



Supportive Spaces for Infant and Young Child Feeding in Emergencies

Technical Brief

September 2020



GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION



BACKGROUND

About this brief:

In 2019, the Global Technical Assistance Mechanism for Nutrition¹ (GTAM) examined technical challenges commonly faced by Nutrition in Emergencies (NiE) practitioners and the gaps in knowledge and guidance contributing to these challenges. The related report² highlighted a lack of clarity amongst practitioners on differences between Infant and Young Child Feeding (IYCF) Corners and Mother Baby Areas (MBAs), and on resources available to guide implementation as one of the priority gaps.

Who is it for?

This technical brief aims to start addressing this above gap by providing an overview of existing knowledge, guidance³ and tools related to supportive spaces. It is designed for practitioners and programmers considering implementing IYCF corners and MBAs to inform them of the available resources and tools and to help guide implementation. This case study was developed through a desk review of available resources and tools as well as key informant interviews.

¹ <https://gtam.nutritioncluster.net/>

² <https://www.enonline.net/resource/baselinetechicalneeds2019>

³ This technical brief is based on existing guidance, particularly the Baby Friendly Spaces Manual (Action Against Hunger, 2014), Supporting Breastfeeding in Emergencies: The Use of Baby Friendly Tents (World Vision, 2011) and Operational Guidance on Infant and Young Child Feeding in Emergencies (IFE Core Group, 2017)

WHAT ARE SUPPORTIVE SPACES FOR IYCF-E?

'Supportive Space' is an overarching term. It describes the different kinds of safe spaces where pregnant women, mothers and other caregivers of infants and young children can access support in feeding and caring for their children and themselves during emergencies. Included in this term are Baby

Friendly Spaces, Mother Baby Areas, Baby Tents and Infant and Young Child Feeding (IYCF) Corners, among others. They are physical spaces. However, some activities also occur outside the space. (Refer to [Annexe 1](#) for examples of supportive spaces implemented by different agencies.)

Common goals and objectives of supportive spaces

Common Goals: To contribute to a reduction in malnutrition, morbidity and mortality associated with poor IYCF practices in relation to children under two years of age and their mothers/caregivers during emergencies. Although the terminology used and model of intervention varies amongst organisations, all types of supportive spaces share these common goals.

Objectives: To create a safe and supportive space which enables appropriate IYCF practices and facilitates access to skilled support to: i) protect and strengthen IYCF and other care practices; ii) support child development and mother/ caregiver-child relationships; iii) improve the overall wellbeing of children and their caregivers, thereby empowering caregivers to feed and care for their children.

Many different services and activities can be delivered in a supportive space. They may be as basic as providing privacy for breastfeeding. More comprehensive services may involve a schedule of different activities (e.g., IYCF, psychosocial and hygiene

activities) in a fully equipped building. At the heart of all models of intervention lies the **protection, promotion and support of appropriate IYCF practices**.⁴ (Refer to the [Services](#) section for further details).

A note on terminology

In the absence of agreed interagency definitions or guidelines, different agencies use different terms for slightly different models. For example, Action Against Hunger uses the term "Baby Friendly Space", Save the Children refer to "Mother Baby Areas" and World Vision uses "Baby Friendly Tents". It would be helpful if partners working in the same area of operation agreed to use the same term to avoid confusion.

Supportive spaces can be mobile (i.e., temporary structures that can be rapidly set up, such as a tent⁵) or in a fixed location. They can be freestanding or integrated within other structures (such as health facilities) or services (such as food distribution). Integrated spaces are often referred to as "IYCF Corners".

⁴ WHO and UNICEF recommend that babies are put to the breast within one hour of birth, are exclusively breastfed for the first six months of life, then continue to be breastfed, with the addition of safe, nourishing, age-appropriate complementary foods, up to two years old and beyond. Protection and appropriate support during emergencies also involve ensuring that infants who are not breastfed are fed in the safest way possible.

⁵ Modigell et al (2016). Save the Children's IYCF-E Rapid Response in Croatia. Field Exchange 52, June 2016. p106. www.ennonline.net/fex/52/rapidresponseincroatia

WHY ARE SUPPORTIVE SPACES OFTEN NEEDED IN EMERGENCIES?

Children, especially infants and young children, are vulnerable to malnutrition, illness and death during emergencies. Following recommended infant-feeding practices helps protect infants from disease and death. Increasing breastfeeding worldwide could prevent over 800,000 child deaths each year; particularly those associated with diarrhoea and pneumonia.⁶ Whether and how a child is fed and cared for also has both immediate and lifelong consequences for their health, cognitive development, educational attainment and overall wellbeing, as well as important consequences for maternal mental and physical health.⁷ The lifesaving protection offered by breastfeeding and complementary feeding is strongest if children are fed according to guidelines recommended by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). However, caregivers often face significant difficulties in following these recommendations during emergencies, due to challenges such as:

- Physical stress and caregiver exhaustion (e.g., long queues without adequate shelter or drinking water)
- Emotional distress and psychosocial difficulties
- Lack of space to breastfeed comfortably and privately (e.g., during displacement or overcrowding in camps)⁸
- Poor sanitation and lack of access to clean water (e.g., for safe preparation of food or breastmilk substitutes (BMS))
- Uncontrolled distributions of inappropriate or unsafe products
- Lack of safe and clean playing spaces for infants and young children
- Disruption of social networks and community structures, loss of social support and caregiver isolation
- Disruption of existing health and nutrition services; e.g., breastfeeding counselling and antenatal care
- Reduced access to education and information
- IYCF deprioritised by service providers due to heavy workloads and competing priorities.

The [Operational Guidance on Infant and Young Feeding in Emergencies](#) (OG-IFE) describes how to support caregivers to feed and care for their children appropriately during emergencies. In certain emergency contexts, supportive spaces can be an effective platform to deliver the interventions described in the OG-IFE. For example, where women lack a space to breastfeed comfortably and privately, supportive spaces can offer a women-only space and/or privacy. This can support feelings of dignity and relaxation, and therefore better milk flow and bonding. Supportive spaces enable pregnant women, mothers and other caregivers to share their experiences and develop peer-support networks, facilitating learning, influencing behaviour change and helping to remove social and cultural barriers.⁹ (See [Annexe 2](#) for more examples of how supportive spaces can help during an emergency).

Following a devastating earthquake in Haiti in 2010, baby tents where mothers could breastfeed comfortably and receive support from trained counsellors and their peers were rapidly set up. Appropriate breastfeeding remained undisrupted despite the emergency. Thirty per cent of infants who were reportedly mixed-fed at the time of the earthquake shifted to exclusive breastfeeding following the support received.¹⁰

Deciding if a supportive space is needed in a particular context

Where some of the challenges listed above occur and assessments show that IYCF practices and/or maternal wellbeing are at risk, the implementation of supportive spaces should be considered.

It is likely NOT to be appropriate to set up communal spaces:

- During an infectious disease outbreak¹¹
- Where the population is widespread or of low density.

⁶ Victora et al. (2016). *Lancet*. Jan 30 2016;387(10017):475-90.

⁷ Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what will it take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491-504.

⁸ Hirani, S. A. A., Richter, S., Salami, B. O., & Vallianatos, H. (2019). Breastfeeding in disaster relief camps: An integrative review of literature. *Advances in Nursing Science*, 42(2), E1– E12. <https://doi.org/10.1097/ANS.0000000000000231>

⁹ Dall'Oglio, I., Marchetti, F., Mascolo, R., Amadio, P., Gawronski, O., Clemente, M., ... Giusti, A. (2020). Breastfeeding Protection, Promotion, and Support in Humanitarian Emergencies: A Systematic Review of Literature. *Journal of Human Lactation*.

¹⁰ Ayoya MA, Golden K, Ngnie-Teta I, et al. Protecting and improving breastfeeding practices during a major emergency: lessons learnt from the baby tents in Haiti. *Bull World Health Organ*. 2013;91(8):612-617.

¹¹ Existing spaces in place prior to disease outbreaks should follow public health recommendations specific to the disease, such as the strengthening of infection prevention control (IPC) measures.



GUIDANCE FOR DESIGN AND IMPLEMENTATION OF SUPPORTIVE SPACES

Guidance for design and implementation of supportive spaces

Both Action Against Hunger and World Vision have developed in-depth guidance on how to establish a supportive space for Infant and Young Child Feeding in Emergencies (IYCF-E) (see *Technical Guidance* in the References section below). [Annexe 3](#) suggests key steps to take when preparing to implement a supportive space. Ensuring spaces are safe to attend is paramount. However, it is not necessary to complete all steps listed in establishment (such as procuring all supplies) before a space can be opened.

Services

The priority is the creation of a safe and supportive environment which enables appropriate IYCF-E

practices. By taking care of the mother/caregiver, they are supported to care for their child. At the onset of an emergency, the provision of physical space with basic services can be sufficient.¹² Table 1 lists core activities that are commonly offered and additional activities to consider. The decision on which activities should be offered will depend on the context, needs identified during assessment, stage of the emergency response, caregiver availability, sector/agency expertise, availability of space, availability of qualified/trained staff and presence of other services.

Table 1 Services and activities within supportive spaces

Baby Friendly Spaces, Baby Friendly Tents, Mother Baby Areas and other supportive spaces	
Core services and activities	
	<ul style="list-style-type: none">• Provision of a welcoming space for caregivers to relax and spend time with their children• Provision of space to breastfeed comfortably and privately• Provision of safe drinking water and handwashing facilities• Assessment of the individual mother-baby pair's needs (e.g., IYCF, psychosocial, protection)• Provision of information about/referral to relevant services (e.g., vaccination, antenatal care, etc.)• Skilled one-to-one IYCF counselling/breastfeeding counselling• Early childhood development (ECD)/early learning/play sessions• Activities for pregnant women (e.g., preparing for birth and the postpartum period).
Additional services and activities to consider	
	<ul style="list-style-type: none">• Psychosocial support• Psychological support• Relaxation and mindfulness exercises• Group discussions and/or peer-support groups¹³• Education on nutrition/hygiene/care practices¹⁴• Skilled support for relactation and/or wet nursing• Management of breastmilk substitute (BMS)-dependent infants¹⁵ (or referral to BMS management services)• Baby massage• Baby bath/hygiene activities• Complementary feeding activities; e.g., cooking demonstrations• Screening and referral for child/maternal malnutrition• Family planning and emergency contraception• Information and support around protection issues (beyond referral only)¹⁶• Support for survivors of gender-based violence (beyond referral only)• Provision of nutritious snacks for pregnant and lactating women.

¹² Modigell et al (2016). Save the Children's IYCF-E Rapid Response in Croatia. *Field Exchange* 52, June 2016. p106. www.enononline.net/fex/52/rapidresponseincroatia.

¹³ Can include sessions targeted specifically at men/fathers or grandmothers, depending on the context.

¹⁴ Can include sessions targeted specifically at men/fathers or grandmothers, depending on the context.

¹⁵ See footnote 8 on conditions for provision of BMS.

¹⁶ NB: All staff should, at a minimum, be oriented on protection issues, including gender-based violence, regardless which services are offered at the supportive space.

Informal activities (i.e., those that are not measured or reported on) such as resting and discussions between caregivers and trained, empathetic staff, are also valuable activities. Activities should also extend beyond the space. They can include outreach for intended service users who have difficulties in accessing the space (e.g., pregnant women, new mothers and people living with disabilities).

Note: The activities listed in [Table 1](#) above generally also apply to IYCF corners. However, because such corners are often smaller and managed by sectors other than nutrition, they may be restricted to offering only basic activities that do

not require technical expertise (such as offering a clean space to feed an infant comfortably). IYCF corners and free-standing spaces may both be implemented in the same area of operation, with cross-referrals between the two spaces.

Minimum standards

There are currently no interagency minimum standards specific to supportive spaces. However, supportive spaces should meet the general requirements set out in:

- [Operational Guidance for Infant Feeding in Emergencies](#). IFE Core Group, 2017
- [The International Code on the Marketing of Breastmilk Substitutes](#). WHO, 1981 and subsequent World Health Assembly (WHA) Resolutions
- [WHA Resolution: Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children](#). 69th WHA A69/7 Add.1. 2016

Supportive spaces should also meet relevant IYCF-E, Water, sanitation and hygiene (WASH), Protection and Mental Health minimum standards (such as the [Sphere Standards](#)). Agencies have developed tools (e.g., supervision checklists) to help ensure that spaces are meeting standards. (See References – [Monitoring and Evaluation](#) for examples.)

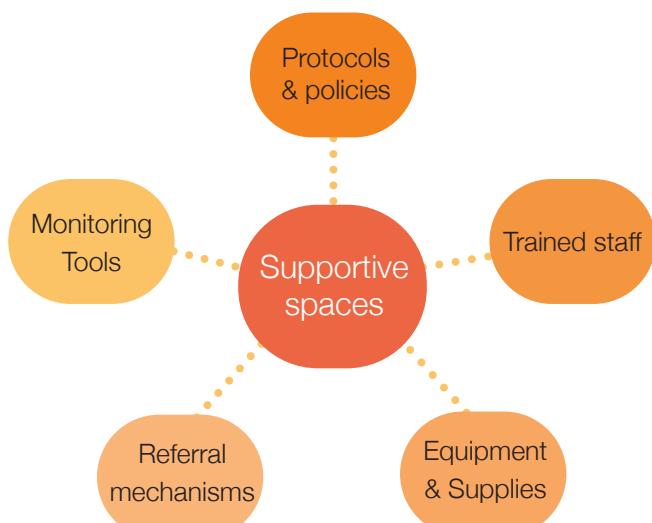
DO: ensure a welcoming, respectful, friendly and positive atmosphere; facilitate good hygiene practices; provide safe drinking water; ensure cultural appropriateness; ensure adequate child-safeguarding measures are in place; provide some privacy, in case it is wanted; ensure any BMS support is discrete and separate from other activities; ensure the space is comfortable (e.g., temperature); put reliable schedules in place; involve men and the wider community; provide bright and positive decorations instead of information, education and communication (IEC) materials.

Staffing

The number of staff needed will depend on the range of activities offered, available space and expected number of service users. World Vision's [Women, Adolescent and Young Child-friendly Spaces \(WAYCS\) in Emergencies guideline](#) suggests that 1:15 trained staff to caregivers is the maximum acceptable ratio. The type of staff needed in a supportive space depends on the type of services offered.¹⁷ It is critical that there are sufficient personnel to greet caregivers and to coordinate activities, as well as sufficient technical and support staff (such as cleaners and security staff).

Figure 1

Key components required for a supportive space



¹⁷ See Save the Children's IYCF-E Toolkit for [sample descriptions of possible job roles](#).

Capacity strengthening

All staff, including support staff, should receive an orientation on IYCF-E and be trained to carry out their roles and responsibilities. Technical staff (such as IYCF counsellors and psychosocial workers) need to be further trained. Training materials for certain activities *within* the space (e.g. IYCF counselling, Early Childhood Development (ECD) activities and Psychological First Aid (PFA)) are available. However, no global training materials on designing and implementing supportive spaces are publically available.

Materials and equipment

The materials and equipment required will be context and activity-dependent, informed by an assessment of the needs of the emergency-affected population and the cultural context. Selected materials should aim to create a welcoming and familiar environment (e.g., in terms of sitting arrangements). See [Annexe 4](#) for photographs of supportive spaces in a variety of settings. As a preparedness measure, the pre-positioning of kits containing essential materials is recommended.¹⁸

Site selection

When deciding on the number of spaces and their size, it is important to consider the size of the population and their geographical spread. Ensure that the location and opening hours are safe and accessible (consider route, distance and travel time) and that latrines are within 50 metres. In a camp setting, locate spaces near shelters allocated to vulnerable households and/or families and near relevant services to facilitate referral and follow-up. Furthermore, it is important to ensure spaces are accessible to people with physical disabilities. Coordinate with community

members and site managers to make sure that spaces are not in risky locations (e.g., security checkpoints or site perimeters).

Sector responsibilities and involvement

IYCF-E interventions are often led by the nutrition sector during emergencies. However, the wellbeing of infants and young children is everyone's responsibility. Any sector can set up a supportive space as long as it meets minimum standards.¹⁹ Supportive spaces can function as multisector service-delivery platforms which aim to address the emergency-specific needs of mothers and babies holistically (e.g., IYCF-E, MHPSS, ECD) through a standardised approach. Ensure strong referral pathways to and from the space are in place (e.g., to/from immunisation centres, acute malnutrition treatment facilities and food-assistance services). To ease the burden on caregivers, save time and build confidence, it is important to integrate complementary interventions that are designed to benefit mothers and their children. (See Table 2 below). During preparedness activities or at the start of a response, ensure all sectors are aware that supportive spaces are available as a potential delivery platform for relevant services. Collaborate and coordinate to ensure supportive-space activities are included in costed response and resource-mobilisation plans.

Multisector support is also essential for successful establishment of supportive spaces (e.g., camp management for allocation of space, shelter for design and construction guidance, and WASH to provide potable water and handwashing facilities, etc.).

Table 2 Examples of activities to mainstream and integrate into supportive spaces

Education	Protection	Health	WASH
Early childhood development	Support for adolescent mothers	MHPSS for caregivers	Hygiene promotion
Play sessions	Promotion of positive parenting practices Support for survivors of gender-based violence	Referral to antenatal, delivery and postnatal care Promotion of home health practices	Baby bath Diaper (nappy) changing and safe disposal Education on preparation and storage of complementary foods

¹⁸ See Save the Children's IYCF-E Toolkit for a [list of suggested equipment](#).

¹⁹ For example, in Action Against Hunger the MHPSS sector leads on the implementation of Baby Friendly Spaces.

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WHO ARE SUPPORTIVE SPACES FOR?

Who are supportive spaces for?

Pregnant women. All pregnant women are welcome, regardless of stage of pregnancy. Special attention should be given to women expecting their first child.

Infants (0-11 months) and young children (12-23 months). All infants and young children are welcome in supportive spaces, regardless how they are fed.

Mothers and other primary caregivers of infants and young children. Caregivers who are not the child's biological mother (e.g., father, grandmother, foster mother) are also welcome in supportive spaces. However, where mixed-gender spaces may inhibit women from sharing their concerns freely or breastfeeding their children, restricting the presence of men may be considered to maximise space usage. Primary caregivers who are male can, for example, be targeted in a separate area, outside the space (in the community), or during dedicated hours within the space.

Additional considerations

Pregnant adolescents and adolescent mothers are included in any activities targeted at pregnant and lactating women. To improve access for adolescents, consider adolescent-only spaces, service hours and/or activities.

The presence of **older children** may be disruptive or rapidly result in overcrowding. It is therefore recommended to refer these children to appropriate services (e.g., child-friendly spaces or education programmes). However, if there is no alternative safe space where older children can be cared for, this may become a barrier to caregiver attendance or place older children at risk. In this case, although they do not fall within the target group, creative solutions should be explored while advocating for age-appropriate services to be put in place.

Key influencers and decision makers (e.g., grandmothers, teachers, fathers, community and faith leaders) can be reached with community-based activities.

Caregivers whose child has died should continue to be supported, being extremely sensitive to and respectful of their unique situation. Link to MHPSS services if needed.

World Vision's [WAYCS guideline](#) highlights the importance of ensuring that the needs of **vulnerable groups** (e.g., minorities, caregivers and children with disabilities) are taken into account to ensure that services are offered in ways that ensure their access and limit stigma and further alienation (e.g., consider physical accessibility, how information is shared, and how activities can be adapted to meet the needs of someone with a mental disability).

Some forms of supportive spaces may have an expanded target group; for example, World Vision's WAYCS model can also serve all women of reproductive age, children up to 59 months, and adolescent girls who are not mothers, depending on needs. IYCF corners are also often embedded in a space with a wider target group, such as health facilities and distribution sites.

If capacity is limited, targeting criteria may be adjusted (e.g., limited to caregivers experiencing IYCF or MHPSS difficulties) as a last resort.



Mother and baby spaces; Save the Children

MONITORING AND EVALUATION

Supportive spaces report on activities conducted and should monitor the quality of activities. There are no outcome-level indicators specific to supportive spaces. However, data may be collected on, for example, standard IYCF, child and maternal mental

health, and psychosocial wellbeing indicators. Guidance and tools (including a quality checklist) can be found under [Monitoring and Evaluation](#) in the References section below.

PHASE-OUT

Supportive spaces are temporary structures set up to respond to emergencies. As the emergency evolves, it is important to evaluate needs regularly and consult with the community to decide if spaces are still needed and appropriate. It is important to phase out gradually, informing the community that activities that are no longer needed will stop. Consider which activities can be integrated into services

and programmes that will continue. Explore whether IYCF counselling can be transitioned into health-system services. Provide training if needed, allowing sufficient time for mentoring and handing over. Consider whether women attending the space can be empowered to continue activities in their communities (e.g., establish mother-to-mother support groups or train peer counsellors).

GAPS

During the development of this technical brief, the following gaps were noted:

- No global training materials are currently publicly available which translate existing guidance into practice (i.e., training on how to design and implement a supportive space).
- Although caregivers often express appreciation for supportive spaces, to date, evidence on the impact of supportive spaces is limited. Evidence exists for the individual components of supportive-

space programmes (e.g., IYCF counselling) and evidence also exists to suggest that combining these activities has a synergistic impact; however, integrated interventions as offered within supportive spaces still need to be assessed in humanitarian settings. At the time of writing, research is being conducted by Action Against Hunger, with results expected in 2021. This research needs to be replicated in different contexts.



FURTHER READING AND RESOURCES

Further reading and resources

IFE Core Group (2017) Operational Guidance on Infant and Young Child Feeding in Emergencies.
www.ennonline.net/operationalguidance-v3-2017

Key technical references

ACF (2014) Manual: Baby Friendly Spaces – Holistic Approach for Pregnant, Lactating Women and their very young children in emergency.

www.actionagainsthunger.org/publication/2014/12/baby-friendly-spaces-technical-manual

World Vision (2012). Supporting Breastfeeding in Emergencies: The Use of Baby Friendly Tents

www.wvi.org/nutrition/publication/supporting-breastfeeding-emergencies

World Vision (2014). Women Adolescent and Young Child Spaces: Responding to women and children's needs in emergencies www.wvi.org/health/publication/women-adolescent-and-young-child-spaces

Country experiences

Action Against Hunger Lebanon – Learning Brief on ACF Lebanon experience of baby friendly spaces
Contact pmoghames@lb.acfspain.org or babarca@accioncontraelhambre.org for access

UNICEF Somalia and TechRRT: <https://techrrt.org/2017/06/24/update-from-the-field-somalia/>

Alsamman, S. (2015). Managing infant and young child feeding in refugee camps in Jordan. *Field Exchange* 48, November 2014. p85. www.ennonline.net/fex/48/managinginfant

Ayoya et al. (2013). Protecting and improving breastfeeding practices during a major emergency: lessons learnt from baby tents in Haiti. Bull World Health Organization. www.who.int/bulletin/volumes/91/8/12-113936/en/

Camiling-Alfonso et al. (2015). Contributing to the Infant and Young Child Feeding in Emergencies (IYCF-E) response in the Philippines: a local NGO perspective. *Field Exchange* 50, August 2015. p96.
www.ennonline.net/fex/50/iycfphilippines

Dozio, E. (2019) Integrating Mental Health and Psychosocial Support and IYCF with Baby Friendly Spaces in the Central African Republic. ACF for the Tech RRT Capacity Strengthening Webinar Series.
<http://techrrt.org/resources/#webinars>

Hargest-Slade AC, Gribble KD. Shaken but not broken: Supporting breastfeeding women after the 2011 Christchurch New Zealand earthquake. *Breastfeed Rev.* 2015;23(3):7-13. <https://pubmed.ncbi.nlm.nih.gov/27183769/>

Modigell et al. (2016) Save the Children's IYCF-E Rapid Response in Croatia. *Field Exchange* 52, June 2016. p106.
www.ennonline.net/fex/52/rapidresponseincroatia

Uddin, M and Morris, K. (2019) Integration of Family Planning Services with IYCF-E Mother Baby Areas in the Rohingya Camps in Cox's Bazar, Bangladesh. Save the Children for the Tech RRT Capacity Strengthening Webinar Series <http://techrrt.org/resources/#webinars>

UNICEF (2010). Baby Tents in Haiti (video) www.youtube.com/watch?v=XX9HRC0c_5g

World Vision (2014). Breastfeeding Corners in Uganda (video)
www.youtube.com/watch?v=FL5sPckQbbw&feature=youtu.be

Evidence of impact

Action Against Hunger. BFS+: Process evaluation of an integrative health approach for lactating women and their babies in humanitarian emergencies in Nguenyyiel refugee camp in Gambella, Ethiopia.

DOI: [10.13140/RG.2.2.16788.45449](https://doi.org/10.13140/RG.2.2.16788.45449)

Elisabetta, D. et al (2020). Baby Friendly Spaces: an intervention for pregnant and lactating woman and their infants in Cameroon. *Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*.

DOI: [10.4103/INTV.INTV_61_18](https://doi.org/10.4103/INTV.INTV_61_18)

Monitoring and Evaluation

ACF (2014) Manual: Baby Friendly Spaces – Holistic Approach for Pregnant, Lactating Women and their very young children in emergency. Chapter 4 – Evaluation of Baby Friendly Spaces Results and Impact.

www.actionagainsthunger.org/publication/2014/12/baby-friendly-spaces-technical-manual

Action Against Hunger Lebanon – Overview of M&E Project Tools.

Rola Abdallah: rabdallah@lb.acfspain.org; Patricia Moghames: pmoghames@lb.acfspain.org

Action Against Hunger Lebanon – Baby Friendly Assessment Tool for Outpatient Health Facilities.

Contact pmoghames@lb.acfspain.org or babarca@accioncontraelhambre.org for access

Save the Children (2016). Supervision Checklist for Mother Baby Areas – Example from Greece Response. IYCF-E Toolkit. <https://resourcecentre.savethechildren.net/library/iycf-e-toolkit-chapter-eight-annexes-tools-templates-and-examples>

Save the Children. Supervision Checklist for IYCF-E Sites. IYCF-E Toolkit. <https://resourcecentre.savethechildren.net/library/iycf-e-toolkit-chapter-eight-annexes-tools-templates-and-examples>

World Vision (2014). Women Adolescent and Young Child Spaces: Responding to women and children's needs in emergencies. Chapter 5 – Sample Log Frame. <https://resourcecentre.savethechildren.net/library/infant-and-young-child-feeding-emergencies-iycf-e-toolkit-rapid-start-emergency-nutrition>

Evidence / Research

Action Against Hunger (2018). Research Review. Case Study 6: Baby Friendly Spaces Plus – Process Evaluation of an Integrated Health Approach for Lactating Women and their Babies in Humanitarian Settings.

<https://knowledgeagainsthunger.org/wp-content/uploads/2019/06/Research-Review-Design-Final.pdf>

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About the Global Technical Assistance Mechanism (GTAM) GTAM is a common global mechanism endorsed by over 40 Global Nutrition Cluster (GNC) partners to provide systematic, predictable, timely and coordinated nutrition technical assistance in order to meet the nutrition rights and needs of people affected by emergencies. The GTAM is co-led by UNICEF and World Vision International (WVI) in collaboration with a core team (GTAM-CT) comprising of Emergency Nutrition Network (ENN), the Global Nutrition Cluster (GNC) and the Technical Rapid Response Team (Tech RRT). When country and regional capacities are exhausted, unresolved technical issues can be escalated to the GTAM. Depending on the issue, the GTAM will provide technical advice, facilitate the development of consensus-driven guidance (through Global Thematic Working Groups (GTWGs) and normative agencies such as WHO) and provide specialised technical expertise. Wherever possible and appropriate, the GTAM seeks to leverage existing technical support mechanisms. For further information, visit: <https://gtam.nutritioncluster.net/>

A photograph of two women and a baby. The woman on the left is smiling broadly, holding a baby in a white onesie and a patterned cap. Another woman is standing behind her, also smiling and holding a small child. They appear to be in a temporary shelter or outdoor setting with a white tarp in the background.

ANNEXES

ANNEXE 1

EXAMPLES OF DESCRIPTIONS OF SUPPORTIVE SPACES

A description adapted from Action Against Hunger's BFS Guideline (2014)

Baby Friendly Space (BFS): A holistic psychosocial programme which provides a comprehensive package of interventions (including IYCF counselling, maternal psychosocial support and child psychosocial stimulation) to children and their caregivers in emergency situations. The BFS is an area which can be a tent, a shelter, a room or a corner in a health facility or other appropriate physical space. It is a space where caregivers and pregnant women can come with their children to find a quiet and private space to share experiences, breastfeed and receive support and guidance from a team of trained professionals. BFS do not only focus on breastfeeding and the child – the programme covers six care practices²⁰ as well as caring for breastmilk substitute (BMS)-dependent infants. The BFS's main objective is to take care of *the mother/caregiver in order to support her/him to take care of the child/infant.*

A definition from World Vision's global guidance for field workers (2011)

Baby Friendly Tents (BF Tents; also known as Baby Tents): Safe, low-stress spaces where mothers can breastfeed, rest, eat and receive skilled counselling and targeted advice about breastfeeding and nutrition. (NB: The word "tents" is used for convenience as they may be standalone units, spaces within other existing structures, or simply specified areas in the camp.)

An extract from guidance developed for Ethiopia's National Nutrition Cluster by Save the Children/Tech RRT

Mother Baby Area (MBA): Safe, low-stress spaces where mothers can breastfeed, rest, have snacks and water, and receive skilled individual and group counselling about breastfeeding and nutrition. Mothers may attend the areas during the day and return to their homes or shelters in the evening. In the context of emergency in Ethiopia, the areas will also

serve to provide information and training on appropriate complementary feeding, and infant and newborn care. Skilled assessment of the potential to breastfeed and referral to health facilities for alternative sources to breastmilk if needed will be one of the main activities of the MBAs.

An extract from guidance developed for Somalia National Nutrition Cluster by UNICEF and Tech RRT

Mother Baby Areas (MBA) are designated physical spaces offering a comprehensive package of services to pregnant women, lactating mothers and caregivers, including counselling for optimal infant and young child feeding practices. The MBAs offer:

- **Waiting area** – area to welcome arrivals, explain to the mothers what will happen, offer drinks or snacks to mother, and direct mothers to activities
- **a breastfeeding area** – quiet, private and relaxing space for mothers to breastfeed and provide mother-to-mother support, as well as group counselling sessions
- **hygiene station** for use by all caregivers as needed, including nappy changing, baby bathing, and other hygiene practices to minimise infection
- **child play area** – provides mother-baby play sessions and play sessions for older children if mothers come with them (includes art supplies, blocks, and toys)
- **counselling area** – for pregnant and lactating women and caregivers to receive individual counselling and support, including an assessment of mother-baby pairs, counselling on breastfeeding and relactation, counselling for non-breastfed infants, complementary feeding, and referrals if additional issues are identified.

Definitions agreed upon by IYCF-E Technical Working Group members in Cox's Bazaar, Bangladesh

IYCF Corner: i) A private space for breastfeeding and skilled IYCF counselling within a nutrition or

²⁰ i) care for women; ii) breastfeeding and other feeding practices; iii) psychosocial care; iv) hygiene practices; v) meal preparation and conservation; vi) home health practices.

health facility. ii) A private space for breastfeeding within a child-friendly space. Depending on the availability of counselling staff, this service may not provide skilled support.

Description in World Vision's [global guidance on WAYCs \(2013\)](#)

Women, Adolescent and Young Child Spaces (WAYCS): Established in the initial phase of an emergency response to address the unique needs of

women, adolescents and young children. The model has a specific health and nutrition focus, with support for IYCF-E as a core intervention, along with assessment and referral to higher care for health and nutrition needs, and provision of a recreational/social space for women, adolescents and young children. Each WAYC is contextualised to the community and the disaster event. WAYCs may include activities that will support other sectors, including protection, livelihoods, food security and WASH, depending on the context.



One on one counselling, IYCF corner, Malawi

ANNEXE 2

WHY SUPPORTIVE SPACES ARE OFTEN NEEDED IN EMERGENCIES

Common challenges during emergencies	Examples of how supportive spaces can help
Physical stress and caregiver exhaustion (e.g., long queues without adequate shelter or drinking water)	Placement of an IYCF corner by the protection team at a hot and busy crossing offers mothers a place to rest and access safe drinking water, nourishing snacks and compassionate care
Emotional distress and psychosocial difficulties	Provision of a low-stress space and the possibility of confidential sharing of experiences, a place to identify people in emotional distress, option to participate in relaxation and mother-baby bonding activities, access to skilled psychosocial and IYCF support; e.g., for a mother who is worried stress is impacting her ability to breastfeed her child ²¹
Lack of space to breastfeed comfortably and privately (e.g., during displacement or overcrowding in camps)	Women-only space and/or privacy are ensured, supporting feelings of dignity and relaxation, as well as encouraging milk flow
Infant feeding difficulties and caregiver concerns	Provision of contextualised, tailored support by skilled staff
Poor sanitation and lack of access to clean water (e.g., for safe preparation of food or BMS)	Provision of safe drinking water (e.g., to support breastmilk production ²²) and a hygienic space to feed/prepare complementary foods for older infants and young children
Distributions of inappropriate or unsafe products (e.g., expired BMS or inappropriate baby foods)	Dissemination of accurate information on the risks of using donated products. Controlled, targeted, discreet provision ²³ of age-appropriate breastmilk substitutes which have undergone quality control processes and are provided as part of a comprehensive package of support, following careful assessment of a mother-baby dyad which includes exploring safer alternatives first. (The aim of this service is to mitigate risks while taking care not to displace breastfeeding.)
Lack of safe playing spaces for infants and young children	Access to a supervised playing space with age-appropriate, clean toys and skilled guidance to facilitate mother-baby bonding and child development for children under two
Disruption of social networks and community structures, loss of social support, caregiver isolation	A space to connect with other mothers/fathers/caregivers, share experiences and be heard. An opportunity for community-building and peace-building
Disruption of health and nutrition (including IYCF) services	Running of group education sessions on maternal nutrition and complementary feeding, monitoring of the nutritional status of mothers and their children, and referrals to identified health and nutrition services if needed
Reduced access to education and information	Provision of accurate information, including information about other services available
IYCF deprioritised by service providers due to heavy workloads and competing priorities	Placement of an IYCF corner with dedicated staff in a busy health centre reminds midwives to refer women for IYCF counselling as part of their antenatal and postnatal care

²¹ Women who are stressed can make enough breastmilk to meet their child's needs; however stress can temporarily inhibit the let-down (flow) of breastmilk and/or result in a mother putting her baby to her breast less often. Both factors can lead to a gradual decline in breastmilk production if appropriate support is not provided. This effect can be countered during emergencies through providing a supportive environment and accurate information on breastfeeding and MHPSS activities (e.g., relaxation interventions and mother-baby bonding activities).

²² Dehydration can negatively impact the volume of breastmilk produced, but can be rapidly reversed.

²³ To protect breastfeeding, BMS and associated supplies should not be provided in supportive spaces unless it can be done discreetly (e.g., in a separate room or during dedicated service hours), in line with the provision of the OG-IFE and [The International Code on the Marketing of Breastmilk Substitutes](#) (or national equivalent).

ANNEXE 3

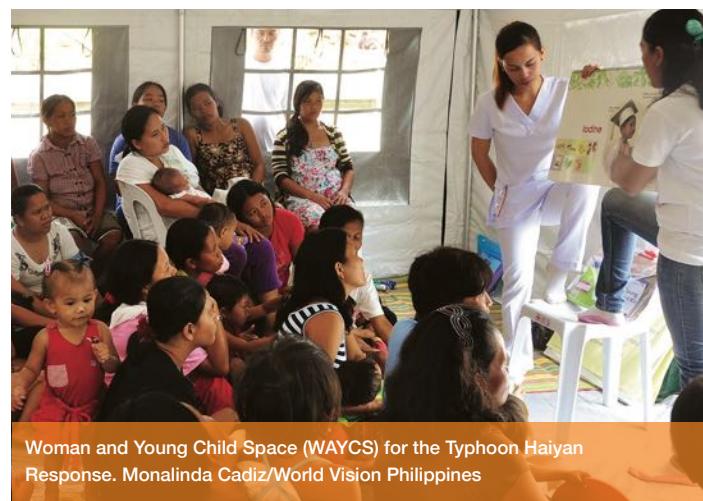
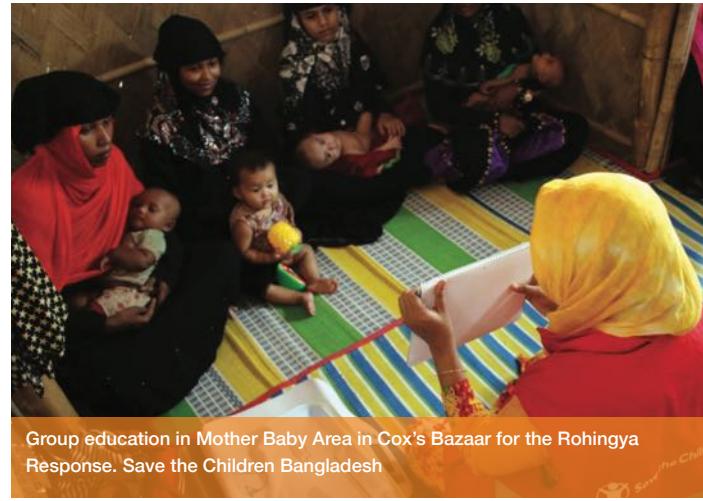
STEPS TO SETTING UP SUPPORTIVE SPACES

Please note the below table is based on contributions from GTAM IYCF-E Global Thematic Working Group (GTWG) members, rather than a consolidation of existing guidance.

Key steps to setting up a supportive space			
Preparedness	Assessment	Establishment	Implementation
Profile pre-emergency IYCF practices and IYCF policies	Carry out assessments and context analysis Identify which services/activities are requested/needed Determine the number of pregnant women and children under two years of age in need of services and number of spaces needed	Determine full list of services to be offered in the space	Run activities/services
Map support services and potential referral pathways	Confirm available support services and referral pathways	Establish referral mechanisms for services that will not be offered in the space	Make referrals
Advocate for physical space to be allocated in preparedness plans (e.g., camp planning)	Identify appropriate locations and structures	Construct and set up physical spaces (including heat/cooling mechanisms)	Conduct maintenance for physical spaces
Pre-position supplies (materials and equipment)		Procure remaining supplies required to implement services	Keep an inventory of supplies and monitor stock levels
Develop training curricula	Conduct a rapid capacity-mapping exercise	Update/contextualise training curricula	Conduct supportive supervision, on the job coaching and/or refresher trainings
Conduct training/orientation (across sectors)		Recruit and train staff	
Draft standard operating procedures (SOPs) (e.g., child safeguarding, infection prevention control)		Ensure safe source of drinking water and handwashing facilities Review and update SOPs	Review and update SOPs
Compile contextualised IEC materials	Identify risky practices, common caregiver concerns, questions and prevalent myths and misconceptions	Update, test and print IEC materials	
Compile programming and monitoring tools		Set up a community/service user feedback mechanism and monitoring system	Monitor key indicators (see below) as feedback and issues encountered
		Sensitise stakeholders and mobilise the community	Continued sensitisation and mobilisation

ANNEXE 4

PHOTOGRAPHS OF SUPPORTIVE SPACES

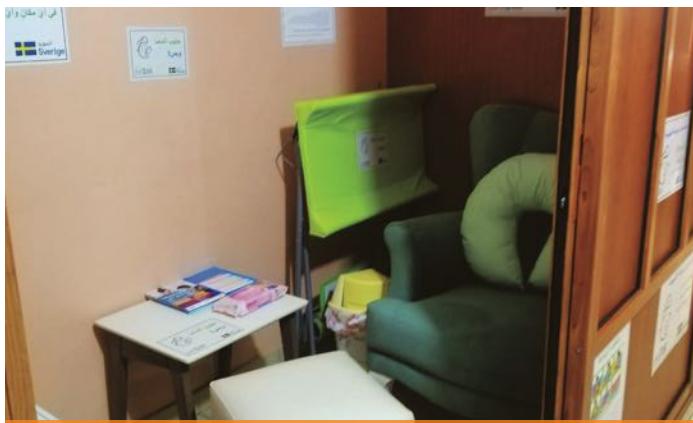




Baby Friendly Space in Arsal, Lebanon in 2020. Joelle Asaf /Action Against Hunger



Baby Friendly Space in Arsal, Lebanon in 2020. Joelle Asaf/ Action Against Hunger



IYCF Corner in a cramped health facility in Kamad Ilawz, Lebanon in 2020. Amani El Bast/Action Against Hunger



Fathers group in Syria. Save the Children



IYCF corner, Northern Nigeria, May 2020. UNICEF



IYCF-E activities in the community, Northern Nigeria, May 2020. UNICEF



Breastfeeding support corner, Cox's Bazar. UNICEF



Key messages at the breastfeeding support corner, Cox's Bazar. UNICEF



GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION