UGANDA: IYCF ASSESSMENT REPORT

Kyaka and Kyangwali Settlements May 2018

An assessment of the response capacity at entry points, reception centers and settlements from an IYCF-E perspective.

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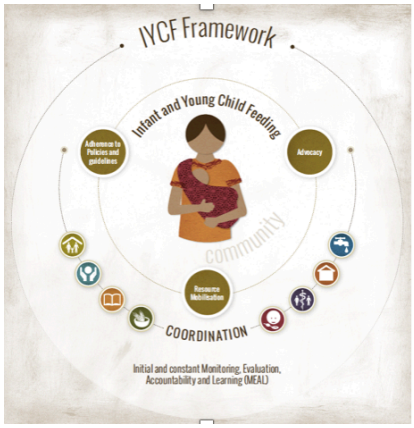
Acknowledgements

World Food Program (WFP) and The Technical Rapid Response team (Tech RRT) would like to extend thanks to all the people who helped realize this assessment in Kyangwali and Kyaka. Particularly:

- NGO partners who helped with the assessment: ACF, AAH, AHA, MTI
- Nutrition coordination platforms for their information and participation in meetings
- The Office of the Prime Minister (OPM) in both Kyangwali and Kyaka
- Health Center/Post reception and other sector staff and community members for participating in the assessment

Introduction

Uganda is host to the fastest growing refugee crisis in the world. From January to March 2018, over 60,000 refugees have arrived from DRC, a majority of which are woman and children[1]. Several of the new arrivals have been victims of violence, trauma or sexual abuse. Many are exhausted, hungry, sick, and arrive with few or no belongings[2]. In many cases, these events have led to disrupted breastfeeding as well as inadequate infant and young child feeding (IYCF) practices. Upon arrival in Uganda, refugees stay at reception centers from 1-5+ days before being assigned a plot where they are expected to build shelter and take care of basic needs- including cooking, finding fuel and collecting water. Often infant and young child feeding practices further deteriorate at this time due to family stress and competing priorities.



Last year, UNHCR and Save the Children released the *Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action* designed to provide guidance to managers and technical staff across all sectors on how to create an 'infant and young child friendly' environment and facilitate optimal IYCF practices[3].

This framework builds upon the fact that ensuring adequate IYCF practices in emergencies saves lives. Providing an IYCF friendly environment in refugee situations is key to preventing malnutrition, ensuring infant and young child health and reducing infant mortality. Other sectors can integrate IYCF into their activities by allowing prioritization of pregnant and lactating women (PLW) and infants 0-23 months in lines and for services, including IYCF indicators in assessments and supporting IYCF referral mechanisms. Strong and effective IYCF specific programs should be in place for this multi-sectoral framework to be successful.

World food program and the Technical Rapid Response Team, along with UNHCR, have noted a gap in IYCF services in the DRC settlements of Kyangwali and Kyaka. The Technical Rapid Response team was commissioned to examine current interventions in these settlements and to assess response capacity at entry points, reception centers and settlements from an IYCF-E perspective.

Assessment Objectives

The overall objective of the assessment was to review existing IYCF interventions and look at contact points for possible integration of IYCF into other sectors operating in these settlements. More specifically, the objectives included:

[1] http://www.unhcr.org/news/briefing/2018/3/5aab90ff4/congolese-flee-horrific-violence-uganda.html
[2] http://www.unhcr.org/news/briefing/2018/3/5aab90ff4/congolese-flee-horrific-violence-uganda.html
[3] http://www.unhcr.org/5acc812e7.pdf

- Assess current IYCF interventions and materials used in Kyaka and Kyangwali settlements
- Examine the settlement life cycle from entry to reception to settlement through an IYCF perspective

Approach

Multiple methods were used to review activities in the settlements from an IYCF perspective. Methods employed include:

- Meetings with Partners and OPM: In both settlements, meetings were held with the OPM and implementing partners to discuss the response in each settlement, IYCF focused activities and interventions in other sectors.
- Entry and Reception: Review the flow of arrivals, screening activities, registration and services including IMAM, medical services, hot meals, etc.
- Settlement level: Discussions with health workers/nurses at health centers, mobile clinics, food distribution sites, IMAM/MCHN sites and child friendly spaces
- Community level: Discussion groups with caregivers of children 0-23 months and leaders of mother to mother support groups

Sites Visited

Kyangwali

- Entry at Lake Albert
- Reception
- Kititi/Kyangwali Health Center III
- Visited Food Distribution Point (FDP) Maratatu
- Child Friendly Space Maratatu
- Mobile clinic Maratatu: MTI
- Discussions with mothers of infants 0-23 months
- Nutrition Coordination Meeting
- Met with OPM and partners

Kyaka

- Hambiniga Central Mobile post medical/OTC/SFP services
- Reception Sweswe
- Met with OPM and partners
- Discussion with mothers of infants 0-23 months
- Discussion with Lead Mothers running mother to mother support groups

The following IYCF specific activities were identified and observed in each settlement:

- Mother to mother support groups
- IYCF messaging by community outreach workers (VHT's)
- IYCF awareness, sensitizations and education: Use of counselling cards at entry, reception and in medical services such as IMAM and MCHN

- IYCF messages integrated into IMAM and MCHN activities
- IYCF corners: Recently started by ACF in Kyangwali though not fully functional at the time of visit
- Screenings for Malnutrition: included as all children 6-59 months are screened as well as pregnant and lactating women

Many other sectors are also operating in these settlements. Frequently, these sectors' beneficiaries include PLW and infants 0-23 months. These following lists multi sectoral activities in each sector to determine the best way to create an IYCF friendly environment across sectors.

Multi-Sectoral Interventions identified in Kyangwali and Kyaka

1. Child protection
2. Livelihoods and environment
3. Education Sector
4. NFI Distributions
5. General food distribution
6. WASH
7. HEALTH
8. VHT's/Outreach/screenings at community level
9. Mobile Clinics
10. MCHN
11. BSFP
12. EPI
13. IMAM
14. Settlement Life cycle (entry, reception, registration, screening, hot meals, etc.)

Timeline

Kyangwali settlement was visited 1-3 May and Kyaka 4-5 May 2018.

Limitations

The short time period for the assessment didn't allow for review of all activities or time to access the number of PLW's and infants 0-23 months from UNHCR registration data

Results

The assessment looked at both IYCF and non-IYCF interventions that include PLW and infants and young children 0-23 months as beneficiaries.

Four main partners implementing IYCF specific interventions and/or interventions with an IYCF component were identified between the two settlements. The chart below lists partners and details their interventions. Note: this is reported by partners at field level, not all of these programs were observed.

Organization	Activity	Location	Materials Used	Reporting structure
ACF	IYCF Corners	3 heath facilities in Maratatu and reception center in Kyangwali	Ugandan IYCF counselling cards	Combine monthly reports and send to partner/districts and gov't; Monitoring with partners and district
	Support to VHT's to conduct IYCF specific activities	Maratatu zone	IYCF corner construction and space	
	Home visits to follow-up on SAM, MAM (6-59 months and PLW's)		simple and full IYCF assessment	
	IYCF awareness Campaigns		IEC materials including food cards	
	Home visits to follow up on IYCF beneficiaries		IYCF registers	
	Monthly review meetings for IYCF activities (internal)		IYCF weekly reporting forms	
	Mass Screenings for PLW and 6-59 months		Anthropometric equipment	
	Non-food item distribution for IYCF and IMAM beneficiaries	Maratatu and Kauule	Digging kits (wheel barrow, digging materials) IMAM kits (soap, mosquito nets, water storage, tippy taps)	
MTI	IYCF Corners	Maratatu A and B and Mombasa	Ugandan IYCF counselling cards	No standardized reporting
	Anthropometric Assessment at OTC's of infants 6-59 months		Register, daily and weekly reports	
	Nutrition and health education to PLW		Anthropometric equipment	
	Follow ups by VHT's (IMAM)			
	Food Demonstrations			
AHA	Mother to mother support groups	Kyaka: all contact points at health facilities; Currently at health centers but considering going zonal	Ugandan IYCF counselling cards	Admittedly poor; reports have been weekly and monthly reports but no standardized reporting formats for these activities
	IYCF education sessions		Food items common in the settlements for food demonstrations	
	Demonstration gardens/food demonstrations			
	Maternal and child health programs			

	IYCF counselling (some alongside SFP)			
	Nutrition clinic with IYCF counselling for Maternity discharges			
	Referral from Antenatal Care to Nutrition Clinic for mothers with feeding difficulties			
AAH	Breastfeeding corner	All health centers offering these services in Kyangwali	Ugandan IYCF counselling cards	INR (integrated nutrition register) and other reporting tools done weekly and monthly
	Drama shows		IEC materials	
	Demonstration gardens		Land for demonstration gardens	
	Training of community structures (VHT's; Lead mothers)			
	IYCF counselling in antenatal care			
	Nutrition counselling to beneficiaries receiving BSFP and MCHN services			
	Mother to mother support groups			
	Radio spots and audio-visual shows			

Strengths

There were many strengths identified for both IYCF specific and non-IYCF interventions that include PLW and infants 0-23 months as beneficiaries. Overall, there is a solid base for IYCF specific interventions in both settlements. Partners were motivated and interested in improving and better coordinating these programs. The main strengths are listed below for IYCF specific activities.

IYCF Specific Activities

1. **IYCF Trainings**
    a. Those trained have a basic understanding of IYCF and key messages
2. **IYCF Materials**
    a. The Ugandan IYCF counselling cards are one of the only materials used for IYCF programs
    b. IYCF Counselling cards were seen at many contact points including entry/reception, IMAM and mobile clinics
3. **IYCF settlement level activities**

a. Mother to mother support group leaders have received some IYCF training and are conducting support groups
b. VHT's incorporate some basic IYCF messaging into outreach activities
c. IYCF Corners are being set up to offer individual IYCF counselling

There were also many strengths and opportunities for integration of IYCF activities noted when looking at other sectors and the settlement life cycle through an IYCF perspective:

1. **Screenings and referrals**
    a. a strong screening and referral system was observed for MCHN, IMAM and medical support at both entry and reception
2. **Registration**
    a. Most arrivals are registered and though this information was not accessed during this assessment, it's possible to desegregate this data to determine number of PLW and infants/children 0-23 months who have been registered.
    b. All pregnant women and caregivers with infants 6-59 months have a separate line for screenings upon arrival at reception centers
3. **Distributions of food and non-food items**
    a. Hot meals at reception, general food distribution and Blanket Supplementary Feeding Programs are running and functional
4. **Provision of clean drinking water**
    a. Available at entry, reception and at water points in the settlements
5. **Availability of/referral to medical programs**
    a. High participation in and strong referral mechanisms at entry and reception to general medical care, EPI programs MCHN, IMAM, protection
6. **MCHN services**
    a. High participation in these services which include some IYCF counselling in both antenatal and postnatal visits at 6 days, 6 weeks and 6 months
    b. Strong referral links to MCHN at Reception and Entry

Challenges

The challenges observed can be divided into two categories, multi-sectoral integration of IYCF and IYCF specific activities. First, the challenges surrounding creating an IYCF friendly environment in all spaces in the settlements. To do this, other sectors should be aware of the importance of viewing IYCF as life-saving and how they can create an IYCF friendly environment (see side box). Successful multi-sectoral integration of IYCF activities that include referral systems depend on strong IYCF specific programs in an emergency setting. For example, screening the mother baby pair at reception will only be effective if there is a referral system and a strong IYCF counselling program in place. Promoting use of an IYCF corner, breastfeeding space and mother to

Why create an IYCF friendly Environment?
Maternal stress, fatigue and illness can greatly affect infant and young child feeding, it's important to ensure PLW and caregivers of infants 0-23 months are getting their needs met as they participate in all programs. Breastfeeding is a lifeline in emergencies, especially when families are dependent on food rations. Breastmilk provides anywhere from 25%-100% of an infant or young child's nutrition needs until 23 months and beyond. Creating an IYCF friendly environment supports the health of the mother and ensures that necessary resources are available to reduce maternal stress, fatigue and illness.

mother support groups is only effective if those activities exist, are functional and provide quality support.

When reviewing all sector activities there were many opportunities observed to integrate IYCF friendly activities with other sectors.

Challenges and Observations linked with Multi-Sectoral IYCF Integration

- Lack of prioritization of caregivers with infants 0-23 months at general food distribution sites.
  - Currently only pregnant women are prioritized.
  - Workers at these sites noted that prioritizing caregivers with infants 0-23 months would encourage everyone to bring an infant that age. However, all participants in general food distributions are registered and have cards which clearly state the age of their children
- No resting/breastfeeding space, drinking water or nappy changing area for PLW and caregivers of infants 0-23 months at distribution sites
- No rapid assessment of the mother baby pair or referral to IYCF programs during screenings at entry and reception or in community outreach activities
- Neglect of infants 0-5 months:
  - All screenings at community level, Entry and Reception points focus on PLW and those who are 6-59 months of age
- Malnutrition, specifically IYCF, is not appreciated as a serious lifesaving intervention
- Limited inclusion of IYCF in assessments and other sector interventions leading to a lack of prioritization by partners/leaders
- Limited awareness raising/communication of existing IYCF programs (mother to mother support groups, IYCF corners) by IYCF partners and other sectors

Secondly, there were many challenges and observations in relation to IYCF specific activities.

Challenges and Observations in IYCF Specific activities

When looking at the challenges with IYCF specific activities, as stated above, referral systems from other sectors to IYCF activities will only be successful if IYCF activities are available and effective. In looking at the IYCF activities and talking to partners the below challenges were identified in IYCF specific activities in Kyaka and Kyangwali

- **Coordination**
  - Lack of coordination between partners. No mainstreaming key IYCF messages or referral systems
  - Territorial approach of partners implementing IYCF- no information or input sharing
  - Shortage of resources/funding of IYCF programs and earmarking of funding of some donors i.e. can't move resources from one line to another to respond to changing needs
  - IYCF not included in joint multi-functional team M&E visits
  - No continuous review of IYCF interventions to respond to changing gaps and challenges
- **Communication and awareness of IYCF programs**

- IYCF activities, such as mother to mother support groups, are not promoted at reception sites during settlement orientation
- Lack of awareness of IYCF activities in settlement and by settlement management
- Lack of visibility materials for IYCF programs

- **Detection and Referrals**
  - Difficulties with infant feeding are not detected. Nutrition screenings only detect SAM/MAM but not infant feeding issues
  - No referral System in place for IYCF activities
- **Reporting**
  - Reporting systems and tools are not streamlined and don't always feed into the district level/national reporting
  - IYCF indicators not included in UNHCR results framework
- **Community Engagement**
  - No Feedback mechanisms with IYCF: Poor community involvement in setting IYCF priorities. Language barrier in IYCF messaging
  - No streamlined community outreach approach. IYCF messaging is ad-hoc and messages communicated by VHT/lead mothers are not well documented

Most IYCF interventions focused on general messaging and provide ad-hoc education sessions. There was very little focus on addressing the underlying barriers to potentially life threatening IYCF practices. A pretty serious gap was identified regarding IYCF trainings and capacity building. Overall, the concern is that IYCF trainings may be ineffective. Participants seem to be trained on the key IYCF messages (early initiation, exclusive and continued breastfeeding and complementary feeding) and underlying barriers to practicing those behaviors are not addressed. For example, a mother may not practice exclusive breastfeeding because she believes that she does not have enough milk. IYCF messaging focuses on the importance of exclusive breastfeeding, but does not provide information on what to do to increase milk supply. In addition, those trained are often overworked leaving little time for them to conduct effective individual IYCF counselling. After participants complete an IYCF training, there is no follow up or activity plan to ensure IYCF counselling and education sessions are implemented. More specifically these gaps can be broken down into two categories:

1. **IYCF Trainings and Counselling**
   a. Multiple people conduct IYCF trainings, district, partners, consultants, etc.
      i. Limited review process for trainings to ensure correct messaging that is specific to IYCF in the settlements
   b. Participants not chosen well for trainings: the selection process doesn't take into account the workload of those trained
   c. No follow up for those trained: no supervision or on the job training for IYCF
   d. IYCF trainings have little impact and no outputs: trainings don't involve making a plan on how to integrate IYCF counselling into routine activities
   e. Frequent use of IYCF counselling cards by multiple actors with no training on IYCF risks the spread of risky or inaccurate IYCF messages

f. IYCF counselling and education sessions don't address specific IYCF barriers in the settlements
    i. Use of the main IYCF messages promoting good behaviors individual and group counselling do not address underlying issues/barriers

2. **Lack of technical capacity/knowledge on IYCF**
    a. Awareness of the basic IYCF messaging but the ability to lead support groups effectively and provide individualized counselling is lacking
    b. Nutrition and IYCF policies, documents and guidelines exist but implementation is low. Partners noted many knowledge gaps and a general lack of engagement with these documents and guidelines
    c. Nutrition programs are not aligned with IYCF, often too busy to include IYCF messaging and awareness raising
    d. Nutrition focal person at health facility level is not technical or IYCF trained, often only midwives trained in IYCF and they are unable to focus on individual counselling

Community Perspective: Results from Discussions with beneficiaries
Discussion groups were held in both Kyangwali and Kyaka to discuss IYCF with beneficiaries and lead mothers. Participants were a mix of new and old arrivals.

Participants
Kyangwali: Maritatu B: 11 PLW (new arrivals less than 1 year in the settlement)
Kyaka: Byabakora: 7 PLW, 8 lead mothers and 2 fathers (old arrivals between 1 and 10 years in the settlement)
Total Participants: 28

The participants in the discussion groups were almost evenly divided between new and old arrivals. The results are organized below by new and old arrivals to note the changing challenges.

New Arrivals
New arrivals reported many challenges with the general food and BSFP rations stating that the food given is not enough and complaining of the lack of variety. All stated that the health of their child has not improved since the journey. The main difficulties with IYCF included not having enough breastmilk, stating that there is 'nothing in the breast'. Also, there were complaints of maternal hunger, maternal constipation and diarrhea leading to the belief that the quality and quantity of breastmilk is reduced. Most mothers reported that even when they breastfeed the baby still 'gets sick/thin' because they are 'not satisfied with the breastmilk'. Finding firewood for cooking was another challenge. Complaints of long lines at health posts and distribution sites were discussed as a burden. They would like someplace to leave their children while they wait in line. Mothers referenced a fight that broke out in a distribution line and said that 'children die'.

Old Arrivals
Old arrivals reported that their child's health has improved since they arrived in the settlement. The main foods given to their children include porridge, banana, avocado and leafy greens. They complain of limited money and do not have enough to purchase meat. Protein sources include silver fish and beans. All complain of not having sufficient quantity to eat leading to the belief that their 'breastmilk gets dry' and is not enough to feed their infants. Some reported starting complementary feeding at 4 months. Complaints of overcrowding at distribution and MCHN posts. All expressed interest in a breastfeeding area and mother to mother support groups.

No new and old arrivals both reported receiving a home visit where the arm of their children was measured or IYCF messages were provided.

Lead Mothers
Lead mothers said duties include teaching mothers how to feed their children. When asked about specific messages they reported teaching about hygiene, noting when a child looks sick and discussing what types of foods to eat though often 'these foods are not available in the settlements'. They said that since starting mother to mother support groups that IYCF practices have improved citing that many mothers now wait until 6 months to give complementary foods. At distribution sites, lead mothers mentioned that separate distribution days for PLW and caregivers with infants 0-23 months would be useful to avoid long waiting times. They said at distribution sites, people would enjoy seeing dramas with IYCF messages, but that they don't have time or the desire to participate in group counselling or IYCF education sessions on distribution day. Fathers reported that men 'listen to village leaders more than their wives', so one of the best ways to target the men is through village leaders.

The main underlying barriers to effective IYCF practices:
- Not enough milk
- Sick/malnourished mothers don't breastfeed
- Pregnant while breastfeeding: mothers often stop breastfeeding when they become pregnant
- Little support for breastfeeding of older children: 16-23 months, mothers often stop due to pregnancy or they feel complementary feeding is sufficient
- Stress and milk production - trouble with let down
- Breastfeeding a sick infant, mothers don't know to increase frequency and not provide other items like water or porridge

It Is recommended that anyone providing IYCF messaging or counselling understand concrete messages to address the above concerns.

Discussion
The overall assessment of IYCF services in Kyangwali and Kyaka settlements reflect many strengths including dedication by partners to implement high quality IYCF activities and clear contact points to integrate IYCF into other sectors leading to an environment that supports life-

saving IYCF practices. There is some prioritization of PLW and strong referral mechanisms between other sectors (MCHN, IMAM, EPI). Currently, other sectors do not recognize IYCF as life-saving and therefore it hasn't been a priority intervention in the settlements. It's clear that most beneficiaries in the settlements have a strong understanding of the main IYCF messages, though little is being done to address the barriers and underlying factors contributing to poor IYCF practices such as the belief that mothers don't have enough milk, can't breastfeed when they are hungry or sick and should stop breastfeeding when they become pregnant. There is a strong base of existing IYCF activities, but more needs to be done to strengthen these programs. Ensuring the proper people are trained and that trainings are followed up with on the job coaching will help to strengthen existing IYCF services.

Recommendations

For all sectors:

- Conduct IYCF-E orientation for all sectors and settlement management to ensure understanding of IYCF as life saving
- Identify IYCF champions in all sectors to advocate to include IYCF in assessments and projects
- Prioritize PLW and caregivers with infants 0-23 months at entry, reception and distribution sites
- Incorporate breastfeeding areas with shade, drinking water and nappy changing at distribution sites
- Conduct the simple rapid assessment of the mother baby pair at reception and refer to IYCF services as indicated
    - Ensure infants 0-5 months are included in all screening activities
- Include IYCF in joint multi-functional team M&E visits
- Include IYCF indicators in UNHCR results framework

For IYCF specific Activities:

- Strengthen IYCF corners in health facilities to provide high level IYCF counselling and IYCF services for the community
- Consider hiring specific IYCF counsellors for IMAM, mobile clinics, health centers, EPI and MCHN to prevent overburden of existing nurses/health care workers
- Set up a referral system for IYCF services
- Streamline IYCF trainings and ensure they include concrete messages on addressing the underlying barriers to adequate IYCF practices for both IYCF counsellors and outreach workers
- Follow IYCF trainings with on the job training/coaching to improve quality of IYCF activities
- Have mother to mother support groups conduct dramas at distribution sites
- Provide more structure to mother to mother support groups and group counselling sessions dividing by age (0-5 months, 6-11 months, 12-23 months) or theme (not enough milk, breastfeeding when sick etc.)