Yemen Response Plan

INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES
April – December 2017

Table of Contents

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Produced by: Anne Marie Kueter (IYCF-E TRRT) for the Nutrition Cluster / a.kueter@savethechildren.org.uk

Acronyms

AWG	Assessment Working Group
BMS	Breastmilk Substitute
CHW	Community Health Worker
EMOP	Emergency Operations Plan
GAM	Global Acute Malnutrition
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
KAP	Knowledge Attitude Practice
MAM	Moderate Acute Malnutrition
NC	Nutrition Cluster
NCC	Nutrition Cluster Coordinator
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
TWG	Technical Working Group
UNICEF	United Nation Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

1. Background

The humanitarian situation inside Yemen continues to deteriorate, with an estimated 18.8 million people in need of some kind of humanitarian assistance, from which 10.3 million in acute need. More than two years of conflict have exacerbated the chronic challenges that existed before the crisis and large areas face increasing challenges in terms of food security, nutrition, water, and healthcare. Conflict has contributed significantly to the catastrophic nutrition situation in Yemen and malnutrition rates are rising rapidly as a result of this. Partners estimate that 4.5 million people require treatment or prevention services for malnutrition – a 148% rise since late 2014. Of the 4.5 million people in need, nearly 3.3 million are estimated to be acutely malnourished, including 462,000 children with severe acute malnutrition (SAM) and 2.8 million children and pregnant and lactating women (PLW) with moderate acute malnutrition (MAM).[1]

The overall food insecurity situation is high due to extreme poverty leading to inadequate physical and financial access, stressed livelihoods, and high levels of indebtedness; a situation worsened by the political instability and current conflict. According to the Integrated Food Security Phase Classification (IPC) from Mach 2017 an estimated 17 million people (10.2 million in Crisis and 6.8 million in Emergency) equivalent to 60% of the population are food insecure or do not have enough to eat.[2] **(See Annex I – Maps)**

The conflict in Yemen has also led to the collapse of the health system, with reduced capacity of the Ministry of Public Health and Population (MoPHP) to implement nutrition activities, including IYCF activities. As a result, there is increased reliance on other agencies to provide health and nutrition services to affected communities, including lifesaving IYCF interventions which are of critical importance in an emergency.

The Nutrition Cluster (NC) in Yemen, under the leadership of UNICEF, was officially established in 2009 to support emergency nutrition interventions, facilitating coordination, capacity building, advocacy and fund mobilization. To specifically support infant and young child feeding (IYCF) a technical working group (TWG) was set-up in 2015 to support IYCF programming. The IYCF TWG is being chaired by the MoPHP and co-chaired by Save the Children. However, activity of the IYCF TWG has remained limited so far, and the IYCF TWG needs to be reactivated.

2. Problem Analysis

The 2013 Yemen National Demographic and Health Survey (YDHS) estimated that as little as 10% of children under six months were exclusively breastfed. In addition to breastmilk, 26% of infants under six months were given water, while 3% were given non-milk liquids and juice, and 30% were given milk other than breastmilk. Furthermore, 24% of infants under six months were given complementary foods and breastmilk. By the age of 6-9 months only 65% were given complementary foods. 44% of infants under six months were fed using a bottle with a nipple.[3]

[1] Yemen Humanitarian Needs Overview 2017
[2] IPC, Yemen March 2017
[3] Yemen National Demographic and Health Survey 2013

According to a Knowledge Attitude and Practices (KAP) survey conducted by UNICEF in 2015, 57% of mothers indicated that infants should be breastfed immediately after birth; however 14% believe that a baby should not be breastfed within the first 24 hours after birth and 10% believe that the first food a newborn should receive is water and sugar. While 60% of both males and females believe that a newborn should receive nothing other than breastmilk during the first 6 months, 94% of mothers gave their children water, 60% gave them Breastmilk Substitutes (BMS)[4], 42% gave their children juice, and 33% gave their children infant formula the night before the interview.[5]

Additional data on IYCF practices has been collected in 2015 and 2016. However, surveys conducted during the crisis collected limited data on IYCF and sample sizes were small, thus, findings should be interpreted with caution. Rates of exclusive breastfeeding continued to be very low ranging from 11% in Lahj Highlands to 34% in Hajjah Mountains. Estimated rates for continued breastfeeding at 1 year ranged from 54% in Al Baidah to 88% in Hajjah Lowland. Minimum Dietary Diversity scores ranged from only 13% in Hajjah Lowlands to 40% in Aden. Vitamin A supplementation was below SPHERE standards of 95% coverage for all areas, and extremely low in Al Baidah with only 25% of children reported to have received a vitamin A supplement in the 6 months preceding the survey. No data on the initiation of breastfeeding, timely introduction of complementary feeding, minimum meal frequency, and the use of bottle feeding was collected during these nutrition surveys.

IYCF practices in Yemen were far from optimal prior to the conflict and the current crisis is bringing additional challenges to optimal IYCF practices. Risk factors are present to indicate infants and young children are at increased and significant risk; lack of clean water, poor sanitation, limited access to health services, lack of food for pregnant and lactating women (PLW) and a lack of quality complementary foods for their young children, and unsolicited donations of infant formula.

The use of BMS was widely accepted in Yemen prior to the crisis, shown by the findings from the DHS and KAP stated above. IYCF awareness remains low – and myths and misconceptions[6] about breastfeeding can easily spread when not properly addressed by a strong communication campaign. This lack of awareness coupled with uncontrolled distributions of BMS greatly undermines a mother's desire and confidence in her ability to breastfeed. Exacerbating this further is the lack of adequate skilled support available for those experiencing difficulties. A lack of understanding of the risks associated with artificial feeding means that non-breastfed infants are not adequately protected or supported. For example, when distributions of BMS occur without any accompanying support or risk minimisation measures (such as the provision of equipment or counselling) vulnerable infants are placed at risk of malnutrition, disease, and death.

IYCF and in particular IYCF in emergencies (IYCF-E) is relatively new to a great number of nutrition actors in Yemen, and IYCF programmes implemented thus far are limited, mainly focusing on key messages/awareness raising. A response plan, based on a recognized framework, is urgently needed to create alignments towards a common goal of immediately saving lives, to ensure that no harm is done, and to provide clear guidance on the implementation of coordinated IYCF-E programmes.

[4] Any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose. For example – infant formula.
[5] Maternal New-Born and Child Health in Yemen, UNICEF KAP Survey Report
[6] For example, the misconception that stress stops the production of breastmilk or the misconception that malnourished mothers cannot breastfeed.

3. Response Framework

The IYCF-E Response Plan is in line with **Cluster Objective 3**: Contribute to the prevention of malnutrition by enhancing Blanket Supplementary Feeding Program, micronutrient supplementation, deworming and as well as strengthening the support, protection and promotion of Infant and Young Child Feeding practices.

3.1 Goal

To contribute to a reduction in morbidity and mortality amongst children under 2 years of age affected by the crisis in Yemen.

3.2 Objective

Appropriate IYCF practices are promoted, protected and supported during the emergency through effective mechanisms of nutrition coordination and rapid, high quality IYCF-E services.

- Breastfeeding is protected, promoted and supported
- Non-breastfed children are identified, protected and supported
- The sourcing and provision of infant formula is managed and controlled to ensure the needs of both breastfed and non-breastfed infants are protected and met
- Children 6 – 24 months have improved access to safe and appropriate complementary food
- PLW have improved access to safe and appropriate supplementary food

3.3 Results

- An increase in the proportion of mothers initiating breastfeeding within 1 hour of delivery
- An increase in the proportion of infants 0 – < 6 months fed exclusively with breastmilk
- An increase in the proportion of infants 6 – 24 months who receive a minimum acceptable diet
- An increase in caregiver knowledge on appropriate feeding & care practices
- An increase in the proportion of formula-dependent infants who have access to Code compliant supplies of appropriate BMS and appropriate associated support
- A decrease in the proportion of children 0 – 24 months who are fed with a bottle
- A decrease in the number of inappropriate distributions of infant formula, dried or liquid milk

See Annex II - Logframe for key indicators, targets, and means of verification.

3.4 Affected Population

Table 1: Affected Population – data from HNO 217

Governorate	Total PLW	PLW affected	Total 6-24 months	6-24 months affected	Total 0-6 months	0-6 months affected
Abyan	45345	22672	32308	19385	7652	4591
Aden	70972	35486	50567	30340	11976	7186
Al Bayda	59628	29814	42485	25491	10062	6037
Al Dhale'e	57160	28580	40727	24436	9646	5787
Al Hudaydah	252722	126361	180065	108039	42647	25588
Al Jawf	45694	22847	32557	19534	7711	4626
Al Mahara	11748	5874	8370	5022	1982	1189
Al Mahwit	58049	29025	41360	24816	9796	5878
Amanat Al Asimah	210243	105122	149798	89879	35479	21287
Amran	88553	44277	63094	37856	14943	8966
Damar	158873	79436	113197	67918	26810	16086
Hadramaut	111001	55501	79088	47453	18731	11239
Hajjah	183562	91781	130788	78473	30976	18586
Ibb	230702	115351	164375	98625	38931	23359
Lahj	78888	39444	56208	33725	13312	7987
Marib	27133	13567	19332	11599	4579	2747
Raymah	48127	24063	34290	20574	8121	4873
Sa'ada	68693	34346	48944	29366	11592	6955
Sana'a Gov	119792	59896	85352	51211	20215	12129
Shabwah	50019	25010	35639	21383	8441	5064
Socotra	5055	2527	3601	2161	853	512
Taizz	227975	113988	162432	97459	38471	23083
TOTAL	**2,209,935**	**1,104,967**	**1,574,578**	**944,747**	**372,926**	**223,756**

3.5 Target Population

Table 2 below shows an overview of the targeted population for specific IYCF activities (messaging) as well as activities strongly supporting IYCF (BSFP and MNPs) as calculated for the Humanitarian Response Plan (HRP) 2017. Districts can be prioritised in line with the outcomes of the prioritisation exercise conducted by the cluster for the updated YHRP. BSFP targets might be adapted based on the WFP Strategy currently under development.

Table 2: Target Population – data from HRP 2017

Governorate	# of caretakers of infants and young children reached with IYCF messages	# of children 6-24 months red with BSFP	# of PLW reached with MNPs (Ferrous/Folate)	# of children 6-24 months reached with MNPs	
				Boys	Girls
Abyan	40,810	9,692	11,336	5,932	5,699
Aden	63,875	0	17743	9,284	8,920
Al Bayda	53,665	0	14907	7,800	7,494
Al Dhale'e	51,444	12,218	14290	7,477	7,184
Al Hudaydah	227,450	54,019	63181	33,060	31,763
Al Jawf	41,124	0	11423	5,977	5,743
Al Mahara	10,573	0	2937	1,537	1,476
Al Mahwit	52,244	0	14512	7,594	7,296
Amanat Al Asimah	189,219	0	52561	27,503	26,424
Amran	79,698	18,928	22138	11,584	11,130

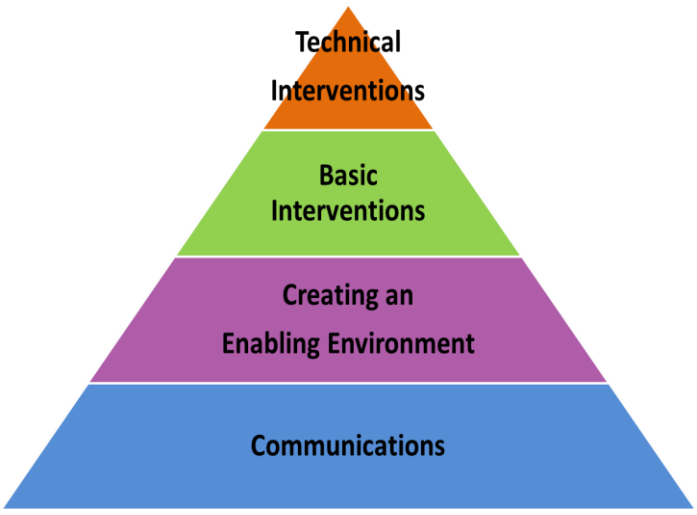
Damar	142,986	0	39718	20,783	19,968
Hadramaut	99,901	0	27750	14,521	13,951
Hajjah	165,206	39,236	45890	24,013	23,071
Ibb	207,632	0	57675	30,179	28,996
Lahj	70,999	16,862	19722	10,320	9,915
Marib	24,420	0	6783	3,549	3,410
Raymah	43,314	10,287	12032	6,296	6,049
Sa'ada	61,824	14,683	17173	8,986	8,634
Sana'a Gov	107,813	25,606	29948	15,671	15,056
Shabwah	45,017	0	12505	6,543	6,287
Socotra	4,549	1,080	1264	661	635
Taizz	205,178	48,730	56994	29,823	28,653
TOTAL	**1,988,941**	**251,343**	**552,484**	**289,093**	**277,756**

3.6 Guiding Policies

- IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies (2007)[7]
- The Sphere Project, IYCF Minimum Standards in Minimum Standards in Disaster Response (2011)[8]
- WHO International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly Resolutions (1981)[9]
- National Breastfeeding Legislation (2002)[10] and
- Policy for implementation of Breastfeeding Legislation at Health Facility (2004)

3.7 Activities

IYCF-E is concerned with interventions to protect, promote and support safe and appropriate feeding practices for both breastfed and non-breastfed infants and young children.



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

[7] IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies (2007)
[8] SPHERE Project, IYCF Minimum Standards in Emergencies (2011)
[9] WHO International Code of Marketing of Breastmilk Substitutes (1981)
[10] Yemen Breastfeeding Legislation - Nutrition Cluster Website

The Response Plan for IYCF-E in Yemen will follow the same structure. Action points are indicated under each component of the pyramid and an overview of all action points can be found in the Action Plan on page 22 and 23.

Key activities prioritised for first round of pooled funds:

- Advocacy and Communication (including at community level)
- Strengthening of IYCF Corners
- Strengthening IYCF and CMAM
- Capacity Building
- (Rapid) Assessments and Monitoring and Evaluation

Additional activities to consider for second round of pooled funds:

- Establishments of MTMSG (once guidelines are finalized)
- Support for non-breasted infants (BMS programming)

3.7.1 Assessment

It is critical that any intervention starts with a context analysis to identify gaps and needs. The findings from the context analysis will be the foundation for programming – it will guide what interventions and activities to prioritise and which specific concerns to address.

There is no recent quality and comprehensive data available on IYCF in Yemen and no assessments specifically addressing IYCF-E have been conducted. There is a need to conduct rapid IYCF-E assessments in the areas of intervention, to better understand the situation around IYCF-E. Examples of rapid assessment tools can be found on the IYCF-E Toolkit website (for example questions for focus group discussions, household interviews, or an IYCF-E transect walk). Note that a Focus Group Discussion or a Transect Walk both do not require a lot of resources and partners should be able to plan for this within their current interventions/budgets. In addition it is recommended that a barrier analysis will be conducted as soon as possible to further inform programming.

When partners wish to carry out a survey to establish baseline data a clear monitoring and evaluation (M&E) plan should be presented in order for the survey to be endorsed by the assessment working group (AWG) and the NC. All assessments plans will be submitted to the AWG for coordination purposes in an attempt to prevent survey fatigue in targeted populations or inefficient use of resources.

Table 3 below shows an overview of common IYCF/IYCF-E indicators to include in nutrition and/or multisector assessments. These indicators have recently been reviewed and updated by the IYCF TWG and have been shared with the nutrition cluster. More information on IYCF indicators can be found from guidelines published by WHO.[11]

[11] WHO Indicators for assessing infant and young child feeding practices

Table 3: Key IYCF/IYCF-E Indicators for Assessments

Key IYCF/IYCF-E Indicators for Nutrition Assessments (i.e. DHS/MICS/KAP/SMART)
Early initiation; proportion of children 0-23 months who were put to the breast within 1 hour of birth
Exclusive breastfeeding; proportion of infants 0-5 months of age who are fed exclusively with breastmilk in the previous 24 hrs
Timely introduction of complementary feeding; proportion of infants 6-8 months who received breastmilk and a solid or semi-solid in the previous 24 hrs
Continued breastfeeding at 1 year of age; proportion of children 12-15 months of age who are fed breast milk in the previous 24 hrs
Continued breastfeeding up to 2 years of age; proportion of children 20-23 months of age who are fed breast milk in the previous 24 hrs
Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk *(this indicator is a combination of minimum dietary diversity and minimum acceptable diet)*
Proportion of children 0-23 months who are fed with feeding bottles the previous day
BMS distribution (Inappropriate distribution of infant formula, dried or liquid milk to children 0-<2 years)
Proportion of children 6-59 months who have received a vitamin A supplement in previous 6 months.

See Annex III for more detailed information on the indicators presented in table 3.

Action Points

- **Organise a joint meeting between the AWG and IYCF TWG to discuss IYCF-E assessments (including formative research/barrier analysis).**
- **Partners to plan for (rapid) IYCF-E assessments in their areas of intervention.**
- **Review IYCF indicators for SMART surveys.**
- **IYCF and IYCF-E indicators to be included in every multisector assessment.**

3.7.2 Communication

Clear and consistent communications combat the spread of myths and misconceptions and raise awareness amongst caregivers about the importance of prioritising appropriate IYCF practices and should be a main component of any IYCF-E Strategy. In addition it is also very important to clearly communicate the services and activities available to mothers and caregivers.

Suggested IYCF-E Key Messages

- Breastfeeding your baby within the first hour of birth is very important, the thick yellowish first milk (colostrum) protects your infant from diseases
- Breastmilk is all your baby needs for the first 6 months of life and will help your baby to grow strong and healthy
- Feed your baby only breastmilk from birth to six months, water or any other liquids or food can harm your baby at this age,
- Feeding your child with a bottle is dangerous and can cause diarrhoea and other diseases
- From six months children need complementary foods in addition to breastmilk

See annex IV - Key messages in Arabic from draft pan for mass media campaign from UNICEF and MoPHP - to be revised!!!

Addressing Misconceptions

- **Colostrum is expired milk** → Colostrum is the best food for every new-born, it helps the baby to be protected against disease and grow strong.
- **Breastfeeding during pregnancy is bad for both the unborn baby and the child being breastfed; this can cause the child to have diarrhoea** → Pregnant mothers can continue to breastfeed their young infants and children, this won't harm the unborn baby.
- **Infants with diarrhoea need extra water** → Breastmilk is the only food the child needs for the first six months of life.
- **Malnourished mothers cannot produce enough breastmilk** → Malnourished mothers are able to breastfeed their babies, but they need extra food and water to improve the quality of their milk and be stronger. Feed the mother and let her feed her baby.
- **Mothers who are ill should not breastfeed** → Mothers should continue to breastfeed when they are ill.
- **Stress prevents mothers from producing milk** → Stress levels can temporarily reduce milk flow, keep the baby suckling to increase the milk flow and remember breastfeeding can reduce the levels of stress from the mother.

Communication with the media

Journalists have an important role in helping to protect infants in the current crisis by reminding audiences to promote and support affected mothers to continue breastfeeding their babies, and to protect them from unsolicited breastmilk substitutes which can harm their babies. Breastmilk is a reliable and sterile food that helps to prevent illness, while formula feeding may further add to the health risks.

The following information can be communicated to the media and can help to address questions coming from the media.

Why are infants vulnerable?
Babies have specific nutritional needs and are born with an undeveloped immune system. For infants who are breastfed, breastmilk provides both food and immune support, which protects them from diseases, especially important during emergencies which are often accompanied by high levels of infections.

In an emergency, food supplies are disrupted, there is often a lack of access to clean water and caregivers might not be able to safely prepare infant formula because of the lack of hygienic conditions (lack of soap, clean water, and fuel to boil water etc.). This means that babies who are not breastfed are vulnerable to infections especially diarrhoea. Babies with diarrhoea easily become malnourished and dehydrated putting them at high risk of death. Whenever there is an emergency, it is extremely important that babies who are already being breastfed continue to do so.

What about young children?
It is not only babies that are vulnerable. Under five year olds, and especially children under two years, are at risk of increased illness and death in emergencies. Breastfeeding still protects these children and the World Health Organisation (WHO) recommends that breastfeeding be continued

until at least 2 years of age. Young children also need enough nourishing food that is safely prepared - this too can be a real challenge in an emergency.

What about the mother and family?

In addition to the displacement, access limitation, financial deterioration, and other crisis related issues, using BMS lead to increase the burden on the mother and family financially and psychologically since they can't provide the formula for their children. Increase the awareness and communicate toward improving the IYCF practice, will decrease the burden and protect the mother, family, as well as the child.

What is the problem?

Because of the emergency, a lot of misconceptions emerge in addition to the common barriers to appropriate Infant and Young Child Feeding. It is important to remind the public, for example that stressed and malnourished mothers are still able to breastfeed in order to protect their children.

In addition, past experience has shown that when there is an emergency, massive amounts of infant formula and powdered milk are commonly donated. Media coverage of surviving infants may generate public pressure on governments or private well-wishers to bring in formula. In the confusion that surrounds emergencies, these products are often distributed in an uncontrolled way and used by mothers who would otherwise breastfeed their babies. This results in unnecessary illness and death for many infants.

How can journalists help?

The media has an important role to play in protecting babies in emergency situations by disseminating information that will protect breastfeeding. Members of the media can assist by including the following messages in their stories:

- Supporting mothers to continue breastfeeding is the best way to protect infants in emergencies.
- Women who are physically and emotionally stressed are able to produce enough milk for their babies, the women should be provided with extra food and water, let the mother feed her infant.
- The indiscriminate use of infant formula in an emergency is extremely dangerous to babies, causing illness and death. There is no need for donations of infant formula, powdered milk or baby bottles to be sent to the site of an emergency.

Action Points

- **The NC's Joint Statement on IYCF-E has been reviewed and updated and will be re-circulated**
- **IYCF TWG partners' communication departments/staff will be sensitised on how to appropriately communicate about IYCF-E, including through social media - this is the individual responsibility of each partner**
- **TWG to develop IYCF Communication Strategy with support from the Communications Working Group**
- **All partners to work on mass communication campaigns - UNICEF and MoPHP have already developed a plan to carry out a mass IYCF media campaign**

3.7.3 Creating an Enabling Environment

Creating an enabling environment includes working with all sectors to ensure that the situation and response does not disrupt optimal IYCF practices and no harm is done by any sectors. All sectors must provide a minimum response to support IYCF-E, this is further discussed under paragraph 6 - Integration. Including IYCF/IYCF-E indicators in multisector assessments and ensuring timely, consistent and targeted communication both contribute to creating an enabling environment. Finally, it is important that policies and guidelines from governments and other humanitarian stakeholders are supportive of optimal IYCF-E.

Action Points

- **IYCF Strategy, addressing IYCF-E, will be finalized and disseminated to all stakeholders.**

Note: Action Points related to assessments, communication, and intersectoral coordination are mentioned under their respective paragraphs.

3.7.4 Basic IYCF-E Interventions

IYCF-E partners should aim to implement the following in densely populated areas where this is feasible:

- **Baby Friendly Spaces**[12] **-** these secure and supportive spaces should be established densely populated areas (or in IDP camps) to provide privacy for women to breastfeed. These are safe, low-stress spaces where mothers can breastfeed, rest, have snacks and water and receive skilled individual and group counselling. IYCF counsellors should carry out counselling activities in these areas, and as a minimum, trained CHWs should be present to provide frontline feeding assistance (see below) and ensure a comfortable environment.
  Baby Friendly Spaces can be set-up on their own or can be integrate into existing health facilities.

The following basic steps should be taken in <u>all</u> targeted areas:

- **Prioritisation of PLW and caregivers of children under 2**
  - Provision of priority access to services and commodities
  - Provision of shaded rest areas, water and privacy for breastfeeding for queuing PLW
- **Registration of households with children under 2**
  - During any registration and/or assessment exercise data will be disaggregated by partners by gender and age[13] as much as possible
  - Advocacy to all health actors to register all new-born infants as soon as possible and coordinate with CHWs so that linkages to breastfeeding support can be established
  - Any mapping and/or registration should register vulnerable groups including maternal orphans, pregnant women, and single-headed households with children under 2 to ensure access to essential humanitarian support service

- **Provision for the nutritional needs of PLW and children under 6-23 months***

[12] See ACF's Technical Manual on Baby Friendly Spaces for further implementation guidance
[13] 0-5.9 months, 6-11.9 months, 12-24 months.

- Prioritisation of PLWs for Targeted Supplementary Feeding (TSFP), Blanket Supplementary Feeding (BSFP), and provision of micronutrient supplementation
- Blanket Supplementary Feeding for children 6-23 months
- Micronutrient supplementation for children 6-23 months
- Cash/voucher schemes enabling caregivers to purchase complementary foods
- Cross sectoral collaboration (FSL, WASH, NFIs) to support hygienic complementary feeding through provision of feeding utensils, safe water and fuel

* WFP is developing their 2017 emergency operations plan (EMOP) which is to start from 1st of April 2017 to 31st of March 2018. Severe food insecure HHs and GAM prevalence are the two main indicators considered for the strategy development and prioritisation. In the draft strategy all governorates are grouped into different categories:

Category 1 – highest priority: severely food insecure ≥ 20% and GAM prevalence ≥15%.

Category 2 – high priority: severely food insecure ≥ 20% and GAM prevalence 10 to 15%.

Category 3 – moderate priority classified in three categories:

- severely food insecure ≥ 20% and GAM prevalence < 10%
- severely food insecure < 20%and GAM prevalence ≥10%:
- severely food insecure < 20%and GAM prevalence < 10%

WFP draft plans for the emergency operations are to include 100% ration size of GFD to all 6.8 million severely food insecure people in governorates in three categories. The nutrition component **(still draft under discussion, update when final)** is presented below.

	District Category	A (highest priority)	B (high priority)	C (moderate priority)	D (moderate priority)	E (moderate priority)	Total targeted Caseload (million)
	District profile	SFI > 20% GAM > 15%	SFI > 20% GAM 10-15%	SFI > 20% GAM < 10%	SFI < 20% GAM > 10%	SFI < 20% GAM < 10%	
Activities	GFD 100% ration	2.8	1.0	1.6	0.7	0.8	6.8
		All severely FI people including 0.8 million severely food insecure IDPs					
	BSFP for U2	0.60	0.15		0.03		0.8
	BSFP for PLW	0.85	0.22		0.04		1.1
	TSFP for U5	0.40	0.06	0.18	0.02	0.12	0.8
	TSFP for PLW			0.14		0.09	0.2
Comments		If sufficient level of funding is available, WFP will be taking on this level of intervention. This consists of providing GFD assistance at a 100% ration to all 6.8 million severely food insecure people plus a contingency caseload, including all severely food insecure IDPs. Similarly, TSFP will be provided in all districts to U5 and PLW, except those PLW already benefitting from BSFP. BSFP for U2 and PLW will only be provided in districts where GAM rates are above 10%.					

- **Frontline Feeding Assistance**[14] **–** these activities do not require specialist training in breastfeeding counselling and should be implemented by IYCF staff across all communities:
  - Addressing common myths & misconceptions by providing accurate information
  - Handling requests for infant formula by mothers
    - Understanding why the mother is requesting it and reinstalling her confidence in breastfeeding or referring her for skilled support if needed

[14] For further details see IYCF-E Toolkit – Key Implementation Resources 2. Programme Planning C. Minimising the Risk of Artificial Feeding – "Frontline Feeding Support Summary"

- Providing accurate information on the risks of artificial feeding
- Encouraging re-establishment of exclusive breastfeeding

  - Providing simple measures to support breastfeeding, for example;
    - Reassuring mothers that breastfeeding is the most vital food and fluid
    - Encouraging mothers to have skin-to-skin contact with their baby
    - Encouraging mothers to feed their babies on demand
    - Encouraging mothers to breastfeed at night whenever indicated by the baby
    - Promoting exclusive breastfeeding (< 6 months) and continued breastfeeding for up to 2 years
    - Praising mothers' efforts to breastfeed and building their maternal confidence

- **BMS Distribution Monitoring & Reporting -** All (partner) supported facilities will monitor for BMS Distributions and other Code Violations and report these using the updated Reporting Format for BMS Code Violations **(include link to NC website).** Reports will be collected by the MoPHP and UNICEF and will be used to analyse trends and evaluate the impact of ongoing communications and advocacy work. Reports will be acted upon:

  1. MoPHP and UNICEF receive a report
  2. Best course of action decided by MoPHP and UNICEF – with support from the IYCF TWG when needed
  3. Reports, actions and outcomes are recorded in the BMS Code Violations database
  4. Regular updates on BMS Code Violations are provided at the NC

Action Points

- **Report BMS Code Violations**
- **Train HWs on Breastfeeding Legislation Guidelines and reporting of Code Violations**
- **UNICEF and MoPHP to organise evaluation meeting on BMS Code Violation with TWG**

3.7.5 Technical IYCF-E Interventions

Technical interventions are more resource intensive and require programme staff to be significantly trained for their effective implementation. They are a critical part of the IYCF-E response in supporting mothers and caregivers to overcome infant feeding difficulties.

- **Integration of IYCF into CMAM -** Poor Infant and Young Child Feeding (IYCF) practices are major contributors to malnutrition – thus directly addressing poor IYCF practices through the integration of complementary IYCF practices into CMAM programming is likely to greatly improve the outcomes of any CMAM programme. Integration of IYCF into CMAM programmes is already partly implemented, however as the activities are not standards and do not follow a set of protocols, the quality of this integration is unknown. With the current crisis, it will be important to increase the number of CMAM programmes integrating IYCF, and to strengthen the integration of IYCF and CMAM where this already exists prioritising an IYCF-E approach of life-saving interventions through communication of key messages, addressing misconceptions, IYCF assessment of all children under two, and basic aid for breastfeeding and relactation if needed. Activities that can be integrated into CMAM:

- Discussions around breastfeeding and infant feeding misconceptions in waiting room and stabilization centres
- Ensure priority messages are on the wall of the health facilities/OTPs/SCs
- Training health workers on breastfeeding counselling and management of BMS
- Assessment mother-baby pair at admission for children under 2
- Provision of breastfeeding support/breastfeeding first aid for lactating mothers requiring support
- BSM support (or referral) is provided for infants requiring infant formula
- Link mothers of children under 2 discharged to mother to mother support groups
- Include IYCF-(E) indicators in data collection
- Include IYCF-(E) in review meetings at local level
- Include IYCF-(E) criteria in routine joint supervision

See Annex V for an example checklist for Integration of IYCF into CMAM

- **Mother to Mother Support Groups (MTMSG)** – guidelines for the implementation of MTMSGs are being developed by the IYCF TWG. In short, peer support groups can offer a valuable source of psychosocial support where more formal support is lacking. All targeted caregivers should be included, whether experiencing difficulties or not, as a preventive measure. Through regular meetings, mothers and caregivers experience an environment open to discussion and learning about IYCF information and practices through sharing of experiences, provision of information on recommend feeding behaviours and provision of mutual support. Grandmothers and fathers are known to be key influencers and decision makers respectively, and it is recommended that groups/sessions are organised for them as well.

  In an emergency, when time and resources to set-up MTMSGs are not available, it is sometimes easier to establish exclusive breastfeeding support groups and complementary feeding support groups with a meeting frequency of once per month.

  Note that support groups should not be established for artificial feeding as this risks normalising and encouraging this practice.

  This section should be updated once the guidelines are finalised and should include a link to the document.

- **Identification of Infant Feeding Problems -** Caregivers of infants <2 years requiring skilled IYCF support will be identified using the individual **caregiver & baby Simple Rapid Assessment** form (IYCF-E Toolkit - Annexes, B Assessing the Need) either via:
  - Community level screening by CHWs
  - Other service points (e.g. when accessing medical or CMAM services)
  - During registration

Caregivers whose babies are not at immediate risk of inadequate feeding should continue to receive supportive care (e.g. provision of basic IYCF services such as access to Baby Friendly Spaces) and

receive regular home visits by Community Health Workers to receive IYCF education & sensitisation and to regularly check whether any new infant feeding difficulties arise.

If any infant feeding difficulties are identified, caregivers should immediately be referred for full assessment by a skilled IYCF Counsellor, using the caregiver & baby **Full Assessment** (IYCF-E Toolkit - Annexes, D Programme Planning and Reporting) as well as receiving continued supportive care. If resources allow and skilled personnel are present, a Full Assessment can immediately be done and may reveal issues that the Simple Rapid Assessment cannot.

The Full Assessment should be carried out by a trained IYCF Counsellor, usually at a health / nutrition facility. It should always involve direct observation of a breastfeed and / or artificial feed, depending on how the infant is fed using the Breastfeed Observation Tool (IYC-E Toolkit - Annexes, D Programming Planning and Reporting).

The assessment will enable the counsellor to identify what help is needed and to determine the appropriate level of support to be provided, including how frequently contact with a counsellor is needed. This should be noted in the caregiver's records and communicated to her CHW who will also be required to follow up regularly. All children's nutritional status should also be assessed (e.g. using MUAC) and children referred for nutritional support if required.

One on One skilled IYCF Counselling – by skilled IYCF Counsellors who have undergone the standard UNICEF / WHO Integrated IYCF Counselling Course (full 5 days) adapted to the context.

Following a full assessment of the caregiver & baby (see above), counsellors will provide:

- IYCF Education & Counselling
- Breastfeeding Troubleshooting & Confidence Building
    - Including support for re-establishment of excusive breastfeeding

It is recommended that caregivers receiving IYCF Counselling have *at least* weekly contact with either a counsellor or a CHW; however the frequency of contact should be decided on a case by case basis, depending on the vulnerability of the child and / or caregiver.

IYCF counsellors can work at health or nutrition facilities (IYCF Corners), in Baby Friendly Spaces or in mobile clinics. Midwives and nurses are trained on IYCF to ensure IYCF within maternity services to counsel pregnant women and to support mothers to breastfeed after delivery.

- **Integration of IYCF with Maternity Services (ANC and PNC) -** at minimum, efforts should be made that no harm is done within the health system and that health care providers take into account the impact their actions may have on infant feeding practices once mothers & their babies are discharged from the hospital. Basic steps that can be implemented include:
    - Orienting health workers on IYCF-E
    - Informing pregnant women about the benefits of breastfeeding
    - Initiating immediate skin-to-skin contact following delivery
    - Avoiding the separation of mothers and their infants
    - Supporting mothers to initiate breastfeeding within 1 hour of birth

- Very strictly controlling the provision of any BMS within health facilities
- Establishing referrals / linkages to IYCF-E Programmes upon discharge
- Screening for malnutrition in mothers / infant feeding difficulties and referring

Maternal, Infant, and Young Child Nutrition and Family Planning (MIYCN-FP Toolkit)

Short birth-to-pregnancy intervals are associated with poor pregnancy and child nutrition outcomes, often leading to low birthweight babies. An analysis of Demographic and Health Survey (DHS) data showed that children conceived less than 24 months after the birth of the next oldest sibling were at greater risk of dying within the first year of life than children conceived 36 to 47 months apart. This same DHS analysis also revealed the likelihood of a child becoming stunted or chronically undernourished increases substantially with decreasing birth intervals. As the amount of time between birth and next pregnancy increases, so do the odds that children will survive and will have a good nutritional status.

Maternal, infant, and young child nutrition (MIYCN) and family planning (FP) programs and services are often perceived as distinct, yet integration of these interventions can be mutually beneficial for mothers and their children. For example, exclusive breastfeeding in the first six months after birth not only protects the infant from becoming malnourished but also meets the mother's contraceptive needs if she practices the Lactational Amenorrhea Method (LAM).

The intersection of nutrition and family planning is not limited to outcomes. Synergies exist in terms of interventions as well, especially within the context of the reproductive life course:

- **Adolescence:** Girls have important nutritional needs as well as the need to protect themselves from pregnancies too early, especially if unintended.
- **Pregnancy:** An important time for provision of micronutrients as well as counselling on both maternal and newborn nutrition and healthy timing and spacing of pregnancies.
- **Postnatal period:** Support for exclusive breastfeeding and nutrition and family planning advice are key during this time. Women practicing LAM should transition to another modern method to protect against pregnancy.

- **Managing the sourcing and provision of BMS -** All BMS Management interventions should follow the BMS Implementation Guidelines or Standard Operating Procedures and include the following:
  - Preventing BMS donations[15]
  - Procurement of Code and Codex Compliant Infant Formula
    - Relabelling of any infant formula that is not Code Compliant
  - Targeted provision of appropriate BMS according to standardised criteria, tightly controlled through a BMS prescription system
  - Ensuring conditions for safe preparation of infant formula exist through:
    - Provision of equipment (standardised BMS Kit)
    - Inter-sectoral collaboration to ensure access to a heat source & safe water
  - Provision of skilled Artificial Feeding Counselling
  - Provision of practical advice on preparation and hygiene

[15] It is highly recommended that all BMS used by NC partners is adequately budgeted for and purchased

- Promotion of cup feeding

All caregivers whose infants are enrolled in BMS support must, at a minimum, have weekly contact (of approximately 30 minutes) with either a CHW or IYCF counsellor – this contact may need to be more intensive depending on the vulnerability of the infant.

For the Yemen Response acceptable criteria for enrolling infants < 6 months in BMS support are as follows:

*1. The mother has **died or is absent** for unavoidable reasons*
*3. Acceptable maternal or infant **medical reasons**[16]*
*4. The infant was **fully dependent on artificial feeding** when emergency occurred*

Action Points

- **Finalize checklist for integration of IYCF into CMAM**
- **Finalize MTMSG Guidelines**
- **Develop and finalize BMS Implementation Guidelines for Yemen**
- **Finalize set of acceptable criteria for enrolling infants <6 months in BMS support**
- **Training government and partner staff on IYCF-E**

4. Human Resources

It should be ensured that services are provided by trained and competent IYCF staff who have an adequate mix of knowledge and skills to meet the needs of the population.

IYCF must be integrated into health services as much as possible (i.e. through IYCF corners, during ANC/PNC, and within CMAM) and it is recommended that at least two health workers per health facility have completed the six day IYCF counselling training (i.e. midwives, nurses, and health workers working within CMAM), community midwives should receive a minimum package of IYCF training to ensure they are able to support early initiation of breastfeeding and provide frontline feeding support, CHVs should be trained on key IYCF messages as a minimum.

Several example job descriptions can be found in the IYCF-E Toolkit, Key Implementation Resources - Staff.

Action Points

- **Conduct Capacity Mapping for IYCF/IYCF-E**
- **Identify focal points for IYCF at each governorate**

[16] WHO Acceptable Medical Reasons to Use BMS – note that this is a medical decision and should ideally be taken by a doctor or other medical professional trained on IYCF so that BMS is not unnecessarily prescribed.

5. Coordination

The NC meets on a fortnightly basis to ensure both preventive and curative nutrition services can be rapidly scaled up as needed. The NC meetings will be used to update NC partners on the IYCF-E response, to coordinate a strategic and effective response, to ensure that those who are not directly implementing IYCF-E programmes are supporting and not hindering efforts and to identify potential opportunities for collaboration, resource mobilisation and learning.

For the IYCF Strategy and the IYCF-E Response Plan to be implemented successfully, IYCF/IYCF-E has to be integrated and mainstreamed with other sectors. The nutrition sector may often lead on interventions around IYCF, however, multisector collaboration is needed to implement basic interventions and strong inter-sectoral coordination is needed to achieve this. The NC Coordinator (NCC) will support the coordination with other sectors and will raise any issues at intercluster level.

The IYCF TWG will meet on a fortnightly basis, ideally alternating weeks with the NC meetings, to coordinate IYCF-E activities, standardize key tools and systems, harmonise ways of working and identify gaps in service provision. Further responsibilities and ways of working of the IYCF TWG and a complete list of members can be found in the IYCF TWG Terms of Reference (TOR) which can be found on the NC website **(include link to finalized ToR).**

Action Points

- **Finalize Q2 workplan for IYCF TWG**
- **Set-up sub-cluster IYCF TWG for Aden and AL Hudaydah**

6. Intersectoral Integration

IYCF-E is about feeding of infants and young children but in order to ensure this and appropriate care for the infant, it requires cross-sectoral responsibility and engagement with WASH, Health, Food Security and Livelihoods, Child Protection, Logistics, and Shelter and Non Food Items. Most basic interventions are not 'standalone' activities but need to be integrated into IYCF-E programming.

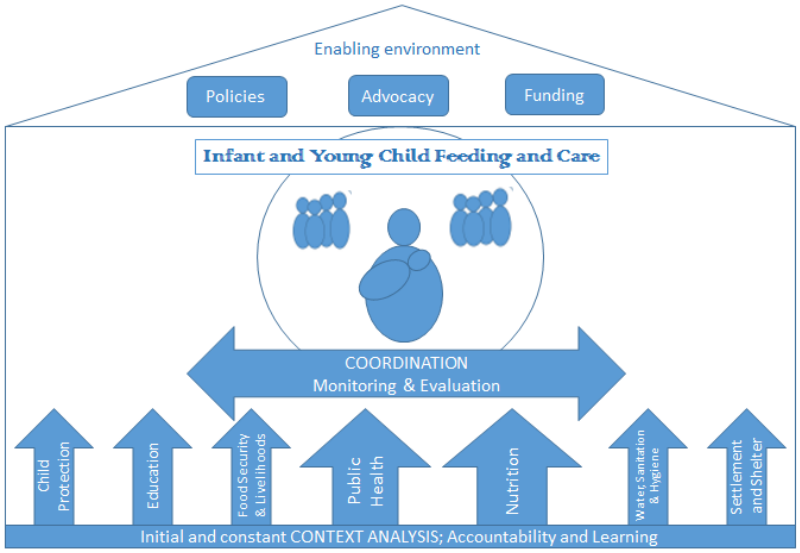


Table 4 below provides an overview of example integrated activities to protect, promote, and support IYCF.

Table 4: Integrated activities for IYCF

IDENTIFY	PROTECT
Ensure newborns are **registered**	Report uncontrolled BMS distributions **(all sectors)**
Assess and coordinate appropriate nutrition support for separated and orphaned children **(CP)**	Include children 0-23 months in **shelter** vulnerability criteria
Train **CP** staff on how to identify and refer mothers with infant feeding difficulties	Never include infant formula/bottles/teats in **NFIs**
Registration of HHs with children <2 (0-<6 months, 6-<12 months, 12-<24 months)	Protect PLW, infants and young children during **mass distributions**
PROMOTE	**SUPPORT**
Standardize relevant IYCF and **food security** messages	Prioritize support for immediate initiation of breastfeeding after delivery **(RH)**
Standardize the inclusion of IYCF counselling as part of **ANC and PNC services**	Plan for Baby Friendly Spaces / breastfeeding corners and locate Child Friendly Spaces near Baby Friendly Spaces **(CP)**
Consider **cash/voucher** programmes that promote good nutrition outcomes	Ensure caregivers of artificially fed infants have access to **safe water** supply
Provide **hygiene promotion** and related NFIs at IYCF sites	Identify **psychosocial stimulation activities** safe and engaging for children 0-23 months old

IYCF-E programmes should also ensure that CMAM is integrated, including through MUAC screening of children 6-59 months and referral to CMAM programmes where necessary.

Note: Keep an eye out for the IYCF Friendly Framework developed by Save the Children and UNHCR, to be published online soon.

Action Points

7. **Integration of IYCF into revised CMAM guidelines – this was done, waiting for guidelines to be disseminated**
8. **Presentation/Orientation of IYCF-E for other sectors and/or at Intercluster Meeting – at a minimum the BMS Code Violations and Joint Statement**
9. **Identification of IYCF TWG members who are also part of additional clusters (i.e. Health, FSL) and are willing to act as IYCF-E 'Champions' to ensure IYCF related issues and needs of PLW, infants and young children are taken into consideration by other sectors**
10. **Integration of IYCF into Reproductive Health Strategy – currently under development by the MoPHP**

6. Monitoring and Evaluation

Along with proper planning and implementation of comprehensive IYCF-E programs, supervision and monitoring of the programs is crucial to its success. This requires preparation of monthly reports, regular data analysis, and regularly scheduled supervisory visits to identify gaps and recommend corrective measures for all implementing partners. A set of key output indicators has been developed (see table 5) and a monitoring and reporting mechanism needs to be agreed upon as soon as possible by all IYCF TWG members.

Table 5: IYCF-E Indicators for routine monitoring and evaluation

IYCF-E Indicators - to be included in monthly data collection and reporting
of breastfeeding support groups formed (including MTMSG)
of pregnant and lactating women attending breastfeeding support groups (disaggregated by pregnant and lactating)
of pregnant and lactating women referred for individual counselling (disaggregated by pregnant/lactating)
of pregnant and lactating women who received individual counselling (disaggregated by pregnant/lactating)
of infants 0-6 months who need BMS, after assessment by a qualified health workers
of infants 0-6 months who received BMS, after assessment by a qualified health worker
of reports of BMS code violations (disaggregated by type of violation)
of Baby Friendly Spaces established
of active IYCF Corners
of pregnant and lactating women attending Baby Friendly Spaces
of health workers trained on breastfeeding counselling (assessment of mother baby pair and counselling skills)
Number of health / nutrition workers trained on the full 40 hour IYCF Counselling Course
of health workers trained on BMS Code and Reporting Form for Code Violations
Number of children 6 – 24 months being provided with complementary foods

These indicators will be collected by the Nutrition Cluster to assess reach and coverage of services and identify any gaps in service provision. Programmatic data collection tools should be standardised in order to standardise data collection methods. These tools should prioritise gathering information which informs the outcome indicators mentioned in the Results section of the Response Framework.

See Annex II - Log Frame

The MoPHP and UNICEF will monitor the level of BMS distributions through the reporting of BMS Code Violations

Action Points

- **Agree on standardised M&E tools**
- **Translation of relevant tools into Arabic**

8. Response Plan

8.1 Priority Actions and Timeline

Priority Actions as of April 2017		Time Frame																							
Action	**Responsible**	**April**				**May**				**June**				**July**				**August**				**September**			**Q4**
Assessment																									
Organise Joint Meeting between IYCF TWG and AWG	AWG, IYCF TWG																								
Partners to plan for (rapid) IYCF-E assessments	AWG, partners																								
Review IYCF Indicators for SMART Surveys	AWG, IYCF TWG																								
IYCF-(E) indicators included in multisector assessments	AWG, partners																								
Communication																									
Re-circulate updated Joint Statement	NCC																								
Partners to sensitize their communication departments	Partners (IYCF TWG)																								
Develop IYCF Advocacy and Communication Plan	UNICEF, IYCF TWG																								
Carry out mass media campaign	MoPHP, UNICEF																								
Creating an Enabling Environment																									
Endorsement and dissemination of IYCF Strategy	MoPHP, NCC																								
Basic Interventions																									
Report BMS Code Violations	Govt., partners																								
Train HWs on Breastfeeding Legislation	MoPHP, UNICEF																								
Organise evaluation meeting on BMS Code Violations	UNICEF, MoPHP																								
Technical Interventions																									
Finalize checklist for integration of IYCF into CMAM	TRRT, IYCF TWG																								
Finalize MTMSG Guidelines	IYCF TWG																								
Develop BMS Implementation Guidelines for Yemen	TRRT, IYCF TWG																								
Finalize range of acceptable criteria for BMS support	IYCF TWG																								
Training of government and partner staff on IYCF-E	Save the Children																								
Human Resources																									
Conduct capacity mapping for IYCF/IYCF-E																									
Identify focal point for IYCF at each governorate																									
Coordination																									
Finalize Q2 workplan for IYCF TWG	IYCF TWG																								
Set-up sub-cluster IYCF for Aden and Hodeidah																									
Intersectoral Integration																									

IYCF-E orientation/presentation at other clusters	NCC, TRRT																								
Identification of IYCF-E 'Champions	IYCF TWG																								
Integration of IYCF into RH Strategy	MoPHP, IYCF TWG																								
Monitoring and Evaluation																									
Agree on standardised M&E tools	IYCF TWG, IMO																								
Translated relevant tools into Arabic	IYCF TWG, IMO																								

8.2 Resources

TBC

8.3 Capacity Building

The following capacity building initiatives will take place:

Training	Facilitated by	Location	Participants	Timeline
IYCF-E Regional Training	Save the Children	Amman, Jordan	4 partner staff	30th April – 4th May
IYCF-E Training	Save the Children	Sana'a	25 government and partner staff *Key government staff at national level, nutrition focal points from 6-8 key governorates, and top IYCF trainers.*	Mid-July
Include any other relevant planned trainings (i.e. Psychological First Aid, training on RH, CMAM, IMCI which will/can include IYCF components				

The following additional capacity building initiatives are urgently needed:

Training	Facilitated by	Location	Participants	Timeline
Guidelines for Implementation of Breastfeeding Legislation	MoPHP (with support from UNICEF?)	All governorates	HF staff (all levels)	TBC
Baby Friendly Hospital Initiative	MoPHP (with support from UNICEF?)	Targeted HF	HF staff (all levels)	TBC
IYCF Training for Community Midwives	MoPHP (with support from UNICEF?)	All governorates	Community Midwives	TBC

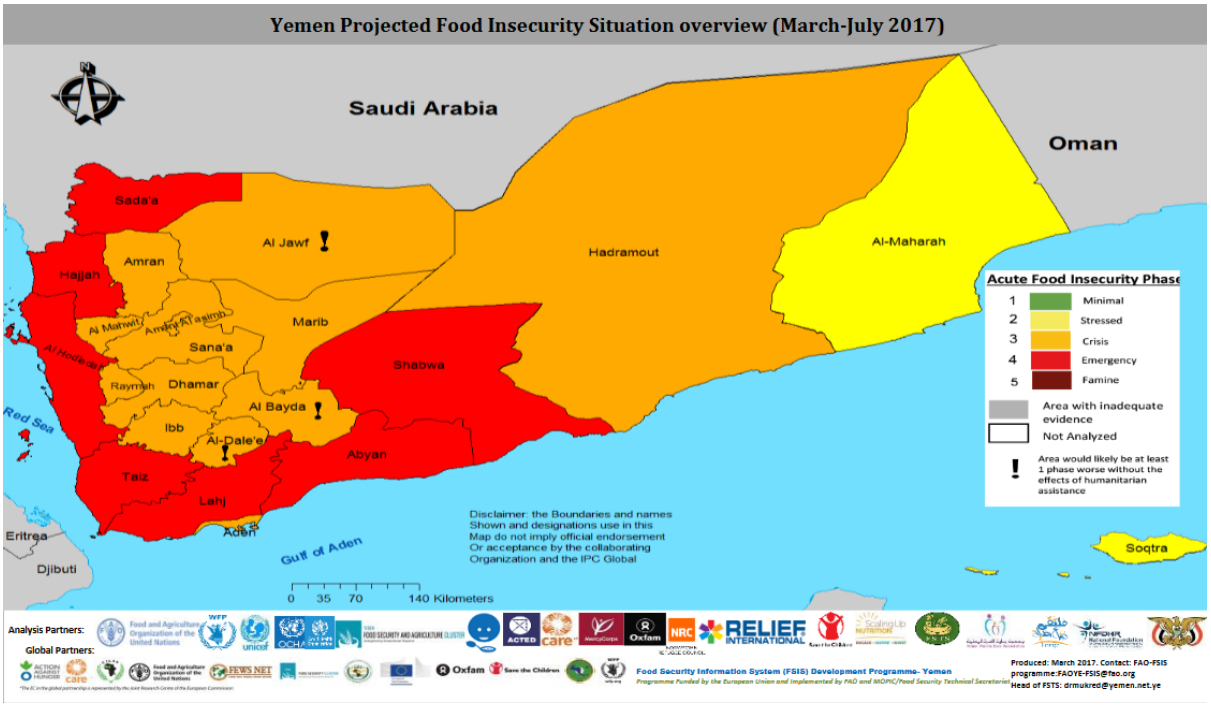
8.4 4W - Current and Future - To be completed and updated by the IYCF TWG

Partner	Governorate (# of districts)	IYCF Corners	Additional IYCF Activities	Current Capacity	Key Next Steps	Future Plans	Future Capacity
ADRA	Hajjah (1)	1	TBC				
	Al Hudaydah (1)	2	TBC				
	Abyan (2)	2	TBC				
	Lahj (3)	3	TBC				
	Al Dhale (2)	2	TBC				
International Medical Corps							
Islamic Relief Yemen	Al Hudaydah (3)	19	IYCF IEC MTMSG (planned)				
	Sa'ada (3)	15	IYCF IEC MTMSG (planned)				
	Amran (3)	14	IYCF IEC MTMSG (planned)				
PUAMI	Al Hudaydah (12)	Yes	Individual counselling & public education messages				
	Raymah (3)	Yes	Individual counselling & public education messages				
Save the Children	Al Hudaydah (4)	20					
	Amran (7)	10					
	Hajjah (3)	10					
	Lahj (2)	6					
	Sa'ada (6)	11					
	Taiz (8)	31					
SOUL (PLANNED)	Al Hudaydah (3)	No	GMP Education and Awareness				
	Taizz (13)	No	GMP Education and Awareness C4D (3 districts)				
YFCA	Sa'ada (1)	1	Individual Counselling				

Annex I – Maps

Map 1: Administrative Map of Yemen

Map 2: Yemen IPC (March-July 2017



Annex II – Logframe – To be completed by IYCF TWG

Title		INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES – YEMEN RESPONSE		
Goal		To contribute to a reduction in morbidity and mortality amongst children under 2 years of age affected by the conflict in Yemen.		
	Objective Verifiable Indicator	**Baseline**	**Target**	**Means of Verification**
Appropriate IYCF practices are promoted, protected and supported during the emergency through effective mechanisms of nutrition coordination and rapid, high quality IYCF-E services.	% decrease in morbidity and mortality for children under 2			Survey / Health facility reports
	Results (Outcomes)			
R 1	% of mothers initiating breastfeeding within 1 hour of delivery	*Unknown*		IYCF Survey / Health facility reports
R 2	% of infants 0 – < 6 months fed exclusively with breastmilk	10%		IYCF Survey
R 3	% of children 6 – 24 months who receive foods from 4 or more food groups	*Unknown*		IYCF Survey
R 4	# of formula-dependent infants who have access to Code compliant supplies of appropriate BMS and appropriate associated support	0		Nutrition Centre Reports
R 5	% of children 0 – 24 months who are fed with a bottle	44%		IYCF Survey
R 6	# of inappropriate distributions of BMS reported	0		Code Violations Reporting Database
	Outputs			
	# of HWs trained on IYCF (disaggregated by gender and type of HW)	TBC		Attendance list / Training report
	# of Government and partner staff trained on IYCF-E (disaggregated by gender)	0	30	Attendance list / Training report
	# of HW (newly) trained on Breastfeeding Legislation (disaggregated by gender and type of HW)	0		Attendance list / Training report
	# of HW (newly) trained on the BFHI (disaggregated by gender and type of HW)	0		Attendance list / Training report
	# of Baby Friendly Spaces	0		Monthly reports / 4W
	# of Active IYCF Corners	TBC		Monthly reports / 4W
	# of Caregivers reached with IYCF messages through	TBC		Monthly reports / CHW reports
	# of Caregivers who received skilled IYCF counselling and support	TBC		Monthly reports / IYCF corner reports
	# of Caregivers enrolled in MTMSGs	TBC		Monthly reports
	# of Children under 6 months enrolled for BMS support	0		Monthly reports / Nutrition centre reports
	# of Children 6-23 months who received BSFP	TBC	TBC	WFP monthly reports
	# of Children 6-23 months admitted to TSFP	TBC	TBC	WFP monthly reports
	# of PLW who received BSFP	TBC	TBC	WFP monthly reports
	# of PLW admitted to TSFP	TBC	TBC	WFP monthly reports

Annex III – IYCF/IYCF-E Indicators for Assessments

Key IYCF/IYCF-E Indicators for Nutrition Assessments (i.e. DHS/MICS/KAP/SMART)	Population	Question	Analysis
Early initiation; proportion of children 0-23 months who were put to the breast within 1 hour of birth	Ask question to all caregivers 0 - 23 months,	Did you ever breastfeed (NAME)? How long after birth did you first put (NAME) to the breast?	Children born in the last 24 months who were put to the breast within one hour of birth/Children born in the last 24 months
Exclusive breastfeeding; proportion of infants 0-5 months of age who are fed exclusively with breastmilk in the previous 24 hrs	Ask questions to all caregivers 0-23 months but use data caregivers 0-5 months	1) Was your child BF yesterday during the day or at night? 2) Did your child eat any liquid other than breastmilk, or solid, semi-solid, or soft foods yesterday during the day or at night?	Number of infants 0-5 months who received breastmilk in the past 24 hours and did not receive any other foods or liquids in the past 24 hours / Total number of infants 0 to 5 months of age surveyed
Timely introduction of complementary feeding; proportion of infants 6-8 months who received breastmilk and a solid or semi-solid in the previous 24 hrs	Ask question to all caregivers 0 - 23 months, but use data collected from caregivers 6 - 8 months	1) Was your child BF yesterday during the day or at night? 2) Did your child eat any liquid other than breastmilk, or solid, semi-solid, or soft foods yesterday during the day or at night?	Number of infants 6-8 months who received at least one food in the past 24 hours / Number of infants 6-8 months
Continued breastfeeding at 1 year of age; proportion of children 12-15 months of age who are fed breast milk in the previous 24 hrs	Ask question to all caregivers 0 - 23 months, but use data collected from caregivers 12 - 15 months	1) Was your child BF yesterday during the day or at night? 2) Did your child eat any liquid other than breastmilk, or solid, semi-solid, or soft foods yesterday during the day or at night?	Infants 12-15 months of age who receive any breast milk in the past 24 hours / Total number of infants 12-15 months of age surveyed
Continued breastfeeding up to 2 years of age; proportion of children 20-23 months of age who are fed breast milk in the previous 24 hrs	Ask question to all caregivers 0 - 23 months, but use data collected from caregivers 20 - 23 months	1) Was your child BF yesterday during the day or at night? 2) Did your child eat any liquid other than breastmilk, or solid, semi-solid, or soft foods yesterday during the day or at night?	Infants 20-23 months of age who receive any breast milk in the past 24 hours / Total number of infants 20-23 months of age surveyed
Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk *(this indicator is a combination of minimum dietary diversity and minimum acceptable diet)*	Children 6-23 months	See WHO Guidelines on IYCF Indicators	1. Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day/Breastfed children 6–23 months of age 2. Non-breastfed children 6–23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not

			including milk feeds and the minimum meal frequency during the previous day/N on-breastfed children 6–23 months of age
Proportion of children 0-23 months who are fed with feeding bottles the previous day	Children 0-23 months	Did (NAME) drink anything from a bottle with a teat yesterday during the day or night?	Children 0-23 months who were fed with a bottle during the previous 24 hours / Number of children 0-23 months
BMS distribution (Inappropriate distribution of infant formula, dried or liquid milk to children 0-<2 years)	Affected Population	HH level: Has your household received any milk products such as infant formula or other milk products? Community Level: Has infant formula, or other milk products (e.g. dried whole, semi-skimmed or skimmed milk powder, ready to use milk) and/or baby bottles/teats been distributed since the emergency started? IF YES - when? By whom? Who were the products intended for?	
Proportion of children 6-59 months who have received a vitamin A supplement in previous 6 months.	Children 6-59 months		

Annex IV – Draft Key IYCF Messages Arabic

الرسائل الأساسية:

١- الرضاعة الطبيعية مباشرة بعد الولادة تمكن الوليد من الحصول على مادة اللبأ والرعاية والحب والحنان.

٢-لبن الأم وحده هو الغذاء الأفضل والشراب الأمثل للطفل خلال الستة الأشهر الأولى من عمره ولا يحتاج الطفل إلى أي غذاء إضافي آخر خلال هذه الفترة حتى الماء.

٣-فوائد اللبأ

٤-الطفل بحجه إلى البدء بالتغذية التكميلية من بداية الشهر السابع بجانب لبن الأم مع الاستمرار بالرضاعة الطبيعية إلى ما بعد السنة الثانية من عمره.

٥- التغذية الجيدة المتوازنة والمتنوعة ضرورية للأم خلال فترتي الحمل والرضاعة فالأم الحامل والمرضع بحاجة إلى وجبات غذائية متنوعة وراحة أكثر.

٦-الإرضاع المستمر من الثدي هو الضمان الوحيد لاستمرار توفر لبن الأم للطفل.

٧-لبن الأم يحتوي على مواد مقاومة ضد الأمراض.

٨-لبن الأم متوفر في جميع الأوقات ونظيف ودرجة حرارته مناسبة في أي وقت.

٩-الأطفال الذين يرضعون من لبن الأم أقل عرضة للإصابة بالأمراض المزمنة مثل السكري

١٠- الأطفال الذين يرضعون لبن الأم أكثر ذكاءً وقدرة على التحصيل العلمي.

١١- مساوئ التغذية التكميلية في وقت مبكر قبل الشهر السادس والمتأخرة بعد الشهر السابع.

Annex V – Example checklist for integration of IYCF into CMAM

	Observations	Yes/No	Comments
1	IEC materials promoting optimal IYCF-E practices are visible		
2	IYCF-E topics are actively covered during nutrition education sessions		
3	CMAM programme staff trained on IYCF counselling (incl. breastfeeding counselling) are present *Specify type of training received, who faciliatated the training, how many days was the training, and when did they attend.*		
4	IYCF-E protocols (IYCF National Guidelines) and job aids (counselling cards, breastfeeding observation tool) are available		
5	Upon admission, all children under 2 are fully assessed for suboptimal IYCF practices by trained staff (including observation of a breastfeed for lactating women)		
6	Following assessment, the appropriate support needed for IYCF is correctly identified and planned for		
7	A functional referral pathway is in place for infants <6 months requiring infant formula (BMS) support		
8	Age-appropriate optimal IYCF practices are supported, encouraged and reinforced during follow-up and discharge sessions		
9	Caregivers are linked to breastfeeding support groups (i.e. MTMSG or Care Groups)		
10	IYCF-E indicators are included in monthly reports		
11	IYCF Corner available		
12	Breastfeeding Area avaiable		
	Total number of yes	/12	

Satisfactory score: >6/12
Good score: >8/12
Excellent score: >10/12