

Community peer support groups: Improving infant and young child feeding in Pakistan

This is a summary of the following report: *UNICEF (2022) Research study on the role of community-based peer support groups in the promotion of infant and young child feeding practices*. Unpublished.

With almost 40% of children being stunted, 29% underweight, and 17.7% wasted, Pakistan faces one of the highest burdens of malnutrition in Asia. Among other things, a lack of awareness amongst caregivers surrounding adequate infant and young child feeding (IYCF) practices has been identified as a key contributing factor. To remedy this, a combined approach that engages mothers and fathers, as well as providing social support, appears to be a promising strategy to encourage optimal feeding. The theory behind this approach is to engage these key influencers of a child's diet and create a positive social environment which can be more successful in changing behaviours than programmes that focus on mothers' knowledge alone.

A desk review, combined with in-depth interviews and focus group discussions, was undertaken to explore three specific objectives in the rural communities of Peshawar, KP and the drought affected communities in Tharparkar, Sindh: 1) The role of lady health workers in IYCF promotion, 2) the extent to which mother- and father- support groups have sensitised communities to the importance of the stages of breastfeeding and complementary feeding, 3) to examine other practices that have been adopted to sensitise local communities on IYCF.

Findings from focus group discussions indicated the positive role that lady health workers play in promoting IYCF which has been appreciated by communities. In particular, lady health workers helped to clear the myths and misconceptions that were passed from generation to generation such as discarding colostrum. It was noted, however, that the overall numbers of lady health workers are limited, compromising effective coverage in all areas.

Support groups were also found to be beneficial although aspects of the selection and training of group members, the frequency of meetings and the learning materials provided were highlighted as needing improvement. Other sensitisation practices adopted were found to be limited, although some cooking sessions and telephone calls were used by some.

In terms of knowledge of optimal IYCF practices, the findings indicated some confusion around when to initiate breastfeeding, with the terms 'within' and 'after' half an hour of birth creating uncertainty. The World Health Organization (WHO) guideline of exclusive breastfeeding within the first six months of life was, however, well understood by communities. Father support groups felt that breastfeeding should continue for one year whereas mother support groups correctly recalled the WHO guideline of two years of continued breastfeeding. Some fathers thought that exclusive breastfeeding was not needed if nutritious food was available, contrary to global health advice. Although awareness of complementary feeding after six months was strong, most respondents had limited knowledge around minimum dietary diversity, minimum meal frequency, and minimum acceptable diet. Biscuits with tea and roti with chilli powder and oil were mentioned as acceptable complementary foods, highlighting a critical knowledge gap.

The report identified six recommendations to improve IYCF in the region: greater provision of printed learning materials, financial incentives to support group members, using different sources of community sensitisation other than face-to-face sessions (cooking demonstrations, recipes, apps/ phones etc.), improving the performance of community workers (e.g., greater pay, reduced workloads, logistical support), the formation of father support groups in areas that do not have them, and more regular support group meetings.

Ukraine crisis: Organisational guidance for the feeding of children aged six months to two years

A mother with her child at a voucher distribution in Chernihiv city, Ukraine



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This is a summary of the following report: *IFE Core Group, Global Nutrition Cluster, UNICEF & World Food Programme (2022) Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis*.

<https://reliefweb.int/report/ukraine/guidance-organizations-supporting-feeding-children-aged-6-months-2-years-context-ukraine-crisis-may-2022>

In May 2022, the Infant Feeding in Emergencies Core Group, the Global Nutrition Cluster, UNICEF, and the World Food Programme issued joint guidance for organisations supporting the feeding of children aged 6-24 months. The guidance was issued to reinforce the notion that the complementary feeding period remains critical for child development as the 6-month mark represents a time when child energy and nutrient needs begin to exceed that which can be provided by breast milk alone. For adequate complementary feeding, a diverse array of foods in appropriate quantities is required. In Ukraine, access to these specific foods is likely to be disrupted due to market impacts, shop closures, and reduced means to both purchase and prepare foods.

The guidance highlights that organisations should consider contextual factors when providing food assistance, namely the safe availability of nutrient-rich foods in the market, the cultural appropriateness and acceptability for the age group, access to fuel, equipment, utensils and facilities to prepare and offer food to young children, access to clean water for both drinking and food preparation, a clean environment, for hygienic food storage and preparation, and mobility, specifically whether families are stationary or in transit due to the evolving security situation.

The guidance also details what to include in a food assistance package and how much food to provide, calculated based on the energy and nutrient requirements for young children. In addition, it highlights what support activities, services, and supplies can be provided to ensure the beneficiaries are well informed and able to access any additional practical support needed.

The document also outlines five key items that should not be provided in emergencies – foods in feeding bottles due to possible hygiene risks, foods that may cause choking hazards such as whole nuts, powder milk or infant formula as widespread use undermines the uptake of breastfeeding which is the optimal feeding strategy for this age group, foods labelled for children less than six months of age as they may be nutritionally inadequate, and foods and drinks that have a low nutrient value such as high salt soups, noodles, deep fried foods, salty snack foods, cakes, sweets, sugar-sweetened beverages, sweetened fruit puree, or sweetened breakfast cereals.