

A UNHCR-Save the Children Initiative

Infant and Young Child Feeding (IYCF) in Refugee Situations: In the Time of COVID-19: Recommendations, Adaptations and Experience

UNHCR calls for continued focus and scale up of infant and young child feeding activities in refugee settings during the COVID-19 Pandemic. UNHCR's *Guidance on the Continuity of Health and Nutrition Services* underscores: “[I]t is more important than ever to prevent malnutrition and to provide children and [pregnant and lactating women (PLW)] with good quality diets.” UNHCR recommends adherence to global guidance on IYCF in the context of COVID-19.

The **purpose** of this COVID-19 Adaptations Briefer is **to emphasize the relevance** of the IYCF Framework for Action during the COVID-19 pandemic, **provide suggestions** of adapted activities and **share experiences** from refugee settings. The Briefer does not include sector-specific mitigation and response guidance covered in other materials.

What Is the IYCF Framework?

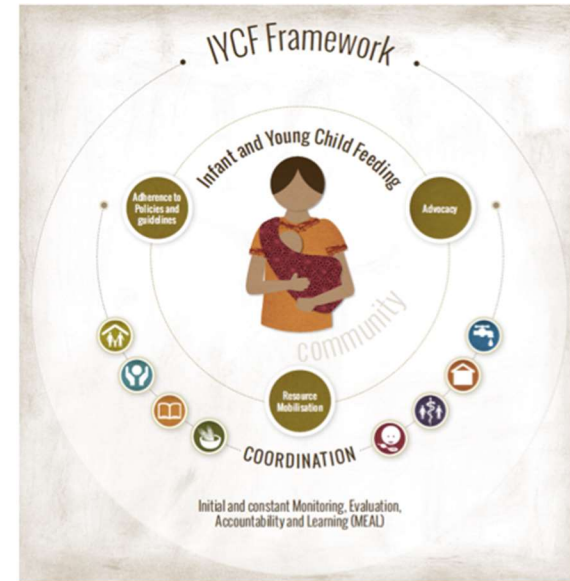
The IYCF Framework is a resource to assist with integrating and mainstreaming international policies, standards, and guidance on infant and young child feeding (IYCF) across sectors in refugee contexts.

The purpose of the Framework is to provide recommendations and guidance to create an **‘infant and young child friendly’ environment**. The Framework encourages the protection and support of PLW, infants and young children and their care providers through multi-sectoral integration of IYCF-sensitive activities.

Why Is the IYCF Framework Important during COVID-19?

The IYCF Framework, and multi-sectoral integration, is even more critical during the COVID-19 pandemic when risks have increased, while access to and utilization of services, goods, and markets have decreased. These challenges impact IYCF behaviors and broader care practices. Modelling of future rates of morbidity and mortality resulting from the impact of decreased health and nutrition servicesⁱ and decreased breastfeeding practicesⁱⁱ during the pandemic are worrying. **Protecting, promoting, and supporting recommended IYCF practices is crucial for survival, healthy growth and development in infants and young children.**

Figure 1: The IYCF Framework Infographic



The mother and baby in the Framework infographic (above) are the principal focus. They are supported by the community they live in, which closely affects IYCF practices. The circle around them represents high level actions to consider such as advocacy, resource mobilization, and adherence to policies and guidelines. A coordinated effort between all sectors and IYCF ensures protection of rights of children up to 2 years and PLW

What Are Ways Multi-Sectoral Action can support IYCF priorities in the context of COVID-19?

A critical global recommendation is to “ensure alignment and coordination” across sectors to reach infants and young children in the context of COVID-19. The IYCF Framework provides a structure to facilitate these actions in refugee settings. Some opportunities common to all sectors are outlined by the IFE Core Group:ⁱⁱⁱ

- ▶ Prioritize and identify the needs of PLWs early on and provide adequate protection and support through a family-based approach;
- ▶ Protect and meet the needs of infants and young children who are not breastfed and minimize the risks they are exposed to;
- ▶ Ensure the availability and continuity of nutritious, fresh food and essential staples at affordable prices for children, women, and families;
- ▶ Help dispel misinformation related to IYCF and reassure mothers that it is safe to breastfeed their children;

Case Study: Uganda

Annex 2 highlights a standardized set of key IYCF Recommendations for COVID19 developed in partnership between the Government of Uganda, Ministry of Health, UNICEF, WHO, WFP and UNHCR.

Partners moved this information to a virtual platform, conducting weekly webinars on different topics: WASH, IYCF, etc. to ensure the continued flow of information, dissemination, and education during a time when in person training, orientation and community sensitization was not possible.

- ▶ Do not call for, support, accept or distribute donations of BMS (including infant formula), other milk products, complementary foods, and feeding equipment (such as bottles and teats). Do not include purchased or donated supplies in general distribution;
- ▶ Ensure PLW have access to food, water, protection, psychosocial support and other interventions to meet essential needs;
- ▶ Identify the nature and location of higher risk infants, children, pregnant and lactating women and mothers and respond to their needs.

What are some recommendations and examples of Integrated Activities that are Adapted to the COVID-19 context?

Camp Management^{iv}

- ▶ In partnership with nutrition actors, identify populations at risk, develop mitigation measures and jointly advocate for resource allocation;
- ▶ Ensure continued registration of births to ensure access to services that protect young children and their caregivers;
- ▶ Prevent the separation of mothers and infants throughout the COVID-19 response and particularly at major gathering points (entry and reception points, distributions, health triaging sites);
- ▶ Develop and disseminate the Joint Statement on COVID-19 and Infant and Young Child Feeding in partnership with nutrition sector actors;
- ▶ Convene joint public health coordination fora with health, nutrition and WASH actors to converge advocacy efforts and raise priorities for PLW and children under two on national political agendas;

Case Study: Uganda

The Ministry of Health, UNHCR, WFP and UNICEF collaborated at the national and sub-national levels to develop guidance for the safe continuation of essential public health services, including IYCF. These partnerships are critical for a coordinated advocacy agenda for Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN).

- ▶ Develop joint statements with the Nutrition, WASH, Health, Food Security and other clusters on integrated responses in the context of COVID-19.

Case Study: Ethiopia

In April 2020, the Ethiopia Health, WASH and Nutrition Technical Working Group (HWN TWG) issued a Joint Inter-Cluster Advocacy Paper focused on critical multi-sector integration during COVID: “An effective emergency response will require the collaboration of all three sectors at both the facility and community levels in order to maximize impact. [...] The absence of any one of these sectors will weaken the COVID-19 response, place beneficiaries and staff at risk, and worsen the humanitarian consequences of the pandemic”

Protection

- ▶ Strengthen collaboration between nutrition and protection actors throughout all phases of the COVID-19 response to identify and mitigate risks; Prioritize IYCF counselling and service linkages to support households with additional needs (i.e. – households with twins and triplets);
- ▶ Cross-train frontline staff in protection and nutrition to identify needs and conduct safe referrals; ensure frontline staff in quarantine facilities and isolation centers have a clear understanding of how their role relates to safeguarding (e.g., reporting lines and mechanisms to respond to allegations/concerns);
- ▶ Work with the protection, health and nutrition colleagues to design appropriate psychosocial activities for use in adapted community based IYCF services, in Isolation Treatment Centers and those which households can use themselves while quarantining;
- ▶ Ensure children and caregivers with or without disabilities, including child/adolescent caregivers, receive age, gender and ability-appropriate awareness-raising messages on COVID-19 and IYCF;
- ▶ Consider one-to-one interactions with caregivers as opportunities to disseminate information about GBV services. Collect feedback from women and girls about their safety concerns.

Education

- ▶ Collaborating with education colleagues, disseminate parent-led Early Child Development activities and tools appropriate for children under two; use technology solutions as appropriate and relevant to upskill parents and caregivers to engage young children in their early years;

Case Study: Cox Bazaar, Bangladesh

Nutrition and Education partners identified the integration of Early Child Care and Development (ECCD) and IYCF as an important collaboration opportunity. The teams developed integration plans including Standard Operating Procedures (SOPs) and guidelines (i.e. – including entry points for integration, ways to incorporate play therapy in IYCF interactions, etc.). Nutrition actors included ECCD and IYCF integration into the 2021 strategy with the requirement for UNHCR and UNICEF implementing partners to include ECCD and IYCF integration in 2021 project proposals.

- ▶ Where Education is conducted virtually, cross reference client lists to ensure adolescent mothers remain connected to education opportunities; work with Educators to provide IYCF resources through school rosters and virtual education platforms;

- ▶ As the education sector considers the safe reopening of schools, partner with nutrition actors to identify caregivers, such as adolescent mothers, who may need additional support to reconnect to education services.

Food Security and Livelihoods (FSL)^{vi}

- ▶ Partnering with nutrition actors, intensify support to families on what, when and how to feed young children at home during the complementary feeding period (6-23 months) using available communication platforms to reach families in the context of COVID-19;

Case Study: Cox's Bazaar, Bangladesh

WFP, UNICEF, UNHCR and the Food Security sector established a nutrition and food security coordination mechanism and committed to a focus on complementary feeding. FSL and Nutrition partners are targeting households with children under two and, particularly, mothers "exiting" MTMSG activities, for FSL interventions such as the provision of seeds and tools as well as gardening training. Nutrition and FSL actor are collaborating to develop complementary feeding recipes and agree on basic indicators to measure integration.

- ▶ Enhance access to healthy family foods for households with PLW or infants and young children by expanding Blanket

Supplementary Feeding Programs (BSFP) and/or providing additional Cash or Food Vouchers.

Case Study: Gambella, Ethiopia

Nutrition actors partnered with the Food Security sector to complement the General Food Distribution with Cash-Based Interventions, back yard / back group gardening and cash grants for microbusinesses targeting households with PLW and children under 2 years of age

- ▶ Where food supplementation or distribution is expanded to increase rations for families with PLW and young children, encourage organizations to identify efficiencies, reduce client opportunity cost and risk exposure through alternative approaches such as community-based provision, take-home rations, home delivery or vouchers;
- ▶ Ensure continued market supply and availability of fresh foods and essential staples for children, women and families by supporting local markets, shops and stores to remain open and encouraging stocking of fresh foods;
- ▶ In coordination with camp management and nutrition actors, pre-position essential nutrition commodities (micronutrient

powders, lipid-nutrient supplements, Vitamin A etc.) in anticipation of supply chain disruptions.

Nutrition^{vii}

- ▶ In all nutrition programs, support mothers with suspected or confirmed COVID-19, and their families, on the recommended feeding practices;
- ▶ Adapt face-to-face nutrition service(s) including one-to-one counselling, group counselling and home visits in line global recommendations including remote counseling;

Case Study: Uganda

National policies required physical distancing and, “no contact”. The public health and nutrition sectors prioritized curative services at facilities and organized new ways of working to ensure the continued delivery of critical community-based services such as IYCF. Nutrition partners strengthened the sensitization of care groups and Village Health Committees (VHC) to operate in the COVID context. Provision of masks to all refugees was essential for community agents could re-engage community members.

- ▶ Explore innovative ways to deliver nutrition services to communities and families using technology (i.e. – providing remote counseling via radio or phone, transitioning

breastfeeding support groups onto social media platforms, etc.);

- ▶ Engage with men to identify additional support available for mothers to reduce household responsibilities and afford more time for self-care and care of young children.

Case Study: Gambella, Ethiopia

Nutrition actors in Gambella established 23 Father to Father Support Groups (FTFSG) in 2020. Among other topics, FTFSGs discussed gender roles and ways fathers could support PLWs with care of young children

Public Health^{viiiix}

As per UNHCR guidance on the continuation of health and nutrition services, UNHCR recognizes that “as caseloads of COVID-19 increase, strategic adaptations are required to ensure that increasingly limited resources provide maximum benefit for the refugees and surrounding host population.” The guidance outlines key considerations for UNHCR operations on prioritized health care services in the event of a COVID-19 outbreak.”^x Some suggestions include:

- ▶ In partnership with the nutrition sector, provide mothers and infants with skilled breastfeeding support (if needed) and encourage the practice of skin-to-skin contact, kangaroo mother care and rooming-in throughout the day and night,

ensuring mother and baby remain together whether they or their infants have suspected, probable, or confirmed COVID-19;

- ▶ Include IYCF counselling and basic psychosocial support in an integrated package of maternal, newborn and child health services for all pregnant women and mothers with infants and young children;
- ▶ Partner with nutrition teams to offer IYCF services in quarantine facilities including upskilling relevant staff in maternal, infant and young child nutrition and counselling, creating consistent messaging on breastfeeding and IEC materials and establishing breastfeeding corners in female wards;
- ▶ Establish complementary services between MHPSS and nutrition to ensure affected individuals, families, communities and health workers have access to this critical part of the response.

Case Study: Gambella, Ethiopia

UNHCR and partners focused on adapting referral systems between MHPSS services and nutrition. Previously, staff specialized in MHPSS and IYCF separately with referral facilitated between services. Due to increased MHPSS needs at the onset of COVID, MHPSS and nutrition partners collaborated to train IYCF Counsellors in additional MHPSS skills to enhance their support. Referrals were needed for only those in highest need.

Settlement and Shelter

- ▶ Conduct joint COVID-19 needs assessments and action plans inclusive of shelter, nutrition and other sectoral teams to identify and plan for physical structures needed for service adaptations;
- ▶ Work together to maintain standards as set out in the IFE Operational Guidance for the prioritization of PLW and children under two, including construction of shaded waiting areas, service bays, sheds and walkways at the entry/reception centers, distribution locations and service points in line with COVID-19 requirements;

Case Study: Gambella, Ethiopia

During a time of significant population movement in 2020, actors across shelter, WASH, nutrition, protection and health completed a joint COVID-19 needs assessment and action plan. The shelter sector prioritized the construction of waiting sheds and temporary service bays at the nutrition center, health facilities and food distribution sites to ensure dignity and protection of PLW and caregivers of children under two in line with COVID-19 service delivery requirements such as social distancing

- ▶ Establish case referral systems for households with PLW or children under two requiring additional shelter support.

Water, Sanitation and Hygiene (WASH)^{xi}

- ▶ Ensure services targeting PLW and children under two adopt improved safe water supply, hygiene, environmental safety standards and Infection Prevention and Control measures (i.e. physical distancing, wearing masks, RCCE, etc.);
- ▶ Integrate targeted, context-specific messages on critical hygiene behaviors and safe food preparation and storage into relevant contacts with PLW and children under two; harmonize these messages across multiple communication

channels (digital, broadcast, audio visual and social media) to ensure reach and application;

- ▶ Work with health, nutrition and WASH colleagues to support the identification and prioritization of key target groups (i.e. – children <2 years, PLW, nutritionally vulnerable individuals) for WASH related NFI distributions including Personal Protective Equipment (PPE) and hygiene items such as soap;

Case Study: Uganda

Nutrition teams coordinated with WASH colleagues to scale up critical hygiene activities including the distribution of WASH NFIs (ie – soap) and strengthening promotion activities with a focus on PLW and children under two.

- ▶ Establish or maintain multi-sector coordination groups, underscoring common objectives, integrated activities and advocacy platforms across WASH, IYCF and other relevant sectors.

Case Study: Uganda & Ethiopia:

Teams in Uganda and Ethiopia both underscored the importance of existing coordination mechanisms and systems that already integrated a focus on PLW and children under 2 years. These established ways or working were critical in maintaining the prioritization, understanding and services for these target groups. Importantly, they ensured gains in behavior uptake were not lost during the pandemic.

How can the IYCF Framework help during COVID-19?

The IYCF Framework encourages partners working in refugee settings to identify and collaborate across sectors. The COVID-19 pandemic introduced limitations and constraints on operations that require strategic prioritization and the identification of efficiencies across programs and services. This Briefer provides examples of a range of multi-sectoral activities to help teams brainstorm potential solutions for various contexts. Actors in various sectors are encouraged to identify common objectives, target audiences and delivery mechanisms to support innovative and creative collaboration during these times. For more information on the IYCF Framework, please go to: www.unhcr.org/uk/nutrition-and-food-security.html

Where can I find additional information and support?

GNC. Cross Cutting Issues, other clusters & COVID-19. https://www.nutritioncluster.net/Cross-cutting_issues_other_clusters_COVID-19

GNC. Operational Guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19. Version 3.0 of 5th of May 2020

GNC Technical Alliance. COVID-19 Technical Support. <https://gtam.nutritioncluster.net/node/34>

IFE Core Group. Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic. 2 April 2020

Save the Children. *IYCF Tools in the Context of COVID-19*. <https://resourcecentre.savethechildren.net/library/iycf-tools-context-covid-19>. Last updated 5 Apr 2020.

Save the Children / Tech RRT. *Infant and Young Child Feeding in Emergencies (IYCF-E) Programming in the Context of COVID-19: Considerations for Adaptation*. November 2020

UNHCR. *Supporting the Continuity of Health and Nutrition Services in the Context of COVID-19 in Refugee Settings - Interim Guidance V2*. 2 May 2020.

UNHCR/Save the Children. *Infant and Young Child Feeding in Refugee Settings: A Multi-Sector Framework for Action*. <https://www.unhcr.org/en-us/publications/operations/5c0643d74/infant-young-child-feeding-refugee-situations-multi-sectoral-framework.html> May 2018

UNHCR/UNICEF/WFP/WHO. *Infant and Young Child Feeding in the Context of the COVID-19 Pandemic, Eastern, Central and Southern Africa*. Released 26 March 2020

UNICEF/GNC/GTAM. Infant and Young Child Feeding (IYCF) in the context of COVID-19. Brief No. 2 (v1). Released 30 March 2020

WHO. *Clinical Management of COVID-19: Interim Guidance*. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). 27 May 2020.

WHO. *Home Care for Patients with Suspected or Confirmed COVID-19 and Management of Their Contacts: Interim Guidance*. [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts). 12 August 2020.

Annex 1: Guidance on priority IYCF actions during COVID-19

The key recommendations on IYCF in the context of COVID-19 are outlined in the following resources: *Clinical Management of COVID-19*:

Interim Guidance, WHO, May 2020 and *Infant and Young Child Feeding in the Context of COVID-19* UNICEF, GTAM (currently GNC – Technical Alliance), GNC, 2020.

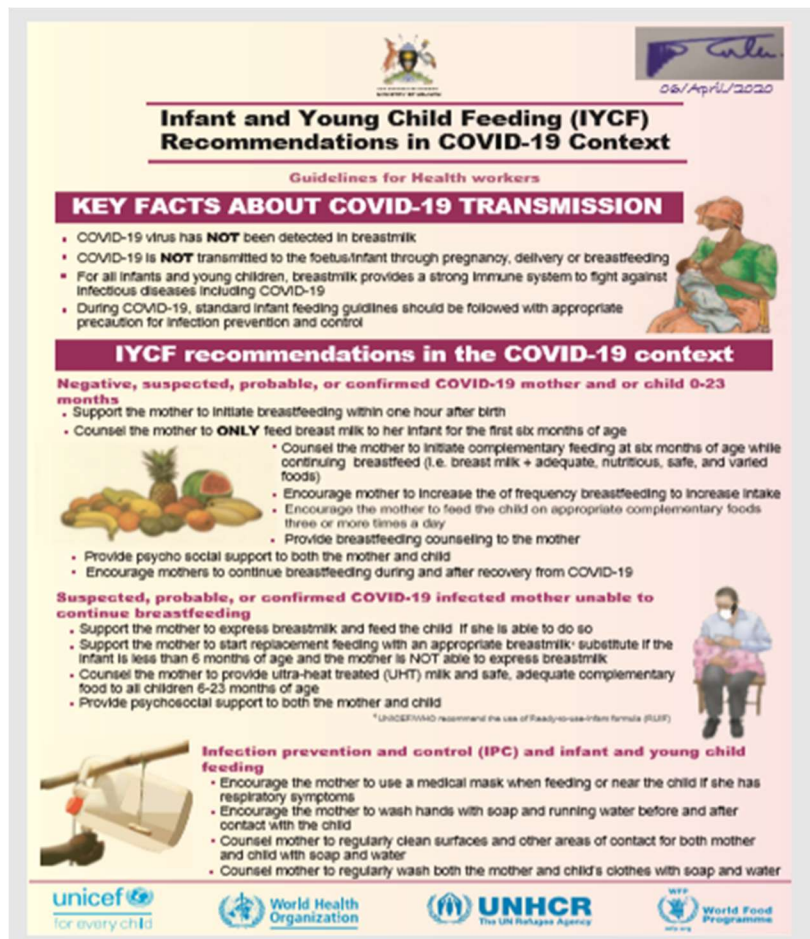
Recommended priorities include:^{xii}

- a. Programs and services to protect, promote and support optimal breastfeeding (early initiation and exclusive breastfeeding) and timely, age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
- b. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices with necessary hygiene precautions during feeding.
- c. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to ensure programs and services reach infants and young children in the context of COVID-19.
- d. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children’s diets and wellbeing with strong linkages to early detection and treatment of child wasting.
- e. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA

69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.

- f. Donations, marketing and promotions of unhealthy foods – high in saturated fats, free sugar and/or salt – should not be sought or accepted.

Annex 2: Example of standardized, key IYCF recommendations during COVID-19.



**Infant and Young Child Feeding (IYCF)
Recommendations in COVID-19 Context**

Guidelines for Health workers

KEY FACTS ABOUT COVID-19 TRANSMISSION

- COVID-19 virus has **NOT** been detected in breastmilk
- COVID-19 is **NOT** transmitted to the foetus/infant through pregnancy, delivery or breastfeeding
- For all infants and young children, breastmilk provides a strong immune system to fight against infectious diseases including COVID-19
- During COVID-19, standard infant feeding guidelines should be followed with appropriate precaution for infection prevention and control

IYCF recommendations in the COVID-19 context

Negative, suspected, probable, or confirmed COVID-19 mother and or child 0-23 months

- Support the mother to initiate breastfeeding within one hour after birth
- Counsel the mother to **ONLY** feed breast milk to her infant for the first six months of age
 - Counsel the mother to initiate complementary feeding at six months of age while continuing breastfeed (i.e. breast milk + adequate, nutritious, safe, and varied foods)
 - Encourage mother to increase the frequency of breastfeeding to increase intake
 - Encourage the mother to feed the child on appropriate complementary foods three or more times a day
 - Provide breastfeeding counseling to the mother
- Provide psychosocial support to both the mother and child
- Encourage mothers to continue breastfeeding during and after recovery from COVID-19

Suspected, probable, or confirmed COVID-19 infected mother unable to continue breastfeeding

- Support the mother to express breastmilk and feed the child if she is able to do so
- Support the mother to start replacement feeding with an appropriate breastmilk substitute if the infant is less than 6 months of age and the mother is NOT able to express breastmilk
- Counsel the mother to provide ultra-heat treated (UHT) milk and safe, adequate complementary food to all children 6-23 months of age
- Provide psychosocial support to both the mother and child

* UNICEF/WHO recommend the use of Ready-to-use infant formula (RUIF)

Infection prevention and control (IPC) and infant and young child feeding

- Encourage the mother to use a medical mask when feeding or near the child if she has respiratory symptoms
- Encourage the mother to wash hands with soap and running water before and after contact with the child
- Counsel mother to regularly clean surfaces and other areas of contact for both mother and child with soap and water
- Counsel mother to regularly wash both the mother and child's clothes with soap and water

Logos: unicef for every child, World Health Organization, UNHCR The UN Refugee Agency, WFP World Food Programme

Government of Uganda Ministry of Health, UNHCR, WHO, WFP, UNICEF. *Infant and Young Child Feeding Recommendations in COVID-19 Context*. April 2020.

End notes

ⁱ Robertson T. et al (2020) 'Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study', *The Lancet Global Health*, published online on 12 May 2020: [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1).

ⁱⁱ UNICEF. *Alive & Thrive, The Global Cost of Not Breastfeeding* https://www.aliveandthrive.org/wp-content/uploads/2019/08/Global-Cost-of-Not-Breastfeeding_V5.pdf

ⁱⁱⁱ IFE Core Group. *Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic*. 2020

^{iv} GNC. *Operational Guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19*. Version 3.0 of 5th of May 2020

^v Ethiopia Health, Nutrition and WASH Technical Working Group. *Urgent Need for Integrated Emergency Response in 141 Outbreak and Undernutrition Affected Woredas in Ethiopia in 2020*. <https://www.nutritioncluster.net/resource/Intercluster-Advocacy>

^{vi} UNICEF/GNC/GTAM. *Infant and Young Child Feeding (IYCF) in the context of COVID-19*. Brief No. 2 (v1). Released 30 March 2020

^{vii} WHO. *Clinical Management of COVID-19: Interim Guidance*. 27 May 2020 and UNICEF, GTAM (currently GNC – Technical Alliance), GNC. *Infant and Young Child Feeding in the Context of COVID-19*. 2020

^{viii} UNICEF/GNC/GTAM. *Infant and Young Child Feeding (IYCF) in the context of COVID-19*. Brief No. 2 (v1). Released 30 March 2020

^{ix} UNHCR. *Supporting the Continuity of Health and Nutrition Services in the Context of COVID-19 in Refugee Settings – Interim Guidance V2*. 2 May 2020

^x UNHCR. *Supporting the Continuity of Health and Nutrition Services in the Context of COVID-19 in Refugee Settings – Interim Guidance V2*. 2 May 2020.

^{xi} UNICEF/GNC/GTAM. *Infant and Young Child Feeding (IYCF) in the context of COVID-19*. Brief No. 2 (v1). Released 30 March 2020

^{xii} UNICEF/GNC/GTAM. *Infant and Young Child Feeding (IYCF) in the context of COVID-19*. Brief No. 2 (v1). Released 30 March 2020