**Infant and Young Child Feeding in Emergencies (IYCF-E)**

**Response Strategy for Ethiopian Refugees**

**In Eastern Sudan**

In emergencies, disrupted access to healthcare; food; water, sanitation and hygiene (WASH) facilities and a lack of privacy to breastfeed can compromise IYCF practices. Additionally, heightened stress levels, traumatic experiences, disrupted support networks and increased time required for daily tasks can negatively impact mothers’ mental health, care and breastfeeding practices. Sub-optimal IYCF practices put young children at risk of acute malnutrition, stunting and micronutrient deficiencies, with the youngest being the most vulnerable. Therefore, protecting, promoting and supporting recommended IYCF practices and minimizing associated risks around feeding and care are crucial to child survival, nutrition and development in emergency contexts.

This document has produced detailed programmatic guidance on a holistic approach to ensure safe and adequate nutrition for breastfed and non-breastfed infants, through the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when necessary.

**Key Messages:**

* During emergencies, it is recommended that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is the best choice for infants except in a few rare medical conditions, and virtually every mother can breastfeed. In addition, a growing body of evidence underscores the global recommendation that breastfeeding be initiated within the first hour of birth.
* In addition to protecting, promoting and supporting breastfeeding in emergencies, it is also fundamental within such contexts to ensure that the needs of non-breastfed infants are met. Depending on the situation, this may represent a small number of isolated cases or may represent a significantly larger caseload in contexts where a large proportion of infants were not breastfed pre-crisis.
* It is important to bear in mind that in emergency contexts appropriate complementary feeding may also be eroded or disrupted. This can be due to a number of causes affecting the safety quantity and quality of complementary foods but also the associated care practices that influence how, when and where caregivers feed older infants (over six months) and young children (12-24 months). Sub-optimal complementary feeding can also lead to a deterioration in the health and nutritional status of infants and young children, resulting in increased morbidity and mortality.
* National or sub-national authorities should advise mothers known to be HIV-infected on the recommended infant feeding practices that support the greatest likelihood of HIV-free survival for their children.

**Minimum IYCF-E Response Action:**

**Situation overview:**

Following military confrontation between federal and regional forces in Ethiopian Tigray region , the government declared it in state of emergency on 4 November .As a consequences ,more and more people have fled the region to seek safety in neighboring Sudan . communication lines remained closed , making it difficult to monitor population movement and predict potential future influxes into Sudan from the Tigray region .

**New arrival**

The UN’s Refugees Agency (UNHCR) and Sudan’s government commissioner for refugees (COR) registers 5228 new IDPS on arrivals on Sunday which is the second highest number of arrivals on Sunday which is the second highest number of arrivals since the Tigray region in Ethiopia was declared an emergency .refugees from Ethiopia continued crossing into Sudan on Monday ,increasing the total number of arrivals to 45,689 as of 2nd December 2020 ,with the majority coming through the tow border points Hamdyat in Kassla state and Lugdi in Gadaref state. OR has estimated that approximately 57 percent women ,and 45 percent under age 18 are at Hamdyat transit center .COR who is responsible for the preliminary registration at the transit centers, continued registering at household level .while majority of of the refugees were Ethiopian ,some Eritrean also arrived and are being relocated to the existing Shagrab camp which is already hosting Eritrean . (UNHCR update 2)

**IYCF situation analysis in Kassala:**

Good IYCF (children aged 6 - 23 months) was generally poor across the State, showed 16.38% (95%. CI: 14.13 %- 18.78 95%), with exception in Kassala town which showed good IYCF practices of 45.40 % and four localities; Rural Telkok, Refi North Delta, Refi Kassala and Rural Western Kassala which showed the poorest IYCF indicator .

Complementary feeding means giving other foods in addition to breast milk for an infant more than 6 months old when the breast milk is not enough to meet infant nutritional needs.

The result showed boor diet diversity in the State at 25.10% (95%.UCL 21.73 -27.9795%.LCL) according to WFP consumption score. Kassala town showed high rate of 45.40% while North Delta showed low rate of 8.07%.

**Infant and Young Child Feeding – Why is it important?**

Infants and young children under the age of 2 years are very vulnerable to illness, especially diarrhoea, malnutrition and death in emergencies. The younger the infant the more vulnerable they are.

**BREASTFEEDING IS A SHIELD THAT PROTECTS AND SAVES INFANTS LIVES, ESPECIALLY IN EMERGENCIES.**

Every effort should be made to support mothers to breastfeed and avoid the use of breastmilk substitutes. In an emergency, babies who are not breastfed are at great risk. BUT BREASTFEEDING CAN EASILY BE UNDERMINED WITHOUT EVERYONE’S ACTIVE SUPPORT.

Supporting good infant feeding practices maximizes the chances of infants surviving emergencies / crises. This leaflet highlights some key points on how EVERYONE involved in the emergency relief effort can protect the health and survival of infants and young children during this crisis.

Being in transit, exhaustion, lack of privacy and severe stress negatively affect a caregiver’s ability to practice or priorities optimal infant and young child feeding and care practices. During emergency situations such as mass displacement, breastfeeding can be lifesaving and must be protected.

1. **Assessment**

Initial rapid assessment should be conducted to identify main feeding problems for infants 0-6 and infants 6-23 months. (Annex 1)

Ensure that the IYCF initial rapid assessment included on multisectoral need assessment or other sectors assessment.

1. **IYCF-E interventions:**
2. **On entry pints :**

* Ensure that children on registration classified to IYCF figures (0-6 and 6-23) and PLW.
* Priorities lactating women with infants less than 2 years for registration avoid keeping them in ling.
* Provide IYCF Key masses and hygiene massages.

Ensure that the camp management adapts the following recommendations to create a supportive environment for lactating women:

* Always be supportive of efforts to breastfeed (e.g. Priorities lactating women for practical assistance and aid, encouraging them to continue breastfeeding, especially if they are experiencing difficulties).
* Allocate separate، shaded waiting areas for pregnant and lactating women with infants below 2 years of age and priorities their access to services، shelter، water and food or non-food items.
* Allocate quiet، private areas for lactating women to breastfeed.
* Notice pregnant and lactating women and young children – During any assessment include questions on the numbers and problems facing pregnant and lactating women and infants using standard indicators and methodologies and share this information with the Nutrition Cluster.
* Provide large amounts of drinking water for lactating women.
* Ensure the nutritional needs of PLW and young children are met، through increasing food rations of appropriate foods for families with PLW and young children.( 285kcal/ day for pregnant and 500 kcal /day for lactating mothers) . for both ready to use food basket and dry ration .( WFP)

**Provide fluids to lactating women:**

Dehydration can affect the amount of milk produced by the mother، so it is important to ensure that lactating mothers have access to large amounts of free water، especially when waiting in queues or transit zones.

Facilitate women's access to segregated toilet facilities so that they do not reduce the amount of water they consume due the lack of latrine access.

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| **Feed the mother and let her breastfeed her baby** |

1. **On camps and transit center :**

* In the difficult circumstances the focus should be on creating conditions that protect and support appropriate IYCF practices, such as through establishing supportive and safe spaces for mothers and their children where practical advice and emotional support is available, where they can care for and bond with their babies and connect with other mothers. A Mother Baby Area (MBA) also provides women with the privacy that many women require in order to breastfeed. (Refer to annex 2)
* Train CVs to provide proper IYCF massges as well as IYCF during COVID -19 massages . COVID19
* During safe water distribution، it is recommended to provide an additional liter per day for each lactating woman alongside messages explaining the importance.(UNICEF WASH sector)
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* Facilitate women's access to segregated toilet facilities so that they do not reduce the amount of water they consume due the lack of latrine access.
* Ensure the provision of nutritious food options or vitamino and micronutrient powder accompanied with appropriate infant and young child feeding messages, counseling and support.
* Conduct orientation meeting to the community leader stockholder to report any random distribution of BMS.
* Using rapid assessment form (Annex 3) conduct rapid assessment for infant to 0-6 to refer mother to receive counseling or infants to receive artificial feeding.
* A non-breastfeeding mother who wishes to relactate will require skilled breastfeeding support until breastfeeding is re-established. Success will depend on the mother’s wellbeing and motivation; the age of the infant; how long the mother has ceased breastfeeding; and her access to sustained skilled support. Infants less than six months will benefit the most.( See Annex 4) .
* Ensure complementary feeding interventions comply with the WHO Guidance on ending inappropriate promotion of foods for infants and young children.
* Provision of non-food items and cooking supplies (including domestic energy); access to
* communal food preparation areas where household facilities are lacking; advice on safe
* food handling; and protected eating and playing spaces.

Establishing Mother/caregiver and baby groups In emergency settings ( A tent could be used):

**Establishing Mother/caregiver and baby groups In emergency settings ( A tent could be used):**

* Mothers/caregivers and babies can be invited to attend mother and baby groups on the same day that they collect ration or come to follow up visit.
* Safe, clean, baby friendly spaces should create.
* Establishing separate baby corner /tent
* Train facilitator on ((UNICEF Care for Development package) to deliver a simple six to ten-week curriculum .
* Tent should be equipped with the UNICEF ECD kits and toys made by parents, mother/caregiver and baby groups.
* Groups can be run daily, with a new group of mothers/caregivers each week when mother caregiver came to follow up . It should be emphasized that other caregivers including older sibs, grandparents and fathers are welcome in the group.

1. **formulation of MSGs :**

In the first stage of emergencies formulation of MSGs not preferable .

The formulation of MSGs should be last steps after the camps settings building the capacities of the team who speaking refugee’s language.

1. **Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions**

* giving special attention to access to suitable complementary foods for children and nutritional adequacy for PLW (add extra 285 kcal for pregnant women and 500 KCL for lactating women . (WFP )

**WASH:**

* Collaborate to ensure clean water and WASH facilities (such as latrines and handwashing stations) are available at Mother Baby Areas and Nutrition Centers .
* Train hygiene focal points in IYCF facilities to ensure adequate hygiene standards are maintained
* Enhance coordination through information sharing and discussion relevant to the wellbeing of PLWs and infants and young children between the two sectors.
* Specifically consider the identified needs and vulnerabilities of PLW and children 0-23 months before designing WASH interventions
* Ensure messages around the disposal of children’s faeces, waste water disposal and hand washing are provided to cregivers of children 0-23 months through WASH and IYCF-E teams.
* Prioritize PLW and children 0-23 months for the distribution of hygiene kits (for household water treatment: appropriate dosage and/or specific dedicated storage, soap and menstrual hygiene products).

**Child protection :**

* Baby friendly spaces and community staff
* Work closely with the Child Protection team to ensure clear understanding of division of responsibility for monitoring and follow-up of cases that overlap between Protection and Nutrition sectors.
* Ensure that unaccompanied infant and children will receive the appropriate nutrition support until they are reunified with parents and family (providing formula, ect).
* Identify and report cases of identified unaccompanied children, and refer to available service through coordination with the CPM focal point. (for nutrition ).Provide trainings for those representing , the IYCF Key Massages and screening of malnutrition and refer Malnutrition cases
* 7.Child Protection team to give an orientation training to sensitize staff in child handling, to ensure staff are sensitive to beneficiaries’ best interests and dignity. For example, when weighing children, the best person to place the child into the hanging weighing scales is often the mother.
* Ensure that all nutrition staff are aware of the referral mechanisms and resources available at the community level.
* Mothers, caregivers, infants and young children should benefit of information-sharing processes to ensure referrals, follow-up and support for vulnerable groups to separation.

**Camp Coordination and Camp Management (CCCM) cluster (UNHCR)**

Disaggregate data for children under five years old by gender and by age as follows: 0-5 months, 6-11 months, 12-23 months and 24-59 months. Informed by the context, disaggregate key information by ethnicity, location, etc. to enable equity analysis. (UNHCR).

1. **Donations in emergencies :**

Do not accept donations of BMS, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies. Donated BMS are typically of variable quality; of the wrong type; supplied disproportionate to need; labelled in the wrong language; not accompanied by an essential package of care; distributed indiscriminately; not targeted to those who need them; do not provide a sustained supply; and take excessive time and resources to manage to mitigate risks.

Do not accept donations of complementary foods in an emergency. Risks include donated complementary foods may not meet nutritional and safety standards, Code labelling requirements, or recommendations of WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children; may be culturally inappropriate; and may undermine local food use and recommended IYCF practices. For donated foods that are not designed as complementary foods but can be used for complementary feeding, it is important to prevent the emergency response from being used to create a potential market for specific foods; to ensure interventions are needs based rather than donor-driven; and to guarantee adequate quality and safety of the diet.

Report offers or donations of BMS, donor human milk, complementary foods and feeding equipment to UNICEF or UNHCR as appropriate.

* all information or messages concerning the use of complementary food products should include a statement on the importance of breastfeeding for up to two years or beyond, the Importance of not introducing complementary feeding before six months of age and the appropriate age of introduction of this food (this must not be less than six months); and be easily understood by parents and other caregivers, with all required label information being visible and legible. Provide clear instructions on safe preparation, use and storage. Labels and designs of complementary food packaging need to be distinct from those used on BMS too.
* Where animal milk is a significant feature of child diets, such as in pastoral communities, it is

important to establish how to safely include milk products as part of a complementary diet.

Milk products can be used to prepare complementary foods for all children over six months of age. Recommend to breastfeeding mothers not to displace or substitute breastmilk with animal milk. Pasteurised or boiled animal milk may be provided to non-breastfed children over six months of age and to breastfeeding mothers to drink in controlled environments (such as where milk is provided and consumed on site (wet feeding)). Animal milk should not be distributed outside of such controlled environments.

* **Do not use general or blanket distributions as a platform to supply BMS** . Dried

milk products and liquid milk should not be distributed as a single commodity in general or blanket distributions as they may be used as a BMS, exposing both breastfed and non-breastfed infants to risks. Dried milk products can be pre-mixed with a milled staple food for distribution to use as a complementary food in children over six months of age. Where milk powder is commonly used or widely available in a population, recommend and provide practical guidance to incorporate into cooked family meals and advise against use as a BMS (see 5.15). Dried milk powder may be supplied as a single commodity to prepare therapeutic milk for on-site therapeutic feeding. WFP in consultation with UNICEF and UNHCR is responsible for controlling the distribution of milk powders and BMS in general rations74 in accordance with the provisions of the OG-IFE (see 5.25 for additional considerations regarding animal milk use).

In accordance with the Code, there should be no promotion of infant formula distribution, including displays of products or items with company logos or logos on vouchers.

Storage of infant formula should not be in view of beneficiaries.

* When BMS are distributed, ensure there is adequate breastfeeding counselling and support

for breastfeeding mothers. Consider distributing specific items of value to breastfeeding

mothers, such as food or hygiene products.

1. **IYCF on HIV cases :**

* Based on the informed choice policy of WHO, UNICEF, UNAIDS, and UNFPA on HIV and

infant feeding (WHO, 2003); it is recommended that only when replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS), avoidance of all breastfeeding by HIV infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first six months of life and should then be discontinued as soon as it is feasible.

* recommending breast milk substitutes should never be done without careful

consideration for this reason the AFASS conditions are expressed forthrightly.

* For women who test negative for HIV, or who are untested, exclusive breastfeeding is the only

recommended feeding option. While women at higher risk of HIV (Figure No. 2) and their husbands need access to VCT services those who test HIV positive and their husbands should receive counselling on several issues including family planning, their own nutritional requirements, the risk of HIV infection compared with the risks of not breastfeeding and how to determine which of available feeding options is AFASS.

* This guidance will allow the mothers,
* fathers and other caregivers to make an informed choice on the safest feeding option for their
* situation. Through this approach, will make it possible to achieve the ultimate goal of increasing
* overall child survival, while reducing HIV infection in infants and young children.

AFASS means the mother/family:

* Accept not to breastfeed and thus use exclusive replacement feeding through Breast Milk Substitute (BMS).
* Consider the Breast Milk Substitute Feasible given the extended family/community but also nature of work and lifestyle of the mother/family.
* Can Afford to supply enough Breast Milk Substitute feeds for the duration the child needs the alternative e.g. 6 months + other 12-18 months when on complementary foods.
* Can Sustain the supply of the Breast Milk Substitute and sustain support from the family.
* Will maintain Safe conditions for the feeds, e.g. in that they have water, storage facilities and sanitation standards. ( AFASS Assessment table annex 5)

1. Referral :

* Integrate IYCF support and/or establish referral systems with reproductive, MNCH and health services; curative health services; acute malnutrition treatment; HIV; and child protection services.
* Refer malnutrition cases to the TSPs, OTPs, SCs .
* Refer traumatizes / mother need psychosocial support mother to the MPHSS