



IYCF-E MULTI-SECTORAL RESPONSE ACTION PLAN

Kyaka and Kyangwali Settlements

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Michele Goergen MS RD

Technical Rapid Response Team and World Food Program | Kampala, Uganda

I. Introduction

Optimum infant and young feeding (IYCF) practices are essential for survival, growth and development of infants and young children, especially in emergency situations. These feeding practices are comprised of breastfeeding, complementary feeding, and minimizing the risks of artificial feeding. In emergencies, global standards for infant and young child feeding states that¹:

1. Infants should be initiated to breastfeeding within the first half to 1 hour following their birth.
2. They should be exclusively breastfed up to 6 months of age and from then on until at least 23 months of age.
3. They should receive safe, nutritionally adequate and age appropriate complementary foods while continuing to breastfeed from 6 months up to 2 years and beyond to meet their evolving nutritional needs.
4. The International Code of Marketing of Breastmilk Substitutes must be promoted to avoid unsafe distribution and consumption of BMS.

During an emergency, ensuring high coverage of IYCF interventions can increase young child survival by close to 20%². Infant and Young Child Feeding in Emergencies (IYCF-E) is concerned with interventions to protect, promote and support safe and appropriate feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world.³

II. Current Context

Uganda is the largest refugee hosting country in Africa with an estimated 1.3 million refugees⁴. In 2017 and early 2018 there was an influx of refugees from the Democratic Republic of Congo (DRC) entering into Uganda. By the end of 2018 it is predicted that 300,000 Congolese refugees will be hosted in Uganda, 78% of these refugees are women and children. This recent influx of refugees has created considerable humanitarian needs⁵:

- Large numbers of women and children, many of whom have been subject to conflict-related violence, including sexual and gender-based violence (SGBV)
- The majority of refugees in Uganda are dependent on food assistance
- Insufficient available land impairing the ability of refugees to grow their own food
- Limited business support services for non-agricultural livelihoods and lack of market information
- Primary healthcare institutions are at risk of being overwhelmed by new arrivals

1 Operational Guidelines for Infant and young child feeding in emergencies

2 The Lancet Series. Early Childhood Development. September 2011.

3 Infant and Young Child Feeding in Emergencies, Why Are We not Delivering at Scale?, Save the Children, 2012

4 http://reporting.unhcr.org/node/5129#_ga=2.228833626.795186466.1527062685-2078309122.1524816928

5 <http://reporting.unhcr.org/sites/default/files/2018%20Congolese%20Situation%20SB%20-%20Uganda.pdf>

A majority of the refugees from DRC are placed in the settlements of Kyangwali and Kyaka. Prior to the most recent influx of refugees, the *Food Security and Nutrition Assessment in Refugee Settlements* (2017) reported that in children 6-59 months of age, Global Acute Malnutrition (GAM) rates were at 4% for Kyaka and 3.2% for Kyangwali and stunting at 22.3% and 32.6% respectively. Anemia rates were alarming at 44% for Kyaka and 42% for Kyangwali. More than half of all households in Kyaka and Kyangwali do not consume ANY vegetables, fruit, meat, eggs, fish seafood or milk products and less than 40% of households in both settlements consume plant or animal sources of vitamin A. Presence of anaemia in women of reproductive age was 39% in Kyaka and 31% in Kyangwali.

The recent influx of refugees, a majority of whom are women and children, creates an urgent need to ensure an enabling environment is created to provide support to this group. Infant and Young Child Feeding practices are strongly impacted by the mental health of the mother. Stress from fleeing violence and making the journey to the settlements in Uganda can disrupt IYCF practices deteriorating further the health of infants and young children.

III. Infant and Young Child Feeding in Emergencies (IYCF-E) in Uganda

The Ministry of Health and partners have prioritized Infant and Young Child Feeding activities in the settlements. There are two key documents that serve as guidelines for those implementing IYCF-E activities in the settlements in Uganda.

- The UNHCR and Save the Children *Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action* provides guidance for other sectors to integrate IYCF into their activities to help create an environment that enables adequate infant and young child feeding practices. Uganda is a pilot country for this framework.
- Multi sectoral IYCF activities are only effective if solid IYCF programs are fully functional in the settlements. UNICEF and the Ministry of Health developed the *Integrated Nutrition Services – Uganda Emergency Response (refugee contexts) Minimum Package & Modalities of Operation – 2017* to serve as a guideline and reference document for all nutrition program personnel and partners supporting nutrition services in emergency contexts pertaining to refugees. It details all nutrition and IYCF specific interventions to help support, promote and protect infant and young child feeding practices in the settlements.

These two initiatives combined will offer a complete package of IYCF services for the settlements. In the spirit of collaboration, World Food Program commissioned the Technical Rapid Response Team to review existing IYCF interventions in Kyaka and Kyangwali settlements and assess the partner response capacity to implement both IYCF specific and IYCF friendly activities in these settlements. **See the final report: *Uganda IYCF Settlement Report kyaka and Kyangwali, May 2018.***

IV. IYCF-E Multi Sectoral Response Plan

As a follow-on to the IYCF response capacity assessment that the Tech RRT undertook, a workshop was held with key implementing partners from Kyaka and Kyangwali settlements. In the two-day workshop, participants learned about IYCF-E, why it's important and the different types of IYCF-E interventions. On the second day participants learned about the components of the *Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action*.

With this information, participants detailed the settlement life cycle and listed all activities going on in the settlements. Following this, each aspect of the settlement life cycle and existing interventions were placed on the wall and partners determined what IYCF interventions would be appropriate in each context/activity. Partners participating in this workshop and trained on the implementation of this response plan include:

- Hoima District
- Office of the Prime Minister (Kyaka and Kyangwali)
- DRC
- UNHCR
- UNICEF
- MTI
- AHA
- WFP
- Save the Children
- AAH
- ACF

The settlement life cycle included the following sites

- Entry/landing site
- Transit
- Reception

Other sectors in Kyaka and Kyangwali settlements included the following categories:

- Child protection
- Livelihoods and environment
- Education Sector
- NFI Distributions
- General food distribution
- WASH
- HEALTH
- Screenings
- VHT's/Outreach
- Mobile Clinics

- MCHN
- BSFP
- EPI
- IMAM

When analyzing the activities participants selected for each sector, a pattern emerged. Similar activities were suggested for most sectors. Based on these results, an IYCF-E Multi-Sectoral Minimum Package of Activities was developed. This package is meant for non-nutrition/IYCF partners to help ensure they promote an IYCF-E friendly environment and that their activities are IYCF-E sensitive.

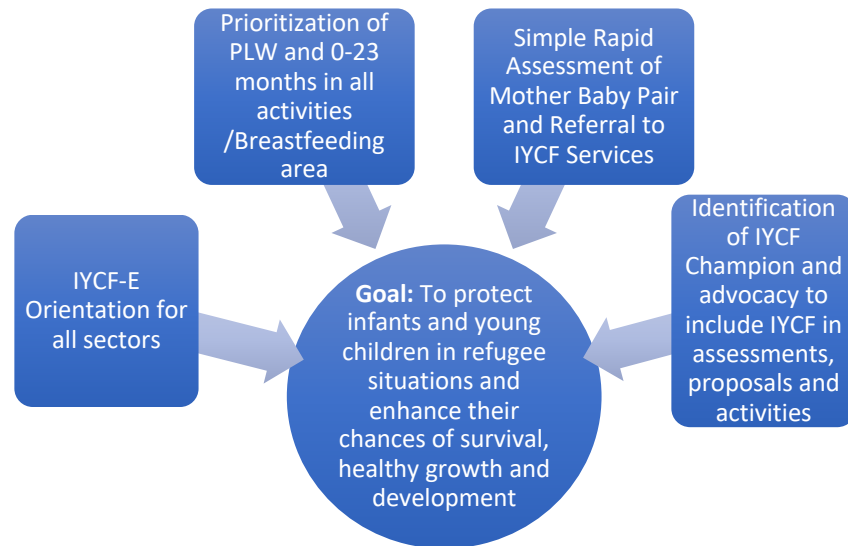


Figure 1: IYCF-E Multi Sectoral Minimum Package of Activities

Goal:

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

Four Key Activities for all sectors

1. IYCF-E Orientation for all sectors
2. Identification of IYCF Champion and advocacy to include IYCF in assessments, proposals and activities
3. Prioritization of PLW and 0-23 months in all activities and implementation of breastfeeding areas when waiting time is long
4. Simple Rapid Assessment of Mother Baby Pair and Referral to IYCF Services

For partners implementing IYCF specific activities, see the following annexes:
 -IYCF corner (annex 1)
 -IYCF-E activity checklist (annex 2)

Note: All materials for the above activities are included in the **IYCF-E Orientation Package**

Definitions:

- **IYCF-friendly environment:** An enabling environment for optimal IYCF practices

- **IYCF-sensitive activities:** Activities that respect the conditions needed for adequate IYCF; can be applied in other sectors
- **IYCF-specific activities:** Activities that directly promote, protect and support adequate IYCF practices

Activity 1: IYCF-E Orientation for all sectors

The IYCF-E orientation is a short training on the Multi-Sectoral Minimum Package of Activities. After completion of this orientation, participants will be capable to initiating the four key activities in their own sector or activities. Specifically, the IYCF-E orientation is:

- A one and a half-hour presentation explaining the importance of IYCF-E
- Details the minimum package for all sectors to include in their response

The orientation reviews the importance of IYCF in emergencies and helps participants see their response activities through the eyes of a mother baby pair. It details the reasons IYCF is life-saving, the key IYCF messages that should be incorporated into all activities, tips on how to prioritize pregnant and lactating women and caregivers of infants 0-23 months of age and how to conduct the simple rapid assessment. So far 19 people have been trained in Kyaka and Kyangwali to conduct this orientation and in the future any IYCF partner or IYCF Champion should be able to facilitate it.

Activity 2: Identification of IYCF Champion to advocate to include IYCF in assessments, proposals and activities

An IYCF champion is 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.

The overall role of the IYCF champion is to look at their organization and programming through an IYCF perspective, identifying risks and needs for PLW and children 0-23 months. They attend their sector coordination meeting and when they see fit, ensure that activities are creating an enabling environment for PLW infants and young children.

All partners who attend the IYCF-E Orientation are trained as champions and have a solid understanding on the fundamentals of IYCF and a good awareness of the risks identified for PLW, infants and young children.

Activity 3: Prioritization of PLW and 0-23 months in all activities and implementation of breastfeeding areas when waiting time is long

Complaints of long lines and waiting times at reception centers, distribution points (food and non-food items) and health facilities/medical services are common in the settlements. When a woman is pregnant or breastfeeding, long lines with limited shade or resting areas can lead to fatigue, stress and reduced frequency of breastfeeding. The goal when prioritizing PLW and infants 0-23 months is to reduce the burden and ensure an enabling environment that encourages breastfeeding, rest and offers drinking water and nappy changing stations. There are three main ways to prioritize PLW and infants 0-23 months:

1. PLW and caregivers with infants have **separate or prioritized waiting and entry lines (multiple may be necessary depending on numbers)** at reception, food and non-food distribution sites
2. **Ensure shade/breastfeeding space (if needed) and access to drinking water and toilet facilities** during waiting time at distribution points
3. **Consider multiplying the distribution points** to reduce the distance for beneficiaries

Activity 4: Simple Rapid Assessment of Mother Baby Pair and Referral to IYCF Services

The Simple Rapid Assessment (SRA) is a simple questionnaire that:

- Identifies breastfeeding mothers or non-breastfed children between the ages of 0-23 months that need additional support with IYCF
- Refers them to services as indicated
- Completing the SRA takes less than 5 minutes

The SRA is a tool anyone can use. It consists of seven questions for the mother and observing the infant. Those who complete the IYCF-E orientation will be trained on how to use this tool and identify referral criteria. (See annex 4 and 5 for the SRA and referral forms)

Referral Criteria:

- Not breastfed
- Breastfed but feeding is not age-appropriate:
 - < 6 months, not exclusively breastfed
 - > 6 months, given no complementary food
- Baby not able to suckle
- Mother has difficulties with breastfeeding
- Mother requests breastmilk substitute
- Infant very thin
- Infant lethargic, perhaps ill

The SRA can be used during all screening activities including at reception, IMAM sites, community level screenings, EPI activities, etc. It has been noted that infants 0-5 months are often overlooked as most screening activities include measuring mid-upper arm circumference of pregnant and lactating women and children 6-59 months. The SRA should be incorporated to ensure infants 0-5 months are not missed as they are often the most vulnerable and to identify any breastfeeding issue in lactating women and children 6-23 months.

Note: It is important to create strong referral links to IYCF specific activities for the SRA to be effective. To do this, IYCF partners should provide a list of IYCF specific activities, locations and contact numbers to those implementing the SRA so they can be sure those identified with a breastfeeding issue can receive support.

V. Monitoring and Evaluation of the Multi-Sector IYCF-E Activity Plan

The below indicator table lists activities by theme/sector and indicators necessary to measure these activities. Any sector implementing these activities should incorporate these indicators into their routine reporting mechanisms.

Theme/sector	Activities	Indicator
Landing Site	Prioritization of PLW and families with infants 0-23 month	# of sites with priority lines
	IYCF-E orientation for staff working at landing site	# of staff working at landing site who have received IYCF-E orientation
	Breastfeeding space	# of landing sites with shaded breastfeeding area
	Simple Rapid Assessment	# and % of PLW and caregivers with infants 0-23 months screened using the SRA
	Referral to IYCF specific activities	# and % of PLW and caregivers with infants 0-23 months referred to IYCF services
Transit	Prioritization of PLW and infants 0-23 months (board bus first, sit in front)	# of transit sites prioritizing PLW and 0-23 months
Reception site	IYCF-E orientation for staff at Reception site and settlement management	# of Reception/settlement management staff received IYCF-E orientation
	Priority lines for PLW and families infants 0-23 months	# of reception sites with priority lines
	Simple Rapid Assessment during nutrition screening	# and % of PLW and caregivers with infants 0-23 months screened using the SRA
	Referral to IYCF specific activities	# and % of PLW and caregivers with infants 0-23 months referred to IYCF services
	Breastfeeding area	# of reception sites with breastfeeding areas
	Promotion of IYCF activities at reception	# of reception sites with IYCF visibility and promotional materials

Multi-Sectoral Integration (implementing all or some of the 4 key activities)	IYCF-E orientation	# of staff in sector who have received IYCF-E Orientation (minimum 1)
	Priority lines for PLW and families infants 0-23 months	# of activities with priority lines for PLW and infants 0-23 months
	Simple Rapid Assessment during nutrition screening	# and % of PLW and caregivers with infants 0-23 months screened using the SRA
	Referral to IYCF specific activities	# and % of PLW and caregivers with infants 0-23 months referred to IYCF services
	Breastfeeding area	# of breastfeeding areas in sites with long waiting lines

Annex 1: IYCF Corner Specification cheat sheet

Definition of IYCF Corners

IYCF Corners are safe, low-stress spaces where mothers can breastfeed, rest, eat and receive skilled counseling and targeted advice about breastfeeding and nutrition.

Goal: Prevent morbidity and mortality of infants associated with poor IYCF practices.

Objectives:

- To prevent a rise of inappropriate IYCF practices in emergency settings
- To improve infant and young child feeding practices in the affected population
- To provide professional support for breastfeeding women to address problems
- To prevent or reduce the inappropriate use of breastmilk substitutes

Essential components of IYCF Corners

Waiting Area- Area to welcome arrivals, explain to the mothers what will happen, offer drinks/baby kits and direct mothers to activities.

Breastfeeding area- quiet, private and relaxing space for mothers to breastfeed and provide mother to mother support, group counselling and relaxation sessions

Hygiene station- To be used by all caregivers as needed, including nappy changing, baby bathing and massage, and hygiene education

Play area- Form mother baby play sessions and older children if mothers come with them. An area containing art supplies, blocks, and toys should be made available for older children

Counselling area- A comfortable area for individual counselling and support including the Simple Rapid Assessment and the Full Assessment of mother baby pairs

Human Resources for IYCF Corners

IYCF Corners should be properly staffed to be successful. Using existing staff from IMAM programs or other field staff creates a strain on existing programs and IYCF Corners. To avoid overworking existing staff, the below human resources are recommended:

- **Health and Nutrition Officer/Nutrition focal point:** Oversee operations of multiple IYCF Corners (1 officer for 4 IYCF Corners) in a specified area. Responsible for developing staff schedules, weekly and monthly reports, technical advice and on the job coaching IYCF counsellors and coordinating with other programs to identify beneficiaries to participate in IYCF Corner activities
- **Greeter/Coordinator-** Directs arrivals, Overall coordination of activities and compilation of daily reports into weekly and monthly reports
- **IYCF Counsellors-** Rapid and full assessments, Group counselling sessions, play sessions, relaxation sessions; completes daily reports
- **Community outreach workers-** Go out into community and identify and follow up on beneficiaries

Beneficiaries and admission criteria

Determining the size and coverage an IYCF Corner should take into account the population in the zone the IYCF Corner will cover. The population of an area should be noted and the percentage of Pregnant women, lactating women and children <23 months should all be taken into consideration. Depending on the size and the number of staff per IYCF Corner, it can be estimated to have 1 IYCF Corner per 2000-5000 people depending on the percentage of infants 0-23 months.

The targeted beneficiaries of IYCF Corners:

- All pregnant women
- All lactating mothers and their child(ren)
- All children under 23 months (breastfed or not) and their caregivers

Admission criteria:

1. Pregnancy (pregnant women can be admitted as soon as they know about their pregnancy, or they may be admitted only after the third month of pregnancy – for example if the number of beneficiaries is very high)
2. Lactating mothers
3. All children aged 0 to 23 months

Exit criteria:

1. Child is older than 23 months
2. Drop-out
3. Death of beneficiaries*

*Note death of beneficiaries does not necessary mean immediate exit. Continued peer to peer support or individual counselling sessions may be necessary to provide help through the grieving process.

Site selection

IYCF Corners can be a tent, a shelter, a room, a corner in health facilities or others available services, etc., located in close proximity to the beneficiaries.

Remember:

- Ensure access to safe water (drinking water should be freely available to all lactating mothers)
- Make sure the size of the IYCF Corner is in line with the expected number of beneficiaries
- The question of security for the IYCF Corner and the team should be carefully considered (lock materials and space to prevent theft)

Materials needed

- Mats, cushions or other furniture (benches, chairs, table) to ensure comfortable space for mothers to sit and breastfeed, receive counselling etc.
- Hygiene area including:
 - Handwashing station (bucket with spout to hold water)
 - Soap
 - Plastic tubs to bathe babies
- IYCF Educational tools: Image boxes, counselling cards, posters, food trays and measuring cup for food demonstrations
- Potable drinking water and cups
- Means of communication (phone and phone credit)
- M&E tools including binders and folders to organize reports
- Registration booklet
- Simple Rapid Assessment and Full Assessment forms
- Pens/markers
- Lock/cabinet/safe storage for materials during evenings and weekends
- Baby kits: See chart below

Category	Item
Baby Kit	Baby Blanket, 300g, 75 x50 cm
	Bath towel, child, cotton 340g, 30 x 50cm
	Insecticide treated bed net
	Soap, baby, 100g bar, hypoallergenic
	Baby Oil for Massage
	Baby toy to be used during play sessions

Monitoring and evaluation

Activity indicators

- # people (pregnant and lactating, caregivers) and babies admitted to the program
- Age and sex of the caregivers and infants
- # Mothers Attending group counselling sessions
- # Mother/child pair receiving Initial rapid assessment
- # Mother/child pair receiving Full assessment
 - # Help Re-lactation
 - # Help Breast conditions
 - # Help Supported artificial feeding
 - # referred to medical or nutrition services
- # of baby kits distributed

Activities* by age group chart

Age Group	Activities
Pregnant women	Nutrition in pregnancy counselling
	Danger signs referral pathways
	Early initiation of breastfeeding counselling
	Exclusive breastfeeding counselling
	Group counselling and relaxation
Lactating women (0-5 months)	Assessment of mother baby pair
	Danger signs referral pathways
	Counselling on breastfeeding (attachment, frequency, not enough milk)
	Re-lactation as indicated
	Group counselling and relaxation sessions
	Baby bathing and baby massage
Lactating women (6-23 months)	Assessment of mother baby pair
	Danger signs referral pathways
	Counselling on breastfeeding/re-lactation if indicated
	Counselling on weaning and complementary feeding
	Group counselling and relaxation sessions
	Mother baby play activities

Sample activity calendar

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
8.30 am	All day: Intake of new admissions. Initial assessment and Full assessment of mother baby pair and individual counselling	Arrive: Morning meeting, assign roles for workers					
9:00 AM							
9.30 am							
10:00 AM		Support Group: 0-5 months	Baby bath/Massage	Baby bath/massage with Fathers	Support Group: 6-11 Months	Support group: 12-24 months	
11am							
12:00 AM							
13 pm							
14 pm			Relaxation for PLW	Play session 0-11 months	Play session 1-2 years	Relaxation for PLW	Support Group: Not enough milk
15pm			Reporting and paperwork				
16 pm							
17 pm							

Annex 2: Checklist for partners implementing IYCF-E activities

Theme/sector	Activities	Status (Initiated, on-going, not started)	Person Responsible
Coordination and Advocacy	Are SOP's for IYCF-E activities developed and streamlined?		
	Is a partner matrix/4W developed for nutrition activities in the settlements including IYCF-E activities?		
	Do nutrition coordination meetings at settlement level include IYCF-E?		
	Has an IYCF champion been identified and trained in each sector?		
	Are IYCF indicators included in the UNHCR Results framework?		
	Is IYCF incorporated into strategies and proposals?		
	Are IYCF indicators standardized in the FSNE survey to allow for annual comparison?		
M&E/ and Reporting	Are IYCF/IYCF-E monitoring indicators integrated into existing monitoring tools (DHIS, HIS)?		
	Do IYCF partners participate in joint-multi-functional M&E visits?		
	Are IYCF reporting tools developed and streamlined among all partners?		
	Have all IYCF implementing partners been trained on reporting tools and processes?		
Communication	Are visibility materials developed to promote IYCF activities?		
	Are IYCF activities included in the settlement orientation for the refugees before relocation?		
	Have IYCF partners participated in other sector meetings to promote IYCF activities?		
	Do IYCF partners participate in international event days such as world breastfeeding week?		
Training and Capacity Building	Are IYCF trainers and training tools streamlined?		
	Is everyone using counselling cards oriented on how to use them and proper IYCF messaging?		
	Are IYCF counsellors trained and available to conduct IYCF counselling in addition to their other duties?		
	Is there follow-up to IYCF trainings such as on the job coaching and supervision visits?		

	During IYCF trainings, are those trained encouraged to develop an activity plan for IYCF activities?		
	Are community structures (VHT's, lead mothers) oriented on IYCF and understand detection and referral processes?		
Community Engagement	Have focus group discussions been conducted with community members to get their feedback on IYCF interventions and to identify underlying barriers to IYCF practices?		
	Are community awareness sessions being conducted such as dramas, radio shows, education sessions?		
	Are IYCF champions identified and trained at community level?		
Referral Mechanisms	Is everyone who conducts screenings of PLW and infants 0-23 months trained on the simple rapid assessment and referral procedures?		
	Is an IYCF program/activity/location/contact list created and distributed to all sectors using the SRA and referral sheets?		
	Are VHT's implicated to follow up on those referred to IYCF specific activities?		
	Is there a counter referral process set up to refer those from IYCF activities to medical or protection services?		