**Minimum Package of Essential Maternal Infant and Young Child Nutrition Services Afghanistan**

IYCFE is a lifesaving intervention that targets pregnant and lactating women and girls, infants, and young children, some of the most vulnerable groups,  during humanitarian crises. The  prioritisation  and  standardisation of policies and guidelines must be underpinned  by   evidence and implemented across all sectors.

**Executive Summary**

Afghanistan is a country vulnerable to several natural and manmade disasters as well as conflict and limited movement of women and girls. As such, the Afghanistan Nutrition Cluster, with the support of the Global Nutrition Cluster Technical Alliance Technical Support Team (GNC Alliance TST), alongside the Maternal, Infant, and Young Child Nutrition Technical Working Group (MIYCN TWG) and with the Public Health Nutrition Directorate (PND) has identified the need to develop a national Minimum Package of Essential Maternal, Infant, and Young Child Nutrition Services for standardized and harmonized implementation and institutionalization of MYCN programming across the country.

This Minimum Package of Essential MIYCN Services was developed to create that harmonization and is based on national policy and guidance, a national capacity assessment on MIYCN, and consultation with humanitarian partners across the country.   The Minimum Package of Essential Services also includes the recommendation to all health and humanitarian partners to incorporate Gender Based Violence Risk Mitigation measures as well as appropriate support and referral for survivors of GBV.  GBV risk mitigation, support, and referral is outlined in more detail further on in this document.

Maternal, Infant and Young Child Feeding programmes and interventions aim to protect, promote and support feeding practices for pregnant and lactating women and girls and children from birth to two years old as recommended by the WHO and incorporated into national policy and guidance by the MoH and PND.

General MIYCN activities require specific consideration during an emergency to ensure the inclusion within emergency specific policies, capacity needs, monitoring and evaluation tools and information systems.  Most specifically, MIYCN requires strong regulation prior to an emergency for capacity development of staff and specific consideration for non-breastfed children and the adherence to the International Code of Marketing for Breast Milk Substitutes (BMS)1 and subsequent related WHA resolutions, including the donation and distribution of BMS and commercial complementary feeding, bottles, and teats in emergencies.2

*Box 1: Optimal Infant and Young Child Feeding Practices*

**Optimal Infant and Young Child Feeding Practices**

* Initiate breastfeeding immediately after birth
* Exclusive breastfeeding for 6 months
* Complementary feeding:
* Timely (introduced at 6 months- 180 days)
* Adequate (appropriate energy and nutrients)
* Safe (hygienically prepared, stored, and used)
* Appropriate (frequency, feeding method, responsive feeding)
* Continued breastfeeding from 6 months up to 24 months and beyond

**Minimum Package of Essential MIYCN Services by Context**

When implementing IYCF-E services activities and services will vary by setting and access to the population and should be contextualized as such by health and nutrition partners.

The activities include:

* Promote good adolescent, maternal, infant and young child nutrition practices
* Provide practical support to pregnant women and primary caregivers of children aged under-2 years
* Encourage the family to support the capacity of the mother to feed and care for herself and her young children
* Mobilize community members to adopt societal norms and values that protect, promote and support optimal maternal, infant and young child nutrition practices.

In the following Minimum Package table are minimum activities that should be implemented when full access to the affected population is possible.  In areas where access is limited or where access is not possible, priority activities must be adapted rather than discontinued all-together if at all possible3.  The following section, Priority Activities, outlines all activities that must be undertaken no matter the context.

Within Afghanistan, the context varies extensively with regards to culture, geography, security, and access.  All of these must be considered when creating context specific response plans.  All nutrition partners will have to review their capacity to ensure implementation of the most comprehensive and appropriate services.

The following diagram (diagram 1) provides an overview of basic IYCF services within low emergency, medium emergency, and full emergency contexts with respect to access and resources.

Diagram, funnel chart

Description automatically generated

**Priority Activities**

**In all circumstances all health and humanitarian actors should:**

* Prevent harm by prevention of separation from children and mothers/caregivers.  Prevent donations and uncontrolled distributions of BMS and feeding bottles and monitor and report Code violations.
* Advocate and plan for basic multi-sector breastfeeding support in protection, enable priority access for pregnant and breastfeeding women to essential services, register households with pregnant women, children under two years of age and at-risk groups.  Provide supportive spaces to breastfeed.
* Communicate effectively about IYCF-E
* Mitigate the risk of Gender Based Violence

All Health and Humanitarian partners should implement the following priority activites in all circumstances, including during an emergency context.  These activities are also highlighted in the table of essential services in **BOLD**:

* Enable priority access for pregnant and breastfeeding women to priority services
* Prevention of separation of child and mother/caregiver
* Provision of private and safe spaces to breastfeed
* Dissemination of standardized, clear, and accurate messages on IYCF-E
* Prevent donations and uncontrolled distributions of BMS and feeding bottles
* Monitor and reporting of BMS and Code violations
* GBV Risk mitigation measures
* GBV support and referral according to the guidelines

**Core competencies**

All humanitarian actors should be provided with a sentisiation session and orientation on MIYCN as well as BMS violations and monitoring and reporting.

Basic MIYCN support is provided at the following locations:

* Family Health Action Group (FHAG)
* Family Health House (FHH
* Health Post (HP)
* Health Sub-centers (HSC
* Mobile Health Team (MHT)

Staff located in the locations that provides basic MIYCN support should be trained in the following activities: Basic IYCF Counselling, simple rapid assessment, care of the non-breastfed child, complementary feeding support, referral to skilled support, GBV support, referrals, and risk mitigation

Skilled MIYCN support is provided at the following locations

* Basic Health Center (BHC)
* Comprehensive Health Center (CHC)
* District, Provincial, regional, national, and specialty hospitals

Staff working in locations where skilled support is provided should be trained in the following areas: Basic IYCF Counselling, simple rapid assessment, Skilled IYCF counselling, full assessment, care of breast conditions, care of the non-breastfed child, relactation, artificial feeding, BMS programme management and prescription, complementary feeding support, GBV support, referrals, and risk mitigation.

**Gender Based Violence, support, referrals and risk mitigation**

Conflicts and natural disasters have different impacts on women, girls, boys and men; access to services and resources is different for each and also influenced by other aspects including age, disability, and family dynamics and composition; they face different risks and, accordingly, may experience different vulnerabilities where, in most contexts women and girls are generally affected more by gender inequalities; level of power, roles and responsibilities within society can also change. Conflict and disaster tend to increase existing gender inequalities and exposure to Gender Based Violence (GBV). Humanitarian actors should understand these differences and aim to ensure equity in services and support to all segments of the population while mitigating risk. Beyond the obvious importance of meeting basic needs, access to adequate, safe, and appropriate services and facilities plays an important role in the protection and dignity of the displaced population, particularly girls and women. Nutrition projects that analyse and take into consideration the needs, priorities and capacities of both the female and male population increase their potential to contribute to their own and their community’s wellbeing and to enhance their security and safety.

GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and is based on socially-ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty. GBV exists in every context worldwide and is particularly exacerbated in emergencies. Humanitarian actors – particularly colleagues working in non-GBV specialized sectors - may not be able to tackle all the various root causes of GBV during acute emergency response. However, ALL humanitarian actors, regardless of mandate or sector, have a responsibility to mitigate GBV risk in their work.

GBV risk mitigation comprises a range of activities within humanitarian response that aim to first identify GBV risks and then take specific actions to reduce those risks.

GBV-related risks can exist in the general environment, within families and communities, and in humanitarian service provision. In practical terms, GBV risk mitigation means taking actions to:

* Avoid causing or increasing the risk of GBV associated with humanitarian programming
* Facilitate and monitor vulnerable populations’ safe access to and use of humanitarian services
* Identify and actively reduce the risks of GBV in the environment and programming/service delivery