

# Mother Baby Space Guidelines Puntland and Central South Somalia May 2017



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### **Intro (importance of IYCF-E)**

The protection, promotion and support of adequate Infant and Young Child Feeding (IYCF) practices is crucial to reduce the risk of infant mortality in emergencies. The IYCF-E immediate focus is to **do no harm** and **save the most lives in the shortest time**.

In both emergency and non-emergency situations, a large portion of under five deaths can be prevented through exclusive and continued breastfeeding, appropriate complementary feeding and minimizing the risks of artificial feeding.

### **IYCF-E is lifesaving**

- The scaling up of breastfeeding can prevent an estimated 823 000 child deaths each year and prevent 72% of hospital admissions for diarrhea and 57% for respiratory infections
- Artificial or mixed feeding in emergencies increases risk of all-cause mortality compared to exclusively breastfed children
- Women are 2.5 times more likely to breastfeed where it is protected, promoted and supported (cite lancet article)

### **Approach in Somalia**

Drought, climatic shocks, insecurity, armed conflict, human rights violations, political instability and lack of basic services all lead to high levels of vulnerability in the whole of Somalia.

Pregnant and lactating women and infants under 24 months are among the most vulnerable groups. Somalia is one of the top 10 countries in the world with the highest prevalence of malnutrition in the world. Both Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) are above recommended emergency thresholds. (cite Somalia response plan)

In Somalia's 2017 humanitarian response plan, reducing and preventing malnutrition is one of the key objectives. This will be done through a holistic approach including integrated health programming, WASH, Nutrition, Shelter, and food security programs.

### **Definition of MBA and Objectives**

Mother Baby Areas (MBA's) are safe, low-stress spaces where mothers can breastfeed, rest, eat and receive skilled counseling and targeted advice about breastfeeding and nutrition. MBA's may be stand-alone units, spaces within other existing structures, or simply specified areas in a camp setting. Interruption of breastfeeding can lead to the rapid deterioration of an infant's health, adequate and professional support to overcome feeding challenges should be provided in the immediate aftermath of an emergency. Interventions to protect and promote optimal infant and young child feeding, including the use of MBA's, should be a standard activity and form part of all early emergency response plans.

The overall objective of a Mother Baby Area is to prevent morbidity and mortality of infants associated with poor IYCF practices.

Additional objectives include:

- a) To prevent a rise of inappropriate IYCF practices in emergency settings
- b) To improve infant and young child feeding practices in the affected population
- c) To provide professional support for breastfeeding women to address breastfeeding problems
- d) To prevent or reduce the inappropriate use of BMS

MBA's Provide:

- Comfort, peace, safety and privacy for breastfeeding
- Skilled IYCF assessments and counselling
- Support group discussions
- Play activities
- Relaxation for mothers
- Education on Hygiene and opportunities for baby bathing/baby massage
- Snacks / water for mother

### **Essential components of MBA's**

Mother baby areas are designated physical space offering a comprehensive package of services to pregnant women, lactating mothers and caregivers of infants and young children, including counselling and support of optimal infant and young child feeding practices

**Waiting Area-** Area to welcome arrivals, explain to the mothers what will happen, offer drinks/baby kits and direct mothers to activities.

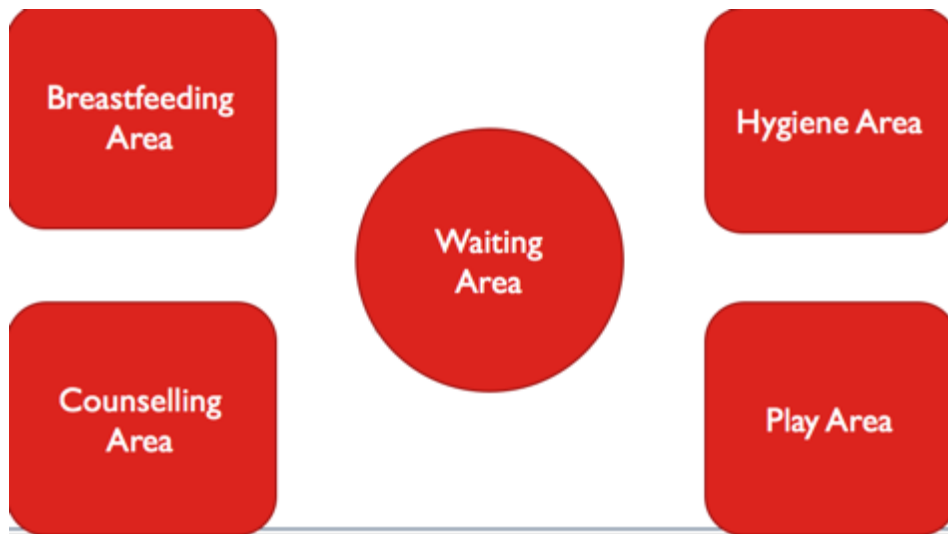
**Breastfeeding area-** quiet, private and relaxing space for mothers to breastfeed and provide mother to mother support, group counselling and relaxation sessions

**Hygiene station-** To be used by all caregivers as needed, including nappy changing, baby bathing and massage, and hygiene education

**Play area-** Form mother baby play sessions and older children if mothers come with them. An area containing art supplies, blocks, and toys should be made available for older children

**Counselling area-** for PLW, newly delivered women, caregivers to receive individual counselling and support on the below areas:

- Simple Rapid and Full Assessment of mother baby pairs
- Counselling on breastfeeding and relactation
- Counselling for non-breastfed infants
- Counselling on Complementary feeding
- Referrals if additional issues are identified.



### Human Resources for MBA's

Mother baby areas should be properly staffed to be successful. Using existing staff from CMAM programs or other field staff creates a strain on existing programs and MBA's. To avoid overworking existing staff, MBA's should have the following human resources in place:

- **Health and Nutrition Officer/Nutrition focal point:** Oversee operations of multiple MBA's (1 officer for 4 MBA's) in a specified area. This person is responsible for developing staff schedules, submitting weekly and monthly reports, providing technical advice and on the job coaching for midwives and IYCF counsellors as well as coordinating with other programs to identify PLW, and caregivers of children <24 months to participate in MBA activities
- **Greeter/Coordinator-**Directs arrivals, Overall coordination of activities and compilation of daily reports into weekly and monthly reports
- **IYCF Counsellors-** Rapid and full assessments, Group counselling sessions, play sessions, relaxation sessions; completes daily reports
- **Community outreach workers-** Go out into community and identify beneficiaries

Working hours should be normal working hours Sunday-Thursday. Hours can be set as per the MBA but should be a fixed schedule. Set up and operate an on-call system to cover any nutrition related issue off hours.

### Beneficiaries and admission criteria

Determining the size and coverage one mother baby area should take into account the population in the zone the mother baby area will cover. The population of an area or an IDP camp should be noted and the percentage of Pregnant women, lactating women and children <23 months should all be taken into consideration. Depending on the size and the number of staff per child friendly space, it can be estimated to have 1 mother baby area per 5000-1000 people.

## **The targeted beneficiaries of Mother Baby Areas are below:**

### **Direct beneficiaries:**

- All pregnant women
- All lactating mothers and their child(ren)
- All children under 23 months (breastfed or not) and their caregivers

### **Indirect beneficiaries:**

- The extended family of infants and young children
- Other community members who are affected by the emergency

### **Admission criteria:**

1. Pregnancy (pregnant women can be admitted as soon as they know about their pregnancy, or they may be admitted only after the third month of pregnancy – for example if the number of beneficiaries is very high)
2. Lactating mothers
3. All children aged 0 to 23 months

### **Exit criteria:**

1. Child is older than 23 months
2. Drop-out
3. Death of beneficiaries\*

\*Note death of beneficiaries does not necessary mean immediate exit from the MBA. Continued peer to peer support or individual counselling sessions may be necessary to provide help through the grieving process.

### **Site selection**

Mother Baby Areas can be a tent, a shelter, a room, a corner in health facilities or others available services, etc., located in close proximity to the beneficiaries (inside a displaced person camp, in the center of a vulnerable community). If the area affected is comprised of small villages, a mobile team can move from village to village and implement activities at community level on a weekly basis. Selection of the location should be done together with the community, including agreement with owners of the land/building and local government agencies. Locations need to be close to existing potable water sources. Toilets need to exist, or need to be installed.

The area immediately outside of, and next to, the Mother Baby Area should be clear of all rubbish and trash or items that can cause harm to children, including nails, broken glass, broken concrete blocks, etc. Mother Baby Areas need a secure storage area for the materials; if a secure area is not available, night guards or security personnel are required to ensure that materials are not damaged or stolen. Be sure to include security items when budgeting for a Mother Baby Area.

Mother Baby Areas should be divided into separate areas or zones by marking out areas for

different activities with ropes, curtains, etc. They may be stand alone structures, rooms in existing structures, tent's, containers, etc. But areas should be roped off or divided by hanging cloth to ensure privacy during individual counselling sessions.

Remember:

- Ensure access to safe water (drinking water should be freely available to all lactating mothers)
- Make sure the size of the Mother Baby Area is in line with the expected number of beneficiaries
- The question of security for the Mother Baby Area and the team should be carefully considered

**Materials needed**

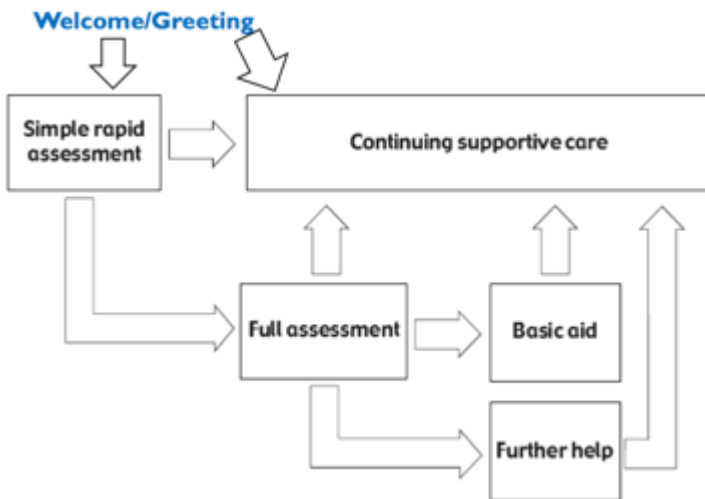
- Mats, cushions or other furniture (benches, chairs, table) to ensure comfortable space for mothers to sit and breastfeed, receive counselling etc.
- Hygiene area including:
  - Handwashing station (bucket with spout to hold water)
  - Soap
  - Plastic tubs to bathe babies
- IYCF Educational tools: Image boxes, counselling cards, posters, **food trays and measuring cup for complementary food demonstrations**
- Potable drinking water and cups (ensure drinking water is in a basin, covered and meets all WASH standards)
- Means of communication (phone and phone credit )
- M&E tools including binders and folders to organize reports (see annex XX for reports)
- Registration booklet
- Mother child assessment forms (see annex XX)
- Pens/markers
- Lock/cabinet/safe storage for materials during evenings and weekends
- Baby kits: See chart below

Category	Item
Baby Kit	Baby Blanket, 300g, 75 x50 cm
	Bath towel, child, cotton 340g, 30 x 50cm
	Insecticide treated bed net
	Soap, baby, 100g bar, hypoallergenic
	Baby Oil for Massage
	Baby toy to be used during play sessions

**Optional but recommended items:**

- Toys for mother child play activities (blocks, shakers made with plastic bottles and beans, wooden blocks on a string, books for story time)
- Toys for older children play area: Crayons, drawing materials or coloring books, blocks, music making toys, locally made games
- Antiseptic to dip toys in at the end of the day

**Flow of activities in an MBA**



**Activities\* by age group chart**

Age Group	Activities
Pregnant women	Nutrition in pregnancy counselling
	Danger signs referral pathways
	Early initiation of breastfeeding counselling
	Exclusive breastfeeding counselling
	Group counselling and relaxation
Lactating women (0-5 months)	Assessment of mother baby pair
	Danger signs referral pathways
	Counselling on breastfeeding
	Relaxation as indicated
	Artificial feeding referral and counselling
	Weaning support
	Group counselling and relaxation sessions
Lactating women (6-23 months)	Baby bathing and baby massage
	Assessment of mother baby pair
	Danger signs referral pathways

	Counselling on breastfeeding/relactation if indicated
	Counselling on weaning and complementary feeding
	Artificial feeding referral and counselling
	Group counselling and relaxation sessions
	Mother baby play activities

*\*For more details on specific activities see annex XX*

### **Referral system**

The following list includes referral possibilities:

- Primary and secondary health care: mobile clinics, health centers, hospitals
- Prenatal and postnatal consultation and maternity
- Growth monitoring and vaccination
- HIV counselling, testing, treatment and PMTCT
- Targeted feeding programs: (SC, OTP, SFP)
- Programs for abandoned or unaccompanied children, family reunion, etc.
- Distributions targeting young children, pregnant and/or lactating women

### **Monitoring and evaluation**

Activity indicators (M&E forms in annex):

- # people (pregnant and lactating, caregivers) and babies admitted to the program
- Age and sex of the caregivers and infants
- # Mothers Attending group counselling sessions
- # Mother/child pair receiving Initial rapid assessment
- # Mother/child pair receiving Full assessment
  - # Help Relactation
  - # Help Breast conditions
  - # Help Supported artificial feeding
  - # referred to medical or nutrition services
- # of baby kits distributed

Reporting mechanisms. Fill out tool, send report on a monthly basis and compiled by the coordinator working in the MBA and the IYCF-E Focal point.

### **Phase out or closing of MBA's**

The length of MBA programs depends on many things such as:

- The severity of the emergency and the time expected to return to "normal"
- The evolution in the needs identified as cause for set up of the program
- The (re)-functioning and capacity of existing structures

Phasing out is important to ensure improved IYCF practices continue in the community. Ideas



for a smooth departure include:

1. Decreasing activities in the program
2. Transfer of activities:
  - a. Some activities might be able to be integrated into long term programs that exist and will continue to in the area
  - b. Transfer of activities to another NGO who can integrate it into their routine programming.
  - c. Transfer of activities to public health facilities or other government structures. Sufficient time must be foreseen to allow proper preparation, hand over and follow up.
  - d. Some activities can be conducted by community groups, these groups might exist, or working with the community to create new ones as part of the phase out process.
3. At all times keep the beneficiaries informed of changes

## **Annex**

### **Activities in Mother Baby Areas:**

#### **Rapid and Full Mother Baby Assessments**

Upon arrival, each mother baby pair will receive a rapid assessment, any cases who need referral to other programs (CMAM, etc.) will be referred. A full assessment will be conducted with the mother and baby. **(Annex XX)**

The specific difficulties that should draw the staff's attention during the evaluation are:

- Difficulties with breastfeeding (real or perceived lack of milk production, babies' capacity/ possibility to correctly suckle, etc.)
- Difficulties with pregnancy (very young mother without support for the first pregnancy, high risk pregnancy with previous miscarriages etc, pregnancy as a result of sexual violence, etc.)
- Psychological vulnerabilities (mother/ caregivers that express or show depression symptoms, children with withdrawal symptoms, etc.)

#### **Counselling**

##### **3 step counselling:**

Step 1-Listening and Learning

Learning from the mother:

- how the child is breastfed
- what other foods and drinks are given
- the mother's beliefs and worries about infant feeding
- how the mother is feeling
- whether she is interested in increasing her breastmilk

Note:

1. Use helpful non-verbal communication
2. Ask open questions
3. Reflect back what the mother says
4. Empathize (show sympathy)
5. Avoid sounding judgemental

Step 2: Analyse

- Identify the feeding difficulty
- If there is more than one difficulty: prioritise

Step 3: Act

- Provide a small amount of relevant information
- Discuss how to overcome difficulties
- Present small, do-able actions
- Help the mother select 1 or 2 she can try to do
- Check the mother's understanding of new, agreed upon behaviour
- Agree where to go for follow-up & support
- Refer as necessary
- Thank her for her time

In counselling, both verbal and non-verbal communication is used:

**Non-verbal communication** means showing your attitude through your posture, your expression, everything except speaking. Helpful non-verbal communication makes a mother/caregiver feel that you are interested in her, so it helps them want to talk to you:

- Sit at the same level as the mother/caregiver (both on a chair, or both on the ground)
- Turn towards the mother
- Show interest in the child by tickling, smiling at him, playing a little
- Be relaxed and unhurried
- Touch the persons only if appropriate, always ask if it is ok touch the person
- Nod and smile (if appropriate) when a mother is talking

In **verbal communication**, you can use open questions and closed questions:

- Open questions usually start with "How? What? When? Where? " For example: "How are you feeding your baby?" They are helpful because to answer them a mother must give you information in full phrases
- Closed questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a "Yes" or "No". They usually start with words like "Are you? Did he? Has he? Does she?" If a mother says "Yes" to this question, you still do not have information about exclusive breastfeeding.

To start a conversation, open questions are best. To continue a conversation, a more specific open question may be helpful. Sometimes it is helpful to ask a closed question, to make sure

about a fact. Use simple language and familiar terms to explain things to mothers. Remember that most people do not understand the technical terms that health workers use.

Recognize and praise what a mother/caregiver and baby are doing right. Health workers are trained to look for problems, and too often only see what we think people are doing wrong, and try to correct them. As counsellors, one must learn to look for and recognize what mothers/caregivers and babies do right. Then it is important to praise or show approval of the good practices.

Praising good practices has these benefits:

- It builds caregivers' confidence
- It encourages them to continue those good practices
- It makes it easier for them to accept suggestions later

**Use the Mother Baby Follow up form to make a counselling plan with the mother (Annex 4)**

### **Care for Pregnant Women**

Support the nutrition and hydration of breastfeeding women by ensuring that drinking water and snacks are available in the baby mother areas. Pregnant women are given a particular attention in Baby Mother Areas as they represent a group who is particularly exposed to risks in emergency contexts (pregnant women's health, nutrition and well-being, foetus' health and survival, baby's health and nutritional status after birth, etc.). It is recommended that IYCF counsellor provide extra attention and closely follow up with women expecting their first child.

Various actions can be implemented to support pregnant women:

- On the health aspect of pregnancy: referral to prenatal care and medical follow-up and
- support to increase food intake (referral to blanket feeding distribution or productive safety nets program)
- Information and psycho-education on pregnancy and birth
- Explore with the pregnant woman the possibility to decrease the workload and have more time to rest (through family discussion)
- Support the pregnant woman to prepare for delivery: plan where to deliver the baby (with referral to medical facilities, if any), home arrangement, family / peer support, possibility to rest after the delivery
- Provide psychological and emotional support (talk about her feelings and emotions)
- Relaxation exercises and simple stress management techniques
- Group discussions and education sessions on the importance of optimal feeding of women
- during pregnancy, develop recipes with affordable food which is available during the
- emergency and conduct cooking demonstrations
- Group discussion on breastfeeding just after birth of new baby

## **Supporting relactation**

Women who have breastfed in the past or whose breast milk production has diminished can breastfeed again. It can be easier for a mother to relactate when an infant is less than six months old, but previously breastfed infants as old as 12 months can also begin breastfeeding again. The most important conditions for relactation are the mother's motivation, stimulation of the breasts from frequent suckling of the infant and support for the mother.

1. Identify women who need to or would like to relactate. A seriously ill or severely undernourished woman should get appropriate treatment first; relactation can be started once her condition improves.
2. Use an area of the MBAs where women can receive assistance in relactation in a private area (behind a curtain or screen)
3. Provide a safe and comfortable environment including adequate nutrition and sufficient fluids.
4. Make sure that women have access to skilled assistance and equipment.

**For more information and skills on relactation, refer to Infant Feeding in Emergencies for Health and Nutrition Workers in Emergency Situations (for training, practice, and reference). Module 2, v1.1, December 2007.**

## **Breastfeeding Counselling in the Context of HIV**

Mothers of unknown or negative HIV status should be supported to breastfeed as per general IYCF recommendations for the population. Mothers living with HIV need extra support regarding infant feeding. Normally, this support should be provided in health facilities with nurses specifically trained in HIV counselling. However, if the mother is already followed by a prevention of mother to child transmission (PMTCT) program, the daily/weekly follow-up of the mother can be done in the MBAs if she has chosen to breastfeed the child. The feeding counselling for HIV-infected mothers should be done in close collaboration with the nearest HIV services. It is essential that staff have knowledge of and can refer women to appropriate HIV services if needed. If replacement feeding is the option chosen by the mother and/or the PMTCT program, the mother will have to be followed by the health facility but could be welcome to attend sessions on complementary feeding. **Refer to World Vision Nutrition Guidelines on Infant Feeding in the Context of HIV, 2011**

## **Massage**

Touch and massage are necessary tools for contact, for relationship building and communication. Hands can soothe, reassure, massage, love, construct, heal and understand.

Above all, a new born baby needs intimate contact with its mother and father, with hands, with skin, smells, voice and breath. It is through these simple activities that a baby will feel loved, respected and reassured. These activities favor and reinforce the parent-child bond. Massage stimulates a baby's physical and psychological development:

- It promotes a baby's physical relaxation by calming the nervous system
- It helps to awake a baby's intellect and it promotes a more deep and peaceful sleep, thus regulating sleep problems.
- It helps digestion and improves eliminatory problems like diarrhea or constipation.
- It promotes an understanding, integration and representation of the body image

- It helps to keep a baby flexible and strong
- It promotes joint flexibility and muscular elasticity

To learn more about baby massages, refer to the **ACF-INTERNATIONAL MANUAL, Baby Friendly Spaces Holistic Approach for Pregnant, Lactating Women and their very young children in Emergency. Dec 2014.**

### **Relaxation**

Relaxation exercises are very useful for individuals living in emergency contexts, who have gone through (and are still living) very difficult experiences and have to deal with high stress.

Relaxation exercises aim at:

- Releasing physical and psycho-emotional tension
- Managing stress more effectively
- Experiencing feelings of well-being, relief in difficult situations
- Realizing one's capacity to reduce tension and to feel more relaxed, with a positive effect on feelings of self-confidence
- Increasing the person's feeling of control over his / her emotions

Therefore, relaxation exercises are recommended for all the persons living in an emergency situation.

In BMA, relaxation exercises are particularly recommended for:

- Lactating women, just before a feeding, as being relaxed and calm will increase the quality and experience of the feed
- Caregivers before starting a baby massage
- Caregivers who feel they are too tense, who have sleeping problems

A relaxation session should last between 45 mins to one hour, for more information on how to conduct relaxation exercises, refer to the **ACF-INTERNATIONAL MANUAL, Baby Friendly Spaces Holistic Approach for Pregnant, Lactating Women and their very young children in Emergency. Dec 2014.**

### **Play**

Play can help stimulate a child's brain and ease stress of emergency situations.

#### **Remember why games and toys are good:**

**Puzzles** can facilitate concentration, enabling children to divert their focus and attention to something different, with a positive outcome.

**Dolls** can aid expression of difficult messages that children have, can foster social development through enabling children to play together, and can be a play tool for a child who is more comfortable in solitary play.

**Drawing materials** can aid children's expression, help children to express worries, concerns, memories, messages they have.

**Non-competitive sports materials** can facilitate cooperation between children, engage children in positive physical exercise.

## **Group discussions**

A group session is organized to accommodate 6 to 12 participants, in order to have an open discussion facilitated by trained IYCF counsellor. The group size is important as it must be large enough to generate rich discussion and small enough to allow all participants to express themselves. The group should be composed of persons who are facing similar issues (for example, breastfeeding mothers or parents of a malnourished child), to encourage sharing and to provide a venue for group support. The group sessions could also be composed of mothers and fathers together or mothers and grandmothers (family activities).

Group sessions should take place in a quiet and secure setting where the participants can feel comfortable to express themselves freely.

How to organize a discussion group:

1. Sit Participants in a Circle and welcome everybody to the session
2. Ask members to introduce themselves and tell the age of their children, if they breastfeed, formula feed, any fact about themselves etc...
3. Tell a story, show a picture or ask a probing question that will stimulate discussion
  - Ask what people would do in that situation? why?
  - What difficulties they might experience?
  - How they would overcome them?
  - Encourage caregivers to talk about what they did in certain situations, when and why
4. Summarize important points from discussion and share information
5. The main options or directions to use or reinforce appropriate practices are highlighted
6. Thank participants, inform the group about next group discussion

## **Nutrition Education**

It may be appropriate to use the MBAs space to provide nutrition education to address common misconceptions and poor practices that exist regarding infant and young child feeding in a population. It is important to identify the key decision-makers and those who have influence regarding infant feeding decisions and invite these individuals in education sessions (for example, grandmothers and fathers). Link with other sectors present in the area (Water, Sanitation and Hygiene, Protection, Education, Health...to include additional topics in your education sessions)

## **Education on Hygiene Practices**

The following elements should be considered and encouraged by the Baby Friendly Spaces' team:

- Parents and caregivers should wash their hands with soap and water at these critical moments:

- After cleaning the infant or young child who has defecated
- After helping the child use the toilet or latrine
- After going to the latrine or toilet themselves
- Before touching food and feeding young children
- After dealing with reflux

- Parents and caregivers need to help children develop the habit of washing their hands with soap before eating and after using the latrine or toilet. Where soap is not available hands can be washed with ash and water.

Baths, especially for small babies, are best given at the warmer parts of the day, not early morning or late evening.

### Cooking demonstration

Participatory Cooking demonstrations can be a powerful tool to help mother plan and prepare nutrition complementary foods for their children above 6 months old. It can help them having more information about nutritious food available locally, how to manage their resources efficiently and handle food safety including food storage.

Recipes for Cooking demonstration will have to be adapted to the food available to the population (including food rations) but complementary advices will have to follow the international recommendations for complementary feeding:

Age	Texture	Frequency	Amount at each meal
<b>From 6 months</b>	Soft porridge, well mashed vegetable, meat/fish, fruit	Two times per day plus frequent breastfeeds	2 to 3 spoonfulls
<b>7 to 8 months</b>	Mashed foods	Three times per day plus frequent breastfeeds	Increasing gradually to 2/3 of a 250ml cup at each meal
<b>9 to 11 months</b>	Finely chopped or mashed foods and foods that bay can pick up	Three meals plus one snack between meals plus breastfeeds	¾ of a 250ml cup/bowl
<b>12 to 24 months</b>	Family foods, chopped or mashed if necessary	Three meals plus two snacks between means plus breastfeeds	A full 250 ml cup/bowl

**Table 1 Summary of texture, frequency and amount of complementary food per age group; WHO, (204) Complementary Feeding Counselling, a Training Course.**

For more information on Cooking Demonstrations, refer to **FAO Briefing Note on Participatory Cooking Demonstrations in Nutrition Education.**

### Sample activity calendar \*

\*Note: Activity calendars will be created during the IYCF-E training

Time		Sunday	Monday	Tuesday	Wednesday	Thursday	
8to 8.30 am	All day: Intake of new admissions. Initial assessment and Full assessment of mother baby pair and individual counselling	<b>Arrive: Morning meeting, assign roles for workers</b>					
9:00 AM							
9.30 am							
10:00 AM		FGD Nutrition caregivers	Baby bath/Massage	Baby bath/massage with Fathers	FGD Nutrition caregivers	FGD nutrition for fathers	
11am							
12:00 AM							
13 pm							
14 pm							
15pm			Relaxation for PLW	Play session 0-11 months	Play session 1-2 years	Relaxation for PLW	FGD nutrition for caregivers
			<b>Reporting and paperwork</b>				
16 pm							
17 pm							