



# **Integration of infant and young child feeding in Emergencies (IYCFE) into reproductive health (RH) and community-based management of acute malnutrition (CMAM) programming**

## **Joint Action Plan<sup>1</sup>**

### **Nutrition Working Group, Jordan**

## **1. INTRODUCTION**

This Joint Action Plan for the Integration of IYCFE into RH and CMAM programming describes eight priority areas and subsequent actions to be undertaken collectively by the Nutrition Working Group (NWG) in Jordan to support the integration of Infant and Young Child Feeding programming into Health and CMAM programmes.

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## 2. BACKGROUND

The Syrian refugee situation started in Jordan in 2012. Currently, Jordan is one of the countries most affected by the Syria crisis, hosting the second highest share of refugees per capita in the world. The first refugee camp, Zatari Refugee Camp, was established in July 2012 in Al-Mafraq city (North East Jordan) and hosts over 78,000 people with an average of 80 births per week and 14,000 medical consultations<sup>2</sup>. Azraq Refugee Camp was opened in April 2014 and is now home to over 35,000 refugees, among whom 22% are children under five years old<sup>3</sup>. Currently, the majority, nearly 84%, of Syrian refugees live in urban areas throughout governorates<sup>4</sup> with 94% of Syrian children under five living in urban areas experiencing “multi-dimensional poverty”, meaning that they are deprived of at least two of the five following basic needs- education, health, water and sanitation, child protection, and child safety<sup>5</sup>.

By the start of July 2019, the total Syrian refugee population in Jordan had reached 662,260<sup>3</sup>. While health and other humanitarian services are available free of charge inside camps and for vulnerable populations in urban areas, this is not the case for the majority of urban refugees. The majority of urban refugees are required to provide asylum seeker certificates and valid Ministry of Interior Cards in order to access health care services, which is charged at the non-insured Jordanian rate causing a lack of access to health services. The population find themselves forced to financially prioritize their basic needs over the health and nutrition of their families with four out of 10 Syrian families remaining food insecure and an additional 26% vulnerable to becoming food insecure including examples of parents skipping meals to allow their children to sufficiently eat<sup>6</sup>.

A large proportion of mothers/caregivers remain in need of appropriate Infant and Young Child Feeding (IYCF) support. Without these interventions the high rate of suboptimal feeding practices will likely negatively impact health, nutritional status, and overall wellbeing and development of the population. The mental health and psychosocial wellbeing, which is known to impact a caregiver’s ability to recognize and respond to their child’s needs, of refugees in

<sup>2</sup> UNHCR Jordan Fact Sheet: Za’atari Camp July 2018 <https://data2.unhcr.org/en/situations/syria/location/36>

<sup>3</sup> UNHCR Jordan Fact Sheet: Azraq Camp July 2019 <https://reliefweb.int/sites/reliefweb.int/files/resources/70193.pdf>

<sup>4</sup> UNHCR Jordan Fact Sheet: July 2019 <https://reliefweb.int/sites/reliefweb.int/files/resources/70665.pdf>

<sup>5</sup> UNICEF Jordan Assessment: Feb 2018

<https://reliefweb.int/sites/reliefweb.int/files/resources/Arabic%20UNICEF%20Jordan%20-%20Media%20centre%20.pdf>

<sup>6</sup> UNICEF Jordan Assessment: Feb 2018

<https://reliefweb.int/sites/reliefweb.int/files/resources/Arabic%20UNICEF%20Jordan%20-%20Media%20centre%20.pdf>



Jordan also remains a significant concern<sup>7</sup>. Behaviour change communication interventions and IYCFE support using strategies appropriate for the Syrian refugee population in camps and urban communities which target beliefs and practices related to IYCFE need to be delivered by trained frontline health and nutrition actors to allow for optimal feeding practices to be put into place.

Nutrition programming in Jordan started in 2012 following the arrival of Syrian refugees by Save the Children and continued until 2017. This programming included the adoption of CMAM and IYCFE modules by implementing agencies, whose nutrition counsellors and officers received relevant training by international specialists. However, budget downsizing in 2017 required the introduction of alternative programming approaches such as integration of IYCFE and CMAM into primary health care.

As the main primary healthcare provider in both Azraq and Zaatari Camp, International Medical Corps (IMC) took over CMAM/IYCFE implementation. Since the transition, staff operating in both CMAM/IYCFE and Reproductive Health (RH) programmes have not received a comprehensive, harmonized IYCFE training. As a result, programme quality is lacking and there is significant room for improving the services currently being provided.

IYCFE programs are minimally implemented in urban settings and are located exclusively at the primary health care (PHC) level. UNHCR implementing partners providing PHC services are namely Caritas and Jordan Health Aid Society (JHAS). Activities are currently limited to breastmilk substitute (BMS) prescription and group education sessions. Staff turnover, a lack of trained staff, and recruitment of new, untrained staff have affected the cohesiveness of CMAM/IYCFE integration into primary health care.

The situation in Jordan is unique as articulation between IYCFE and CMAM is different compared to most contexts. Rather than IYCFE being integrated into the CMAM programme, in Jordan CMAM is integrated into the IYCFE programmes. However, current staff have had little comprehensive training in IYCFE.

A newborn baseline health assessment conducted in March 2016 in Zaatari and Azraq camps demonstrated the need to focus on developing the capacity of health care providers and reinforcing the use of appropriate and effective low-tech interventions such as skin-to-skin care

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<sup>7</sup>2017 Health Sector Humanitarian Response Strategy



and early initiation of breast-feeding<sup>8</sup>. Adolescent mothers are a vulnerable group which tends to require intensified IYCF-E support adapted to their needs; in 2016, 12.3% of babies were born to mothers under 18 in Jordan camp settings. Therefore, there is a need to continue to strengthen the integration of IYCF-E into reproductive health services.

### 3. OVERVIEW OF PLAN

This action plan outlines steps to be taken by the Nutrition Working Group partners to ensure integration of IYCF-E into both CMAM and RH programmes. For this action plan to have its intended impact, all stakeholders must come together as part of a coordinated effort.

This Joint Action Plan has eight strategic objectives that are aligned with the priority areas outlined in the Save the Children and UNHCR (2018) IYCF in Refugee Situations- A Multi Sectoral Framework for Action and the Operational Guidance for Infant and Young Child Feeding in Emergencies<sup>9</sup>.

All partners are asked to commit to working together in the following areas:

1. Development and dissemination of policies
2. Implementation of Key IYCF-E Activities
3. Capacity building
4. Coordination
5. Referral Pathways
6. Monitoring, Evaluation, Assessment and Learning (MEAL)
7. Multi-sectoral Integration
8. Minimization of the risk of artificial feeding

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<sup>8</sup> 2017 Health Sector Humanitarian Response Strategy

<sup>9</sup> IYCF in Refugee Situations- A Multi-sectoral Framework for Action: <https://www.unhcr.org/5c0643d74.pdf>

## 4. JOINT ACTION PLAN

Table 1 is the Joint Action Plan outlining what actions will be taken when and by whom to strengthen IYCFE programmes within the Jordan response and to more deeply integrate IYCFE into all sectors, specifically Reproductive Health and CMAM. The identifying numbers under the 'Location' section of the table correlate with the detailed actions in section 5 of this document titled 'Detailed Overview of Actions'.

Table 1. Joint Action Plan

Location	What	When	Who
<b>5.1</b>	<b>Development and Dissemination of Policies</b>		
5.1.1	Joint Statement to be recirculated and signed by all partners		
5.1.1	Develop timetable for the routine dissemination and update of important IYCFE documents		
5.1.1	Joint Statement on IYCFE integration developed between Health and Nutrition Partners		
5.1.2	Review health sector strategy to ensure that IYCFE integration is included and make a plan for its inclusion if it is omitted		
5.1.2	Breastfeeding policy template created and disseminated to health partners		
<b>5.2</b>	<b>Implementation of Key IYCFE Activities</b>		
5.2.1	Implementation plan for peer support groups developed		
<b>5.3</b>	<b>Capacity Building</b>		
5.3.1	Develop Training Plan including; 5 day training, 1 day orientation, 2 day refresher training, and multi-sectoral sensitization sessions including 15 minute overviews to half day sessions		

5.3.2	Trainers selected and training plan communicated to them		
5.3.3	NWG to decide on what training materials will be available and create an action plan for procurement/dissemination		
5.3.3	Training materials and visual tools to be sent to all partners; guidance to be available for staff at any time		
<b>5.4</b>	<b>Coordination</b>		
5.4.1	Identify relevant multi-sector coordination meetings for brief IYCFE sensitization, referral pathway strengthening, and IYCFE information sharing		
5.4.2	Prepare a short presentation for the Health Sector to explain why IYCFE is important and how to use the referral pathways that are to be developed.		
5.4.3	Key messages developed and disseminated to ensure IYCFE harmonization across health and nutrition partners		
5.4.4	Develop information sharing pathways to ensure that relevant information related to PLW, infants and young children and IYCFE monitoring is shared in a timely and transparent manner		
<b>5.5</b>	<b>Referral Pathways</b>		
5.5.1	Referral pathways clearly defined, agreed, written down, and disseminated to all partners/sectors		
5.5.2	Identify an appropriately trained urban hospital for referrals. If no hospital is appropriately trained, identify the appropriate structure, create a training plan and provide training.		
<b>5.6</b>	<b>Monitoring, Evaluation, Assessment and Learning</b>		
5.6.1	Code Violation reporting system developed and disseminated to all nutrition partners		
5.6.2	Mentoring and monitoring plan developed including visits and support meetings		

5.6.3	Develop a mechanism for feedback for IYCFE programmes that is available to all nutrition partners and reported back to the NWG.		
5.6.4	Ensure that a lessons learned activity or after action review is conducted after trainings.		
5.6.5	Monitoring plan created to ensure health facilities providing IYCFE services are adhering to the agreed plans and policies		
<b>5.7</b>	<b>Multi-Sectoral Integration</b>		
5.7.1	NWG to ensure that IYCFE is included in annual multi-sectoral assessments.		
5.7.2	Develop sensitization sessions and delivery plan to be given to the community.		
5.7.3	Develop and disseminate a laminated document to display on the wall, which can be used as a reminder of key IYCF points.		
<b>5.8</b>	<b>Minimization of the Risk of Artificial Feeding</b>		
5.8.1	NWG partners to meet to reconsider and discuss the difficulties with distribution of BMS in urban areas and create an exit plan regarding ending the distribution		
5.8.2	Incorporate home visiting activities into current programmes including BMS preparation assessments		
5.8.2	Assessment and care plan template for the non-breastfed infant to be created and agreed upon and disseminated to partners		
5.8.3	Development of monitoring tools to monitor BMS presence in the community, BMS prescription and BMS use		
5.8.4	Cup distribution and bottle amnesty programmes to be designed and implemented		



## 5. DETAILED OVERVIEW OF ACTIONS

The following outlines the recommendations the above table, Table 1 Joint Action Plan.

### 5.1 DEVELOPMENT AND DISSEMINATION OF POLICIES

#### *Explainer*

**Promotion of key IYCF-specific policies and actively following their guidance is integral to achieving optimal IYCFE.** 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. Key IYCF-specific policies should be shared and active following of their guidance on achieving optimal IYCF should take place and be monitored; e.g. Baby Friendly Hospital Initiative (BFHI)<sup>10</sup>; The International Code of Marketing of Breast-milk Substitutes and subsequent relevant resolutions of the World Health Assembly (the Code)<sup>11</sup>; Sphere standards<sup>12</sup>; UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings<sup>13</sup>; UNHCR Standard Operating Procedures for the Handling of Breast-milk Substitutes (BMS) in Refugee Situations for Children 0-23 months<sup>14</sup>; and existing nutrition and IYCF policies developed locally.

Understanding of key policies requires coordination through the Nutrition Working Group to ensure that health providers, community health workers, nutrition counselors and other service providers understand the importance of IYCFE and incorporate optimal IYCFE practices. *See Annex A: Key Points for All Staff*

Health facilities should have a written infant feeding policy that addresses the

<sup>10</sup> The Revised Baby Friendly Hospital Initiative 2018 <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>

<sup>11</sup> International Code of Marketing of Breast-milk Substitutes <https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>

<sup>12</sup> Sphere Standards <https://www.spherestandards.org/>

<sup>13</sup> UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings <https://www.unhcr.org/publications/operations/4507f7842/unhcr-policy-related-acceptance-distribution-use-milk-products-refugee.html>

<sup>14</sup> UNHCR Standard Operating Procedures for the Handling of Breast-milk Substitutes (BMS) in Refugee Situations for Children 0-23 months <https://www.unhcr.org/publications/operations/55c474859/infant-young-child-feeding-practices-standard-operating-procedures-handling.html>





implementation of all eight key clinical practices of the Ten Steps, Code implementation, and regular competency assessment. See figure one for an outline.

Figure 1. Ten Steps to Breastfeeding

**Box 1. Ten Steps to Successful Breastfeeding (revised 2018)**

**Critical management procedures**

1. a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.
- b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

**Key clinical practices**

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Source: *The Revised Baby Friendly Hospital Initiative 2018* <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>

**Recommendations**

5.1.1. SOP, Joint Statements, and Policies to be signed by relevant stakeholders where appropriate and shared with all partners in health and nutrition.

- SOP on donations, distribution, and procurement of Infant Formula previously developed by the Nutrition Working Group (NWG) to be disseminated again to all health and nutrition actors.
- SOP for BMS prescriptions to be shared with all partners.
- A joint statement to be developed between health and nutrition partners regarding IYCFE policies and integration into health facilities based on the 10 Successful Steps to Breastfeeding in each health clinic should be developed, signed, and disseminated.

5.1.2. Include IYCFE in existing strategies, guidelines etc. (e.g. in existing health strategy for the operation)

- Nutrition Working Group and Health Sector actors should have clear, written policies regarding IYCFE in their clinics, hospitals, and nutrition centers and these should be



disseminated to all staff as well as being included into onboarding activities and signed by all staff, including those not directly linked to IYCFE activities.

- Every health facility should have a clearly written Breastfeeding Policy. The Nutrition Working Group should develop a template and provide partners with support for the creation of these policies.

*Samples of the above policies, statements, and checklists can be found at:*

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/sample-infant-feeding-policies/>

## 5.2 IMPLEMENTATION OF KEY IYCFE ACTIVITIES

### *Explainer*

**Select IYCF activities that promote behaviour change, acknowledging that IYCF practices are strongly related to culture.** In the start of an acute emergency prioritizing life-saving IYCFE activities is imperative, however, after the acute phase focusing on activities that promote behaviour change is important. IYCFE practices are strongly related to culture, and behaviour change interventions should be considered as soon as possible.

It is important to identify barriers to optimal IYCF practices and then use those barriers to design relevant activities. A barrier analysis was conducted by IMC in 2016, this is the latest analysis conducted and it should be used for now as reference when designing behaviour change interventions<sup>15</sup>.

The Barrier Analysis specifically recommended certain activities as key to optimal feeding such as:

- Establishment of care groups including
  - Support groups for pregnant women
  - Mother care groups
- Disseminate existing standard materials on key maternal health behaviors – including

<sup>15</sup> Camp Based Barrier Analysis of Early Initiation of Breastfeeding, Iron-rich Food Consumption, and Early Antenatal Care Seeking Behaviours of Syrian Refugees in Azraq Camp, Jordan [https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2017/07/Camp-based\\_barrier\\_analysis\\_of\\_early\\_initiation\\_of\\_breastfeeding\\_iron-rich\\_food\\_consumption\\_and\\_earl.pdf](https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2017/07/Camp-based_barrier_analysis_of_early_initiation_of_breastfeeding_iron-rich_food_consumption_and_earl.pdf)



early initiation of breastfeeding – to all medical staff involved in antenatal care (ANC) in Azraq camp to ensure all providers are giving the same message

- Advocate with camp management and field hospital management for Baby Friendly Hospital Initiative uptake and adoption in the field hospital delivery ward
- Create and post visual reminders in the maternity ward for midwives, medical staff, and the mother that depict medical staff giving the newborn to the mother for both normal vaginal delivery and C-section
- Organize behavior change promotion activities for mothers, mothers-in-law, and husbands regarding nutrition and complementary feeding

Scale-up of IYCFE and maternal nutrition programming is critical in order to lead to significant behavior change of the population. Proven approaches such as Mother Support Groups, especially Care Groups, should be developed and expanded to increase access and coverage.

### ***Recommendations***

5.2.1. Select IYCFE activities that promote behaviour change, acknowledging that IYCFE practices are strongly related to culture

- Establishment of peer support groups, action oriented groups, pregnancy/mother care groups.

## **5.3 CAPACITY BUILDING**

### ***Explainer***

**Identify training needs and organise trainings on IYCFE for relevant staff, with regular refresher trainings as appropriate. See Annex B as an example agenda for trainings.**

Building the capacity of individuals, communities, agencies and the health system to support or implement IYCF-E activities is necessary at multiple levels and across sectors in order to have a comprehensive IYCFE response. The quality of an IYCFE response relies on sensitised decision makers from relevant sectors and the availability of trained staff. There are different competencies required for different aspects of the IYCFE response, ranging from basic awareness to specialized, technical capacity of IYCFE frontline staff.



IYCFE staff should further find ways to introduce, explain and present information on IYCF and available IYCFE services to colleagues from the other sectors through training and orientation, as well as making tools accessible to any staff from IYCFE and other sectors as reminders of the orientation.

**Trainers have been identified from the 5 day training held in Amman in September 2019.** See Annex C for list of staff. Further detail on their selection can be found in the *IYCFE Counselling Training Report*. Trainers should be selected from a variety of organizations, in a variety of positions to ensure coverage.

The NWG, specifically UNHCR and UNICEF, should have oversight of the trainings and be active participants in their roll out, pushing them to be conducted.

### **Recommendations**

5.3.1. Prepare a strategic, comprehensive, timely and realistic plan for capacity building

- Introduction presentation in the coordination meetings of all sectors including how to identify and refer
- 5 day training for frontline IYCFE, nutrition, and reproductive health workers directly working within IYCFE.
- Frontline Staff 2 Day refresher every 6 months
- All partners working in health and/or nutrition should attempt to do at least a 1 day sensitization for all staff

5.3.2. Select and contact competent, motivated trainers identified from the ToT and listed in Annex C of this document.

5.3.3. Provide training materials and visual tools to allow IYCFE guidance to be available for staff at any time

- Training materials and visual tools to allow IYCFE guidance should be available for staff at any time including counseling cards and IEC materials and displays in health centers.

*A follow-up system for monitoring, support, feedback and supervision of all training participants including a mentoring and monitoring plan should be established: See section 5.6 MEAL for more detail*



## 5.4 COORDINATION

### *Explainer*

**Effective IYCFE programming requires strong coordination among all actors.** Poor coordination can lead to ineffective, inefficient, inappropriate and even harmful programming. Building a common understanding of IYCF among actors and ensuring timely resolution of problems are both key to effective coordination. One identified barrier to effective integration is the lack of knowledge different sectors have of one another, therefore focus should be on introducing IYCFE to other sectors for effective coordination. More detailed information on multi-sectoral integration is found in section 5.7 'Multi-Sectoral Integration'.

Strong IYCFE multi-sectoral coordination should take place within the following:

- Camp coordination Meetings
- Nutrition Working Group
- Health Working Group
- Reproductive Health Working Group

### *Recommendations*

5.4.1. Identify or establish relevant coordination mechanisms for IYCFE specific and sensitive programming

5.4.2 Prepare and deliver a short presentation for the Health Sector to explain why IYCFE is important and how to use the referral pathways that are to be developed.

5.4.3 Key messages developed and disseminated to ensure IYCFE harmonization across health and nutrition partners to be developed and disseminated

5.4.4. Widely share relevant information related to PLW, infants and young children and IYCFE monitoring in a timely and transparent manner.



## 5.5 REFERRAL PATHWAYS

### *Explainer*

**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 the camp setting, 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 the urban setting collaboration with other coordination mechanisms will be necessary, either with coordination systems that are established for the refugee response or with other relevant existing community networks or coordination mechanisms that need to be identified and joined.

To conduct effective referrals, IYCFE staff should have the following up-to-date, written information:

- Know the precise activity of each referral place, and admission criteria
- Know the exact location
- Know the opening hours and days for new admissions
- Know whether any costs (e.g. fees) are involved.

### *Recommendations*

5.5.1. Establish a clearly defined inter-sectoral referral system known to all partners

- Referrals to be clearly defined, written down, and disseminated to all partners
- Referral forms should be used
- Follow-up on referrals should take place

5.5.2 Identify an appropriately trained urban hospital for referrals.

- Ensure appropriate SAM treatment protocols are in place and if not, provide training

## 5.6 MONITORING, EVALUATION, ASSESSMENT AND LEARNING (MEAL)

### *Explainer*

**IYCFE work must be monitored using suitable indicators which are built into existing MEAL**



**systems, including indicators for monitoring progress towards high-level objectives.** See *Annex D for a list of examples.* It is essential to monitor the impact of humanitarian action or inaction on IYCFE practices, child nutrition and health. This is an action for managers and field staff as every person involved in IYCFE 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.

Monitoring should be undertaken at Nutrition Working Group level to track the implementation of the NWG's response strategy, and NWG's partners' collective contribution to the overall response, through feeding standardised indicators into the Nutrition Cluster monitoring and reporting system.

### **Recommendations**

5.6.1. Monitoring should take place regarding all code violations. All violations should be followed up.

- Main points and key messages should be 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 is highlighted as the focal point to report to in case of any kind of distribution (violations)
    - These should be reported on a weekly basis in the health coordination meetings and the close follow up and support from UNHCR and Ministry of Health should take place.

5.6.2 Mentoring and Monitoring visits should take place during all IYCFE activities including counselling sessions to ensure skills are maintained.

- 2 to 3 monitoring visits should be conducted to monitor the performance of all new staff and all newly trained staff.
- The first visit should take place within four weeks of the first training.

5.6.3 Set up a clear, easy and confidential system for beneficiaries and stakeholders to raise issues, make complaints and provide general feedback



- Creation of Focus Group Discussions (FGD) with volunteers, through random assessments and exit interviews is highly recommended.

5.6.4. Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses

5.6.5 Regular monitoring visits to health facilities who have implemented IYCFE programmes or Maternity programmes should take place.

- Monitoring visits should take place to ensure that the infant feeding policy document created is available and visible to mothers in the local language.
- A review of all clinical protocols or standards related to breastfeeding and infant feeding used by the maternity services indicates that they are in line with BFHI standards and current evidence-based guidelines.
- At least 80% of clinical staff who provide antenatal, delivery and/or newborn care can explain at least two elements of the infant feeding policy that influence their role in the facility.

## 5.7 MULTI-SECTORAL INTEGRATION

### *Explainer*

**Activities conducted by other sectors/clusters can have a direct impact on IYCF outcomes.** For an IYCF-E response to be implemented successfully, IYCFE 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 IYCFE, even if they are not nutritionists or public health experts, and strong multi-sectoral collaboration needs to be in place. Integration and coordination with other sectors are key enabling factors to ensuring the success of IYCFE programming and, more broadly, the protection of PLW and their children.

While it is important to integrate IYCFE within all sectors to ensure the most comprehensive and effective response, this plan's specific focus is on the integration between IYCFE, Reproductive Health, and CMAM. See Annex E and F for a comprehensive overview on Key Action Points for integration of IYCFE into Reproductive Health and CMAM.

### **Assessments:**

Low awareness and knowledge of other sectors' priorities or technical jargon often result in





missed opportunities for effective integration.

**Sensitization:**

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. Sensitization sessions are a core component to multi-sectoral integration for IYCFE activities and should be organized to be delivered to the community, involving key stakeholders.

**Information Education and Communication (IEC):**

IEC materials should be clearly displayed in all ANC/PNC, Maternity Wards, outpatient and community outreach waiting areas. Documents are adapted depending on the location but key messages should be included. These should display context specific IEC messages which promote recommended IYCFE practices.

IEC Materials:

- Should have key messages for mothers normalizing breastfeeding.
- Should list points that all staff, regardless of sector or position, keep in the back of their minds to ensure anyone requiring IYCFE support is identified and prioritized.
- Use of pictures from the local context, and adapt the content according to the context.
- Document to be created that can be used at food distribution points, camp management offices, community volunteer gathering points, registration points, etc.

**Recommendations**

5.7.1 NWG to ensure that IYCFE is included in annual multi-sectoral assessments.

5.7.2 Organize sensitization sessions for key stakeholders in urban areas including local health staff.

5.7.3 Develop and disseminate a laminated document to display on the wall, which can be used as a reminder of key IYCF points for mothers, caregivers, and staff. *See Annex A and B*



*for an example*

## 5.8 MINIMIZATION OF THE RISK OF ARTIFICIAL FEEDING

### ***Explainer***

**In every emergency, it is necessary to act to protect and support the nutrition needs and care of both breastfed and non-breastfed infants and young children.** Breastfeeding is the safest way to feed an infant, especially during an emergency and therefore all efforts must be made at all levels to protect, promote, and support breastfeeding during emergencies. The vast majority of mothers can and should breastfeed, just as the vast majority of infants can and should be breastfed. However, despite best efforts, a small proportion of emergency-affected infants will not be able to be breastfed. Non-breastfed infants are highly vulnerable and risks are amplified with artificial feeding (the feeding of infants with a breastmilk substitute, such as infant formula). Therefore it is necessary to urgently identify and protect non-breastfed infants and provide them with appropriate support in order to meet their nutritional needs. Risks must be minimised in a manner that protects the best interests of both breastfed and non-breastfed infants.

Currently within the Jordan response, BMS distribution takes place through prescription in both camp and urban settings. However, activities can be stronger to ensure that the appropriate beneficiaries are being registered into the programme, proper monitoring and follow-up, and discontinuation/exit strategy for BMS programmes.

### **Key Points for the Jordan Response:**

- In-depth assessments should take place and relactation care plans should be implemented whenever possible.
- Prescriptions should strictly follow the BMS prescription procedures and this should be monitored.
  - For example current prescriptions of formula as anti-reflux should be reconsidered as reflux is not a medical indication for formula prescriptions
- BMS distribution should be more discrete, tins should be code compliant
  - Tins should be away from public view
  - Stickers should cover the labels, including any false advertising



- Tins should not be reused during meetings, education sessions, etc even if it is only used for sugar/tea
- No more than 2 weeks supply of Powdered Infant Formula (PIF) to be distributed at one time
- Consideration and discussion should take place regarding the current Infant Feeding protocol with regards to Cesarean Sections in Irbid hospital
  - A wet feeding programme should be considered rather than the current PIF procurement by family to avoid PIF going home with the families
  - Responsive feeding should take place to avoid bulbus, pre-lactal feeds
  - Follow-up should take place within 7 days for all cesarean section mother/infant pairs
- Cup feeding should be encouraged and cups should be offered when a mother using BMS comes to the hospital for any reason

Relactation should be discussed and IYCF counselling should happen any time a non-breastfed infant is met

### **Recommendations**

5.8.1 NWG partners to reconsider and discuss the difficulties with distribution of BMS in urban areas and create an exit plan regarding ending the distribution

5.8.2 Regular home visits should be taking place, especially in camps, including documented assessments and care plans of the non-breastfed infant. *See Annex G for an example of a non-Breastfed infant care plan template from Save the Children.*

5.8.3 Development of monitoring tools to monitor BMS presence in the community, BMS prescription and BMS use. This information can be checked against prescriptions and stocks to ensure there is no leakage or duplication.

- Regular monitoring by the NWG should assess:
  - Whether the criteria for admitting infants to a BMS support programme are being respected (e.g. checking the register, verifying reasons for prescription, verifying that the same story is not repeated by several caregivers requesting BMS)
  - Whether who receives the BMS is tightly controlled (e.g. verifying that the prescription is valid and that caregiver and infant identity is also verified)
  - Whether BMS is being correctly distributed (e.g. correct quantity and



frequency).

- Markets should be monitored to see whether the provided BMS is being sold ('spillover') and whether prices of infant formula on the market change.

5.8.4 Cup distribution and bottle amnesty programmes should take place at regular intervals

- Introduction of an exchange location in clinics or nutrition centers should be made available

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## ANNEX A: Key Points for All Sector Staff

# 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.

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#### **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 B: Ten Steps to Successful Breastfeeding in Lay Terms

	Hospitals support mothers to breastfeed by ...	Because...
1. Hospital policies	<ul style="list-style-type: none"> <li>• Not promoting infant formula, bottles or teats</li> <li>• Making breastfeeding care standard practice</li> <li>• Keeping track of support for breastfeeding</li> </ul>	Hospital policies help make sure that all mothers and babies receive the best care
2. Staff competency	<ul style="list-style-type: none"> <li>• Training staff on supporting mothers to breastfeed</li> <li>• Assessing health workers' knowledge and skills</li> </ul>	Well-trained health workers provide the best support for breastfeeding
3. Antenatal care	<ul style="list-style-type: none"> <li>• Discussing the importance of breastfeeding for babies and mothers</li> <li>• Preparing women in how to feed their baby</li> </ul>	Most women are able to breastfeed with the right support
4. Care right after birth	<ul style="list-style-type: none"> <li>• Encouraging skin-to-skin contact between mother and baby soon after birth</li> <li>• Helping mothers to put their baby to the breast right away</li> </ul>	Snuggling skin-to-skin helps breastfeeding get started
5. Support mothers with breastfeeding	<ul style="list-style-type: none"> <li>• Checking positioning, attachment and suckling</li> <li>• Giving practical breastfeeding support</li> <li>• Helping mothers with common breastfeeding problems</li> </ul>	Breastfeeding is natural, but most mothers need help at first
6. Supplementing	<ul style="list-style-type: none"> <li>• Giving only breast milk unless there are medical reasons</li> <li>• Prioritizing donor human milk when a supplement is needed</li> <li>• Helping mothers who want to formula feed do so safely</li> </ul>	Giving babies formula in the hospital makes it hard to get breastfeeding going
7. Rooming-in	<ul style="list-style-type: none"> <li>• Letting mothers and babies stay together day and night</li> <li>• Making sure that mothers of sick babies can stay near their baby</li> </ul>	Mothers need to be near their babies to notice and respond to feeding cues
8. Responsive feeding	<ul style="list-style-type: none"> <li>• Helping mothers know when their baby is hungry</li> <li>• Not limiting breastfeeding times</li> </ul>	Breastfeeding babies whenever they are ready helps everybody
9. Bottles, teats, and pacifiers	<ul style="list-style-type: none"> <li>• Counselling mothers about the use and risks of feeding bottles and pacifiers</li> </ul>	Everything that goes in the baby's mouth needs to be clean
10. Discharge	<ul style="list-style-type: none"> <li>• Referring mothers to community resources for breastfeeding support</li> <li>• Working with communities to improve breastfeeding support services</li> </ul>	Learning to breastfeed takes time

Source: The Revised Baby Friendly Hospital Initiative 2018

<https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>



## ANNEX B: Example of Training Agendas

### Three-Day training

#### Day One

Time	Topic	Contents
08:30	Welcome	<ul style="list-style-type: none"><li>• Introductions, review of agenda and objectives</li></ul>
09:00	Pre-assessment	<ul style="list-style-type: none"><li>• Short test of Existing Knowledge</li></ul>
09:30	Recommended IYCF practices: Breastfeeding	<ul style="list-style-type: none"><li>• Benefits of breastfeeding</li><li>• Technical information and common myths and misconceptions</li></ul>
10:30	Tea Break	
10:45	Recommended IYCF practices: Breastfeeding cont.	<ul style="list-style-type: none"><li>• Challenges of breastfeeding</li><li>• Barriers to Breastfeeding (individual and Community)</li></ul>
11:30	Recommended IYCF practices: Complementary feeding and complementary foods	<ul style="list-style-type: none"><li>• Technical information: age, suitable foods, preparation, etc.</li><li>• Discussion of common challenges for complementary feeding in emergencies</li></ul>
13:00	Lunch	
14:00	Individual and community risk assessments for artificial feeding	<ul style="list-style-type: none"><li>• Review of risks of artificial feeding</li><li>• Technical information: assessing risks for individuals and community</li></ul>
14:45	Minimising the risk of artificial feeding	<ul style="list-style-type: none"><li>• Discussion of conditions needed for lower risk artificial feeding</li><li>• BMS preparation guidelines</li><li>• Cup Feeding</li></ul>
16:00	Tea Break	
16:15	Infant feeding in emergencies	<ul style="list-style-type: none"><li>• Guidance on managing donations of BMS</li><li>• Case studies of IYCF-E</li></ul>
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"><li>• Overview of counselling services</li><li>• Discussion of 3-step counselling process: Assess, Analyse, Act</li></ul>
10:30	Tea Break	
10:45	IYCF and integration with other sectors	<ul style="list-style-type: none"><li>• Discussion of IYCF activities targeting infants children and PLW across sectors</li></ul>
13:00	Lunch	
14:00	IYCF integration cont.	
15:00	IYCF in CMAM	<ul style="list-style-type: none"><li>• Integration of IYCF in CMAM</li><li>• Discussion of links between malnutrition and feeding/care for mothers and infants</li></ul>
16:00	Tea Break	
16:15	IYCF assessment and referral	<ul style="list-style-type: none"><li>• IYCF rapid assessments</li><li>• Review of referral systems best practices</li></ul>
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"><li>• Field work visits to facilities providing IYCF services</li></ul>
12:00	Regroup + Feedback from field session	<ul style="list-style-type: none"><li>• Group discussion of lessons learned from field practice</li></ul>
13:00	Lunch	
14:00	Organising IYCF integration in other sectors	<ul style="list-style-type: none"><li>• Coordination of multi-sectoral IYCF activities Monitoring and reporting</li></ul>
15:30	Tea Break	
16:00	Post-assessment	<ul style="list-style-type: none"><li>• Short test of knowledge gained</li></ul>
15:00	Evaluation	<ul style="list-style-type: none"><li>• Feedback on training sessions from participants</li></ul>
17:00	Closing and departure	





## One-Day Refresher

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



## ANNEX C: Identified Trainers

The following trainers were identified during the IYCFE RH Integration ToT based on the following criteria:

- Motivation to train
- Remain in current position for at least six months more
- High Level of Participation in ToT
- Test Score of above 100 points on the final assessment

Trainers were selected from a range of positions in nutrition and health and consideration was given with regards to gender and local and international organisations.

### Supervision and leading on trainings:

1. Dina Jardaneh/UNHCR
2. Buthainah Alkhatib/ UNICEF
3. Israa abu jamous/ SCJ
4. Ruba abu taleb/IMC

### Trainers (based on participation + post test):

1. Zainab Albukhari
2. Eman Saleh
3. Lubna Shneis
4. Bayan Alqadamani
5. Batool Tabaza
6. Razan Mousa
7. Dr. Alaa (RH trainer/advocate)

### Did extremely well in the post test but will need possible support to improve facilitation skills :

1. Siren Abu Alhaj
2. Waed Qawasmi
3. Farah Nasereddin
4. Juman Yaghi
5. Muna Yaseen
6. waed Yousef
7. Noor Touqan
8. Wafaa Alkhawaja



## Annex D: Examples of Recommended Indicators

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	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 6-23months 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
The Sphere Project (2011) Infant and young child feeding standard 1: Policy guidance and coordination Available online: <a href="http://www.spherehandbook.org/en/infant-and-young-child-feeding-standard-1-policy-guidance-and-coordination&amp;display=print/">http://www.spherehandbook.org/en/infant-and-young-child-feeding-standard-1-policy-guidance-and-coordination&amp;display=print/</a>		



## **ANNEX E: Key actions for CMAM integration into IYCF-E**

### **Key Activities to support IYCFE within malnutrition treatment services:**

- Promote appropriate IYCFE practices during screening and follow up visits at household level
- Engage in discussion with the community to talk about existing IYCFE practices, the problem of malnutrition, causes and possible solutions For Community Based Management of SAM
- During enrolment, provide guidance on appropriate IYCFE practices
- During follow up visits, provide guidance on appropriate IYCF practices
- Provide key messages on the prevention of malnutrition, including recommended IYCFE practices For Community Based Management of MAM
- During enrolment, counsel on home based diet to support catch up growth. Provide specific messages on home based diet following standard IYCFE protocols
- During follow up visits and in the community, provide prevention messages which include IYCFE
- Provide key messages on the prevention of malnutrition, including recommended IYCFE practices

### **Additional integrated activities:**

Once the above activities are adequately implemented and where resources and situation allow, consider the following additional activities to further strengthen the integration of IYCFE within CMAM activities:

- Train CMAM staff on IYCFE, Simple Rapid Assessment (SRA) and referral, available services, recommended and lifesaving IYCF practices and communication skills.
- At outpatient and community outreach sites, ensure there is a place where mothers can privately and comfortable breastfeed (Eg. IYCFE Corners)
- At outpatient and community outreach waiting areas, hold awareness / education sessions which cover: feeding needs for PLWs, infants and young children, recommended IYCFE and care practices and early childhood development information and stimulation activities.



- At outpatient and community outreach waiting areas, display context specific IEC messages (Information Education Communication) which promote recommended IYCFE practices.
- During case finding, systematically screen all children under 2 years of age for IYCFE difficulties, using the SRA. Note IYCFE difficulties on referral slips. Ensure that any cases who do not need to be referred for SAM or MAM treatment but who do need IYCFE support are also referred to IYCFE services.
- During enrollment, screen all children under 2 years of age for IYCFE difficulties using the SRA:
  - If no IYCFE issues are detected, praise the caregiver and encourage them to continue with the recommended IYCFE practices, such as breastfeeding and giving appropriate family foods.
  - If IYCFE difficulties are detected during screening, carry out a Full Assessment (FA) of the caregiver-baby pair. Depending on caseload and service provider availability, this task should either be carried out by the CMAM service provider or by a dedicated IYCFE counsellor who is part of the CMAM team. As part of the FA, directly observe and assess all breastfeeding women using the Breastfeeding Observation Tool. Provide breastfeeding counselling if needed. Note down any IYCFE difficulties on the Child Monitoring Card so they can be addressed at follow up. Enroll the caregiver for IYCFE support if available.
  - If the caregiver is pregnant, provide key messages on early initiation of exclusive breastfeeding and information on accessing Antenatal Care (ANC).
- During follow up visits, any existing IYCFE issues should be systematically followed up and any new issues should be identified.
  - Ask the caregiver if there are any new difficulties with regards to feeding their child. If yes, ensure a Full Assessment is carried out and they are enrolled for IYCFE support if needed.
  - If IYCFE difficulties are already noted on the Child Monitoring Card, enquire whether the difficulty has been resolved and verify that the caregiver is receiving adequate IYCFE support.
  - If the caregiver is pregnant, provide key messages on early initiation of exclusive breastfeeding
  - Encourage all breastfeeding mothers to continue breastfeeding
- Before discharge, ensure that caregivers have the knowledge and support they need to implement recommend IYCFE practices. Activities should include:
  - Checking the caregiver's understanding of key IYCFE messages



- Encouraging breastfeeding mothers to continue breastfeeding up to 2 years and beyond
- Encouraging pregnant women to initiate early, exclusive breastfeeding and to access ANC
- Ensure that the caregiver knows where to access IYCF support and refer if needed
  - Refer caregivers to IYCF mother support groups, if operational
  - Encourage caregivers to attend Growth Monitoring sessions
- When reporting, include IYCFE activities and indicators in the CMAM monthly report and vice versa
- Record IYCFE practices and analyze them against the nutritional status of children under 2 years of age
- Conduct a comprehensive assessment on the causes of malnutrition and feeding and care practices to identify the causes of current malnutrition, identify barriers to optimal feeding practices and to mitigate the effects of the crisis on the nutrition status of PLWs, infants and young children.

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## **ANNEX F: Key actions for IYCF-E integration into Health**

Families must receive quality and unbiased information about infant feeding. Facilities providing maternity and newborn services have a responsibility to promote breastfeeding, but they must also respect the mother's preferences and provide her with the information needed to make an informed decision about the best feeding option for her and her infant. The facility needs to support mothers to successfully feed their newborns in the manner they choose.

The Nutrition Working Group and Health Sector should work together to:

- Ensure that IYCFE is included in guidelines, treatment protocols and response strategies
- Collaborate on designing of feeding protocols for PLW and children 0 – 23 (treatment, recovery)
- Procure and distribute appropriate necessary nutritional supplies for 0 – 23 months old
- Standardize relevant IYCF and public health messages across the Health Sector and Nutrition Working Group
- Develop clear procedures for identification and referral of beneficiaries between health and IYCFE services
- Build capacity of health workers to counsel caregivers on recommended IYCFE practices
- Where relevant, co-locate health and nutrition services to provide a comprehensive service
- Monitor the progress of the coordinated work





## ANNEX G: Template of Care Plan for Non-Breastfed Child

### Action Plan For Mother And Baby Receiving Skilled Support And BMS

(note: this may only be temporary use)

Name of designated IYCFE counsellor \_\_\_\_\_

Location: \_\_\_\_\_

IYCFE Registration Number: \_\_\_\_\_

Child's name \_\_\_\_\_

Child's sex M/F

Child's DoB \_\_\_\_\_ Age/months \_\_\_\_\_

Mother/ Caregiver's name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of initial full assessment of mother-baby pair: \_\_\_\_\_

Main findings of assessment: \_\_\_\_\_

Recommendations for feeding: **(amend below as necessary)**

\_\_\_ (A) Continuing Supportive Care

\_\_\_ (B) Basic Aid

\_\_\_ (C) Further Help Baby refusing the breast

\_\_\_ (D) Further Help Restorative care for the mother (needs emotional / extra support)

\_\_\_ (E) Further Help Wet nursing

\_\_\_ (F) Further Help Relactation

\_\_\_ (G) Further Help Breast conditions

\_\_\_ (H) **Further Help Supported artificial feeding**

\_\_\_ (i) Further Help Complementary Feeding

**Referral / Specialised Support:**

\_\_\_ Medical treatment/Therapeutic feeding

\_\_\_ Other – specify \_\_\_\_\_



IYCF-E Reg. No. \_\_\_\_\_ Child's name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother/Caregiver's name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

**FOLLOW UP / MONITORING FOR EACH CONTACT\* (for artificially fed infants see checklists below):**

Date						
Health & Weight of child (kg) (if part of programme)						
Date / time / place of next contact						
Notes and Agreed Actions for next visit (1 or 2)						
Progress from last visit						



\* choose frequency of follow up according to each child/carer's situation, start more frequently and then aim for weekly contacts. Add new card if necessary, e.g if continuing support to an artificially fed infant.

**Checklist for counselling on BMS** (ensure that information from the Full Assessment of Mother-Baby Pair is used to inform the discussions below and to highlight any additional issues):

Item to discuss (initially and to ensure on subsequent visits if needed)	Check (date)
What BMS will be given, when and where to receive it.	
What extra resources they will need to prepare BMS and how they will obtain these (See items in 'Safer BMS Kit')	
How much and how often to feed BMS	
How to keep feeding utensils clean and safe	
How to prepare and store the feeds	
The advantages of cup feeding and how to cup feed	
Warning of the potential hazards of using BMS.	
<b>Demonstrate</b>	
Care worker should demonstrate safe preparation of a feed in the home	
<b>Check that</b>	
The caregiver has been observed making a feed	
The caregiver has been observed cup feeding	

**Checklist for follow up visits (write findings in visit notes)**

Check and discuss
Infant health status and weight
Observe feed preparation: Check hygiene and it is as safe as possible
Observe a feed: Check feeding is as safe as possible – cup feeding
Find out any difficulties the caregiver may be facing and discuss practical solutions and/or refer for appropriate support
Check for warning signs of misuse of infant BMS (e.g. over concentration, over-dilution, formula being shared, etc)