

Child Protection and Infant and Young Child Feeding

EXCERPT FROM: UNHCR/SAVE THE CHILDREN IYCF-E FRIENDLY FRAMEWORK (DRAFT 2)

Many activities in child protection are designed for children above 2 or 3 years, however, early childhood is a critical period in a child's life due to it being the time for rapid cognitive, emotional and physical growth. As outlined in the First 1000 days approach¹, both adequate nutrition and psychosocial stimulation from conception until 2 years of age is important for the child's development. Hence, protection and promotion of optimal infant and young child feeding and care are essential to protecting a child. In building strong collaborations between IYCF and CP colleagues, protecting children remains at the core of our work.

Child Protection (CP) in emergencies, as defined by the Child Protection Working Group (CPWG), is "the response to and prevention of abuse, neglect, exploitation, and violence against children"². Child protection work is guided by the four child protection principles of the UN Convention on the Rights of the Child which include: non-discrimination; devotion to best interests of the child; right to life, survival and development; and respect for views of the child³. The Core Strategies for Child Protection in Emergencies include (1) Case management, (2) Community-based mechanisms, (3) Child friendly spaces and (4) Protecting excluded children.

Common Strategic Objectives:

- Contribute to the right to life, survival and development of children 0-23 months
- Ensure children have the best starting point in life to grow, develop and reach their potential as the time from conception to 2 years are critical years for child development
- Ensure children 0-23 months are safe where they live, learn and play
- Ensure children 0-23 months obtain legal documentation at birth or as soon as possible, enabling access to basic services
- Ensure children 0-23 months with specific needs receive targeted support

¹ First 1000 Days (2014), Available online: <http://www.thousanddays.org/> [18 Dec 2014]

² Child Protection Working Group (2012) *Minimum Standards for Child Protection in Humanitarian Action*.

³ United Nations General Assembly (1990) *United Nations Convention on the Rights of the Child (UNCRC)*.

Child Protection selected Core Strategies

Minimum Standards for Child Protection in Humanitarian Action. Child Protection Working Group (CPWG), pp. 133-161.

Case Management (Standard 15): “Girls and Boys with urgent child protection needs are identified and receive age- and culturally-appropriate information as well as an effective, multi-sectoral and child-friendly response from relevant providers working in a coordinated and accountable manner.” (pp. 135-142)

Community-Based Mechanisms (Standard 16): “Girls and Boys are protected from abuse, violence, exploitation and neglect through community-based mechanisms and processes.” (pp. 143-148)

Child-Friendly Spaces (Standard 17): “All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment.” (pp. 149-154)

Protecting Excluded Children (Standard 18): “All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion of children are identified and address.” (pp. 155-161)

It is important to ensure the needs of pregnant and lactating women (PLW) and children 0-23 months are analysed and taken into consideration for the design of interventions and that every opportunity is taken to detect any issues. This can be ensured indirectly by reaching out to mothers and/or children who attend Child Friendly Spaces (CFS) or by sharing the same location for CFS with that of Baby Friendly Spaces (BFS) to facilitate access to children 0-23 months. Another important contact point is through community outreach activities where child protection staff work closely with the community and meet families in their own environment.

Central to protecting infants and young children is the safe-guarding of their immediate family environment. In the best interest of the child, infants and young children should stay with their parents or caregivers who best know how to care for them. If this is not possible, other durable solutions must be sought, taking into consideration the specific nutrition and caring needs of this age group.

One specific aspect of child protection that is relevant for infants and young children is birth registration. In most places, to be able to access IYCF programmes i.e. to receive basic services and targeted support, the infant needs to have a birth certificate or ID card. However, in some host countries it is more difficult for refugee parents to register their newborn child e.g. by complicated registration processes or poor access to registration offices. Ensuring birth registration of newborn refugee infants ensures access to assistance and support, such as IYCF programmes and entitlements to food assistance.

States are primarily responsible for the protection of children: they need to establish and implement child protection systems in accordance with their international obligations, ensuring non-discriminatory access to all children under their jurisdiction. UNHCR is therefore committed to strengthening national child protection systems and services and advocating for access of refugee, displaced and stateless children to them. Only in contexts where the State is unable to fulfil its responsibilities toward children would UNHCR, together with partners, establish a parallel and temporary mechanism for protecting children of its concern.⁴

Key integrated activities

- a) **Advocate for inclusion of IYCF approaches and materials** in child protection policies and guidance material, and vice versa;
- b) IYCF staff to participate in child protection working groups to **raise awareness** of IYCF and ensure the needs of PLW, infant and young children are considered;
- c) Consider choosing at least one trained **IYCF champion** from the CP team (see Action 1: Advocate for relevant stakeholders to consider IYCF);
- d) **Standardize relevant IYCF and CP messages** for PLW and caregivers of children 0-23 months particularly as they relate to availability of and access to relevant services. Jointly plan dissemination opportunities in one another's programmes;
- e) Organise **orientation** sessions on IYCF for CP staff, or integrate IYCF into existing CP training curricula – and provide a list of key IYCF information (see annex 6);
- f) **Develop clear procedures for identification and referral** of PLW and children 0-23 months between CP and IYCF programmes that are safe and confidential. At early stages of an emergency and according to the context, agree on referral criteria and ensure cases that need urgent care are referred to the appropriate structure (e.g. separated children, infants under 6 months not breastfed, malnourished children).

Additional activities

1) Opportunities for integrated programming

Coordination and advocacy

- a) Identify pre-existing mechanisms to coordinate related and integrated child protection and IYCF programming. Enhance coordination through **information sharing and discussion relevant to the wellbeing of PLW and infants and young children 0-23 months olds** between the two sectors;
- b) IYCF and CP teams to **map existing services and community based mechanisms** for Pregnant and Lactating Women (PLW) and children 0-23 months:
 - a. Consider organizing workshops or meetings that bring together all relevant service providers for this target group for information sharing around available services (i.e. camp management, clinic staff, IYCF staff, CP case managers);

⁴ UNHCR (2012). *A Framework for the Protection of Children*.

- b. Consider ways to engage with new or different groups through engaging with nutrition or CP networks;
- c) Identify a **trained focal point for 0-23 months olds** to act as a primary point of contact for communicating between the CP and IYCF teams to ensure active follow up of referred cases; take action to avoid separation of children from their families, undertake tracing activities, support families and children in case of a loss of a child, etc.;
- d) Specifically **consider the identified needs and vulnerabilities of PLW and 0-23 months olds** when designing child protection programmes⁵;

Information gathering and sharing

- e) **Conduct joint needs assessments to gather relevant CP and IYCF data**; target the mother or caregiver and infant 0-23 months, and **disaggregate assessment and monitoring data** for pregnant women, lactating women, children 0-5 months, 6-11 months and 12-23 months. Ensure presence or absence of mother/father/caregiver is recorded. Especially at the early stages of an emergency, think about joint rapid needs assessment;
- f) **Incorporate questions about CP and IYCF in discussions with PLW and caregivers of this age group** to support the identification of priorities, needs and potential improvements for this age group; i.e. traditional feeding practices, food taboos, traditional carers for infants, role of siblings etc.;
- g) Collect **success stories** on mother's account including impact on the child (e.g. weight gain, psychosocial indicator etc.) to demonstrate the positive effects of quality nutrition interventions on children's safety and wellbeing;
- h) Formalize **information sharing and discussion relevant to the wellbeing of 0-23 months olds** between the two sectors (debrief following assessments, monitoring or data collection), and ensure time is taken to discuss the implications of this information for child protection. Identify which pre-existing forums (e.g. team or sector meetings) are most useful for regular reviews of information on education and IYCF;

Capacity building

- a) **Cross train** CP and IYCF staff with a focus on the needs and concerns of children aged 0-23 months (which includes how to support their caregivers):
 - a. Together define joint objectives, strategies and activities for training;
 - b. Relevant topics for joint trainings include: aims, activities and ways of working in CP and IYCF and referral procedures between the two programmes (identification of cases that need management); contextualizing CP and IYCF messages; skill sharing around psychosocial stimulation, mental health, and counselling; CP issues in general; psychological first aid; abuse and neglect; vulnerable households.
- b) Provide CP and IYCF staff with **training in basic case finding**: Train CP staff on how to identify and refer mothers with breastfeeding or complementary feeding difficulties. Train IYCF staff on identifying children who have specific protection needs or vulnerabilities and need individual follow up, and caregivers who may be survivors of

⁵ Specific needs and vulnerabilities for children 0-23 months include: complete dependence on caregiver, no or limited language to express concerns

sexual violence needing basic psychological support related to building parental confidence, coping with stress, psychological first aid support, etc. NB: Make sure that non-CP staff understand their role in identification. They should be able to detect and refer but not intervene if there is a protection issue, which should be managed by skilled staff;

- c) Invite IYCF workers to child protection trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

2) **Girls and boys are safe where they live, learn and play (Child Protection Framework, Goal 1)**

- a) Prevent separation and keep infants and young children with their mothers, fathers or other familiar caregivers. Prioritise keeping breastfeeding mothers/caregivers and children together;
- b) Identify **appropriate safety net for 0-5 months old infants**:
 - a. Where IYCF programming exists refer all infants 0-5 months to IYCF support even if feeding is going well;
 - b. Where no IYCF programme exists develop a simple assessment form and referral procedure to ensure the infant has been linked to relevant nutrition, health, WASH, general food distribution and protection services at a minimum.
- c) Whenever possible, **organize joint community mobilization programmes** with nutrition and CP when focused on feeding and care of 0-23 months olds, particularly at child-mother centers (nutrition or CP), including socially and culturally appropriate and technically sound messages on nutrition and breastfeeding;
- d) Child Protection activities and outreach programmes should **consider needs and space for IYCF activities** i.e. space for lactating women to breastfeed or mother-to-mother support groups to hold discussions in CP spaces;
- e) **Recognize unique challenges in providing CFS services to 0-23 months old** children (i.e. required adult: child ratios; potential need for caregiver remaining on site). Consider ways that nutrition and CP can design integrated services benefiting 0-23 months olds that address these challenges while supporting the goals of both programmes. CFS can provide safe space for IYCF activities and IYCF-E centres can host a CFS;
- f) **Co-locate BFS with CFS** where possible;
- g) **Refer siblings to the child friendly space** while caregiver attends IYCF programme, according to the protocols of the CFS (e.g. age range);
- h) **Include IYCF topics into CFS parenting classes** and vice versa with relevant CP skills in IYCF sessions;
- i) Propose activities for mothers while their children go to CFS: these can be related to increasing IYCF skills or awareness; otherwise consider linking mothers with existing outreach or awareness activities such as those organized through the other sectors.

3) **Girls and boys obtain legal documentation (Child Protection Framework, Goal 4)**

- a) CP, IYCF and other relevant staff to jointly advocate for establishing mechanisms where newborns are registered and issued official birth certificates by the authorities, and procedures are in place for late birth registration – to ensure access to basic services and targeted support.

4) Girls and boys with specific needs receive targeted support (*Child Protection Framework, Goal 5*)

- a) **Adapt Case Management Assessment Forms** (i.e. CP Interagency Assessment Forms and IYCF Basic Assessment Forms) to include relevant IYCF and CP questions specific to feeding and care of 0-23 months olds through culturally acceptable methods and according to the context⁶;
- b) Assess and coordinate **appropriate nutrition support for separated and orphaned children** and children with male primary caregiver/absence of mother; ensure referral of separated children to Family Tracing and Reunification services work with nutrition and CP staff to locate breastfeeding women and/or wet nurses if culturally acceptable (or as a last resort, appropriate replacement feeding) for babies with no mother;
- c) IYCF team to **include protection topics in mother-to-mother nutrition discussions**, including mental health and psychosocial support, parenting skills and sexual and gender-based violence (SGBV);
- d) Extend community outreach by **engaging members of existing community-based mechanisms to identify and refer children 0-23 months** in need of case management and/or IYCF support. Ensure that the intervention is only referral and community members are trained to refer for skilled support instead of trying to intervene themselves;
- e) **Prioritize community consultation** in the identification of potentially excluded children 0-23 months of age and the risks associated with exclusion. Ensure potentially excluded community members (including siblings as they can have a key role in caregiving) are part of this consultation. Excluded children are often most in need of nutritional support, therefore, **prioritize training of CP and IYCF staff on specific concerns related to potentially excluded children** (i.e. infants without mothers, children of parents (especially mothers) with mental health issues or physical disabilities, child headed households, impacts of sexual and gender based violence (SGBV)), children outside family care, children in institutions or children in the streets, children that accompany their parents at work (if not appropriate) young mothers and children with disabilities.

Resources

1. Child Protection Working Group (CPWG) (2012). *Minimum Standards for Child Protection in Humanitarian Action*.
2. UNHCR (2012). *A Framework for the Protection of Children*.
3. UNHCR (2008). *UNHCR guidelines on determining the best interests of the child*. Available online: <http://www.unhcr.org/4566b16b2.pdf>
4. UNHCR (2011). *UNHCR Field Handbook for the Implementation of UNHCR BID Guidelines*. Available online: <http://www.unhcr.org/50f6d27f9.html>
5. Child Protection Working Group (2014). *Interagency Guidelines for Case Management and Child Protection. The Role of Case Management in the Protection of Children: A Guide for Policy and Programme Managers and Case Workers*.

⁶ Sources for IYCF assessment forms: IYCF-E Toolkit; liaise with CP colleagues for examples of CP assessment forms used in the situation.