



ANNEX 1

PROBLEM IDENTIFICATION



1

Do you have problems identified in feeding infant & young children from birth to 2 years of age

Familiarize yourself with the risks/problems that could occur/or occurred.

AGE OF INFANT

1. Yes 0-5 m

☐

2.No 0-5 m

☐

3. Yes 6-23 m

☐

4. No 6-23 m

☐

2

If yes ,What are the top 3 main problems identified

- Rank 1: First main problem
Rank 2: Second problem
Rank 3: Third problem

0-5 months

1. Breastfeeding difficulties _____
2. No support for non-breastfed _____
3. Poor hygiene for feeding non- breastfed babies _____
4. Other,_____

6-23 months

5. No suitable food _____
6. Not enough food (quantity) _____
7. Not good enough food (quality) _____
8. Not enough food variety (diversity) _____
9. No feeding utensils for babies _____
10. Poor hygiene for cooking/feeding _____
11. No cooking facilities or fuel _____
Other,_____



ANNEX 2

PID IYCF-E RESPONSE GUIDANCE MOTHER & INFANTS AREA FOR POPULATIONS IN TRANSIT



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

However, if mothers are breastfeeding infants, frequency and duration of breastfeeds are likely to be reduced, and mixed feeding (other foods or liquids in addition to breast milk for infants under 6 months of age, resulting in lower production of breast milk) becomes more common. It is known that while stress does not stop milk production, it can temporarily disrupt the release of milk from a mother's breasts.

In these difficult circumstances the focus should be on creating conditions that protect and support appropriate IYCF practices, such as through establishing supportive and safe spaces for mothers and their children where practical advice and emotional support is available, where they can care for and bond with their babies and connect with other mothers. A Mother Baby Area (MBA) also provides women with the privacy that many women require in order to breastfeed.

It is important that space is allocated for an MBA at each transit or reception center to ensure that infants and young children are protected and supported.

NOTE

THIS GUIDANCE NOTE IS FOR TEMPORARY MOTHER BABY AREAS FOR SPACES SUCH AS TRANSIT CAMPS AND RECEPTION CENTERS. MORE PERMANENT MOTHER BABY AREAS SHOULD HAVE MORE EQUIPMENT AND FULLER SERVICES, ACCORDING TO THE IYCF-E IMPLEMENTATION GUIDELINES.

Objective:

Improve the well-being of caregivers and their infants and young children through providing a safe and supportive space for caregivers, thus enabling them to appropriately care for and feed their children.

Target Group: Infants and young children (0 – 23 months), their caregivers and pregnant and lactating women.

Specific objectives during rapid response

- Improve physical and psych-social well-being of pregnant and lactating women.
- Provide a safe and private space for women to breastfeed
- Provide a hygienic, safe and warm space to care for children
- Provide information, practical support and advice to caregivers.
- Protect and support optimal IYCF practices.
- Identify needs of caregivers and their children and provide appropriate referrals
- A tent may be used in establishing mother/caregiver and baby groups In emergency settings

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

MBAs should be split into 2 separate spaces:

1) Breastfeeding space (space for up to 10 mother-baby pairs)

2) BMS space (space for infant formula preparation and provision)

Activities in ALL temporary MBAs (breastfeeding & artificial feeding spaces)

- Provide key IYCF messages / information.
- Provide basic needs e.g. provision of infant clothing and nappy changing
- Provide Psycho- social support (integrate with MHPSS services)
- Provide disposable cups / promotion of feeding (for artificial feeding and complementary feeding)
- Referral to medical, mental health, child protection and other services when necessary.

Activities in BREASTFEEDING SPACE Activities in BMS space
Open Access

- Provides Comfort, peace, safety and privacy for breastfeeding
- Opportunity to bond with baby and connect with other breastfeeding mothers
- Referral for breastfeeding counseling at end point

Activities in BMS SPACE
Restricted Access

- Practical advice to minimize the risks of artificial feeding (hygiene, correct preparation messaging)
- Provision of Ready to Use Infant Formula (RUIF) OR on-site preparation and wet feeding with Powdered Infant Formula (PIF)
- Referral for full assessment and follow up

- **Ensure all responders are clear on the target group and purpose of the MBA**
- **Use of BMS in the Breastfeeding Space should be avoided where possible**

Location / Accessibility:

- MBAs can be any private and secure area such as a tent, container or room.
- Artificial Feeding and Breastfeeding Spaces should be well separated from each other nearby (but not combined with) with relevant services e.g. MNCH services.
- Nearby female latrine (preferably segregated) and female tents
- Nearby child friendly space, if present
- Accessible via fast-track routes or spaces for vulnerable families (e.g. those with a new-born), if present Breastfeeding spaces should be female-only spaces (♀) as indicated by a sign
- Access to artificial feeding space should be restricted only to caregivers (♀ / ♂) who have been rapidly screened using the rapid caregiver-baby individual assessment, as indicated by a sign.
- Limit the number of persons accessing the MBA to create as calm an environment as possible.
- Older children should be kept with accompanying family members or at a CFS if possible. However, pay attention that children are not separated from their caregivers.

Design:

- If possible, breastfeeding spaces should be large enough to accommodate several caregivers
- Use simple, inexpensive decorations (e.g. children’s drawings) to create a friendly, positive and welcoming atmosphere.
- Limit the number of health education posters. Ensure any IEC materials only deal with relevant issues, are pleasant to look at and promote positive behaviours.
- Consider how caregivers will move in and out (flow) and who will manage this

Requirements for temporary MBAs:

- A welcoming and supportive environment for infants, young children and their caregivers
- Hand washing facilities with soap (before/after nappy changing, feeding infants etc.)
- Provide Lighting
- Provide space to securely store materials
- Regular cleaning and waste management (bins with lids) for disposing of soiled diapers & clothes
- Comfortable seating and design that resembles a home environment (if possible)
- A private space for individual discussion and counselling (if possible)

Hygiene:

Ensure that MBA activities, particularly nappy changing, are conducted in a way that minimise infection risk to children, caregivers and staff.

- The MBA should be thoroughly cleaned at the end of each day
- Frequent Hand washing is the best protection:
 1. All staff to wash hands upon entry into the MBA and regularly throughout the day
 2. Encourage caregivers to wash hands
 3. Display hand washing instructions / IEC materials
- Do not wear gloves continuously. These can transfer pathogens from one baby to another, provide the perfect environment for bacteria to multiply and do not provide complete protection.
- If caregivers wish to change their baby, especially nappies:
 1. Put a clean, disposable change mat out for each baby before they are changed OR:
 2. Wipe reusable change mat down with antibacterial wipes and place a new sheet of paper
 3. Encourage the caregiver to do the nappy change themselves to encourage bonding
 4. If assisting a caregiver, wear gloves and dispose of them immediately thereafter
- Ensure there is a sufficient stock of clean blankets / covers
- If there is a body fluid spill (urine/faeces/vomit/blood), ensure this is rapidly cleaned up; first with water and soap, and then with surface disinfectant.
- Alert a supervisor immediately if a high number of cases of diarrhoea / vomiting are noticed

ESSENTIAL EQUIPMENT	OPTIONAL
Seating Storage cupboard Simple register (e.g. tally sheet) Stationery Safe drinking water (PLWs, 6 – 23 months) Drinking cups (open, no teat/spout, disposable Baby Changing Table / Changing Mat Hand washing station and liquid soap Cleaning materials (e.g. dustpan and brush, mop and bucket, antibacterial spray, bleach surface disinfectant, cleaning gloves) Bin with lid, dustbin/garbage bags ECD KITS First Aid Kit	Children’s decorations e.g. hanging mobile, drawings IEC Materials Plastic children’s toys (easy to clean) + disinfectant for baby toys MUAC Tapes, Height / Length Boards, Growth Charts Baby Changing Supplies e.g. nappies, wipes, diaper rash cream (e.g. Zinc oxide cream, should not be antibiotic) Infant Clothing / Blankets (during winter) Sanitary Towels Complementary Feeding Supplies e.g. bowls, spoons Tea / snacks for caregivers



ANNEX 5 AFASS ASSESSMENT TABLE



A

ACCEPTABLE

The mother perceives no problem in replacement feeding. Potential problems may be cultural, social, or due to fear of stigma and discrimination.

F

FEASIBLE

The mother (or family) has adequate time knowledge , skills resources & support to correctly mix formula or milk and feed the infant up to 12 times within 24 hours.

A

AFFORDABLE

The mother and family, with community or health system support if necessary, can pay the cost of replacement feeding without harming the health or nutrition status of the family

S

SUSTAINABLE

Availability of a continuous supply of all ingredients needed for safe replacement feeding for up to one year of age or longer.

S

SAFE

Replacement foods are correctly and hygienically prepared and stored, and fed preferably by cup

Note: It is important that the decision is made by the mother/family based on an informed understanding of her/their situation. This table includes key questions to help making an informed and objective decision.

Source: IMCI Complementary Course on HIV/AIDS; Module 3; Counseling the HIV Positive Mother. WHO 2007



ANNEX 5

AFASS
CRITERIA



QUESTION	BREASTFEEDING	REPLACEMENT FEEDING
Where do you get your drinking water ?	River, stream, pond, or well	Piped water at home or can buy clean water
What kind of latrine/toilet do you have?	None or pit latrine	Waterborne latrine or flush toilet
How much money could you afford for formula each month? <ul style="list-style-type: none">calculate the amount based on the local costs	Less than minimum required amount available for formula each month	Minimum amount required for formula every month
Do you have a refrigerator with reliable power?	No, or irregular power supply	Yes
Can you prepare each feed with boiled water and clean utensils?	No	Yes
How would you arrange night feeds?	Preparation of milk feeds at night difficult	Preparation of milk feeds at night possible
Does your family know that you are HIV positive?	No	Yes
Is your family supportive of milk feeding and are they willing to help?	Family not supportive and not willing to help, or don't? know- can't? discuss	Family supportive and willing to help