**Overview of IYCF-E Staffing**

This toolkit contains descriptions of possible job roles in IYCF programmes. For detailed job descriptions see:

[Community Mother Breastfeeding Supporter](https://resourcecentre.savethechildren.net/node/12933/pdf/1.1._role_of_community_mother_breastfeeding_supporter.pdf)

[Breastfeeding Counsellor](https://resourcecentre.savethechildren.net/node/12934/pdf/1.2._breastfeeding_counsellor.pdf)

[IYCF-E Counsellor](https://resourcecentre.savethechildren.net/node/12935/pdf/1.3._iycf-e_counsellor.pdf)

[IYCF-E Community Mobilizer or Educator](https://resourcecentre.savethechildren.net/node/12936/pdf/1.4._iycf-e_community_mobilizer_or_educator.pdf)

[IYCF-E Psychosocial Worker](https://resourcecentre.savethechildren.net/node/12937/pdf/1.5._iycf-e_psychosocial_worker.pdf)

[IYCF-E Head in an Evacuation Centre](https://resourcecentre.savethechildren.net/node/12938/pdf/1.6._iycf-e_head_in_an_evacuation_centre.pdf)

[IYCF-E MEAL Officer](https://resourcecentre.savethechildren.net/node/12939/pdf/1.7._iycf-e_meal_officer.pdf)

[IYCF-E MEAL Supervisor](https://resourcecentre.savethechildren.net/node/12940/pdf/1.8._iycf-e_meal_supervisor.pdf)

[IYCF-E Program Officer](https://resourcecentre.savethechildren.net/node/12941/pdf/1.9._iycf-e_program_officer.pdf)

[IYCF-E Supervisor or Manager](ttps://resourcecentre.savethechildren.net/node/12942/pdf/1.10._iycf-e_supervisor_or_manager.pdf)

[IYCF-E Consultant](https://resourcecentre.savethechildren.net/node/12943/pdf/1.11._iycf-e_consultant.pdf)

For sample interview questions for recruitment of these roles refer to the toolkit [here](https://drive.google.com/file/d/0B5uBNDhhrtqbVkFLNTh2VkFpVlE/view?usp=sharing).

Depending on the programme details there are a number of possible IYCF-E positions including:

* **Breastfeeding Counsellor and/or Lactation Counsellor**

Upkeep relations with communities in area of intervention and identify relevant beneficiaries for services or referral; Coordinate and conduct relevant, effective training, awareness-raising and counseling to mothers and care givers; Manage the capacity building of team members through regular training and supervision; Maintain beneficiary records and produce regular activity updates. *Note: As much as possible the breastfeeding counsellors should be qualified/certified. Humanitarian agencies can contact the International Association of Lactation Consultants ILCA, La Leche League International (association of mother to mother support), the IBFAN network and WABA (World Association of Breastfeeding Action) in order to get hold of lists of trained lactation consultants and breastfeeding counsellors in various regions/countries in the world, who may be willing to assist in emergencies. This is important as health professionals (doctors, nurses, midwives etc.) are generally not trained to provide skilled support to breastfeeding mothers. Their role and focus may be similar to the IYCF-E Counsellor – this JD can be adapted as necessary for the specific role of breastfeeding / lactation counsellor.*

* **IYCF-E Community Mobiliser or Educator**

To function as the primary point of contact with the community and village leaders, and ensure that the community is aware and fully involved with implementing the IYCF-E program; Identify village volunteers/gatekeepers and communicate accurate IYCF-E messages across the operational area; Screening and referrals; Reporting, Monitoring and Evaluating; Capacity-Building, Advocacy.

* **IYCF-E Consultant**

Design and operationalize the Save The Children (STC) IYCF-E program to respond to need; Support the humanitarian effort by coordinating and providing technical expertise to the initial response phase of the emergency; Provide technical support, coordinate and facilitate humanitarian actors to conduct appropriate IYCF-E practices, according to international guidelines (Operational Guidance on IYCF-E, Sphere)

* **IYCF-E Counsellor and/or Outreach worker**

The major focus should be to ensure that key IYCF-E messages are conveyed appropriately within beneficiary communities, and that caregivers receive appropriate support. Areas of work can include Assessment; Education and Counseling; Capacity-building and Training; Referral and Coordination; Reporting and Advocacy.

* **IYCF-E MEAL Officer**

To develop, implement and manage Monitoring, Evaluation and Accountability systems at field level including collating, compiling, analyzing program learning and reporting on all IYCF-E project activities; To implement systems that allow IYCF-E beneficiaries to register complaints and enable them access to share their feedback on Save the Children International interventions; To contribute to assessing impact, learning and new areas of intervention or improving existing interventions.

* **IYCF-E MEAL Supervisor**

To lead and put in place relevant monitoring and evaluation systems and mechanisms to ensure an integrated approach to IYCF-E program implementation; To ensure quality and accountability are integrated into overall monitoring, evaluation and management systems; To build local capacity on critical M&E, quality and accountability skills, to ensure sustainability, as well as contribute to the agency-wide learning.

* **IYCF-E Programme Officer**

To support and manage the IYCF-E Counselors in the IYCF-E program and assist the IYCF-E Programme Manager on a day-to-day basis; To ensure that the all components of the program are functioning properly, providing quality care to all beneficiaries while respecting guidelines and principles of good practice e.g. the Operational Guidance on IYCF-E, the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions, and SPHERE 2011).

* **IYCF-E Psycho-social Worker**

To provide technical support and training to Save the Children field staff and local partners, community members and authorities, and establish strong links to the child protection programme; To provide psychosocial support to mothers/caregivers in the Infant and Young Child Feeding in Emergencies Programme in line with guidelines and principles of good practice (including the Operational Guidance on Infant and Young Child Feeding in Emergencies (which embodies the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions) and SPHERE 2011).

* **IYCF-E Supervisor/ Programme Manager**

To manage the IYCF-E Program; To ensure that the all components of the program are functioning properly, providing quality care to all the beneficiaries while respecting guidelines and principles of good practice e.g. the Operational Guidance on IYCF-E, the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions, and SPHERE 2011).

Other roles (or adaptations of roles) could be:

* **IYCF-E Nurse**

Note: At a minimum the IYCF-E Nurse should have received additional training on breastfeeding and IYCF-E; ideally they should be a certified breastfeeding/lactation counsellor. It should not be assumed that as a nurse they have the necessary skills or experience as often training on IYCF is minimal during nursing training and training in IYCF in emergencies very rare indeed.

* **Peer to Peer Volunteers**

Similar to this are ‘Mentor Mothers’ or ‘Leader Mothers’ (an identified mother or grandmother in the community who has respect and can provide messages and support to breastfeeding mothers). Included is the description of the role of a **Community Mother Breastfeeding Supporter** whose aim is to support an IYCF-E head in an Evacuation Centre (used in the Philippines emergency response 2009), which can be adapted if needed to set out roles and responsibilities.

A person who is responsible for IYCF-E in a place like an Evacuation Centre – example from the Philippines emergency response 2009

**Staffing Levels:**

There is no consensus about an optimal level of IYCF-E workers for a population and this can vary from context to context. However, there is correlation between the availability of IYCF-E workers and coverage of IYCF-E interventions. For example, the presence of just one IYCF-E worker or one representative of a marginalised ethnic group may significantly increase the access of women or people from minority groups to nutrition services.

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| *Example of staffing estimates for a large scale IYCF-E response*  *1 x Nutrition Adviser for whole response (international) – IYCF expert*  *1 x Deputy Nutrition Advisor (international) – IYCF expertise*  *1 x IYCF trainer (international, preferably local speaking) – Repeat visits through the programme period.*  *2 x Nutrition managers (national) – responsible for specific nutrition programmes eg. 3 Micronutrient supplementation, MUAC screening/mobilisation*  *3 x Nutrition Supervisors (National female) - linked to the 3 field sites – preferably IYCF expertise*  *3 x Deputy Nutrition Supervisors – preferably IYCF-E expertise*  *Per area at least 1 Mother and Baby Area in which will be:*  *- a team of 2 IYCF-E breastfeeding counsellors (female)*  *- at least one team of 2 IYCF-E counsellors/ outreach workers (female). More teams of outreach workers should be put in place depending on the beneficiary numbers needing to be reached.*  *After the above team members have been found, IYCF-E peer to peer volunteers would be recruited during the second phase.*  *For monitoring and evaluation of the IYCF-E programme there will be specifically:*   1. *x IYCF-E MEAL Supervisor* 2. *x IYCF-E MEAL Officer*   **Further Points to Consider**   1. *Estimated 90% coverage in all areas is optimal.* 2. *As the programme becomes more settled, pregnant women can be included in the target population* 3. *Mother and Baby areas: If possible, M-B areas should be available at Child Friendly Spaces or ECCD in each camp or village. In villages with no CFS or ECCD or place for a M-B area, negotiate with the village clinic / pharmacy to function as base for IYCF counselors to see mothers* 4. *Two types of staff* 5. *IYCF counselors – based at M-B area or central area (if/when M-B areas are not in use, then can work as outreach worker)* 6. *IYCF outreach workers – undertake visits in the camp / community*   *Note:*   * *IYCF counselors work in pairs as they are female and are often faced with insecure environments* * *So 2 x counselors = 1 team; 2 x outreach workers = 1 team* * *Each area needs to have 1 M-B team and 1 IYCF outreach team* * *Assumptions: maximum 20 people attend one session in a M-B area. 1 x IYCF outreach team (2 people) visit 5 people per day x 6 days = 60 people per week.* |

**Sphere Healthcare Staffing Guidance**

Sphere 2011 provides some guidance that may be useful to take into account, but note that the aim should be to make services easily accessible to caregivers/mothers who have small infants and as such cannot travel far or wait for services:

* Outpatient programme sites should be close to the targeted population to reduce the risks and costs associated with travelling long distances with young children and the risk of people being displaced to them.
* As a rough guide in a camp scenario, there should be two community mobilisers per 1,000 members of the affected population.
* There should be at least 22 qualified health workers (medical doctors, nurses and midwives)/10,000 population:
  + At least one medical doctor/50,000 population
  + At least one qualified nurse/10,000 population
  + At least one midwife/10,000 population.
* Clinicians are not required to consult more than 50 patients a day consistently (if so more staff are required).
* There should be at least one Community Health Worker (CHW)/1,000 population, one supervisor/10 home visitors and one senior supervisor to manage and coordinate all IYCF staff and their work plans.

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