

Infant and Young Child Feeding in Emergency (IYCFE) Technical Working Group Terms of Reference (TOR) March 2025

I. BACKGROUND

In Bangladesh, the Rohingya humanitarian crisis that began in 2017 prompted a large-scale response from both international and national humanitarian agencies. As of 1st October 2017, more than 809,000 Rohingyas were estimated to be sheltering in Bangladesh, having fled violence and persecution in Myanmar. The violence, which began on 25th August 2017, triggered a massive and rapid influx across the border—approximately 509,000 people arrived within the span of a month. These refugees (also referred to as Forcibly Displaced Myanmar Nationals, or FDMNs) joined around 300,000 Rohingyas who were already in Bangladesh from earlier waves of displacement. The Rohingya population in Cox's Bazar remains highly vulnerable, with many having endured severe trauma and now living in extremely challenging conditions. As of 31st March 2025, according to the UNHCR Population Factsheet, 1,102,356 Rohingya refugees/FDMNs are registered in Bangladesh, residing in thirty-three extremely congested camps officially designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of the Cox's Bazar District.

Since late 2023, nearly 65,000 additional Rohingya refugees have fled renewed violence in Myanmar and crossed into Bangladesh. These new arrivals, also reflected in the current factsheet, face acute vulnerabilities due to a lack of registration, limited access to humanitarian aid, and increased risks of exploitation and forced repatriation.

Infant and Young Child Feeding (IYCF) status varied at both optimal and sub-optimal levels across all camps. According to the Standardized Expanded Nutrition Survey (SENS) Report, Cox's Bazar Refugee Camps, Bangladesh, 2023; Timely initiation of breastfeeding was 93.3%, Exclusive breastfeeding under 6 months was 69.9%, bottle feeding among children aged 0-23 months was 4.8%. Global Acute Malnutrition (GAM) was 15.1%, Moderate Acute Malnutrition (MAM) was 13.1%, Severe Acute Malnutrition (SAM) was 2.0% (Acute malnutrition by WHZ) among 6-59 months aged children. Severe stunting was 41.2%, Anaemia was 38.2% and most common burden being stunting and anaemia combinedly was 12%. Only 16.5% of children 6-23 months consumed a minimum acceptable diet. While breastfeeding practices has improved, overall nutrition situation and several infant and young feeding in Emergency (IYCF-E) indicators are sub-optimal despite the efforts to scale up the IYCF-E services in all the camps. IYCF-E component covers the 0 to 23 months children and their caregivers.

Early Childhood Care and Development (ECCD) and Psychosocial Support (PSS) are integral components of preventive nutrition services for children under three years of age. This component focuses on providing a safe and comfortable space for children who accompany pregnant and lactating women and caregivers attending counselling and group sessions at the Infant and Young

Child Feeding in Emergencies (IYCF-E) corners and health education sessions. It offers nurturing messages, Psychosocial First Aid (PFA), and psychosocial support counselling, and refers individuals to Mental Health and Psychosocial Support (MHPSS) services for further counselling or treatment, based on the needs of the mother and in accordance with ECCD and PSS protocols.

Cox's Bazar Nutrition Sector (NS) has created a technical Working group to ensure technical consistency, effective coordination, and harmonization of efforts among implementing partners. Considering the support objective similarity and maintaining continuation of optimal feeding practices (breastfeeding and initiation of complementary feeding) for physical and mental growth, all the three components are considered under this technical working group.

This Terms of References serves as guidance to all members this group working in IYCF-E, and ECCD in the Rohingya response under Nutrition sector.

II. OBJECTIVES

To provide operational and technical guidance to nutrition Sectors implementing standard IYCF-E for children aged 6–23 months, as well as comprehensive assessment and counselling for child–mother pairs with children under 6 months, including in <6 months child management, and the integration of ECCD and PSS programming.

III. ACTIVITIES

To implement and improve the services quality of IYCF, comprehensive services for <6 months child management and, ECCD and PSS programme by all the NS partners, the following activities will be maintained -

1. Provide technical assistance to all Nutrition Sector partners.
2. Update and review training program based on operational and technical guidelines including other recommended materials for the preventive nutrition programs.
3. Advise the Strategic Advisory Group (SAG) on issues related to the implementation and compliance on the agreed technical standards and guidelines regarding mentioned technical areas.
4. Program performance monitoring and reporting, review, and harmonized use of tools in collaboration in NSCU (Nutrition Sector Coordination Unit).
5. Identify, discuss and support addressing gaps and challenges along with the needs of relevant assessment and survey and coordinate with relevant NS TWGs.
6. Present agenda in the Nutrition sector (NS) and follow up technical and policy issues raised within the national nutrition cluster forum, global and other relevant technical platforms.
7. Review and ensure implementing partners are following relevant National policies and strategies and monitoring compliance of Breast milk substitute (BMS) code.

8. Engaged the development/review of Nutrition emergency preparedness and response plan incorporating needs.
9. Social and Behaviour Change (SBC) plays a key role in improving IYCF-E during emergencies by promoting breastfeeding, appropriate complementary feeding practices, and raising awareness on maternal nutrition. To address challenges the TWG will support the integration of structured SBC approaches for interpersonal communication and community mobilization—into IYCF programs. This includes aligning messages, educational materials, and counselling tools that are culturally contextualized for the Rohingya community.
10. Identify areas for collaboration among NS partners and other relevant sectors/actors e.g. Health, WASH, FSL, Protection, Education, MHPSS, Gender & Inclusion etc. to address cross cutting issues affecting the outcome of preventive nutrition program.

IV. MEMBERSHIP

The IYCF-E TWG at the Cox's Bazar level shall be chaired by UNHCR and co-chaired by Gonoshasthaya Kendra (GK).

Group Members:

- Agencies implementing Preventive Nutrition Programs (IYCF-E comprehensive services for <6 months child-mother pairs, <6 months child management and, ECCD and PSS)
- UN Agencies.
- Other relevant partners recognized by NS implementing related activities.

Each organization will nominate a permanent focal person (and one alternate) to ensure consistency in representation and facilitate communication. Group members will agree to regularly attend technical group meetings, endorse the IYCF-E technical working group ToR and work plan, and abide by the ToR and fully implement the work plan.

Group Observers:

Stakeholders not directly engaged in the delivery of IYCF-E, comprehensive services for <6 months child management and, ECCD and PSS programming are welcome to attend sub-group meetings, but they will have an observer status within the group.

V. MEETING FREQUENCY AND MINUTES

Meetings will be held once a month on 3rd Tuesday of every month at 10:30 AM-01:00 and ad-hoc will be called by the IYCF-E TWG chair/Advisor when required. Meetings will be held at the NS Office or in another place agreed as agreed by the group. Should there be changes on the schedule and venue, members shall be informed accordingly in advance. Each meeting shall be led by the IYCF-E TWG Chair/Advisor, in his/her absence, by the Co-Chair. The Co-chair will take down

minutes of the meeting. In the absence of Chair, Co-chair will lead the meeting and will nominate any group member to take the minutes of the meeting. The draft minutes will be circulated to members for review within three working days and will be asked for feedback within next five working days. The final minutes shall be shared within the following three working days. The minutes action points will be reviewed at each subsequent meeting.

VI. REPORTING

The IYCF-E TWG shall give an update on the actions taken and other related information at every Nutrition Sector meeting and/or in other appropriate forum. Minutes and key documents should be translated (as necessary) as soon as possible and made available in hard copies at all meetings posted online at humanitarianresponse.info

VII. WORKPLAN

Develop a specific and detail IYCF-E TWG workplan in line with current NS strategy and JRP covering the whole year.