Technical Rapid Response Team

Capacity Strengthening Webinar Series:
Programme Spotlights of multi-sectoral integration with IYCF-E

Integrating Mental Health and Psycho-Social Support and IYCF with Baby Friendly Spaces in the Central African Republic

Wednesday, 24 July 2019
Today’s webinar

- Introduction of the webinar
- Tech RRT overview
- Program spotlight:
  - Elisabetta DOZIO
    Mental Health and Psychosocial Technical Advisor at Action contre la Faim in Paris
- Questions and discussion
Overall aim:
To increase integrated programming for IYCF-E, taking advantage of all opportunities to put mothers and babies at the centre of response.

Objectives:
1. To present practical examples of how nutrition, and specifically IYCF-E, has been integrated within other sectors programmes.
2. To discuss the opportunities and challenges of doing so.
This webinar series is brought to you by:

Save the Children &

Technical Rapid Response Team

An initiative within the new Global Technical Assistance Mechanism for Nutrition

In close collaboration with

Global Nutrition Cluster & Unicef

With special thanks to

Save the Children & IFE

for their help to make this series a reality.
What is the Tech RRT?

Technical rapid response mechanism that deploys advisers to support improved nutrition programming

Consortium

Funding

In close collaboration with

Within the new

Global Technical Assistance Mechanism for Nutrition
Elisabetta Dozio

• Clinical psychologist
• Has been working in humanitarian field for 15 years (in various contexts across Asia, Africa and Latin America)
• Since 2010 Mental Health, Care Practices, Gender and Protection Advisor
• Action Contre la Faim in Paris
Integrating Mental Health and Psycho-Social Support and IYCF with Baby Friendly Spaces in the Central African Republic

Elisabetta DOZIO, PhD, Clinical Psychologist
Mental Health and Psychosocial Technical Advisor at Action Against Hunger
Presentation overview

Part 1: theory
• Overview of mental health in emergencies and impact on IYCF and psychosocial aspects
• Care practices and child development
• Underlying theory of Baby Friendly Spaces

Part 2: Baby Friendly Spaces in CAR
• Context and needs assessment
• Objectives and description of project
• Psychological characteristics of beneficiaries
• Project monitoring and impact
• Lessons learnt and conclusions
Mental Health in Emergencies: a brief overview

- Over the past 20 years, a number of studies have demonstrated clear interactions between poverty-related factors and poor psychosocial health. Evidence indicates a cyclical relationship between the two.¹

- Approximately **30% of women in developing countries suffer from depression** during pregnancy or following childbirth; these rates increase in emergency situations.²

- After a natural disaster, the **percentage of people suffering from moderate to severe mental problems increases** from 12% to 23-24%; and 30-50% of the population suffers from psychological distress³.

³Source: WHO: Mental Health and Psychosocial Relief Efforts after the Tsunami in South-East Asia. 2006
What impact do emergencies have on the psychological aspects of mother-child relationship and IYCF practices?

Distress of the mother → difficulties on breastfeeding and in providing proper care → bonding → mother disinvestment

Distress of the child → weakness → difficulties in suckling → child depression → refusal to food
What are care practices?

“The behaviours and practices of caregivers that provide the food, stimulation and emotional support necessary for children’s healthy growth and development.

These practices translate food security and health care into a child’s well-being.

Not only the practices themselves, but also the way they are performed (with affection and with responsiveness to children) are critical to children’s survival, growth and development” (Engle, 1995).
What are the different care practices?

1. Care for women
2. Breastfeeding and feeding practices
3. Psychosocial care
4. Food preparation
5. Hygiene practices
6. Home health practices
Good care practices are critical for Early Child Development

• To grow and develop, children need **care, responsiveness and stimulation.**

• **The environment in which a child grows up literally sculpts the brain.** When a parent responds quickly to a baby in a warm and loving way, the baby learns that their needs will be met. She feels secure and loved.

• **Deficiencies in stimulation**, and in the quality of the caring relationship experienced by the child in this critical period of life, **will stunt their emotional, social, physical and cognitive development.**
healthy three year old with an average head size (50th percentile)

Child suffering from severe sensory-deprivation neglect. The brain is significantly smaller than average (3rd percentile) and has enlarged ventricles and cortical atrophy
What are the psychological benefits of breastfeeding?

• Helps mother and baby establish a close bond of affection that is highly emotionally gratifying for the mother. Close contact immediately after delivery favours the installation of this relationship. This process is called bonding.

• Infants cry less and develop more quickly when they remain in contact with their mothers and are breastfed immediately after birth.

• Mothers who breastfeed their babies respond to their babies in a more affectionate way.

• Breastfeeding mothers complain less about how much attention the baby demands and about night-time feeds. They have a lower risk of abandoning or mistreating their child.

• Some studies have suggested that breastfeeding may contribute to better intellectual development.
What are Baby Friendly Spaces (BFS)?

A holistic approach for pregnant, lactating women and their babies in emergency.

The overall objective is to protect infants and young children with their families in emergency contexts through optimisation of care practices.
Why do we need Baby Friendly Spaces?

• Experiences such as traumatic events, loss of loved ones, loss of social support, displacement, deteriorated housing conditions, food shortage, uncertainty of the future, loss of belongings and more can impact on the caregivers ability to perform essential care practices.

• Leaving the children at a higher risk for malnutrition, morbidity and mortality.

• Not only may food security and health deteriorate but care practices as well.
Baby Friendly Spaces respond directly to the nutrition framework

Child survival, growth and development

Adequate dietary intake

Health

Household level food security

CARE PRACTICES

Health services and healthy environment

Resources of caretaker: knowledge, beliefs, mental health, social support...

Immediate factors

Underlying factors
Integrating IYCF and mental health with Baby Friendly Spaces

• Interventions for infants and young child feeding should go beyond the feeding aspect

• safeguarding and promoting of all care practices are essential to prevent an increase in morbidity, malnutrition and mortality

• as well as to strengthen optimal development, mother/caretaker-child relation and psychological wellbeing of children and their caretakers.
The idea of the BFS is to create:

- A safe place, where breastfeeding, sharing of experiences and confidentiality are possible; privacy is ensured
- A place where guidance and support is given to mothers/caregivers of infants and young children and future mothers
- A place for promotion and reinforcing breastfeeding & care practices
- A place where mother/caretaker-child bonding can be developed and reinforced;
- A place to prevent and detect acute malnutrition in infants, young children as well as pregnant and lactating women
- A place to identify people in emotional distress; where psycho-social support or psychological care is offered
Baby Friendly Spaces in CAR
Programme site: Alindao, Basse Kote Prefecture, CAR

- Unstable political context: different conflicts in the country for several years

- Currently the situation in the country remains unstable

- In 2013: violent conflict that led the population to leave their homes and to settle in displaced sites, or to flee the country to join the refugee camps in neighboring countries (Cameroon and Chad, DRC)
 Needs Assessment conducted in 2017: Results

• A preliminary psychosocial assessment, showed a great degradation of psychological status of the entire population (adults and children)

• Internal Displaced People were exposed to many kinds of atrocities, and showed important signs of psychological trauma

• PLWs and young children were identified as extremely vulnerable
Objectives of the ACF Mental Health and Psychosocial intervention

**Overall project objective**: contribute to the reduction in morbidity and mortality of the most vulnerable in communities severely affected by violent conflict in Basse Kotto prefecture

Specific objectives:

1. **Strengthen positive care practices** and provision of psychosocial support through the creation of Baby Friendly Spaces in the displacement sites of Alindao.

2. Reduce the risk of mortality and morbidity of children < 2 years, through a tailored psychosocial support to mothers and mothers to be.
Description of the project

• 4 Baby Friendly Spaces built in 4 different IDP sites
• Pregnant women and women with young babies were invited to come at least on a weekly basis (but free to come every time they want).
• Psychosocial activities focused on strengthening parental skills, psychomotor development for babies and emotional wellbeing for both women and babies.
• Activities included support groups, workshops, games, and psychomotor stimulation and expression activities
• Awareness raising sessions on breastfeeding and care practices as well as short videos that were projected in the communities, booklets on care practices, radio spots and drama.
ACF team composition

- 1 Nurse overseeing project
- 2 Care Practice Supervisors visiting each site
- Each of the 4 BFS had:
  - 2 psychosocial workers working in pairs
  - 1 mobile agent performing home visits in order to reach the most vulnerable beneficiaries
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8to 8.30 am</td>
<td>WELCOME / information time</td>
<td></td>
<td></td>
<td>RELAXATION for pregnant/ lactating</td>
<td></td>
</tr>
<tr>
<td>9 am</td>
<td>RELAXATION for lactating women</td>
<td>RELAXATION for pregnant/ lactating</td>
<td>RELAXATION for pregnant women</td>
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<td>RELAXATION for pregnant/ lactating</td>
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<td>9.30 am</td>
<td>baby bath /massage</td>
<td>baby bath /massage</td>
<td>baby bath /massage</td>
<td></td>
<td>baby massage with fathers!</td>
</tr>
<tr>
<td>10 am</td>
<td>FDG / pregnancy</td>
<td>Psychodrama</td>
<td>Psychodrama</td>
<td>PLAY session 0 to 11 months</td>
<td>Psychologist (counselling)</td>
</tr>
<tr>
<td>11am</td>
<td>Psychologist (counselling)</td>
<td>PLAY session 0 to 11 months</td>
<td>play session 1 to 2 yrs</td>
<td>FGD / emotional wellbeing</td>
<td>PLAY session 0 to 11 months</td>
</tr>
<tr>
<td>12am</td>
<td>lunch time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 pm</td>
<td>play session 1 to 2 yrs</td>
<td>play session 1 to 2 yrs</td>
<td>play session 1 to 2 yrs</td>
<td>RELAXATION for pregnant</td>
<td></td>
</tr>
<tr>
<td>2 pm</td>
<td>play session 0 to 11 months</td>
<td>Psychologist (counselling)</td>
<td>Psychologist (counselling)</td>
<td>play session 1 to 2 yrs</td>
<td>play session 1 to 2 yrs</td>
</tr>
<tr>
<td>3pm</td>
<td>RELAXATION for pregnant</td>
<td>Psychologist (counselling)</td>
<td></td>
<td>Psychodrama</td>
<td>baby massage with Fathers!</td>
</tr>
<tr>
<td>4 pm</td>
<td>FDG pregnancy</td>
<td>FDG / child development</td>
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<td></td>
<td>Psychologist (counselling)</td>
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<tr>
<td>5 pm</td>
<td>baby bath /massage</td>
<td>Psychologist (counselling)</td>
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<td>FDG / child development</td>
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<td></td>
<td>Administrative time/ cleaning</td>
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</table>
% of target women in need covered by project

Project coverage

- AFAPS: 5%
- Elim: 52%
- Site Catholique: 11%
- PK3: 58%
BFS attendance rates

Average period of frequentation of BFS by 1 beneficiary: 11 weeks
Psychosocial assessment of PLW or caretakers of under 2s upon entry into BFS

![Graph showing the number of beneficiaries with various psychosocial issues upon entry into BFS.](image-url)
Causes and reasons of psychosocial suffering amongst BFS beneficiaries
High rate of early pregnancy

Age of our beneficiaries when having the first baby

% of BFS beneficiaries

Age of mother (years)
Project monitoring

Upon admission and exit from the project we measured the following for each beneficiary:

- The level of psychological distress (suffering scale)
- The perceived social support
- The quality of mother and baby interactions (observation grid)
- The quality of breastfeeding practices (BREAST, OMS)
# Psychosocial improvement for lactating women

<table>
<thead>
<tr>
<th></th>
<th>Score at the admission</th>
<th>Score at the discharge</th>
<th>Women improving their status</th>
<th>Points of improving status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
<td><strong>N</strong></td>
</tr>
<tr>
<td>Social Support</td>
<td>8.33</td>
<td>1.93</td>
<td>9.18</td>
<td>1.21</td>
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<tr>
<td>Psychosocial suffering</td>
<td>4.37</td>
<td>2.59</td>
<td>2.71</td>
<td>1.78</td>
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<tr>
<td>Mother-child relationship</td>
<td>27.61</td>
<td>17.06</td>
<td>40.39</td>
<td>18.86</td>
</tr>
<tr>
<td>Breastfeeding practices</td>
<td>6.04</td>
<td>2.96</td>
<td>2.78</td>
<td>1.74</td>
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</tbody>
</table>
## Psychosocial improvement for pregnant women

<table>
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<th></th>
<th>Score at the admission</th>
<th>Score at the discharge</th>
<th>Women improving their status</th>
<th>Points of improving status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.08</td>
<td>1.92</td>
<td>8.79</td>
<td>1.39</td>
</tr>
<tr>
<td><strong>Psychosocial suffering</strong></td>
<td>4.08</td>
<td>2.34</td>
<td>3.03</td>
<td>1.89</td>
</tr>
</tbody>
</table>
Lessons learnt

• In this context was possible to implement the model as conceived in the ACF Baby Friendly Spaces manual (in others context should be adapted)

• The training of psychosocial worker is very important

• The first phase was too long (logistic difficulties for material and construction of the spaces) and it should be more efficient for emergency response
Conclusions

• Pregnant women, mothers and their babies showed a real improvement in parent-child bonding and psychosocial wellbeing.

• These results were really encouraging about the efficacy of proposed psychosocial approach in an emergency context.
Questions & Discussion
Wrap Up
Tech RRT Capacity Strengthening Webinar Series:
Programme Spotlights of multi-sectoral integration with IYCF-E

These Programme Spotlights will start in July and will initially feature four practical examples of integration of IYCF-E with other sectors programming.

*Do you talk of multi-sectoral programming but don’t know how to do it?
*Do you want to see how others have integrated IYCF-E with other sector programming?

This webinar series is for you! Explore how others have done it and discover that the boundaries are as broad as your creativity!

**Wednesday, 17th July 2019**
Integrated Family Planning Services with Mother-Baby Nutrition Areas in the Rohingya Camps in Cox’s Bazar, Bangladesh
*Presenter: Noum Uddin, Save the Children International Bangladesh*

**Wednesday, 24th July 2019**
Baby-friendly spaces linked with Mental Health & Psycho-Social Support in CAR
*Presenter: Elisabetta Dozio, Action Contre la Faim*

**Wednesday, 31st July 2019**
General Food Distribution with Integrated IYCF-E in DRC
*Presenter: Milca Borawmema & Gwenaelle Garnier, World Food Programme*

**Wednesday, 7th August 2019**
Integrated Food Security Phase Classification (IPC) and use of IYCF data
*Presenter: Douglas Jayasekaran, IPC Global Support Unit*

**8:00 (New York), 12:00 (Bamako), 13:00 (London & Kinshasa), 14:00 (Geneva & Khartoum)**
**15:00 (Amman & Nairobi), 16:30 (Kabul), 18:00 (Dhaka), 20:00 (Manila)**

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