

Orientation on integration of Infant and Young Child Feeding in Emergencies and Reproductive Health

11, 12, and 17 September 2019

Azraq, Irbid, and Za'atari, Jordan

Orientation Course Report



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1. Objectives

The aim of the Orientation on Integration of Infant and Young Child Feeding and Reproductive Health was to give participants the skills, knowledge and understanding to integrate Infant and Young Child Feeding in Emergency IYCFE activities in their hospitals and clinics care practices. The IYCFE activities taught are consistent with sector-wide approaches and best standard practices in humanitarian settings.

Budget downsizing in 2017 triggered the necessity to integrate IYCFE into primary health care services. As the main primary healthcare provider in both Azraq and Za'atri Camps and Irbid Hospital in the Irbid urban area, IMC took over CMAM/IYCFE implementation and since the transition, staff operating in both CMAM/IYCFE and Reproductive Health programmes have not received a comprehensive, harmonised IYCFE training by a specialist.

This training was developed to address the fact that there is significant room for improving the services currently being provided to integrate IYCFE interventions in Reproductive Health Programmes.

On the completion of the course, participants should be able to demonstrate:

- understanding of global humanitarian standards in IYCFE
- ability to use basic practical skills to deliver appropriately integrated IYCFE programs
- action points for advocacy for the expansion of IYCFE programming within their organization

2. Training details

Three, one-day orientations were held in three different locations to maximize reach within the Jordan humanitarian response. Day one was held on the 11 of September 2019 in Azraq Refugee Camp at the Azraq Hospital belonging to IMC. Day two was held on the 12th of September 2019 in Irbid Hospital, which is in an urban setting, in the IMC office on the hospital grounds. The final orientation was held on the 17th of September 2019 in Za'atari Refugee Camp at the UNFPA community center.

The orientation courses were an initiative of International Medical Corps, UNHCR, UNICEF, Save the Children, and the Nutrition Working Group. Participants of the training were selected by the Nutrition Working Group with priority given to healthcare workers and clinic managers who have direct contact with women and children and who have influence on IYCF-E practices in their clinics.

There were a total of 15 participants on day one in Azraq Camp, a total of 5 participants on day two in Irbid and a total of 12 participants on day three in Za'atari Camp. For days one and two the participants were exclusively IMC staff, however after the discussion between the Tech RRT Advisor and the Nutrition Working Group and the Tech RRT advisor requesting more participation during a health cluster meeting, there was more diversity with regards to organisations on the third day. Of the 32 participants overall, 30 were women and two men.

Organisations included were: International Medical Corps, Save the Children, Qatar Red Crescent, Moroccan Hospital, Syrian American Medical Society (SAMS), UNICEF, Jordan Health Aid Society (JHAS). The participant list can be found in Annex A. The training was led by Brooke Bauer, IYCF-E Advisor for the Technical Rapid Response Team (Tech RRT) with translation support from Ruba Abu Taleb, Nutrition Project Manager IMC. Of the total organisations present, 6 were international organisations and one was local, JHAS.

3. Agenda

The training was conducted over 7 hours including breaks and consisted of the agenda detailed in Fig 1.

The orientation was adapted from: Save the Children’s IYCF-E Curriculum; WHO Infant and Young Child Feeding Counselling: An Integrated Course; the UNICEF Community Infant and Young Child Feeding Package; Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action Save the Children and UNHCR; Integration of IYCF Support into CMAM by UNICEF; WHO and UNICEF Baby Friendly-Hospital Initiative (Revised).

Figure 1: Agenda Orientation on Integration of Infant and Young Child Feeding and Reproductive Health

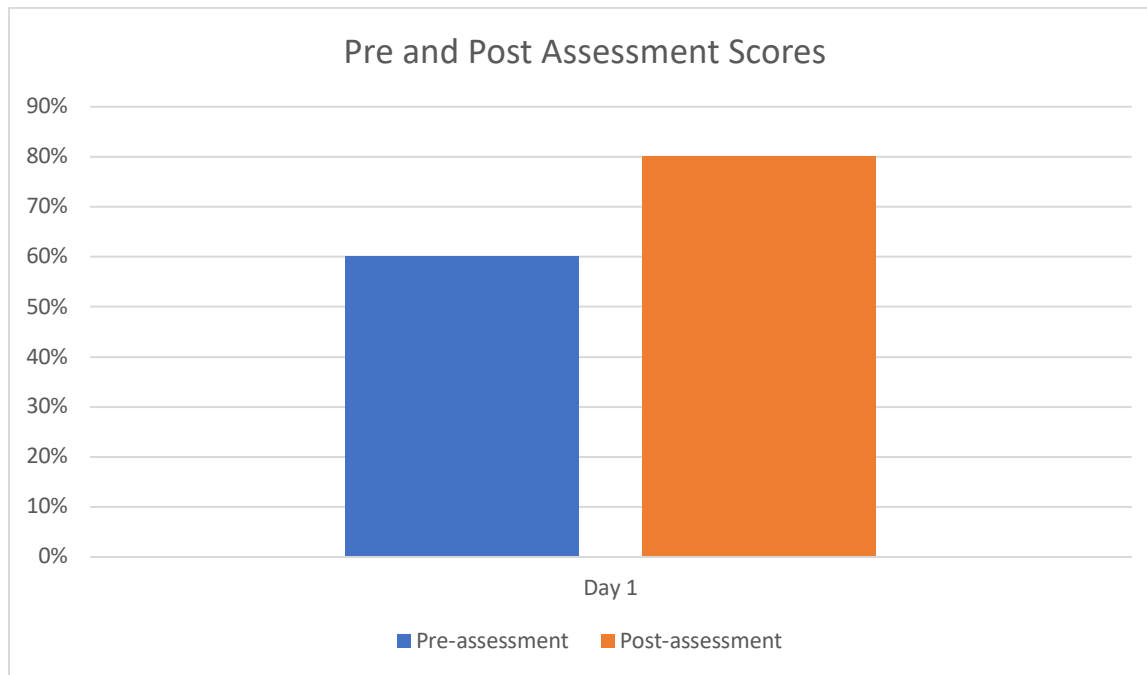
Time	Topics
Session One: IYCF Basics 9:30am to 11am	Introductions and register (10 min) Pre-Assessment (15 min) Why is IYCF important (20 min) Basics of Breastfeeding for Child, Family, and Community (45 min) <ul style="list-style-type: none"> • Benefits of breastfeeding Integration into Health Facility <ul style="list-style-type: none"> • Support at the Health Center Overall • At delivery • Duration of Breastfeeding • Complementary feeding

	Policies and Guidance for IYCF best standards
Break 11- 11:15	
<p>Session Two:</p> <p>Sub-Optimal Feeding and IYCF Messaging</p> <p>11:15am to 12:45pm</p>	<p>Effects of Sub-optimal Feeding Practices (45 min)</p> <ul style="list-style-type: none"> • Dangers of infant formula • Dangers of bottles and teats • Breastmilk prescription procedures <p>Breastfeeding messaging and referral (30 min)</p> <p>Post-Assessment for pediatricians (15 min)</p>
Break 12:30 to 1:30	
<p>Session Three:</p> <p>IYCF Counseling</p> <p>Session 3 1:30 to 4:30</p>	<p>Breastfeeding basics (45 min)</p> <ul style="list-style-type: none"> • Anatomy of the breast • Good and poor attachment <p>Common breastfeeding difficulties (45 min)</p> <ul style="list-style-type: none"> • Myths • Difficulties symptoms, prevention, and response • Insufficient Breastmilk <p>Breastfeeding counseling practice sessions (60 min) 3:00 to 4:00</p> <ul style="list-style-type: none"> • ANC • At delivery • PNC • Complementary feeding • At Discharge <p>Post-Assessment for all-day participants (15 min)</p>

4. Monitoring, Evaluation, Accountability and Learning

Each participant was asked to complete a pre and post assessment on IYCF-E. The assessment template can be found in Annex B.

Figure 2: Pre and Post Assessment Scores



Average score for day one pre-assessment was 60% and the post-assessment was 80% with a 20% change in percentage points with a breakdown of each orientation located in figure 3 below. The assessments were in English and all 32 participants attending on each day completed the assessment.

Figure 3. Pre and post assessment scores per site

Location	# Participants	Pre-assessment	Post-assessment	Change in points
Azraq	15	61%	81%	20
Irbid	5	55%	74%	19
Za'atari	12	66%	84%	18

Final assessments were not conducted, however time for verbal feedback was given at the end of each day and participants feedback was that the orientation was beneficial and they would like more in-depth, longer orientations and training sessions, that having more hands-on supervision would be beneficial, and that the orientation covered all of the important aspects of how IYCFE should be integrated within their work.

Annex A: Attendance List

Azraq - 11 September 2019

No	Name	M/F	Organisation	Local/INGO	Designation
1	Basma Mujali	Female	IMC	International	In-Charge Midwife
2	Ahlam Abd Raheem Bderat	Female	IMC	International	Midwife
3	Rawan Hammad	Female	IMC	International	Midwife
4	<i>(in Arabic)</i>	Female	IMC	International	Pediatrician
5	<i>(In Arabic)</i>	Male	IMC	International	Pediatric Focal Point
6	<i>(In Arabic)</i>	Female	IMC	International	Health Officer
7	<i>(In Arabic)</i>	Female	IMC	International	Midwife
8	<i>(In Arabic)</i>	Female	IMC	International	Midwife
9	Rawan Aleassa	Female	IMC	International	Midwife
10	Fateen Oden	Female	IMC	International	Midwife
11	Batool Tabara	Female	IMC	International	Nutrition Officer
12	Farah Nasesereddin	Female	IMC	International	Nutrition Officer
13	Fatima Naser	Female	IMC	International	Medical Doctor
14	Reem Almjale	Female	IMC	International	Pediatrics H.N.
15	Sawsan Abu Albassal	Female	IMC	International	Midwife

Irbid - 12 September 2019

No	Name	M/F	Organisation	Local/INGO	Designation
1	Noor Hussein	Female	IMC	International	Midwife
2	Balasha Migdaely	Female	IMG	International	Midwife
3	Duaa Ossa Barik	Female	IMC	International	Nurse Supervisor
4	Enas Ismail Baniselman	Female	IMC	International	Midwife Supervisor
5	Rosha Fowzi Ashour	Female	IMC	International	Midwife

Za'atari - 17 September 2019

No	Name	M/F	Organisation	Local/INGO	Designation
1	Ragdah Khaled Al-Sherabat	Female	JHAS	National	Midwife
2	Duha Al-Omani	Female	JHAS	National	Midwife Assurance Officer
3	Disrea Bainhul	Female	IMC	International	Midwife
4	Asma Tawalbeh	Female	JHAS	National	Social Worker
5	Nivin Nujadeh	Female	JHAS	National	Midwife
6	Yasmen Abuomar	Female	JHAS	National	Midwife
7	Nayfah Al Koda	Female	Qatar Red Crescent	International	Nurse
8	Aisha JaDoalhomse	Female	Qatar Red Crescent	International	Midwife
9	Hind Hayoui	Female	Moroccan Hospital	International	Doctor
10	Duha Masadeeh	Female	SAMS	International	Staff Nurse
11	Ghada Al-Salad	Female	JHAS	National	Clinic Manager
12	Dr. Ala Momani	Male	JHAS	International	Pediatrician

ANNEX B: RH Orientation Pre and Post-Assessment

Title: Orientation on Integration of Infant and Young Child Feeding and Reproductive Health

1. The following **ARE** part of the “10 Steps to Successful Breastfeeding” (Circle **ALL** that apply)
 - a. Clear breastfeeding policies in hospitals and clinics
 - b. Clean beds and sheets
 - c. Availability of artificial nipples and teats
 - d. Helping mothers initiate breastfeeding within ½ hour of delivery
 - e. Established breastfeeding support groups and appropriate referrals upon discharge
2. True or False: Exclusive and continued breastfeeding prevents the highest number of childhood deaths under 5. Circle one: True False
3. The following are basic IYCF interventions (Circle **ALL** that apply)
 - a. Ensure support for early initiation of exclusive breastfeeding for all newborns
 - b. Distribution of non-food items to each shelter
 - c. Ensuring transportation to health facilities
4. Name one important guidance document for IYCF programming: _____
5. True or False: Infant formula donations in health clinics are dangerous and can cause harm to mothers and infants. Circle one: True False
6. What is one reason that bottles and teats are dangerous in low-resource settings?

7. True or False: Counselling, relactation, expressed milk, wet nursing should all be explored before resorting to infant formula. Circle one: True False
8. True or False: Trauma makes breastmilk bad. Circle one: True False
9. What is one common reason that a breastfeeding mother might request formula?

10. Which is **NOT** a medically indicated reason to prescribe infant formula?
 - a. Infants born weighing less than 1500 g (very low birth weight)
 - b. Maternal medication such as sedating psychotherapeutic drugs
 - c. Mother of child has the cold or flu
 - d. Infants with maple syrup urine disease

Score: _____/10