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 provision of other necessary services. Mother and Baby Areas can be mobile (i.e., temporary structures that can be rapidly set up, such as a tent as a part of a mobile team) or in a fixed location. They may be stand-alone sites or part of an integrated centre offering multiple support services (ie: health center, child friendly space, distribution point). Integrated spaces are often referred to as “IYCF Corners”.

[1] This guidance was developed with support from the GNC Technical Alliance Technical Support team and is adapted from the Ukraine Nutrition Cluster Mother and Baby Space Operational Guidance (2022), the GTAM Supportive Spaces Technical Brief (2020) and the Danish Refugee Council and UNICEF Mother and Baby Corner Operation Manual for Serbia

[2] WHO and UNICEF recommend that babies are put to the breast within one hour of birth, are exclusively breastfed for the first six months of life, then continue to be breastfed, with the addition of safe, nourishing, age-appropriate complementary foods, up to two years old and beyond. Protection and appropriate support during emergencies also involve ensuring that infants who are not breastfed are fed in the safest way possible.

[3] For more information on Supportive Spaces see the GTAM technical brief on supportive spaces (2020): https://www.ennonline.net/supportivespacesiycfetechbrief2020

It is important that the spaces are as holistic as the physical location, staffing, and organizational capacity allow. This means including interventions and programming for necessary services such as Early Childhood Development (ECD)[4] and Gender Based Violence programming[5], or including for example, Baby WASH activities[6].

3. Intended audience for Mother and Baby Areas

The primary target users of the Mother and Baby Areas are pregnant and breastfeeding women, pregnant adolescents and adolescent mothers, female caregivers, and mothers of infants and children less than two years old. The young children (0-2) of these caregivers are also considered primary target users for MBAs; older children that will be with their parents and caregivers are secondary target.

Male caregivers of children under two will also be welcome, but either at a specified time or in a separated space to allow privacy for breastfeeding mothers. Male engagement in rearing practices and co-parenting is important for child development; men will learn how to better support mothers and female caregivers. Co-parenting results in a triple benefit: better developmental outcomes for children, reduction of household violence, improvement of intimate partners' relations.

It is important to note that the presence of older children may be disruptive. One might want to consider referring these children to appropriate services where possible such as child friendly spaces or education programming. When choosing the location of the MBA co-locating near these services can be beneficial to mothers, caregivers, breastfeeding children, older children themselves and families.

4. Why establish Mother and Baby Areas

Pregnant and breastfeeding women, infants, young children, and their caregivers have heightened, specific needs and crises can lead to disruptions to routines, feeding and care practices. In certain emergency contexts, supportive spaces can be an effective platform to deliver the interventions described in the Operational Guidance for Infant and Young Child Feeding[7].

For example, where women lack a space to breastfeed comfortably and privately, supportive

[4] For more information on ECD activities in nutrition programming see WHO and UNICEF (2016) *Integrating Early Childhood Development (ECD)activities into Nutrition Programmes in Emergencies* here: https://www.who.int/publications/i/item/integrating-early-childhood-development-(ecd)activities-into-nutrition-programmes-in-emergencies

[5] See the IASC *Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action: Nutrition Thematic Area Guide* (2015) here: https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-nutrition-08_26_2015.pdf

[6] For more information on Baby WASH see the UNICEF (2020) *Learning Note on Baby WASH* https://www.unicef.org/esa/media/7076/file/UNICEF-ESA-Baby-WASH-Programming-2020.pdf

[7] The IFE Core Group (2017) *Operational Guidance for Infant and Young Child Feeding in Emergencies* can be found in multiple languages here: https://www.ennonline.net/resources/operationalguidancev32017

spaces can offer a women-only space and/or privacy. This can support feelings of dignity and relaxation, and therefore better milk flow, mother-child interaction, and bonding. Supportive spaces enable pregnant women, mothers, and other caregivers to share their experiences and develop peer support networks, facilitating learning, influencing adequate behaviour for healthy child development and responsive caregiving, and helping to remove social and cultural barriers.

5. Purpose of Mother and Baby Areas

The purpose of Mother Baby Areas is to protect and promote safe and appropriate Infant and Young Child Feeding (IYCF) practices and to mitigate/minimise the risks associated with challenging and difficult circumstances for caregivers and young children in the State of Palestine.

The MBA provides:

- Spaces to promote child-centered healthy early childhood development;
- Support to caregivers to feed and provide nurturing care[8] 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.

6. Duration of Mother and Baby Areas

Mother Baby Areas are temporary as they are set up to respond to emergencies. As the emergency evolves, it is important to evaluate needs regularly and consult with the community to decide if spaces are still needed and appropriate. When it is time, if the needs change and the Mother Baby Areas are no longer needed, it is important to phase out gradually, informing the community that activities that are no longer needed will stop. It is important to consider which activities can be integrated into services and programmes that will continue. Explore whether IYCF counselling can be transitioned into health-system services, for example. Provide training if needed, allowing sufficient time for mentoring and handing over. Consider whether women, fathers, and caregivers attending the space can be empowered to continue activities in their communities (e.g., by establishing a Care Group

[8] See: WHO and UNICEF (2022) *Nurturing care practice guide: strengthening nurturing care through health and nutrition services* https://nurturing-care.org/practiceguide/

model[9] or mother-to-mother[10] and father-to-father[11] support groups in the community).

7. Location of Mother and Baby Areas

When deciding on the number of spaces and their size, it is important to consider the needs of families and children, the size of the population, and their geographical spread.

- Ensure that the location and opening hours are safe and accessible (consider route, distance and travel time) and that there are gender specific, lockable latrines within 50 meters;
- In a camp setting, locate spaces near shelters allocated to vulnerable households and/or families and near relevant services to facilitate referral and follow-up;
- Conduct a service mapping in the area and ensure clear referral networks with multi-sector partners (See Annex 2 Service Mapping Template);
- Ensure spaces are accessible to caregivers and children with physical disabilities;
- Coordinate with community members and site managers to make sure that spaces are not in risky locations and conduct a GBV risk assessment audit with women and community members who will be using the facilities (e.g., security checkpoints or site perimeters)[12];
- Coordinate with other actors providing similar services and other ECD services, and distribute the services geographically;
- Let the activities be known by the community: inform and collaborate with community leaders, groups (women' groups or other), other humanitarian actors;
- Perform outreach activities and active case finding

[9] Food Security and Nutrition Network Social and Behavioral Change Task Force (2014) *Care Groups: A Training Manual for Program Design and Implementation* https://www.fsnnetwork.org/sites/default/files/Care%20Group_manual_final_508.pdf
[10] IYCN, PATH, USAID (2011) *Mother to Mother Support Groups Facilitator Manual with Discussion Guide* http://www.iycn.org/files/IYCN_Mother-to-Mother-Support-Group-Facilitator-Manual_0311.pdf
[11] SPRING (2017) *Facilitator's Guide for Father-to-Father Support Groups: Infant and Young Child Feeding and Gender in Ghana* https://www.spring-nutrition.org/sites/default/files/publications/tools/spring_ghana_ftfsg_11-3-17.pdf
[12] HHI and UNICEF (2022) *Menu of Measures: GBV Risk Mitigation Menu of Measures Adapted for the Nutrition Sector* for more information and guidance: https://gbvguidelines.org/en/documents/menu-of-measures-gbv-risk-mitigation-menu-of-measures-adapted-for-the-nutrition-sector/

8. Services within Mother and Baby Areas

The services and activities in the table below can also apply to IYCF corners (marked with a check in the third column). Some core services and IYCF services can be offered within the IYCF corner with or without a skilled nutrition worker[13], however some of the larger, group activities listed in the additional activities may need to take place in an additional, larger space. IYCF corners and additional spaces may both be implemented in the same area of operation with cross-referrals between the two spaces. **It should be noted that within Palestine, BMS and infant formula may be required to be distributed through MBAs, however this should be done discretely and in another area of the MBA away from breastfeeding mothers.** Distribution of BMS should be held by a coordinated agency with the Nutrition Cluster and via distribution sites identified through the State of Palestine Nutrition Cluster[14].

Services and activities to be offered in the MBA

Core services and activities		
Primary activities	**Examples of sub activities and additional resources**	**IYCF Corner**
Provision of a welcoming space for caregivers to relax and spend time with their children	Positive images on the walls	✓
	Breastfeeding key messages posted	
	Bright colourful posters for baby to look at	
	There should **never** be images of infant formula, bottles, teats, logos of companies, etc.	
Safe drinking water and handwashing station	Tippy tap or other handwashing stations if there is no running water available.	✓
Provision of a space to breastfeed comfortably and privately	Comfortable chair or pillows or cushions on the ground	✓
	Private separate space or sectioned off with curtain, privacy screen, etc.	
Provision of an area and age-appropriate toys for the child to play with and the brain to be stimulated	Mat or cushion on ground with simple, washable toys for mother/caregiver and child to play with	✓
IYCF initial rapid assessment for mother and baby pair	See Annex 5 for example assessment. This can be linked with the tip sheets and key messages in Annex 5.	✓

[13] IYCF corners are often smaller, integrated spaces that can be managed by non-nutrition actors. Because of this they may be restricted to offering only basic activities that do not require technical expertise.
[14] State of Palestine BMS SOP (2023) in draft - contact the State of Palestine Nutrition Cluster

Key message dissemination on IYCF and parenting support (nurturing care)[15]	Leaflets or images with messages or key information available for take home	✓
Support and referral for survivors of gender-based violence	All staff should be trained to take disclosures and provide referrals	✓
	If a GBV actor is not in the area, please refer to the GBV Pocket Guide[16]	
Provision of information about and referral to relevant services	Information and referrals to vaccination, antenatal care, family planning, protection services	✓
Monitoring and reporting of BMS donations		✓
Provision of snacks and hot drinks		
Charging station for phone and laptop		
Assessment of the individual mother/caregiver-baby needs (eg. IYCF, psychosocial, protection) and services for caregivers' mental health and wellbeing	IYCF rapid and full assessment	
	Psychosocial assessment	
	Identification of protection needs	
Screening and referral for child/maternal malnutrition		
Skilled one to one IYCF counselling and breastfeeding counselling	Support for building up milk supply and relactation	
	Support for breastfeeding challenges	
	Trained peer supporters could be also appropriate	
Counselling and education sessions on complementary feeding		
Assessment and referral for infant formula prescription	This activity requires that staff are fully trained in full assessment and counselling skills for the non-breastfed infant	
Early childhood development (ECD), early learning, play sessions, parenting support programmes (understanding that nutrition, health and other services are elements of the nurturing care framework of	Include programming that helps close the gender gap[18] and promotes positive caregiver-child interactions (including men, whose engagement in ECD contributes to gender equality[19])	

[15] See Annex 6 for IYCF Support Tip Sheets and Key Messages
[16] All humanitarian actors can provide support to a survivor of gender-based violence who disclosed an incident in a context where there is no gender-based violence actor (including a referral pathway or GBV focal point) available in your area. The GBV Pocket Guide is available in multiple languages and provides resources to guide this support. https://gbvguidelines.org/en/pocketguide/
[18] To learn more about ECD and the promotion of Gender Equity see the Moving Minds Alliance resource (2022) *How Early Childhood Development in Emergencies Promotes Gender Equality* https://movingmindsalliance.org/wp-content/uploads/2022/11/MMA_Factsheet-04_Promting-gender-equality.pdf
[19] To learn more see Nurturing Care and Men's Engagement: https://nurturing-care.org/engaging-men-in-nurturing-care/

ECD)[17]		
Activities for pregnant women and fathers (eg, co-parenting, preparing for birth and the postpartum period which will include also male parents and caregivers engagement)		
Additional services and activities to consider depending on space, organizational capacity, and staffing		
Diaper changing area	See Annex 7 for an example protocol	
Baby bathing station[20]		
Psychosocial support		
MHPSS support		
Relaxation and mindfulness exercises		
Group discussion and/or peer support groups	Should include sessions targeted specifically at men/fathers or grandmothers depending on the context and capacity[21]	
Support for nutrition, hygiene, and other child rearing practices- understanding the challenges parents and caregivers are facing	Should include sessions targeted specifically at men/fathers or grandmothers depending on the context and capacity[22]	
Complementary feeding activities	Cooking demonstrations	
	Distribution of complementary feeding baskets for children aged 6 to 24 months	
Family planning and emergency contraception		
Information and support around protection issues	Beyond referral only	
Information and support around gender-based violence[23]	Beyond receiving disclosures and/or referral only[24]	

[17] To learn more about the nurturing care framework for ECD see: https://nurturing-care.org/about/
[20] For more guidance on bathing activities see the ACF Baby Friendly Spaces guidance page 92: https://www.actionagainsthunger.org/app/uploads/2022/09/ACF_Baby_Friendly_Spaces_Dec_2014.pdf
[21] Examples of Father to Father counselling and support groups can be found here: https://www.spring-nutrition.org/publications/tools/facilitators-guide-father-father-support-groups
[22] For more information on gender transformative parenting interventions please see the UNICEF (2023) 'Resource Package and Training Modules for Promoting Gender-Transformative Parenting' here: https://www.unicef.org/reports/resource-gender-transformative-parenting
[23] For more information on the linkages between GBV and nutrition please see the UNICEF briefs (2022) here: https://www.nutritioncluster.net/resources/briefs-linkages-between-gender-based-violence-gbv-and-nutrition
[24] See the IASC Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action: Nutrition Thematic Area Guide (2015) here: https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-nutrition-08_26_2015.pdf

9. Mother and Baby Areas Staffing

Please see Annex 4 for an example of a staffing budget for the Mother and Baby Area.

The staff in the space should be female where at all possible and male staff might be needed for male caregivers and fathers' engagement. A ratio of 1 staff member for every 15 caregivers within the space is the maximum acceptable ratio. It is critical that there are sufficient personnel to greet caregivers and to coordinate activities, as well as support staff arrangements for cleaning and security.

Programme staff can also identify experienced mothers and fathers (if father support groups are included in the space) to receive training and provide basic support within the space.

10. Training for staff working in Mother and Baby Areas

All staff, including support staff, should receive an orientation on IYCF-E and be trained to carry out their roles and responsibilities. Technical staff (such as IYCF counsellors and psychosocial workers) need to be further trained. Training materials for certain activities within the space such as IYCF counselling, parenting support programmes, and Psychological First Aid (PFA) are available.

It can be possible to implement a two phased approach to MBA staff training when time and resources are limited, especially in the initial phases of emergency response. Where agencies have experience and capacity, they can combine Stage 1 and 2 of the training at start-up and provide a wider package of services.

- Stage 1: Staff will initially be trained on how to establish and manage an MBA, IYCF recommendations including exclusive breastfeeding, continued breastfeeding, and complementary feeding, and communication principles in traumatic circumstances (look, listen, link). Staff will also be trained on targeted support for non-breastfed infants in emergencies including full assessment and referral for BMS support. Staff will be guided on how to access resources and support for technical issues (protocol checklists, hotlines, tip sheets).

- Stage 2: Following an initial start-up, further training will be provided on broader holistic Early Childhood Development (ECD), breastfeeding counselling skills, technical support for breastfeeding and complementary feeding challenges, including relactation. Training at this stage may also cover support for caregivers and children with disabilities, gender-based violence (GBV) risk mitigation and referral, psychosocial support, depending on agency capacity.

11. How to establish a Mother and Baby Area

Photos and a diagram of an example space (Annex 1), supply list (Annex 3) are included at the

end of this document.

Spaces will vary, but MBA should be set up: (i) in a safe location for young children (ie: away from debris, roads, train tracks, area away from air and sound pollution, etc.); (ii) if possible, with electricity and running water; (iii) if possible, in proximity to available health services and child friendly spaces; (iv) accessible for pregnant women and, where feasible, with appropriate access for people with disabilities taken into consideration (ramp access, considerations for visual and hearing impairments).

The space should be welcoming, child-friendly, bright, and temperate and appropriate measures should be taken against infection outbreak such as COVID-19 mitigation measures (See Annex 8). There should be chairs and pillows for women to sit comfortably, and floor mat/ mattresses for relaxing, as well as a play area for young children, with age-appropriate toys (stimulating materials) that can be easily cleaned each day. Positive images for both mothers, caregivers, and children should be included in the space.

12. Monitoring and Evaluation

Mother and Baby Areas report on activities conducted and should monitor the quality of activities. There are no outcome-level indicators specific to MBAs. However, data may be collected on, for example, standard IYCF indicators, child and maternal/fathers mental health, fathers and male caregivers engagement in early childhood development, and psychosocial wellbeing indicators. All data collected should be protected by password and/or locked in a safe place to guarantee the confidentiality of the data.

Please see Annex 9 for a list of resources for M&E of MBAs.

Examples of process and activity indicators can be:

- Number of girls and boys and ages benefiting from child-centred activities and which type of activity
- Types of admission and discharge criteria
- Number of women (pregnant and lactating) and babies admitted to the program
- Sex and Age Disaggregated Data of caregivers and infants
- Disaggregated data to estimate the number of children with disabilities
- Number of women (pregnant and lactating) and babies having participated in the MBA
- Number of fathers who participate in MBA activities
- Frequency of participation in MBA activities
- Number of beneficiaries (women and children) referred for psychosocial support
- In case of growth monitoring include indicator on MUAC and Z-scores, or weight and height of the child
- Number, recipient (PLW, child, etc), and type of referrals. This does **NOT** include GBV referrals (see next bullet point and footnote)
    - It is important to remember that after a disclosure MBA staff and non-GBV actors duty ends with the referral to GBV specialist response teams.
    - MBA staff should not record data on number of cases, number of referrals,

etc[25].

- During referral no documents or forms are recommended to be shared; information related to the services and helping to get in touch with the survivor are the only information to be shared and always after informed consent is given. A verbal referral (if this happens via phone ensure to make the phone call be in a quiet and private place) or a referral via e-mail or messaging applications if appropriate are recommended.

Examples of tools for measuring process and activity indicators of the MBA are:

- Organisational Data base
- Attendance sheet
- Initial Rapid Assessment
- Supervision checklist[26]

The Mother and Baby Area's outcome and impact indicators can be:

- % of women who reported to practice exclusive breastfeeding and recommended feeding practices
- % of children 0-5/6-11 months with MAM/SAM
- % of children being exclusively breastfed at different stages
- % of children who received combined breastmilk and complementary food until 2-year of age
- % of women who managed to relactate
- % of women who show an improvement in knowledge on complementary feeding
- % of mothers, caregivers, and/or fathers who reported their relationship improved with their child
- % of mothers, caregivers, and/or fathers who improved child care practices
- % of women going to prenatal consultations
- % of pregnant women who after birth, breastfeed exclusively
- % of children who are more stimulated by fathers, mothers and caregivers due to the intervention (more active time spent together, communication and interaction during lactation, story-telling and other playful activities implemented)

[25] It is important to remember that GBV is happening everywhere. It is under-reported worldwide, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should **NOT** be a priority in an emergency due to safety and ethical challenges in collecting such information. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take appropriate actions, regardless of the presence or absence of concrete 'evidence.

[26] Save the children (2016) Example of Checklist for Mother Baby Areas https://resourcecentre.savethechildren.net/document/2-example-of-supervision-checklist-2/

List of Annexes

Annex 1: Example of Service Mapping template

	Type of centre	Available services	Yes/ No	Location	Contact details	Permission given to make referrals Yes/No
1.	Public Hospital	Can we refer any serious medical problems to this hospital?				
2.	Public Health Center	Can you provide technical support for breastfeeding and breastfeeding problems such as mastitis?				
3.	Food services	Is the food provided suitable for children 6-23 months?				
		Is the food provided suitable for pregnant women?				
4.	Water and sanitation	Where can people wash?				
		Where are the toilets?				
		Can the toilets that are accessible separated by gender, private and can be locked?				
		Where can hygiene items be accessed?				
5.	Social protection	Are there income support/cash programmes? Parenting support programmes?				
6.	Mental Health Services	Are there referral services for support with trauma, anxiety, depression, and other mental health needs?		.		
7.	Services for GBV	Is there a place to refer survivors of GBV?				
8.	Childcare services	Are there safe and accessible places or programmes where young children can be cared for while parents/caregivers are otherwise engaged? (e.g. at work, receiving medical treatment etc.)				
9.	Protection services	Are there protection centres/services/activities for children and women?				

Annex 2: Core Commodities and Equipment

MBA establishment will need to adapt to contextual and environment opportunities and challenges. The following commodities and equipment are examples of items used to establish a space. This list assumes access to electricity but not to running water.

The list is divided into a) site establishment equipment b) consumables to be bought more regularly
.

Item		Qty	Function
Equipment	Collapsible / foldable table (approx 1.5m length)	2	For check in/reception, IPC items and leaflets,tea and coffee
	Chairs	6	For mothers to sit on to breastfeed and/or relax. Needs to have armrests and plenty of space. Ideally high and sturdy.
	Large plastic bucket	1	Washing equipment, toys
	Covered trash bins	2	Hygienic disposal of trash, diapers etc
	Plastic basin	1	Washing equipment
	Screen or curtain	4	For privacy when required
	Cushions/pillows	12	For mothers to rest their arms to help with the weight of the baby when feeding. To put on the chairs to relax
	Child play mats	2- 4	For infants and children under two to play and/or relax
	Age-appropriate Toys (stimulating materials) for children 0-5 years old	Variable	For infants and children to play with stimulation
	Storage boxes with padlocks	3	Essential to keep cleaning products out of reach for young children

	Electric sterilizing machine equipment	1	To sterilise feeding equipment or toys if required
	Electric kettle	1	To boil water for the tea or coffee for the mothers
	Feeding Cups (e.g. Medicine cups)	100	To use to feed infants who are taking expressed milk, donor milk, or BMS during relactation
	Plastic covered mats	2	To be used as a diaper changing station. Ensure plastic covers for easy cleaning/sterilisation.
	Diaper changing table	1	To change diapers
	First aid kit	1	To treat minor injuries including cuts, scrapes, burns, bruises, and sprains
	Multi device charging station/extension cord	2	To encourage mothers to use the space and to relax
	Posters and IEC materials		To provide information to caregivers
	Jerrycan	2	For handwashing, washing up, cleaning, etc. when running water is not available
	Mop and bucket	1	Regular cleaning during the day and infection prevention and control
Commodities	Disposable diapers	Caseload dependent	For baby hygiene
	Hand soap	1	For handwashing
	Dishwashing soap	1	To clean cups and utensils
	Cleaning sponges/brushes	2-3	To clean cups and utensils used to mix and to clean surfaces
	Antibacterial surface cleaning spray	1	To clean surfaces
	Paper towels	20 pack	To clean surfaces
	Trash bags	10	Hygienic disposal of waste, diapers etc

	Face masks - disposable	500	COVID IPC equipment
	Hand sanitiser	2	COVID IPC equipment
	Stationery (pens, notebooks, clipboards)		For use by the staff or mothers if needed
	Sudocreme	10	For nappy rash
	Wooden sticks	500	For hygienic application of sudocrem
	Disposable gloves	1000	For IPC
	Bottled water		For drinking

Annex 3: Example Staffing Budget[27]

The actual costs will depend on the context and activities undertaken.

* = Core staff

Staff	%	Cost	Months	Total	Comments
* Protection/health manager	20%				Will also manage other health or protection projects.
*MBA coordinator	100%				Oversee all MBA and/or IYCF corners
*MBA facilitator/officer (1:3/4 ratio of facilitator/officer to volunteers)	100%				Provide training and support for volunteers of 3-4 MBA
Project counselor (PFA trainer)	100%				Depending on need (1:30 clients)
Health support staff	Pro rata to time				Midwife, CHW, nutritionist, ECD officer etc. If there is a number of MBA in area, could have 100% health staff with roving support.
*MBA staff (1 MBA staff per 15 people using the facility at any given time)	100%				Allowance for 1 staff/community mobilizer per 15 women
*Cleaning staff	100%				Allowance for community members cleaning MBA and WASH areas
Driver	50%				Support referrals, and ensure specialist staff able to visit for training and activities
Admin support functions	10%				As per response policy for indicative staff

[27] Adapted from the World Vision Women, Adolescent and Young Child Space (WAYCS) model: https://www.wvi.org/health/publication/women-adolescent-and-young-child-spaces

*Security	100%				Protection of facilities, and control of access
Sub total: Salaries/benefits					

Annex 4: IYCF Initial Assessment Checklist

If possible, it is suggested to have this as an online form using e.g. ODK/Kobo, that staff can use on phones or tablets. This can then be directly linked to tip sheets/key messages.

Step 1 Initial Assessment (tick indicates yes, cross indicates no)

ASK				
1	How old is the baby/child?	<6 months	6-11 months	>11 months
2	Are you breastfeeding him/her?			
3	Is the baby/child getting anything else?			
4	Are you having any difficulties breastfeeding?			
OBSERVE				
5	Does the baby/child look thin?			
6	Does the baby/child look lethargic?			
7	Is the baby/child inquisitive and socially engaged?			

Step 2 Decide which advice is relevant and use tips sheets to support the caregiver

- **If the answer to question 5 and/or question 6, children look too thin or lethargic, refer to medical services**

- **Baby/child receiving only breastmilk**

Less than 6 months	Refer to Tip Sheet 1
6-11 months	Refer to Tip Sheet 2
Above 11 months	Refer to Tip Sheet 2

- **If baby/child is receiving breastmilk and other foods/infant formula.**

Less than 6 months	Refer to Tip Sheet 3
6-11 months	Refer to Tip Sheet 4
Above 11 months	Refer to Tip Sheet 4

- **If the mother is experiencing problems with breastfeeding**
- Reassure her that these problems are common and can usually be resolved
- Refer to technical sheets (IEC Materials)
- Provide counselling

- **If baby/child is not being breastfed and only receiving infant formula/other foods**

Less than 6 months	Refer to BMS assessment
6-11 months	Refer to BMS assessment
Above 11 months	Refer to Tip Sheet 4

Annex 5: IYCF Support Tip Sheets and Key Messages

TIP SHEET 1:
KEY MESSAGES FOR BREASTFEEDING MOTHERS WITH BABIES UP TO 6 MONTHS

REMINDER: The purpose of the Mother and Baby Area is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already.
Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregiver's decision if she does not want to discuss.

- **Ask the mother if she would like any breastfeeding support**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

Gentle conversation cues to encourage continued exclusive breastfeeding:

- Talk to your baby while you are breastfeeding, engage with your eyes (if you have other children you can explain to them what breastfeeding is and its importance)
- Your breast milk is perfectly designed for your baby's health and nutrition needs
- There is no need to provide any additional food or drink to your baby as your breast milk provides everything your baby needs up to the age of 6 months
- Breast milk protects your baby from infections and diseases
- Breastfeeding provides health benefits for you, such as reduced risk of breast cancer, ovarian cancer, cardiovascular disease, obesity. The more you breastfeed, the greater the benefits
- Breastfeeding can build a strong emotional bond between you and your baby
- Formula milk does not provide any protection from illness and does not give you any health benefits
- Breastfeeding has long-term benefits for your baby, lasting right into adulthood
- Any amount of breast milk has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits
- Breastfeeding can help to reduce your baby's risk of infections, diarrhoea and vomiting
- In an ideal situation, your baby will breastfeed 8 to 12 times in a day (24 hours)

- If you start to experience any difficulty expressing milk, contact your nearest mother and baby space for support

TIP SHEET 2:
KEY MESSAGES FOR MOTHERS COMPLEMENTARY FEEDING WITH BABIES AGE 6 MONTHS - 2 YEARS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already.
Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on providing the best nutrition for their baby**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

Gentle conversation cues to encourage complementary feeding (introducing foods with continued breastfeeding for babies 6 months - 2 years):

**Select age-appropriate conversation cues (e.g. if the mother has a one year old, do not discuss complementary feeding practices for 6 - 8 months) **

- Between the ages of 6 months - 2 years, your baby has increasing additional nutrient needs to support rapid growth that requires the introduction of semi-solid and eventually solid foods when available, in addition to breast milk
- If available, introducing your baby to semi-solid foods, while continuing to breastfeed, should start when your baby is around 6 months old
- At around 6 months, your baby will show the following signs for you to know they are ready for complementary foods in addition to breastmilk:
    - stay in a sitting position and hold their head steady
    - coordinate their eyes, hands and mouth so they can look at the food, pick it up and put it in their mouth by themselves
    - swallow food (rather than spit it back out)
- If no semi solid foods are available, you can breastfeed more often and

your milk supply will increase

- Your breast milk is still the most important source of nutrition, even after you start feeding your baby semi-solid foods
- For babies 6 - 8 months, complementary foods can be given 2-3 times per day in addition to breastfeeding. For babies 9 months - 2 years this can be increased to 3-4 times per day
- The amount of food per meal will also depend on the age of your baby. Start with two to three spoonfuls and then slowly transition to half a cup, three quarters of a cup and finally one full cup
- Gradually, when possible, increase the amount and variety of food your baby eats until they can eat the same foods as the rest of the family (with no added salt, sugar or stock cubes), in smaller portions, while keeping in mind the need for nutrient- dense foods, including animal-sourced foods like meat, poultry, fish, eggs and dairy products
- Avoid processed foods high in sugar, fat and salt or adding sugar or salt to foods
- Interaction and encouragement during feeding is key to a creative feeding environment and minimising distractions
- Stimulate your child development, talk and play with your child (you can also sing, swing and tell stories while feeding, but also before and after during all activities: babywash, putting to bed, etc.)
- Look for and respond to signs of being hungry and full
- Children should not be rushed or forced to eat, patience is key but also enjoy with the child and be playful
- If your baby refuses food, don’t force feed, but again try later, maintain a positive attitude (smile, talk softly, be playful, etc.)
- Provide positive attention when they eat

TIP SHEET 3
KEY MESSAGES FOR MOTHERS MIXED FEEDING WITH BABIES UP TO 6 MONTHS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already.
Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on breastfeeding**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

Gentle conversation cues to encourage exclusive breastfeeding and reduce the usage of infant formula:

- If you are both breastfeeding and using infant formula or other milks, in the current situation it is safer for you and your baby to only breastfeed
- Bottles are difficult to clean and build up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- Before using infant formula, try to breastfeed in order to stimulate breast milk production. The more the baby suckles, the more milk will be produced. Try to be patient as this could take a few days
- If you're experiencing any difficulty expressing milk, contact your nearest mother and baby space for support
- Your breast milk is perfectly designed for your baby's health and nutrition needs
- There is no need to provide any additional food or drink to your baby as your breast milk provides everything your baby needs up to the age of 6 months
- Breast milk protects your baby from infections and diseases
- Breastfeeding also provides health benefits for you, such as reduced risk of breast cancer, ovarian cancer, cardiovascular disease, obesity. The more you breastfeed, the greater the benefits
- Formula milk does not provide any protection from illness and does not give you any health benefits
- Breastfeeding can build a strong emotional bond between you and your baby
- Breastfeeding has long-term benefits for your baby, lasting right into adulthood
- Any amount of breast milk has a positive effect. The longer you

breastfeed, the longer the protection lasts and the greater the benefits

- Breastfeeding can help to reduce your baby's risk of infections, diarrhoea and vomiting
- If you do wish to continue to formula feed, hygiene is essential to reduce the risk of infection. Using a cup instead of a bottle can reduce the risk of infection as cups are easier to clean

TIP SHEET 4
KEY MESSAGES FOR MOTHERS MIXED FEEDING WITH BABIES 6 MONTHS - 2 YEARS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already.
Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on providing the best nutrition for their baby**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

Gentle conversation cues to encourage reducing mixed feeding (minimising formula feeding and increase breastfeeding in addition to complementary foods):

Select age-appropriate conversation cues (e.g. if the mother has a one year old, do not discuss complementary feeding practices for 6 - 8 months)

- If you are both breastfeeding and using infant formula or other milks, in the current situation it is safer for you and your baby to only breastfeed as you introduce semi- solid foods (if and when available)
- After 6 months, your baby can have animal milk instead of formula, in addition to breast milk. Animal milk might be easier to obtain and is safer to use than powdered infant formula
- Bottles are difficult to clean and build up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- Before using infant formula, try to breastfeed in order to stimulate breast milk production. The more the baby suckles, the more milk will be produced. Try to be patient as this could take a few days
- If you're experiencing any difficulty expressing milk, contact your nearest mother and baby area or nutrition service area for support
- If you do wish to continue to formula feed, hygiene is essential to reduce the risk of infection. Using a cup instead of a bottle can reduce the risk of infection as cups are easier to clean

- Between the ages of 6 months - 2 years, your baby has increasing additional nutrient needs to support rapid growth that requires the introduction of semi-solid and eventually solid foods when available, in addition to breast milk
- If available, introducing your baby to semi-solid foods, while continuing to breastfeed, should start when your baby is around 6 months old
- If no semi solid foods are available, you can breastfeed more often and your milk supply will increase
- Your breast milk is still the most important source of nutrition, even after you start feeding your baby semi-solid foods
- For babies 6 - 8 months, complementary foods can be given 2-3 times per day in addition to breastfeeding. For babies 9 months - 2 years this can be increased to 3-4 times per day
- The amount of food per meal will also depend on the age of your baby. Start with two to three spoonfuls and then slowly transition to half a cup, three quarters of a cup and finally one full cup
- Gradually, when possible, increase the amount and variety of food your baby eats until they can eat the same foods as the rest of the family (with no added salt, sugar or stock cubes), in smaller portions, while keeping in mind the need for nutrient- dense foods, including animal-sourced foods like meat, poultry, fish, eggs and dairy products
- Avoid processed foods high in sugar, fat and salt or adding sugar or salt to foods
- Interaction and encouragement during feeding is key to a creative feeding environment and minimising distractions
- Look for and respond to signs of being hungry and full
- Children should not be rushed or forced to eat, patience is key
- If your baby refuses food, don’t force feed, but again try later
- Provide positive attention when they eat

TIP SHEET 5
KEY MESSAGES ON THE IMPORTANCE OF CORRECT PREPARATION, USAGE AND HEIGHTENED RISKS OF BREAST MILK SUBSTITUTE (BMS) IN EMERGENCY CONTEXTS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Explain to the mother/caregiver that although she may already know the following recommendations, you are obliged to discuss them with her in order to provide her with BMS.

- **Ask the mother if she knows of the added risks of providing BMS to her baby in the current emergency context**

Use the following cues to guide the conversation and anything she does not mention:

- Milk powder is not a sterile product. Where access to clean water and a clean space to prepare/wash the equipment is difficult or not possible, using feeding bottles and unhygienic preparation of BMS increases the risk of your baby getting sick. Correct preparation and cleaning is therefore paramount when giving BMS
- Bottles are difficult to clean and build-up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- To minimise the risk of infection, it's recommended to use a cup because they are easier to clean
- If you choose to use a bottle, please clean it in a steriliser after each feed. If you're not able to clean it right after feeding, dry it with a clean paper towel and do not reuse before sterilising
- If you are happy to cup feed:
    - Use a small cup. Try to clean it after each feed with hot soapy water. If you're not able to clean it right after feeding your baby, dry it with a clean paper towel and do not reuse before cleaning
    - Place your baby upright or almost upright on your lap
    - Hold the cup to your baby's mouth and tip the cup so the milk just reaches the baby's lips. Rest the cup lightly on the baby's lower lip. Let the edges touch the baby's upper lip and let the baby lap the milk with his/her tongue
    - Try not to pour milk into your baby's mouth, but allow your baby to take milk into his/her mouth from the cup

Annex 6: Diaper Changing, Hygiene and Infection Prevention Protocol

Diaper Changing, Hygiene and Infection Prevention Protocol
Adapted from Save the Children

Objectives:

- To ensure that MBA activities, particularly diaper changing, are conducted in a way that minimises infection risk to children, caregivers and staff.
- To empower staff to both teach and model effective hand hygiene to caregivers and volunteers.
- To prevent outbreaks of diarrhoea/vomiting.
- To use this situation as an opportunity for child development, and parent/caregiver-child interaction

At the start of the shift:

- Wash your hands with soap and water before entering the MBA.
- Ensure there are enough diapers at the changing station; keep the bags under the changing table and have a few on the table ready to be used.

During the shift: Frequent hand hygiene is the best way to protect yourself and the babies from infection!

- Clean your hands with alcohol gel before and after each baby;
- Put a clean, disposable change mat out for each baby before they are changed; *or* Wipe reusable change mat down with antibacterial spray and paper towel and place a new sheet of paper;
- Use a disposable wooden stick to apply diaper rash cream (e.g. sudocrem), if needed;
- Encourage the caregiver to do the nappy change themselves to encourage bonding. If you are changing the nappy, likely to come into contact with stool or urine, or if baby's clothes are visibly soiled:
    - Wear disposable gloves;
    - Take them off carefully before you dress the baby;
    - Dispose of them in the waste bag;
    - Use alcohol gel after removing them.
- Talcum powder cannot be provided as it contains ingredients that could irritate
  the baby's skin

Do NOT wear gloves continuously

- You can transfer infection from one baby to another.

- They provide a sweaty, moist, warm environment perfect for skin bacteria to multiply.
- They do not provide complete protection against infection[3].

If your hands look or feel dirty at any point, wash them with soap and water – alcohol gel alone will not clean them.

If there is a body fluid spill (urine/faeces/vomit/blood):

- Warn people to avoid the area/step around it.
- Put on disposable gloves.
- Soak up most of the liquid with paper towels or disposable cloths and put into a waste bag.
- Spray the area with antibacterial spray then wipe again with another cloth. Put in the bag.
- Then spray the area again and let it air dry.
- Put your gloves in the bag, tie it closed and put into the main waste bag.

<u>After the mother/baby pairs have left at the end of the day:</u>

- Shake out the mats
- Sweep the floor
- Mop the floor with antibacterial detergent and water
- Wipe down the tables and changing mats with antibacterial spray and paper towel
- If Applicable, wipe the door handle and light switch with antibacterial spray and paper towel
- Leave the mop standing up to air dry with the head end upwards.

If <u>you</u> have diarrhoea or vomiting:

- Stay off work until you have had 48 hours without any symptoms - *until then you are likely to still be shedding virus particles and may put other staff, mothers or babies at risk.*

If a lot of the babies have diarrhoea:

- Wash your hands with soap and water between each baby – some infections (e.g. norovirus, are not destroyed by hand rub gel). Please contact a supervisor if handwashing facilities are not easily available.
- Report the rise in diarrhoea cases to your supervisor immediately.

[3] ***In one study 30% of healthcare workers wearing gloves had bacteria from patients on their hands after removing them, thought to be through microscopic tears in the gloves.***

Annex 7: M&E resources

ACF (2014) Manual: Baby Friendly Spaces – Holistic Approach for Pregnant, Lactating Women and their very young children in emergency. Chapter 4 – Evaluation of Baby Friendly Spaces Results and Impact. www.actionagainsthunger.org/publication/2014/12/baby-friendly-spaces-technical-manual

Action Against Hunger Lebanon – Overview of M&E Project Tools. Rola Abdallah: rabdallah@lb.acfspain.org; Patricia Moghames: pmoghames@lb.acfspain.org

Action Against Hunger Lebanon – Baby Friendly Assessment Tool for Outpatient Health Facilities. Contact pmoghames@lb.acfspain.org or babarca@accioncontraelhambre.org for access

Save the Children (2016). Supervision Checklist for Mother Baby Areas – Example from Greece Response. IYCF-E Toolkit. https://resourcecentre.savethechildren.net/library/iycf-e-toolkit-chapter-eight-annexes-tools-templates-andexamples

Save the Children. Supervision Checklist for IYCF-E Sites. IYCF-E Toolkit. https://resourcecentre.savethechildren. net/library/iycf-e-toolkit-chapter-eight-annexes-tools-templates-and-examples

World Vision (2014). Women Adolescent and Young Child Spaces: Responding to women and children's needs in emergencies. Chapter 5 – Sample Log Frame. https://resourcecentre.savethechildren.net/library/infant-and-young-childfeeding-emergencies-iycf-e-toolkit-rapid-start-emergency-nutrition