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

**Multi-Sectoral Guidance Note**

**V1. August 2021**

**Purpose of the Multi-Sectoral Guidance Note**

The purpose of the Infant and Young Child Feeding in Emergencies (IYCF-E) Integration Multi-Sectoral Guidance Note is to provide guidance on what to consider within programmes to create an environment that comprehensively supports infant and young child nutrition. It is designed for coordinators, managers, and staff across sectors. The Sudan IYCF-E Operational Guidance guides humanitarian partners in multi-sectoral integration of IYCF-sensitive activities by taking advantage of all contact points with Pregnant and Lactating Women (PLW), infants, young children and caregivers.

This checklist was developed by the Global Nutrition Cluster Technical Alliance Support Team in coordination with the Sudan Nutrition Sector with input from multi-sectoral cluster leads in which integrated activities suitable for the context were selected and prioritized. It provides actions to consider rather than a must-do list for each response and humanitarian partners should adapt to each individual response with support from and coordination with the Sudan Nutrition Sector.

**Why IYCF-E is Important?**

Appropriate Infant and Young Child Feeding (IYCF) means initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months and continued breastfeeding for two years or more, together with nutritionally adequate, safe, age appropriate, responsive complementary feeding starting at six months.

The focus of IYCF is children under two, and the mother and/or any other caregiver of that child; at this age the child is dependent on their caregiver. Pregnant women and adolescents are also a target group for IYCF, as a mother’s health, nutritional status and wellbeing before and during pregnancy can impact newborn health and nutrition outcomes.

Malnutrition is more than having too little food, it is a combination of various factors including insufficient protein, energy and micronutrients, frequent infections or disease, poor feeding practices, inadequate health services and unsafe water and sanitation. Children who are well nourished have a better chance of being healthy, and are more able to develop, learn and be productive members of their community.

In Sudan, where stunting rates are above 30%, stunting is well above emergency thresholds and is at a critical level of public health significance. Stunting increases a child’s risk of dying, although it is often mistakenly not considered a life-threatening condition and therefore often deprioritized within humanitarian operations. The over 30% of children who are stunted in Sudan are at high risk of dying as they become stuck in a vicious cycle of worsening nutritional status and increasing susceptibility to infection.

Over one in three children U5 (2.3 million) are too short for their age (stunted) with rates above 30 per cent in 128 out of 188 localities, making Sudan one of the 14 countries where 80 per cent of the world’s stunted children live.

According to the Simple Spatial Surveying Method (S3M II survey) results[[1]](#footnote-1), the national prevalence of global acute malnutrition (GAM) is 13.6 per cent, reaching above 15 per cent threshold in 7 out of 18 states in Sudan, indicating a very high level of acute malnutrition. Around 3.8 million children and women are suffering from GAM and over 574,000 children require treatment for severe acute malnutrition (SAM). It is anticipated that current malnutrition levels and vulnerabilities among children and women will further be exacerbated by the ongoing COVID-19 pandemic mainly due to loss of livelihood, disrupted access to food value chain and restricted access to health care services.

Traditionally in humanitarian operations many nutrition resources go to treatment of acute malnutrition, but it is possible to stop malnutrition before it starts through protection, promotion and support to recommended infant and young child feeding (IYCF) practices. Especially in the early stages of an emergency, appropriate IYCF practices are key to saving lives, preventing malnutrition and are an essential part of maternal, infant and young child health.

**IMPORTANT**

**The Sphere Standards (2018) Regarding Milk Distribution: Food Assistance Standard 6.2**

There should be **NO** untargeted distribution of free or subsidised infant formula, milk powder, liquid milk or milk products as a single commodity, including milk intended for mixing with tea, in a general food distribution or a take-home supplementary feeding programme. Untargeted milk distribution and its indiscriminate use may cause serious health hazards as milk in any form is often given to infants as a breastmilk replacement. Any interventions involving milk should be in accordance with the Operational Guidance on IFE, the International Code of Marketing of BMS and subsequent relevant WHA resolutions

**Why Integration?**

Integration is the intentional combining of one or more sector interventions to achieve improved humanitarian outcomes. Services are jointly designed, planned and delivered by teams from all sectors involved.

Potential advantages of an integrated

approach include greater effectiveness and efficiency and the more cost-effective use of resources. By combining services in one package, and in one location, both children and their caregivers can receive the services they need in a manner that eases the burden on caregivers and creates confidence.

To fully protect and support appropriate IYCF, it must 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 IYCF, even if they are not nutritionists or public health experts. Integration with other sectors and coordination are key enabling factors to ensuring the success of IYCF programming and, more broadly, the protection of pregnant and lactating women (PLW), infants and young children[[2]](#footnote-2).

Within this Guidance Note humanitarian partners can begin to understand effective integration between IYCF and other sectors where shared common strategic objective(s) and activities are located that respect all sectors´ priorities, while contributing to a common goal of protecting infants and young children.

**An Important Note about Breastmilk Substitutes (BMS) and Sudan** **Operational Guidance**

Humanitarian Partners should **NEVER** accept any donations or participate in untargeted distribution of Breastmilk substitutes (BMS), milk as a standalone product, and including infant formula, bottles and teats.

Accepting donations and participating in untargeted distribution of BMS is against the *Breast milk Substitutes (Regulation of Marketing) Ordinance and amendments* in Sudan as well as the *International Code of Conduct for BMS, Operational Guidance for Infant Feeding in Emergencies, and the SPHERE Standards*.

Breastmilk Substitutes are any food marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not it is suitable for that purpose. **This includes infant formula and follow-on milks, other milk products, baby teas and juices, and infant cereals.** The Code also applies to feeding bottles and teats.

Humanitarian partners who see any of these items distributed should notify the Sudan Nutrition Sector immediately.



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**IYCF-E Multi-Sectoral Integration**

**All Sectors**

* Report uncontrolled BMS distributions to the Nutrition Sector
* Never include infant formula, bottles, teats or pacifiers in distribution
* Ensure all staff are sensitized to IYCF as well as BMS monitoring and reporting
* Develop clear procedures for identification and referral
* Organize joint needs assessments that gather relevant IYCF, nutrition and FSL data for PLW, children 0-5 months, 6-11 months and 12-23 months
* Disaggregate data and ensure PLWS and children under 2 years are accurately recorded

**Shelter/NFI/CCCM**

* Ensure newborns are registered within two weeks of birth.
* Conduct joint mapping of available services relevant for PLW, infants and Young Children
* Include PLW and children 0-23 months in shelter vulnerability criteria
* Protect PLW, infants and young children during mass distribtuions
* Establish a working group among relevant sectors on the needs of PLW, breastfed and non-breastfed infants
* Provide hygiene promotion and related NFIs at IYCF sites
* Allocate space for IYCF activities and plan for safe breastfeeding corners and IYCF supportive spaces
* Locate Child Friendly Spaces (CFS) near breastfeeding corners and IYCF supportive spaces

**Food Security and Agriculture**

* Protect PLW, infants and young children during mass distributions including the provision of safe breastfeeding corners
* Standardize relevant IYCF and Food Security messages
* Consider cash and voucher programmes that promote good nutrition outcomes
* Ensure inclusion and effective access of PLW and children 6-23 months and their caregivers in food aid programmes
* Consider work programmes that integrate childcare or are located close to the homes of mothers and caregivers of children 0-2 years

**WASH**

* Provide hygiene promotion at health and nutrition points
* Ensure handwashing facilities are available at health and nutrition points
* Prioritize PLW for interventions and have this as one of the criteria for targeting
* Coordinate with the nutrition sector to ensure caregivers of non-breastfed children have access to a safe water supply and prioritize breastfeeding mothers for provision of potable water
* Aim for behavior change within households of malnourished children by conducting sessions on appropriate hygiene practices for preparation of foods and infant milk and appropriate hygiene practices for mother and baby
* Stregthen promotion activities targeting reducing fecal-oral transmission diarrheal diseases and highlighting linkages between frequent hand and object mouthing with fecal contamination.
* Train focal points in IYCF facilities on proper hygiene measures to ensure adequate hygiene standards are maintained
* Include pregnant and lactating women and caregivers of children under-two years old in community consultations relevant to water supply: including access to clean water, quality of water and household level storage;
* Prioritise caregivers of children under-two years old and pregnant and lactating women in the provision of safe/potable water (including location of water points, water purification tablets, water trucking);
* Prioritise children under-two years old and pregnant and lactating women for the distribution of hygiene and dignity kits (household water treatment: specific dedicated storage, soap and menstrual hygiene products);
* Consider unique washing needs for infants (i.e. establishing infant washing stations, providing infant tubs);
* Provide caregivers of artificially fed infants with targeted hygiene support, including hygiene messaging, using of clean water and soap to ensure the use of clean containers/ bottles for children feeding;
* Involve mother support group members in the distribution of soap and accompanying hygiene messages

**Health**

* Allocate space for IYCF activities in health points and establish safe breastfeeding spaces
* Conduct an IYCF Capacity Assessment[[3]](#footnote-3) to identify IYCF training topics for health workers
* Inclusion of IYCF in case management and vaccination protocols, RCCE plans and training
* Cross train health and IYCF staff Include IYCF counselling as part of ANC and PNC services
* Delivery services and maternity wards to protect, promote and support IYCF including the implementation of the Ten Steps to Successful Breastfeeding[[4]](#footnote-4)
* Standardize relevant IYCF and public health messages for PLW and caregivers of children 0-23 months
* Integrate intermittent preventive treatment of malaria and distribution of ITNs into a basic package of free services for pregnant women and young children
* Provide counseling and support for appropriate breastfeeding and complementary feeding including feeding during illness and the importance of catch-up growth during convalescence

**Protection**

* Train CP staff on how to identify and refer PLW and children 0-23 months between IYCF and protection programmes in a safe and confidential way
* Ensure cases that need urgent care are referred including separated and orphaned children, non-breastfed infants, malnourished children and mothers with breastfeeding difficulties
* Ensure registration of newborns
* Prevent separation and keep infants and young children with their parents and caregivers
* Standardize relevant IYCF and protection messages for PLW and caregivers of children 0-23 months including availability of and access to services
* IYCF staff to participate in protection sector to raise awareness and orientation on IYCF
* Consider needs and establish spaces for IYCF activities including safe spaces for breastfeeding
* Ensure strong linkages for referral between IYCF and GBV programmes
* In coordination with the Nutrition Sector, ensure that unaccompanied infant and young children receive appropriate nutrition support until they are reunified with parents and families, including targeted artificial feeding support
* Include child protection messages as part of nutrition and community outreach activities
* Discourage interventions that may incentivize family separation such as delivery of disproportionate benefits to children in residential care
* 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.
* Mapping of available service about CPM and nutrition.

**Education**

* Advocate for inclusion of IYCF and ECD approaches and materials in education policies and guidance materials
* Develop clear procedures for referral between education and IYCF programmes
* Work with education teams to identify ways to increase access to additional nutrition support for adolescent mothers and mothers involved in adult learning activities by offering complementary session times/locations and childcare services in or close to learning facilities
* Include ECD in mother-baby groups and IYCF supportive spaces activities
* Include ECD messaging in waiting rooms at IYCF facilities or other places PLW gather
* Include counselling on caring practices in line with ECD in on-to-one IYCF counselling

**Additional Resources**

**The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response** *(2018)* <https://reliefweb.int/report/world/sphere-handbook-humanitarian-charter-and-minimum-standards-humanitarian-response-2018>

See sections:

* Food assistance standard 6.2: Food quality, appropriateness and acceptability
* Infant and young child feeding standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies

**Operational Guidance on Infant Feeding in Emergencies (OG-IFE) V. 3**  *IFE Core Group (2017)* <https://www.ennonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf>

See: Section 5.30 to 5.32

**The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions** *WHO (2017)* <https://www.who.int/publications/i/item/WHO-NMH-NHD-17.1>

**IYCF-E Briefing for All Aid Workers and Volunteers in Disasters: Infant and Young Child Feeding- Why should it matter to me?** *Save the Children* <https://drive.google.com/file/d/0B5uBNDhhrtqbXy00X3JudENpZ28/view?resourcekey=0-IB3uynOI-TqZzzjwknHHRQ>

**Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action** *Save the Children and UNHCR (2018)* <https://www.unhcr.org/5c0643d74.pdf>

1. https://data.humdata.org/dataset/simple-spatial-survey-method-s3m-ii-for-sudan-2018 [↑](#footnote-ref-1)
2. Save the Children and UNHCR (2018) A Multi-Sectoral Framework [↑](#footnote-ref-2)
3. https://www.nutritioncluster.net/IYCF-E\_Ind\_Cap\_Assessment [↑](#footnote-ref-3)
4. https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding [↑](#footnote-ref-4)