technical terms; this section introduces the main terms and how they should be referred to.

Baby Friendly Space (BFS): The Baby Friendly Space's main objective is to take care of the mother / caregiver in order to support her to take care of the infant / child. Baby Friendly Spaces do not only focus on breastfeeding and the child. The goal of the Baby Friendly Space is a holistic psychosocial programme that aims at providing comprehensive support to children and their caregivers who are facing emergency situations.¹

Child Friendly Space (CFS): The purpose of a Child Friendly Space is to provide children with a protected environment where they can participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives. Child Friendly Spaces can provide a child-focused and child-friendly environment in which children continue their cognitive development and can give them opportunities to learn on a variety of levels. Child Friendly Spaces are supervised environments in which parents and caregivers can leave their children while they collect food and water, rebuild homes or seek new income-generating activities. They are places to provide care while family, community, and social structures are being restored. They provide opportunities for parents and caregivers to be actively involved, share information, provide input and guidance, and increase their own self-confidence to protect and care for children.²

Nutrition: is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.³

Malnutrition: includes both undernutrition (acute malnutrition (i.e. wasting and/or nutritional oedema), chronic malnutrition (i.e. stunting) and intrauterine growth restriction), over-nutrition (overweight and obesity) and micronutrient deficiencies. Undernutrition is common in low-income groups in developing countries and is strongly associated with poverty. Micronutrient deficiency is common in low- and middle-income countries among people with monotonous and inadequate diets. Furthermore, in many developing countries, undernutrition, micronutrient deficiency and over-nutrition occur simultaneously. This phenomenon is referred to as the triple burden of malnutrition.⁴ Access to food and the maintenance of an adequate nutritional status are critical determinants of people's survival in a disaster. The people affected are often already chronically undernourished when the disaster hits. Undernutrition is a serious public health problem and among the leading causes of death, whether directly or indirectly.⁵

1 ACF International (2014). *Baby Friendly Spaces*. Available online: <http://www.actionagainsthunger.org/publication/2014/12/baby-friendly-spaces-technical-manual> [5 May 2017]

2 Save the Children International (2008). *Child Friendly Spaces in Emergencies: A handbook for Save the Children Staff*. Available online: <https://resourcecentre.savethechildren.net/sites/default/files/documents/2923.pdf> [5 May 2017]

3 WHO (2014) *Nutrition*. Available online: <http://www.who.int/topics/nutrition/en/> [18 Dec 2014]

4 Gomez, M.I. et al (2013). Available online: 'Post-green revolution food systems and the triple burden of malnutrition' *Food Policy* 42, July, p. 129-138 http://www.fao.org/fileadmin/templates/esa/Papers_and_documents/WP_13-02_Gomez_et_al.pdf [5 May 2017]

5 The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]

The causes of undernutrition are complex. The conceptual Framework (see annex 3) is an analytical tool that shows the interaction between factors contributing to undernutrition. The immediate causes of undernutrition are disease and/or inadequate food intake, which result from underlying poverty, household food insecurity, inadequate care practices at household or community levels, poor water, hygiene and sanitation (WASH) and insufficient access to healthcare. Disasters such as cyclones, earthquakes, floods, conflict, displacement and drought all directly affect the underlying causes of undernutrition. The vulnerability of a household or community determines its ability to cope with exposure to these shocks. The ability to manage the associated risks is determined largely by the characteristics of a household or community, particularly its assets and the coping and livelihood strategies it pursues.

Infant and young child feeding (IYCF): is concerned with interventions to protect and support the nutritional needs of both breastfed and non-breastfed infants and young children. This includes a focus on maternal nutrition⁶ as per the First Thousand Days approach (see annex 4). Priority interventions include breastfeeding promotion, protection and support – including early initiation of exclusive breastfeeding and continued breastfeeding for two years and beyond – minimising the risks of artificial feeding and enabling appropriate and safe complementary feeding. **Complementary feeding** is defined as the process that starts when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants and therefore other foods and liquids are needed, along with breastmilk. The transition from exclusive breastfeeding to family foods – referred to as complementary feeding – typically covers the period from 6-23 months of age, even though breastfeeding should continue to two years of age and beyond. Appropriate complementary foods can be readily consumed and digested by the young child and provide the extra nutrients required in addition to those from breastmilk - energy, protein, fat, vitamins and minerals.

Maternal nutrition concerns appropriate quantity, quality and diversity of food for the mother, according to the stage of pregnancy she is at or whether she is breastfeeding. This directly affects the growth of the foetus and the growth of the infant once born. This reflects the need to address maternal, infant and young child nutrition (MIYCN) as a whole, in order to achieve optimal growth until the child is aged 24 months.

Infant and Young Child Feeding in Emergencies (IYCF-E), also referred to as infant feeding in emergencies (IFE), concerns the protection and support of safe and appropriate feeding for infants and young children (ages 0-<24 months of age) in natural and man-made crises. It refers to a range of nutrition and care techniques that improve child survival and growth. As such IYCF-E is concerned with protecting and supporting breastfed and non-breastfed infants, complementary feeding, care practices, child development, child protection, pregnancy and general maternal and child nutrition and health (mental and physical). IYCF-E is about feeding of infants and young children but in order to ensure this and appropriate care for the infant, it requires cross-sectoral responsibility and engagement including with WASH, camp management, security, settlement and shelter, health, food security and livelihoods, logistics, child protection, general coordination, and so on. It also encompasses a range of activities at different levels, from policy development to building capacity for one-to-one support of mothers. IYCF-E aims to protect and support appropriate feeding practices for infants and young children that will prioritise their needs and enhance their chances of healthy growth, development and survival despite the emergency environment.⁷

In addition see the full definition of IYCF according to the Sphere Handbook in annex 1.

6 There is also some evidence stating that nutrition of a child begins before conception: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-14-111>

7 De Brabandere, A. and McGrath, M. (2011). *Harmonised Training Package version 2 Module 17: Infant and young child feeding. Part 2: Technical notes*. Available online: <http://files.ennonline.net/attachments/2091/HTP-module-17-technical-notes.pdf> [22 Aug 2016]

Key terms as they are defined in this Framework:

IYCF champion: An individual who is willing to strongly support and advocate for IYCF, especially during coordination at the early stages of an emergency. IYCF champions could be from any sector as long as they are interested in promoting IYCF. Ideally all sectors working with PLW, infants and young children should eventually have one or more IYCF champions. These champions should be trained on the fundamentals of IYCF and have a good awareness of the risks identified for PLW, infants and young children.

IYCF-friendly environment: An environment enabling adequate IYCF practices by protecting and supporting PLW, infants and young children and their caregivers.

IYCF manager: A staff member managing or responsible for IYCF programmes, interventions and activities. This does not need to be a full-time position, but could be a nutrition or health manager or staff who have included responsibility for IYCF in their Terms of Reference (TOR).

IYCF-sensitive activities: Activities that respect the conditions needed for adequate IYCF; often applied in other sectors who work with PLW, infants and young children.

IYCF-specific activities: Activities that directly promote, protect and support adequate IYCF practices; often applied within the nutrition or health sector.

IYCF staff: Staff members at all levels working with IYCF-specific programmes, often from the nutrition or health sector. This can be staff working full-time on IYCF, or who have IYCF as part of their TOR.



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Section 1: Introduction

Purpose of the Framework

The purpose of the Framework is to provide guidance to managers and technical staff across sectors on what needs to be considered to create an ‘infant and young child friendly’ environment and facilitate optimal IYCF in refugee situations. The Framework specifically encourages protection of PLW, infants and young children through multi-sectoral integration of IYCF-sensitive activities by taking advantage of all contact points with PLW, infants and young children and their caregivers.

As detailed below, protecting and promoting optimal IYCF in refugee situations, including immediate exclusive breastfeeding for six months and timely introduction of adequate complementary foods combined with continued breastfeeding from six months, is crucial for survival, healthy growth and development in infants and young children. During displacement many factors can increase the risks related to IYCF. These factors include, but are not limited to, poor access to safe water for drinking and preparing food, lack of safe and peaceful space for breastfeeding, poor access to adequate complementary foods, poor maternal (mental) health, and separation from mother.

With this Framework we wish to bring IYCF higher up on the agenda in humanitarian responses. The Framework specifically addresses key actions that IYCF managers and staff should consider to improve multi-sectoral integration when planning and implementing IYCF responses – actions to guide dialogue with senior management and other sector staff and engagement at all levels and across sectors. The activities proposed should be seen as guidance for quality IYCF-sensitive programming.

How the Framework is organised

Section 1 introduces the Framework and rationale, outlines the goal, aim, objectives and scope of the Framework, and key considerations for doing a context analysis.

Section 2 describes the seven multi-sectoral actions of the Framework. These are broad ranging actions for management and/or technical staff, including advocacy, resource mobilisation, policy endorsement, selection of IYCF activities, integration of IYCF, coordination, and monitoring, evaluation, accountability and learning (MEAL).

Section 3 provides specific guidance organised according to technical sectors. Each sector chapter focuses on integration between that sector and IYCF through suggesting IYCF-sensitive activities relevant for that sector. Although the third section of the Framework is organised by sectors, it is important to avoid siloed interventions but rather encourage integrated cross-sectoral activities. The importance of cross-sectoral coordination is highlighted in action 5 of the Framework.

Target audience for the Framework

The Framework is a tool for UNHCR and partners and is designed for national and international staff working in refugee operations. High level managers, technical advisors and field staff will find guidance and examples to inspire their decision making at all levels.

The Framework primarily targets IYCF managers and staff who will be responsible for planning and implementing IYCF responses and who would be responsible for pushing forward the actions and activities proposed in the Framework. We foresee that IYCF managers and staff will use the Framework in dialogue with senior management and other sector staff to improve focus on PLW, infants and young children.

The Framework further targets non-IYCF specialists – that is individuals who do not have specific expertise in IYCF programming, but can nevertheless undertake activities that significantly improve protection and promotion of adequate IYCF in refugee situations. The Framework is applicable to all sectors who would like to improve their contribution to the protection of infants, children and PLW. It can also serve to inform local and national authorities.

UNHCR's responsibilities regarding infant and young child feeding in refugee contexts

UNHCR is mandated to protect and support refugee adults, children and infants under the 1951 Convention Relating to the Status of Refugees. While Internally Displaced Persons (IDPs) remain under the official protection of their own governments, UNHCR also plays a lead role in providing them with protection and assistance. Under the UN Convention on the Rights of the Child (CRC), refugee children and children who have been internally displaced are entitled to all of the same rights laid out in the CRC, including the rights to life and development and adequate nutrition and health care.

UNHCR is required and is strongly committed to protect, promote and support optimal IYCF in refugee situations, as outlined in The Innocenti Declaration 2005 Call to Action, the UNICEF/WHO Global Strategy for Infant and Young Child Feeding and the Operational Guidance on Infant and Young Child Feeding in Emergencies (IYCF-E). This upholds the provisions and spirit of the International Code of Marketing of Breast-milk Substitutes (BMS) and subsequent relevant World Health Assembly Resolutions (collectively known as the Code).

Regarding coordination of IYCF, UNICEF is the Global Nutrition Cluster Lead Agency and hence the global level lead for IYCF implementation, with the World Health Organisation (WHO) providing global technical guidance. In line with the Refugee Coordination Model⁸, UNHCR leads the coordination of nutrition and IYCF programmes in a refugee response. However, this does not necessarily mean that UNHCR is in charge of all IYCF activities in refugee situations but rather their role is overseeing the response, identifying gaps, needs and overlaps – and often UNICEF and other organisations with expertise in nutrition and IYCF will implement the IYCF programmes in partnership with UNHCR. Furthermore, in refugee situations the World Food Programme (WFP) provides resources for blanket and targeted supplementary feeding programmes for children 6-59 months and PLW⁹.

8 The UNHCR Coordinating Assistance website: <http://www.unhcr.org/pages/538dd3da6.html> [10 Dec 2015]

9 UNHCR, WFP (2011) *Memorandum of Understanding between UNHCR and WFP*, Available online: <http://www.unhcr.org/53465c929.html> [10 Dec 2015]

Problem statement rationale for the Framework

Traditionally in humanitarian operations a lot of nutrition resources go to treatment of acute malnutrition. Protection, promotion and support of IYCF practices are increasingly part of humanitarian responses, but specific resource mobilization and raising general attention to IYCF have still proven to be difficult. However, it is recognised that, especially in the early stages of an emergency, appropriate IYCF practices are key to saving lives, preventing malnutrition and are an essential part of infant and young child health.

Malnutrition increases dramatically, and kills most rapidly, in emergencies. Most children do not die due to conflicts or natural disasters themselves, but rather to resulting food shortages, lack of safe water, inadequate health care, and poor sanitation and hygiene. "...emergencies distinguish themselves by their frequently soaring crude mortality rates, which can be two to 70 times higher than average. Experience shows that even in previously healthy populations, child morbidity and crude mortality rates can increase twentyfold in as short a period as two weeks. The best hope for averting the disability and death that are so common among children during emergencies is to ensure that they are adequately cared for and fed."¹⁰ Improving breastfeeding practices alone can save lives. IYCF-E programming is therefore one of the most important interventions to master and implement alongside other activities aimed at preventing and treating malnutrition, disease and death¹¹.

Optimal infant and young child feeding means initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months and continued breastfeeding for two years or more, together with nutritionally adequate, safe, age appropriate, responsive complementary feeding starting at six months. **Exclusive breastfeeding** is the perfect way to provide the best food for a baby's first six months of life, benefiting children the world over. But breastfeeding is so much more than food alone; breastfed infants are much less likely to die from diarrhea, acute respiratory infections and other diseases. Breastfeeding supports infants' immune systems and helps protect from chronic conditions later in life such as obesity and diabetes. Adequate **complementary feeding** of children from 6 months onwards, in combination with continued breastfeeding, is particularly important for growth and development and safeguarding the health of the young child.

Maternal nutrition is also important for ensuring good nutritional status of the infant after birth as well as safeguarding women's health. Supporting breastfeeding means caring for the mother as well as for her infant. Displacement can have a devastating impact on people's lives both mentally and physically. Some mothers may become malnourished themselves; others may have lost the confidence to breastfeed their infants. There may be even more demands on a mother's time to get food for her family, source shelter and deal with insecurity. Her family and other social support networks may have been disrupted. All of these factors may undermine infant feeding practices if protection and support of the mother are not available to address these issues. It is well recognized that the period from conception to two years of age is the "critical window" for the promotion of good growth, health, and behavioral and cognitive development. As such, a child's nutritional future begins with the mother's nutritional status in adolescence and in pregnancy.

For an IYCF strategy to be implemented successfully, IYCF has to be mainstreamed and integrated with all other sectors operating in the context. For that to happen, all stakeholders need to have a basic understanding of IYCF, even if they are not nutritionists or public health experts. Integration and coordination with other sectors are key enabling factors to ensuring the success of IYCF programming and, more broadly,

10 WHO (2004) *Guiding principles for feeding infants and young children during emergencies*, Available online: http://www.searo.who.int/entity/emergencies/documents/guiding_principles_for_feeding_infants_and_young_children_during_emergencies.pdf?ua=1 [18 Dec 2014]

11 Zulfiqar, A. et al (2013) 'Maternal and Child Nutrition 2: Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?' *The Lancet, Maternal and Child Nutrition Series*, June, p. 46. Available online: <https://www.thelancet.com/series/maternal-and-child-nutrition?code=lancet-site> [1 May 2018]

the protection of PLW, infants and young children. In this Framework we define effective integration between IYCF and other sectors to be *when the sectors share common strategic objective(s) and activities that respect all sectors' priorities, while contributing to a common goal*. The goal in this case is the Framework goal described below.

Goal, Aim, and Objectives of the Framework

Goal

To protect infants and young children in refugee situations and enhance their chances of survival, healthy growth and development.

Aim

To sensitise on and optimise conditions for infant and young child feeding related programming across sectors in refugee situations.

Objectives

1. Advocacy is done to influence relevant stakeholders to take IYCF into consideration when planning a humanitarian response
(Action 1: Advocate for relevant stakeholders to consider IYCF)
2. All stakeholders push IYCF higher on their agenda and actively look for resources
(Action 2: Mobilise resources for IYCF)
3. Key policies and operational standards that will enable the protection of infant feeding and promotion of appropriate IYCF are endorsed and implemented
(Action 3: Endorse key policies and adhere to operational standards)
4. Specific needs of infants, children and PLW in refugee settings are actively considered across all sectors and appropriate IYCF activities are selected
(Action 4: Select appropriate IYCF activities)
5. Opportunities are identified and activities are put in place in collaboration with all sectors and the community to support timely, appropriate IYCF programming
(Action 5: Integrate IYCF with other sectors)
6. Efficiency, coverage and effectiveness of IYCF-sensitive interventions are enhanced through coordination
(Action 6: Coordinate IYCF-sensitive activities)
7. Quality of implementation is ensured by monitoring, evaluating, setting up accountability mechanisms and learning from experience
(Action 7: Implement monitoring, evaluation, accountability and learning)

Scope of the Framework

The Framework applies to **all refugee operations** from the early phases of an **emergency** into **protracted** situations. The Framework is intended as guidance to managers and technical staff across sectors on what needs to be considered to create an 'IYCF friendly' environment and facilitate optimal IYCF.

The Framework is designed based on experiences from the context of refugees living in camps, and hence the outline is developed with this in mind. Nevertheless, most parts of the Framework would, with minimal adaptation, also be applicable in settings outside of camps, including refugees living in host communities in urban areas and rural settings, and for host communities themselves. The technical sections would be applicable in a wide range of settings, whereas the topics such as coordination would need more context-specific adaptations. For example, in non-camp settings where the number of stakeholders may be larger, there may be challenges around knowing who does what (context analysis), ensuring IYCF is integrated into policies, strategies and partnership agreements (action 1, 2 and 3), ensuring endorsement from all stakeholders to guiding policies or statements (action 3), and coordinating and monitoring services and activities (e.g. Breast-milk substitute (BMS) distribution) (action 6 and 7). In a camp with defined borders and populations, the camp management agency, UNHCR and partners would have a better overview of the population as well as the actors involved in delivering services. It may be more straightforward for humanitarian actors to coordinate the response, target eligible beneficiaries and monitor services and activities. It should be noted that there is a recognised need to also address refugees living in out of camp settings. It is essential that the Framework is adapted to each context it is used in, as different contexts present different opportunities and challenges.

The activities in the Framework are comprehensive and speak to responses in an acute emergency phase as well as more stable situations. Both IYCF and IYCF-E activities are included and can be selected depending on the context. IYCF generally includes all activities aimed at improving infant and young child feeding practices, whereas IYCF-E focuses on those activities that are most applicable for emergency contexts.

The Framework is designed as a tool to assist with implementing international policies, standards and guidance such as Sphere standards¹², the BFHI¹³ and the International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions of the World Health Assembly (the Code)¹⁴.

The Framework is complementary to the IFE Operational Guidance¹⁵, going into more detail with proposing practical steps and activities to integrate with other sectors, with particular reference to refugees in camps. The Framework emphasises the importance of the context through scenario and service availability assessments and provides detailed examples of activities to implement.

Recognising that research and developments are ongoing within the fields presented in the Framework, the document will remain flexible in order to incorporate these new advances in the future. We foresee that the document has the potential to be developed into a broader document aimed at mainstreaming IYCF in all sectors/responses in emergency and non-emergency situations beyond refugee situations.

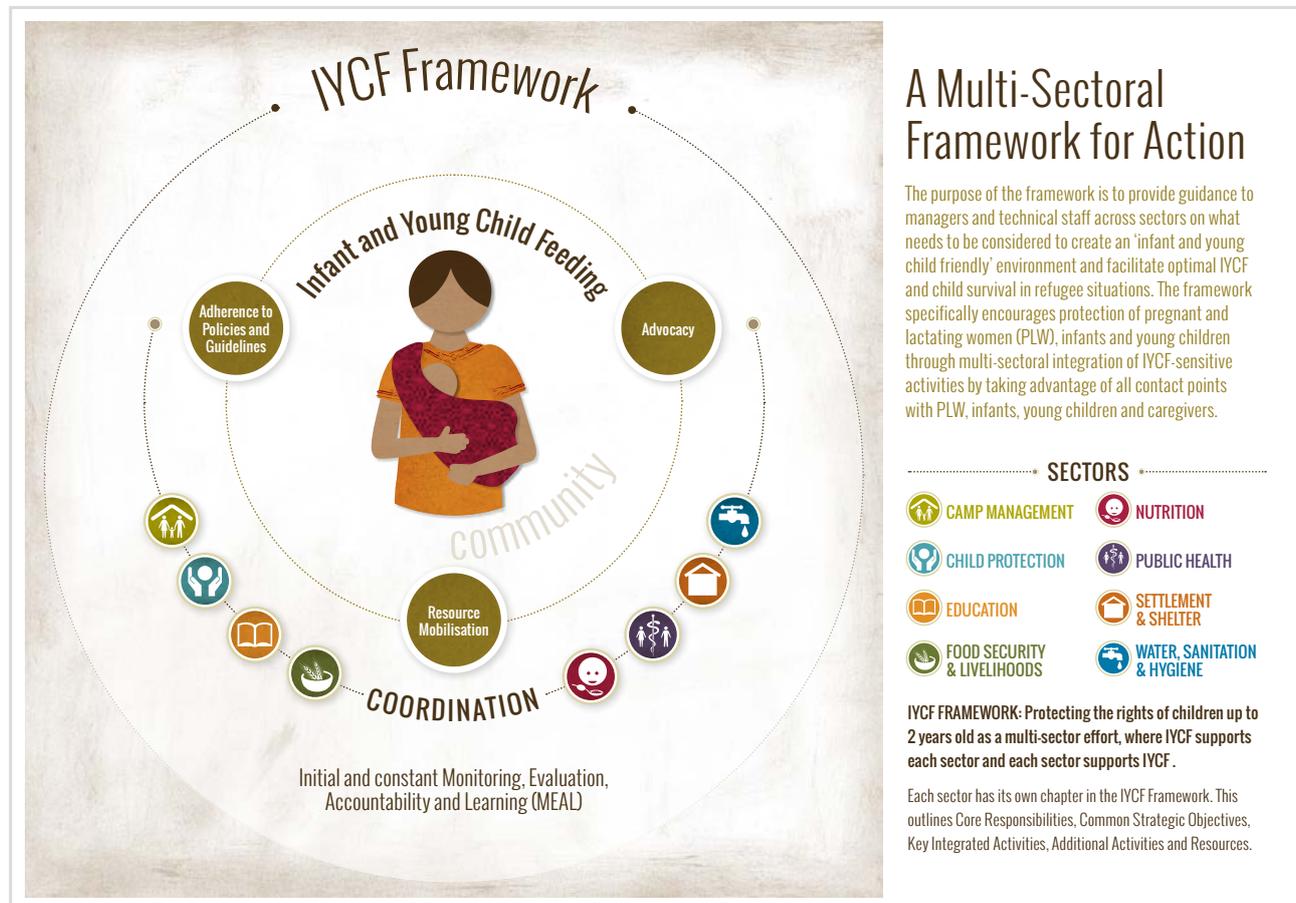
12 The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]. At the time of writing the IYCF Framework the 2018 version of Sphere was not completely finalised. The reader will therefore find a mix of references to both the 2011 and the 2018 versions throughout the Framework.

13 WHO, UNICEF (2009). *Baby Friendly Hospital Initiative*. Available online: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-trainingcourse/en/> [18 Dec 2014]

14 IBFAN website: <http://ibfan.org/the-full-code> [10 Dec 2015]

15 IFE Core Group (2017). *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers*. Available online: <http://nutritioncluster.net/operational-guidance-infant-feeding-emergencies-v-3-0/> [04 Oct 2017]

Diagram



* In this diagram Public Health includes essential health services, reproductive health, mental health and HIV.

The mother and baby are represented in the centre to highlight the principle: focus on the mother-baby-pair. The community is represented as it is known that friends, family and other stakeholders often affect IYCF practices.

In the larger circles are the actions to be taken at a higher level by managers: advocacy, resource mobilisation and adherence to key policies and guidelines (actions 1, 2 and 3).

All eight sectors are represented in the diagram to ensure activities are considered and established in these programming areas. IYCF-specific interventions (action 4) and IYCF-sensitive interventions (action 5) are incorporated in these sectors. There is a need for coordination between sectors before activities reach the environment of the mother and child (action 6).

The base of the Framework is the initial and constant monitoring and evaluation of the context as well as outcomes of interventions that will be used to inform the start and continuation of an intervention. Accountability and learning mechanisms will complement the basic information needed for decision-making (action 7).

Principles for the Framework

1. Focus on pregnant women, mothers, infants and young children

Pregnant women, mothers, infants and young children less than 2 years old will be targeted, through all sectoral activities, in line with the First 1000 days approach¹⁶. The focus should be to protect both mother AND child. The vulnerability of both mother and child is enhanced during emergencies. Effective and successful IYCF programmes need to ensure both mother and child are protected and supported. The First 1000 days approach outlines that the critical growth period of the child begins at conception and continues until the child reaches 2 years of age (information on the First 1000 Days approach can be found in annex 4).

In addition it is important to recognise the importance of the father, grandmother and other caregivers and immediate family members on infant feeding and caring. For optimal infant feeding to take place from birth, the mother needs to be enabled and supported by her immediate family. Fathers, or other caregivers, should also be supported to take an active part in care and feeding of their children from birth to two years of age. In cultures in which fathers are the primary, and sometimes exclusive, decision makers when it comes to the raising of their children, it is vital that IYCF programming targets both parents – father and mothers – to enable informed choices on feeding and care. The beliefs and influences of other key family members, such as grandmothers, should also be understood as they can be crucial in determining infant feeding practices.

It is important that the specific needs of PLW, infants and young children are identified from a multi-sector perspective to ensure comprehensive and appropriate support. The vulnerabilities, risks and needs of infants and young children 0-23 months are different from those of children 24-59 months old: for example, there is a higher dependency on caregivers, more sensitivity to the physical environment (temperature, hygiene), challenges of faeces management, and different dietary requirements. When both age groups are considered as one, the specific needs of the youngest may be overlooked.

2. Integration of IYCF with other sectors

For an IYCF strategy to reach its highest potential, IYCF has to be mainstreamed and integrated with all other sectors operating in the context. For that to happen, all stakeholders need to have a basic understanding of IYCF, even if they are not nutritionists or public health experts. Integration with other sectors and coordination are key enabling factors to ensure the success of IYCF programming. In this Framework we define effective integration between IYCF and other sectors to be *when the sectors share common strategic objective(s) and activities that respect all sectors' priorities, while contributing to a common goal*. The goal in this case is the Framework goal. Common examples of integration include IYCF in newborn care, collaboration between IYCF and HIV teams to prevent mother-to-child transmission, IYCF teams working closely with WASH teams to improve household hygiene practices and therefore reducing the risk of diarrhoea in infants and young children, partnership with protection programming in identifying and referring infants that are separated from their mothers and therefore need feeding support and working with education colleagues to ensure infants and young children are in a stimulating and safe environment that promotes proper development. Integration will be discussed in more detail in action 5 below.

¹⁶ First 1000 Days (2014), Available online: <http://www.thousanddays.org/> [18 Dec 2014]

Context analysis

As with any strategy, a context analysis is necessary to understand the barriers and boosters (or key influencers and behaviours) impacting the feeding and care of children. This analysis should be documented as it will form the basis to identify, implement and monitor relevant component activities in the IYCF strategy.¹⁷ **IYCF trained staff should critically analyse** the available information to identify the feeding and care related **risks and needs for PLW and infants and young children**. However, it is possible for someone who is **not trained in IYCF to collect information** through an assessment if they have been orientated by a collaborator trained in IYCF.¹⁸

It is critical that **any intervention start with a context analysis** to identify gaps and needs. The findings from the context analysis will be the very foundation for programming – it will guide what interventions and activities to prioritise and specific concerns to address while implementing the activities. Every situation is different: the type of emergency, the way it affects the population, the population itself, their expectations, their life before the crisis, the culture of the affected population (and the culture at the place of displacement), the type of assistance mobilised and so on. Not everything in the context will influence the way mothers and caregivers will feed and care for the youngest children, so it is necessary to carefully assess the situation in order to best plan the activities to support them.

The context analysis starts with an understanding of the reality facing infants and young children prior to the crisis. Economic, health, nutrition, education: it is critical to gather as much information as possible. **In particular information about infant feeding is required:** What were the feeding practices for each age group? How common was bottle feeding? What about complementary feeding practices? Was IYCF included in newborn care and ANC visits?

Information can be found in existing studies (Demographic and Health Surveys (DHS); Multi-Indicator Cluster Surveys (MICS), Nutrition Cluster database or other relevant sector surveys). Information can also be located in government owned databases such as Health Information Systems (HIS) and existing community networks.

Scenario assessment: It is important to have **IYCF information** at an early stage. Identifying, collecting and analysing such information before the onset of an emergency is critical to a rapid, life-saving response. Early identification of such information allows concerns to be flagged and barriers to be identified regarding suboptimal IYCF practices: breastfeeding, complementary feeding, bottle feeding and use of artificial feeding and breast-milk substitutes (practices that could be even more life-threatening in an emergency). Are there any cultural habits that interfere with or constrain optimal IYCF practices? It is important to identify early **who in the family and the community are influencing feeding practices**, e.g. the role of fathers, grandmothers or other role-models on the decisions and actions regarding infant feeding. **Other factors** to consider include the type of crisis and how it has affected the population: a natural disaster, a war between two countries, a civil war or genocide? Are the population in or out of camps, are they internally displaced persons or are they refugees? It is also important to consider the number and profile of the population: How many people have been affected? How many PLW and children 0-23 months are there? Are there unaccompanied children? Single-headed households? Information both from the refugee groups' country of origin and country of displacement are relevant.

17 The IYCF-specific context analysis should be related to a general context analysis for the affected population, which would be carried out by a cross-sectoral team. The general context analysis will inform about the type of emergency (e.g. acute, protracted), the locations of the displaced populations (e.g. urban, semi-urban, rural), the settlement options (e.g. formal camp, informal settlements, integration with host community), the number and demographics of the population (including number of infants and young children), etc. In complex situations (e.g. with refugees in and outside of camps or refugees from various backgrounds, cultures and population groups), specific consideration should be taken to offer all population groups similar opportunities for support.

18 For more information on context analysis, please see the IYCF-E Toolkit website: bit.ly/IYCFToolkit [14 May 2018] and ACAPS website: <https://www.acaps.org> [1 May 2018]

Needs assessment: It is critical to include the community in this needs assessment to ensure they can share their priorities. We may face situations where IYCF represents a great risk for infants and young children and the community (facing an emergency) does not prioritise this need. This will greatly impact the type of activities to put in place, and, in this case, advocacy will be needed for IYCF and its inclusion into the programme planning to ensure that the requisite minimum level of IYCF activities are implemented.

Stakeholder analysis: Identify groups of stakeholders (i.e. civil society, informal groups) who will consider IYCF needs: local and international non-governmental organisations (NGOs), existing or new community networks (mother-to-mother support groups, men's groups, elders, traditional healers, religious leaders, etc.). For each stakeholder, define their role, their relationship with IYCF, their influence on feeding practices, and their activities (current and planned) (e.g. NGO planning to intervene). All this information will influence what activities are possible and appropriate.

Service availability assessment: Part of the context analysis is to map and assess the available services (including all sectors and service providers) to enable the identification of gaps and opportunities to integrate and mainstream IYCF.

Leadership and coordination: The situation might be confusing during the early stages of an emergency. Nevertheless, coordination is key in ensuring accurate and efficient support to the population and as such it is important to quickly identify the lead agencies for different sectors, including IYCF. Note that if the lead agency has the expertise at global level, it does not mean there will necessarily be technical expertise (e.g. staff trained and skilled in IYCF) at field level. This should be assessed at the start. Is there a need for IYCF staff? What profile should those staff have? If there is a nutrition team, can they champion IYCF? Can another sector take on that task?

At the global level, UN agencies have specific mandates and are expected to lead emergency responses according to their field of expertise. In a non-refugee setting clusters may be activated¹⁹, however, while these are established an NGO, government ministry or local organisation may take the lead to coordinate the response during the early stages. In a refugee camp setting UNHCR has a commitment to lead and coordinate the response.

Measure indicators: When should we start the activities? The context analysis helps to define the situation and informs what activities should be put in place, but when to start an intervention is a different matter. There is a need to look at data from the scenario assessment on IYCF pre- and post-emergency and to **define trigger indicators that will inform when to initiate an intervention**. The decision could be influenced by the prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM), the IYCF practices and how the crisis has affected feeding practices. For example a mother who pre-emergency was artificially feeding her infant will need to have constant access to BMS, a safe water source and the ability to prepare and feed BMS hygienically. If there is no access to BMS or safe water in the camp where she settles, the infant will immediately be at risk. In this case, "infant artificially fed" is an indicator used to put in place certain required activities for that mother, whereas "number of artificially fed infants" or "prevalence of artificially fed infants" in the population would be indicators for what form and scale the activities should take.

This Framework proposes elements to investigate and actions to put in place in a refugee setting, but note that all the activities proposed are just examples to support staff to brainstorm according to their context. Over time the situation may change and so the context needs to be monitored closely to ensure priorities for PLW, infants and young children remain appropriate over time.

19 UN OCHA (2014). *Activate and deactivate clusters*, Available online: <http://www.humanitarianresponse.info/coordination/clusters/activate-and-deactivate-clusters> [18 Dec 2014]

The activities below should be brought forward by the IYCF lead agency, but at the same time it is all stakeholders' responsibility to undertake actions relevant for them.

Examples of activities for context analysis:

- Collect and analyse all available information pre- and post-emergency (existing surveys, reports, demographics of population affected, type and scale of crisis, initial assessments etc.);
- Organise joint multi-sector assessments to investigate the pre- and post- emergency situation for infants, young children and mothers, including assessment of IYCF practices and the barriers to optimal feeding;
- Look for disaggregated data for PLW, infants and young children: number of pregnant woman, number of woman with an infant less than 6 months, number of children 0-5 month, 6-11 months, 12-23 months;
- Do a stakeholder analysis and map the services available in the camp or in the area (this information can often be found with camp management), identify the lead agencies per sector, determine who is in charge of coordination, determine who will champion IYCF (see annex 5);
- Take the opportunity of the UNHCR registration system to collect data that will help to understand the situation and risks for PLW, infants and young children;
- Define trigger indicators for interventions, for example: infants 0-5 months with acute malnutrition or number of non-breastfed infants 0-5 months identified upon registration;
- Consult the community to define the priority needs to address first;
- Assess what key IYCF policies (see Action 3 below) are endorsed and their degree of implementation.

Monitoring, evaluation, accountability and learning (MEAL) system for the Framework

Monitoring and evaluation (M&E) for the Framework

The Framework aims at providing practical guidance for programme design and implementation of IYCF activities by managers and field staff to create an IYCF-friendly environment for PLW, infants and young children living in a camp setting. Monitoring, evaluation and accountability mechanisms for the Framework should be established during the strategy/response design stage for each location where the Framework is implemented, ensuring data is collected, centralised and analysed to identify weaknesses and appropriate adaptations and review of the tools.

According to the context, IYCF managers will use the Framework M&E tool to enable a critical analysis of the use of this Framework (see annex 12). **This monitoring system should measure and document progress against the objectives and activities outlined in the Framework.** Feedback on the overall feasibility and usefulness of the Framework will also be important in improving the Framework and the Framework M&E tool. It is recommended the Framework M&E tool is used to report quarterly, but this can be agreed depending on the context.

The users of this tool will be IYCF managers and field staff and other sector managers and field staff. Therefore it is important to measure how useful this guidance is to all parties and how helpful it is in practice to mainstream IYCF in the context of refugees. Ultimately, we should measure the impact of this Framework on PLW, infants and children under 2 years of age.

IYCF managers will be responsible for setting up the Framework monitoring system. Key stakeholders should be brought together periodically to discuss progress against relevant Framework objectives and activities. IYCF managers will also be able to complement this information with results from the context

analysis, project baseline surveys and the monitoring of indicators discussed above. Data collected should be centralised at camp, state and country level and shared at global level with UNHCR for critical analysis of the use of this Framework.

Accountability

To ensure accountability, a structure for feedback from partners, agencies, staff and volunteers should be put in place including all sectors involved in IYCF-sensitive activities and interventions. Such a structure could include regular feedback sessions, written feedback sheets and documentation of successful (and unsuccessful) experiences linked to the seven actions. Key conclusions from monitoring and evaluation of the Framework should be distributed to all relevant stakeholders, including the government, coordination bodies and partners.

Accountability activities – towards partners, agencies, staff and volunteers working with the Framework:

- Introduce the Framework and its delivery mechanisms to managers and field staff/ volunteers in all sectors including IYCF and define commitments towards the community (particularly PLW and caregivers of infants and young children), including delivery mechanisms. Explain to field staff/ volunteers how the Framework aims to support their work;
- IYCF managers should outline and seek out support from other sectors as needed to fulfil accountability commitments;
- Make use of existing mechanisms where possible (or otherwise establish new mechanisms) to enable staff and volunteers in the community to provide feedback and voice their views throughout the intervention, e.g. team meetings for IYCF staff and IYCF champions meetings;
- Ensure complaints and other feedback is taken into consideration, discussed with staff and volunteers and dealt with effectively;
- Ensure data collected regarding the Framework is compiled and shared at global level for critical analysis and further review of the Framework.

Learning

The aim of the Framework is to optimise conditions for IYCF implementation in refugee situations. It will be key to ensure this is reviewed regularly in order to improve the Framework by learning from experience. UNHCR should facilitate the learning from the Framework and organise regular reviews of the document. These reviews will take into consideration the technical evolution in IYCF.

Programme and monitoring reports can be used for learning about the usefulness and user-friendliness of the Framework. Lessons learned can also be identified through training and orientation sessions – such sessions should be documented, evaluated and shared with partners to enhance future response.

As stated in accountability in action 7, the community will have a role to play in providing feedback and influencing decision-making, including what activities to put in place. Therefore the community will be indirectly involved in the feedback of the use of this Framework as well. Their views and reactions should be documented to feed into the critical analysis of the use of the Framework.

As the current version of the Framework is designed based on experiences from refugee camp situations with the aim of broadening the scope in later versions, a key learning point would be to collect information on how this can be done. While evaluating the implementation of the Framework one should specifically identify and document considerations for non-camp settings: which activities are useful in non-camp settings, what adaptations are needed, what additional activities would be needed, what coordination mechanisms are available, and which actors are key for successful implementation. If any refugee operations working outside of camp settings have implemented the Framework or elements of it, this should be documented and shared through an information sharing mechanism.

To ensure sustainability of the Framework, UNHCR and partners will establish and maintain an informal information sharing mechanism where IYCF actors, agencies and individuals involved in implementation of the Framework and any others interested in learning about the Framework can share their experiences and seek support. Contact UNHCR at hqphn@unhcr.org to learn more about this information sharing mechanism.



Section 2: Framework for action

This section outlines the core of the Framework where actions are proposed to create an enabling environment. For each action, explanations and examples of activities to put in place are provided. The content of this section is relevant for all who are interested in improving their knowledge and awareness of IYCF-sensitive programming, however it is primarily aimed at staff engaged in IYCF interventions so they can take action and move forward with relevant colleagues and partners at both management and technical levels.

Below is an overview of the seven main actions of the Framework with respective objectives. Further explanation is provided in the supportive guidance below.

Actions for managers:

- **Advocate for relevant stakeholders to consider IYCF**
 - Influence relevant sector managers to invest time, human resources and/or funding for IYCF;
 - Advocate for relevant stakeholders to actively participate in coordination mechanisms and for IYCF to be on the agenda of multi-sectoral coordination mechanisms;
 - Communicate the needs of PLW, infants and young children and information on IYCF programme activities to the media, donors and other external stakeholders.
- **Mobilise resources for IYCF**
 - Incorporate IYCF in strategies and proposals by relevant stakeholders;
 - Ensure humanitarian response plan's key objectives take IYCF into consideration;
 - Ensure IYCF activities are funded and are part of or strongly linked to other activities in all sectors.
- **Endorse key policies and adhere to operational standards**
 - Develop a joint statement and ensure it is signed by relevant stakeholders;
 - Integrate IYCF policies into partner sub-agreements;
 - Include IYCF in existing strategies, guidelines etc. (e.g. in the health strategy for the operation);
 - Define a specific IYCF strategy and action plan for implementation of key activities.

Actions for field staff:

- **Select appropriate IYCF activities**
 - Establish lifesaving and comprehensive activities to protect, promote and support adequate IYCF practices;
 - Select IYCF activities that promote behaviour change, acknowledging that IYCF practices are strongly related to culture;
 - Identify training needs and organise trainings on IYCF for relevant staff, with regular refresher trainings as appropriate.
- **Integrate IYCF with other sectors**
 - Integrate IYCF activities into other sectors' interventions and integrate other sectors' activities into IYCF interventions;
 - Establish an inter-sectoral referral system;
 - Organise orientations/trainings on IYCF for relevant field staff and volunteers from all sectors and ensure they have access to a one page reminder of the key IYCF points (see annex 6).

Actions for all stakeholders at all levels and sectors of intervention:

- **Coordinate IYCF-sensitive activities**
 - Activate or establish relevant coordination mechanisms for IYCF specific and sensitive programming;
 - Involve actors at all levels in coordination – from senior management via field level to community members;
 - Share relevant information related to PLW, infants and young children and IYCF programming in a timely and transparent manner.
- **Implement Monitoring, Evaluation, Accountability and Learning (MEAL)**
 - Monitor IYCF activities using suitable indicators within existing monitoring systems;
 - Involve community members at all stages of the refugee response;
 - Use programme and monitoring reports to facilitate learning.

Action 1: Advocate for relevant stakeholders to consider IYCF

Foster awareness of IYCF by all relevant stakeholders including management commitment to IYCF for relevant organisations working in the context irrespective of the sector, **to facilitate other sectors to take IYCF into consideration.**

The priority is to advocate for IYCF to be included on the agenda of relevant stakeholders who might need to be orientated. The proposed activities should inform about IYCF and gather information about other sectors and stakeholder priorities. IYCF managers should participate in coordination mechanisms to influence decision-making and therefore elevate IYCF on the agenda, facilitating coordination and decision-making at all levels.

Objectives:

- Influence relevant sector managers to invest time, human resources and/or funding for IYCF;
- Advocate for relevant stakeholders to actively participate in coordination mechanisms and for IYCF to be on the agenda of multi-sectoral coordination mechanisms;
- Communicate the needs of PLW, infants and young children and information on IYCF programme activities to the media, donors and other external stakeholders.

To ensure engagement for IYCF integration and the IYCF Framework, advocacy needs to target all agencies and organisations working in the context, especially those working on nutrition and IYCF-specific programming. It is also important that advocacy happens at all levels from senior management to field level in all relevant sectors. Too often communication between field and senior management is weak; one should not assume advocacy for that sector has been completed after talking to only one of the levels. IYCF managers should further communicate on the importance of IYCF programming, priorities and needs to colleagues dealing with external stakeholders such as the media and donors, according to the policy of their organisation.

Community ownership is essential and will be a step-by-step process. As such, community leaders and representatives, community members with influence, mothers, fathers and caregivers should be the main targets at this stage. They should be part of the stakeholder analysis and be informed about the risks and needs identified for PLW, infants and young children.

The context analysis will influence who is targeted for advocacy and how. For example, depending if it is a rapid or a slow onset emergency, different coordination mechanisms will be in place and different stakeholders with varying priorities will be represented. Before deciding what activities to implement, look at the context and define how much time, human resources and/or funding stakeholders will be able to allocate for IYCF. Make sure you know about stakeholder priorities and how IYCF can be advocated for. Make sure a critical analysis of the context is completed and that advocacy focuses on elevating IYCF on the agenda, rather than focusing on information sharing alone. Consider promoting a more formal endorsement of this Framework by the agencies working in the context and the different sector leads.

IYCF Champions

At the early stages of an emergency, there may or may not be nutritionists in the field and even less likely to be an IYCF expert on the ground. It is important that, from the beginning of an emergency, someone looks at the context from the perspective of IYCF, taking into consideration the needs of PLW, infants and young children (see Principle 1 at the beginning of this Framework). In order to achieve that, IYCF champions should be identified who will support IYCF. IYCF champions do not need to be from the nutrition sector but could be anyone interested in taking on this role during coordination at the early stages of the emergency. Ideally all sectors working with PLW, infants and young children should eventually have one or more IYCF champions. These champions should be trained on the fundamentals of IYCF and have a good awareness of the risks identified for PLW, infants and young children. If IYCF capacity is not available in-country, seek support or advice from regional or head offices on how to proceed, e.g. online courses or external trainers. Who is deployed at the early stages of an emergency may be out of our control but all stakeholders have a responsibility to ensure that the needs of PLW, infants and young children are taken into consideration. See annex 5 for an example of a TOR for an IYCF champion.

The activities below should be brought forward by the IYCF lead agency, but, at the same time, it is all stakeholders' responsibility to undertake actions relevant for them.

Activities to put in place for advocacy:

- Carry out a critical analysis of all stakeholders involved in advocacy: Who are they (can include implementing agencies, decision makers etc.)? What do they do? Who is responsible for IYCF? What are their plans? What are their resources? What are their priorities? (Example in Syria when there was an outbreak of polio, health teams were overloaded with work when organising a complicated response, so perhaps this needed to be taken into consideration when planning the initiation of IYCF activities into health facilities);
- Develop an advocacy strategy: targets, messages and objectives adapted to the context. According to the time that can be allocated to that activity, the strategy can be a draft at the beginning and be developed after the initial stage of the response. The importance is to decide what the objectives are. For example, you may want to focus on minimising the risks of artificial feeding by advocating for a joint statement before advocating for inclusion of IYCF into other sectors plans;
- Use existing coordination mechanisms – attend multi-sectoral and other sectors' coordination meetings; prepare short presentations with one or two key messages adapted to the context and the audience. Explain why IYCF is important and how it can be integrated into current/future work;
- Engage with communities: e.g. community leaders, chiefs, local councils, mother and caregiver's networks, traditional healers, religious leaders etc. Organise community sensitisation and awareness sessions, share the outcomes of the context and needs assessments, communicate the service availability and provide an opportunity for communities' priorities to be heard and discussed. Use appropriate language: local language will ease the communication;
- Communicate the importance of IYCF programming, priorities and needs to external stakeholders, such as the media and donors.

Action 2: Mobilise resources for IYCF

Actively mobilise and seek resources and funding for IYCF activities by highlighting IYCF as a priority to improve child protection and survival, ideally as part of or strongly linked to other activities in all sectors.

Resource mobilisation refers not only to accessing funding but also to scaling up human resources, supplies and donor commitment.

Adequate IYCF practices are key for the health and survival of infants and young children in all humanitarian settings. However, the need for IYCF interventions and what kind of IYCF interventions should be guided by the context analysis. Where the context analysis has identified inappropriate IYCF practices, resources must be sought to address these.

Objectives:

- Incorporate IYCF in strategies and proposals by relevant stakeholders;
- Ensure humanitarian response plans' key objectives take IYCF into consideration;
- Ensure IYCF activities are funded and are part of or strongly linked to other activities in all sectors.

In the context analysis, it is important to identify what has been prioritised and therefore what will receive donor commitment and funding, and therefore human resources and supplies. So far it has been rare that IYCF receives donor commitment and funding during phase 1 of an emergency, due to lack of understanding about how investing in IYCF can immediately save lives. Advocacy for increased opportunities for IYCF should be done at all levels: global, regional, country and field. Many IYCF activities are low or no cost and, as such, might be incorporated into existing activities as long as the staff are aware and know how to do this. IYCF managers or IYCF champions should actively explore these opportunities with established programme activities and while new activities are planned.

It is important that fundraisers have an IYCF-related objective to propose in order to raise funds. The context analysis can inform the urgency for relevant IYCF interventions. IYCF managers should make sure this information is available, documented and incorporated into strategies and proposals. Fundraisers and IYCF managers should also share such information with the media and actively promote visibility.

IYCF managers should be informed about donor priorities and donor funding mechanisms through the organisation they work in. The context will inform the funding opportunities in a specific humanitarian setting. Being informed is key to ensure IYCF is included in the priority list for funding and therefore receives funding in a timely manner. IYCF managers and other sector managers can influence funding by integrating IYCF components in strategies according to the needs identified. They can also hire human resources and organise supplies through multiple sector responses where required.

The activities below should be brought forward by the IYCF lead agency as part of the humanitarian response plan but at the same time it is all stakeholders' responsibility to undertake actions relevant for them.

Activities to put in place for resource mobilisation:

- Provide orientation about IYCF to relevant staff, including finance and other support staff as necessary (see action 5);
- Explore low/no-cost interventions/activities that can be incorporated into existing funding or pre-planned activities;
- Explore the inclusion of IYCF activities into multiple sectors in line with donor commitments and priorities, through developing multi-sectoral proposals to promote and advocate for appropriate integration between IYCF and other sectors;
- Actively involve IYCF champions when developing multi-sectoral strategies and proposals. Seek additional support from head office advisors, the IYCF-E Toolkit (available online – see annex 2) and [en-net](#) where required. The use of the globally available IYCF-E Toolkit is recommended as a guide.

Action 3: Endorse key policies and adhere to operational standards

Promote key IYCF-specific policies and actively follow their guidance on achieving optimal IYCF, e.g. Baby Friendly Hospital Initiative (BFHI); The International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions of the World Health Assembly (the Code); Sphere standards; UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings; UNHCR Standard Operating Procedures for the Handling of Breast-milk Substitutes (BMS) in Refugee Situations for Children 0-23 months; and existing nutrition and IYCF policies.

The context analysis will assess what policies are endorsed and their level of implementation. In emergencies, policies are often seen as secondary as compared to life-saving interventions. However policies provide a framework that can protect PLW, infants and young children. For example, in respecting the Code, mothers and caregivers are protected from receiving misleading messages regarding the feeding needs of their infants and children through inappropriate marketing and distribution of breast-milk substitutes. IYCF managers will need to identify national nutrition and IYCF policies in place and identify what policy needs to be prioritised for advocacy and sensitisation to facilitate greater adherence in the specific context they are operating in.

Objectives:

- Develop a joint statement and ensure it is signed by relevant stakeholders;
- Integrate IYCF policies into partner sub-agreements;
- Include IYCF in existing strategies, guidelines etc. (e.g. in existing health strategy for the operation);
- Define a specific IYCF strategy and action plan for implementation of key activities.

Key strategies, standards and methodologies related to IYCF:

1. *Sphere standards*

There are two standards related to IYCF in the Sphere standards. They are:

- **Infant and Young Child Feeding Standard 4.1: Policy guidance and coordination**
Policy guidance and coordination ensure safe, timely, and appropriate infant and young child feeding.
- **Infant and Young Child Feeding Standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies**
Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive, and optimises nutrition, health, and survival outcomes.²⁰

2. *Baby Friendly Hospital Initiative (BFHI)*²¹

BFHI is a worldwide initiative supported by UNICEF and WHO to provide guidance to countries to implement the Ten Steps to Successful Breastfeeding in maternity settings. The document provides country and hospital level guidance, tools for decision makers and planners as well as guidance on how to promote breastfeeding at health facility level, training material for maternity staff and monitoring tools. This is a large initiative first developed in 1992 and updated in 2009.

The Ten Steps to Successful Breastfeeding are:

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

20 The Sphere Project (2018) *Humanitarian Charter and Minimum Standards in Humanitarian Response*, (Personal communication): <http://www.sphereproject.org/> [14 May 2018]

21 WHO, UNICEF (2009) *Baby Friendly Hospital Initiative*, Available online: http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/ [18 Dec 2014]

In addition, maternity facilities need to abide by the Code (below).

For more information on how to implement BFHI, refer to BFHI section 1, Background and implementation, which describes the Five Steps for BFHI implementation at country level. The BFHI can be implemented via hospital-by-hospital accreditation but, as the Five Steps describe, can also include the incorporation of the Ten Steps into hospital standards.

3. *International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions*²²

“The World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in 1981 to protect and promote breastfeeding, through the provision of adequate information on appropriate infant feeding and the regulation of the marketing of breast-milk substitutes, bottles and teats.”²³

4. *The IFE Operational Guidance*²⁴

The IFE Operational Guidance for emergency relief staff and programme managers proposes ways for practitioners to apply several guidance notes and policies related to IYCF-E. It suggests to:

- Endorse or develop policies
- Train staff
- Coordinate operations
- Assess and monitor
- Protect, promote and support optimal IYCF with integrated multi-sectoral interventions
- Minimise the risk of artificial feeding

5. *UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings (UNHCR milk policy)*²⁵

The UNHCR milk policy summarises the principles followed and respected by UNHCR to assist and guide the use of milk products in refugee situations. The policy specifically addresses the handling of unsolicited donations and untargeted distribution of BMS as well as dried skimmed milk (DSM), dried whole milk (DWM), liquid UHT (ultra-high temperature processing) milk and therapeutic milk. Key points include:

- UNHCR will protect, promote and support exclusive breastfeeding for the first six months of life

22 IBFAN website: <http://ibfan.org/the-full-code> [10 Dec 2015]

23 UNICEF website: http://www.unicef.org/nutrition/index_24805.html [10 Dec 2015]

24 IFE Core Group (2017) *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers*, Available online: <http://www.enonline.net/operationalguidance-v3-2017> [04 Oct 2017]

25 UNHCR, ENN, IFE Core Group, ICH (2006) *UNHCR Policy Related to the Acceptance, Distribution and Use of Milk Products in Refugee Settings*, Available online: <http://www.unhcr.org/4507f7842.html> [18 Dec 2014]

and continued breastfeeding for two years or beyond, with timely and correct use of adequate complementary foods.

- UNHCR will accept, source and distribute milk products only if they can be used under strict control in hygienic conditions.
- UNHCR will not accept *unsolicited* donations of BMS, bottles and teats and commercial ‘baby’ foods. UNHCR will work with the coordinating agency to limit the risks of unsolicited donations that end up in circulation in refugee settings.

6. UNHCR Standard Operating Procedures for the Handling of Breast-milk Substitutes (BMS) in Refugee Situations for Children 0-23 months²⁶

This publication provides guidance on how staff of UNHCR and partners should manage artificial feeding in refugee contexts to protect both breastfed and non-breastfed infants. The BMS SOP comprises core recommendations, annexes and case studies, and provides guiding principles as well as details on practical implementation to inform programming. The BMS SOP was designed primarily for use in stable camps, and therefore might need some adaptations to other settings.

7. UNHCR Operational Guidance on the Use of Special Nutritional Products in Refugee Populations²⁷

This guidance has been developed to help nutrition staff deal with the challenges involved in designing blanket nutrition programmes using new special nutritional products and fortified blended foods in both emergency and protracted situations. It provides technical guidance for setting up and maintaining intervention programmes, monitoring and evaluation (M&E) systems, and mainstreaming best practice. The Operational Guidance contains six stages covering the key components of planning, implementing, monitoring and evaluating blanket nutrition programmes that aim to reduce and prevent micronutrient deficiencies and malnutrition in refugee populations.

26 UNHCR and ENN (2015). *Standard Operating Procedures on the Handling of Breastmilk substitutes in Refugee Situations*. <http://www.unhcr.org/55c474859.pdf> [5 May 2017]

27 UNHCR, UCL and ENN (2011). *Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Situations*. Available online: <http://www.unhcr.org/publications/operations/4f1fc3de9/unhcr-operational-guidance-use-special-nutritional-products-reduce-micronutrient.html> [5 May 2017]

The activities below should be brought forward by the IYCF lead agency but at the same time it is all stakeholders' responsibility to undertake actions relevant for them.

Activities for managers to endorse key policies and adhere to operational standards:

- Assess which policies are endorsed nationally and their level of implementation: analyse the context to define what policies should be prioritised for advocacy and monitoring of adherence;
- Assess and revise relevant existing strategies and partner sub-agreements to ensure mandatory adherence to IYCF policies is included;
- With relevant actors, develop a joint statement that recognises the specific risks identified in the context and the policies and interventions that need to be promoted and put in place for the survival and well-being of PLW, infants and young children. Follow up the obtaining of signatures of all relevant actors;
- According to the context, define the priorities for policies to be implemented (consider the lifesaving impact, the level of implementation required). Select what policy to advocate for first and proceed sequentially;
- Define with local authorities, in coordination with the health sector, the level of implementation of BFHI. Identify barriers to effective implementation that need to be addressed (e.g. training of maternity staff, support for IYCF awareness in antenatal care (ANC), encourage exclusive breastfeeding etc.). Refer to section 2 of the BFHI;

After checking the legal status of the Code (during context analysis), put in place clear mechanisms to detect and report violations of the Code (a copy of the Violation Form can be found in the IYCF-E Toolkit, see annex 2).

Action 4: Select appropriate IYCF activities

Prioritise life-saving IYCF activities at the start of an acute emergency. Thereafter focus on IYCF activities that promote behaviour change, acknowledging that IYCF practices are strongly related to culture, and ensure that the relevant population groups are targeted. Behaviour change supports lifesaving interventions and should be considered as soon as possible.

The context will influence the type of activities to put in place. IYCF field staff will have to communicate with colleagues and community members and analyse the context and needs in order to select how to best design interventions. In addition, IYCF staff at management and field level should analyse all information about stakeholders, funding and policies in order to decide what activities are realistic and which will have the greatest impact on IYCF. For example, if some activities from the BFHI are identified, IYCF staff can be involved to support health teams to implement or strengthen the activity.

The activities proposed in this Framework are intended to be examples to help staff working on IYCF to understand the range of potential IYCF activities that exist, to brainstorm problems and solutions with their teams and the communities, and to define what to put in place in the specific context they are working in. Field staff will have to design activities according to the needs and specificities of the population affected. Activities should be technically sound: refer to existing guidance on IYCF programming to select the appropriate interventions, e.g. Section 5 (Protect, Promote and Support Optimal Infant and Young Child Feeding with Integrated Multi-Sectoral Interventions) of the IFE Operational Guidance²⁸ or Section 2.4.4 (Prioritizing Interventions) of UNICEF's Programming Guide on IYCF²⁹.

28 IFE Core Group (2017) *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers*, Available online: <http://www.enonline.net/operationalguidance-v3-2017> [04 Oct 2017]

29 UNICEF (2012) *Programming Guide on Infant and Young Child Feeding*. Available online: https://www.unicef.org/Final_IYCF_programming_guide_June_2012.pdf [1 May 2018]

Objectives:

- Establish lifesaving and comprehensive IYCF activities to protect, promote and support adequate IYCF practices;
- Select IYCF activities that promote behaviour change, acknowledging that IYCF practices are strongly related to culture;
- Identify training needs and organise trainings on IYCF for relevant staff, with regular refresher trainings as appropriate.

It is all stakeholders' responsibility to undertake the activities suggested under this action.

IYCF-E activities

Lifesaving interventions should be prioritised according to the context. For example interventions that aim to minimise the risks of artificial feeding should be established quickly, particularly if the context shows that infants were artificially fed pre-emergency or if it is observed that mothers and caregivers tend to feed infants with breast-milk substitutes. IYCF managers and field staff should collaborate with registration staff to ensure screening of infants is done at registration to identify and refer infants at risk or those who are highly vulnerable (i.e. orphans, non-breastfed infants <6 months, ill infants or malnourished infants). This will ensure quick referral of infants with immediate needs.³⁰



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30 UNHCR Infant screening questionnaire. Available online: <http://www.unhcr.org/544a51ff9.html> [10 Dec 2015]

Proposed activities from the IFE Operational Guidance:

In practical steps Section 3. “Government is the lead coordination authority on IFE Coordination operations. In refugee responses, UNHCR is the UN agency responsible for IFE coordination. “

- Multi-sector collaboration: 5.32 sub section xiii. ” Work with camp coordination and camp management providers to protect and assist families with children under two years and PLW, such as enabling access to key services and adequate living conditions for families with children under two years and PLW; and providing disaggregated population data. “IYCF staff to collaborate with settlement and shelter colleagues to define and organise rest areas and breastfeeding corners for mothers focusing on privacy, shade and providing clean water;
- Establish a referral system from camp registration/ transit centres for mothers and/or their infants/ children with feeding problems. Ensure training of staff and follow up of those referred (include the UNHCR Infant screening questionnaire at registration).
- General Intervention 5.4. “Establish accessible IYCF support services to provide for higher risk infants, young children and mothers, such as orphans, unaccompanied children, infants who are not breastfed; children with disabilities that affect feeding or whose caregivers are disabled²⁹; mothers in detention; children whose mothers are ill; adolescent mothers; premature infants; LBW infants; and children and/or mothers who are acutely malnourished.”
- IYCF staff to collaborate with child protection colleagues to identify these infants and young children;
- IYCF staff to set up a structure to welcome and provide counselling to mothers, caretakers, infants and children referred for skilled support once feeding difficulties are identified (e.g. at registration).
- General Intervention 5.17. “Determine infant formula need through individual-level assessment⁴² by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues. Provide individual-level education, one-to-one demonstrations and practical training on safe preparation to the caregiver. Ensure follow-up (at least twice a month) and trace defaulters. “
- IYCF staff to set up a structure where mothers and children 0-23 months are seen by a qualified health worker who will assess the feeding issues and determine the support needed, e.g. artificial feeding education and safe preparation, skilled support for relactation, breastfeeding counselling etc. in line with the UNHCR Standard Operating Procedures on the Handling of Breastmilk Substitutes in Refugee Situations (UNHCR BMS SOP);
- IYCF staff to liaise with community members to assess the possibility of wet nursing (is it culturally acceptable?) or how to handle donations of breastmilk in accordance with the UNHCR BMS SOP (conservation, donation regulations).

The exit strategy should be developed and incorporated already at the response planning stage. For very short emergencies and for longer term interventions, sustainability of appropriate IYCF interventions should be a concern during Phase 1, prior to starting any new IYCF activities.

Behaviour change

Lifesaving activities should be complemented as soon as possible with behaviour change interventions. Behaviours are influenced by many things in the context, the community and the environment around the mother and child. IYCF staff should assess and then identify the influencers and barriers in order to design appropriate activities to address the constraints identified. Any IYCF behaviour change is likely to be achieved if multiple groups are targeted, especially mothers, fathers, grandmothers, other close family members or caregivers, and other role models in the community. Behaviour change relies on both community and individual engagement if a change is to be made.

Behaviour change activities:

- Identify all the groups from the community that might influence IYCF practices: mothers, fathers, grandmothers, mothers in law, traditional healers, religious leaders, male groups, elders, siblings etc. These are known as the key influencers or the gatekeepers to change;
- Prioritise individual level behaviour change (for caregivers as well as key influencers) over mass campaigns. Mass campaigns are useful to communicate messages but show limited influence on individual behaviours;
- Identify barriers to optimal IYCF practices and then use those barriers to design relevant activities (see annex 8 for further information on Designing for Behaviour Change (DBC) and specific IYCF examples of DBC Frameworks).

Capacity building – training of IYCF staff

Quality interventions require qualified IYCF staff. However, skilled personnel for IYCF interventions can be challenging to find quickly, particularly in an emergency. Training and capacity building of the available workforce is an effective means to increase the available human resources. IYCF-specific trainings should be provided to staff who will work directly on IYCF interventions, normally from nutrition, health, psychosocial support and/or child protection. Trainings should target managers, facility-based staff and community workers. Shorter IYCF-sensitive trainings should be organised for staff who will work in other closely related sectors such as education, WASH, food security and livelihoods, settlement and shelter, and/or camp management. In an emergency context where time and resources are stretched, the capacity building should focus on providing “just enough” and “just-in-time”, i.e. providing sufficient training to address the competencies necessary for staff from different sectors and at different levels within a sector to carry out their responsibilities. Lastly, orientation sessions should be held for other groups that need to know about IYCF, but perhaps will not work directly with PLW, infants and young children, such as external relations, information management, cash unit, logistics, etc. For more details on orientation, read about capacity building in action 5.

It is critical to ensure staff receive an initial training and regular refresher training. Staff turnover is a great concern especially during an emergency when shorter periods of employment or deployment are common in these difficult environments. New staff should always receive an initial IYCF training in order to maintain the requisite level of IYCF expertise in a team. The length of the training should be adapted according to the time available – during the first phase of an emergency there might be little time and a greater need to set up activities. It is possible to consider ways to adapt: for example, one could start with a 1 day accelerated training for two teams, then team A starts the activities when team B is being trained further, before team B takes over from team A and team A complete training. In any case, the full training should be provided as soon as possible. (See annex 7 for suggested training agendas.)

The profile of staff hired for specific IYCF support is important to consider. Technical IYCF staff should ideally have the appropriate qualifications (or a recognised training in technical and communication skills) to provide skilled support (see annex 9). Giving skilled responsibilities to non-qualified staff should be avoided.

Finally when IYCF services are in place, IYCF teams should communicate to other sectors what services are available through coordination mechanisms. Referral systems should be set up where PLW, infants and children would be referred to IYCF services by other sectors and IYCF teams would refer potential beneficiaries to other sectors. Read more about referral systems in action 5 and coordination in action 6.

Capacity building activities – training of IYCF staff:

- Prepare a strategic, comprehensive, timely and realistic plan for capacity building;
- Select competent, motivated trainers. Local trainers, either in-house or from relevant national resources, with prior experience and/or knowledge of the affected population, ideally who speak the same language as the staff, are preferred if they have the necessary knowledge and skills;
- Set up capacity building for all relevant staff according to their role in the IYCF intervention: IYCF, nutrition, psychosocial, community services, health teams in maternity services, community health workers, and other relevant staff groups. A common training helps collaboration between all staff regardless of their area of expertise. Target all staff likely to come across a beneficiary requiring support and ensure they are able to recognise the signs and symptoms of a case requiring referral. For example staff working in postnatal care (PNC) will be able to identify a breastfeeding issue. (Examples of training agendas are in annex 7);
- Provide training materials and visual tools to allow IYCF guidance to be available for staff at any time. Visuals are particularly important during the early phase of an emergency, when staff do not have as much experience, to build confidence and improve quality support;
- After any training, establish a follow-up system for monitoring, support, feedback and supervision of all participants, as appropriate to the situation.

Action 5: Integrate IYCF with other sectors

“IYCF-E is about feeding of infants and young children but in order to ensure this and appropriate care for the infant, it requires cross-sectoral responsibility and engagement including WASH, camp management, security, settlement and shelter, health, food security and livelihoods, logistics, child protection, general coordination.”³¹

This Framework aims to optimise conditions for IYCF-sensitive interventions in a refugee setting. Cross-sectoral integration is critical to achieve that. Effective integration is reached where sectors have common strategic objectives and activities that respect each other’s priorities while contributing to a common goal. Integration is not a new concept in the humanitarian field, yet integration in practice often ends up as vertical interventions, with programmes running alongside each other, and, in the best-case scenario, simply targeting the same people.

One identified barrier to effective integration is the lack of knowledge different sectors have of one another. Low awareness and knowledge of other sectors’ priorities or technical jargon often result in missed opportunities for effective integration. This action suggests ways to facilitate awareness across sectors. According to the setting and identified risks for PLW, infants and young children, sectors that could benefit from collaboration with IYCF and vice versa should be targeted. The context will impact the priorities. It is important to keep in mind that in an emergency, the context can change very quickly and therefore the priorities will evolve accordingly.

Section 3 describes sector integration more in detail organised by technical area. Preparation of the sector chapters has been a consultative process where colleagues from each sector, at headquarter and field level, have been consulted and validated the relevance of the sector chapters’ content.

31 Save the Children (2014) *IYCF-E Toolkit: Rapid start-up resources for emergency personnel*, Available online: bit.ly/IYCFEtoolkit [14 May 2018]

Objectives:

- Integrate IYCF activities into other sectors' interventions and integrate other sectors' activities into IYCF interventions;
- Establish an inter-sectoral referral system;
- Organise orientations/trainings on IYCF for relevant field staff and volunteers from all sectors and ensure they have access to a one page reminder of the key IYCF points (see annex 6).

It is all stakeholders' responsibility to undertake the activities suggested under this action.

Capacity building – training and orientation of other sector staff

To lift the 'knowledge' barrier, a two-way process needs to be established: **inform and be informed**. In this Framework the sector chapters are tools for this two-way information sharing – the different sector chapters can support IYCF staff to better understand their colleagues from other sectors and vice versa. IYCF staff should further find ways to introduce, explain and present information on IYCF and available IYCF services to colleagues from the other sectors through training and orientation, as well as making tools accessible to any staff from IYCF and other sectors as reminders of the orientation.

Staff who work in sectors that might incorporate IYCF-sensitive activities, such as registration, child protection, community services, education, food security, public health, livelihoods, settlement and shelter, WASH and/or camp management should be offered trainings tailored to their needs. As staff turnover is a great concern especially during an emergency, IYCF staff should facilitate trainings regularly to ensure all new staff are trained on IYCF. Again, a focus on providing "just enough" and "just-in-time" in emergencies is recommended until additional resources are obtained and more time is available. See annex 7 for suggested training agendas for different trainings.

Orientation sessions should be held for other colleagues and stakeholders that need to know about IYCF, but perhaps will not work directly with PLW, infants and young children, such as external relations, information management, cash unit, logistics, etc. Colleagues from external relations and information management having knowledge of IYCF may be crucial for raising awareness and mobilising funding, whereas logistics and the cash unit may be key actors in handling distributions and prioritising IYCF materials such as feeding utensils, BMS or money for complementary feeding. It would be beneficial to orientate the cash unit and logistics teams to the Code and also the Standard Operating Procedures for Handling BMS³².

32 UNHCR and ENN (2015). *Standard Operating Procedures on the Handling of Breastmilk substitutes in Refugee Situations*. Available online: <http://www.unhcr.org/55c474859.pdf> [5 May 2017]

Capacity building activities – training and orientation of other sector staff:

- Set up training for staff in child protection, community services, education, food security, public health, livelihoods, settlement and shelter, WASH and/or camp management to sensitise colleagues on IYCF and the needs of PLW, infants and young children;
- Design IYCF training and orientation sessions according to the needs and expectations of colleagues to ensure participation: full day or half a day training to highlight the importance of IYCF, or shorter sessions on specific points e.g. feeding and care needs of PLW and children 0-23 months, or the importance of rest areas for PLW and how to best establish these;
- Set up orientation sessions for other relevant sectors or units, including external relations, information management, cash unit, logistics, etc.;
- Develop and disseminate a laminated document to display on the wall which can be used as a reminder of key IYCF points, particularly for non-IYCF staff (example in annex 6). It should list points that all staff, regardless of sector or position, keep in the back of their minds to ensure anyone requiring IYCF support is identified and prioritised. Encourage the use of pictures from the local context, and adapt the content according to the context. Use the document at food distribution points, camp management offices, community volunteer gathering points, registration points etc.

Referral systems

Knowing what services are available enables cross referral of beneficiaries to relevant support structures or services according to their needs. **For integration to be effective, strong referral systems between sectors need to be put in place and supported by all actors and coordination mechanisms.** In refugee camp situations, the role of the camp management agency should be seen as an opportunity to implement referral mechanisms. Camp management plays a key role in coordination and community involvement and is a relevant platform to support implementation, monitoring, follow up and outreach of referral activities. In non-camp settings one might need to seek other coordination mechanisms, either coordination systems that are established for the refugee response or other relevant existing community networks or coordination mechanisms.

Capacity building activities – training and orientation of other sector staff:

- Set up training for staff in child protection, community services, education, food security, public health, livelihoods, settlement and shelter, WASH and/or camp management to sensitise colleagues on IYCF and the needs of PLW, infants and young children;
- Design IYCF training and orientation sessions according to the needs and expectations of colleagues to ensure participation: full day or half a day training to highlight the importance of IYCF, or shorter sessions on specific points e.g. feeding and care needs of PLW and children 0-23 months, or the importance of rest areas for PLW and how to best establish these;
- Set up orientation sessions for other relevant sectors or units, including external relations, information management, cash unit, logistics, etc.;
- Develop and disseminate a laminated document to display on the wall which can be used as a reminder of key IYCF points, particularly for non-IYCF staff (example in annex 6). It should list points that all staff, regardless of sector or position, keep in the back of their minds to ensure anyone requiring IYCF support is identified and prioritised. Encourage the use of pictures from the local context, and adapt the content according to the context. Use the document at food distribution points, camp management offices, community volunteer gathering points, registration points etc.

Action 6: Coordinate IYCF-sensitive activities

Effective infant and young child feeding programming requires strong coordination among all actors.

Poor coordination can lead to ineffective, inefficient, inappropriate or even harmful programming. Building a common understanding of IYCF among actors and ensuring timely resolution of problems are both key to effective coordination.

Considering the content of the actions and activities proposed in this Framework, coordination is the cornerstone to its success. Coordination will facilitate multi-sectoral context and service assessment, prioritization of management actions and the selection of IYCF specific and sensitive activities in collaboration with other sectors. Users of this Framework should consider coordination at all times: from preparedness activities, through phase one of an emergency, to protracted situations. Coordination facilitates all the actions proposed in this Framework. IYCF staff should consider opportunities for coordination on an ongoing basis, from context analysis to implementation of interventions. Coordination should be done at all levels: field, country, regional and global to ensure proper communication and appropriate decision-making. In this Framework we are proposing IYCF champions as key for coordinating the IYCF specific and sensitive activities (see below).

Objectives:

- Activate or establish relevant coordination mechanisms for IYCF specific and sensitive programming;
- Involve actors at all levels in coordination – from senior management to field level to community members;
- Widely share relevant information related to PLW, infants and young children and IYCF programming in a timely and transparent manner.

In a humanitarian response, there are two major coordination mechanisms that can be activated: UNHCR-led responses and cluster-led responses. UNHCR will be involved when the crisis concerns refugees and the cluster response should be activated for non-refugee situations³³. In a refugee camp or camp-like setting, the camp management agency (either UNHCR or partner-led) will manage and facilitate coordination between communities and stakeholders offering services in the camp. In non-refugee situations where clusters are activated, the camp coordination and camp management (CCCM) cluster will be the coordinating body³⁴. The inter-sector cluster coordination mechanisms will also be relevant for addressing coordination and integration of IYCF in non-refugee settings. In addition, there might be various informal coordination mechanisms driven by NGOs, consortiums or individuals active in the area. It is therefore important that the IYCF Manager and IYCF champions map and contribute to the coordination activities that are present while advocating for a more streamlined coordination mechanism for IYCF across existing platforms.

In all refugee responses, the host Government will play a key role in coordination. The form of the refugee response (camp, urban integration, etc.), the level of integration (in health systems, schools, etc.) and the opportunities for actions for the refugees (residential permits, work permits, etc.) are very much directed by the host Government. In the context of IYCF, collaboration with the Ministry of Health is especially important.

33 For some sectors UNHCR will take the lead also in IDP situations, although for nutrition UNHCR is only lead in refugee situations and the cluster is activated for IDPs.

34 Camp management and CCCM (camp coordination and camp management) are often used interchangeably, although strictly speaking CCCM is the name of the sector cluster. As clusters are not activated for refugee situations, the camp management agency would be the coordinating body in refugee contexts.

An IYCF strategy, policies and procedures may already have been developed in the local health system. As much as possible, UNHCR seeks to include refugees in national IYCF and child health programmes.

For successful coordination of an emergency, a Disaster Risk Reduction (DRR) plan should be prepared and agreed on at country level prior to the onset of an emergency. Good DRR has the potential to mitigate the impact of an emergency on the affected population. It ensures the population is better prepared for an emergency and are less likely to resort to negative coping strategies. In the context of IYCF, good DRR may involve an understanding in the population of appropriate infant and young child feeding practices. It may include the acceptance of breastfeeding as optimal and an understanding of the myths around breastfeeding, so that breastfeeding is continued in an emergency and caregivers do not turn to donations of breast-milk substitutes (BMS). It may also include an understanding of age-appropriate complementary feeding as well as the specific needs for PLW, including the prioritization of food for young children (6-23 months) and PLW in situations when food supplies are limited. In the context of IYCF, DRR may also focus on preparing the population for emergency-specific IYCF challenges, e.g. an increase in donations of unsafe and inappropriate BMS. It is essential to ensure all IYCF work focuses on improving resilience of the population and therefore reducing the risk of disasters on IYCF practices. All objectives and actions in this Framework are working towards this goal. DRR is mainstreamed through all actions and activities in this Framework.

In addition to coordination among governments and organisations, coordination should also happen at the community level. It is desirable to actively identify, and coordinate with, existing community mobilisation mechanisms. Local community structures and leaders may be helpful in coordination, although care should be taken to ensure that these do not exclude particular people e.g. those less likely to speak out in a public forums due to cultural customs.

For more information on coordination, refer to:

- UNHCR Handbook for Emergencies³⁵ - Chapter 6 on ‘Operations Planning’
- Nutrition Cluster Handbook³⁶ - Multiple chapters depending what aspect of coordination
- Reference Module for Cluster Coordination at Country Level³⁷ - Sections 1, 8, 9 and 10
- Refugee Coordination Model³⁸ - Complete document

The activities suggested below should be brought forward by the IYCF lead agency but at the same time it is all stakeholders’ responsibility to undertake actions relevant for them.

35 UNHCR (2015). *Emergency Handbook*. Available online <https://emergency.unhcr.org> [18 Dec 2015]

36 Global Nutrition Cluster (2013). *Nutrition Cluster Handbook: A practical guide for country-level action*. Available online: <http://www.humanitarianlibrary.org/resource/nutrition-cluster-handbook-practical-guide-country-level-action-0> [18 Dec 2014]

37 IASC (2013) *Reference Module for Cluster Coordination at the Country Level*. Available online p. 14 <https://www.humanitarianresponse.info/en/coordination/clusters/document/iasc-reference-module-cluster-coordination-country-level-0> [1 May 2018]

38 UNHCR (2014) *UNHCR Refugee Coordination Model*, Available online: <http://www.unhcr.org/53679e2c9.html> [18 Dec 2014]

Coordination activities:

- Identify IYCF champions in different strategic coordination mechanisms to ensure IYCF is taken into consideration in decision making processes;
- Activate or establish relevant coordination mechanisms for IYCF specific and sensitive programming;
- Include IYCF information in initial and rapid assessments;
- Identify relevant forum or structures for sharing information related to PLW, infants and young children in a timely and transparent manner;
- In collaboration with camp management, site planning and WASH, allocate sufficient space for IYCF activities and ensure maintenance, hygiene facilities and safe water – including BFS;
- Involve relevant mechanisms to oversee the referral system as it will involve multiple actors, e.g. camp management, community networks etc.

The role of camp management in IYCF and BMS handling, experience sharing from Zaatari camp, Jordan:

“Camp management played a key role in the implementation of IYCF in Zaatari. The initial steps were:

- Circulating the two guiding documents (SOPs and guidance note) through the camp coordination meeting and introducing the programme through the different working groups and meetings taking place at the field level.
- It was crucial that main points were clarified to all partners:
 - Camp management is the focal point to refer to in case partners were offered any kind of donation related to BMS, bottles or teats
 - Camp management was highlighted as the focal point to report to in case of any kind of distribution (violations)

Those things were reported on a weekly basis in the health coordination meetings and the close follow up and support from UNHCR and Ministry of Health greatly facilitated the work of IYCF teams.

Zaatari grew rapidly, and many meetings and working groups were taking place at the same time. UNHCR made sure that there was a very strong coordination body, and this helped in avoiding duplication of activities and kept everyone aware of what other partners were doing. IYCF key messages were circulated regularly to all working groups. High staff turnover was one of the challenges faced, but regular orientation sessions were conducted for different partners attending health meetings.” (Sura Alsamman, Save the Children Jordan)

Action 7: Implement Monitoring, Evaluation, Accountability and Learning (MEAL)

Ensure IYCF work is monitored using suitable indicators which are built into existing MEAL systems, including indicators for monitoring progress towards high-level objectives.

This is an action for managers and field staff as every person involved in IYCF has a role to play in monitoring, evaluation, accountability and learning. With MEAL, monitoring and evaluation is taken one step further as the actors should also demonstrate their accountability for and learning from the activities. As this Framework is a practical guide, there are multiple suggestions of activities to be put in place according to a specific context. Depending on the operational context, IYCF managers should develop a plan to monitor and evaluate, show accountability and learn from implementation of these activities. In addition, other sector managers who implement IYCF sensitive activities should ensure these activities are in a plan to be

monitored and evaluated. Examples of indicators to use can be found in the Sector Chapters in the second half of the IYCF Framework. The MEAL system – developed by M&E/MEAL staff, IYCF staff or other relevant staff – would then be implemented according to the context and the strategy. If the monitoring, evaluation and accountability processes are in place, IYCF managers and other sector managers will have all the information necessary to ensure learning.

Objectives:

- Monitor IYCF activities using suitable indicators within existing monitoring systems;
- Involve community members including mothers, fathers and other caregivers of infants and young children at all stages of the refugee response;
- Use programme and monitoring reports to facilitate learning.

In this Framework we consider a MEAL system as an optional tool for the Framework drivers to collect and compile information from different sectors to see the impact of the Framework and the success of integration of IYCF with other sectors. The activities suggested under this action should be brought forward by the IYCF lead agency –IYCF staff in collaboration with M&E/MEAL staff. At the same time it is all stakeholders' responsibility to undertake actions relevant for them.

Monitoring and evaluation

The main objective of monitoring is to encourage actions and activities in the respective sectors. Monitoring of the IYCF-sensitive activities could be applied without a specifically produced M&E system but rather integrated into existing tools for data collection and reporting, including 'checklists' already applied by other sectors' staff. For example, the public health sector are already collecting information both through a health information system (HIS) and through a 'score card'/ checklist for monitoring of health facilities. Information related to IYCF could easily be included in such reporting, for example "IYCF counselling provided in ANC" included in HIS or "mothers and babies sleeping together" included in maternity ward 'score card'. Monitoring could further include case studies and success stories from the field, rather than just 'hard data'.

Ideally output, outcome *and* impact indicators should be included. Output indicators measure the implementation of activities, such as availability and coverage of services, staff trainings completed, IYCF counselling included in relevant services, etc. If the activities are well designed and reach the population for whom they were intended, the programme is likely to achieve its objectives measured by outcome indicators e.g. prevalence of exclusive breastfeeding, early initiation of breastfeeding, timely introduction of supplementary foods, etc. Positive outcomes help to achieve the goal of the programme measured by the impact indicators, such as prevalence of anaemia, acute malnutrition, infant mortality, etc.

Progress could be monitored against usual global indicators, for example IYCF indicators from the Sphere standards³⁹, the Humanitarian Indicators Registry (HIR)⁴⁰, the Core IYCF Indicator list (see annex 10) or the UNHCR Public Health Strategy⁴¹. IYCF managers can either select indicators from the ones proposed in this

39 The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]

40 UNOCHA *Humanitarian Response Indicators Registry*. Available online: <https://www.humanitarianresponse.info/applications/ir> [11 Nov 2016]

41 UNHCR (2014). *UNHCR Global Strategy on Public Health*. Available online: <http://www.unhcr.org/530f12d26.pdf> [5 May 2017]

document according to what is relevant for the specific context or create other context specific indicators to measure the progress toward achievement of targets. Coverage of services should be measured using existing coverage survey methods such as SQUEAC⁴². IYCF managers should define quantitative and qualitative indicators and measure the impact of behaviour change activities.

It is good practice for managers to define a strategy for monitoring before implementation, including defining objectives, expected outputs and ultimate outcomes according to the context. The indicators selected will depend on the definitions of these within the overall strategy. To improve the quality of monitoring and evaluation it is preferred to choose a few powerful and easily assessed indicators to monitor over time. Data should be disaggregated by age and sex. Indicators need to be measured before and after the intervention to show progress and impact. Data on selected indicators may be collected periodically, starting during an emergency, with ongoing follow-up in subsequent months or years. An annual nutrition and IYCF survey is a good way to measure outcome indicators. The UNHCR Standardised Expanded Nutrition Survey (SENS) Guidelines include a collection of information on IYCF practices – however, the sample sizes proposed in SENS may only be strong enough to provide an indication of the situation regarding IYCF practices. In order to collect data on IYCF that will produce sufficiently rigorous results, a separate IYCF survey may need to be done.

Lastly, an operation can also choose to do an IYCF impact evaluation. There are no global tools for doing an IYCF impact evaluation but such an evaluation should assess the relevance, effectiveness, efficiency, sustainability and impact of the IYCF programme. In light of the integrated Framework, the evaluation should further assess whether and how the IYCF-sensitive activities integrated into other sectors' activities may have influenced the relevance, effectiveness, efficiency, sustainability and impact of the IYCF programme. Stakeholder participation is key for the evaluation – important stakeholders to include are PLW, mothers, fathers and other caregivers of children 0-23 months, community leaders, mother support groups, outreach IYCF staff/volunteers, nutrition and health workers, Ministry of Health and organisations involved in delivering IYCF programmes. The impact evaluation should use a mix of methods such as a desk review of relevant existing strategies and programme reports, secondary data analysis of available IYCF data and primary data collection to supplement gaps. Data collection should apply participatory approaches such as cross-sectional survey, key informant interviews and focus group discussions.

Monitoring and evaluation activities:

- Monitor indicators from Sphere, UNHCR's Standardised Expanded Nutrition Survey (SENS) and Humanitarian Indicator Registry (HIR) (see table below);
- Choose specific indicators from the proposed bank of indicators (see annex 10);
- IYCF Managers are responsible to finalise the list of indicators to report against: communicate these, explain them and train IYCF staff and/or partners if relevant on how to collect the requisite data in order to report against those indicators;
- IYCF Managers should define benchmarks to target in order to measure the progress towards full achievement of results;
- Measure impact of interventions annually through IYCF surveys. Include IYCF in annual SENS surveys, and conduct specific IYCF surveys if results from SENS indicate IYCF vulnerability.

42 The FANTA Project (2012) *Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)/Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) Technical Reference*, Available online: http://www.fantaproject.org/sites/default/files/resources/SQUEAC-SLEAC-Technical-Reference-Oct2012_0.pdf [11 Nov 2016]

Accountability

Fundamentally IYCF interventions should target PLW and children 0-23 months (see principle of the Framework) and fathers, grandmothers and other family members and caregivers when relevant. Therefore we are automatically held **accountable** to these groups. This means we should commit, set standards, build capacities, communicate, ensure community participation (especially PLW and caregivers of children 0-23 months), monitor and report on compliance, and address complaints.

MEAL should preferably be based on participatory approaches. This means that the target groups for interventions (PLW, mothers, fathers, grandmothers, community role models, etc.) should participate to the maximum extent possible in all aspects of the MEAL process, including the discussion of results and their implications. Key conclusions from monitoring and evaluation should be distributed to all relevant stakeholders, including the government, coordination bodies and beneficiaries. Information for the beneficiaries/target population should be distributed in an accessible form e.g. in local languages.

In relation to IYCF activities or other interventions including the above mentioned target groups, feedback sessions and complaint mechanisms should always be available. Individuals and groups should be given the opportunity to give feedback confidentially and anonymously on the interventions and raise issues concerning them. Staff should then ensure that feedback is considered and programmes/activities altered accordingly in order to address the feedback. Sometimes it might be necessary to arrange a feedback session with the community in order to share the feedback and the actions being done to address it, so communities know that the feedback is being taken into consideration. Similarly, if it is not possible to alter programmes/activities as suggested or requested in the feedback, this should also be communicated along with the reasons why. It is important that the views of the people who participate in the programme and the communities at large feel they are being listened to, as this both improves compliance to the programme and ensures quality, context-relevant activities are implemented.

Accountability activities:

(Adapted from The 2010 HAP Standard in Accountability and Quality Management – see Annex 11)

- Involve PLW and caregivers of children 0-23 months at all stages during the intervention: context analysis, stakeholder identification, needs assessment, design and implementation of interventions (IYCF sensitive and IYCF specific), and MEAL;
- Define and document the profile of staff needed to meet the commitments;
- Share with PLW and caregivers of children 0-23 months information appropriate to their needs: contact details of project staff, objectives of the project, expected results and timeframe, staff roles and responsibilities, selection criteria and so on;
- Set up a clear, easy and confidential system for beneficiaries and stakeholders to raise issues, make complaints and provide general feedback;
- Monitor programme to learn from beneficiary feedback mechanism and adapt programming/activities as necessary.

Learning

Finally, it is important to **learn** from the implementation of interventions to ensure progress is made over time in improving the quality of programming and that programming is adapted as necessary to improve the impact of the interventions. To facilitate learning and change, participatory dialogues are useful as a means of stepping back and reflecting on what the data mean and how to adjust activities in light of what has been learned.

Learning activities:

- Document and share case studies of IYCF programming and examples of integrated activities;
- Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses – this will feed into the monitoring, evaluation, accountability and learning section of the Framework;
- Seek funding to measure the impact of IYCF interventions and therefore expand the global evidence base and hence sustain funding. Allocate funding for monitoring and documenting IYCF interventions at all levels (global and country): when developing a budget, some provision should be requested for data collection, monitoring and evaluation, and impact evaluations;
- Advocate to camp managers for joint evaluations focused on PLW and 0-23 month old children to enhance learning and improvement of services to this target group;
- Engage regularly with community members, leaders and other stakeholders in review and lessons learnt exercises to enhance the inclusion of a diversity of opinions and experiences;
- Consider opportunities for operations research into IYCF programming in emergencies.



Table 1: Proposed IYCF programme indicators⁴³ (see also Annex 10):

Name	Definition	Source
Implementation of IFE Operational Guidance	A national and/or agency policy is in place that addresses IYCF and reflects the Operational Guidance on IFE	Sphere; Humanitarian Indicators Registry (HIR)
Coordination	A lead coordinating body on IYCF is designated in every emergency	Sphere; HIR
BMS handling	A body to deal with any donations of BMS, milk products, bottles and teats is designated ⁱ	Sphere; HIR
Code violation	Number of recorded Code violations	Sphere; HIR
	Proportion of reported Code violations which were followed up	Sphere; HIR
Timely initiation of breastfeeding (children 0-23 months)	Proportion of children 0-23 months old who were put to the breast within one hour of birth	Sphere; SENS; HIR
Exclusive breastfeeding under 6 months	Proportion of infants 0-5 months old who were fed exclusively with breastmilk in the previous day	Sphere; SENS; HIR
Continued breastfeeding at 1 year	Proportion of children 12-15 months old who received breastmilk during the previous day	Sphere; SENS; HIR
Continued breastfeeding at 2 years	Proportion of children 20-23 months old who received breastmilk during the previous day	Sphere; SENS; HIR
Introduction of solid, semi-solid or soft foods	Proportion of infants 6-8 months old who received solid, semi-solid or soft foods during the previous day	Sphere; SENS; HIR
Consumption of iron-rich or iron-fortified foods	Proportion of children 6-23 months old who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day	Sphere; SENS; HIR
Breastfeeding mothers have access to skilled breastfeeding support	Proportion of emergency-affected areas that have an adequate number of skilled IYCF counsellors and/or functioning support groups	Sphere; HIR
Bottle feeding	Proportion of children 0-23 months old who were fed with a bottle and nipple / teat during the previous day	SENS; HIR
Code-compliant and appropriate BMS and associated support for infants who require artificial feeding	Proportion of non-breastfed infants under 6 months of age who have access to BMS supplies and support	Sphere; HIR
<p>i The Sphere Project (2011) Infant and young child feeding standard 1: Policy guidance and coordination, Available online: http://www.spherehandbook.org/en/infant-and-young-child-feeding-standard-1-policy-guidance-and-coordination&display=print/ [3 July 2017]</p>		

⁴³ These indicators are proposed through this Framework and are a consolidation of commonly recommended indicators. They are currently not compulsory indicators for UNHCR or other stakeholders. Readers should consult their camp coordinators and/or donors for any compulsory indicators expected in their context.

Section 3: Sector chapters

The following chapters unpack why and how IYCF and other technical sectors can work together to protect, promote and support the rights of infants and young children. The contents are meant to be helpful to IYCF staff at all levels as well as for other sector staff in brainstorming how to do this.

How to use a sector chapter:

What information is in the sector chapter?

- Some elements justifying why the collaboration between IYCF and the other sector is important and can make a difference
- Outline of common objectives for the sector and IYCF
- Key joint or integrated activities between the sector and IYCF to prioritise in a response
- Examples of additional opportunities for joint activities between the sector and IYCF
- Examples of additional activities integrating IYCF into activities of that sector

Who should use the sector chapter?

- IYCF staff at all levels
- The other sector's staff at all levels

Why use the sector chapter?

- Prepare a meeting with colleagues to discuss integration
- To understand sector priorities, ways of working and technical jargon
- To advocate for IYCF as a lifesaving intervention
- To prepare a joint assessment
- To brainstorm activities to set up jointly
- To organise a fundraising campaign for both sectors

Camp Management and Infant and Young Child Feeding



The overall goal of camp management is to ensure the living standards of refugees are upheld and human rights are protected while searching for a durable solution. The Camp Management Toolkit further explains: “The Camp Management agency is responsible for the overall management of the camp. This includes coordination and monitoring of assistance, protection and services at camp level, and entails building effective partnerships with a diversity of stakeholders.”⁴⁴ The core responsibilities of a Camp Management agency are detailed in the box below. The core strategies are organisational and not technical. It is important to remind stakeholders that technical inputs are provided by partners from different sectors, - the role of camp management is as a facilitator: a coordinator between sectors and the community.

44 Norwegian Refugee Council/The Camp Management Project (2015). *Camp Management Toolkit*. Available online: https://www.globalccmcluster.org/system/files/publications/CMT_2015_Portfolio_compressed.pdf [1 May 2018]

Core Responsibilities of a Camp Management Agency

Coordinating and monitoring assistance, protection and services are the core responsibilities for a Camp Management Agency. Through coordination, needs and gaps in assistance are identified, duplication avoided, participation enhanced, humanitarian standards applied and human rights protected. Coordination ensures efficiency and accountability in the provision of assistance and protection to the camp population.

Camp governance and community participation mechanisms include a wide variety of different activities where individuals and groups from the displaced community identify and express their own views and needs and where collective action is taken to significantly contribute to solutions. Community participation reduces dependencies and vulnerabilities. Special attention should be given to ensuring that all groups are able to participate.

Care and maintenance of camp infrastructure such as roads and distribution sites is typically the responsibility of the Camp Management Agency. The Camp Management Agency may undertake the work themselves, or coordinate with other service providers. Furthermore, **mitigating impacts of environmental degradation** within the camp and in the surrounding area, must be done effectively for the benefit and safety of the displaced population and host community.

Managing and disseminating information entails collecting data on the camp population and on the provision of assistance and services within the camp. Accurate, reliable and up-to-date information is the foundation on which a coordinated and effective camp response is based. The purpose of all data collection is to provide information on needs, gaps and duplication of services in a coordinated manner. All information should be shared with stakeholders to ensure that agreements and decisions are based on recent and up-to-date information from the camp.

Common strategic objectives:

- Ensure coordination of interventions targeting PLW and infants and young children;
- Ensure community members representing mothers and caregivers of infants and young children are involved at all stages of a refugee response;
- Uphold living standards for displaced PLW and children 0-23 months and ensure their human rights are protected while searching for a durable solution.

The IYCF Framework recognizes the context of refugees living in non-camp settings, although this section draws mainly on examples from camps. A primary goal of the Framework is to ensure that the ideas contained herein are relevant to refugees living in varied circumstances. This section offers a concept of how to organise essential activities that impact on infants and young children where it is important for IYCF to be integrated. If programmers are working in non-camp settings, one must consider which activities can still be relevant through advocacy and coordination with relevant authorities (See Action 6: Coordination in the Framework).

It is important at this stage to mention as a reminder that the *community* is not only the refugee community but the host community as well. The host community should be involved as much as possible (according to the context, capacities and willingness of the host community). The host community could be affected by the influx of refugees in a positive or negative manner (sometimes both) e.g. through opportunities for work, new market established, overcrowding, lack of resources to face the influx, cultural and political tensions, etc. The context assessment will inform the situation and impact the way the host community will be involved (see Context Analysis section).

Key Integrated Activities

- a) IYCF staff to participate in camp management working groups to **raise awareness of IYCF** and ensure the needs of PLW, infants and young children are considered;
- b) Organise **orientation sessions** on IYCF for camp management and other relevant staff, and provide a list of key IYCF information (see annex 6);
- c) In collaboration with IYCF actors, **identify IYCF champions** in different strategic coordination mechanisms to ensure IYCF is taken into consideration in decision making processes (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- d) **Advocate for disaggregated data** and ensure PLW, and children under 2 years, are accurately recorded in data management systems;
- e) Encourage sectors to **conduct joint mapping** of available services relevant for PLW, infants and young children;
- f) **Advocate for sector integration** for the holistic needs of children 0-23 months, PLW and camp populations in general. IYCF actors to present assessment information on IYCF to those working on camp management and ensure time is taken to discuss the implications of this information for camp management;
- g) Collaborate in **designing vulnerability criteria** for prioritization of assistance: consider vulnerabilities of female headed-households, orphans, infants and young children etc.;
- h) Camp management can act as a **“connector” for IYCF actors** to engage with key networks (i.e. community leaders, relevant agencies, community groups);
- i) Camp management to support and facilitate **data collection to monitor the use of this Framework** (see Action 7: Implement monitoring, evaluation, accountability and learning).

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) **Design assistance modalities and fair distribution of services with PLW and children 0-23 months in mind**; consider whether modalities place these vulnerable groups at a disadvantage (i.e. cash for work related to debris removal may be hard for PLW);
- b) When discussing the needs of infants 0-5 months, consider the needs of non-breastfed infants. It is essential that IYCF teams work with Camp Management or relevant coordination bodies to **establish a working group among relevant sectors (Camp Management, non-food items (NFI), Logistics, WASH, Nutrition, Public Health, Child Protection) on the needs of non-breastfed infants**, including the management of breast-milk substitutes (BMS) and associated programming (refer to UNHCR SOP on breast-milk substitutes⁴⁵);
- c) **Ensure that a Joint Statement in support of the Code⁴⁶** is in place:
 - a. **Utilize IYCF programme staff as resource personnel to sensitize and educate** actors on relevant policies;
 - b. **Camp management to support the process, planning and communication with relevant actors** (UNHCR is the agency who will endorse the joint statement with other relevant stakeholders).
- d) **Ensure proper management of donations of BMS**, including disposal:
 - a. Camp management to coordinate to **ensure distributions are for targeted beneficiaries** and regulation mechanisms are communicated and applied;
 - b. **IYCF actors should provide communication/guidelines for donation management** along with education on the increased risks posed to infants resulting from untargeted BMS donations;
 - c. **Identify the focal point agency responsible for management** of BMS and other nutrition commodities and ensure coordination with them;
 - d. **Consider requesting assistance from general food distribution agency in management (storage, handling and accounting) of BMS in contexts with a high prevalence of non-breastfed infants.**
Note: BMS should never be distributed through any general distribution mechanism to avoid negatively influencing breastfeeding mothers.
- e) **In NFI distributions, consider special needs of children 0-23 months and PLW** (i.e. insecticide treated mosquito nets; hygiene items including soap and washing containers; cooking and eating items; breastfeeding shawls; blankets and infant/young child clothing and shoes with thermal needs considered; potties, diapers), with a particular preference for items that can be locally sourced:
 - a. **If distributing specialized items, consider distribution through or alongside IYCF activities** (i.e. mother-to-mother support group) to enable nutrition education to be provided alongside NFI. IYCF

45 UNHCR and ENN (2015). *Standard Operating Procedures on the Handling of Breastmilk substitutes in Refugee Situations*. Available online: <http://www.unhcr.org/55c474859.pdf> [5 May 2017]

46 IBFAN website: <http://ibfan.org/the-full-code> [10 Dec 2015]

to propose items, camp management to coordinate with all relevant actors including the community to assess relevance;

- b. **Ensure carers of artificially fed infants obtain targeted support and receive an appropriate 'kit'** including soap, fuel, water purification tablets, information on how to prepare BMS as safely as possible (Note: care must be taken not to undermine breastfeeding therefore breastfeeding mothers should also receive goods of the same or greater value). IYCF teams will be in charge of the technical aspects, camp management of the modalities of distribution;
 - c. Ensure PLW and caregivers of children 0-23 months are **represented in the planning committees**.
- f) **Ensure NFI distribution mechanisms reflect the needs/circumstances of PLW and caregivers of children 0-23 months:**
- a. Ensure there are **protective spaces for PLW and infants** e.g. WASH facilities or protected space for breastfeeding;
 - b. **PLW should have priority/separate lines for any distributions** (which will include separate verification tables/areas and distribution points) with shade and access to drinking water and sanitary facilities while they wait;
 - c. **Prioritize transportation allowance for PLW** (identify personnel from the community to provide this service; such volunteers can be provided with a small cash incentive);
 - d. **Coordinate with NFI managers to develop a system to replenish target NFIs for PLW and children 0-23 months** as new infants are born – items should be distributed immediately after birth to be most useful. PLW and caregivers involved in planning committees can also flag to NFI managers the changing needs of young children as they grow.

2) Information Gathering and Sharing

- a) **Design registration and data collection tools to collect relevant information for children 0-23 months old and PLW. Disaggregate information collected** by camp management by age and vulnerable group (i.e. 0-5 months, 6-11 months, 12-23 months, 24-59 months, pregnant women, lactating women). Ensure infants <6 months are identified upon arrival to camps, new births are registered, and all new arrivals and births are referred to IYCF services;
- b) **Ensure initial assessment and rapid assessment are inclusive of IYCF questions information:** Ensure IYCF champions are involved in assessment design and IYCF experts are involved in analysis of the data;
- c) **Include IYCF needs in qualitative discussions** (focus group discussions – FGD) on overall humanitarian response. Collect feedback on all activities delivered for the community. The coordination role is critical for this as interventions impact each other (e.g. if there is an issue with general food distributions, there might be consequences on nutritional status, security, protection etc.);
- d) According to the context, camp management can **support IYCF actors to advocate for disaggregation of data as well as inclusion of IYCF information in registration processes**. The registration mechanism is a great opportunity to screen all potential beneficiaries and do rapid assessments of families in need of specific care and support. Include registration unit to ensure infants <6 months are

identified upon arrival to camp and that new births are registered and referred to IYCF services for an IYCF assessment and further support if needed;

- e) **Cross train** camp management and IYCF actors:
- a. In coordination with IYCF teams, **host periodic learning and reflection exercises around the needs of children 0-23 months and PLW**; feed information back to relevant agencies and community at different sites when time relevant to the audience;
 - b. IYCF should **consider developing standard tools to assist in the learning workshop** (i.e. standard questionnaire, presentation template, action tracker) camp management can support dissemination
 - c. **Include camp management staff in trainings on IYCF**, including trainings on how to handle BMS distributions, necessary structures and services for PLW, infants and young children (baby-friendly spaces, breastfeeding corners, adequate WASH facilities, etc.), specific needs and vulnerabilities of PLW, infants and young children, and key IYCF messages;
 - d. **Invite IYCF workers to camp management trainings, retreats or workshops** where their perspective and information may enhance the outcome.

3) Camp Governance and Community Participation

- a) Camp management should **mobilise the community** and ensure that they create governance structures (sector specific or general) representing the whole community including PLW and caregivers of infants and young children. Camp management will ensure the community is engaged and that community-based IYCF actors are aware of and linked to camp management structures;
- b) Camp management to **assist IYCF staff in organizing community consultations** to discuss the needs of children 0-23 months. Promote involvement of women, including PLW, in such consultations and decision-making processes;
- c) **Champion the needs of children 0-23 months** as a means of helping to establish an enabling social environment for this target group:
 - a. **Participate in community IYCF activities**;
 - b. **Support creation of neighbourhood networks for IYCF** (e.g. mother to mother support groups);
 - c. **Engage community leaders, relevant authorities and camp managers in IYCF activities such as dramas, cooking demonstrations etc.**
- d) **Assist IYCF programmes in establishing accountability mechanisms** through support with coordination and community engagement:
 - a. **Optimize participation**, ensuring that all representative groups are included, especially those who are less visible; give a voice to PLW and caregivers of infants and young children;
 - b. IYCF actors, with support from camp management, should empower community networks to **improve resilience**, using participatory methods to define needs, brainstorm solutions, implementation of delivery mechanisms and establishing monitoring;

- c. IYCF team to request support in **establishing complaints mechanisms** by which people can lodge complaints about the activity and support the design of IYCF-E programmes that respect cultural/ societal practices.
- e) **Involve the host community** and define their role according to the context in terms of their capacities and resources e.g. technical support, human resources, defining the limits of collaboration if needed etc.
 - a. **Identify a host community liaison** to facilitate the communication;
 - b. **Propose/brainstorm solutions** for situations that are identified as an issue;
 - c. Invite Ministry of Health (MoH) or other relevant ministries/**authorities** to country or regional strategic meetings.

4) Care and Maintenance of Camp Infrastructure

- a) **Allocate sufficient space for IYCF activities** (baby-friendly spaces, breastfeeding corners, etc.) and ensure maintenance and appropriate services such as WASH in collaboration with site planning and WASH (see settlement and shelter and WASH chapters);
- b) **Consider the needs of this target group at all points in the camp life cycle** (i.e. reception centres, transit centres, temporary camps and on camp closure). **Collaborate closely with relevant actors** to ensure the needs of this target group are considered and protected:
 - a. IYCF actors to incorporate questions about camp management into discussions with PLW, caregivers and community members while discussing IYCF to identify their needs related to IYCF and camp management, and invite camp management workers to attend these discussions.



Resources

1. Norwegian Refugee Council/The Camp Management Project (2015). *Camp Management Toolkit*. Available online: https://www.globalccmcluster.org/system/files/publications/CMT_2015_Portfolio_compressed.pdf [1 May 2018]
2. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Available online: <http://www.sphereproject.org/> [7 May 2018]
3. UNHCR (2015). *UNHCR Emergency Handbook*. Available online: <https://emergency.unhcr.org> [5 May 2017]
4. Inter-Agency Standing Committee (2014). *Reference Module for Cluster Coordination at Country Level*. Available online: <https://www.humanitarianresponse.info/en/coordination/clusters/document/iasc-reference-module-cluster-coordination-country-level-0> [1 May 2018]
5. Global Nutrition Cluster (2013). *Nutrition Cluster Handbook*. Available online: <https://www.humanitarianresponse.info/en/operations/sudan/document/nutrition-cluster-handbook> [5 May 2017]



Child Protection and Infant and Young Child Feeding



More than half of all forcibly displaced persons globally are children. Many refugee children spend their entire childhood in displacement, uncertain about their future. UNHCR delivers protection to children of its concern by responding to their specific needs and the risks they face. This includes: protecting and advocating against all forms of discrimination; preventing and responding to abuse, neglect, violence and exploitation; ensuring immediate access to appropriate services; and ensuring durable solutions in the child's best interests.⁴⁷ Many activities in child protection are designed for children above 2 or 3 years, however, early childhood is a critical period in a child's life due to it being the time for rapid cognitive, emotional and physical growth. As outlined in the First 1000 Days approach⁴⁸, both adequate nutrition and psychosocial stimulation from conception until 2 years of age are important for the child's development. Protection and promotion of optimal infant and young child feeding and care are, therefore, essential to protecting a child. In building strong collaborations between IYCF and Child Protection colleagues, protecting children remains at the core of our work.

⁴⁷ UNHCR (2012) *A Framework for the Protection of Children*. Available online: <http://www.unhcr.org/protection/children/50f6cf0b9/framework-protection-children.html> [5 May 2017]

⁴⁸ First 1000 Days (2014), Available online: <http://www.thousanddays.org/> [18 Dec 2014]

Child Protection (CP) in emergencies, as defined by the Child Protection Working Group (CPWG), is “the prevention and response to abuse, neglect, exploitation, and violence against children”⁴⁹. Child protection work is guided by the four child protection principles of the UN Convention on the Rights of the Child which include: non-discrimination; devotion to best interests of the child; right to life, survival and development; and respect for views of the child⁵⁰.

The UNHCR Framework for the Protection of Children articulates six goals for child protection, and offers practical guidance on how to achieve them. As the IYCF Framework addresses needs for infants and young children specifically, not all of these goals are equally relevant in this context, but the CP Framework will nonetheless be guiding the CP and IYCF integrated actions and activities proposed.

Core Responsibilities for Child Protection

(Adapted from all the Child Protection guiding documents outlined above)

Goal 1. Girls and boys are safe where they live, learn and play: Girls and boys are safeguarded from all forms of violence, abuse, neglect and exploitation. Children can live, learn, and play in a safe and secure environment and are protected by trusted adults. Boys and girls at risk are identified and referred to appropriate services.

Goal 2. Children’s participation and capacity are integral to their protection: Girls and boys participate meaningfully in their families, schools and communities. The views and perspectives of children and adolescents are actively solicited and valued and they participate in their own protection according to their age and abilities and on the basis of gender equality.

Goal 3. Girls and boys have access to child-friendly procedures: Girls and boys have access to age and gender-sensitive protection procedures (reception, registration, refugee or statelessness status determination and other procedures and services). UNHCR and partners provide services and assistance in a manner which considers the specific needs of children and adolescents, including unaccompanied and separated children.

Goal 4. Girls and boys obtain legal documentation: Newborns are registered and issued official birth certificates by the authorities, and procedures are in place for late birth registration. Children have access to all necessary documentation on a non-discriminatory basis.

Goal 5. Girls and boys with specific needs receive targeted support: Girls and boys at heightened risk are identified early, from the onset of an emergency, and targeted interventions and assistance are provided based on their specific needs. This includes family tracing services and temporary care arrangements as needed. UNHCR and partners undertake the effective and confidential management of cases, including for the determination of the best interests of the child.

Goal 6. Girls and boys achieve durable solutions in their best interest: Being able to access and decide as to an appropriate durable solution, whether this is return, integration or resettlement, are priorities for girls and boys in all displacement contexts. It can also include care arrangements in their best interests.

49 Child Protection Working Group (2012) *Minimum Standards for Child Protection in Humanitarian Action*. Available online: <https://emergency.unhcr.org/entry/80383/minimum-standards-for-child-protection-in-humanitarian-action> [5 May 2017]

50 United Nations General Assembly (1990) *United Nations Convention on the Rights of the Child (UNCRC)*. Available online: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> [1 May 2018]

Common Strategic Objectives:

- Contribute to the right to life, survival and development of children 0-23 months
- Ensure children have the best starting point in life to grow, develop and reach their potential as the time from conception to 2 years are critical years for child development
- Ensure children 0-23 months are safe where they live, learn and play
- Ensure children 0-23 months obtain legal documentation at birth or as soon as possible, enabling access to basic services
- Ensure children 0-23 months with specific needs receive targeted support

It is important to ensure the needs of PLW and children 0-23 months are analysed and taken into consideration for the design of interventions and that every opportunity is taken to detect any issues. This can be ensured indirectly by reaching out to mothers/other caregivers and/or children who attend e.g. Child Friendly Spaces (CFS) or by sharing the same location for CFS with that of Baby Friendly Spaces (BFS) to facilitate access to children 0-23 months. Another important entry point is through community outreach activities where child protection staff work closely with the community and meet families in their own environment.

Central to protecting infants and young children is the safe-guarding of their immediate family environment. In the best interest of the child, infants and young children should stay with their parents or other caregivers who best know how to care for them. If this is not possible, other durable solutions in the best interest of the child must be sought, taking into consideration the specific nutrition and caring needs of this age group.

One specific aspect of child protection that is relevant for infants and young children is birth registration. In some places, to be able to access IYCF and other sector programmes i.e. to receive basic services and targeted support, the infant needs to have a birth certificate or ID card. However, in some host countries it is more difficult for refugee parents to register their newborn child e.g. gaps in laws and policies that prevent children of concern from being registered at birth, distance from a registration centre or associated application fees. Ensuring birth registration of newborn refugee infants ensures access to assistance and support, such as IYCF programmes and entitlements to food assistance.

States are primarily responsible for the protection of children: they need to establish and implement child protection systems in accordance with their international obligations, ensuring non-discriminatory access to all children under their jurisdiction. UNHCR is therefore committed to strengthening national child protection systems and services and advocating for access of refugee, displaced and stateless children to them. Only in contexts where the State is unable to fulfil its responsibilities toward children would UNHCR, together with partners, establish a parallel and temporary mechanism for protecting children of its concern.⁵¹

51 UNHCR (2012). *A Framework for the Protection of Children*. Available online: <http://www.unhcr.org/protection/children/50f6cf0b9/framework-protection-children.html> [5 May 2017]

Key Integrated Activities

- a) **Advocate for inclusion of IYCF approaches and materials** in child protection policies and guidance material, and vice versa;
- b) IYCF staff to participate in child protection sector/working groups to **raise awareness** of IYCF and ensure the needs of PLW, infant and young children are considered;
- c) **Standardize relevant IYCF and CP messages** for PLW and caregivers of children 0-23 months particularly as they relate to availability of and access to relevant services. Jointly plan dissemination opportunities in one another's programmes and through coordination mechanisms;
- d) Organise **orientation** sessions on IYCF for CP staff, or integrate IYCF into existing CP training curricula – and provide a list of key IYCF information (see annex 6);
- e) **Develop clear procedures for identification and referral** of PLW and children 0-23 months between CP and IYCF programmes that are safe and confidential. At early stages of an emergency and according to the context, agree on referral criteria and ensure cases that need urgent care are referred to the appropriate structure (e.g. separated children, infants under 6 months not breastfed, malnourished children);
- f) **Incorporate questions about CP and IYCF in discussions with PLW and caregivers of this age group** to support the identification of priorities, needs and potential improvements for this age group; i.e. traditional feeding practices, food taboos, traditional carers for infants, role of siblings etc.;

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Identify pre-existing mechanisms to coordinate related and integrated child protection and IYCF programming. Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and infants and young children 0-23 months old** between the two sectors;
- b) IYCF and CP teams to **map existing services and community based mechanisms** for PLW and children 0-23 months:
 - a. Consider organizing workshops or meetings that bring together all relevant service providers for this target group for information sharing around available services (i.e. camp management, clinic staff, IYCF staff, CP case managers);
 - b. Consider ways to engage with new or different groups through engaging with nutrition or CP networks;
- c) Identify a **trained focal point for 0-23 month olds** to act as a primary point of contact for communicating between the CP and IYCF teams to ensure active follow up of referred cases; take action to avoid separation of children from their families, ensure referrals to tracing activities if needed, support families and children in case of a lost child, etc.;

- d) Specifically **consider the identified needs and vulnerabilities of PLW and 0-23 month olds** when designing child protection programmes⁵²;

2) Information Gathering and Sharing

- a) **Conduct joint needs assessments if relevant (or ensure key questions are included when conducting assessments for each sector) to gather relevant CP and IYCF data**; target the mother or caregiver of infants 0-23 months, and **disaggregate assessment and monitoring data** for pregnant women, lactating women, children 0-5 months, 6-11 months and 12-23 months. Ensure presence or absence of mother/father/caregiver is recorded. Especially at the early stages of an emergency, think about joint rapid needs assessment;
- b) Collect **success stories** on mother's or caregiver's account including impact on the child (e.g. weight gain, psychosocial indicator etc.) to demonstrate the positive impacts of coordinated quality CP and IYCF activities on children's safety and well-being;
- c) Formalize **information sharing and discussion relevant to the well-being of 0-23 month olds** between the two sectors (debrief following assessments, monitoring or data collection), and ensure time is taken to discuss the implications of this information for child protection as well as broader protection. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on child protection and IYCF;

3) Capacity Building

- a) **Cross train** CP and IYCF staff with a focus on the needs and concerns of children aged 0-23 months (which includes how to support their caregivers):
- Together define joint objectives, strategies and activities for training;
 - Relevant topics for joint trainings include: aims, activities and ways of working in CP and IYCF and referral procedures between the two sectors (identification of cases that need management); contextualizing CP and IYCF messages; skill sharing around psychosocial stimulation, mental health, and counselling; CP issues in general; psychological first aid; abuse and neglect; vulnerable households.
- b) Provide CP and IYCF staff with **training in basic case finding**: Train CP staff on how to identify and refer mothers with breastfeeding or complementary feeding difficulties. Train IYCF staff on identifying children who have specific protection needs or vulnerabilities and need individual follow up, and caregivers related to building parental confidence, coping with stress, psychological first aid support, etc. NB: Ensure that non-CP staff understand their role in identification. They should be able to detect and refer but not intervene if there is a protection issue; support needs to be managed by skilled staff;
- c) **Invite IYCF workers to child protection trainings, retreats or workshops** where you think their perspective and information may enhance the outcome.

⁵² Specific needs and vulnerabilities for children 0-23 months include: complete dependence on caregiver, no or limited language to express concerns, dependence on food and safety, being unable to protect themselves, highest degree of vulnerability, unable to understand/interpret danger (i.e. – cooking fires, food dangers such as poisons and unhygienic foods), environmental hazards.

4) Activities Related to Relevant Goals of the UNHCR Framework for the Protection of Children

4.1. Girls and boys are safe where they live, learn and play (*Child Protection Framework, Goal 1*)

- a) **Prevent separation** and keep infants and young children with their parents or other caregivers. Prioritise keeping breastfeeding mothers/caregivers and children together;
- b) Identify **appropriate safety nets for 0-5 month old infants**:
 - a. Where IYCF programming exists **refer all infants 0-5 months to IYCF support** even if feeding is going well;
 - b. Where no IYCF programme exists **develop a simple assessment form and referral procedure** to ensure the infant is linked to relevant nutrition, health, WASH, general food distribution and protection services at a minimum.
- c) Whenever possible, **organize joint community mobilization programmes** with nutrition and CP when focused on feeding and care of 0-23 month olds, particularly at child-mother centers (nutrition or CP), including socially and culturally appropriate and technically sound messages on nutrition and breastfeeding;
- d) Child Protection activities and outreach programmes should **consider needs and space for IYCF activities** i.e. space for lactating women to breastfeed or mother-to-mother support groups to hold discussions in CP spaces;
- e) **Recognize unique challenges in providing CFS services to 0-23 months old** children (i.e. required adult: child ratios; potential need for caregiver remaining on site). Consider ways that nutrition and CP can design integrated services benefiting 0-23 month olds that address these challenges while supporting the goals of both programmes. CFS can provide safe space for IYCF activities and IYCF-E centres can host a CFS;
- f) **Co-locate BFS with CFS** where possible;
- g) **Refer siblings to the child friendly space** while caregiver attends IYCF programme, according to the protocols of the CFS (e.g. age range);
- h) **Include IYCF topics into CFS parenting classes** and vice versa with relevant CP skills in IYCF sessions;
- i) Propose activities for mothers while their children go to CFS: these can be related to **increasing IYCF skills or awareness**; otherwise consider linking mothers with existing outreach or awareness activities such as those organized through other sectors;
- j) IYCF staff to **refer cases of violence, abuse or neglect** to relevant services;
- k) Coordinate with shelter and camp management to **identify hazards to children <2 years (i.e. fire safety) and conduct joint sensitization** for caregivers to raise awareness and suggest risk reduction;

- l) Partner with CP to **identify ways PLW and children <2 can be “safe” and protected while accessing services** (i.e. distributions, etc.);
- m) Work with relevant sectors to **mitigate health risks in living environment** (i.e. hygiene, blankets, etc.) or prioritize households with 0-23 month olds for non-food items that reduce risks;
- n) Collaborate across IYCF, CP and Education to **identify psychosocial stimulation activities that are safe and engaging** for 0-23 month olds.

4.2. **Girls and boys obtain legal documentation (*Child Protection Framework, Goal 4*)**

- a) CP, IYCF and other relevant staff to jointly advocate for establishing mechanisms where **newborns are registered and issued official birth certificates** by the authorities, and procedures are in place for late birth registration – to ensure access to basic services and targeted support;
- b) CP and IYCF staff to **provide information to communities on birth registration procedures**, e.g. through information leaflets in local languages and discussions with community leaders, at IYCF or health centres, maternity wards or home visits.

4.3 **Girls and boys with specific needs (for example those who are not breastfed) receive targeted support (*Child Protection Framework, Goal 5*)**

- a) **Adapt Case Management Assessment Forms** (i.e. CP Interagency Assessment Forms and IYCF Basic Assessment Forms) to include relevant IYCF and CP questions specific to feeding and care of 0-23 month olds through culturally acceptable methods and according to the context⁵³. (The Best Interests Assessments and Best Interests Determination forms used for the best interest process conducted by CP staff can also contain useful information in terms of the child’s care situation);
- b) Assess and coordinate **appropriate nutrition support for separated and orphaned children** and children with male primary caregiver/absence of mother; ensure referral of separated children to Family Tracing and Reunification services; work with nutrition and CP staff to locate breastfeeding women and/or wet nurses if culturally acceptable (or as a last resort, appropriate replacement feeding) for babies with no mother;
- c) Ensure **referral to mental health and psychosocial services** of caregivers of children 0-23 months and PLW with potential mental health issues, particularly depression but also severe mental disorders that affect the ability of the caregiver to provide good care;
- d) IYCF team to **include protection topics in mother-to-mother nutrition discussions**, including mental health and psychosocial support, parenting skills and sexual and gender-based violence (SGBV);
- e) Extend community outreach by **engaging members of existing community-based mechanisms to identify and refer children 0-23 months** in need of case management and/or IYCF support. Ensure that the intervention is only referral and community members are trained to refer for skilled support instead of trying to intervene themselves;

53 Sources for IYCF assessment forms: IYCF-E Toolkit; liaise with CP colleagues for examples of CP assessment forms used in the situation.

- f) **Prioritize community consultation** in the identification of potentially excluded children 0-23 months of age and the risks associated with exclusion. Ensure potentially excluded community members (including siblings as they can have a key role in caregiving) are part of this consultation. Excluded children are often most in need of nutritional support, therefore, **prioritize training of CP and IYCF staff on specific concerns related to potentially excluded children** (i.e. infants without mothers, children of parents (especially mothers) with mental health issues or physical disabilities, child headed households, impacts of sexual and gender based violence (SGBV)), children outside family care, children in institutions or children in the streets, children that accompany their parents at work (if not appropriate), young mothers and children with disabilities.

Resources

- 1) *Applying Basic Child Protection Mainstreaming: Training for Field Staff in Non-Protection Sectors. Facilitators Guide*. InterAction's Child Protection Working Group. (Publication date not available). Available online: http://s3.amazonaws.com/inee-assets/resources/CP_Mainstreaming_InterAgencypdf [5 May 2017]
- 2) *Interagency Guidelines for Case Management and Child Protection. The Role of Case Management in the Protection of Children: A Guide for Policy and Programme Managers and Case Workers*. Child Protection Working Group. (2014) Available online: <http://cpwg.net/wp-content/uploads/sites/2/2014/09/Interagency-Guidelines-for-Case-Management-and-Child-Protection.pdf> [5 May 2017]
- 3) *Minimum Standards for Child Protection in Humanitarian Action*. Child Protection Working Group (CPWG). (2012) Available online: <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf> [5 May 2017]
- 4) *UNHCR - A Framework for the Protection of Children*. UNHCR (2012) Available online <http://www.unhcr.org/protection/children/50f6cf0b9/framework-protection-children.html> [5 May 2017]
- 5) *UNHCR Guidelines on Determining the Best Interests of the Child*. UNHCR (2008). Available online: <http://www.unhcr.org/4566b16b2.pdf> [5 May 2017]
- 6) *UNHCR Field Handbook for the Implementation of UNHCR BID Guidelines*. UNHCR (2011). Available online: <http://www.unhcr.org/50f6d27f9.html> [5 May 2017]
- 7) *UNHCR Child Protection Issue Brief: Birth Registration*. UNHCR (2013). Available online: <http://www.refworld.org/docid/523fe9214.html> [5 May 2017]

Education and Infant and Young Child Feeding



Education is a human right critically important for children and youth whose access to education has been interrupted by displacement. As outlined by the Inter-Agency Network for Education in Emergencies (INEE) *Minimum Standards for Education: Preparedness, Response, Recovery*: “Education in emergencies comprises learning opportunities for all ages. It encompasses early childhood development, primary, secondary, non-formal, technical, vocational, higher and adult education. In emergency situations through to recovery, quality education provides physical, psychosocial and cognitive protection that can sustain and save lives.”⁵⁴ Education and infant and young child feeding (IYCF) will specifically interact through learning opportunities for caregivers of infants and young children, including PLW, and through early child development for children up to two years of age.

54 International Network for Education in Emergencies (INEE) (2010) *Minimum Standards for Education: Preparedness, Response, Recovery*. Available online: <http://www.ineesite.org/en/minimum-standards> [5 May 2017]

Education in Emergencies Domains

Minimum Standards for Education: Preparedness, Response, Recovery. INEE (2010), pp. 7-8.

Foundational Standards: include coordination, community participation, and analysis. These standards should be applied across all domains to promote a holistic quality response.

Access and Learning Environment: focuses on access to safe and relevant learning opportunities. They highlight critical linkages with other sectors such as health, water and sanitation, nutrition and settlement and shelter that help to enhance security, safety and physical, cognitive and psychological well-being.

Teaching and Learning: focuses on critical elements that promote effective teaching and learning, including curricula, training, professional development and support, instruction and learning processes, and assessment of learning outcomes.

Teachers and Other Education Personnel: covers administration and management of human resources in the field of education.

Education Policy: focuses on policy formulation and enactment, planning and implementation.

Common Strategic Objectives:

- Protect nutritional status and well-being of infants and young children through adequate infant and young child feeding, caring and stimulation, to best prepare them for pre-school and primary school and further learning and development
- Improve and strengthen knowledge of infant and young child care and feeding practices in the community, including improved parenting skills
- Protect the right of PLW and caregivers of infants and young children to access continued learning and development (e.g. maintain young mothers in an educational scheme while protecting infants; support and retain pregnant and lactating female teachers)
- Contribute to the well-being of the entire community by providing a supporting role to adults and older children caring for PLW and infants and young children.

Inter-sectoral integration is a core value of Education in Emergencies and one of the ways in which Education achieves the humanitarian principles: “Schools and other learning spaces can act as an entry point for the provision of essential support beyond the education sector such as protection, nutrition, WASH and health services. Coordination between workers in the education, protection, settlement and shelter, WASH, health and psychosocial sectors is important in establishing learner-friendly, safe spaces.”⁵⁵

55 INEE (2010). *Minimum Standards for Education: Preparedness, Response, Recovery.* Available online: <http://www.ineesite.org/en/minimum-standards> [5 May 2017]

There is a strong link between IYCF and education through Early Childhood Development (ECD). “Early Childhood Development spans from the moment of conception until the beginning of primary school, and includes physical well-being, and cognitive, linguistic, and socio-emotional development. Investing in ECD leads to happier children, more equal societies, and prevents higher costs further down the road.”⁵⁶

Programmes that combine improved parenting and infant stimuli with better nutrition improved children’s growth and development in the long term. Stunted young children who received stimulation and nutrition showed enduring cognitive benefits still evident at age 17, benefits that had not endured in children receiving food only.⁵⁷ ECD includes elements from education, child protection, mental health and nutrition, and best outcomes are achieved by integrating programmes in these sectors.

Key Integrated Activities

- a) **Advocate for inclusion of IYCF and ECD approaches and materials** in education policies and guidance material, and in teacher training/curriculum, and **advocate for inclusion of ECD topics** (i.e. psychosocial stimulation, care for child development) in relevant IYCF and nutrition policies and programmes;
- b) Consider identifying a trained **IYCF champion** from the education team (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- c) Organise **orientation sessions** on IYCF for education staff and provide a list of key IYCF information (see annex 6);
- d) **Develop clear procedures for identification and referral** between education and IYCF programmes, and ensure staff in both sectors are aware of available programmes and key criteria for referrals;
- e) Work with Education teams to **identify ways to increase access for adolescent mothers and mothers involved in adult learning activities to both Education and IYCF services** by offering complementary session times/locations and/or child care services in or close to learning facilities;
- f) **Suggested approaches to integrate ECD in nutrition and IYCF programmes**⁵⁸:
 - a. Integrate key facts, approaches and activities on ECD in IYCF material;
 - b. Include counselling on caring practices in line with ECD in one-to-one IYCF counselling e.g. breastfeeding is an opportunity for a mother to show warmth and love, and communicate with her infant through singing, touching and facial expressions;
 - c. Include ECD messaging in waiting rooms at IYCF facilities or other places PLW are gathering. These messages could include pictures as well as interactive methods engaging mothers and babies;
 - d. Include ECD regularly in mother-baby groups and in baby-friendly spaces;

56 Global Education Cluster (2014). *The importance of early childhood development (ECD)*. Available online: <http://educationcluster.net/importance-early-childhood-development-eed/> [23 Dec 14]

57 UNICEF and WHO (2012). *Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, what and how*. Available online: http://www.who.int/mental_health/publications/emergencies_why_what_how/en/ [5 May 2017]

58 Adapted from *Integrating ECD activities into Nutrition Programmes in Emergencies* (UNICEF and WHO, 2012)

- e. Conduct home visits combining IYCF and ECD counselling, especially for vulnerable infants, young children and families.

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and infants and young children 0-23 months old** between the two sectors (debrief following assessments, monitoring or data collection). Identify pre-existing mechanisms to coordinate related and integrated education and IYCF programming, and ensure time is taken to discuss the implications of this information for education programmes;
- b) Utilize education and IYCF data to **advocate** for the needs of children 0-23 months of age and their caregivers with relevant authorities – conduct **joint advocacy** for greater impact;
- c) Specifically **consider the identified needs and vulnerabilities of PLW and 0-23 month olds** when designing education programmes⁵⁹.

2) Information Gathering and Sharing

- a) Conduct **joint needs assessments** that gather relevant education and IYCF data, and **disaggregate assessment and monitoring data** for pregnant women, lactating women, children 0-5 months, 6-11 months and 12-23 months;
- b) Incorporate **questions about education and IYCF in discussions with PLW, caregivers** and other community members;
- c) Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of coordinated quality education and IYCF programmes on infant and young children's health and well-being;
- d) Identify which pre-existing forums (e.g. team or sector meetings) are most useful for **regular reviews of information on education and IYCF**;
- e) Consider **standardizing relevant IYCF and education messages** for PLW and caregivers of children 0-23 particularly as they relate to availability of and access to relevant services. Jointly plan dissemination opportunities in one another's programmes.

3) Capacity Building

- a) **Cross train** Education and IYCF staff with a focus on the needs and concerns of children 0-23 months;
 - a. Together **define joint objectives, strategies and activities** for training;
 - b. **Relevant topics for joint trainings** include:

⁵⁹ Specific needs and vulnerabilities could include access to education for mothers while breastfeeding/caring for a young child, access to parental skills programmes, infant and young child development dependant on stimuli from caregiver to grow and develop, etc.

- i. Aims, activities and ways of working in education and IYCF programmes;
 - ii. Key aspects of IYCF and care, including exclusive and continued breastfeeding, safe complementary feeding practices, and appropriate caring for infants and young children;
 - iii. Integration of IYCF with education and ECD in emergencies;
 - iv. Contextualizing education and IYCF messages;
 - v. Appropriate targeting criteria for both programmes and the process of identifying and referring caregivers for available services;
- b) **Invite IYCF workers to education trainings, retreats or workshops** where you think their perspective and information may enhance the outcome, and vice versa.

4) Foundational Standards

- a) **Enhance community consultations** by engaging groups through Education and IYCF programming:
- a. Incorporate questions about Education and IYCF in discussions with caregivers of 0-23 month olds to **support the identification of priorities, needs and potential improvements** for this age group;
 - b. **Conduct focus group discussions** with teachers and school children on nutrition and IYCF issues. Key question in contextual analysis: Who feeds and cares for 0-23 month olds in a household? What are the impacts on the older siblings if they are the primary “feeder”? Are any older siblings the primary/secondary caregivers of a 0-23 month old?
- b) Consider ways to **engage with Parent Teacher Associations (PTAs) and Children’s Clubs**:
- a. Education and IYCF teams to coordinate how best to **include representatives of this target group** (i.e. caregivers of 0-23 month olds) in education committees (liaise with camp management for coordination and community involvement);
 - b. **Include PTAs as part of community consultations** and engage with them as key community actors in identifying challenges and solutions related to IYCF;
 - c. **Engage children’s clubs in community mobilization** opportunities and provision of key messages and information on IYCF through poems, drama, songs, stories and other methods; consider drama competitions related to IYCF.
- c) IYCF teams to consider opportunities to **learn and engage with a variety of education programmers** to increase information sharing and opportunities for collaboration including ECD and primary, secondary, non-formal, technical, vocational, higher and adult education;
- d) For relevant education activities, child day care or ECD, programmes might be linked to the facility/activity to enable young parents to make use of this education offer. Alternatively **establish co-located activities** for the 0-23 month olds.

5) Access and Learning Environment Domain

- a) Consider opportunities to **co-locate IYCF and Education services** (e.g. schools, temporary learning spaces (TLS)). This may enhance caregivers' opportunities to take advantage of both Education and IYCF services by utilizing time more efficiently (i.e. after dropping older children to school):
 - a. In a first phase emergency, **coordinate sharing of spaces (i.e. TLS or mother-baby areas)** during different times of the day where they can be used for education and ECD activities during certain times, and for IYCF-E activities at other times;
 - b. Consider **offering adult learning opportunities along with IYCF groups** and/or ECD/parenting classes, and integrate IYCF topics into literacy and numeracy classes;
 - c. **Identify a champion in each team to be oriented** to the other sector and be involved in the other teams' sessions for experience sharing and identification of opportunities to integrate activities;
- b) **Advocate for IYCF and ECD activities to be strongly integrated.** Where not directly integrated, **incorporate ECD principles in IYCF programming** to encourage infant stimulation and responsive interactive parenting. Evidence is available that combined programming improves growth and developmental outcomes in the short and long term. Train both teams on ECD⁶⁰;
- c) **Establish a "hub" of opportunities for caregivers of young children (particularly adolescents)** and advocate with other sectors to integrate additional services (i.e. IYCF services, ECD classes, life skills education, Child Friendly Spaces for 0-3 year olds);
- d) **Conduct participatory IYCF behaviour change communication activities at schools/TLS** such as complementary feeding demonstrations and school gardens; consider activities with a participatory nature that engage children in learning;
- e) Consider **co-locating and sharing best practices and tools between ECD and IYCF programmes** - IYCF tents can be equipped with ECD Kits (i.e. UNICEF ECD Kits); PTAs can be engaged in making toys. Note: Ensure ECD Kits and toys are safe for infants as ECD Kits often are intended for children from 3 years;
- f) Provide **technical guidance and support to ECD programmes** for appropriate school feeding and demonstrations.

6) Teaching and Learning Domain

- a) IYCF and Education teams to work together on **reviewing/adapting/contextualizing curricula and supplementary materials relevant to IYCF** to support Education Minimum Standards related to the inclusion of health practices and well-being in curricula:
 - a. Consider opportunities to **incorporate information into non-formal education or alternative basic education**, e.g. in literacy training;

60 UNICEF (2013) *Care for child development package*, [Online], Available: http://www.unicef.org/earlychildhood/index_68195.html

- b. **Develop key IYCF messages into lesson plans or activities to enhance health and nutrition curriculum** i.e. nutrition through the life cycle/ importance of adolescent and maternal nutrition, infant and young child feeding and care, including optimal hygiene;
- b) **Provide education sessions and promotional material** for caregivers and children on nutrition related behaviour such as IYCF, optimal hygiene and care practices, and the availability of nutrition services;
- c) **Work with PTA/student groups** on organizing an afternoon “Special Activity Day” related to IYCF. According to the context it could be a multi sectoral intervention, (e.g. IYCF and WASH, importance of hand washing around meals including feeding infants);
- d) IYCF team to engage with education staff and children in the **designing, pre-testing & distribution of IYCF materials and activities**;
- e) Ensure the IYCF team learn from the education team on **evidence-based teaching methods** to improve the IYCF team’s ability to provide education, messages etc. to achieve a greater impact on behaviour change.

7) Teachers and Other Education Personnel Domain

- a) Take measures to ensure **non-discrimination of pregnant women and mothers** of young children in recruitment processes;
- b) Advocate for **maternity support** for teachers, including paid maternity leave;
- c) Engage with teachers on identifying the **impact on IYCF practices** for education staff returning to work after maternity;
- d) Assist schools in identifying IYCF resources to support education staff returning to work after maternity leave, including **time off for breastfeeding** children <12 months and available and affordable child care services in or close to teaching facilities.



Resources:

1. INEE Working Group (2010). *Minimum Standards for Education: Preparedness, Response, Recovery*. Available online: <http://www.ineesite.org/en/minimum-standards>
2. *INEE Toolkit: Key Thematic Issues*. Website: http://toolkit.ineesite.org/key_thematic_issues
3. UNHCR (2012). *UNHCR Education Strategy 2012-2016*. Available online: <http://www.unhcr.org/5149ba349.html>
4. UNICEF and WHO (2012). *Integrating Early Child Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How*. Available online: http://www.who.int/mental_health/publications/emergencies_why_what_how/en/



Food Security and Livelihoods and Infant and Young Child Feeding



The right to food, including a life free from hunger, is critical to the right to survival. The Sphere Project explicitly links food security and nutrition as essential determinants in protecting this right. Food security and nutrition are integrally linked as achieving the goals of each sector are, in many ways, dependent on the other.

Sphere outlines that “Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active healthy life.”⁶¹ Sphere outlines livelihoods as the “capabilities, assets (including natural, material and social resources) and activities used by a household for survival and future well-being.”⁶² Sphere divides food security programming into three overall strategies – food security, cash and voucher transfers and livelihoods. These strategies were further explained by Daniel Maxwell et al ⁶³ as (1) food and in-kind assistance, (2) cash, employment and market based programmes and (3) agriculture and livestock programmes. Maxwell’s definitions are outlined in the box below.

Emergency Food Security Interventions (Maxwell et al, 2008)

Food Aid and In Kind Assistance – assistance whose primary aim is to prevent mortality and deterioration in nutritional status. Common types of food aid and in kind assistance is: General distribution of free food to vulnerable groups (includes General Food Distribution and Blanket Supplementary Feeding Programs), Food for Work, Monetization (Maxwell, pp. 60-61)

Cash, Employment and Market-based Programs – cash and other non-food interventions that primarily aim to improve individual’s purchasing power in emergencies. Common interventions include: cash grants, cash for work, vouchers, microfinance, remittances, subsidies and market interventions such as barter shops (Maxwell, p. 83)

Agriculture and livestock programs – interventions that protect productive assets and livelihoods to bolster productivity and enable quick recovery from an emergency. Common programs include the provision of inputs such as seeds and tools, and livestock interventions such as destocking/restocking, animal health and nutrition. (Maxwell, p. 99)

Common Strategic Objectives:

- Improve availability, utilization, access and stability of food for PLW, infants and young children
- Contribute to minimize the risk of malnutrition among infants and young children by supporting optimal feeding practices of infants and young children
- Promote the right to work for PLW and caregivers of infants and young children

UNHCR Food Security and Nutrition programmes are closely linked with common goals, objectives and activities.⁶⁴ The main food security strategies in UNHCR are providing food assistance either in the form of in-kind food, cash or vouchers when needed, and promoting agriculture and homestead food production wherever possible. Livelihood programming in UNHCR seeks to enable refugees to access basic needs such

61 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 143. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

62 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 145. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

63 Maxwell, D. et al (2008). *Good Practice Review: Emergency food security interventions*. Available online: <https://odihpn.org/resources/emergency-food-security-interventions/> [1 May 2018]

64 UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. <http://www.unhcr.org/530f12d26.pdf> Available online: [5 May 2017]

as adequate food, water, shelter and clothing, and in the long run self-reliance. Livelihood programming varies widely according to context, and builds on the refugees' capacities and competences. Nutrition and Food Security programmes are oftentimes linked if not at the activity level then at outcome or programme goal. In the case of IYCF one must specifically consider the ways food security and livelihoods can protect and promote breastfeeding for infants below 6 months and support optimal complementary feeding for children 6-23 months, particularly around the core components of availability, access, utilization and stability. Vulnerability is a central consideration as it includes an individual's exposure to a hazard and their ability to cope with food security and livelihoods shocks. The vulnerability of infants and children may be unique and in some cases increased, in comparison to the rest of the population, and hence should be a priority for food security and nutrition programmes.

Key Integrated Activities

- a) IYCF staff to participate in food security and livelihoods working groups to **raise awareness of IYCF** and ensure the needs of PLW, infants and young children are considered;
- b) Ensure **IYCF is included in relevant strategies, guidelines and sub-agreements**, and that key policies are endorsed by actors within food security and livelihoods;
- c) Consider identifying a trained **IYCF champion** from the food security and/or livelihoods teams (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- d) Consider **standardizing relevant IYCF and food security messages** considering the needs identified in the needs assessment e.g. related to availability, access and utilization of food for this target group. Jointly plan dissemination opportunities in one another's programmes;
- e) Organise **orientation sessions** on IYCF for food security and livelihoods staff, and provide a list of key IYCF information (see annex 6);
- f) **Develop clear procedures for identification and referral** between food security and livelihoods (FSL) and IYCF programmes. Ensure all staff are aware of available programmes and key criteria for referral;
- g) Ensure **inclusion and effective access of PLW and children 0-23 months (and caregivers)** in food assistance programmes. Work with food assistance team to **clearly define target group** (i.e. PLW from 2nd trimester of pregnancy through 6 months);
- h) **Consider cash/voucher programmes that promote good nutrition outcomes** i.e. preventing malnutrition and consider unintentional impacts of programming on optimal IYCF practices:
 - a. Ensure cash transfer/ voucher programmes include conditional vouchers for **appropriate, nutritious foods for PLW and 6-23 month olds**. Nutrition team to provide guidance on appropriate foods or items. It can be "conditional" vouchers on a range of products based on the context analysis;
 - b. **If FSL puts in place unconditional cash programming**, it is important to respect the freedom of communities to use the cash for what they want (Note that for breast-milk substitutes, this has to be carefully managed and advice should be sought from an IYCF expert familiar with the context). One way to influence this expense is to educate, sensitise and identify appropriate food and non-food items for 0-23 months are available in the market.

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and infants and young children 0-23 months old** between the two sectors. Identify pre-existing mechanisms to coordinate related and integrated food security, livelihood and IYCF programming, and ensure time is taken to discuss the implications of this information for health programmes;
- b) Utilize livelihoods, food security, nutrition and IYCF data to **advocate for the needs** of children 0-23 months of age and their caregivers with relevant authorities - conduct **joint advocacy** for greater impact;
- c) Specifically **consider the identified needs and vulnerabilities of PLW and 0-23 month olds** in designing food security and livelihood interventions.

2) Information Gathering and Sharing

- a) Organise **joint needs assessments** that gather relevant IYCF, nutrition, food security and livelihoods data, and **disaggregate assessment and monitoring data** for pregnant women, lactating women, children 0-5 months, 6-11 months and 12-23 months;
- b) Incorporate **questions about food security, livelihoods and IYCF in discussions with PLW, caregivers** and community members as a means of participatory analysis of vulnerability. Consider varying care arrangements and identify who is in charge to provide safety net to PLW, infants and young children (i.e. female headed household, children without mothers, etc.), varying roles of men and women in securing the nutritional well-being of these target groups, and positive/negative coping mechanisms;
- c) Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of coordinated quality food security and livelihoods and IYCF interventions on infant and young children's health and well-being;
- d) Formalize **information sharing and discussion relevant to the well-being of 0-23 month olds** between the two sectors. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on IYCF, food security and livelihoods, and ensure time is taken to discuss the implications of this information for food security and livelihoods.

3) Capacity Building

- a) **Cross train** Food Security, Livelihoods and IYCF staff with a focus on the needs and concerns of children 0-23 months:
 - a. Together **define joint objectives, strategies and activities** for training;
 - b. **Relevant topics for joint trainings** include:
 - i. Aims, activities and ways of working in Food Security and Livelihoods and IYCF programmes;
 - ii. Key aspects of IYCF and care, including exclusive and continued breastfeeding, safe

complementary feeding practices, and appropriate caring for infants and young children;

- iii. Key aspects of food security and livelihoods;
- iv. Contextualizing food security and IYCF messages;
- v. Appropriate targeting criteria for both programmes and the process of identifying and referring caregivers for available services.

b) **Invite IYCF workers to food security and livelihoods trainings, retreats or workshops** where you think their perspective and information may enhance the outcome, and vice versa.

4) Food Assistance and In Kind Assistance

a) **Utilize relevant food security information** for 0-23 month olds while planning food assistance:

- a. **Review registration data collection:** disaggregate data for pregnant, lactating woman, 0-5 months, 6-11 months, 12-23 months;
- b. Highlight the needs of 0-23 month olds by doing **a joint critical analysis of available data:** registration, verification and post-distribution monitoring;
- c. **According to the situation, clarify the needs of special cases/vulnerable groups** (i.e. separated children, non-breastfed infants, households impacted by disability – especially of the head of household).

b) **Coordinate the design of rations** to ensure the needs of 0-23 month olds have been considered: dietary intake (variety, quantity and quality) needs to be taken into consideration for the food and in kind items based on needs assessments:

- a. **Ensure rations include safe and appropriate complementary foods for young children and sufficient food for at least one PLW;** consider intra-household sharing when designing rations;
- b. Consider **complementing ration with fresh foods;**
- c. **Consider unintended consequences of food assistance** on optimal feeding practices, e.g. breastfeeding, or offsetting fresh foods. Adhere to UNHCR policies regarding content of food rations⁶⁵.

c) Engage with PLW and caregivers to **improve distribution systems** (distribution points, organization of distribution) to ensure needs of this group are considered, especially given that women are often the ones to receive the household ration. Liaise with camp management to organize the modalities of distribution (see camp management chapter):

- a. PLW and caregivers with infants have **separate or prioritized waiting and entry lines** at registrations, verifications, distributions and fairs;

65 UNHCR, UNICEF, WFP, WHO (2004). *Food and Nutrition Needs in Emergencies*. Available online: <http://www.who.int/nutrition/publications/emergencies/a83743/en/> [5 May 2017]

- b. **Ensure shade/breastfeeding space (if needed) and access to drinking water and toilet facilities** during waiting time at distribution points;
 - c. Provide **transport for caregivers** to return home with commodities;
 - d. **Support solo caregivers** with accessing distributions;
 - e. Recommend caregivers to **attend distribution with a helper** to protect against the separation and enhance the protection of 0-23 month olds;
 - f. **Consider multiplying the distribution points** to reduce the distance for beneficiaries (according to the context);
 - g. Based on assessment, **consider the effectiveness** of placing leaflets with relevant targeted IYCF messaging and/or recipes in food baskets;
 - h. Include **practical food demonstrations** at distribution sites to demonstrate how best to use the food being distributed, or food likely to be purchased (locally available) with cash/vouchers, to ensure dietary diversity in the meal and appropriate cooking of food so as not to lose nutritional value.
- d) When providing foods specifically for 6-23 month olds:
- a. **Ensure nutrition education is provided** related to optimal complementary feeding, correct preparation, food storage and hygiene. If possible blanket supplementary feeding programme (BSFP) distributions targeting PLW and/or children 6-23 months should be done in another place within the general food distribution or at a different time than the general food distribution, to allow more time for education/information and possibilities for MUAC screening;
 - b. **Collaborate on the Commodity Management of specialized foods for children aged 0-23 months** - assistance in management/packaging/distribution and education around use of specialized food (Corn Soy Blend, Micronutrient Powders, Ready-to-Use Food).
- e) **Provide IYCF education sessions/information at distribution points and through distribution agents and food management committees** (especially around BSFP targeting PLW and 6-23 month olds); topics could include the importance of nutritious foods, hygiene when preparing food, breastfeeding, preparation of complementary foods:
- a. Nutrition to **provide IYCF information/programming updates to distribution agents** through attending monthly meetings. Alternatively, identify nutrition/IYCF staff to provide the education during distributions;
 - b. Provide **IYCF-E information/leaflets** in the locally understood language (both in narrative and graphic forms) through distribution agents and Food Management Committees.
- f) Ensure **Food Assistance Accountability Mechanisms reflect needs of 0-23 month olds:**
- a. **Include PLW/caregivers of 0-23 months in community consultation** of how to improve programme: ration, distribution mechanism, household commodity management and hygiene, acceptability/palatability of food;

- b. **Design Post-Distribution Monitoring (PDM) questionnaire** to include key IYCF information;
- c. **Rotate IYCF-E team members onto PDM teams** to enhance information gathering and coordination;
- d. **Ensure PLW/caregivers of 0-23 month olds are members of the Food Management Committee** as a key oversight and accountability mechanism of distribution programmes;
- e. **Engage PLW/caregivers of 0-23 month olds in the design and communication of reporting mechanism** for abuses and violations surrounding distributions;
- f. **Monitor and analyse over time the full “food gap” in basic food needs and ensure FSL and IYCF teams take action to ensure basic food needs are met.**

5) **Cash and vouchers:**

NB: Cash/vouchers, market based and employment programmes are very diverse and the modalities of implementation are specific to each context. Therefore ensure the following steps are taken in each context to ensure programmes have the optimal impact:

- a) **Briefing on intervention:** brief all sector teams on targeted needs and modalities of implementation to understand the FSL intervention and identify opportunities for integrated activities;
- b) Ensure that cash and vouchers not only **consider food but other needed items** (i.e. appropriate utensils/tools, diapers/hygiene items, storage/WASH containers) based on the context analysis with community participation;
- c) **Engage with PLW/caregivers of 0-23 month olds during community consultations** in the design of cash, employment and market based programmes; consider how these programmes increase/decrease this group’s vulnerability;
- d) **Integrate quality IYCF education with appropriate cash/voucher programmes** (e.g. fresh food voucher programmes). Consider participation in IYCF activities (such as mother-to-mother support groups) as a conditionality for receiving cash/voucher assistance in relevant projects;
- e) Nutrition and FSL staff to **collaborate on the design of “for work” programmes that may unintentionally impact caregivers of children 0-23 months:**
 - a. **Prioritize caregivers of 0-23 month olds** for work locations close to home location;
 - b. Consider including **day care arrangements** for working mothers/caregivers – for example one worker can look after the children based on rotation;
 - c. Offer **time off for breastfeeding** mothers (e.g. one hour per day).

6) **Livelihoods: employment and agriculture/ livestock**

- a) **Consider needs of caregivers of 0-23 month olds in relevant employment or agriculture activities:**
 - a. **Prioritize caregivers of 0-23 month olds** for work locations close to home;

- b. **Consider home-based activities** (home gardening, sewing, shop) with seed harvesting and cultivation to increase dietary diversity for complementary feeding;
 - c. Consider including **child care arrangements** for working mothers/caregivers – for example one worker can look after the children based on rotation;
 - d. Offer **time off for breastfeeding** for breastfeeding mothers (e.g. one hour per day);
 - e. Where possible, consider **safe, private spaces for breastfeeding near the location of livelihoods activities**;
 - f. Target women of **reproductive age/ youth**.
- b) **Collaborate on the design of food security and livelihoods and nutrition messaging/education**, including topics such as crop selection (micronutrients, dietary diversity, micro-gardening), livestock selection, food storage, food preparation, etc. Messages should be integrated with health and WASH messages.
- c) **Livelihoods and IYCF staff should jointly plan and engage with caregivers of 0-23 month olds in the design of livelihoods activities** – consider the unique livelihoods needs and opportunities for caregivers:
- a. **Consider time and workload issues** when targeting girls/mothers for opportunities, especially **how activities impact child care** arrangements and caregivers' additional tasks/household schedule;
 - b. **Promote access of safe employment** for PLW and caregivers of infants and young children.

Resources

1. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]
2. UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. Available online: <http://www.unhcr.org/530f12d26.html> [5 May 2017]
3. UNHCR (2014). *UNHCR Global Strategy for Livelihoods 2014-2018*. Available online: <http://www.unhcr.org/530f107b6.html> [5 May 2017]
4. Maxwell, D. et al (2008). *Good Practice Review: Emergency food security interventions*. Available online: <https://odihpn.org/resources/emergency-food-security-interventions/> [1 May 2018]
5. LEGS Project (2009). *Livelihoods Emergency Guidelines and Standards (LEGS)*. Available online: <http://www.livestock-emergency.net/userfiles/file/legs.pdf> [5 May 2017]
6. The SEEP Network (2010). *Minimum Economic Recovery Standards*. Available online: <https://seepnetwork.org/MERS> [1 May 2018]

Other nutrition programmes and Infant and Young Child Feeding



IYCF is part of nutrition. According to the Sphere Handbook, “Nutrition is a broad term referring to processes involved in eating, digestion and utilisation of food by the body for growth and development, reproduction, physical activity and maintenance of health. The term ‘malnutrition’ technically includes undernutrition and over-nutrition. Undernutrition encompasses a range of conditions, including acute malnutrition, chronic malnutrition and micronutrient deficiencies.” IYCF-E is considered an “area of intervention for food security and nutrition in disasters (...)”. Inadequate maternal intake, poor infant and young child feeding, and impaired care practices are an underlying cause of malnutrition.⁶⁶ For a further description of the causal links between IYCF and nutrition, see the conceptual Frameworks in annex 3).

66 The Sphere Project (2011) *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 145, [Online], Available: <http://www.sphereproject.org/> [18 Dec 2014]

Core strategies for the Nutrition sector

Humanitarian Charter and Minimum Standards in Humanitarian Response. The Sphere Project (2011), pp. 139-238.

Infant and young child feeding (IYCF): IYCF is concerned with interventions to protect and support the nutritional needs of infants and young children. Priority interventions include breastfeeding protection and support, minimising the risks of artificial feeding and enabling appropriate and safe complementary feeding.

Moderate acute malnutrition (MAM): MAM can be addressed in a number of ways. In disasters, supplementary feeding is often the primary strategy for prevention and treatment of MAM. This may be blanket or targeted depending on the levels of acute malnutrition, vulnerable population groups and risk of an increase in acute malnutrition.

Severe acute malnutrition (SAM): SAM is addressed through therapeutic care which can be delivered through a variety of approaches. Community-based management of acute malnutrition should be the preferred approach where conditions permit.

Micronutrient deficiencies: These deficiencies should be tackled using population-wide interventions and individual treatment.

The UNHCR Global Strategy for Food Security and Nutrition 2014-2018⁶⁷ states that improvement of IYCF practices is a major focus over the strategy period, and recommends “sensitisation, demonstrations and other interventions, such as baby and child friendly spaces and community-based support networks, are put in place to promote and support feeding and care practices”. The global strategy further mentions that sub-optimal infant and young child feeding and care is one of the principle causes of acute malnutrition together with inadequate food intake and morbidity often linked to environmental, hygiene and shelter concerns – highlighting the link between IYCF, nutrition, food security, health, WASH and shelter. The strategy finally notes: “In 2013, IYCF-E was rarely an early feature of emergency nutrition programming and is an action that needs to be strengthened”.

Common Strategic Objectives

- Prevention of acute malnutrition (moderate and severe) in PLW, infants and young children 0-23 months
- Treatment of acute malnutrition (moderate and severe) in PLW, infants and young children 0-23 months
- Prevention and treatment of micronutrient deficiencies in PLW and young children 6-23 months

67 UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*, chapter on Food Security and Nutrition pp. 47-56. Available online: <http://www.unhcr.org/530f12d26.pdf> [5 May 2017]

Management of acute malnutrition is a major life saving intervention. According to the context, the strategy to treat and prevent acute malnutrition may be different but usually follows recommendations from national and international Community-based Management of Acute Malnutrition (CMAM) guidance⁶⁸. IYCF should always be part of a CMAM response as it is key for adequate treatment and the prevention of relapse episodes of acute malnutrition. A comprehensive CMAM response should also include management of acute malnutrition in infants (MAMI), for which a Community-MAMI (C-MAMI) Tool providing guidance on the outpatient care for infants with uncomplicated acute malnutrition now exists.⁶⁹ This tool incorporates a significant amount of IYCF, due to the fact that optimal IYCF practices are critical in the under 6 months age group where exclusive breastfeeding is recommended. In contexts where the prevalence of acute malnutrition is low, more nutrition resources can be shifted towards prevention of malnutrition – including IYCF.

Nutrition teams' objectives in refugee situations are to prevent and treat undernutrition. IYCF is a modality that is part of prevention and treatment, and nutrition should not be implemented without a strong IYCF component. IYCF programmes must focus on maternal nutrition and nutrition for children 0-23 months old with attention to specific requirements of specific age groups. PLW should be ensured access to an adequate diet to protect the needs of her baby. Adequate infant feeding practices include early initiation of exclusive breastfeeding within one hour after birth and for a further six months, continued breastfeeding until 24 months or beyond, and timely initiation of appropriate complementary feeding at six months of age. Timely introduction to complementary feeding is crucial for prevention of malnutrition in infants 6-9 months, and progressively increasing the amount and frequency of complementary foods is essential to prevent malnutrition in older infants and children while moving towards eating family foods.

In a refugee nutrition response there may be several actors involved in implementing different interventions as part of a holistic treatment and prevention plan e.g. one actor could be responsible for facility based treatment of severe malnutrition cases, whereas another actor is responsible for community services. The multiplicity of actors and interventions make the need for coordination among nutrition actors essential to provide comprehensive and continuous quality care when the patient moves from one programme to another. Particularly at the early stages of an emergency when teams do not know each other, it will be critical to coordinate. It is not rare that in one vulnerable family, several individuals may need support: one child with SAM, one child with MAM and an infant not increasing their weight/ who is acutely malnourished. In this situation, the nutrition and IYCF teams will have to coordinate and propose a treatment plan adapted to the family taking into consideration the needs of each individual (for example, the mother can be admitted to the stabilisation centre with the three children: she should be given nutritional support, her children should receive treatment according to their nutritional needs and IYCF counsellors should support the lactation process for the infant. It is also possible to use the opportunity of contact to promote IYCF and work with the family to identify and address underlying causes contributing to acute malnutrition).

68 Valid International (2006) *Community-based Therapeutic Care (CTC) – A Field Manual* [Online], Available: <https://www.fantaproject.org/sites/default/files/resources/CTC-Field-Manual-Oct2006-508.pdf> [18 Dec 2014]

69 ENN, Save the Children and LSHTM (2015) *C-MAMI Tool*, Available: <http://www.ennonline.net/c-mami> [24 Dec 2015]

Key Integrated Activities

- a) Consider establishing a **cross-sectoral Infant and Young Child Working Group** with the goal of discussing the needs, challenges and successes of working with this age group;
- b) Ensure IYCF is **included in relevant nutrition strategies, guidelines and sub-agreements**, and that key policies are endorsed by nutrition providers;
- c) Identify at least one trained **IYCF champion** from each nutrition post or community group (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- d) **Standardize relevant IYCF and nutrition messages** for PLW and caregivers of children 0-23 months particularly as they relate to availability of and access to relevant services;
- e) Consider ways of incorporating **IYCF indicators in already established monitoring systems and checklists**, such as the Health Information System (HIS) to collect, analyse and utilize information related to IYCF. The primary objective would be to increase attention on IYCF activities at field-level and secondly to monitor and report on their implementation;
- f) **Train** nutrition and IYCF staff, including community outreach workers, with a focus on the needs of PLW and children 0-23 months. Often, nutrition and IYCF staff are the same teams and for nutrition staff to have capacity to address IYCF they need a comprehensive training on IYCF. (It is acknowledged that during an emergency, especially during the early stages, trainings take a long time and there is a need to prioritise initiation of interventions within the first days and weeks. In the case of a rapid onset emergency, initial rapid trainings can be considered BUT managers should ensure they organise full trainings as soon as the context allows.) IYCF topics include:
 - a. Rapid IYCF assessment (IYCF screening questionnaire);
 - b. Life-saving IYCF practices;
 - c. Optimal IYCF and caring practices;
 - d. Communication skills and how to respond to detection of poor IYCF practices.
- g) **Develop clear procedures for identification and referral** between IYCF and all other nutrition programmes. Ensure all members of staff are aware of what services are available and refer accordingly e.g. stabilisation centre, outpatient therapeutic programmes, supplementary feeding programmes, IYCF centres, baby-friendly spaces, etc. Specifically, ensure all nutrition workers know how to handle and refer to IYCF counsellors all infants 0-5 months that are not breastfed or mothers who are having breastfeeding difficulties;
- h) **Promote basic IYCF practices in all malnutrition treatment programmes and outreach activities:** early initiation and exclusive breastfeeding; continuous breastfeeding up to 2 years along with complementary feeding and appropriate maternal nutrition. Mothers and caregivers should ensure breastmilk remains part of the diet after the child reaches 6 months, with complementary feeding to supplement it. (See action 4 in the Framework and IFE Operational Guidance for more details on interventions);

- i) At a minimum, complete an **IYCF screening questionnaire** for every child under 2 years admitted for treatment of severe or moderate acute malnutrition. Where relevant and resources allows, do a **full IYCF assessment** and refer for appropriate skilled support accordingly;
- j) **Monitor the nutritional status** of PLW, infants and young children.

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) **Organise team meetings and forums** where team members can exchange their experiences and report back information discussed at community level;
- b) Utilize IYCF and nutrition data to **advocate** for the needs of children 0-23 months and their caregivers with relevant authorities;
- c) Specifically **consider the needs and vulnerabilities of PLW and 0-23 month olds** in designing nutrition interventions.

2) Information Gathering and Sharing

- a) **Conduct comprehensive assessment on the causes of malnutrition and feeding and care practices** to identify causes of current malnutrition, identify barriers to optimal feeding practices and mitigate the effects of the crisis on the nutritional status of PLW, infants and young children. See activities for behaviour change in action 4 of the Framework;
- b) Include **SENS IYCF module**⁷⁰ when doing a nutrition survey using SENS/SMART methodology e.g. breastfeeding practices, complementary feeding practices, type and quantity of food given to infants and young children under 2 years etc.;
- c) Consider carrying out an **IYCF impact assessment** (baseline and periodically thereafter) to establish the impact of IYCF programming (ensure the sample size is sufficient to demonstrate the impact on the requisite population groups);
- d) When analysing nutritional data, **consider the needs of children 0-23 months and PLW** in order to address both: refer to principle of the Framework and activities to put in place;
- e) **Disaggregate data** per age group: 0-5 months, 6-11 months, 12-23 months; add pregnant and lactating woman in the data collection for critical analysis, as for HIS data;
- f) Include basic **IYCF status questions in CMAM patient forms** e.g. 'Is your child currently breastfed?';
- g) **Present assessment information on IYCF**, including identified needs and vulnerabilities, to those working on nutrition and ensure time is taken to discuss the implications of this information for nutrition programming;

70 UNHCR (2014). UNHCR Standardised Expanded Nutrition Survey (SENS) Guidelines for Refugee Populations, module 3. Available online: <http://www.sens.unhcr.org> [5 May 2017]

- h) **Adapt information and communication tools** according to the context, include malnutrition prevention messages, information on service availability (including IYCF counselling):
 - a. Use **UNICEF counselling cards**⁷¹ and adapt messages to the specific context e.g. according to the barriers identified during the assessment;
 - b. Ensure **community support networks** are aware of all the components of nutrition programmes: prevention and treatment of acute malnutrition and IYCF programming, and that they are aware of IYCF focal points and their roles.
- i) Collect **success stories** about children cured from acute malnutrition or mothers able to re-lactate with skilled support and share (respecting privacy) with other team members and community if relevant;
- j) **Include IYCF messages** in nutrition activities delivered through community outreach, awareness raising activities or treatment centres, including socially and culturally appropriate and technically accurate messages on breastfeeding, complementary feeding and parental care. Consider a variety of target audiences who may influence the care and feeding of 0-23 month olds e.g. elderly / grandparents, men's groups, community leadership groups, trade/commerce groups (i.e. market suppliers who may sell complementary foods and/or products targeting this age group such as breast-milk substitutes).

3) Capacity Building

- a) Nutrition and IYCF **trainings should be designed according to the context** and the expected role of the different team members. Topics to include: malnutrition, causes of malnutrition, treatment of MAM, treatment of SAM, micronutrient deficiencies, IYCF specific interventions (basic and technical), behaviour change techniques;
- b) **Outreach teams should be trained** on all relevant nutrition and IYCF issues according to available services: **detection of acute malnutrition and IYCF assessment**. It is important that the same teams close to the community are in charge of all nutrition and IYCF-related interventions especially when the outreach system is based on community volunteering:
 - a. Community volunteers or outreach workers should be trained to detect acute malnutrition, detect IYCF issues and on basic communication skills to be able to assess IYCF issues.
- c) Where separate IYCF teams are operating, **invite IYCF workers to nutrition trainings, retreats and workshops** where their perspective and information may enhance the outcome.

4) Moderate Acute Malnutrition

- a) **Target PLW and children 0-23 months:** Nutrition programmes usually target children under 5 and PLW, in some cases - needs are very specific for each age group and it is important that in an emergency, nutrition teams take IYCF into consideration by age group. According to the situation for example, include children 6-23 months and PLW in supplementary feeding programmes. Either target all PLW or target the ones showing signs of under-nutrition (based on mid-upper arm circumference);

⁷¹ UNICEF (2012). *Infant and Young Child Feeding Counselling Cards for Community Workers*. Available online: https://www.unicef.org/nutrition/index_58362.html [1 May 2018]

- b) **Nutrition centres should include IYCF counselling or be linked to/collaborate with specialised IYCF services**, providing for the specific needs of PLW, infants and young children:
- a. Choose at least one trained staff member from each nutrition post or community group to act as **IYCF focal point**;
 - b. Where no specialised IYCF services exists, ensure that nutrition centres have a **trained breastfeeding counsellor**;
 - c. Whenever possible, provide appropriate **space for women to breastfeed** within or near centres where nutrition and outreach programmes are carried out. Ensure drinking water is available for women who are breastfeeding;
 - d. **Campaign for early childhood development (ECD) and psychosocial stimulation activities** for infants and young children to be included in nutrition programmes (as well as in education, child health and child protection programmes).
- c) Ensure the **rations distributed are appropriate** for the age of the child: consistency and quantity;
- d) Ensure all mothers and caregivers of infants and young children participate in **awareness sessions** on appropriate IYCF practices. Awareness sessions should include: feeding needs for PLW, infants and young children, appropriate care practices, protection of PLW, infants and young children, and early childhood development information and stimulation activities;
- e) **Mobilise and equip the community** with the ability to identify cases of concern;
- f) If IYCF services (with skilled support) are not available, ensure all mothers with a child under 2 years suffering from MAM have **home visits** from community workers trained on IYCF counselling;
- g) **Community workers** doing home visits, detection and case follow up **should be trained in IYCF basic messages as well as identification of IYCF issues** in order to refer for appropriate care and support.

5) Severe Acute Malnutrition

- a) Ensure **all staff** working in a structure taking care of severely acutely malnourished children **are trained on IYCF (technical and communication skills)**. According to the age of the child admitted for treatment, the nutritional needs and care are different. Staff should be aware of specific needs at each age in order to adapt the treatment and the individual support to the mother or caregiver;
- b) **Nutrition stabilisation centres should include IYCF counselling** or be linked to/collaborate with specialised IYCF services, providing for the specific needs of PLW, infants and young children:
 - a. Choose at least one trained staff member from each nutrition stabilisation centre or community group to act as **IYCF focal point**;
 - b. Where no specialised IYCF services exists, ensure that nutrition stabilisation centres have a **trained breastfeeding counsellor**;
 - c. Whenever possible, **provide appropriate space for women to breastfeed** within or near nutrition

stabilisation centres and where outreach programmes are carried out. Ensure drinking water is provided to breastfeeding women;

- d. Campaign for **early childhood development (ECD) and psychosocial stimulation** activities for infants and young children to be included in nutrition programmes (as well as in education, child health and child protection programmes).
- c) Provide specific **skilled support** to mothers of infants less than 6 months suffering from acute malnutrition with medical complications in the stabilisation centre.
 - a. **Skilled breastfeeding support:** Attention should be paid to positioning and attachment. Use techniques such as **supplementary suckling technique** in order to promote breastmilk production at the same time as feeding the infant. (NB: this technique is not well known by nutrition teams and there is a need for regular explanations and practices);
 - b. **Relactation** should be proposed to mothers if they want to continue breastfeeding. If relactation is not possible, or refused, ensure the mother knows how to safely prepare artificial feeds, that she has all the materials needed, (cups, containers to boil water, or water treatment tablets etc.) and that she has access to BMS until the child is at least 6 months;
 - c. **Nutritional support to mothers** to improve their own nutritional status so they are able to support their child while maintaining their own nutritional status;
 - d. Support for **mother's mental health** and well-being.
- d) **Organise compulsory IYCF awareness sessions** for mothers and caregivers in inpatient and outpatient structures. Sessions should cover feeding needs for PLW, infants and young children, appropriate care practices, protection of PLW, infants and young children and early childhood developmental information and stimulation activities;
- e) In inpatient and outpatient structures, give space for **the mothers and caregivers to care for their children, promote contact and ensure stimulation** to increase chances of recovery, encourage mothers and caregivers to participate in the treatment and to play and interact with children;
- f) Ensure mothers and caregivers have **space to express their concerns and worries**, they are listened to and solutions are discussed with them;
- g) **Refer** to other appropriate services when necessary e.g. mental health services or health/nutrition services to address medical complications of the mother or the child, **AND ensure continuity of support** for IYCF and care practices.

6) Management of Acute Malnutrition in Infants

- a) **Provide specific skilled support to mothers of infants less than 6 months suffering from acute malnutrition** using the C-MAMI Tool for infants with uncomplicated acute malnutrition and stabilisation centre guidelines for infants with acute malnutrition and medical complications. There are a variety of causes of acute malnutrition in this age group, but problems with IYCF are likely to be a major cause. Consider:
 - a. Skilled breastfeeding support: Attention should be paid to positioning and attachment;

- b. Relactation: This should be proposed to mothers if they want to continue breastfeeding. If relactation is not possible, or refused, ensure the mother knows how to safely prepare artificial feeding, that she has all the materials needed, (cups, containers to boil water, etc.) and that she has access to BMS until the child is 6 months at least;
- c. Nutritional support to mothers to improve their own nutritional status so they are able to support their child while maintaining their own nutritional status;
- d. Support for mother's mental health and well-being.

7) Micronutrient Deficiencies

- a) When planning a micronutrient deficiency intervention, **include IYCF awareness components.** According to the situation, adapt the messages to disseminate. E.g. in situations where iron deficiencies in infants are suspected, breastfeeding should be strongly recommended (exclusive until 6 months and continuous until 2 years) especially in emergencies where there is a lack of diverse food and the risk of parasitic infections might affect children and increase the risk of severe anaemia;
- b) **Include children 6-23 months and PLW in micronutrient interventions:** distribute micronutrient powders or tablets to all PLW.



Resources

1. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]
2. UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. Available online: <http://www.unhcr.org/530f12d26.html> [5 May 2017]
3. ENN, IFE Core group and IASC (2009). *Integration of IYCF support into CMAM - Hand-outs*. Available online: <https://www.enonline.net/integrationiycfintocmam> [1 May 2018]
4. ENN, IFE Core group and IASC (2009). *Integration of IYCF support into CMAM - Facilitator's guide*. Available online: <https://www.enonline.net/integrationiycfintocmam> [1 May 2018]
5. Tigray health regional bureau, Ethiopia (2013). *IYCF in the context of CMAM - Quick reference for health extension workers*.



Public Health and Infant and Young Child Feeding



Humanitarian emergencies significantly impact public health, increasing the risk of morbidity and mortality both due to direct and indirect causes. Indirect causes include, among others, morbidity due to food insecurity and malnutrition, poor water and sanitation and a lack of access to health services. The primary goals of the health sector in an emergency are to prevent and reduce excess morbidity and mortality by providing preventive as well as curative services.⁷²

72 The Sphere Project (2011) *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 292, [Online], Available: <http://www.sphereproject.org/> [18 Dec 2014]

Essential health services

Humanitarian Charter and Minimum Standards in Humanitarian Response. The Sphere Project (2011) pp. 311-337.

Control of communicable diseases: increase access to information and services for prevention and treatment of infectious diseases (i.e. pneumonia, malaria, measles) as well as outbreak detection and response. (Sphere, pp. 311-320)

Child health: includes prevention of vaccine-preventable diseases in children (6 months to 15 years) and management of newborn and childhood illness. (Sphere, pp. 320-324)

Reproductive health (RH): “All individuals, including those living in disaster-affected areas, have the right to RH. To exercise this right, affected populations must have access to comprehensive RH information and services.” Initial RH services are detailed in the Minimum Initial Services Package (MISP). This service also provides access to a minimum set of HIV prevention, treatment, care and support. (Sphere, pp. 325-330)

Injury: Increasing access to effective injury care. “Injury is usually the major cause of excess mortality and morbidity following acute-onset natural disasters.” (Sphere, pp. 331-333)

Mental health: Includes access to assistance to prevent and reduce mental health problems and associated impaired functioning. This service highlights multi-sectoral supports. (Sphere, pp. 333-336)

Non-communicable diseases: includes access to essential therapies to reduce morbidity and mortality due to acute complications or exacerbation of chronic health conditions (Sphere, pp. 336-337)

In many agencies and governments, nutrition is considered a part of public health care and in UNHCR, nutrition is an integral part of the Public Health Section. The section’s strategy highlights the importance of nutrition and IYCF, among other sectors, in preventing child mortality and morbidity. The relationship between health and nutrition teams should be reinforced in order to increase the impact on health and survival of vulnerable communities and especially PLW, infants and young children. The opportunities for health and nutrition to join efforts to provide holistic, quality services to promote the survival and well-being of children 0-23 months are plentiful.

Common strategic objectives:

- Improve childhood survival
- Improve access to quality primary health care programmes, reproductive, maternal and new-born health services, and mental health services
- Reduce infant and young child morbidity and mortality from communicable diseases – including those linked to malnutrition and poor IYCF practices
- Prevent mother-to-child transmission of HIV and improve child survival from HIV
- Reduce maternal morbidity and mortality

Across the world, millions of children in resource-poor settings continue to die needlessly from common preventable diseases such as diarrhoea, pneumonia and malaria. Refugee children bear a disproportionately higher risk than all other age groups. The UNHCR Public Health Strategy 2014-2018⁷³ encourages the Integrated Management of Childhood Illnesses (IMCI) approach and emphasises that strengthened linkages with nutrition and reproductive health are critical for infant and young child survival. IMCI focuses on the well-being of the whole child, including improved growth and development. IMCI includes both preventive and curative elements that are implemented by families, communities and health facilities. In the home setting, it promotes appropriate care-seeking behaviours and improved nutrition and preventative care.

UNHCR's public health programmes are delivered within a public health and community development Framework with an emphasis on primary health care. Wherever national service delivery programmes are available, these are chosen in preference to setting up parallel services for refugees already from the onset of an emergency. In line with this, UNHCR will promote that refugees should be included in national IYCF and related programmes, including reproductive health services, newborn care and child health care.

In this chapter we are addressing the essential health services as outlined in Sphere. RH, mental health and HIV are given extra attention due to their importance in relation to IYCF programming.

Key Integrated Activities

- a) IYCF staff to participate in health working groups to **raise awareness of IYCF** and ensure the needs of PLW, infants and young children are considered;
- b) Ensure **IYCF is included in relevant public health strategies, guidelines and sub-agreements**, and that key policies are endorsed by health providers;
- c) Identify at least one trained **IYCF champion** from the health team. Ideally, in addition to the general health team, IYCF champions should also be selected from the reproductive health team, mental health team and HIV team where available (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- d) **Standardize relevant IYCF and public health messages** for PLW and caregivers of children 0-23 months particularly as they relate to availability of and access to relevant services. Jointly plan dissemination opportunities in one another's programmes;
- e) Consider ways of incorporating IYCF indicators in already established monitoring systems and checklists, such as the **Health Information System (HIS)** and the **Balanced Score Card** to collect, analyse and utilize information related to IYCF. The primary objective would be to increase attention on IYCF activities at the field level, and secondly to monitor and report on their implementation;
- f) **Cross train** health and IYCF staff who engage most with PLW and children 0-23 months (midwives, antenatal care (ANC) staff, postnatal care (PNC) staff, staff in Baby Friendly Spaces (BFS), community health workers, etc.) with a focus on the needs and concerns of children 0-23 months. Relevant topics for joint trainings include:
 - a. Appropriate IYCF including exclusive breastfeeding, continued breastfeeding and timely introduction of appropriate complementary feeding;

73 UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. Available online: <http://www.unhcr.org/530ff2d26.html> [5 May 2017]

- b. Impact of breastfeeding on child's survival, health, nutrition and development;
 - c. Physical and mental benefits of breastfeeding for mother;
 - d. Feeding of the non-breastfed infant;
 - e. Complementary feeding in a refugee setting;
 - f. IYCF in the context of HIV;
 - g. Aims, activities and ways of working in public health and IYCF and referral procedures between the two programmes;
 - h. Skill sharing around assessment, problem solving and counselling for optimal IYCF, primary health care, mental health and reproductive health;
 - i. Identification of morbidities requiring referral, including severe acute malnutrition.
- g) Organise **orientation sessions** on IYCF for all other health staff, or integrate IYCF into existing health training curricula – and provide a list of key IYCF information (see annex 6);
- h) **Develop clear procedures for identification and referral** between health (including reproductive health and mental health) and IYCF programmes that are safe and confidential. Ensure all staff are aware of available services and key criteria for referral;
- i) **Delivery services and maternity wards should protect, promote and support IYCF** in line with the BFHI⁷⁴:
- a. Prioritize immediate skin-to-skin contact after delivery and support for **immediate initiation of breastfeeding**;
 - b. Ensure breastfeeding support is available for mothers (especially first time mothers and teenage mothers);
 - c. **Practice “rooming in”** – keep mothers and infants in the same room as long as the mother is in the hospital/maternity ward;
 - d. In addition, monitor newborns for danger signs of eating problems and malnutrition.
- j) **Standardise the inclusion of IYCF counselling as part of ANC and PNC services in facilities and the community:**
- a. All mothers with a newborn baby should receive individual IYCF counselling;
 - b. Community outreach activities visiting newborn babies and their mothers should include a health check of mother, health check of child and IYCF counselling;
 - c. **Refer PLW to IYCF services** for guidance on breastfeeding, where available;

74 WHO, UNICEF (2009) *Baby Friendly Hospital Initiative*, [Online], Available: http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/ [18 Dec 2014]

- d. **Jointly plan mother-baby health days** including reproductive health (RH) and IYCF promotion;
- e. Engage community members in improving access to and use of services.
- k) Train IYCF staff on **psychological first aid**⁷⁵;
- l) Ensure national **protocols and guidance related to HIV and IYCF** are available and agreed with local authorities and disseminated and explained to relevant staff involved in the care of PLW and infants and young children (including HIV and IYCF teams as well as nutrition, health, child protection teams, education, etc. according to the context).

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and infants and young children 0-23 months old** between the two sectors. Identify pre-existing mechanisms to coordinate related and integrated health and IYCF programming, and ensure time is taken to discuss the implications of this information for health programmes;
- b) **Invite relevant health colleagues to IYCF Sub-Working Group meetings** to enhance information sharing and experience sharing;
- c) Utilize health and nutrition data to **advocate** for the needs of children 0-23 months of age and their caregivers with relevant authorities - conduct **joint advocacy** for greater impact;
- d) Specifically **consider the needs and vulnerabilities of PLW and 0-23 month olds** in designing public health interventions⁷⁶.

2) Information Gathering and Sharing

- a) Organise **joint needs assessments** between public health and IYCF that gather relevant IYCF, morbidity and mortality data for 0-23 month olds, and **disaggregate assessment and monitoring** data for pregnant women, lactating women, children 0-5 months, 6-11 months, and 12-23 months;
- b) Incorporate **questions about health and IYCF in discussions with caregivers** of this age group at ANC, health checks, growth monitoring, baby-friendly spaces, etc. to support the identification of priorities, needs and potential improvements for this age group;
- c) Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of coordinated quality health and IYCF programmes on infant and young children's health and well-being;
- d) Formalise **information sharing and discussion relevant to the well-being of children 0-23 months**

75 WHO (2011). *Psychological first aid: Guide for field workers*. Available online: http://www.who.int/mental_health/publications/guide_field_workers/en/ [5 May 2017]

76 Specific needs and vulnerabilities could include increased risk of death, vulnerability to infections (including malaria and others) and injury, increased need for immediate health care, difficulties accessing health care facilities if it is a long walking distance etc.

between the two sectors (debrief following assessment, monitoring or data collection). Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on IYCF and health, and ensure time is taken to discuss the implications of this information for public health.

3) Capacity Building

- a) Develop **standardized IYCF curricula** for pre-service/in-service training;
- b) **Invite IYCF workers to public health trainings, retreats or workshops** where their perspective and information may enhance the outcome, and vice versa.

4) Referral Mechanism

- a) Support IYCF actors to **identify and refer cases of illness and injury** to appropriate health services, including PLW, infants and young children who need mental health and psychosocial support;
- b) Support public health actors (including community based health workers) to **identify and refer cases of inappropriate infant feeding and caring**, including inappropriate replacement feeding for infants <6 months, infants with chronically ill mothers, or infants where mothers are not present; and refer infants and young children impacted by non-communicable diseases for IYCF support as necessary.

5) Essential Health Services

- a) Where relevant **co-locate health and nutrition services** to provide comprehensive services;
- b) In settings where a dedicated IYCF programme does not exist, **ensure health staff, including community health workers, are trained in IYCF assessment and counselling**. Identify midwives, paediatricians and other health workers specialised in working with PLW, infants and young children;
- c) In health locations, **consider space for IYCF activities** i.e. space for lactating women to breastfeed or mother-to-mother groups to hold discussions in health service locations; and in IYCF locations, consider space for health activities i.e. growth monitoring, vaccination checks, and space for medical consultations of infants and young children;
- d) If health services are mobile, consider including an **IYCF Counsellor in mobile teams** to identify feeding issues that may relate to the health status). If not, ensure all health staff are able to identify key IYCF issues and refer;
- e) **Ensure health workers promote healthy IYCF** through their work, including breastfeeding and timely initiation of appropriate complementary feeding;
- f) **Ensure public health communications promote exclusive breastfeeding** as the safest feeding option for children under 6 months, as well as timely introduction to complementary foods at 6 months;
- g) Organize **joint health and nutrition education and promotion activities** at community and health facility levels; include standardized messages whenever possible in health and nutrition promotion activities (i.e. mother-to-mother support group discussions) particularly as they relate to optimal feeding and home-based care, major health risks of this age group, hygiene, preventive public health actions and health seeking behaviours;

- h) At **child health checks** and in **growth monitoring and promotion, screen infants and young children for their nutritional status and IYCF practices**; routinely include the “UNHCR Infant screening questionnaire”⁷⁷ and anthropometric measurements at the registration of every child 0-23 months in health facilities. Refer all infants under 6 months and children 6-23 months with feeding concerns to IYCF services if available;
- i) According to the context, IYCF teams should be involved in **growth monitoring and promotion** together with nutrition and health teams;
- j) Continue to **prioritize the needs of 0-23 month olds and PLW in the design of communicable disease prevention and child health measures**, including vaccinations, micronutrient supplementation, deworming, personal protection and vector control (i.e. long-lasting insecticide-treated nets (LLITN)) and health education;
- k) In IYCF services, regularly check that infants and young children have received **relevant vaccinations, micronutrient supplementation and de-worming**;
- l) Design **outbreak response measures** considering and mitigating the impact on PLW, newborns, infants and young children. Consider the effect of the disease on breastmilk and transmission risks and the impact of the outbreak response on feeding practices⁷⁸. Identify and refer infants and young children particularly impacted by an outbreak for IYCF services (i.e. quarantine, maternal death) for follow up of feeding and care needs;
- m) Work with IYCF teams on designing mitigation protocols when mother-infant pairs are separated due to illness. **Collaborate with nutrition teams on the designing of feeding protocols** for PLW, infants and children under 23 months under treatment and in recovery; **procure and distribute appropriate necessary nutritional supplies** for 0-23 month olds (BMS, complementary food);
- n) To improve quality assurance of items used in nutrition and IYCF interventions, **all food, specialised food and medical tools should be subject to the strong regulations in place for drugs and medical supplies in the health sector**, or another relevant procedure that refers to quality and safe use (e.g. UNHCR milk policy⁷⁹). Those regulations are procedures to ensure product quality from identification of the product, identification of suppliers and supply chain management up to the consumption by the beneficiary:
- a. Include **BMS and all items used in IYCF in drugs and medical supplies management procedures**;
 - b. Request for support from headquarters (HQ) to **identify BMS complying with the Code**⁸⁰;
 - c. Collaborate with logistics and pharmacists to **reinforce and control the supply chain management of BMS** according to the Code and the Operational Guidance.

77 UNHCR Infant screening questionnaire. Available online: <http://www.unhcr.org/544a51ff9.html> [5May 2017]

78 For example in the recent Ebola response where the virus is transmitted via breastmilk and close contact with bodily fluids mother or caregivers and children are at risks to contaminate each other.

79 UNHCR, ENN, IFE Core Group, ICH (2006). *UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings*. Available online: <http://www.unhcr.org/4507f7842.html> [18 Dec 2014]

80 IBFAN website: <http://ibfan.org/the-full-code> [10 Dec 2015]

6) Reproductive Health (RH)

The UNHCR Global Strategy for Public Health 2014-2018 recognises the full scope of maternal and child health services, including antenatal care, access to supplementary feeding programmes for PLW, delivery with skilled birth attendants, postnatal care, postpartum family planning counselling, and newborn care. IYCF, child health and RH are also connected through prevention of teenage pregnancies, early marriages and female genital mutilation – all which are linked to increased infant and maternal mortality and poorer infant caring practices.

Below are some examples of activities to set up to integrate RH and IYCF:

- a) Ensure both **RH and IYCF teams are oriented on key documents and policies**, such as the Operational Guidance on Improving Newborn Health in Refugee Operations⁸¹, the Standard Operating Procedures on the Handling of Breast-milk Substitutes in Refugee Settings, and the UNHCR Milk Policy;
- b) **Foster the establishment of mother-to-mother support groups** through delivery/PNC services;
- c) Address **anaemia** and nutritional status of PLW, including distribution of multivitamins, iron-folic acid and/or supplementary food;
- d) Ensure **access for adolescents**, including girls and boys, to comprehensive RH and IYCF related information and services;
- e) Ensure access to **RH counselling and information** including the following: family planning, spacing and limiting of pregnancies; discussion of harmful traditional practices (e.g. risks of female genital mutilation (FGM) for the baby girl); general awareness of gynaecological problems and morbidity (e.g. screening for cervical cancer and sexually transmitted diseases (STD)); menstrual hygiene; sexual and gender-based violence (and where to access services); youth pregnancies; and post-partum depression.

7) Mental Health

Experiences of displacement due to armed conflict, persecution or disasters put significant psychological and social stress on individuals, families and communities, which may have a negative impact on caregiver-child interaction. Pregnant women, mothers and infants have all been identified by the Interagency Standing Committee (IASC) to be at increased risk of social or psychological problems in an emergency.⁸² The well-being of young children depends to a large extent on their family. Their well-being may suffer if they have overwhelmed, exhausted or depressed mothers or caregivers who are physically or emotionally unable to provide effective feeding and care. In resource poor settings depressed mothers are more likely to have undernourished children; depressed mothers may be less engaged and involved with their child leading to poor care, less stimuli and poor feeding practices.

81 UNHCR (2013). *Operational guidelines on improving newborn health in refugee operations*. Available online: <http://www.unhcr.org/54bd0dc49.pdf> [5 May 2017]

82 IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Available online: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf [5 May 2017]

The links between mental health and IYCF are especially evident through programmes focusing on Early Childhood Development (ECD) and Mental Health and Psychosocial Support (MHPSS). Early childhood programmes in emergencies should support the feeding and care of young children by their families and other caregivers. Early childhood activities should provide stimulation, enable protection, promote bonding between infants and caregivers and facilitate appropriate IYCF. Mother to child interaction through caring and feeding, and especially breastfeeding, is optimal for the physical, psychosocial and cognitive well-being of infants and toddlers. Breastfeeding supports the child's cognitive development, comforts the child and is likely to strengthen the mother-child bond. It is also important to recognise the potential benefits from breastfeeding and infant caring on mothers' mental health and well-being.

Mental Health and Psychosocial Support (MHPSS) is a composite term used to describe any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Adopting an *MHPSS approach* means providing a humanitarian response in ways that are beneficial to the mental health and psychosocial well-being of refugees. Through the MHPSS approach, mental health should be mainstreamed in basic services. *MHPSS interventions* may include support interventions in the health sector, education, community services, protection and other sectors.⁸³

Early Childhood Development (ECD) spans from the moment of conception until the beginning of primary school and includes physical well-being, as well as cognitive, linguistic and socio-emotional development. Investing in ECD leads to happier children, more equal societies and prevents higher costs further down the road.⁸⁴ Providing nutrition alone has less impact on growth and development than the combination of nutrition and psychosocial parental stimuli. Infant stimulation and improved parental programming directly improves child's nutritional status and growth. All IYCF-E programmes should therefore include components on ECD, MHPSS and caring practices.

Below are some examples of integrated mental health and IYCF activities:

- a) Ensure both teams are **oriented on key documents and policies**, such as UNHCR's Operational Guidance on Mental Health and Psychosocial Support Programming for Refugee Operations⁸⁵;
- b) Ensure IYCF teams are trained in **psychosocial first aid and ECD techniques**;
- c) Integrate **key facts on ECD and MHPSS in IYCF material**, and integrate key facts on IYCF in ECD and MHPSS material;
- d) IYCF team to include **elements from ECD and MHPSS in one-to-one IYCF counselling**, including caring practices and parental skills;
- e) In Baby Friendly Spaces (BFS) **support the mental health of mothers** as well as IYCF, and provide a safe environment for mothers and infants/young children;
- f) Establish **supportive parenting programmes**, if possible together with BFS. Facilitate play, nurturing care and social support (see education chapter for more on ECD activities);

83 UNHCR (2013). *Operational Guidance on Mental Health and Psychosocial Support Programming for Refugee Operations*. Available online: <http://www.unhcr.org/protection/health/525f94479/operational-guidance-mental-health-psychosocial-support-programming-refugee.html> [5 May 2017]

84 Global Education Cluster (2014). *The importance of early childhood development (ECD)*. Available online: <http://educationcluster.net/importance-early-childhood-development-ecd/> [23 Dec 2014]

85 UNHCR (2013). *Operational Guidance Mental Health and Psychosocial Support Programming for Refugee Operations*. Available online: <http://www.unhcr.org/525f94479.pdf> [5 May 2017]

- g) IYCF team to work with health and child protection colleagues to **brainstorm relevant psychosocial stimulation activities** for infants and young children in nutrition programmes;
- h) **Identify human resources and community mechanisms** suitable for promoting and sharing of good parenting and IYCF knowledge and guidance. In small group activities parents have the opportunity to learn from the interaction of others with their children;
- i) Utilize **mother-to-mother support groups** as a means of strengthening community self-help and social support initiatives that promote maternal mental health, including mental health and psychosocial support, parenting skills and sexual and gender-based violence (SGBV);
- j) Conduct **home visits combining IYCF, ECD and MHPSS** activities and priorities, especially for vulnerable infants, children, PLW and families. When assessing mental health in PLW (including SGBV survivors), consider implications on feeding and care of infants and young children as studies have shown linkages between maternal mental health and acute malnutrition and failure to thrive in infants;
- k) Ensure **referral to mental health and psychosocial services** of caregivers of children 0-23 months and PLW with potential mental health issues, particularly depression but also severe mental disorders that affect the ability of the caregiver to provide good care.

8) Human Immunodeficiency Virus (HIV)

Nutrition and human immunodeficiency virus (HIV) are closely linked. Maintaining good health for HIV-exposed infants and children, HIV-positive infants and children and HIV-positive caregivers is essential. Furthermore, a woman infected with HIV, can transmit the virus to her child during pregnancy, labour or delivery, or through breastfeeding. However, breastfeeding, and especially early and exclusive breastfeeding, is one of the most valuable interventions for improving child survival. Integrated HIV and IYCF services are recommended for PLW, infants and children 0-23 months to prevent mother-to-child transmission of HIV and promote safer infant feeding practices.

The Sphere Handbook highlights the importance of considerations linking infant feeding and HIV: “Mothers of unknown or negative HIV status should be supported to breastfeed as per general IYCF recommendations for populations. For HIV-infected mothers, combining anti-retroviral (ARV) interventions with breastfeeding can significantly reduce postnatal HIV transmission. Accelerated access to ARVs should be prioritized. The risks to infants associated with replacement feeding are even greater under emergency conditions. This means that breastfeeding offers the greater likelihood of survival for infants born to HIV-infected mothers and for survival of HIV-infected infants, including where ARVs are not yet available. Urgent artificial feeding assistance is needed for infants already established on replacement feeding.”⁸⁶

In summary, the recommended breastfeeding practices for HIV-infected mothers are linked to her access to ARV treatment as well as the risks of not breastfeeding. Staff will therefore have to assess what treatment and care for pregnant women is available, whether adequate prophylaxis for the child are available at birth, what post-delivery treatment is available for the mother (for life) and therefore what support will be needed to accompany her choices in terms of feeding her child. When advising mothers staff should consult the latest WHO recommendations on HIV and infant feeding as well as national protocols and standards both in the country of origin and host country.

86 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 163. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

Below are some examples of activities to set up to integrate HIV and IYCF:

- a) In addition to general cross-training of health and IYCF staff, **train** HIV and IYCF staff specifically with a focus on IYCF and HIV. Topics include latest WHO guidelines on HIV treatment and breastfeeding; national prevention of mother to child transmission (PMTCT) policy; referral procedures between the two programmes; contextualizing HIV and IYCF messages; skills sharing for counselling and care for caregivers of this age group. NB: the level of training will be different and adapted to the role of the staff - add modules for staff according to their profile and role. HIV staff can organise question and answer (Q&A) sessions;
- b) Target PLW and children 0-23 months in HIV interventions: In the context of HIV, it is important to consider both mother or caregiver and the infant. **Their individual needs should be identified (e.g. treatment), as well as the risks of transmission and the mutual need for care;**
- c) Consider ways of **linking HIV prevention, family planning and IYCF activities to target PLW**, as acquiring HIV during pregnancy or lactation places the infant at much higher risk of transmission in the mother's first three months of infection;
- d) Provide **HIV prevention messages** as part of IYCF activities and vice versa;
- e) **Advocate for the availability and access of HIV testing** at health facilities, specifically for pregnant and postpartum women, infants and children through 23 months, including early infant diagnosis at 6 weeks;
- f) When supporting HIV exposed and HIV positive infants and/or mothers, both teams must **understand the mother's and baby's treatment and the consequent recommendations** for breastfeeding. Good relationships between teams will be important for follow up of individual cases and further learning;
- g) Organise **individual IYCF counselling for mothers with HIV**, explain the benefits of breastfeeding and the risks of transmission. Encourage feeding options in line with national recommendations, however, ensure that this is the decision of the mother;
- h) Collaborate on the **targeted provision of safe replacement feeding for HIV positive mothers** in contexts that meet requirements. Where BMS is chosen, ensure provision, preparation and feeding is done in accordance with guidance. Mothers/caregivers must be provided with skilled support and all relevant materials to minimize the risk of contamination. Please refer to the UNHCR SOP on the Handling of Breast-milk Substitutes⁸⁷;
- i) **Involve associations of people living with HIV in community mobilisation and sensitization** on key IYCF messages and service availability both for prevention and care and support.

87 UNHCR and ENN (2015). *Standard Operating Procedures on the Handling of Breastmilk substitutes in Refugee Situations*. <http://www.unhcr.org/55c474859.pdf>

Resources

1. UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. Available online: <http://www.unhcr.org/530f12d26.html> [5 May 2017]
2. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]
3. UNHCR (2013). *Operational guidelines on improving newborn health in refugee operations*. Available online: <http://www.unhcr.org/54bd0dc49.pdf> [5 May 2017]
4. UNHCR (2013). *Operational Guidance Mental Health and Psychosocial Support Programming for Refugee Operations*. Available online: <http://www.unhcr.org/525f94479.pdf> [5 May 2017]
5. UNICEF and WHO (2012). *Integrating Early Child Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How*. Available online: http://www.who.int/mental_health/emergencies/ecd_note.pdf [5 May 2017]
6. WHO, War Trauma Foundation and World Vision International (2011). *Psychological first aid: Guide for field workers*. Available online: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf [5 May 2017]
7. WHO (2016). *Guideline on HIV and infant feeding*. Available online: http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/ [5 May 2017]



Settlement and Shelter and Infant and Young Child Feeding



Settlement and Shelter is integral to the safety and well-being of populations affected by disaster. It speaks to the right to adequate housing whereby people can live in “security, peace and dignity”.⁸⁸ UNHCR aims at enabling refugees to access and live in secure settlements and to access shelter solutions that provide privacy, security and protection.⁸⁹ IYCF and Settlement and Shelter colleagues have an opportunity to work together to protect PLW, infants and young children by reducing the environmental risks within their residence and in community structures and promoting safe and adequate feeding and care.

⁸⁸ The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 243. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

⁸⁹ UNHCR (2014). *UNHCR Global Strategy for Settlement and Shelter 2014-2018*. Available online: <http://www.unhcr.org/530f13aa9.pdf> [5 May 2017]

Core domains of the Settlement and Shelter sector

A **settlement** takes into consideration spatial allocation of functions while maintaining equilibrium between the needs of the population, the availability and allocation of resources, economic dynamics, the amelioration of living conditions, the provision of services and enhancing transportation networks, as well as recreational spaces. A settlement must address the needs of the community at large and be designed with the active involvement of affected populations, partners, and all sectors.

A **shelter** is a home and living space providing a secure and healthy living environment with privacy and dignity. Refugees have the right to adequate shelter in order to benefit from protection from the elements, a space to live and store belongings as well as privacy, comfort and emotional support.

Common Strategic Objectives:

- Contribute to providing security for PLW and infants and young children 0-23 months in refugee situations
- Enable refugee PLW, infants and young children to access secure settlements and live in peace and dignity
- Enable refugee PLW, infants and young children to access shelter solutions that provide privacy and protection from the elements

The needs of and risks to PLW, infants and young children related to settlement and shelter in refugee situations will depend on the nature and context of the situation, however some needs and risks are commonly identified in most refugee situations. It is important to understand here that being an infant or a PLW does not, in itself, make a person vulnerable or at increased risk. Rather, it is the interplay of factors that does so: for example, a three month old baby whose body is still unable to maintain optimal body temperature on its own will be at increased risk of hypothermia when exposed to cold as a result of compromised shelter or inadequate covering.⁹⁰ Similarly, mothers may limit or abandon breastfeeding their babies if there is no place available that allows privacy for breastfeeding. In these cases, a safe and dedicated place for breastfeeding becomes crucial to meet the needs of children under two years of age. Children and PLW, whose bodies are sensitive to the drastic changes in the environment, may be prone to adverse health outcomes if they are left exposed to environmental elements. Therefore, provision of shelter and non-food items that provide privacy and protection from cold or high temperatures become a priority.

Settlement and Shelter is in charge of camp design, making critical decisions early in a response. It is important to consider that settlement and shelter teams manage multiple, sometimes competing, priorities from all sectors at early stages of an emergency, especially if the crisis implicates that communities settle in non-built areas. Colleagues promoting the well-being of PLW, infants and young children must respect this pressure but, at the same time, communicate clearly and early the needs of these groups.

⁹⁰ The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, p. 243. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

Key Integrated Activities

- a) According to the situation, **IYCF teams should attend settlement and shelter coordination meetings** at the early stages of an emergency and liaise with settlement and shelter teams to discuss the best way to address the specific needs of PLW and children 0-23 months;
- b) Organise **orientation sessions** for settlement and shelter staff to raise awareness of key IYCF information and specific settlement and shelter needs and risks related to PLW, infants and young children; provide a list of key IYCF information (see annex 6);
- c) Ensure that settlement and shelter responses **support and encourage families to stay together**;
- d) Ensure that **transit centres are safe and provide privacy** for PLW, infants and young children (e.g. privacy for breastfeeding);
- e) **Develop clear procedures for identification and referral** between settlement and shelter and IYCF, and ensure settlement and shelter staff are aware of available IYCF programmes and key criteria for IYCF referrals. Examples include if settlement and shelter colleagues upon doing community or household visits encounter families with infants that are clearly living in unhygienic living conditions or otherwise meeting the criteria outlined in the orientation provided by IYCF colleagues, or if IYCF colleagues encounter complaints about harsh and unsafe living conditions affecting the health of young children.

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Consider choosing at least one trained **IYCF champion** from the settlement and shelter team (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- b) Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and children 0-23 months** between the two sectors. Identify pre-existing mechanisms for coordination of settlement and shelter and IYCF programming;
- c) Utilize IYCF and shelter and settlement data (e.g. number of infants/young children, number of households with infants/young children) to **advocate** for the needs of children 0-23 months and their caregivers with relevant authorities – conduct **joint advocacy** for greater impact;
- d) Specifically **consider the identified needs and vulnerabilities of children 0-23 months** in designing settlement and shelter assessments and consequent interventions⁹¹.

⁹¹ Specific needs and vulnerabilities could include infants' sensitivity to cold and warm temperatures, infant's sensitivity to noise, toddler's increased risk of injury due to unprotected kitchen fires, communicable diseases and poor hygiene in communal housing, privacy needs related to breastfeeding and other infant feeding (i.e. baby-friendly spaces, breastfeeding corners, separate household shelters for families with infants) etc.

2) Information Gathering and Sharing

- a) Organise **joint needs assessment** to identify the specific needs and requests of PLW and caregivers of children 0-23 months related to settlement and shelter. **Disaggregate assessment and monitoring data** for pregnant women, lactating women, children 0-5 months, 6-11 months and 12-23 months;
- b) Incorporate **questions about settlement, shelter and IYCF in discussions with caregivers** of this age group to identify settlement and shelter-related needs and vulnerabilities/risks/hazards to this age group perceived by the caregivers;
- c) Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of coordinated quality settlement and shelter programmes on infant and young children's health and well-being;
- d) Formalize **information sharing and discussion relevant to the well-being of children 0-23 months** between the two sectors (debrief following assessments, monitoring or data collection), and ensure time is taken to discuss the implications of this information for settlement and shelter teams. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on IYCF and shelter.

3) Capacity Building

- a) **Invite IYCF workers to settlement and shelter trainings, retreats and workshops** where you think their perspective and information may enhance the outcome, and vice versa.

4) Shelter

- a) Ensure that **women, including PLW, are consulted** when designing shelter that responds to their needs;
- b) **Prioritize appropriate shelter for the most vulnerable families (with PLW and children 0-23 months) to prevent negative effects of the environment on health and nutritional status** i.e. cold weather leading to hypothermia, inadequate shelter or unclean settlements leading to increased presence of vectors (i.e. – mosquitos) and increasing risk of malaria, dengue, etc., and to provide PLW with the support needed to feed and care for this vulnerable age group (i.e. location to services, privacy);
 - a. E.g. **prioritise mothers and newborn babies** for private shelter, or at least provide temporary private shelter the first six weeks after birth.
- c) Include **children 0-23 months in shelter vulnerability criteria**;
- d) In the design of shelters, consider risks to children 0-23 months:
 - a. Consider **fire prevention/mitigation strategies** (i.e. cages to prevent child access to fire safety equipment, distribution of sand buckets) - provide education about fire safety and vigilance in community sessions and IYCF activities;
 - b. Consider **safety measures in kitchens** to prevent injury to toddlers.

- e) **Take into consideration the specific needs of PLW and children 0-23 months when defining the contents of shelter specific non-food items (NFI):** key NFIs include plastic sheeting, blankets, bedding, children's clothing, stoves/fuel and insulation in cold environments (NB: Contents of kits will be decided in collaboration with settlement and shelter teams):
- a. Communicate the needs of PLW and infants and young children to settlement and shelter teams according to the context using **coordination mechanisms for harmonisation** with all sectors;
 - b. **Consider time and workload issues** when targeting caregivers for NFI distributions; consider organizing distributions so caregivers have multiple opportunities to receive the items at varied times (potentially home based distribution if the context allows);
 - c. **If the initial kit does not reflect the specific needs of PLW and children 0-23 months**, IYCF teams can liaise with NFI teams to define a complementary kit, organizing a specific distribution after the first rounds.
- f) IYCF teams to **support end user monitoring** (post distribution monitoring) when doing home visits and communicate results with settlement and shelter teams.

5) Settlement

- a) Provide settlement and shelter staff with **numbers of PLW and infants and young children in camps and settlements**, including mother-child pairs in need of Baby Friendly Spaces (BFS);
- b) **Coordinate with Camp Management or local authorities, Settlement and Shelter and IYCF to determine placement and design for construction of IYCF structures**, including baby-friendly spaces, breastfeeding corners, IYCF/nutrition/health centres, etc. to ensure access and safety. Ensure that **women, including PLW, are consulted** when designing settlements that respond to their needs;
- c) Collaborate in planning discussions on **minimizing environmental and health risks in BFS** related to food storage facilities, food preparation (ventilation, water access etc.) and vector control;
- d) **Develop standard guidelines for the design and construction of BFS** similar to the design specifications for Education with mitigation strategies for external hazards (flooding, winds, aftershocks) and plans for ongoing maintenance; consider also child-friendly spaces that include baby-friendly areas);
- e) **Protect PLW, infants and young children during mass distributions.** Both Settlement and Shelter and IYCF teams should coordinate with camp management and the community to define ways to protect mothers and caregivers of young children during a general distribution: design rest areas, organise priority lines, reduce the number of people in each group etc.

Resources

1. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Available online: <http://www.sphereproject.org/> [7 May 2018]
2. UNHCR (2015). *Emergency Handbook*. Available online <https://emergency.unhcr.org> [5 May 2017]
3. UNHCR (2014). *Global strategy for settlements and shelter 2014 - 2018*. Available online: <http://www.unhcr.org/530f13aa9.pdf> [5 May 2017]



Water, Sanitation and Hygiene (WASH) and Infant and Young Child Feeding



The right to water and sanitation facilities is inextricably linked to the right to human survival in emergencies given the risk of increased morbidity and mortality in these contexts. As noted in the Sphere Handbook, this right “provides for sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses and accessible sanitation facilities.”⁹² The overarching goal of this sector is to reduce morbidity and mortality due to faeco-oral transmission and disease-bearing vectors by promoting good hygiene, providing sufficient drinking water, increasing availability of appropriate sanitation and decreasing the risks associated with poor environmental health.

92 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, pp. 83-91. Available online: <http://www.sphereproject.org/> [18 Dec 2014]

Core Strategies of the WASH Sector

Humanitarian Charter and Minimum Standards in Humanitarian Response. The Sphere Project

Water Supply: Water is essential for life, health and human dignity. In extreme situations, there may not be sufficient water available to meet basic needs and, in these cases, supplying a survival level of safe drinking water is of critical importance. (Sphere, pp. 97-103)

Sanitation: Programming seeks to reduce the risks of sanitation-related diseases and (as per Sphere) refers to excreta disposal, vector control, solid waste disposal and drainage. Excreta disposal standards seek to ensure people live in environments free from human faeces and that there are appropriate and adequate toilet facilities. Vector control programs include individual and family protection through knowledge and access to protective supplies as well as environmental protection against vectors. Solid waste management includes collection and disposal of solid waste, including domestic and medical waste. Drainage is an area of sanitation concerned with ensuring people live in an environment in which they are not at increased health risk due to standing water or water erosion. (Sphere, pp. 105-117)

Hygiene Promotion: This is a planned, systematic approach to enable people to take action to prevent and/or mitigate water, sanitation and hygiene related diseases. It involves ensuring that people make the best use of the water, sanitation and hygiene-enabling facilities and services provided and includes the effective operation and maintenance of the facilities. (Sphere, pp. 91-96)

In UNHCR WASH is part of the Public Health Section and is seen as an integral part of protection and promotion of health and well-being. WASH interventions target the community, households and institutions to ensure a healthy and hygienic environment and access to safe and sufficient quantities of water. Key elements of WASH are to ensure that refugees have **access to safe and enough water, improved sanitation facilities** and **hygiene promotion**.

Common Strategic Objectives:

- Reduce the risk of contamination and stop the vicious circle of waterborne diseases, diarrhoea and morbidity in infants and young children through:
 - Improved access to safe water and food of sufficient quality and quantity
 - Improved access to quality sanitation and management of faeces
 - Improved food and environmental hygiene practices
- Improve WASH in hospitals, health and nutrition centres, schools and other institutions

WASH plays a major role in reaching the goals of reducing morbidity and malnutrition as identified in the UNICEF conceptual Framework (see annex 3 for more information about the Conceptual Framework for Child Malnutrition). Poor WASH practices increase a child's risk of illness and malnutrition and put infants and young children at a high risk of death, particularly in situations where exclusive breastfeeding is not widely practiced. PLW, infants and young children are especially vulnerable to poor WASH conditions. PLW may have increased hygiene needs after delivery and pregnant women are especially vulnerable to food and water borne diseases as these may harm her unborn baby. Infants and young children have specific hygiene needs related to handling of their faeces as well as access to safe water for complementary food and feeding and sufficient water for hygiene (body, clothes, living environment). Importantly, infants and young children are at increased risks from contaminated water, food and other items in their environment as their immune system and resistance to disease is lower than in older children and adults. It is essential for IYCF actors to find ways to work with WASH actors to increase access to services for PLW and children 0-23 months. Many activities have several possible linkages and can achieve common outcomes.

Key Integrated Activities

- a) IYCF staff to participate in WASH working groups to **raise awareness of IYCF** and ensure the needs of PLW, infants and young children are considered;
- b) Consider **standardizing relevant IYCF and WASH messages** for PLW and caregivers of children 0-23 months particularly as they relate to care practices of children 0-23 months and availability of and access to relevant services. Messages should be integrated across nutrition, health and WASH. Jointly plan dissemination opportunities in one another's programmes;
- c) Consider ways of incorporating IYCF indicators in already established monitoring systems and checklists, such as the **WASH monthly report card** and the **WASH knowledge, attitudes and practice (KAP) surveys** to collect, analyse and utilize information related to IYCF. The primary objective would be to increase attention on IYCF activities at the field level and secondly to monitor and report on their implementation;
- d) Organise **orientation sessions** on IYCF for WASH staff or integrate IYCF into existing WASH training curricula, and provide a list of key IYCF information (see annex 6);
- e) **Develop clear procedures for identification, referral and follow-up** between WASH and IYCF programmes when needs/risks are identified by either team or the community. Ensure all staff are aware of available IYCF programmes, WASH standards and key criteria for referral;
- f) Collaborate to **ensure clean water and WASH facilities such as latrines and hand washing stations are available at breastfeeding corners** and all IYCF facilities (even when IYCF structure is mobile e.g. mobile IYCF caravan).

Overarching Opportunities for Collaboration

1) Coordination and Advocacy

- a) Consider identifying a trained **IYCF champion** from the WASH team to maintain knowledge and follow up specific activities e.g. referrals (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- b) Consider identifying a **hygiene focal point** in each IYCF team to maintain adequate WASH standards in IYCF facilities;
- c) Enhance coordination through **information sharing and discussion relevant to the well-being of PLW and infants and young children 0-23 months old** between the two sectors. Identify pre-existing mechanisms to coordinate integrated WASH and IYCF programming and ensure time is taken to discuss the implications of this information for WASH programmes;
- d) Utilize IYCF and WASH data to **advocate** for the needs of children 0-23 months of age and their caregivers with relevant authorities - conduct **joint advocacy** for greater impact;
- e) Specifically consider **the identified needs and vulnerabilities of PLW and children 0-23 months** before designing WASH interventions⁹³.

2) Information Gathering and Sharing

- a) Organise **joint needs assessments** at household level and in other relevant places such as Baby Friendly Spaces (BFS), health and nutrition centres etc. and **disaggregate assessment and monitoring data** for pregnant women, lactating women, 0-5 months, 6-11 months, 12-23 months;
- b) Incorporate **questions about WASH and IYCF into discussions with PLW, caregivers** and community members, and invite both WASH and IYCF workers to attend these discussions;
- c) Collect **success stories**, including PLW and caregivers' accounts, to demonstrate the positive effects of coordinated quality WASH programmes on infant and young children's health and well-being;
- d) Formalize **information sharing and discussion relevant to the well-being of children 0-23 months** between the two sectors. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on IYCF and WASH, and ensure time is taken to discuss the implications of this information for both.

3) Capacity Building

- a) **Cross train** WASH and IYCF staff on key public health concerns with a focus on the needs and concerns of PLW and children 0-23 months. Joint and cross-sectoral trainings of staff and community volunteers promote integration and buy-in from teams. Topics to discuss can include:
 - a. Jointly defined common objectives, strategies and activities for training;

93 Specific needs and vulnerabilities could include: increased hygiene needs after delivery or to ensure safe breastfeeding, increased risk of food and water borne diseases during pregnancy potentially causing harm to unborn babies as well as PLW, increased risk of disease due to an infant's immune system and lower resistance to disease, need for handling of infant faeces, need for access to safe water for complementary food and feeding.

- b. Relevant topics for joint trainings include:
- i. Aims, activities and ways of working in WASH and IYCF programmes;
 - ii. Key aspects of IYCF and care, including exclusive and continued breastfeeding, safe complementary feeding practices, and hygienic caring for infants and young children;
 - iii. Contextualizing WASH and IYCF messages;
 - iv. Role of WASH in supporting a mother's ability to feed her children 0-23 months as well as WASH's role in preventing malnutrition.

b) **Invite IYCF workers to WASH trainings, retreats or workshops** where you think their perspective and information may enhance the outcome, and vice versa.

4) Water Supply

- a) **Include PLW and caregivers of children 0-23 months in community consultations relevant to water supply:** including access to clean water (i.e. timing of water distribution if rationed), quality of water (i.e. palatability, chemicals) and household level storage;
- b) **Prioritize caregivers of children 0-23 months and PLW in the provision of potable water** (including water purification tablets, water trucking distribution points, water trucking vouchers) **and water related NFIs** (including supplies for safe household water collection and storage). The kits should be distributed at the admission to relevant services not at discharge;
- c) **Design joint WASH and nutrition messaging around water supply and IYCF** – including access, use, quality and safety of water supply along with key, related IYCF-E messages targeted at this age group and their caregivers (i.e. ensure caregivers know that breastmilk contains 'safe' water and protects against infections including cholera);
- d) **Ensure caregivers of artificially fed infants have access to a safe water supply** to safely prepare breast-milk substitutes (BMS); work with IYCF team to ensure identified caregivers obtain targeted support (as detailed in the IFE Operational Guidance⁹⁴) including a "kit" including fuel, water purification tablets, and information on how to prepare BMS as safely as possible (Note: Care must be taken not to undermine breastfeeding, therefore breastfeeding mothers should also receive goods of the same or greater value);
- e) **Organise home visits** to support mothers and caregivers of children 0-23 months to maintain safe water at household level including water testing, checking appropriate use of items distributed, providing advice and explanations.

94 IFE Core Group (2017) *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers*, Available online: <http://www.enonline.net/operationalguidance-v3-2017> [04 Oct 2017]

5) Sanitation (excreta disposal, vector control, solid waste management and drainage)

- a) **Consider the specific sanitation needs of PLW and children 0-23 months** (e.g. infant faeces management) as well as the enhanced risks of this target group to sanitation-related disease. **Disaggregate population data** per age group from early stage of assessment (0-5 months; 6-11 months; 12-23 months);
- b) Through community consultation with caregivers of children 0-23 months, conduct a **more detailed and systematic assessment** of how mothers manage the excreta of babies and young children and how they can be supported in this;
- c) **Design programming that includes excreta disposal methods relevant to infants and young children:**
 - a. **Engage with PLW and caregivers of children 0-23 months in discussions around siting, design and appropriateness of sanitation facilities;** ensure needs of PLW and children 0-23 months have been considered in their construction (menstrual hygiene management (MHM), excreta management, hand washing);
 - b. If latrines are not safe or are not used by this age group, **design a response that helps caregivers safely dispose of children's faeces and has hand washing facilities** (at home and in breastfeeding corners);
 - c. Where appropriate, consider the **distribution of potties or diapers**.
- d) Ensure **messages around the disposal of children's faeces, waste water disposal** and hand washing are provided to caregivers of children 0-23 months through WASH and IYCF-E teams;
- e) **Prioritize this age group when designing vector prevention and control plans** given their increased susceptibility to disease:
 - a. Design a **referral mechanism by which IYCF programme participants can receive necessary personal protection equipment** such as insecticide treated nets;
 - b. **Provide information to households with children 0-23 months prior to community-level spraying** about the safety of insecticides and/or ways to limit discomfort/harm from the sprays.
- f) **Consider special solid waste management needs of PLW and children 0-23 months** (i.e. disposal of diapers, provision of refuse containers, MHM) in design phase and consider the increased volume of solid waste for this group.

6) Hygiene Promotion

- a) Through the IYCF-E programme, **engage mothers in community consultations to identify priority hygiene items** required for this target group;
- b) **Coordinate targeted hygiene promotion and IYCF activities for children 0-23 months:**
 - a. **Provide hygiene promotion and related NFIs at IYCF sites** to allow complementary nutrition education, particularly around IYCF and care practices;

- b. **Include hygiene promotion as part of IYCF teaching** (i.e. safe preparation of complementary foods);
- c. **Coordinate behaviour change communication (BCC)/information, education and communication (IEC) materials** that support integrated health, HIV, hygiene and nutrition promotion activities.
- c) **Prioritize PLW and children 0-23 months for the distribution of hygiene kits** (for household water treatment: appropriate dosage and/or specific dedicated storage, soap and menstrual hygiene products):
 - a. Identify **referral networks for new parents** to receive a standard WASH kit;
 - b. Where appropriate, **consider unique washing needs for infants** (i.e. washing after defecation, increased frequency of washing of clothes/household items, establishing infant washing stations, providing infant tubs). This may not be possible at the early stage of an emergency but as soon as the context allows, ensure this need is taken into consideration.
- d) **Provide caregivers of artificially fed infants with targeted hygiene support** (as detailed in the IFE Operational Guidance) including hygiene messaging and soap.

Resources

1. The Sphere Project (2018). *Humanitarian Charter and Minimum Standards in Humanitarian Response*, Available online: <http://www.sphereproject.org/> [7 May 2018]
2. UNHCR (2014). *UNHCR Global Strategy for Public Health 2014-2018*. Available online: <http://www.unhcr.org/530f12d26.html> [5 May 2017]
3. Save the Children (2013). *WASH for Children in Emergencies: Final Draft Discussion Document*. Available online: <http://www.elrha.org/wp-content/uploads/2015/02/2014-10-11-Emergency-WASH-for-Children-Final.pdf> [5 May 2017]
4. Group Régional WASH, Afrique de l'Ouest et Centrale (2015). *Stratégie WASH in Nut*. Available online: http://www.susana.org/_resources/documents/default/3-2297-7-1438183632.pdf [1 May 2018]

Annexes / Supporting Documents

Annex 1: Definition of IYCF according to the Sphere Handbook

Suboptimal infant and young child feeding practices increase vulnerability to undernutrition, disease and death. The risks are heightened in disasters and the youngest are most vulnerable. Optimal feeding practices that maximise survival and reduce morbidity in children less than 24 months are early initiation of exclusive breastfeeding, exclusive breastfeeding for 6 months, continued breastfeeding to 24 months or beyond, and introduction of adequate, appropriate and safe complementary foods at 6 months.

IYCF (infant and young child feeding) is concerned with interventions to protect and support the nutritional needs of both breastfed and non-breastfed infants and young children. Priority interventions include breastfeeding protection and support, minimising the risks of artificial feeding and enabling appropriate and safe complementary feeding. Infants and young children in exceptionally difficult circumstances, such as HIV-prevalent populations, orphans, low birth weight (LBW) infants and those severely malnourished, warrant particular attention. Protection and support of the nutritional, physical and mental health of both pregnant and breastfeeding women are central to the well-being of the mother and child. The particular needs of caregivers who are grandparents, single fathers or siblings must be considered. Cross-sector engagement is essential to protect and meet adequately and in time the broader nutritional needs of infants and young children and their mothers.

Annex 2: Infant and Young Child Feeding in Emergencies Toolkit (IYCF-E Toolkit)

Save the Children has developed the Infant and Young Child Feeding in Emergencies Toolkit (IYCF-E Toolkit). The IYCF-E Toolkit has been designed as a collection of tools needed to begin implementation of IYCF-E programmes, as a new emergency nutrition activity. The Toolkit was envisioned not as a re-creation of existing tools and resources that are currently available, but as an easy-to-use compilation of these tools and resources that will allow Nutrition Advisors, Coordinators and Programme Managers to rapidly access needed inputs and begin implementation as soon as possible, without needing to spend a lot of time searching for certain tools. The key documents are also currently available in French and Arabic. All documents can be found on the IYCF-E Toolkit website, found at:

bit.ly/IYCFEtoolkit

The toolkit is not meant to be used as a replacement of national protocols. When starting up any emergency nutrition programme, the first resource for programme managers is the Ministry of Health. Where countries have national protocols in place for IYCF-E programming, these protocols must be utilized and any IYCF-E Toolkit tools should be adapted to the national protocols. Where a country has adopted standardized IYCF-E forms and reporting formats, these forms and formats should be used. Further, in countries where national protocols and tools have been developed for IYCF programming in non-emergency contexts, it may be more appropriate to use/adapt these for the emergency context.

Annex 3: Conceptual Frameworks

The Lancet Maternal and Child Nutrition Series executive summary includes a framework for actions to achieve optimum foetal and child nutrition and development. It is a conceptual framework outlining nutrition-specific and nutrition-sensitive interventions, programmes and approaches. It can be located here:

<http://www.thelancet.com/series/maternal-and-child-nutrition>

UNICEF also developed a conceptual framework in 1990 which describes the basic, underlying and immediate causes of maternal and child undernutrition. It can be located here:

<https://www.unicef.org/nutrition/training/2.5/4.html>



Annex 4: 1,000 Days Approach

The 1,000 Days approach targets the 1,000 days between the start of a woman's pregnancy and her child's 2nd birthday. Poor nutrition during this timeframe can result in serious consequences for a child's ability to grow and develop. Babies who do not receive proper nutrition in the womb face a higher risk of dying in infancy and are more likely to experience chronic health problems, physical deficits, and cognitive impairment. For children under 2, undernutrition can weaken the immune system and leave them more susceptible to dying from common illnesses like pneumonia, diarrhoea and malaria.

Proper nutrition during the first 1,000 days can help ensure that children have the best possible start in life. Evidence has shown that providing mothers, infants and young children with the proper nutrition during pregnancy and the first two years of life can save more than one million lives yearly and reduce the burden of tuberculosis, malaria and HIV AIDS. Further, adequate nutrition at a young age can improve an individual's educational achievement and earning potential. The 1,000 Days organization advocates for investment in nutritional programmes and partnerships to promote affordable and cost-effective interventions in infant and young child feeding, such as promoting breastfeeding and treating malnourished children with therapeutic foods. To find out more about the 1,000 Days approach and the 1,000 Days organization please visit:

<http://www.thousanddays.org/>.

Annex 5: Terms of Reference for IYCF Champion

Who should be a champion?

- Someone willing to advocate for the needs of PLW, infants and young children
- Staff from any sector, with or without IYCF experience
- Staff from any level of the organization (i.e. a manager, a member of field staff etc.)
- Someone with good interpersonal skills; role models and respected by the beneficiaries
- As many as possible; one nutrition or IYCF staff can identify and orientate several champions according to the context and buy-in from actors

What should a champion do?

- Take a lead in the IYCF response through existing mechanisms
- Actively participate in different strategic coordination mechanisms (multi-sectoral and sector specific if relevant) to ensure IYCF is considered in decision making processes
- Advocate for IYCF wherever possible
- Be actively involved in fundraising for IYCF when multi-sectoral strategies and proposals are being developed
- Participate in context analysis at the onset of an emergency, providing information where relevant
- Consider IYCF in their daily activities
- Identify risks and needs for PLW and children 0-23 months in their line of work
- Meet bilaterally with other sector colleagues where possible
- Inform and be informed about priorities of relevant sectors
- Identify opportunities for integration and brainstorm activities to put in place with other sectors
- Participate in monitoring of the IYCF Framework where requested

What should a champion know?

- Why PLW and children 0-23 months are vulnerable and should be prioritised
- What the needs are of PLW and children 0-23 months
- What IYCF is in relation to feeding and care practices
- What risks are identified for PLW and children 0-23 months in an emergency (consequences of the situation)
- What the priorities are of other sectors

When and how to identify a champion?

- In a new emergency: during context analysis
- In an existing emergency: when the IYCF Framework is rolled out
- Be sure to: do a stakeholder analysis, map the services available, identify the lead agencies per sector, determine who is in charge of coordination, and determine who will champion IYCF

How to support a champion?

- Ideally, at least one of the champions would have received a training on the fundamentals of IYCF
- Organise a one day orientation for the champions (length to be adapted to the availability of stakeholders in the context) of all related sectors to share minimum technical IYCF information

Annex 6: Example of 1 page reminder of the key IYCF points

INFANT AND YOUNG CHILD FEEDING

Key points for all sector staff

IYCF-E is not just a matter for nutritionists: all emergency actors and sectors need to consider how their actions affect the survival needs of infants and young children.



Breastfeeding

- Breastfeeding protects babies from disease, malnutrition and death. Breastfeeding also promotes good health in mothers and a good and safe relationship between mother and baby.
- All newborns should be breastfed immediately after birth. Exclusive breastfeeding is best for infants under 6 months of age. Other foods and drinks (including formula) may harm the baby.
- Breastfeeding to 2 years of age is recommended.
- Infant formula must only be used in controlled circumstances with health worker support. Incorrect usage of formula may lead to serious disease or malnutrition.
- Donations of breastmilk substitutes should not be distributed freely in the general population.
- Use of bottles and teats should be avoided as it is hard to keep them clean.
- Mothers who are having difficulties with breastfeeding or who are using formula, bottles and/or teats, should be referred to health workers for counselling and support.

Other considerations

- Specific spaces, such as baby-friendly spaces and mother-to-mother support groups, should be offered to all mothers with young babies to promote healthy infant feeding practices.
- Adequate water and sanitation services should be available for mothers and young babies.
- Pregnant mothers or those with small children should be prioritized when receiving services.

Complementary feeding

- After 6 months of age, infants should predominantly receive breastmilk with complementary foods slowly added.
- Complementary foods include any locally available food from all food groups (grain, roots and tubers, legumes and nuts, fruits and vegetables, and animal source foods) prepared in a suitable way for the infant.
- Mothers may need support to ensure the supply of complementary foods is adequate in quantity (sufficient amount), diversity (variety of options for balanced diets) and quality (foods are fresh and prepared appropriately to not lose nutrients).

Maternal Nutrition

- It is critical that mothers receive enough food during pregnancy and while breastfeeding.
- Mothers also need micronutrient supplements during pregnancy and after the birth of her child. Mothers should be referred to a health worker for antenatal and postnatal services to receive this and other support.

DANGER SIGNS TO LOOK FOR in PLW and 0-23 MONTH OLDS:

- ⇒ **Weak or visibly malnourished infant**
 - ⇒ **Absence of mother or caregiver**
 - ⇒ **Physically or mentally ill mother**
 - ⇒ **Malnourished mother**
 - ⇒ **First-time mother without support network**
 - ⇒ **Poor housing/WASH facilities**
 - ⇒ **Food scarcity in the family**
 - ⇒ **Use of bottles/teats and/or formula**
-

Annex 7: Proposed contents for the 3 days and refresher trainings for health and nutrition staff

Three-Day training:

Day One		
Time	Topic	Contents
08:30	Welcome	<ul style="list-style-type: none"> • Introductions, review of agenda and objectives
09:00	Pre-assessment	<ul style="list-style-type: none"> • Short test of existing knowledge
09:30	Recommended IYCF practices: Breastfeeding	<ul style="list-style-type: none"> • Benefits of breastfeeding • Technical information and common myths and misconceptions • Challenges of breastfeeding • Barriers to breastfeeding (individual and community)
10:30	Tea Break	
10:45	Recommended IYCF practices: Breastfeeding cont.	
11:30	Recommended IYCF practices: Complementary feeding and complementary foods	<ul style="list-style-type: none"> • Technical information: age, suitable foods, preparation, etc. • Discussion of common challenges for complementary feeding in emergencies
13:00	Lunch	
14:00	Individual and community risk assessments for artificial feeding	<ul style="list-style-type: none"> • Review of risks of artificial feeding • Discussion of conditions needed for safer artificial feeding • Technical information: assessing risks for individuals and community
14:45	Minimising the risk of artificial feeding	<ul style="list-style-type: none"> • Safer BMS preparation • Cup feeding
16:00	Tea Break	
16:15	Infant feeding in emergencies	<ul style="list-style-type: none"> • Guidance on managing donations of BMS • Case studies of IYCF-E
17:00	End of day one	

Day Two		
Time	Topic	Contents
08:30	How to counsel: IYCF 3-step counselling	<ul style="list-style-type: none"> Review of counselling services Discussion of 3-step counselling process: Assess, Analyse, Act
10:30	Tea Break	
10:45	IYCF and integration with other sectors	<ul style="list-style-type: none"> Discussion of IYCF activities targeting infants, children and PLW across sectors
13:00	Lunch	
14:00	IYCF integration cont.	
15:00	IYCF in CMAM	<ul style="list-style-type: none"> Integration of IYCF in CMAM Discussion of links between malnutrition and feeding/care for mothers and infants
16:00	Tea Break	
16:15	IYCF assessment and referral	<ul style="list-style-type: none"> IYCF rapid assessments Review of referral systems best practices
17:00	End of day two	

Day Three		
Time	Topic	Contents
08:30	Field practice: IYCF assessment and referral	<ul style="list-style-type: none"> Field work, visits to facilities providing IYCF services
12:00	Regroup + Feedback from field session	<ul style="list-style-type: none"> Group discussion of lessons learned from field practice
13:00	Lunch	
14:00	Organising IYCF integration in other sectors	<ul style="list-style-type: none"> Coordination of multi-sectoral IYCF activities Monitoring and reporting
15:30	Tea Break	
16:00	Post-assessment	<ul style="list-style-type: none"> Short test of knowledge gained
15:00	Evaluation	<ul style="list-style-type: none"> Feedback on training sessions from participants
17:00	Closing and departure	

One-Day Refresher:

Time	Topic	Contents
08:30	Welcome	<ul style="list-style-type: none"> • Introductions, review of agenda and objectives
09:00	Identifying risks for infants, young children and PLW in emergencies	<ul style="list-style-type: none"> • IYCF assessments • Community and individual assessments of conditions for use of BMS
10:30	Tea Break	
10:45	Minimising the risk: IYCF best practices – Breastfeeding and maternal nutrition	<ul style="list-style-type: none"> • Overview of breastfeeding: benefits, technical information, maternal nutrition and breastfeeding • Breastfeeding myths and misconceptions • Common individual and community barriers to breastfeeding • Risks of artificial feeding
13:00	Lunch	
14:00	Minimising the risk: IYCF best practices – Complementary feeding	<ul style="list-style-type: none"> • Overview of complementary feeding: age, suitable foods, preparation, etc. • Risks associated with complementary feeding • Challenges for complementary feeding in emergencies
15:00	IYCF and integration with other sectors	<ul style="list-style-type: none"> • Discussion of IYCF activities targeting infants, children and PLW across sectors
16:00	Tea Break	
16:15	Organising IYCF integration in other sectors	<ul style="list-style-type: none"> • Coordination of multi-sectoral IYCF activities • Monitoring and reporting
17:00	End of day	

Annex 8: Designing for Behaviour Change Framework and Barrier Analysis Survey

Designing for Behaviour Change (DBC) is a planning tool that engages the community through Barrier Analysis formative research to identify barriers and motivators to behaviour change. The Barrier Analysis research technique involves purposive selection and structured interviewing of 90 members of the target group, 45 who are currently engaging in the desired behaviour, and 45 who are not. The results of these interviews are then qualitatively and quantitatively analysed to identify the barriers and motivators to behaviour change. Following identification, the project team, partners and the community work together to develop sustainable, locally relevant and participatory activities to minimize the barriers and maximize the motivators. These feed into more effective behaviour change strategies in any sector and can also be used to promote change in service providers.

Examples of Designing for Behaviour Change Frameworks, including an IYCF example, can be found in the Designing for Behaviour Change Curriculum available through the Nutrition Core Group:

<http://coregroup.secure.nonprofitsoapbox.com/resources/386-designing-for-behavior-change-curriculum> [1 May 2018]

Annex 9: Requisite qualifications for technical staff in IYCF

Roles	Essential Qualifications and Skills
IYCF Community Mobiliser/ Educator	<ul style="list-style-type: none"> • Completed secondary education • Experience with communication in health and nutrition • Knowledge of optimal IYCF practices or willingness to learn • Excellent communication and facilitation skills, including working with small groups • Capacity to keep accurate records of activities and report in a timely manner • Fluency in the local language of the beneficiaries
Breastfeeding Counsellor	<ul style="list-style-type: none"> • Nurse, midwife, auxiliary midwife or nutritionist • Experience with IYCF support, and especially breastfeeding support • Knowledge of optimal IYCF practices, and adherence to WHO breastfeeding recommendations through their work and attitudes • Supportive and encouraging attitude toward breastfeeding mothers • Willingness to learn/be trained in proper breastfeeding techniques, conditions for referral and to correct breastfeeding misconceptions • Excellent communication skills and a willingness to be respectful, kind, sensitive and empathise with all beneficiaries • Capacity to keep accurate records of activities and report in a timely manner • Fluency in the local language of the beneficiaries
IYCF Counsellor	<ul style="list-style-type: none"> • Nurse, midwife, auxiliary midwife or nutritionist • Experience with IYCF support • Knowledge of optimal IYCF practices, and adherence to WHO breastfeeding recommendations through their work and attitudes • Supportive and encouraging attitude toward breastfeeding mothers • Able to support infants and caregivers using BMS (if BMS is a part of the programme) • Excellent communication skills and a willingness to be respectful, kind, sensitive and empathise with all beneficiaries • Capacity to keep accurate records of activities and report in a timely manner • Fluency in the local language of the beneficiaries
IYCF-E Consultant	<ul style="list-style-type: none"> • Advanced university degree in nutrition, public health or similar field • Minimum 5-7 years' experience from nutrition programming in humanitarian or emergency settings • Experience from IYCF programme design, implementation, monitoring and evaluation • Experience with assessing IYCF practices • Experience with conducting IYCF and nutrition assessments, and an understanding of nutritional data • Demonstrable commitment to promoting and supporting optimal breastfeeding and complementary feeding • Demonstrable management experience, including capacity to supervise, train and coach staff • Ability to design and implement capacity building plans and initiatives for staff and partners • Experience with defining and delivering training programmes • Excellent interpersonal communication skills and ability to facilitate liaison between different sectors • Strong written communication skills, including preparation of documents • High level of computer literacy • Fluency in written and spoken English • Ability to communicate effectively in the official working language

<p>IYCF Programme Officer</p>	<ul style="list-style-type: none"> • University degree in nutrition, public health or similar field • Minimum 5 years’ experience from nutrition • Experience from nutrition programme design, implementation, monitoring and evaluation – ideally in IYCF-related programmes • Experience with assessing IYCF practices • Experience with conducting IYCF and nutrition assessments, and an understanding of nutritional data • Demonstrable commitment to promoting and supporting optimal breastfeeding and complementary feeding • Demonstrable management experience, including capacity to supervise, train and coach staff • Excellent interpersonal communication skills • Strong written communication skills, including preparation of documents • High level of computer literacy • Fluency in written and spoken English • Ability to communicate effectively in the official working language
<p>IYCF Programme Manager</p>	<ul style="list-style-type: none"> • Advanced university degree in medicine, nutrition, public health or similar field • Minimum 3 years’ experience from nutrition or health programming in humanitarian or emergency settings • Experience from nutrition programme design, implementation, monitoring and evaluation – ideally in IYCF-related programmes • Experience in conducting IYCF and nutrition assessments and a good understanding of nutritional surveillance information systems • Demonstrable commitment to promoting and supporting optimal breastfeeding and complementary feeding • Demonstrable management experience, including budget holding responsibility • Proven capacity to supervise, train and coach staff • Ability to design and implement capacity building plans and initiatives for staff and partners • Experience in defining and delivering training programmes • Excellent interpersonal communication skills and the ability to facilitate liaison between different sectors • Strong written communication skills, including preparation of documents • High level of computer literacy • Fluency in written and spoken English • Ability to communicate effectively in the official working language
<p>IYCF Psychosocial Worker</p>	<ul style="list-style-type: none"> • University degree in psychology, social science, medicine, public health or other relevant field • Minimum 3 years’ experience from psychosocial programmes / child protection programmes in a humanitarian or emergency setting • Experience in designing, implementing, monitoring and evaluation of psychosocial support or child protection programmes – ideally nutrition-related programmes • Strong communication skills being able to communicate and maintain appropriate and productive relations with a range of actors, including children, parents, local and national authorities • Good knowledge of and experience in using established inter-agency standards and guidelines on psychosocial support and child protection • Fluency in written and spoken English • Ability to communicate effectively in the official working language

IYCF Monitoring/ MEAL Officer	<ul style="list-style-type: none"> • University degree in social science or development field • Minimum 3 years´ experience in monitoring and evaluation of programmes • Experience with overall programme management • Understanding and experience in quantitative and qualitative data collection and analysis, and the application of these methods to project design, monitoring, evaluation and capacity building • Ability to work and communicate with communities using participatory monitoring approaches • Willingness to be respectful, kind, sensitive and empathise with all beneficiaries • Ability to transfer knowledge to diverse audiences through training, mentoring, and other formal and non-formal methods Proven data analysis and report writing skills • High level of computer literacy (MS Word, Excel, Access and PowerPoint) and data management • Fluency in written and spoken English • Ability to communicate effectively in the official working language
IYCF M&E/MEAL Supervisor	<ul style="list-style-type: none"> • Advanced university degree in nutrition, public health, epidemiology, social science, development studies or similar field • Minimum 3 years´ experience from M&E work in a humanitarian or emergency setting • Significant experience in implementing lead M&E roles • Understanding and experience in quantitative and qualitative data collection and analysis, and the application of these methods to project design, monitoring, evaluation and capacity building • Experience with or knowledge of IYCF monitoring • Ability to ensure appropriate level of M&E is considered in highly operational structures, that M&E functions are well positioned and effectively applied • Demonstrable management experience, including budget holding responsibility • Ability to design and implement capacity building plans and initiatives for staff and partners • Experience in defining and delivering training programmes and presentations on systems, tools and best practice to varied audience • Excellent verbal and written communication and relationship building skills in order to deal tactfully and sensitively with a wide range of people in a large organization and at a distance • Proven analytical and problem solving skills in order to understand the range and content of the programme’s work and provide practical solutions to operational challenges • Proven data analysis and report writing skills • High level of computer literacy (MS Word, Excel, Access and PowerPoint) and data management • Fluency in written and spoken English • Ability to communicate effectively in the official working language

Annex 10: Core indicators

A list of Core Indicators endorsed by the IFE Core Group and the Global Nutrition Cluster can be found in the IYCF-E Toolkit (bit.ly/IYCFEtoolkit). The document is called *The Global Nutrition Cluster Indicators 2015*.

The Global Nutrition Cluster Indicators 2015 include 13 IYCF assessment indicators and 35 IYCF performance monitoring indicators (GNC website: <http://nutritioncluster.net/resources/indicators-registry/>). The assessment indicators target breastfeeding (initiation, duration, or lack of breastfeeding), bottle-feeding, dietary diversity and sufficiency for complementary fed infants, and the distribution of breast-milk substitutes within the affected population. Performance monitoring indicators focus on the following areas:

- Services to mothers, including breastfeeding corners and support inclusion
- Relactation
- Diet fortification for mothers and infants
- Breast-milk substitutes and bottle feeding
- Code violations reporting
- IYCF in HIV context
- Services to orphans and unaccompanied children
- Vouchers and cash programmes for IYCF
- Focus groups, consultations with partners and communication with affected populations
- IYCF policy, coordination and capacity

Annex 11: Accountability

Source: *The 2010 HAP Standard in Accountability and Quality Management*

The Humanitarian Accountability Partnership (HAP) is a partnership of humanitarian and development organisations dedicated to ensuring greater accountability to people affected by crises through the promotion of a Standard on Quality and Accountability. It also certifies organisations against the Standard. HAP believes that accountable organisations better meet people's needs and reduce the possibility of mistakes, abuse and corruption.

Accountability has many meanings. Traditionally, it was understood as the way in which those who authorised others to act on their behalf made sure that authority was being used as agreed. Accountability is now more often understood to also be a right of anyone affected by the use of authority. This recent meaning of accountability is the foundation for the HAP Standard. For the purpose of the HAP Standard, accountability is the means through which power is used responsibly. It is a process of taking into account the views of, and being held accountable by, different stakeholders, and primarily the people affected by authority or power.

Accountability is particularly necessary for organisations that assist or act on behalf of people affected by or prone to disasters, conflict, poverty or other crises. Such organisations exercise significant power in their work to save lives and reduce suffering. In contrast, crisis-affected people have no formal control, and often little influence, over these organisations. As a result, it is difficult for those people to hold organisations to account for actions taken on their behalf.

Being accountable to crisis-affected people helps organisations to develop quality programmes that meet those people's needs, and reduces the possibility of mistakes, abuse and corruption. Accountability processes that are managed effectively make the organisations perform better. In this context, the HAP standard helps organisations to assess, improve and recognise the quality and accountability of their work, and benefits both the organisations and the people affected by crises.

Definitions according to HAP:

Accountability: the means through which power is used responsibly. It is a process of taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of power.

Accountability Framework: a document that specifies what stakeholders can hold an organisation accountable for. Details of what is required in an accountability Framework are given in requirement 1.1. The accountability Framework enables organisations to communicate, implement, monitor and improve on commitments that they make. To this end, an overarching accountability Framework is adapted to specific contexts. An accountability framework may include or refer to a baseline analysis of compliance with commitments made, a detailed plan for putting the commitments into practice, and staff guidelines.

The HAP Principles of Accountability

1. Commitment to humanitarian standards and rights

- Members state their commitment to respect and foster humanitarian standards and the rights of beneficiaries

2. Setting standards and building capacity

- Members set a Framework of accountability to their stakeholders*
- Members set and periodically review their standards and performance indicators, and revise them if necessary
- Members provide appropriate training in the use and implementation of standards

3. Communication

- Members inform, and consult with, stakeholders, particularly beneficiaries and staff, about the standards adopted, programmes to be undertaken and mechanisms available for addressing concerns

4. Participation in programmes

- Members involve beneficiaries in the planning, implementation, monitoring and evaluation of programmes and report to them on progress, subject only to serious operational constraints

5. Monitoring and reporting on compliance

- Members involve beneficiaries and staff when they monitor and revise standards
- Members regularly monitor and evaluate compliance with standards, using robust processes
- Members report at least annually to stakeholders, including beneficiaries, on compliance with standards. Reporting may take a variety of forms

6. Addressing complaints

- Members enable beneficiaries and staff to report complaints and seek redress safely

7. Partners

- Members are committed to the implementation of these principles if and when working through implementation partners

Annex 12: Guidance on Monitoring of the Framework implementation

A Framework Reporting Database has been developed to assist when monitoring implementation of the Framework. The reporting database is a way for IYCF actors to record progress on meeting objectives and completing the selected activities outlined in the Framework. The tool lists all objectives and key activities and allows for users to record their progress and include comments, to help them see to what extent the Framework has been implemented as well as what objectives and activities have not been addressed. The Framework Reporting Database is in excel format, and can be accessed as a separate document to support this Framework online.

The Framework Reporting Database should always be utilised when implementing the IYCF Framework in each context.







Infant and Young Child Feeding
in Refugee Situations:

A Multi-Sectoral Framework for Action