

Infant and Young Child Feeding (IYCF) in Refugee Situations: Priorities for Public Health

A UNHCR - Save the Children Initiative

Rationale for IYCF and Public Health Integration

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, inferior shelter and poor sanitation and hygiene.

To ensure that most children are protected and provided with vital services, optimal IYCF practices must be in place through comprehensive and appropriate integration of IYCF with the Public Health Sector. Protecting, promoting and supporting optimal IYCF practices not only **saves lives**, but also ensures that the living standards of refugees are upheld and that their human rights are protected. Good coordination of services, identification of needs and gaps in assistance, avoidance in duplication, enhancement of women's participation, and ensuring that humanitarian standards are applied and human rights are protected helps meet many of the same goals that are integral to IYCF.

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. Encouraging appropriate IYCF practices is a big step towards meeting these goals. The Health and IYCF sectors can join efforts to provide **holistic, quality services** to promote the survival and wellbeing of children 0-23 months.



The mother and baby in the Framework infographic (above) are the principle focus. They are supported by the community they live in, which closely affects IYCF practices. The circle around them represents high level actions to consider such as advocacy, resource mobilization, and adherence to policies and guidelines. A coordinated effort between **all sectors** and IYCF ensures protection of rights of children up to 2 years and pregnant and lactating women (PLW). Monitoring, evaluation, accountability and learning (MEAL) ensure quality.

Who should use it?

- UNHCR and Partners (including other UN Agencies)
- National and International Staff
- Senior Management
- Program Managers
- Technical Advisors
- Field Staff
- IYCF Specialists & Non Specialists
- Local and National authorities

Where should it be used?

The Framework applies to **all refugee operations** including the initial phase of an emergency as well as protracted/chronic crises. With minimal adaptation, it would 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.

Common Strategic Objectives

- Improve childhood survival;
 - Improve access to quality primary health care interventions, 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.
- Develop clear procedures for identification and referral between health (including reproductive health and mental health) and IYCF programmes that are safe and confidential;
 - Delivery services and maternity wards should protect, promote and support IYCF in line with the Baby Friendly Hospital Initiative;
 - Where relevant co-locate health and nutrition services to provide comprehensive services;
 - Train IYCF staff on psychological first aid;
 - Ensure national protocols and guidance related to HIV and IYCF are available and agreed with local authorities and disseminated.

Key Integrated Activities

- **Ensure IYCF is included** in relevant public health strategies, guidelines and sub-agreements, and that key policies are endorsed by health providers;
- 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;
- **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;
- Identify at least **one trained IYCF champion** from the health team;
- **Standardize and jointly disseminate 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;
- **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;
- **Cross train health and IYCF staff** who engage most with PLW and children 0-23 months;
- **Organise orientation sessions** on IYCF for all other health staff, or integrate IYCF into existing health training curricula;
- **Standardise the inclusion of IYCF counselling** as part of ANC and PNC services in facilities and the community;



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Overarching Opportunities for Collaboration

- Foster the establishment of **mother-to-mother support groups through delivery/PNC services**;
- 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;
- Collaborate on the **targeted provision of safe replacement feeding** for HIV positive mothers in contexts that meet requirements.

For more information on the Framework, please go to: www.unhcr.org/uk/nutrition-and-food-security.html