IYCF-E SoP, BMS SoP and MBA Guidance

SoP IYCF-E TWG

27 December

Infant, and Young Child Feeding in Emergencies (IYCF-E) Standard Operating Procedures

State of Palestine, December 2023

IYCF-E programming is set of lifesaving interventions that targets pregnant and breastfeeding women, adolescents and girls, infants, and young children, some of the most vulnerable groups during humanitarian crisis.

The prioritization and standardization of policies and guidelines apply across all sectors.

Important to remember: In a situation with severe food insecurity, breastfeeding is the infant and young child's food security. This is life saving in this situation.

A mother who is hungry and dehydrated can still make enough nutritious milk. Breastfeeding mothers can also feed others' babies directly or by expressing milk into a clean cup or spoon and feeding that way.

Humanitarian actors should prioritize breastfeeding mothers for food and water distribution. **Feeding the breastfeeding woman will help to feed the child.**

1. Overview

Breastfeeding should be promoted, protected, and supported in all circumstances from birth until two years of age.

Key Recommended IYCF-E Practices

- **Initiate breastfeeding immediately after birth.**
- **Exclusive breastfeeding for 6 months**
- **Complementary feeding:**
  - Timely (introduced at 6 months)
  - Adequate (appropriate energy and nutrients)
  - Safe (hygienically prepared, stored, and used)
  - Appropriate (frequency, feeding method, responsive feeding)

  In this context it is important to achieve these as best as possible
- **Continued breastfeeding from 6 months up to 24 months and beyond.**
  - This is incredibly important in this situation.
  - Breastfeeding is the infant's food security.

State of Palestine Nutrition Cluster

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A global level and a country level joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding.

Nutrition partners call for **ALL** involved in the emergency response to protect, promote, and support the feeding and care of infants and young children, their caregivers, especially pregnant and breastfeeding women.

11. Core Essential Services

The Core IYCF-E Interventions are standard activities to be implemented as part of any Nutrition Response in the State of Palestine. These should be started as soon as possible. In addition to the Core IYCF-E Interventions, select additional activities as necessary. The type and design of these additional interventions is based on an analysis of the context and needs assessments. Prioritise lifesaving interventions.

11.1 Staffed Breastfeeding Corner and Mother and Baby Spaces[13]

During emergencies, women often lack a space to comfortably and privately breastfeed due to displacement from their homes or overcrowding in temporary settlements. Registration and distributions often involve standing in queues for long time. This can be physically exhausting and dangerous for pregnant women or caregivers with young children, especially in very hot weather, or if there is no shelter, food or water.

Emergency settings can be chaotic and violent, putting infants and young children at risk of physical harm and very stressful for caregivers. Therefore, it is important to create safe and low-stress spaces where mothers can breastfeed, rest and receive support[14]. Types of Space Breastfeeding Corners are spaces which are integrated into other services, such as health facilities, child or women friendly spaces or therapeutic feeding sites. They are spaces where women can quietly and privately breastfeed and receive basic support.

Mother Baby Areas are larger, alone standing spaces that are dedicated to IYCF-E services. They are space where caregivers and pregnant women can come with their children to find a supportive space to share experiences with other women, spend time with their baby, receive information, support and guidance and to breastfeed. It is a space where a team of trained professionals can detect nutritional, health and psychosocial issues and provide them with care and support.

Factors indicating need of supportive spaces are as follow.

- Physical safety and access to services
- Plan for the appropriate number of spaces and size based on target population size, geographical spread and access e.g., large population need higher number of smaller spaces.
- Coordinate with other actors to ensure an even distribution of services.

- Ensure proximity to segregated latrines (no more than 50 metres) and hand washing with soap facilities.
- Consider locating MBAs near shelters allocated to vulnerable households and / or near to Child or Women Friendly Spaces
- Consider locating MBAs near relevant services to facilitate referral and follow-up care
- Ensure the locations and times of IYCF-E services are safe and accessible for PLWs (consider route, distance, travel times etc.)
- Ensure services are accessible for persons with disabilities
- Coordinate with community members and site managers to ensure spaces are not located near areas that present security risks (e.g., security checkpoints, site perimeters etc.) Target Population NC partners will agree upon targeting criteria at the start of the response and communicate clearly to the community and emergency responders. Caregivers will come directly or referred.

11.3 Skilled IYCF-E support

Mothers and caregivers are greatly helped to breastfeed and care for their infants if someone calm and friendly listen to them and builds their confidence with reassurance and correct information. Skilled breastfeeding support is provided in the form of counselling by a provider or volunteer who been trained on IYCF Counselling.

A skilled IYCF counsellor can aid breastfeeding women to ensure that the fundamentals of good breastfeeding are in place and to resolve breastfeeding difficulties. It is essential to ensure the environment where skilled IYCF-E support takes place is conducive to counselling and that offers sufficient privacy for the counsellor to directly observe a breastfeed and to monitor the quality of counselling provided.

11.4 IYCF-E Counselling[16]

Mothers or caregivers who are not breastfeeding, partially breastfeeding, or in need of breastfeeding support should be provided with counselling by a trained IYCF focal point. Breastfeeding counselling is conducted on a one-one basis with the mother/caregiver at any level where IYCF Support is provided and staff are trained to counsel including the primary health facility, SC, OTP, BSFP, TSFP, or at the household level.

Counselling consists of assessing the mother's needs and providing individualised counselling in order to address challenges with breastfeeding. This includes observation of a breastfeed and counselling for re-lactation and increasing milk supply. Caregivers and mothers of infants and young children 6-23 months should be provided with counselling and education on both breastfeeding and complementary feeding. Complementary feeding counselling will consist of provision of tailored messages on complementary feeding based on caregiver's needs. IYCF counsellors should be trained on providing adapted counselling on complementary feeding.

The IYCF counselling cards[17] are tools that can be used to provide key messages on continued breastfeeding and complementary feeding and address any challenges.

For situations where wet nursing or expressed human milk from another woman is acceptable and possible, the IYCF specialist should also provide support to link with the wet nurse or human milk donors[18]. This will likely involve education and messaging for the other adults in the household for the child to receive full and sustainable support.

Important to remember: Breastfeeding is a child's food security

- BMS and infant formula should be considered as a strictly controlled item
- No blanket or untargeted distribution
- Must explore all options before resorting to BMS
- Must be provided for until no longer needed
- Priority must go to 0-6 months infants
- A complete BMS package with resources must be included

Note: BMS should be provided for as long as the targeted infants require it. Providing just few tins is forbidden by The Code and the Operational Guidance for Infant and Young Child Feeding in Emergencies.

- Ready to Use Infant Formula (RUIF) should only be provided discretely to infants 0-6 months of age who require it and on a case,-by-case basis. 0-6 months should be prioritized for the RUIF.

- Interventions to support non-breastfed infants should always include a component to protect breastfed infants for example, through budgeting for activities which promote breastfeeding and support breastfeeding mothers.

There are **very specific criteria** for families to receive BMS.

There will be times when you meet families already using BMS, where they have a secure distribution system in place and they refuse to change brand or system.

These families require the same support with the exception of BMS distribution. They require an assessment, BMS care plan, feeding support, BMS kit based on the type of BMS they are using, etc.

below).

8. Mitigate the Risk of Targeted BMS Distribution

8.1 The right method distribution system for BMS will depend on the context (see section 9 of this document). Despite the distribution system, **it is critical that ALL distribution must follow the guidelines in this section.**

8.2 Ensure risk mitigation measures and coordinate with partners to avoid causing harm during dissemination[33]. Ensure that partners distributing supplies and who are in-contact with affected populations are aware of Sexual Exploitation and Abuse (SEA) zero-tolerance policies; disseminate key messages on SEA; and understand reporting requirements and channels. As soon as possible, establish or reestablish community-based complaints and feedback mechanisms.

8.3 Ensure that any distributions are safe and accessible to all people caring for a non-breastfed infant, including women and girls, women headed households, persons with disabilities, etc. This includes queue management, women-only distributions where safe and feasible, considering size/weight of ration packages, timing, and locations of distributions, etc.

8.4 A GBV Safety Audit[34] should be carried out to ensure the safety and security of mothers and caregivers and infants using the BMS distribution point. Especially in the case of direct distribution when the mother or caregiver is returning to the place of shelter with a high value product such as BMS and where cartons of RUIF are bulky and heavy to carry.

8.5 Never distribute BMS or any milk products through general or blanket distribution[35] BMS, milk products, bottles, teats, and pacifiers should never be part of a general or untargeted distribution. Dried milk products should be distributed when pre-mixed with a milled staple food and should not be distributed as a single commodity.

8.6 Therapeutic milk[36] is not an appropriate BMS and should only be used in the management of severe malnutrition by qualified agencies in accordance with State of Palestine guidelines[37]. Any distributions or misuse of therapeutic milk should be immediately reported to the Nutrition Cluster and partners and communities sensitized on this issue.

8.7 There should be no promotion of BMS at the point of distribution (e.g. Displays of products or items with company logos).

8.8 BMS should be distributed discretely and out of sight from areas dedicated for breastfeeding mothers and caregivers to protect and support breastfeeding in this context. Distributing BMS nearby is likely to undermine breastfeeding efforts.

8.9 Communicate clearly to caregivers and communities on the importance of breastfeeding and clearly communicate eligibility criteria for all BMS. Ensure targeting criteria is clear to all staff and written down in order that staff can show this to those who may be requesting BMS but do not meet the targeting criteria. It is very important to remember that targeted BMS distribution programmes and distribution points should never be publicly announced for safety and to avoid wrong admissions into the programme.

8.10 Be alert to unintended consequences of BMS provision, such as sale of products. Some ways to prevent resale are to open the tin upon distribution, require the return of tins for re-distribution for direct provision.

8.11 The availability of a heat source (e.g. fuel), clean water and equipment for preparation of BMS at household level should always be carefully considered prior to implementing artificial feeding programmes. Steps should be taken to ensure all these conditions are in place before implementation, including through coordination with other sectors and / or providing equipment to caregivers[38]. In circumstances where these items are unavailable and where risk of preparation and use of infant formula cannot be mitigated, on site reconstitution and

9. BMS Distribution Methods

9.1 Where criteria for the use of BMS are met, infant formula purchased by agencies working as part of the nutrition and health emergency response may be used in or discretely distributed by the healthcare system[39]

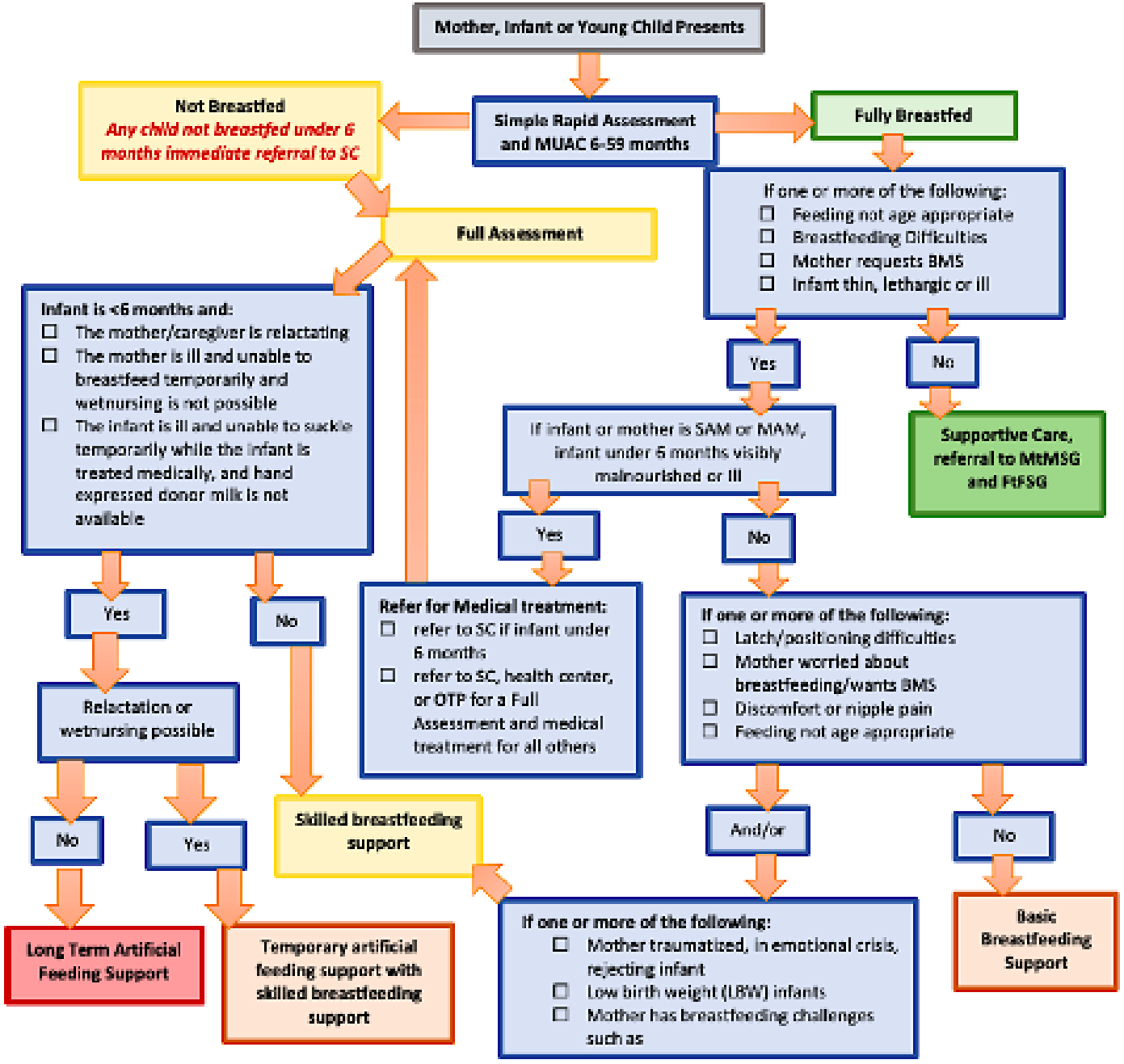
9.2 BMS Kits must be provided whenever BMS distribution is taking place. If direct provision or on-site wet feeding, all equipment required to prepare, feed, and store BMS must be included[40].

9.3 Options for distribution within the State of Palestine is limited. These options include direct provision and on-site wet feeding.

9.4 Direct provision is when the BMS is given to the mother or caregiver to be prepared at the place of shelter.

- 9.4.1 When direct provision is provided it is important that distribution is carried out away from areas where breastfeeding mothers programming is taking place, distribution should be carried out in a discrete manner.
- 9.4.2 Caregivers should be provided with a supply sufficient to meet the needs of the infant[41].
- 9.4.3 **No more than a week supply of BMS should be supplied to caregivers at one time. This is approximately two (2) tins of 400g or one (1) tin of 800g of powdered infant formula[42] or 24 containers (1 case) of 200ml of RUIF.[43]** BMS is a high commodity item and there is risk of selling the BMS or the security risk of carrying a large quantity and these risks should be mitigated. Additionally, RUIF is bulky and carrying long distances will be taxing on a mother or caregiver. Frequent distribution also ensures follow-up and avoids misuse.
- 9.4.4 If due to security reasons movement is severely restricted and frequent distribution is impossible, a longer supply can be given, however strict procedures must be put into place for follow-up, security with transport, and guidance for misuse. If this is the case, please contact the State of Palestine Nutrition Cluster for guidance and support.
- 9.4.5 BMS cannot be distributed alone. BMS Kits must be distributed along with BMS for any direct provision.

9.5 On-site reconstitution and consumption of powdered infant formula (PIF) or on-site consumption of RUIF, called "Wet feeding" *(See Annex 10: Wet feeding)*


Mother, Infant or Young Child Presents
Simple Rapid Assessment and MUAC 6-59 months
Not Breastfed
Any child not breastfed under 6 months immediate referral to SC
Fully Breastfed
Full Assessment
If one or more of the following:
Feeding not age appropriate
Breastfeeding Difficulties
Mother requests BMS
Infant thin, lethargic or ill
Yes
No
Supportive Care, referral to MtMSG and FtFSG
If infant or mother is SAM or MAM, infant under 6 months visibly malnourished or ill
Yes
No
Refer for Medical treatment:
refer to SC if infant under 6 months
refer to SC, health center, or OTP for a Full Assessment and medical treatment for all others
If one or more of the following:
Latch/positioning difficulties
Mother worried about breastfeeding/wants BMS
Discomfort or nipple pain
Feeding not age appropriate
And/or
No
Basic Breastfeeding Support
If one or more of the following:
Mother traumatized, in emotional crisis, rejecting infant
Low birth weight (LBW) infants
Mother has breastfeeding challenges such as
Infant is <6 months and:
The mother/caregiver is relactating
The mother is ill and unable to breastfeed temporarily and wetnursing is not possible
The infant is ill and unable to suckle temporarily while the infant is treated medically, and hand expressed donor milk is not available
Yes
No
Relactation or wetnursing possible
No
Yes
Skilled breastfeeding support
Long Term Artificial Feeding Support
Temporary artificial feeding support with skilled breastfeeding support

Only once all of the following have been completed can a BMS prescription be created. Once these are completed the exact need for the BMS prescription can be determined.

Full Assessment by a trained person	• Full assessment form completed • Any additional referrals have taken place (MPHSS, Health, protection, etc)
In-depth IYCF-E counselling	• All options before BMS have been explored • Counselling on the risk of BMS
Referral to the health/ nutrition monitoring system	• Continued monitoring must take place with an infant using BMS
Non-breastfed child care plan is developed	• This includes a visit to the place of shelter to identify additional risks • The care plan has specific counselling points
Distribution takes place	• RUIF for under 6 months • BMS kit for any child using BMS whether or not distributed by org
Continued counselling and follow up	• Support for building milk supply, relactation or ongoing BMS • Continued support for reduced risk use of BMS whether or not distributed by org

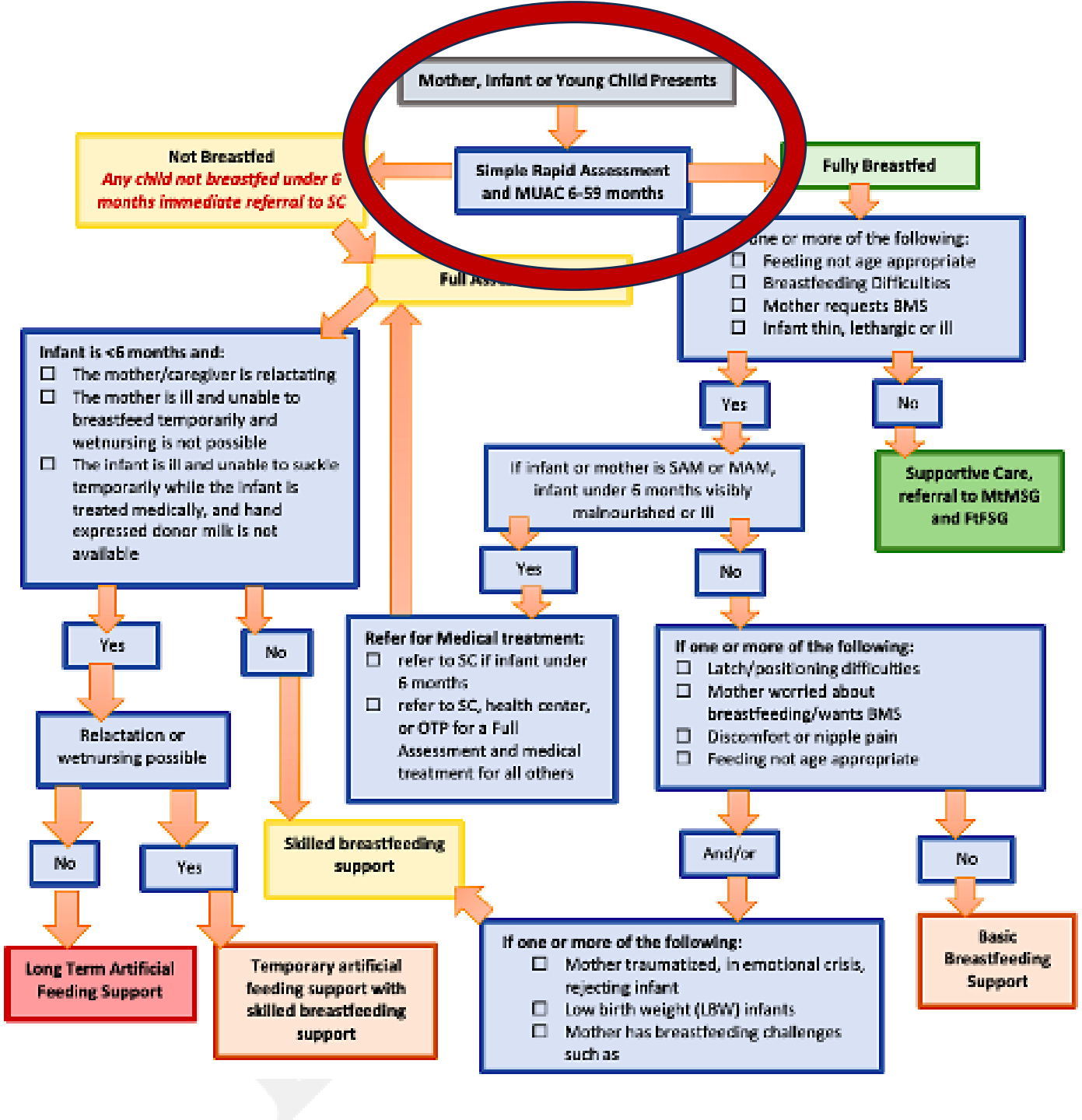
Indications for BMS Prescription

Temporary BMS indications include

- During relactation
- Transition from mixed feeding to exclusive breastfeeding
- Short-term separation of infant and mother
- Short-term waiting period until wet nurse or donor human milk is available

Longer-term BMS indications include

- Infant not breastfed pre-crisis
- Mother not wishing or unable to relactate
- Infant established on replacement feeding in the context of HIV
- Orphaned infant
- Infant whose mother is absent long-term
- Specific infant or maternal medical conditions
- Very ill mother
- Infant rejected by mother
- A survivor of Gender Based Violence not wishing to breastfeed.


Mother, Infant or Young Child Presents
Simple Rapid Assessment and MUAC 6-59 months
Not Breastfed
Any child not breastfed under 6 months immediate referral to SC
Fully Breastfed
one or more of the following:
Feeding not age appropriate
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Infant thin, lethargic or ill
Yes
No
Supportive Care, referral to MtMSG and FtFSG
If infant or mother is SAM or MAM, infant under 6 months visibly malnourished or ill
Yes
No
Refer for Medical treatment:
refer to SC if infant under 6 months
refer to SC, health center, or OTP for a Full Assessment and medical treatment for all others
If one or more of the following:
Latch/positioning difficulties
Mother worried about breastfeeding/wants BMS
Discomfort or nipple pain
Feeding not age appropriate
Infant is <6 months and:
The mother/caregiver is relactating
The mother is ill and unable to breastfeed temporarily and wetnursing is not possible
The infant is ill and unable to suckle temporarily while the infant is treated medically, and hand expressed donor milk is not available
Yes
No
Relactation or wetnursing possible
No
Yes
Skilled breastfeeding support
And/or
No
If one or more of the following:
Mother traumatized, in emotional crisis, rejecting infant
Low birth weight (LBW) infants
Mother has breastfeeding challenges such as
Basic Breastfeeding Support
Long Term Artificial Feeding Support
Temporary artificial feeding support with skilled breastfeeding support

Simple Rapid Assessment[1]

Instructions: Administer this rapid assessment whenever a caregiver with a child under 2 years is encountered and a referral is indicated. Do not ask the last 5 questions in italics under **LOOK** but note them down if observed.

If any difficulties are observed, refer the caregiver-baby pair for a Full Assessment or other support as appropriate. If anything in **RED** is circled, then deliver a full assessment.

_____**Cut Here** _____

COMPLETE IF FULL ASSESSMENT IS INDICATED

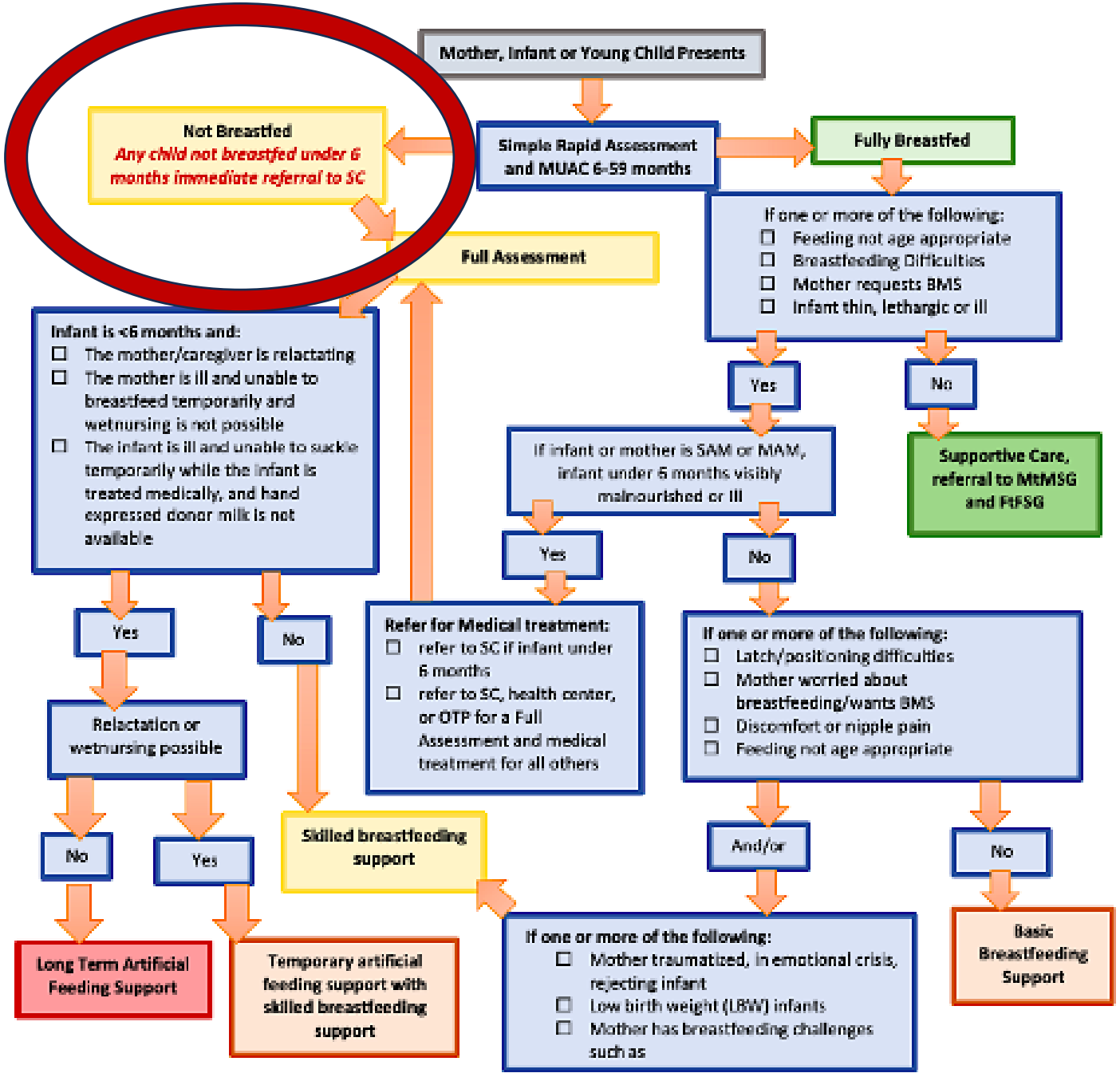
Caregiver Name: _____

When to attend: Immediately / date: _____ Referral to: _____

Location of facility: _____

REASON FOR REFERRAL:
A) Full IYCF Assessment needed
B) Medical care needed: (reason)_____
C) Other: _____
Referred by (name): _____ Job Title/Agency: _____

Simple Rapid Assessment Referral Form						
Name of baby:	Date of Birth/Age:		Girl		Boy	
Age of baby	0-59 months 0-28 days		6-12 months		12-24 months	
ASK						
Is the baby being breastfed?	Yes	No	Yes	No	Yes	No
Is the baby getting anything else to eat/drink?	Yes	No	Yes	No	Yes	No
Is the baby unable to suckle at the breast?	Yes	No	Yes	No	Yes	No
Are there any other difficulties in breastfeeding?	Yes	No	Yes	No	Yes	No
Does the mother or caregiver feel there are feeding concerns?	Yes	No	Yes	No	Yes	No
Did the caregiver request infant formula?	Yes	No	Yes	No	Yes	No
LOOK						
Does the baby look very thin, lethargic or ill?	Yes	No	Yes	No	Yes	No
Is the mother or child visibly diabled?	Yes	No	Yes	No	Yes	No
Does the mother look visibly young?	Yes	No	Yes	No	Yes	No
Is the caregiver the child's mother?	Yes	No	Yes	No	Yes	No


Mother, Infant or Young Child Presents
Simple Rapid Assessment and MUAC 6-59 months
Not Breastfed
Any child not breastfed under 6 months immediate referral to SC
Full Assessment
Fully Breastfed
If one or more of the following:
Feeding not age appropriate
Breastfeeding Difficulties
Mother requests BMS
Infant thin, lethargic or ill
Yes
No
Supportive Care, referral to MtMSG and FtFSG
If infant or mother is SAM or MAM, infant under 6 months visibly malnourished or ill
Yes
No
Refer for Medical treatment:
refer to SC if infant under 6 months
refer to SC, health center, or OTP for a Full Assessment and medical treatment for all others
If one or more of the following:
Latch/positioning difficulties
Mother worried about breastfeeding/wants BMS
Discomfort or nipple pain
Feeding not age appropriate
And/or
No
Basic Breastfeeding Support
If one or more of the following:
Mother traumatized, in emotional crisis, rejecting infant
Low birth weight (LBW) infants
Mother has breastfeeding challenges such as
Skilled breastfeeding support
Infant is <6 months and:
The mother/caregiver is relactating
The mother is ill and unable to breastfeed temporarily and wetnursing is not possible
The infant is ill and unable to suckle temporarily while the infant is treated medically, and hand expressed donor milk is not available
Yes
No
Relactation or wetnursing possible
No
Yes
Long Term Artificial Feeding Support
Temporary artificial feeding support with skilled breastfeeding support

Annex 6: One to One Full Assessment

One to One Full Assessment of Mother/Caregiver - Baby Pair

NOTE: During the Full Assessment care must be taken to ask open questions, to listen to the mother and show respect and sensitivity to her feelings, her culture, and her experience.

Assessment details			
Date:	**Location of assessment:**		
Interviewer Information			
Name of interviewer:	**Position:**		**Organisation:**
Contact details:			
Infant details			
Date of birth (approx. if required):	**Name of baby:**	**Male/Female**	**IYCFE registration number (if available):**
Place of shelter:			**Child MUAC:**
Caregiver details			
Name of Caregiver:	**Relationship to the child:**		**Contact:**
Place of shelter:			
Alternate caregiver name:	**Alternate caregiver details (phone/place of shelter):**		
How many other children in caregiver care:	**Ages of other children:**		

1. Mother / Caregiver Support

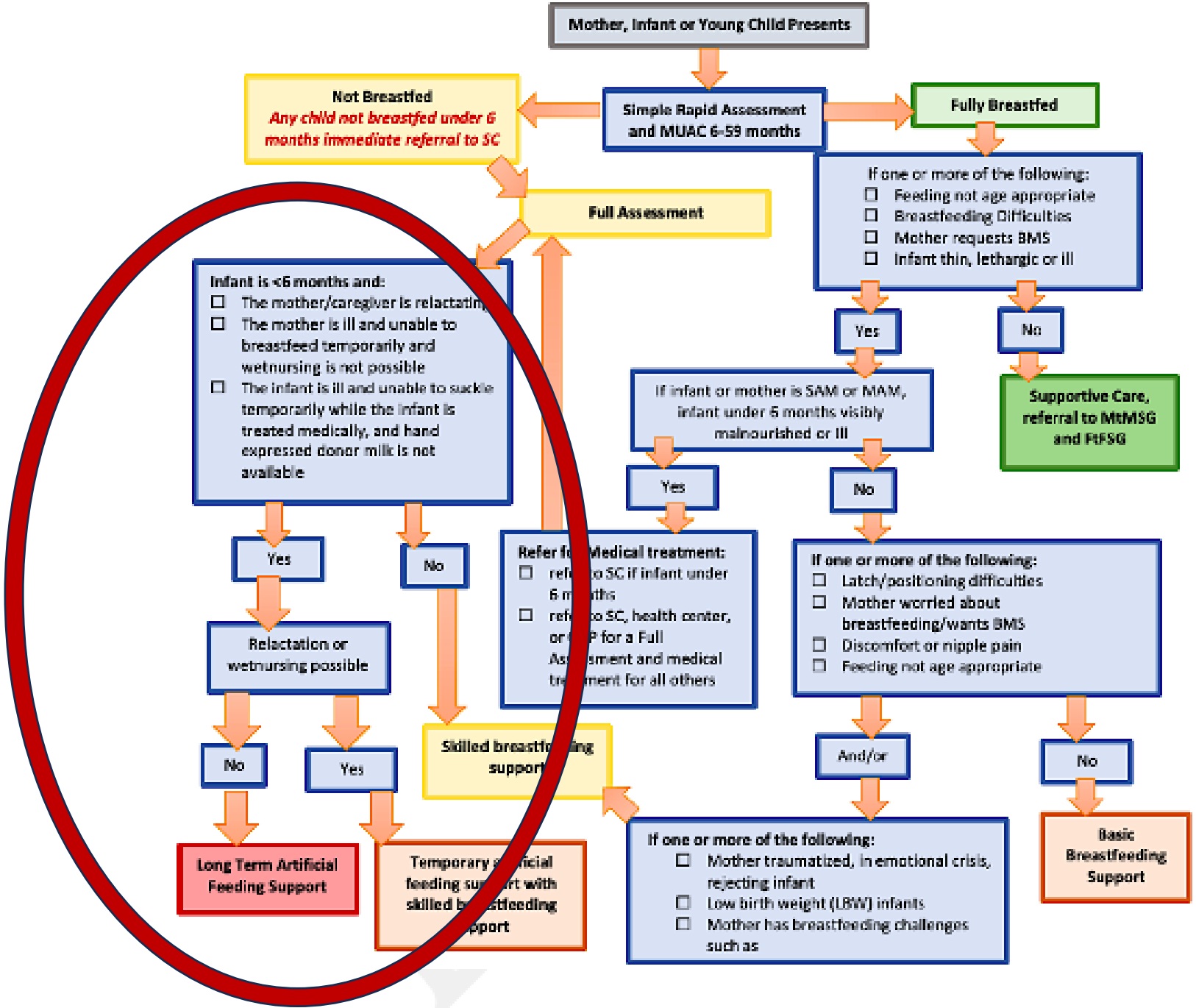
Mother / Caregiver mental and physical health	
***ASK:* How are you emotionally and physically? Do you have any worries or concerns?** *Action: Refer to MHPSS, hospital, GBV survivor support, protection, etc as appropriate. Provide information on distributions, shelters, support hotlines, etc as appropriate.*	
Details:	
***LOOK:* Does mother or caregiver look very thin; is crying, distressed or afraid; look lethargic or very sick?** *Action: Refer for support as appropriate*	◻ Yes ◻ No
Details:	
***Ask:* Do you have concerns about feeding the infant?** *Action: If yes, counsel mother/caregiver on specific concerns and refer where appropriate.*	◻ Yes ◻ No
Details:	
***Ask:* Do you have concerns about any of the other children in the place where you are sheltering?** *Action: If yes, request mother/ caregiver to bring in the other children to be seen after this assessment is completed.*	◻ Yes ◻ No
Details:	

2. Child Visual assessment

***LOOK:* DOES THE CHILD LOOK VERY THIN?** ◻ Yes ◻ No *Action: If YES, refer to a health facility after assessment*	Details:	**Immediate referrals to health facility** ◻ Vomits *everything* ◻ Fits or convulsions ◻ Lack of movement /unconscious ◻ Fast breathing (> 50 breaths /min.) ◻ Chest indrawing ◻ Sunken eyes ◻ High temperature (>37.5) ◻ Low temperature (<35.5) ◻ Very small (<2.5kg)
***LOOK:* DOES THE CHILD LOOK LETHARGIC OR VERY SICK?** ◻ Yes ◻ No *Action: If YES, refer to a health facility after assessment*	Details:	

3. Current Feeding Pratices

ASK: HOW IS YOUR BABY CURRENTLY BEING FED? *If infant if being breastfeed at all please complete section 4 of this form*	
◻ **Breast milk only**	**Say:** Please continue to breastfeed your baby, you are offering perfect nutrition and protection against disease.
	Action: Discontinue this section and **continue section 4** of this form. Refer to basic IYCFE support including mother and baby areas, peer support groups
◻ **Breast milk and formula**	**Say:** Formula feeding your baby is dangerous in the current situation. This is why we do not want to give infant formula to breastfeeding women. It is safer to only breastfeed. Breastfeed before feeding formula in order to increase breast milk production. Continue to section TWO of this form.
	Action: Consider temporary BMS provision using best judgement if current breastfeeding frequency is very low. Must refer to breastfeeding counselling for building breastmilk supply. Continue to section 4 of this form.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Supportive Care, referral to MtMSG and FtFSG
Full Assessment
If infant or mother is SAM or MAM, infant under 6 months visibly malnourished or ill
Yes
No
Refer for Medical treatment:
refer to SC if infant under 6 months
refer to SC, health center, or HP for a Full Assessment and medical treatment for all others
If one or more of the following:
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Mother worried about breastfeeding/wants BMS
Discomfort or nipple pain
Feeding not age appropriate
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The infant is ill and unable to suckle temporarily while the infant is treated medically, and hand expressed donor milk is not available
Yes
No
Relactation or wetnursing possible
No
Yes
Skilled breastfeeding support
And/or
No
If one or more of the following:
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Low birth weight (LBW) infants
Mother has breastfeeding challenges such as
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Full Assessment by a trained person	• Full assessment form completed • Any additional referrals have taken place (MPHSS, Health, protection, etc)
In-depth IYCF-E counselling	• All options before BMS have been explored • Counselling on the risk of BMS
Referral to the health/ nutrition monitoring system	• Continued monitoring must take place with an infant using BMS • Continued IYCF-E counselling must take place
Non-breastfed child care plan is developed	• This includes a visit to the place of shelter to identify additional risks • The care plan has specific counselling points
Distribution takes place	• RUIF for under 6 months • BMS kit for any child using BMS whether or not distributed by org
Continued counselling and follow up	• Support for building milk supply, relactation or ongoing BMS • Continued support for reduced risk use of BMS whether or not distributed by org

Annex 7: BMS Care Action Plan

Care Action Plan For Mother And Baby Receiving Skilled Support And BMS including temporary BMS use

Name of designated IYCF-E counsellor _____
Location: _____
IYCF-E Registration Number:_____
Child's name _____
Child's gender M/F
Child's DoB _____ **Age/months** _____
Mother/ Caregiver's name _____ **Relationship to child**_____
Address _____
Telephone:_____

Date of initial full assessment of mother-baby pair:_____
Main findings of one to one full assessment:_____
_____

Recommendations for feeding: (amend below as necessary)
___ (A) Continuing Supportive Care
___ (B) Basic Aid
___ (C) Further Help Baby refusing the breast
___ (D) Further Help Restorative care for the mother (needs emotional / extra support)
___ (E) Further Help Wet nursing
___ (F) Further Help Relactation
___ (G) Further Help Breast conditions
___ (H) Further Help Supported artificial feeding
___ (i) Further Help Complementary Feeding
Referral / Specialised Support:
___ Medical treatment/Therapeutic feeding
___ Other – specify _____

IYCF-E Reg. No. _____ ***Child's name:*** _____ ***Date of birth***_____
Mother/Caregiver's name: _____ ***Relationship to child*** _____

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

Date						
Health & Weight of child (kg) (if part of programme)						

fed infant.

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

Item to discuss (initially and to ensure on subsequent visits if needed)	**Check (date)**
What BMS will be given, when and where to receive it.	
What extra resources they will need to prepare BMS and how they will obtain these (See items in 'Safer BMS Kit')	

State of Palestine Nutrition Cluster
Standard Operating Procedures (SOP) for Breast Milk Substitute (BMS) Management for the State of Palestine: Dec 2023

How much and how often to feed BMS	
How to keep feeding utensils clean and safe	
How to prepare and store the feeds	
The advantages of cup feeding and how to cup feed	
Warning of the potential hazards of using BMS.	
Demonstrate	
Care worker should demonstrate safe preparation of a feed in the home	
Check that	
The caregiver has been observed making a feed	
The caregiver has been observed cup feeding	

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

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

Evaluation of Artificial Feeding in the Place of Shelter

Resources - What resources are available?

[Note: Feeding with bottle and teat is dangerous, cup feeding is safer]

	Observations	Yes/ No	Concerns / Comments
Breast milk substitute (eg. Infant formula)	Breast milk substitute is suitable for child's age?		
	Expiry date clearly marked, and not past		
	Instructions written in users own language		
	Preparer or another household member is able to read label's instructions		
	Caregiver is easily able to obtain sufficient formula until the child is at least 6 months of age		
	Subsequent visit: Quantity used since last distribution is appropriate		
	Quantity remaining is sufficient until next distribution		
Storage	Safe storage/tightly closed containers used for ingredients		
	Milk feeds prepared in advance only if refrigeration is available		
	Drinking water is stored in a special container (clean, with cover)		
Preparation facilities	Adequate fuel is available for boiling water (and for cleaning feeding equipment)		
	Adequate drinking water is available for preparing several feeds per day (at least 1 litre)		
	Adequate other water and soap are available for washing utensils and hands		
	Clean surface is available to put utensils on (and a clean cover for them)		
	Suitable means of measuring milk and water (if a feeding bottle, the top is cut off. Or the health care worker can make a volume (mls) mark in a cup if measuring equipment not available)		
Extra time	Time to prepare 6-8 fresh feeds per day		

How much ready-to-use infant formula will I need in a month?

If you are using 200ml containers of ready-to-use infant formula, you will require on average 4 units (800 ml) per day per infant. Older infants will need an average of 3 units (600 ml) per day alongside other foods. If the formula is provided in containers other than 200 ml, your health worker will indicate the number of units required to feed your baby.

Age	Ready-to-use infant formula per day	Number of units per day	Number of units per month
0 to <6 months	800 ml	4	120
6 to 11 months	600 ml	3	90

What steps must I follow when preparing ready-to-use infant formula?

Steps in preparing ready-to-use infant formula	
1	Wash hands thoroughly with water and soap or alcohol-based sanitizer.
2	Ensure the feeding preparation utensils and cup and other utensils are clean.
3	Pour the ready-to-use formula into a clean cup and offer it to the infant.
4	Hold your baby close to you and provide as much milk as he/she wants. Do not pour milk quickly into his/her mouth. Let the infant sip slowly.
5	Discard any leftover formula that is not used within two hours or mix with other foods or consume it yourself as the caregiver or offer to the elderly.
6	Thoroughly clean feeding and preparation equipment after use

BMS kits

We can NEVER distribute BMS alone. Funding and proposals for ANY BMS distribution must include costs for BMS kits, breastfeeding support, privacy for counselling, etc.

Feeding equipment is required according to the Operational Guidance for Infant Feeding in Emergencies, the UNICEF Procurement and Use of BMS in Humanitarian Settings, and these SoP.

Cost per kit is around $60 - $100 USD. These include critical items.

It can be adapted for those receiving RUIF only, but only slightly. And even with RUIF a BMS kit **must** be supplied. This would include pot for boiling water to clean feeding utensils, thermos for hot water for cleaning, open feeding cups, basin to wash cups, water to clean hands, storage box, feeding bib, etc.

BMS Kits	High quality thermos flask	1 per BMS kit	For hot water for PIF preparation and cleaning
	Plastic feeding bib	2 per BMS kit	To provide wipeable bib during feeding and minimise infant spilling on clothes
	Open feeding cups	2 per BMS kit	For feeding infants
	Solid plastic box with lid for stable populations *Or* Backpack for people in transit	1 per BMS kit	For storage and preferable to have a smooth flat lid which can be used as a washable preparation surface. If it does not have a smooth flat lid then plastic sheeting will be needed as a preparation surface
	Jug for measuring mixing	1 per kit	To mix formula and to measure amounts
	Small pot/kettle	1 per kit	For boiling water for infant formula preparation
	Small spoon	1 per kit	For mixing PIF
	Small basin	1 per kit	Or washing equipment
	Purification treatment (Aquatab) (1 tab per feed)	1 box per kit	To purify water if potable water not available
	Potable water	Approx 3 liters per day	To make PIF, to wash hands, and to clean equipment
	Instruction leaflet	1 per kit	For caregiver

Distribution

BMS kits can be given to people we aren't providing BMS to as well.

There will be many times that you meet a family who have a secure distribution of BMS and they do not want to change.

We should also provide the same support (full assessment, breastfeeding support, building milk supply, counselling, monitoring, care plans, BMS kits) to these families with the exception of the BMS provision.

This is whether or not they are using RUIF or PIF.

Our main focus is always Do No Harm

Exit Strategy

The provision of BMS should be needs led and not resource led.

In theory, where IYCF-E counselling and support is provided, enrolment in the RUIF should decrease over time as (i) those affected by the emergency and meeting the criteria will already have been admitted; (ii) almost all newborns with mothers should be exclusively breastfed; (iii) only a few with no possibility to be breastfed according to WHO criteria for acceptable medical reasons for use of breast milk substitutes should be found in the population.

BMS programming and distribution is one component inside a larger programme to protect, promote and support recommended infant and young child feeding practices.

The wider programme both inside health clinics, shelters, and in the community should continue to proritise the provision of protection, support, and promotion of breastfeeding.

State of Palestine Nutrition Cluster

Mother and Baby Areas Guidance for the State of Palestine

December 2023

1. Aim of this guidance[1]

This document aims to guide agencies and staff working within nutrition programming in the State of Palestine humanitarian response on how to establish and manage Mother and Baby Areas.

2. What are Mother and Baby Areas?

No matter the location, programming, or staffing- at the heart of ALL models of supportive spaces interventions lies the protection, promotion, and support of appropriate IYCF practices[2].

Mother and baby areas are supportive spaces[3] where pregnant women, mothers, fathers, and caregivers of infants and young children (<2 years) can relax and access support and additional resources. In these spaces, they will be able to access advice and support to determine the best options to feed and care for themselves and young children in the current context. They are often physical spaces; however, some activities can also occur outside of the space. They will be conducive spaces for development for young children, healthy and stimulating.

Spaces may be established in different locations in various types of safe structures such as a building, tent, shelter, area of a train station, etc. It is important to be attentive to the principle of do-no harm and to be aware of avoiding using areas or structures infringing in the

The MBA provides

- Spaces to promote child-centered healthy early childhood development;
- Support to caregivers to feed and provide nurturing care for their infants and young children;
- Support to caregivers to troubleshoot challenges and identify the best options for their circumstances and preferences;
- Minimise the risks associated with artificial feeding;
- Serve as a place where information is provided about where/how to access other services and facilitate referrals;
- Provide a vital entry point for female survivors of GBV to safely access information, specialised services, and referrals to health, protection, and other services;
- Support women's psychosocial well-being, create social networks to reduce isolation or seclusion, and enhance integration into community life.