



INFANT AND YOUNG CHILD FEEDING Strategy - Yemen

2017 - 2021





FOREWORD

TBC by MoPHP

“The development of this strategy was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Tech RRT and the MoPHP and do not necessarily reflect the views of USAID or the United States Government.”

ACRONYMS

BCC	Behaviour Change Communication
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitutes
BSFP	Blanket Supplementary Feeding Programme
CHV	Community Health Volunteer
CMAM	Community Based Management of Acute Malnutrition
IFE	Infant Feeding in Emergencies
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
GAM	Global Acute Malnutrition
HW	Health Worker
KAP	Knowledge Attitudes and Practices
MAM	Moderate Acute Malnutrition
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MTMSG	Mother to Mother Support Groups
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SCI	Save the Children International
TFP	Therapeutic Feeding Programme
TSFP	Targeted Supplementary Feeding Programme
TRRT	Technical Rapid Response Team
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHA	World Health Assembly
WHO	World Health Organization
YHNO	Yemen Humanitarian Needs Overview
YNDHS	Yemen National Demographic and Health Survey



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EXECUTIVE SUMMARY

In Yemen, efforts to improve the nutritional status of the population have been ongoing; however, the implementation of quality IYCF and IYCF-E interventions have lagged far behind. The latest national survey measuring IYCF indicators (DHS 2013) found that only 10% of children under six months are exclusively breastfed and that only 65% of children 6-9 months received complementary foods. In addition it was estimated that 44% of infants were fed using a bottle, indicating high rates of infant formula use. The current crisis is bringing additional challenges to optimal IYCF practices such as a lack of clean water, poor sanitation, limited access to health services, lack of food for PLW and their young children, and unsolicited donations of BMS.

A participatory workshop on the State of National IYCF was organised in November 2016 by the MoPHP and the development of a national IYCF strategy was one of the key recommendations identified. A Strategy Committee consisting of members from MoPHP, UNICEF, WHO, WFP, SCI, and FMF was established to support the development of the strategy. This strategy intends to re-invigorate efforts towards implementation of quality IYCF interventions in Yemen.

A number of constraints hinder the achievement of quality IYCF programming in Yemen, hereby limiting improvement of appropriate IYCF practices. An analysis of these issues informed the identification of the key strategic priorities and actions points for this strategy. The over-arching constraints identified during a SWOT analysis with the strategy committee are 1) Limited intra-sectoral and inter-sectoral coordination, 2) Lack of a national IYCF strategy and weak enforcement of existing legislation and guidelines, 3) Workforce not sufficiently trained on IYCF and IYCF-E and lack of dedicated IYCF staff, 4) Baby Friendly Hospital Initiative not implemented, 5) Lack of commitment to support appropriate IYCF practices from professional groups, and 6) Lack of protection and support for IYCF during emergencies.

The main **GOAL** of the Strategy is the reduction of undernutrition related mortality and morbidity amongst children under 2 years of age through optimal feeding of infants and young children. The main **OBJECTIVE** is appropriate infant and young child feeding practices are protected, promoted, and supported.

Seven key strategic priorities have been identified, addressing the key constraints identified and ensuring that appropriate IYCF practices in Yemen are supported, promoted, and protected.

- 1) Improved coordination within the MoPHP and between the MoPHP and other government bodies and partners.
- 2) Implementation and enforcement of IYCF related Legislation and Regulation.
- 3) Strengthened advocacy and communication for IYCF.
- 4) Reinforcement of the Baby Friendly Hospital Initiative
- 5) Improved data and information available through IYCF assessments and strengthened monitoring and evaluation.
- 6) Focused activities to create an environment supportive of appropriate IYCF practices.
- 7) Strengthen IYCF in emergencies.



1. BACKGROUND

1.1 Why a National Strategy for IYCF

In Yemen, efforts to improve the nutritional status of the population have been ongoing, however, to date these efforts failed to bring about substantial changes leading to improvement of the nutritional situation of the most vulnerable groups. While community-based management of acute malnutrition (CMAM) has achieved expanded scale, Infant and Young Child Feeding (IYCF) and IYCF in emergency (IYCF-E) interventions have lagged far behind. Large gaps remain in implementing programs to support early initiation of breastfeeding and exclusive breastfeeding for the first six months of a child's life, although breastfeeding is proven to be the top child survival intervention. According to the Lancet series on child survival 13% of under-five child deaths could be prevented through breastfeeding and another 6% through complementary feeding.¹ Recent research estimates that 823,000 new born deaths and 20,000 breast cancer deaths could be prevented annually if breastfeeding practises are scaled up.² The decision not to breastfeed a child has major long-term effects on the health, nutrition, and development of the child and on women's health. If we can ensure that every infant is given breast milk immediately after birth and is fed only breast milk for the first six months, we can greatly increase the chance that they will survive and go on to fulfil their potential.

A participatory workshop on the State of National IYCF was organised in November 2016 by the Ministry of Public Health and Population (MoPHP) with support from UNICEF and was attended by key government and partner staff. The WHO assessment tool 'Infant and Young Child Feeding, a tool for assessing national practices, policies, and programmes (2003)' was used during the workshop.³ The development of a national IYCF strategy was one of the key recommendations identified.

Following this recommendation the IYCF-E Adviser from the Technical Rapid Response Team (TRRT) was requested to support the development of the IYCF Strategy. A Strategy Committee consisting of members from MoPHP, UNICEF, WHO, WFP, SCI, and FMF was established to support the development of the strategy. Several consultation meetings conducted with the Strategy Committee and other key stakeholders have informed the development of this IYCF Strategy. This strategy intends to re-invigorate efforts towards implementation of quality IYCF interventions in Yemen.

1.2 Nutrition Situation in Yemen

More than 2 years of conflict have exacerbated the chronic challenges that existed before the crisis and large areas face increasing challenges in terms of food security, nutrition, water, and healthcare. Conflict has contributed significantly to the catastrophic nutrition situation in Yemen and malnutrition rates are rising rapidly as a result of this. Partners estimate that 4.5 million people require treatment or prevention services for malnutrition – a 148% rise since late 2014. Of the 4.5 million people in need, nearly 3.3 million are estimated to be acutely malnourished, including

¹ Lancet Child Survival Series 2003 - How many child deaths can we prevent this year?

² Lancet, Breastfeeding Series 2016 - Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect

³ [IYCF a tool for assessing national practices policies and programmes](#)



462,000 children with severe acute malnutrition (SAM) and 2.8 million children and pregnant and lactating women (PLW) with moderate acute malnutrition (MAM).⁴

One of the key nutrition issues in Yemen is the lack of dietary diversity. The main staple items – wheat and rice, together with oil/fat and sugar/honey – make up the three dominant food groups, in addition to the condiments that most people consume daily.⁵ The overall food insecurity situation is high due to extreme poverty leading to inadequate physical and financial access, stressed livelihoods, and high levels of indebtedness; a situation worsened by the political instability and the current conflict. According to the Integrated Food Security Phase Classification (IPC) from March 2017 an estimated 17 million people (10.2 million in Crisis and 6.8 million in Emergency) equivalent to 60% of the population are food insecure or do not have enough to eat.⁶

Nutrition surveys completed in 2015 revealed global acute malnutrition (GAM) rates above the 15% emergency threshold in all locations in Al Hudaydah, Aden, and Sa'ada governorates with similarly high rates reported in some lowland areas of Taiz, Hajjah, Lahj, and Sana'a. Stunting rates ranged from 16.7% in Aden to a shocking 78% in some areas of Sa'ada. SMART conducted in 2016 showed GAM rates over the emergency threshold for Hodeidah Lowland, Taiz City, Taiz Lowland, and Sana'a dry temperate and a GAM rate close to the emergency threshold for Taiz Highland. SAM rates over the emergency threshold of 2% were reported for Hodeidah Lowland, Taiz Lowland, Sana'a dry temperate, and Sa'ada Lowland. An overview of results of most recent nutrition surveys can be found in Annex I.

Currently malnutrition is not only due to inadequate food consumption but also to non-food causes such as poor water and sanitation conditions, poor food utilization, and scarce health facilities. The recent Yemen Humanitarian Needs Overview (YHNO) found that 14.4 million lack access to safe drinking water or sanitation, and 14.8 million people require assistance to ensure adequate access to healthcare. Basic services and the institutions that provide them are collapsing, placing enormous pressure on the humanitarian response. Only 45% of health facilities are functioning, and even these face severe shortages in medicines, equipment, and staff.

1.3 Infant and Young Child Feeding Practices in Yemen

The 2013 Yemen National Demographic and Health Survey (YNDHS) collected data on IYCF practices showing the following results for key IYCF indicators:

- It was estimated that as little as **10.3% of children under six months were exclusively breastfed.**
- Only **64.6% of children 6-9 months were given complementary foods.**
- **43.8% of infants under six months were fed using a bottle with a nipple.**⁷

According to a recent Knowledge Attitude and Practices (KAP) survey conducted by UNICEF in 2015 57% of mothers indicated that their infants should be breastfed immediately after birth, however

⁴ Yemen Humanitarian Needs Overview 2017

⁵ WFP Comprehensive Food Security Survey Yemen, November 2014

⁶ IPC, Yemen March 2017

⁷ Yemen National Demographic and Health Survey 2013

Commentaire [MLG1]: Review numbers according to most recent indicators

AK: I am not aware of any updated figures, will these become available for the revised YRHP?

Commentaire [MLG2]: Would update with EFSNA data graph.

AK: despite the limitations?

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14% believe that a baby should not be breastfed within the first 24 hours after birth and 10% of females believe that the first food a newborn should receive is water and sugar. While 60% of both males and females believe that a newborn should receive nothing other than breastmilk during the first 6 months, 94% of mothers gave their children water, 60% gave them milk, 42% gave their children juice, and 33% gave their children infant formula the night before the interview. 96% of mothers surveyed breastfed their child the day/night before the interview.⁸

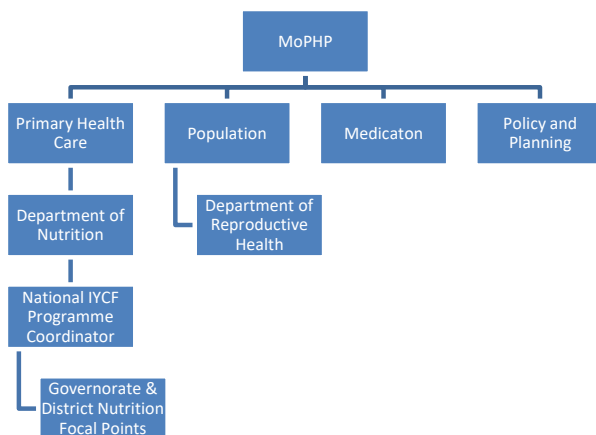
Several nutrition surveys have been conducted during 2015 and 2016. In line with findings from the 2013 DHS rates of exclusive breastfeeding continued to be very low ranging from 11% in Lahj Highlands to 34% in Hajjah Mountains. Estimated rates for continued breastfeeding at 1 year were fair ranging from 54% in Al Baidah to 88% in Hajjah Lowland. Minimum Dietary Diversity scores were very low ranging from only 13% in Hajjah Lowlands to 40% in Aden. Vitamin A supplementation was below SPHERE standards of 95% coverage for all areas, and extremely low in Al Baidah with only 25% of children reported to have received a vitamin A supplement in the 6 months preceding the survey.

An overview of additional data on IYCF practices collected recently can be found under **Annex II**. Note that the surveys conducted during the crisis only collected limited data on IYCF and sample sizes were small, explaining the often wide confidence intervals, therefore the data under Annex II should be interpreted with caution.

The findings above highlight that **IYCF practices in Yemen were already far from optimal prior to the conflict and the current crisis is bringing additional challenges to optimal IYCF practices** such as a lack of clean water, poor sanitation, limited access to health services, lack of food for PLW and their young children, and unsolicited donations of breastmilk substitutes⁹ (BMS).

1.4 Status of Infant and Young Child Feeding Programming in Yemen

Graph 1: Part of the organisational structure of the Ministry of Public Health and Population concerned with Nutrition and IYCF.



Commentaire [ak4]: Senan/Eman please correct me if I'm wrong here and/or add more detail.

⁸ Maternal New-Born and Child Health in Yemen, UNICEF KAP Survey Report

⁹ Any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose. For example – infant formula.



Legislation

In 2002 the Prime Minister issued Decision No. 18 on the **Regulation of the Promotion and Protection of Breastfeeding**. The Breastfeeding Legislation includes the Ten Steps to Successful Breastfeeding (see Annex III) and is regarded as the de facto policy. Additional legal regulations linked to the Breastfeeding Legislation are: the Ministerial Decree No. 3/56 issued in 2004, encouraging protection of breastfeeding through health institutions; Ministry of Media resolution No. 36 which regulates organisation of advertising services for the Yemen General Corporation for Radio and TV, article 3 clause 9 prohibits any advertisement promoting artificial nutrition instead of breastfeeding; and Child Rights Law No. 45 issued in 2002 has a complete chapter about the child's right to breastfeeding. All the aforementioned legislations are in accordance with the International Code, and the rules of marketing of breast-milk substitutes adopted by the World Health Assembly (WHA) in 1981.

Various activities have been organised by the MoPHP in order to raise awareness and implement the Breastfeeding Legislation including but not limited to:

- Circulation of the legislation to all health facilities in all governorates and other relevant bodies such as the Ministry of Information and the General Administration of Pharmacies.
- Coordination with relevant authorities within and outside the health sector and implementation of workshops for the directors of general health care, nutrition officials, and other parties concerned with the implementation of the legislation.
- Organisation of campaigns to control the level of marketing of breastmilk substitutes at public and private health facilities with relevant authorities to identify the type of violations.
- Stopping any activity at the health institutions by representatives of infant food companies
- Preparation of a guideline for health workers to support the implementation of the national legislation on the promotion and protection of breastfeeding at health facility level.

Capacity Building

National guidelines for IYCF counselling have been developed in 2011 in collaboration with WHO and UNICEF and the MoPHP has developed a six day training to train health workers on IYCF. In addition two days of IYCF training have been added to the CMAM curriculum, however there exists general consensus that these two days are not sufficient to properly train CMAM staff on IYCF counselling, rather these two days focus on key messages. Some of the main capacity building activities conducted are listed below:

- Recruitment of an international expert to train 6 main trainers on IYCF counselling at the national level followed by training for health workers from various health facilities.
- Implementation of a training course for trainers from all governorates, resulting in 119 IYCF trainers. Training has also been conducted for health service providers (i.e. doctors, midwives, nurses) in collaboration with various departments and agencies (i.e. General Directorate of Reproductive Health, Community Midwives Association).
- Total number of trained midwives (2300), total number of trained paediatricians, obstetricians and nursing staff (6500).
- An estimated 8000 community health volunteers (CHVs) have been trained on dissemination of key IYCF messages.

Commentaire [ak5]: Senan/Eman is the % of workforce trained known?



Implementation of IYCF activities

IYCF is integrated at the health facilities, mainly through IYCF corners and to some extent through CMAM, however services provided at IYCF corners vary by health facility and not all established corners are active. Health workers trained on IYCF (i.e. doctors, midwives and nurses) integrate IYCF within their routine activities. Unfortunately the consequence of this is that health workers, understandably, prioritise their core tasks. It is important to strengthen the understanding of the importance of basic IYCF support.

The MoPHP has developed and disseminated awareness materials (video and audio) in coordination with the General Directorate of Health Education and Information, aiming to educate the public about the dangers of artificial feeding and the importance of breastfeeding.

During the yearly World Breastfeeding Week additional activities are organised by the MoPHP.

In addition to the government implementing IYCF programming, development and humanitarian partners have also started to implement IYCF activities, using the MoPHP curriculum. Partners either support the government to implement IYCF activities, conduct training or implement additional activities such as mother to mother support groups (MTMSG). A guideline to standardize MTMSG is currently under development. Thus far most of the IYCF interventions focus on dissemination of IYCF key messages and little attention is given to additional interventions, so far no specific attention has been given to IYCF in emergencies (IYCF-E). It was noted that some partners implement activities without coordination with the MoPHP.

1.6 Analysis of Major Gaps, Constraints, and Challenges

A number of constraints hinder the achievement of quality IYCF programming in Yemen, hereby limiting improvement of appropriate IYCF practices. An analysis of these issues informed the identification of the key strategic priorities and actions points for this strategy. The over-arching constraints identified during a SWOT analysis (see **Annex IV**) with the strategy committee are:

- 1. Limited intra-sectoral and inter-sectoral coordination;**
- 2. Lack of a national IYCF strategy and weak enforcement of existing legislation and guidelines;**
- 3. Workforce not sufficiently trained on IYCF and IYCF-E and lack of dedicated IYCF staff;**
- 4. Baby Friendly Hospital Initiative not implemented;**
- 5. Lack of commitment to support appropriate IYCF practices from professional groups;**
- 6. Lack of protection and support for IYCF during emergencies.**

A detailed discussion of the major gaps, constraints and limitation can be found under **Annex IV**.



2. IYCF STRATEGY

2.1 Guiding Principles

The IYCF Strategy upholds the following guiding principles:

- A) Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health.
- B) Mothers and infants form a biological and social unit and improved IYCF begins with ensuring the health and nutritional status of women.
- C) Almost every woman can breastfeed provided they have accurate information and support from their families, communities and responsible health and non-health related institutions during critical settings and various circumstances including special and emergency situations.
- D) The national and local government, development partners, (I)NGOs, business sector, professional groups, and other stakeholders acknowledges their responsibilities and form alliances and partnerships for improving IYCF with no conflict of interest.

2.2 Guiding Policies

The IYCF Strategy adheres to the following guiding policies:

- Yemen National IYCF Counselling Guidelines (2011)
- WHO Global Strategy for IYCF (2003)¹⁰
- Yemen National Breastfeeding Legislation (2002)
- IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies (2007)¹¹
- WHO Guiding Principles for Feeding Infants and Young Children during Emergencies (2004)¹²

2.3 Goal, Main Objectives, Outcomes, and Targets

GOAL:

Reduction of undernutrition related mortality and morbidity amongst children under 2 years of age through optimal feeding of infants and young children.

MAIN OBJECTIVE:

Appropriate infant and young child feeding practices are protected, promoted, and supported.

¹⁰ [WHO Global Strategy for IYCF \(2003\)](#)

¹¹ [IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies \(2007\)](#)

¹² [WHO Guidelines for Feeding Infants and Young Children during Emergencies \(2004\)](#)



STRATEGIC OBJECTIVES:

1. Ensure policies, guidelines, and legislation supportive of optimal IYCF practices are enacted and adequately implemented.
2. Ensure implementation of quality IYCF programming through an agreed upon strategic action plan and improved coordination, implementation, supervision, monitoring and evaluation.
3. Ensure IYCF best practices are integrated into relevant sectors to fully protect, promote, and support IYCF.
4. Advocate for IYCF and raise awareness on the scale and magnitude of issues surrounding IYCF in Yemen.

OUTCOMES:

By 2021:

1. 75 percent of newborns are breastfed within one hour after birth;
2. 35 percent of infants are exclusively breastfed for the first six months of life;
3. 85 percent of infants are given timely adequate and safe complementary food starting at six months of age;
4. 40 percent of children 6-23 months receive a minimum acceptable diet (apart from breastmilk); and
5. 65 percent of children 12-15 months are still breastfed at 2 years of age.

TARGETS:

By 2021:

1. 75% of community midwives are trained on IYCF and reporting on key indicators
2. 75% of community health volunteers are trained on IYCF key messages
3. 15 out of 22 governorates have at least one hospital that provides maternity and child health services certified by MBFHI - including private hospitals
4. 22 out of 22 governorates have a dedicated IYCF coordinator
5. Minimum of 2 health workers per Health Unit (paediatric doctors, midwives, nurses, and CMAM staff) are trained on IYCF
6. 75 percent of health facilities have a functioning IYCF corner
7. 50 percent of IYCF corners have at least one dedicated IYCF staff member - trained on individual breastfeeding counselling
8. 50 percent of reported Code Violation/Violations of the National Breastfeeding Legislation are acted upon and sanctions are implemented as appropriate

2.4 Statement on Infant and Young Child Feeding

A complete overview of optimal feeding recommendations for infants and young children can be found in the National Guidelines for IYCF. The following is a summary of the most important aspects.

Early initiation and exclusive breastfeeding from birth to six months of age: Mothers are encouraged and assisted to put their newborn infants to the breast within one hour of delivery. Exclusive breastfeeding for the first six months of life shall be protected, promoted and supported. In all population groups, breastfeeding shall be protected, promoted and supported unless medically contraindicated on a case-by-case basis and this should be in line with the provisions of the International Code of Marketing of Breastmilk Substitutes.



Complementary feeding from six months of age: Exclusive breastfeeding for the first six months of life shall be followed by the introduction of complementary foods that are safe, appropriate, locally available and nutritionally adequate, with continued breastfeeding for up to two years and beyond. The timing of introduction of complementary foods shall be from six months of life, except otherwise medically indicated.

Breastfeeding in the context of HIV: Mothers who do not know their HIV status shall be advised to access HIV testing and counselling, and advised to adopt the feeding advice for mothers who are HIV negative (as above). Mothers who are HIV+ with appropriate ARV prophylaxis are advised to exclusively breastfeed their infants for the first six months, introducing complementary feeding at six months and continue breastfeeding up to 24 months. HIV-free survival of exposed infant is a cornerstone for infant feeding in the HIV context.¹³

The following measures, a summary adapted from the WHO Global Strategy for IYCF, should be taken in order to protect, promote, and support appropriate IYCF practices.

2.4.1 Protection

- Implementing and monitoring the existing Breastfeeding Legislation to give effect to the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant World Health Assembly resolutions, and, where appropriate, strengthening them or adopting new measures;
- Adopting and endorsement of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention and Recommendation, in order to facilitate breastfeeding by women in paid employment, including those whom the standards describe as engaging in atypical forms of dependent work, for example part-time, domestic and intermittent employment. Lactating mothers, working in paid employment should be encouraged to breastfeed their babies by being provided with enabling conditions, for example, having sufficient maternity leave, being guaranteed of their job if they decide to take unpaid leave to breastfeed their babies, part time work arrangements, support from co-workers, opportunities to breastfeed the baby at work, breastfeeding breaks during the day, facilities to express and properly store breast milk etc.;
- Ensuring that processed complementary foods are marketed for use at an appropriate age, and that they are safe, culturally acceptable, affordable and nutritionally adequate, in accordance with relevant Codex Alimentarius standards.

2.4.2 Promotion

- Ensuring that all who are responsible for communicating with the general public, including educational and media authorities, provide accurate and complete information about appropriate IYCF practices, taking into account prevailing social, cultural and environmental circumstances.

¹³ WHO Updates on HIV and Infant Feeding, 2016



2.4.3 Support

- Providing skilled counselling for IYCF, especially breastfeeding counselling; for instance as part of health services at IYCF corners, within CMAM services, and during ante and post-natal care activities;
- Ensuring that hospital routines and procedures become fully supportive of the successful initiation and establishment of breastfeeding through implementation of the BFHI, monitoring and reassessing designated and certified facilities, and expanding the BFHI to include clinics and health facilities;
- Increasing access to antenatal and postnatal care and education about nutrition for PLW and breastfeeding, to delivery practices which support early initiation of breastfeeding and to follow-up care which helps ensure continued breastfeeding;
- Enabling mothers to stay with their hospitalized children to ensure continued breastfeeding and, where feasible, allow breastfed children to stay with their hospitalized mothers;
- Ensuring IYCF is effectively integrated with CMAM, including an IYCF assessment for every admitted child and the provision of breastfeeding support when required.
- Training of health workers on IYCF (including counselling skills, and breastmilk substitutes), feeding during illness, and health workers' responsibilities under the National Breastfeeding Legislation.
- Ensuring that IYCF is covered under curricula for all health workers, nutritionists, and related professionals.
- Promoting and standardizing community based support networks to help ensure appropriate IYCF practices, for example mother to mother support groups to which health facilities can refer mothers;

2.5 Infant and Young Child Feeding in Emergencies

This IYCF Strategy is relevant to all infants and young children in Yemen, however feeding and care of children in emergencies requires special attention. During emergencies, **breastfeeding is a shield that protects infants by providing food security, comfort, warmth, and protection**. In the case of an emergency, the likelihood of not breastfeeding increases, as do the dangers of artificial feeding and inappropriate complementary feeding. Therefore, **the protection, promotion, and support of optimal breastfeeding practices and support of artificial feeding need to be continued especially during emergencies**. Children living in special circumstances also require extra attention, for example orphans and abandoned children, and children born to adolescent mothers.

The immediate focus on IYCF-E interventions is to do no harm and save the most lives in the shortest time. The immediate majority of efforts and resources should therefore concentrate on public health communications to reach the most with relevant IYCF messages, followed by the creation of an enabling environment for mothers and caregivers to support themselves as well as basic and technical interventions to reach a quality IYCF-E programme. (Figure 1)

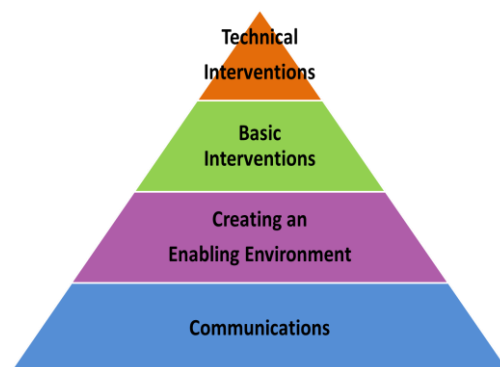


Figure 1. IYCF-E Pyramid



BASIC INTERVENTIONS

- Establishment of Baby Friendly Spaces or Breastfeeding Areas
- Registration of households with children under 2
- Provision of nutritional needs of PLW and children 6-23 months (i.e. BSFP and TSFP)
- Frontline feeding assistance
- Monitoring and reporting of untargeted BMS distribution

TECHNICAL INTERVENTIONS

- Integration of IYCF into CMAM
- Mother to mother support groups
- Identification of infant feeding problems
- One to one skilled counselling
- Integration of IYCF with maternity services
- Managing the sourcing and provision of BMS

Infants and young children who suffer from chronic malnutrition (stunting) are most often found in environments where improving the quality and quantity of food intake is particularly problematic. To prevent recurrence and to overcome the effects of chronic malnutrition these children need extra attention during emergencies and over the longer term. Nutritionally adequate and safe complementary foods may be particularly difficult to obtain and the establishment of blanket supplementary feeding programmes (BSFP) may be required. Continued frequent breastfeeding and, when necessary, relactation are important preventive steps since malnutrition often has its origin in inadequate or disrupted breastfeeding.

Emergency situations such as conflict, famine, and epidemics often lead to interrupted breastfeeding and inadequate complementary feeding heightening the risk of acute malnutrition (low weight for height), illness and mortality. Children suffering from acute malnutrition are at high risk of death and need special emergency care. Three steps have to be taken to respond to acute malnutrition: 1) active screening of children, pregnant and lactating women for acute malnutrition, 2) supplementary feeding programs (SFP) for the treatment of MAM and the prevention of SAM, and, 3) therapeutic feeding programs (TFP) for the treatment of SAM. Integration of IYCF into CMAM is one of the key technical interventions to be implemented during emergencies.

Uncontrolled distributions of BMS can lead to early and unnecessary cessation of breastfeeding and must be monitored and reported. For the vast majority of infants, emphasis should be on protecting, promoting and supporting breastfeeding and ensuring safe and appropriate complementary feeding. A small number of infants may have to be fed on BMS. In that case, suitable substitutes, procured, distributed and fed safely should be provided.

More detailed information can be found in the 2017 IYCF-E Response plan for Yemen. Further guidance on IYCF-E can be found from the WHO Guiding Principles on Infant and Young Child Feeding during Emergencies¹⁴ and the IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies¹⁵.

Commentaire [ak6]: Include link when available from cluster website

¹⁴ [WHO Guiding Principles for Infant and Young Child Feeding during Emergencies \(2004\)](#)

¹⁵ [IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies \(2007\)](#)



2.6 Obligations and Responsibilities

The implementation of the IYCF Strategy is in the responsibility of authorities at the three levels of government: national, governorate, and district, in collaboration with other stakeholders including development partners, civil society and non-governmental organizations, professional bodies, and communities.

The primary obligation of the government is to implement and monitor and evaluate the IYCF strategy. In addition to political commitment at the highest level, a successful strategy depends on effective national coordination to ensure full collaboration of all concerned regional governments, international organizations, and other concerned parties. The government at governorate level also has an important part to play in implementing this strategy. It has been agreed that a steering committee will be established by the MoPHP to support and monitor the implementation of the strategy.

A detailed overview of responsibilities for key action can be found in the Action Plan.

2.7 Strategic Priorities and Key Actions

2.7.1 IMPROVED COORDINATION WITHIN MOPHP AND BETWEEN MOPHP AND OTHER GOVERNMENT BODIES AND PARTNERS

National

- 1.1 Update ToR for the national IYCF Coordinator.
- 1.2 Increase human resources for IYCF at national level, for instance the appointment of a BFHI Coordinator and/or an assistant to the IYCF Coordinator.
- 1.3 Actively involve key stakeholder in the implementation of the strategy through the set-up of a steering committee based on an agreed ToR.
- 1.4 Organise bi-annual strategy evaluation meetings to monitor the progress of implementation with the steering committee and the IYCF TWG.

Governorate

- 1.5 Dissemination of the IYCF Strategy at governorate level.
- 1.6 Accountability for IYCF at governorate and district level through the appointment of an IYCF focal point under the nutrition programme for each governorate.

2.7.2 IMPLEMENTATION AND ENFORCEMENT OF IYCF RELATED LEGISLATION AND REGULATION

National

- 2.1 Establish a mechanism for the reporting and monitoring of violations of the Breastfeeding Regulations/International Code of Marketing of Breastmilk Substitutes.
- 2.2 Reach out to IBFAN to request support on actioning of Code Violations.
- 2.3 Revise and update the national Breastfeeding Legislation, paying special attention to the increase of fines for violations of the Regulation.
- 2.4 Dedicate human resources to monitor and action violations of the Regulation, for example a full time legal officer.
- 2.5 Revise and update the current legislation and policy for maternity leave, increasing maternity leave to 6 months.



- 2.6 Establish legislation and policy for maternity in the workspace and establish nurseries, identify low-cost interventions for maternity in the workspace.

Governorate

- 2.7 Raise awareness on national Breastfeeding Legislation and reporting of violations of the Regulation.
- 2.8 Capacity building of health facility staff, all levels including management, on guidelines for the implementation of the national Breastfeeding Legislation.

2.7.3 STRENGTHENED ADVOCACY AND COMMUNICATION FOR IYCF

National

- 3.1 Develop a detailed advocacy and communication plan for IYCF, including a communication for community level. This should be linked to the SBCC Strategy under development by WFP.
- 3.2 Advocate to donors to increase funding for IYCF.
- 3.3 Advocate for the integration of IYCF and IYCF-E with other sectors through organisation of orientation sessions, workshop, presentation of the strategy etc.

Governorate

- 3.4 Organise Annual IYCF mass media campaigns in all governorates - building on the IYCF campaign organised by UNICEF and the MoPHP.
- 3.5 Ensure sufficient number of IEC materials is available.
- 3.6 Strengthen outreach activities and link IYCF messages to vaccination campaigns.

Community

- 3.7 Ensure IYCF is integrated in community based interventions, including village development committees and through MTMSGs.

2.7.4 REINFORCEMENT OF THE BABY FRIENDLY HOSPITAL INITIATIVE

National

- 4.1 Identify a focal point (full-time coordinator) to lead and oversee the implementation of the BFHI.
- 4.2 Carry out an assessment to identify suitable hospitals for the implementation of the BFHI - target 15 hospitals (focus on public but try to include at least one private).
- 4.3 Set-up a steering committee to oversee and support the implementation of the BFHI (MoPHP departments of nutrition, reproductive health, and maternal health should be represented) – the steering committee should develop a detailed implementation plan.
- 4.4 Initiate and establish the process for certification of selected hospitals.
- 4.5 Support the training and certification for at least one lactation expert in Yemen.

Governorate

- 4.6 Training of staff in selected hospitals on the BFHI.
- 4.7 Donate necessary supplies to the selected hospitals.
- 4.8 Appoint focal BFHI point for each hospital.
- 4.9 Supervision and monitoring of implementation (set a timeframe for this).



2.7.5 IMPROVED DATA AND INFORMATION AVAILABLE THROUGH IYCF ASSESSMENTS AND STRENGTHENED MONITORING AND EVALUATION

National

- 5.1 Develop and implement a plan to strengthen routine data collection (from IYCF Corners, MTMSGs, IOA, RH services), using data to trigger targeted systems-strengthening when needed.
- 5.2 Revise and Update tools for routine monitoring and evaluation of IYCF – include IYCF in CMAM, RH, IMCI, database during next revision and include key indicators in CHVs monthly report.
- 5.3 Include IYCF indicators in multisector (rapid) assessments.
- 5.4 Improved data and information on IYCF practices through nationwide IYCF surveys, assessments, and formative research.
 - *Conduct at least two national surveys during the implementation period to monitor progress on key indicators (if not possible at national level in key governorates).*
 - *Conduct at least one barrier analysis (asap to inform programming).*

Governorate

- 5.5 Evaluation studies on some interventions, for example the effectiveness of the IYCF Corners, MTMSGs, and integration into CMAM.
- 5.6 Capacity building on the information collection, management and analysis.

2.7.6 FOCUSED ACTIVITIES TO CREATE AN ENVIRONMENT SUPPORTIVE OF IYCF PRACTICES

- 6.1 Strengthen integration of IYCF into CMAM, EPI, RH (ANC and PNC) – including integration in revised guidelines and integration of IYCF indicators into monitoring and supervision tools.
- 6.2 Develop a capacity building plan for IYCF focusing on HWs in therapeutic feeding centres, CMAM, and delivery rooms.
- 6.3 Strengthen IYCF corners and ensure to have a dedicated breastfeeding counsellor for the IYCF corners of all big hospitals through including this service as part of the primary health services package.
- 6.4 Develop MTMSG Guidelines to standardize and strengthen implementation of this activity and integrate it in the current community based interventions.
- 6.5 Adopt IYCF guidelines and protocols in related curriculums.
- 6.6 Revise and update national guidelines on HIV to include latest recommendation of WHO on infant feeding and HIV.

2.7.7 STRENGTHEN IYCF IN EMERGENCIES

- 7.1 IYCF TWG remains active, will be strengthened, and will include IYCF-E; the TWG will meet on a monthly basis and will regularly provide updates on IYCF and IYCF-E at the Nutrition Cluster Meetings.
- 7.2 IYCF and IYCF-E should become a standard agenda item during Nutrition Sub-Cluster meetings.
- 7.3 Development of a detailed IYCF-E Response Plan outlining key activities to be implemented and scaled-up.
- 7.4 Develop national BMS implementation guidelines.
- 7.5 Organise IYCF-E training for government and partner staff.
- 7.6 Revise IYCF Guidelines and Policies to include IYCF-E.



2.8 Action Plan

Strategic Priorities & Key Activities	Responsible	Time Frame																			
		2017				2018				2019				2020				2021			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Improved coordination within MoPHP and between MoPHP and other government bodies and partners																					
1.1 Update ToR for national IYCF Coordinator	MoPHP (Nut Dept)	X																			
1.2 Increased HR for IYCF at National Level	MoPHP (Nut Dept)	X																			
1.3 Set-up of a steering committee for Strategy implementation based on agreed ToR	MoPHP / MoPIC	X																			
1.4 Bi-annual strategy evaluation meeting	Steering C. / TWG	X																			
1.5 Dissemination of the IYCF Strategy at governorate level	MoPHP (Nut Dept)	X																			
1.6 Appointment of IYCF focal point at each governorate level	MoPHP (Nut Dept)	X																			
2. Implementation and enforcement of IYCF related Legislation and Regulation																					
2.1 Establish a mechanism for reporting and monitoring of code violations	MoPHP / UNICEF	X																			
2.2 Reach out to IBFAN to request support for actioning of code violations	MoPHP / UNICEF (Nagib)	X																			
2.3 Revise and update Breastfeeding Regulation	MoPHP / HCMCH	X																			
2.4 Dedicate human resources to monitoring and action code violations	MoPHP	X																			
2.5 Revise and update legislation and policy for maternity leave	MoPHP / HCMCH	X																			
2.6 Establish legislation and policy for maternity in the workplace	MoPHP / HCMCH	X																			
2.7 Raise awareness on Breastfeeding Legislation and reporting of violations	MoPHP / UNICEF / NC	X																			
2.8 Training of health workers on Legislation and reporting of violations	MoPHP / HCMCH	X																			
3. Strengthened advocacy and communication on IYCF																					
3.1 Develop a detailed advocacy and communication plan for IYCF	TWG (Senan) / SBCC TRRT	X																			
3.2 Advocate to donors for increased funding for IYCF	All	X																			
3.3 Strengthen integration with other sectors via orientation meetings etc.	NCC / TWG	X																			
3.4 Organise annual mass media campaigns in all governorates	MoPHP / UNICEF	X																			
3.5 Ensure IEC materials are available	MoPHP / UNICEF	X																			
3.6 Strengthen outreach activities and link IYCF messages to vaccination	MoPHP / Partners	X																			
3.7 Ensure IYCF is integrated in community based interventions	MoPHP / Partners	X																			



Action Plan Continued

Strategic Priorities & Key Activities		Time Frame																			
		2017				2018				2019				2020				2021			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Reinforcement of the Baby Friendly Hospital Initiative																					
4.1 Identify a focal point to lead and oversee the implementation of BFHI	MoPHP / UNICEF	X																			
4.2 Conduct assessment to identify 15 hospitals for implementation of BFHI	MoPHP / UNICEF	X																			
4.3 Set-up a steering committee to support the implementation of the BFHI	MoPHP / UNICEF	X																			
4.4 Initiate and establish process for certification of hospitals	MoPHP / UNICEF	X																			
4.5 Support the training and certification of at least one lactation expert	MoPHP / +?	X																			
4.6 Roll out training for staff of selected hospitals on BFHI	MoPHP / UNICEF	X																			
4.7 Donate supplies for implementation of BFHI to selected hospitals	UNICEF / (I)NGOs	X																			
4.8 Appoint a focal point for the BFHI for each selected hospital	MoPHP	X																			
4.9 Supervision and monitoring of BFHI in selected hospitals	MoPHP / UNICEF	X																			
5. Improved data and information available through IYCF assessments and strengthened monitoring and evaluation																					
5.1 Develop and implement a plan to strengthen routine data collection	MoPHP/TWG	X																			
5.2 Revise and update tools for routine monitoring and evaluation of IYCF	MoPHP/TWG	X																			
5.3 Include IYCF indicators in multisector (rapid) assessments	All	X																			
5.4 Improved data and information through nationwide IYCF surveys	MoPHP / NC / AWG	X																			
<i>Conduct at least two national surveys during the implementation period</i>	MoPHP / NC / AWG	X																			
<i>Conduct at least one barrier analysis</i>	MoPHP / NC / AWG / SBCC TRRT	X																			
5.5 Evaluation studies on some interventions (i.e. IYCF Corners, MTMSGs)	MoPHP / NC partners	X																			
5.6 Capacity building on the information collection, management, and analysis	MoPHP / UNICEF (IMO)	X																			
6. Focused activities to create an environment supportive of IYCF practices																					
6.1 Strengthen integration of IYCF into CMAM	MoPHP Nut Dept.	X																			



ACKNOWLEDGEMENTS

MoPHP



ANNEX I - Overview Nutrition Survey Results

Governorate	GAM%	SAM%	Month/Year
Al-Baidha	6.0	0.5	Oct 2015
Hajjah Lowland	19.8	2.9	May 2014
	20.9	3.8	Sep 2015
Hajjah Highland	9.2	1.0	May 2014
	9.9	0.8	Sep 2015
Hodeidah Lowland	18.1	2.6	Mar 2014
	31.0	8.9	Aug 2015
	21.7	3.3	Mar 2016
Aden	19.2	2.5	Aug 2015
Lahj Lowland	17.1	1.8	Jun 2014
	20.5	4.3	Oct 2015
Lahj Highlands	14.3	0.8	Jun 2014
	9.9	1.7	Oct 2015
Taiz City (Preliminary)	17.0	1.9	May 2016
Taiz Highland (Preliminary)	11.8	1.6	Apr 2014
	14.4	1.6	May 2016
Taiz Lowland (Preliminary)	17.4	3.3	Apr 2014
	25.1	5.3	May 2016
Sana'a Temperate Highlands	8.4	1.1	May 2016
Sana'a Dry Temperate	16.0	3.0	May 2016
Sa'ada Lowland by weight for height	8.7	2.6	May 2016
Sa'ada Lowland by MUAC	12.7	4.6	May 2016
Sa'ada Highland by weight for height (Preliminary)	9.9	0.7	May 2016
Sa'ada Highland by MUAC (Preliminary)	9.3	1.3	June 2014
	15.0	3.8	May 2016
Shabwa Plateau Zone	6.2	0.7	Jan 2017
Shabwa Coastal Zone	8.5	0.7	Jan 2017



Annex II - Overview of IYCF data collected during nutrition surveys in 2015, 2016, and 2017

	Aden 2015	Al Baidah 2015	Hajjah Lowland 2015	Hajjah Mountains 2015	Lahj Lowlands 2015	Lahj Highlands 2015	Hodeida 2015	Hodeida 2016	Shabwa Plateau 2017	Shabwa Coastal 2017
Exclusive Breastfeeding	23% (8.9-36.8) M 17% F 29%	18% (9.3-27.3) M 18% F 19%	29% (17.3-40.4) M 39% F 15%	34% (23.4-45.1) M 30% F 38%	16% (5.8-26.2) M 11% F 29%	11% (3.4-19.2) M 11% F 12%	19%	15%	7.1% (2.4-15.9)	6.8% (2.2-15.1)
Continued Breastfeeding at 1 year	64% (49.1-79.2) M 73% F 58%	54% (40.4-67.0) M 54% F 54%	88% (79.6-96.3) M 89% F 88%	79% (66.9-91.2) M 78% F 81%	85% (74.9-95.3) M 76% F 96%	71% (58.0-83.7) M 69% F 74%	79%	88%	82.2% (67.9-92.0)	56.8% (39.5-72.9)
Continued Breastfeeding at 2 years	38% (20.7-54.3) M 36% F 39%	26% (9.4-42.5) M 20% F 33%	60% (47.1-73.0) M 46% F 71%	45% (29.6-60.4) M 56% F 38%	41% (22.2-59.3) M 50% F 31%	45% (27.6-62.7) M 57% F 36%	35%	61%	22.9% (10.4-40.1)	31.8% (18.6-47.6)
Minimum Dietary Diversity	40% (32.3-48.5) M 37% F 44%	17% (11.5-21.7) M 21% F 12%	13% (8.8-17.8)	17% (11.4-22.3)	20% (13.9-25.4) M 22% F 18%	19% (13.3-25.3) M 23% F 15%	30%	26%	16.3% (11.4-22.3)	25.9% (19.9-32.7)
Vitamin A Supplementation (last 6 months)	70% (64.9-74.4)	25% (21.8-28.6)	75% (71.1-78.5)	68% (64.4-72.0)	82% (78.3-84.8)	81% (77.5-84.9)	53%	66%	25.2% (22.1-29.0)	15.4% (12.6-18.7)



Annex III - Ten Steps to Successful Breastfeeding

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practise rooming in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



ANNEX IV - SWOT analysis and discussion of overarching constraints

STRENGTH	WEAKNESS
<ul style="list-style-type: none"> • Breastfeeding Legislation (including regulation of BMS) • IYCF Policy for Health Facility • Guidelines for Implementation of IYCF Health Facility Policy • IYCF National Guidelines • IYCF Counselling Guidelines • Large number of staff trained on IYCF (119 trainers, 2500 HW, and >8000 CHV) • IYCF TWG • Dedicated IYCF Coordinator at National Level • IYCF Corners (150 functional) 	<ul style="list-style-type: none"> • No IYCF Strategy • Breastfeeding Legislation not enforced • Insufficient number of health workers trained on Breastfeeding Legislation • Code Violations not reported • Limited coordination between MoPHP and Partners • Lack of communication between MoPHP and Partners (partners implementing new approaches without approval) • Lack of integration (CMAM/RH/EPI) • IYCF not sufficiently integrated in M&E (limited indicators in tools and lack of reporting) • Not enough HW trained on IYCF (mainly urban areas and lack of HW trained on counselling skills) • No dedicated IYCF coordinator at governorate level (nutrition coordinator focus is on CMAM) • Not enough job aids • Weak Advocacy • No dedicated IYCF staff in Health Facilities (staff trained on IYCF have other duties, like midwives) • No people trained on IYCF-E • Lack of data on IYCF (both surveys on practices and reporting on programming) • BFHI not implemented
OPPORTUNITY	THREAT
<ul style="list-style-type: none"> • MoPHP dedicated to support IYCF • UNICEF and several (I)NGOs dedicated to support IYCF • Existing IYCF Programmes offer opportunity to expand and strengthen intervention • Revised CMAM Guidelines to include IYCF • UNICEF working on Community Based Nutrition • Upcoming IYCF-E training for Yemen and the region • IYCF-E Adviser TRRT in country to support 	<ul style="list-style-type: none"> • Limited funding • Security situation limiting access • Collapsing Health System • Partners operating outside the cluster system • Formula and bottle feeding common practice • BMS donations • Strong infant formula industry / strong marketing of infant formula • HW not receiving any salary (easier to be influenced by industry) • Different priorities for MoPHP and partners due to conflict (i.e. surgery) • Two different governments • IYCF/IYCF-E not seen as lifesaving



1. LIMITED INTRA-SECTORAL AND INTER-SECTORAL COORDINATION

The implementation of the IYCF program needs a very strong intra-sectoral and inter-sectoral coordination structure. The IYCF Programme Coordinator of the MoPHP is responsible for the national IYCF programme but there is no dedicated IYCF staff available to support this at governorate and district level, rather IYCF is the responsibility of the nutrition focal point at governorate and district level. In addition, the conflict has reduced the capacity of the MoPHP to implement nutrition activities, including IYCF activities. Following this there has been an increase in support by other agencies.

One of the challenges to coordination is found to be the result of the different funding streams supporting the different divisions from the MoPHP. For instance UNICEF is the main funder for Primary Health Care while the United Nations Population fund (UNFPA) is the main funder for Reproductive Health.

An IYCF Technical Working Group (TWG) was set-up in 2015 to support IYCF programming, particularly during the emergency. The TWG is chaired by the MoPHP and co-chaired by Save the Children (SC). However, only two meetings have been organised in 2016. The TWG needs to be re-activated and meetings should take place at least once a month.

The IYCF program's mandate cuts across established programs and interventions within and outside the MoPHP. Within the MoPHP are programs such as reproductive health, maternal health, and immunization. The implementation of IYCF interventions also calls for collaboration with key stakeholders outside the MoPHP such as the Departments of Legal Affairs, Labour and Employment, and Education, professional organizations, and humanitarian and development partners.

The current IYCF program structure is unable to cope with the numerous parallel activities and the complex collaboration with many stakeholders needed to implement successful IYCF interventions. A lack of communication between the different governmental departments as well as between the government and other stakeholders is further hampering the implementation of quality IYCF programs. There is a need for a well-defined structure, clear responsibilities, and increased human resources at the government level, notably at the governorate level, to better facilitate coordination.

2. LACK OF A NATIONAL IYCF STRATEGY AND WEAK ENFORCEMENT OF EXISTING LEGISLATION AND GUIDELINES

The implementation of coherent IYCF programmes must be supported by up to date national policies and guidelines. There is no national policy on IYCF, and the development of a national policy on IYCF has been identified as a key priority during the IYCF workshop held in November 2016. A national policy must be developed within the shortest possible timeframe and existing guidelines must be reviewed and updated to ensure they follow the latest global recommendations.

Despite the existence of the national Breastfeeding Regulations and subsequent guidelines for implementation at the health facility and despite the efforts from the nutrition department mentioned under section 1.5 (training on IYCF includes a session on the Breastfeeding Regulations) enforcement of the Breastfeeding Regulation is very weak.



The Regulations must be reviewed and updated, paying special attention to the penalties which at the moment cannot exceed ten 10.000 Rials, an insignificant amount for those actors (notably manufacturers) violating the Breastfeeding Regulations. Currently fines are not charged to those violating the code. Clear lines of responsibilities and reporting must be established for the reporting of code violations. The existing code reporting form must be reviewed and updated. Following this, all health workers must be trained on how to report code violations.

Additional human resources are needed to facilitate the process and to assist the Nutrition Department to monitor process and act on code violation cases. Stronger links between the Nutrition Department and the Department of Legal Affairs are recommended to strengthen enforcement of the Breastfeeding Regulations.

3. WORKFORCE NOT SUFFICIENTLY TRAINED ON IYCF and IYCF-E AND LACK OF DEDICATED IYCF STAFF

Despite the substantial achievements by the MoPHP to train a large number of health workers on IYCF there are still a significant number of health workers who need to be trained. Furthermore, most health workers tasked with the provision of IYCF counselling (nurses, midwives) have other duties and responsibilities which competes with the time dedicated to IYCF counselling. In addition, no training on IYCF-E has thus far been conducted in Yemen which is leading to a gap in capacity especially during the current conflict and priority must be given to provide this training to key government and partner staff involved in IYCF programming and implementation of IYCF interventions.

Furthermore, in a population where bottle feeding has been widely practiced for a substantial period of time it is important that more health workers receive training on individual breastfeeding counselling skills and that dedicated staff is available to provide these services. No certified lactation experts are available in Yemen and it is recommended that possibilities to support training of lactation experts are explored. Breastfeeding is not always easy, especially for first time mothers, and especially in a society with limited experience in (exclusive) breastfeeding women must be able to more easily access professional support.

4. BABY FRIENDLY HOSPITAL INITIATIVE NOT IMPLEMENTED

The BFHI¹⁶ was launched by WHO and UNICEF in 1991 and revised and expanded for integrated care in 2009. Implementation of the BFHI in Health Facilities with maternity services is vital to enable mechanism to promote, protect and support/sustain breastfeeding practices.

In 2009 an assessment was conducted by the MoPHP to identify which hospitals to target to start the implementation of the BFHI in Yemen. Three hospitals were identified: Al Sabeen hospital in Sana'a; Ben Khaldoun hospital in Lahj; and Maternal and Childhood hospital in Ibb. Al Sabeen hospital was selected to pilot the BFHI and agreements were reached with the senior management team of the hospital. Following this it was only in 2013 that the first trainings were conducted and 112 health workers from Al Sabeen were trained. During this time agreements were reached with all sections (i.e. maternity and delivery, paediatrics, and nursery) and materials were provided to support the

¹⁶ [WHO Baby Friendly Hospital Initiative \(revised 2009\)](#)



BFHI (i.e. breastmilk pumps, fridges, videos, and cups for feeding). However, despite the aforementioned efforts the hospital did not implement any of the agreed procedures.

Some of the main challenges identified are the lack of monitoring and supervision visits; lack of commitment to IYCF and the BFHI from senior management; lack of staff in delivery and maternity rooms and lack of beds in the maternity ward which leads to a lack of support for early initiation of breastfeeding; mothers who were reluctant to breastfeed and preferred to use (free samples of) infant formula; and aggressive marketing and violation of the Breastfeeding Legislation by manufacturers of infant formula, including the distribution of free samples of infant formula to mothers who delivered in hospital.

5. LACK OF ADVOCACY FOR APPROPRIATE IYCF PRACTICES FROM PROFESSIONAL GROUPS

The role of health workers is crucial to the promotion of good IYCF practices. However, since they are among the main targets of the marketing of breastmilk substitutes, they knowingly or unknowingly violate the Breastfeeding Regulation/International Code of Marketing of Breastmilk Substitutes. The fact that health workers have not received any salary for several months because of the conflict makes them more likely to accept potential incentives coming from the manufacturers, and many health professionals are promoting infant formula as a result.

The medical professional groups in Yemen exert influence on the practice of the respective professions, in particular the paediatric doctors and midwives in hospitals and health facilities. Beyond mere compliance with the law (Breastfeeding Regulation), they can lead and advocate efforts to promote optimal IYCF practice through seeking and disseminating updates on IYCF, participating in the enforcement of the Breastfeeding Regulation and active advocacy. Unfortunately the professional groups have shown a lack of commitment to the Breastfeeding Regulations and have yet to take up this leadership role.

In addition, the advocacy for optimal IYCF practices through the media has been weak and commercial advertising and promotion by infant formula companies is widespread.

6. LACK OF PROTECTION AND SUPPORT FOR NUTRITION OF INFANTS AND YOUNG CHILDREN DURING EMERGENCIES

Armed conflicts and state of emergencies have become common occurrences in Yemen, a country already suffering from years of poverty, under-development, environmental decline and weak rule of law. This situation has resulted to the displacement of people, loss of livelihoods and income, disruption of food supplies, and breakout of infectious diseases. These events are threats to the nutrition and health of the population, in particular infants and young children.

These situations also become an arena for donations of milk and milk related products, or well-intended distributions by uninformed partners operating outside the cluster system. There should be clear policies and guidelines on Infant Feeding in Emergencies (IFE) as well as support on its implementation for NGO's and INGO's to follow. In addition, as mentioned under point 3, key government and partner staff must be trained on IYCF-E to be able to develop and implement quality IYCF-E programmes.