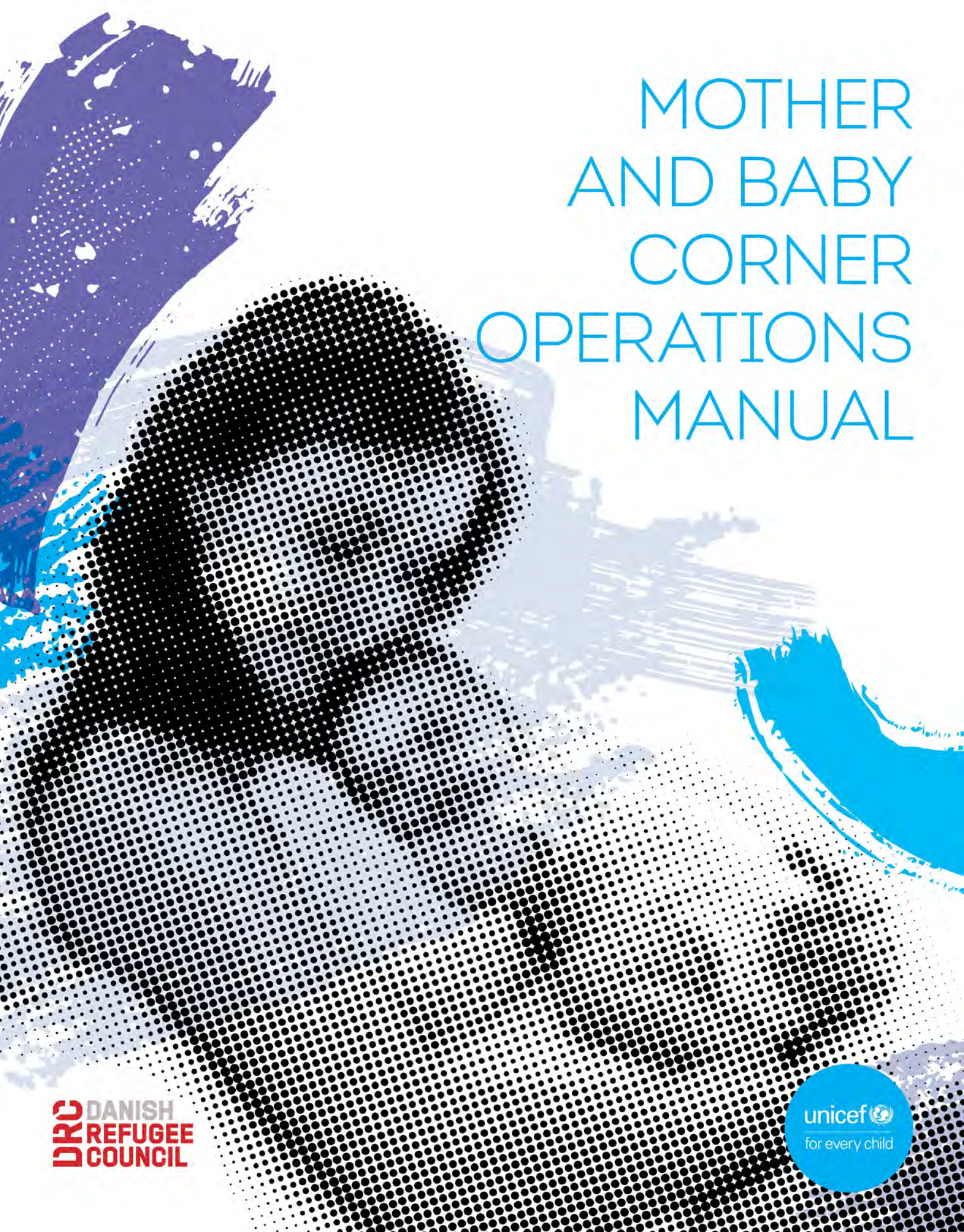
MOTHER AND BABY CORNER OPERATIONS MANUAL



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MOTHER AND BABY CORNER OPERATIONS MANUAL

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PREFACE

The *Mother and Baby Corner Operations Manual* was developed by the Danish Refugee Council in Serbia, in cooperation with UNICEF in Serbia, as part of the *Child-Friendly Space and Mother and Baby Corner — Support for Refugee Children* project, during three-year cooperation, in the period from 2015 to 2018. This manual aims to specify in more detail the operations of staff employed in the Mother and Baby Corner, as well as to explain the Corner's various functions in emergencies. An emergency is a situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection. Emergencies may be created by natural or technological disasters, epidemics or conflicts. A complex emergency is defined as a humanitarian crisis in a country, region or society where there is significant or total breakdown of authority resulting from internal or external conflict and which requires a coordinated and international response.[1]

The manual may also be of use to all frontline actors who, in the course of their work, deal with mothers/parents/caregivers with babies and young children.

[1] United Nations Children's Fund, Programme Policy and Procedure Manual: Programme Operations, UNICEF, New York, 22 January 2009

THE YOUNGEST CHILDREN IN EMERGENCIES

In all emergencies, regardless of their duration, cause, consequences for the livelihoods of those affected, children are always exposed to the highest level of health risks. The moment a child loses the safety of its daily routine, it is at risk. The youngest children are the most vulnerable. That is why a special approach is needed for children from birth to the age of two.

The professional community has been raising awareness about the importance of the first 1,000 days in a child's life in recent years. Experts are mobilised to inform parents and others in the child's environment about what experiences are needed at the child's earliest age. Messages are sent about particularity and uniqueness of each day in the child's development. The interaction between the child's potential, the parental response to the child's needs, a stimulating learning environment and a safe environment for the child is discussed.

When relations in the world suddenly change and when families no longer feel safe in their environment, they move and relocate from the risk zone. Regardless of whether the family will return to their home in a short time or leave it forever, changing the place of residence for every child brings a series of risks that threaten the child's health. As the youngest children are the most vulnerable, every emergency poses a health risk for them, and oftentimes places their life at risk.

Nutrition is one of the biggest health risks for a child, even placing its life at risk, because children at the earliest age require a specific diet, which depends on the age and maturity of the child. For the youngest children from birth to sixth months of age, mother's milk is the only necessary, most suitable and safest food. In difficult living conditions, breastfeeding is crucial for the child's survival and that is why mothers are encouraged to breastfeed regardless of the child's age.

Children's hygiene needs are difficult to meet in the conditions of continuous movement or limited access to sanitation. The inability to provide proper hygiene conditions for children jeopardises their health and life.

A child needs safety regardless of its age. Safety for the child means the familiarity of family/daily rituals, situations in which it finds itself and the environment in which it lives. Any displacement from the home undermines the child's safety.

Sleep is a physiological necessity. It is very important for the child to sleep soundly, to have consistent bedtime, with standard daily routines. When the usual sleep pattern is disturbed, when the conditions in which the child lives disrupt the child's sleep, the child's stress levels increase.

Every child fundamentally depends on its parents. The bond the child builds with its mom and dad is a source of support in all situations in which the child finds itself growing up. In life situations where the family's life and belongings are threatened, parents often fail to provide the necessary response to their children, which causes children to feel abandoned and afraid.

Children play in the womb as well. They develop through play; play enables them to transition from one stage of development to another. They learn through play. Play requires a warm, simulating and safe environment. Life in any emergency hinders and restricts play.

Care for families with the youngest children should be a priority in caring for those affected by emergencies. Consequences for children leave a permanent mark in their development. They can endanger not only their health, but their lives as well.

Support for these families should be organised and provided by trained professionals and volunteers for special situations.

STARTING THE ORGANISATION OF SUPPORT TO FAMILIES WITH YOUNG CHILDREN

- When planning a reception point for the affected persons, it is necessary to plan a part of the space that will be a place to which families and mothers with children up to two years of age will be directed.
- Ensuring that, when the Corner is open, there is a person trained for taking care of and providing support to mothers and children at all times.
- The person providing support in the Corner needs to be able to carry out an individual assessment of every child relating to nutrition, hygiene and the child's health symptoms.
- The Corner should be equipped in such a way as to provide mothers with safety, relaxation and rest.
- Providing logistical support to staff relating to the Corner's operation.
- Operating procedure when receiving each family in place.
- Clear operating rules in the Corner.

Establishing a Mother and Baby Corner

- It is necessary to utilise all the potential of the local area, the capacities of professional teams, trained volunteers in order to create the conditions for maximum quality support.
- In improvised conditions, it is necessary to provide an isolated space, clean water, a place to store waste and eliminate used water.
- The procedure for distributing food, clothing, hygiene products in place.
- Ensure the space is kept clean.
- Create the possibility for the child's basic hygiene needs to be met.
- Space and activities planned while observing the safety principle.
- If there is a language barrier in communication and no possibility of providing an interpreter on site, secure the translation of basic words required for communication. In that context, use available health education materials such as posters, educational cards, leaflets.
- Plan the place where the necessary information for staff employed in the Corner will be located.

When planning a reception point for affected persons, it is necessary to plan a part of the space that will be the place to which families and mothers with children up to two years of age will be directed. That needs to be the quietest part of the reception point.

In planning care for affected persons, special attention should be directed to the manner of receiving and providing assistance to families, especially mothers with children up to two years of age.

In the Corner, while it is open, there should always be a person trained to take care of and provide support to mothers and children. The person providing support in the Corner needs to carry out an individual assessment of every child, relating to nutrition, hygiene and the child's health-related symptoms. The Corner should be equipped in such a way as to provide mothers with safety, relaxation and rest. Support providers should have logistical support in terms of water, food, clothing, hygiene products in line with basic standards of care.

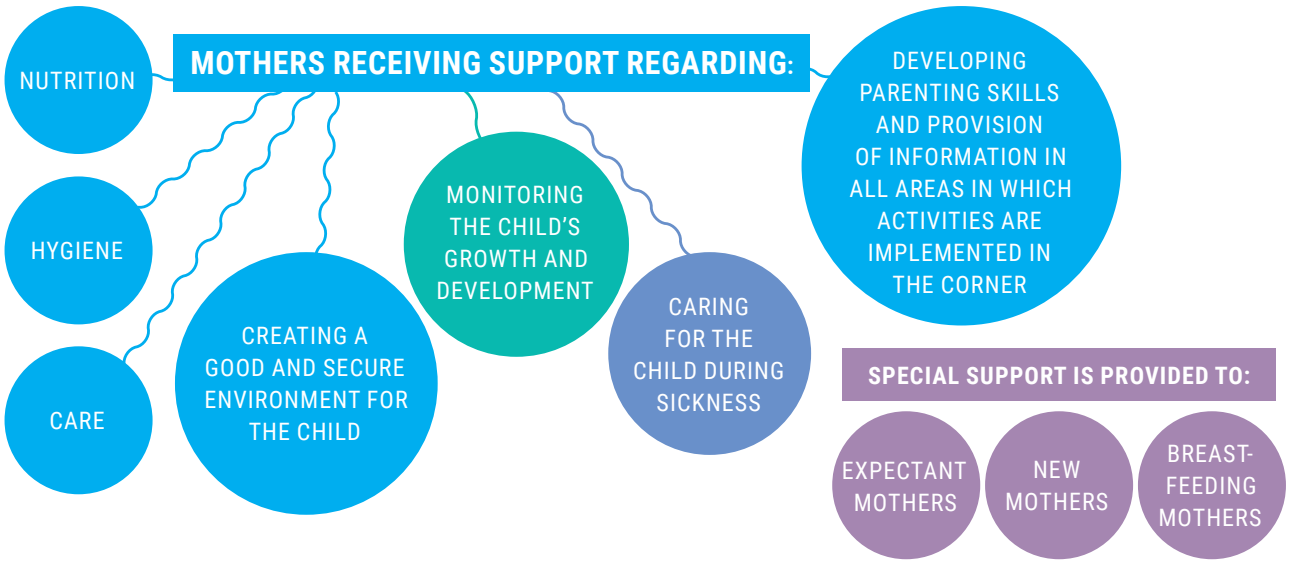
A special task is to maintain a pleasant, supportive atmosphere that will bring peace to mothers, and, by extension, safety for children.

In order to create and maintain this kind of atmosphere, there needs to be in place a procedure when receiving each family. Clear operating rules in the Corner with which everyone is familiar and insistence on their consistent application enable the maintenance of order and a pleasant atmosphere.

Operating challenges, especially in the early stage of emergencies, have shown that „the art of improvisation" plays an important role when it comes to creating an improvised space for the mother and the baby. To organise a Corner means, in the conditions in which assistance is provided, achieving the desired goals. It is necessary to utilise all the potential of the local area, the capacities of professional teams, trained volunteers in order to create conditions for the highest quality support. That is why the skill of improvisation is among the most important conditions for organising necessary support.

| MOTHER AND BABY CORNER

Interventions promoting, protecting and supporting optimal practices related to the nutrition of infants and young children are known to save lives, so opening the Corner ensures access to a safe environment for breastfeeding, education and counselling for optimal child nutrition practices in accordance with the recommendations of the World Health Organisation for infant nutrition. The Corner is a safe place for mothers, expectant mothers, babies and young children, where they get necessary protection and basic care for the child. Mothers are supported by the nurses or trained staff of organisations that are part of the centre or trained volunteers.



Depending on whether families are on the move or provided accommodation for a longer time period, types of activities are specified as part of the planned support.

Nurses' frontline work — Corner on the move

When there is no Mother and Baby Corner organised, support can be provided by reaching out to families. By spending time in the places where families are located, the nurses provide support to mothers/parents with the youngest children. The aim of these interventions is to reduce and eliminate health risks for the youngest children.

Nurses focus their attention on babies 0–6 months old, their nutrition, hygiene, the presence of symptoms of disease. They provide support through interventions aimed at supporting lactation, overcoming any obstacles, encouraging mothers to exclusively breastfeed, providing conditions for lactation to continue, ensuring relactation. In contact with mothers who do not breastfeed, they direct mothers to use cups to feed their chil-

dren and teach them the skill. They highlight the risks of preparing milk in unhygienic conditions. They teach them how to safely prepare milk formula in given circumstances.

For children aged 6–24 months, a diet assessment is carried out, mothers are educated about the importance of liquid intake using a cup and the risks of using a feeding bottle, about a diet based on available age-appropriate industrially prepared food. They help mothers maintain children's personal hygiene in improvised conditions, and monitor for symptoms of change in health condition.

Nurses refer children to medical teams when they see a change in health condition. Teams providing other types of support also get involved if necessary.

Nurses are equipped with bags with necessary work equipment, which should contain surgical gloves, surgical face masks, a thermometer, physiological saline solution in individual 5 ml containers, soap, diaper cream, paper tissues, wet wipes, plastic teaspoons, plastic cups, baby changing mats with oilcloth on the bottom, several plastic bags, educational flyers, which should be translated into the users' languages in case of dealing with speakers of other languages.

Corner — short-term support

During situations when families are constantly on the move, the Corner is a place where the mother can relax briefly, take care of the child's basic needs and receive necessary protection.

A major challenge is to provide support to everyone in a short period of time. In order to be as efficient as possible, the teams providing support follow specified procedures, nutrition recommendations for children up to 2 years of age and algorithms for taking care of mothers and children. See the *Proposal for Feeding Migrant Infants and Young Children (Refugees and Asylum Seekers) Aged 0 to 23 Months in Transit-Reception Centres and Asylum Centres*, which was developed by the Dr Milan Jovanović Batut Institute of Public Health of Serbia.

The Corner's rules relating to the organisation of operation, the reception of mothers in the Corner, provision of care to children and mothers, enable the nurses to assess the needs of the mother and child and provide adequate support.

Reception of mothers and children

- offer mothers to make themselves comfortable, wait for them to do so.
- ask each mother what she needs most at the present. If her request cannot be satisfied, propose a viable solution. Once the mother's basic request has been satisfied, proceed with an interview. Questions should be aimed at obtaining information about the needs of the mother and child, the child's and mother's health condition, difficulties faced by the mother during transit relating to child's nutrition and care.
- if necessary, the nurses ask for support from the medical team, social service, the competent management body of the reception centre.

Organising the Corner's operation requires a precise definition of activities and procedures when providing care to mothers and children. Each member of the team working in the Corner has his or her tasks related to the operation of the Corner itself and the obligation to follow the rules regarding receiving and caring for

users. The Corner is managed by the Corner Coordinator, who onboards new team members and provides them with all the necessary operating rules in writing. The Coordinator trains them to perform activities in the Corner and monitors the Corner's operation. If users are speakers of other languages, the Coordinator provides interpreters.

Breastfeeding support during rapid turnover of users

Support to mother breastfeeding in the Corner:

- offer the mother tea, water, available beverages.
- explain to her that she can breastfeed even if she has not eaten adequately in recent days.
- on cold days, help the mother get warm and relax.
- ensure that the mother has at least minimum privacy. Offer her to breastfeed in a space separated by a screen or make a barrier using cushions and blankets to make sure the mother feels protected from on-lookers.

Messages that can help to encourage mothers to breastfeed:

your child receives everything it needs for growth and development through breastfeeding

breastfeeding provides the child with enough liquid intake

its food is always safe, clean, at the required temperature, ready to be served

you protect the child from respiratory and stomach infections

there is no better way to calm your child

if you don't want your child to see something, breastfeed it

if it is cold, you will warm your child by breastfeeding

Corner — continuous support

While families wait to continue their journey or for an outcome of the situation in which they find themselves, they spend a longer period of time in one location. Consequently, the organisation of the Corner's operation is adapted to the needs of children going through their development stages while staying in one place.

The time spent in accommodation centres is a unique period of growing up and maturing for children. The places that are organised to receive people during emergencies are not designed from the perspective of children's needs. This is why it is necessary to create a place that will be organised according to the needs of children. Given that the earliest age is also the most sensitive for children's development, it requires significant engagement on the part of parents and certain conditions in order for the child to have an enabling environment for growth and development. Children's progress in terms of physical, motor, emotional and social development is monitored. Mothers have the possibility to improve their parenting skills through workshops organised as part of the activities in the Corner and individual efforts. Living on the move, in common spaces, without the items and objects that make up a home, is not the standard environment in which children are expected to grow. The Corner is a space that is organised and equipped to meet the needs of children and mothers.

When fitting out the space, it should contain the following: a sanitation facility (water heater, tap, sink), sitting mats and cushions, a changing table, additional appliances such a blow dryer and electric kettle, weight and height scale, a screen for broadcasting educational and entertainment content, shelves or cabinet for putting away resource tools, a desk with chairs for the staff, a privacy screen (space divider), posters with messages for mothers, age-appropriate toys and books, children's table and chairs, feeding bottle sterilizer, a table for preparing milk formula. The space for the preparation of milk formula for mothers who are not breastfeeding should be separated from the rest of the MBC, minimising the exposure of breastfeeding mothers to breastfeeding substitutes (in line with the Codex, please see page 18).

| ACTIVITIES IN THE CORNER

The Corner has working hours and a planned activity schedule, which is displayed for everyone to see and translated into users' languages if necessary.

MOTHER AND BABY CORNER **Activity schedule** *0–24 months of age*	
09:00-10:00	Cleaning and disinfecting of the Corner and toys, recording individual plans for babies and expectant mothers, visit by the medical team.
10:00-11:00	Morning meal for babies – **HEB 1/3 of 100 g package (high-energy biscuit) or milk/ cereal porridge** if there is no HEB or the child does not eat HEB (providing support to mothers and babies in introducing solid foods and activities that present necessary stimulation for age-appropriate development), counselling for expectant mothers.
11:00-12:00	Time for babies' personal hygiene
12:00-14:00	Recording individual plans for babies and expectant mothers, updating documentation, distributing non-food products, free activities.
13:00-14:00	(once a week or several times) Workshop with mothers and/or expectant mothers (educational, creative or recreational).
14:00-15:00	Afternoon meal for babies – **savoury puree(s)** (providing support to mothers and babies in introducing solid foods and activities that present necessary stimulation for age-appropriate development), counselling for expectant mothers.
15:00-16:00	Field visit
16:00-17:00	Afternoon meal for babies – **fruit puree(s)** (providing support to mothers and babies in introducing solid foods and activities that present necessary stimulation for age-appropriate development), counselling for expectant mothers.
To take away after afternoon meal: if the mother does not breastfeed the child aged 6–24 months, provide 2 UHT milk cartons for the child (1 for the evening, 1 for the morning and 1 savoury puree). If the child does not eat savoury puree, provide milk/cereal porridge.	

The daily schedule also exists in a version intended for Corner staff, detailing the implementation of activities. This applies in particular to the distribution of food, clothing and hygiene products. It is subject to change depending on available resources. Within the planned timeframe, activities are designed according to the needs of the group or individual needs.

Role of the nurses working in the Mother and Baby Corner

The task of the nurses in the Corner is to provide the necessary support to mothers/parents in creating conditions for the proper development of children in the circumstances in which they find themselves, with a special approach to monitoring child nutrition and adequate nourishment. The nurses carry out their tasks by implementing activities in the Corner and in the area where the families are accommodated. The nurses are responsible for the implementation of planned daily activities of the Corner. The nurses' activities vary depending on the time the users spend in the accommodation centre and are implemented as part of the following tasks:

Organising Corner operation	❍ preparing Corner spaces to provide a pleasant atmosphere for the stay of mothers and babies. ❍ maintaining the hygiene of the spaces. ❍ responsibility for enforcing the rules of conduct in place in the Corner.
Monitoring child nutrition	❍ once a month, all children aged 6–24 months (including children up to 5 years of age) in the accommodation centre are monitored for their nutrition level by using MUAC tape and/or graphs for body length and height for the purpose of monitoring their progress. ❍ changes are recorded; any change indicating a drop in weight requires making an individual support plan: information about the child's number of meals, meal content, quantity of food intake, provision of support and referral to a pediatrician.
Providing support in feeding children from birth to 2 years of age	❍ providing support to breastfeeding mothers with a special emphasis on exclusive breastfeeding until 6 months and continuing breastfeeding until 2 years of age and beyond. ❍ providing support to mothers whose babies use milk formula in its preparation, dosage and feeding. ❍ support in introducing solid food after 6 months of age. ❍ promoting healthy habits in child nutrition.
Monitoring hygiene habits and maintenance of children's personal hygiene	❍ assistance to mothers in adapting conditions for regular maintenance of children's personal hygiene. ❍ monitoring hygiene conditions in the space where the child is staying with its family. ❍ if it is noted that the hygiene conditions may threaten the child's health, support will be provided in order to resolve the situation in the best possible way. ❍ developing skills related to independent hygiene habits in children.
Monitoring children's early development	❍ the role of parental competencies in children's early development. ❍ stimulating the child's abilities and skills. ❍ possibility of early socialisation of children and various types of cognitive and motor stimulation through play and age-appropriate activities. As additional literature, see *Early Childhood Development: What You Need to Know*.[2]

[2] See https://www.unicef.org/serbia/sites/unicef.org.serbia/files/2018-07/Rani_razvoj_deteta.pdf

Working with expectant mothers	❍ keeping track of regular gynecological examinations. ❍ distribution of foodstuffs available as nutritional supplements for expectant mothers. ❍ inclusion in a health education programme targeting expectant mothers. ❍ preparation for newborn breastfeeding and care.
Working with a new mother	❍ support in initiating breastfeeding. ❍ distribution of foodstuffs available as nutritional supplements for breastfeeding women. ❍ assistance in organising a space for the baby within the family space. ❍ organising necessary conditions for the newborn's personal hygiene.
Support in caring for a sick child	❍ identifying symptoms of change in child's health condition. ❍ referral to a doctor, monitoring of understanding of and recommendations for child treatment and care. ❍ monitoring changes on the skin, the scalp, referral to a doctor if necessary, support in care.
Distribution of food and non-food products	❍ nurses distribute food recommended according to age (see *Proposal for Feeding Migrant Infants and Young Children (Refugees and Asylum Seekers) 0 to 23 Months of Age in Transit-Reception Centres and Asylum Centres*, which was developed by the Dr Milan Jovanović Batut Institute of Public Health of Serbia)4, clothing, hygiene products according to a developed plan. They keep track of supplies in the Corner and are responsible for ordering them in a timely manner from central distribution.
Individual counselling	❍ nurses provide support through group work as well as through individual counselling related to nutrition, hygiene and care, early development.
Cooperation with other stakeholders and provision of information	❍ cooperation with other organisations to share information about the Corner's service and the most important principles which all actors on the ground should observe in order to provide maximum quality support to families/mothers with young children and expectant mothers. ❍ on the ground, there are often many stakeholders present, a high turnover of volunteers and new staff, so it is recommended that, in order to ensure swift sharing of information about the Corner, a flyer about the Corner's services be developed which will be distributed, and informative sessions about the Corner's operation be held periodically. ❍ cross-sectoral orientation training on infants and young children should be conducted, especially in emergencies, in order to raise the awareness of frontline support staff with a view to ensuring that all persons providing assistance are aware of the need to promote, protect and support breastfeeding.

ACTIVITIES WITH BREASTFEEDING WOMEN

Providing support and care for breastfeeding women is important in order to overcome obstacles that may occur during the initiation of lactation and later during breastfeeding. Apart from support and care, breastfeeding women are provided education and counselling on finding solutions for their given situation. The activities that take place in the Corner are a source of assurance and support for breastfeeding and monitoring babies' progress. The Corner is a place where mothers share their experiences, speak openly about dilemmas, try to find solutions to their issues. Mothers recognise the Corner as a place where they have their privacy and can rely on the confidentiality of the staff working in the Corner.

Response to mothers' conditions that may cause difficulties when breastfeeding

- **Empty breasts** – mothers who do not drink enough fluids or do not eat multiple meals during the day, as well as mothers who have not established balance between milk demand and production feel their breasts are empty.

Intervention: check whether the mother has the possibility to drink a sufficient amount of fluids. Highlight the importance of eating plenty of whatever food is available multiple times during the day, as well as of taking every opportunity to rest during the journey. Explain to the mother that having soft breasts does not mean they are empty, that she should continue breastfeeding and try to drink plenty of fluids.

- **Fissures** – check how the baby latches onto the breast and its position on the breast during a feed. Help the mother wipe the nipple with a tissue/compress/diaper soaked in water after breastfeeding. If she cannot wash it, she needs to let the nipple dry on its own and coat it with her milk. Point out that, if blood appears, this is also not a reason to stop breastfeeding – the baby will spit up the blood if it swallows it.
- **Engorged breasts** – when a mother has an engorged breast that is hard, tender and swollen, it is necessary to reassure the mother by explaining that it is precisely breastfeeding that is the solution to this situation. It is necessary to prepare the breast beforehand: put a warm compress, gently massage the breast to make it softer, allowing the baby to feed more easily and to express milk from the breast more easily after breastfeeding. After breastfeeding and expressing, put a cold compress, which should be changed until the next feed, when a lukewarm compress will be applied. The more often a baby feeds, the more it slowly empties the breast, thus also regulating the milk supply.

CAUTION – if a woman complains about a fever, shaking, malaise, if the breast is red, swollen, painful – she must be referred to a doctor.

- **Relactation** – it is also possible in mothers who have not breastfed for a longer period of time. The basic ***intervention*** involves encouraging the mother. The nurse has to show that she believes in what she is saying. It is necessary to present to the mother a story that is acceptable to her, she needs to be encouraged to believe that breastfeeding is now the best thing she can provide her child. The mother must receive precise instructions regarding the breastfeeding frequency (10–12 times a day), an explanation of how hormones are stimulated by her own desire and belief in the success of breastfeeding, and a positive view of the situation in which she finds herself, along with liquid intake, food and rest.

Response to child's conditions that can cause difficulties breastfeeding

- **Distress** on the part of the baby can stem from the need for food, some discomfort in relation to its health condition, unpleasant experiences to which it has been exposed (too many sounds, constant movement, change in temperature, etc.), the current inability of the mother to meet its needs (tiredness, exhaustion, fear, etc.).

Intervention: try to get a response from the mother regarding how she interprets the baby's distress. If the mother does not know why the baby is distressed, the nurse attempts to calm the baby through interventions:

- enable the baby to get changed, into dry clothes, carefully check to see if the baby has any changes in skin or any other symptom that would indicate a change in its condition.
  - help the mother relax, enable her to make herself comfortable, offer her food and water if possible.
  - when the mother manages to get comfortable in the Corner, suggest to her that she first cuddle the baby, hold her close to her chest, calm her and only then offer her the breast.
  - if the nurse has noticed that the child has nasal secretions, breathing problems, she will suggest that the mother should clean the child's nose. If the mother is not skilled at it, she will ask permission to do it herself. She will explain to the mother the importance of clear airways for breastfeeding, but also the risk of ear infection and other complications occurring if the secretions are not eliminated from the nasal cavities. She will show the mother the breastfeeding position in order to make breastfeeding easier for the baby (in an inclined position).
  - if the nurse is not sure whether the child has the appropriate weight for its age, she will weigh the baby and determine, based on the chart and/or by using a MUAC tape the child's nutrition status.
  - if, during diaper changes, she notices the child has changes in skin, she will ask the mother to take a look at them. If it is a diaper rash, she will check with the mother if she is able to change the baby regularly, wash it with water (whenever possible), whether she uses protective cream. In case of any diaper rash, ask the mother about the number and appearance of stools, because that could be a symptom of stomach distress experienced by the child.

- if there are changes in skin that are filled with fluid, red, inflamed, affect larger areas or are scattered across the body — refer the child to the doctor. Suggest to the mother to change the baby into clean clothes whenever possible and, if possible, periodically wipe the child with a cloth diaper soaked in water when bathing is not possible.
- if the child looks tired, exhausted, does not respond to stimuli — immediately refer it to the doctor.
- if the nurse and mother cannot identify the reason and the child is still distressed — the child is to be referred to the doctor.

CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

The International Code of Marketing of Breast-milk Substitutes (The Code) and Subsequent Relevant World Health Assembly Resolutionsset the responsibilities of the baby food industry, health workers, governments and organizations in relation to the marketing of breast milk substitutes. All the provisions of the Code should be monitored during the migrant/refugee crisis and violations reported by individuals, partners, governments etc. (https://www.who.int/publications/i/item/9241541601)

In accordance with the Code, there should be no promotion of breast-milk substitutes (BMS), feeding bottles or teats at any point, including displays of products, or items with baby food company logos, and BMS supplies should not be used as a sales inducement. BMS, milk products, bottles and teats should never be part of a general or blanket distribution and there should be no donations of free or subsidized supplies of these products in any part of the healthcare system. Unsolicited donations and/or inappropriate promotion or distribution of breastmilk substitutes, bottles and teats should be reported to Ministry of Health.

The Mother and Baby Corner will provide protection to breastfeeding mothers and all efforts should be made to separate space for mothers who are breastfeeding from mothers who are using BMS and operate in accordance with the provisions of the Code.

Additionally, ensure BMS is manufactured and packaged according to the relevant Codex Alimentarius standards (CODEX STAN 72-1981: http://www.codexalimentarius.org/standards/list-of-standards/en/?no_cache=1). The Codex Alimentarius includes a set of standards for the essential composition, quality factors, content of food additives, presence of contaminants, hygiene standards during manufacturing, packaging quality and labeling requirements.

All information regarding the ingredients, preparation and storage of the food substitute on the packaging should be translated into the language of the user's population (especially for BMS due to the specificity of the preparation of each manufacturer) and included during the distribution.

In order to protect and promote exclusive breastfeeding until the age of 6, child food (except BSM) should not be promoted to be used for children under 6 months of age.

SUPPORT TO MOTHERS FEEDING CHILDREN MILK FORMULA EXCLUSIVELY

When a child is given milk formula for medical reasons, cup-feeding rather than bottle-feeding should be recommended, along with clear messages about the dangers stemming from the inadequate hygiene of teats and feeding bottles.

The benefits of cup-feeding

A feeding cup and spoon are cleaner than feeding bottles and carry a lower risk of contamination compared to bottle feeding, thus reducing risk of infection. Cups are easier to clean than feeding bottles and can be easily replaced.

If you are feeding the baby milk formula, try using cups instead of bottles. Use a small cup. Try to clean it with warm soapy water after every feeding. If you cannot clean it immediately after feeding, dry it off well using a clean paper tissue. Newborns and young children can be fed from an open cup and they should be encouraged to eat in that way. Any clean and open cup may be used. Mothers lacking access to cleaning and sterilisation facilities should be given a number of cups that is at least equal to the number of feedings needed until she is able to arrive at the next support station, where cups can be cleaned and sterilised.

Any open cup that can be found in most households will work. Avoid cups with lids or those specially designed for a straw, or those that are closed and have an opening for letting out a jet of liquid, because they may be difficult to clean and may cause infection.[3]

It should be determined whether the mother complies with the recommendations on the proper preparation of milk (quantity of powder and quantity of water), whether she adequately stores powdered milk (so it does not get wet), whether she dissolves it in cold water and whether she complies with the safe storage time of prepared milk (one hour).

[3] See the leaflet Feeding Your Baby as You Travel, the distribution of which was supported by UNICEF.

Standardisation of procedures in the preparation of milk formula:

- wash hands,
- wipe down the worktop,
- prepare a clean cup for giving milk, a plastic spoon (rinse with hot water),
- wash the feeding bottle (using a brush for washing the feeding bottle and teat), sterilize it,
- prepare warm water,
- use a measuring cup to measure 30 ml (the necessary quantity) of water,
- check if the can in which the milk is stored is undamaged, within the shelf life, the powder itself is in an adequate condition (without clumps, the presence of other ingredients, without any strong odours), if the standard method of preparation applies,
- properly dose the milk in a measuring cup,
- show the mother when the milk has dissolved and is ready for feeding (stir the milk well in a cup, shake the closed feeding bottle) and drip milk onto the back of the hand to check the milk temperature,
- the milk offered to the baby needs to be measured to know how much was offered,
- the mother needs to hold the baby in an upright/slightly inclined or sitting position. The baby's head is supported by the mother's hand resting on the back of the head (not a firm grip),
- put a bib on the baby or paper tissues to protect its clothes. Gently, smilingly bring the cup to the baby's lips, tilt it slightly, the lower lip is pressed against the cup, the top lip touches the milk. Let the baby take the milk itself; the spilling of milk is common. Do not pour milk into the baby's mouth, only make sure the baby can always take the milk by itself. Encourage each attempt by the mother, insist on patience. Always have paper towels in your hand so you can wipe spilled milk from the baby's chin. Accompany every sip with a facial expression signalling approval, support and encouragement to try again,
- after feeding, wash the cup and teaspoon (feeding bottle and teat) with cold water and then with warm water and washing up liquid. Throw away disposable cups,
- check to see if the milk container is closed properly,
- if she is continuing her journey, at departure give the mother a package with several plastic cups with 30/60/90 ml doses marked using a marker, a plastic spoon, a bottle of water and wet wipes,

- point out to the mother that:
  - milk prepared with water at the appropriate temperature can be given within one hour,
  - if the milk is prepared at temperatures below 70° C, it must be used immediately,
  - when the milk needs to be warmed up before feeding, it is placed in a container with lukewarm water or under a jet of lukewarm water.

RECOMMENDATION FOR INTRODUCING SOLID FOOD FOR CHILDREN OVER SIX MONTHS OLD

Milk porridges:

The first flavours your baby needs to get are cereal-based milk porridges: rice, corn, followed by other cereals. One (porridge) flavour is given to the baby for at least three days. On the first day, 1–2 teaspoons, twice a day. The next day, if the child responds well, give additional 1–2 teaspoons (2–3, up to 4) and every next day, while the baby is getting used to it, increase gradually the quantity if the child accepts the porridge offered. If the child accepts only 1–2 teaspoons and does not want more, give as much as it wants every day, until it starts taking more.

Do not insist!

After at least 3 days, and 5 days at most, move on to the next flavour.

Vegetable purees:

After milk porridges, apply the same principle in introducing and giving vegetable purees as well. As the first flavours, you can choose purees with the smallest number of different types of vegetables. During the introduction of vegetables, the child eats milk porridges as a meal.

Fruit purees:

After giving one vegetable puree, one fruit puree should be introduced in line with the recommended principles. When the child accepts the first fruit puree, it is fed to the baby as a meal. Alternate introducing one savoury and one sweet puree, while new flavours are being introduced.

Vegetable and meat purees:

Introducing meat should start at the age of seven months at the latest. As the first flavour, choose vegetable purees that the child has tasted. Introduce the purees according to the specified principle of 3 to 5 days. During the introduction of meat purees, the child is given a meal of milk porridge, vegetable puree and fruit puree. Once a meal with meat is introduced, make sure that the child is given a meal containing meat at least three times a week. A savoury meal can be just a vegetable puree, or a meat puree. When the introduction of solid food starts, pay special attention to offering water and the quantity the child gets during the day. If the child has not started drinking from the cup, start giving the baby water in this way.

Note: food in jars that is given as complementary food to children aged 6 months should be distributed in accordance with the International Code of Marketing of Breast-milk Substitutes and the subsequent relevant decision of the World Health Organisation. Food in jars labelled suitable for infants below 6 months of age should be distributed with a label affixed over it and containing an age recommendation to avoid misunderstanding.[4] Therefore, if a jar is labelled suitable for infants aged 4+, a label that reads 6+ should be affixed over it.

[4] See *Standard Operating Procedures for Infant and Young Child Feeding (IYCF) in Serbia*, March 2016, page 21.

WORKING WITH EXPECTANT MOTHERS AND NEW MOTHERS

Working with expectant and new mothers is aimed at focusing mothers on activities preserving and improving the health of the child and the whole family. In the process, special attention is paid to the mother's health, the importance of regular visits to the doctor, monitoring of the baby's growth in utero, recognition of warning signs and the need for an urgent visit to the doctor, healthy diet, hygiene.

Working with expectant mothers

During the last trimester, discuss the following with the expectant mother:

- her experience with breastfeeding if she has given birth before. If she is a first-time mother, give her support to start breastfeeding, prepare for her a leaflet on breastfeeding in her language to take with her.
- discuss how to organise the space where the baby will be placed, clarify why it is important for it to be a small separate space on the shared bed.
- encourage the mother to prepare the necessities for the baby.
- discuss the required hygiene conditions for the newborn, whether the mother believes that something should be done in her family's space. The nurse points it out to the mother if the mother is unaware of it.

When a expectant mother enters the ninth month of pregnancy, the expectant mother needs to be prepared to go to the maternity hospital. Check if she knows what kind of contractions indicate childbirth and what time interval in contractions tells her that she needs to go to the maternity hospital.

It is necessary to help the expectant mother prepare the items she will take with her:

- a personal hygiene kit (mandatory 3 packages of sanitary pads for women)
- available documents required.

As a useful education resource tool, you can use the Picture *Guide for Expectant Mothers*.[5]

[5] See the Picture *Guide for Expectant Mothers* at https://www.unicef.org/serbia/sites/unicef.org.serbia/files/ 2018-07/Vodic_za_trudnice.pdf

Working with new mothers

The arrival of the new mother and newborn from the maternity hospital requires special supervision by nurses during the first month.

Nurses visit the mother and the baby upon their arrival from the maternity hospital on the same day. The mother is provided support with regard to:

- breastfeeding,
- organising an area within the space where the family is accommodated,
- checking if the mother has the necessities for baby care,
- monitoring how family members care for and support the mother in caring for the baby, encouraging them,
- familiarising the mother with the baby care support she will receive in the Corner.

Breastfeeding:

- ask the mother how breastfeeding went in the maternity hospital, whether there were any difficulties and, if so, provide her with support,
- remind the mother of the importance of breastfeeding frequency, check if the mother understands how to monitor the interval between feeds,
- check how the baby latches onto the breast, whether it suckles properly,
- monitor the condition of the breasts and if they need to be expressed. Explain how to deal with engorged breasts. Teach the mother to wipe the nipples with a tissue soaked in water after breastfeeding,
- encourage the mother to drink plenty of fluids, eat regular meals and rest. Engage the father and other family members,
- in every new meeting with the mother, discuss breastfeeding based on the rapid breastfeeding assessment questionnaire.

Organising the space for the baby:

- as much as possible, encourage the mother to make room for the baby on the bed which will be its space. Help the mother make a “nest” for the baby, with a clean mat in it on which to place the baby. Insist that the baby always be placed on its mat,
- monitor the hygiene of the clothing and mats used for the baby,
- if the mother has not done so herself, help her keep things for the baby in one place, in a box, which includes necessary toiletries and other items necessary for care.

Group work/workshops with mothers/expectant mothers/breastfeeding mothers

During the situation where users of the Corner stay in accommodation centres for an extended period of time, organising different workshops is of great importance for both mothers and expectant mothers, and for other women in the centres who are welcome to take part in the activities. Workshops can be creative, recreational and educational in nature.

When developing a workshop plan, it is desirable to include users in selecting topics, by organising focus groups or individual interviews. While for creative and recreational workshops the participants' response is high and there is always a handful of potential topics to work on, educational activities require more engagement on our part, in terms of proposing topics among which users would choose. Based on the current situation in the Corner, what users arrive, what the prevalent child age is, what current specific cases are monitored, mothers' habits, mothers' concerns and interests, the Corner team should design several educational activities on a monthly basis. Involving participants in the discussion during the workshop, encouraging them to ask questions, discuss their experiences and circumstances in their country of origin is of great importance. Using visual material in the form of flash cards and video recordings contributes to the success of the workshop. We will mention some of the topics that have been covered in the course of our work, noting that as families leave and new ones arrive, workshops can also be repeated: mother-baby bonding, potty training and potty hygiene, time the baby spends outdoors during the winter period, hygiene during pregnancy, nutrition during pregnancy, what we sing and say to the baby, welcoming the newborn, breastfeeding, going to the maternity hospital, clean hands, baby's safe sleep, a box for the baby's things, we make baby toys, infectious diseases, contraceptive methods, meal regularity, how we use the baby carrier and baby wrap, nutrition is much more than food, feeding customs in my country — sharing experiences. Here are some recommendations for certain workshops with mothers and expectant mothers, with a short workshop content description.

Examples of workshops with mothers/expectant mothers

1. Hygiene during pregnancy

Content:

- personal hygiene is very important for a healthy pregnancy.
- recommend to expectant mothers to gently wipe their nipples with a towel after showering, if necessary, apply a cream to the body, and only wipe the nipples with a towel.
- maintaining intimate hygiene is important as vaginal discharge increases during pregnancy, thus increasing the possibility of infection.
- oral hygiene during pregnancy needs to be intensified, due to altered acidity levels in the oral cavity, promoting the creation of cavities (tooth decay), which is why it is important to maintain regular oral hygiene.
- comfortable clothes and shoes — tight clothes should not be worn, or high-heeled shoes.

2. Nutrition during pregnancy

Content:

- share experiences about the customs and what is recommended that expectant mothers in their country eat, and what the customs in our country are.
- remind expectant mothers that it is important for the baby that the mother has at least three meals a day and that it is not good to skip meals.
- point out to expectant mothers that, when fruit is distributed in the accommodation centre, they must make sure to take fruit for themselves as well as for all their children.
- remind them it is necessary to drink at least 6–8 glasses of water a day.
- black tea or coffee — one cup a day.
- strong spices must be avoided.
- energy drinks are not recommended during pregnancy.
- discuss whether people smoke indoors in their country, whether there is awareness-raising regarding the harmfulness of smoking and cigarette smoke for expectant mothers and children.
- it is best for the child and the mother to spend time outdoors.

3. Mother-baby bonding

Content:

- the mother has a special bond with her baby from the very start of pregnancy.
- it is necessary to talk to the baby, talk to it out loud, stroke the stomach.
- the baby shares feelings with its mother starting from the sixth month, if the mother is happy — the baby is relaxed, if the mother is upset — the baby is also upset. This is why it is important for the expectant mother to be in a safe and supportive environment.
- the newborn's most important contact is with its mother. The mother establishes contact by touching the baby, talking, singing, looking into its eyes, breastfeeding.
- what songs are sung, what stories are told in your family. In our country, the song most commonly sung to babies is (the nurse sings a song with which she is familiar), the nurse invites the expectant mothers to also sing a song that was sung to them when they were little or which they sang to the older children. Play an appropriate song.

4. Welcoming the newborn

Content:

- making or distributing boxes made for the baby's items "Baby box".
- discuss how to make room for the newborn within the family space.
- familiarise mothers with rules for bathing babies.
- the importance of breastfeeding, remind the mother to seek assistance from nurses if she encounters any problems.
- the importance of tenderness, touch, talking to the baby.

5. Breastfeeding

Content:

- importance of breastfeeding for the mother and the baby.
- importance of breastfeeding in the circumstances in which they find themselves.
- experiences with breastfeeding of expectant mothers who have given birth before.
- breastfeeding issues of interest to expectant mothers who are first-time mothers.
- basic principles leading to the development of lactation.

6. Going to the maternity hospital

Content:

- explain to expectant mothers what will be happening to them once childbirth begins, that they will have transportation, an escort, that they are going to have the things they need in the maternity hospital ready.
- point out that, if she is alone in the room, it is because certain tests have not been performed which are done in our country for all expectant mothers before giving birth. They are aimed at determining, among other things, whether the expectant mother has an infection. When these tests are done, the expectant mother must be isolated from other expectant mothers in the maternity hospital.
- explain the contents of the bag prepared for the maternity hospital.
- a special emphasis on breastfeeding, breastfeeding frequency.
- the importance of drinking plenty of fluids after childbirth.

INDIVIDUAL WORK WITH MOTHERS/PARENTS (INDIVIDUAL CHILD PLAN)

Every child from 0 to 24 months of age has its own individual plan.

Individual plan for a child from 0 to 24 months of age[6]

1. Cover page of the individual child plan

BABY'S NAME:	
DATE OF BIRTH OR AGE (if the date of birth and age is unknown, enter the date of data entry as well):	
SEX:	
MOTHER'S NAME:	
MOTHER'S YEAR OF BIRTH:	
COUNTRY:	
ACCOMMODATION:	
BREASTFEEDING/MILK/FORMULA:	

[6] Adapted child home visiting file (Rulebook on Forms and Content of Forms for Maintaining Health Documentation, Records And Reports, Registers and Electronic Medical File, Official Gazette of RS, no. 109 of 30 December 2016 and 22 March 2019). The individual plan is kept in the Corner for one month after the family's departure, and after that, if the family has not returned to the centre, it is destroyed.

2. Monitoring of counselling through the individual child plan

BABY'S NAME AND LAST NAME:			
ADVICE			
Date	Nutrition	Hygiene and care	Early development

3. Medical file in the individual plan

BABY'S NAME AND LAST NAME:		
VISITS TO THE DOCTOR	VACCINES	MUAC/MEASURING
Date:	Date:	Date:

Nurses consolidate the necessary basic information and make individual assessments concerning nutrition, hygiene, health condition monitoring for every child. Nutrition, hygiene, changes in health condition, individual work with the mother, father are monitored on a daily basis. Growth and development, preventive examinations, vaccination are also monitored.

Examples of counselling for individual baby plan

Nutrition advice
Counselling via a workshop on the topic of enter workshop title
Cup drinking demonstration and lessons
Feeding on schedule
Meal frequency
Regular meal
The importance of breastfeeding for the baby
The importance of breastfeeding for the mother
Proper position on the breast, difficulties during breastfeeding
Mother's diet during breastfeeding
Weaning off the bottle
Weaning off the pacifier
Milk/savoury/sweet porridge/puree diet: The child's first meal — introducing complementary foods Introducing a new taste (what type, what quantity, what the child rejects, what the child likes, etc.) Quantity of food per meal Quantity of food per day
Impact of inadequate diet on the child's health (energy drinks, carbonated drinks, snacks, sweets)
Advice for relieving colic (stomach massage)
The importance of fluid intake for the child's health Daily water intake Introducing water after 6 months of age Why water is important
Weaning off night feeding

The nurse records the outcome of her work with the mother
The mother understands the advice
The mother applies the advice
The mother does not accept the advice and states the reasons why
Interview with the mother
Additional support to the mother
The mother begins to cooperate
The mother accepts and applies the advice
The mother is praised and advised to continue
Switching from milk formula to UHT milk
The mother is breastfeeding, but wishes to introduce UHT milk — the benefits of breastfeeding
After daily counselling (or note the number of interviews) to convince the mother to continue breastfeeding, the mother insists on switching to UHT milk
The child drinks from the cup independently The child eats independently The bottle is no longer used The pacifier is no longer used Weaned off night feeding
Advice regarding hygiene and care
Counselling via a workshop on the topic *enter workshop name*
Establishing hand washing habits before and after changing diapers (for the mother)
Establishing hand hygiene habits for the child
Proper hand washing
Long baby fingernails — cutting
Oral hygiene
Proper teeth brushing
The importance of living area hygiene
Clean clothes and shoes, keeping warm, doing laundry Bedroom area hygiene Storing baby's things (in a special box)

Visit to the doctor due to a medical problem Administering the prescribed medication
Care and hygiene explained, if the child has a diaper rash How often diapers should be changed How to use and put on diapers How to use cloth diapers What cream to use, how much of it
The harmfulness of smoking and staying in smoke-filled rooms
How to make room for the baby in the bedroom
Advice regarding early development
Counselling via a workshop on the topic enter workshop name
Applying knowledge and educational materials regarding early development available in the Corner (books, leaflets, manuals, etc.)
Age-appropriate children's toys
Games for the children and the mother
Mother's interaction with the child
Age-appropriate advice regarding crawling, sitting unassisted, walking, playing, etc.
The importance of not neglecting the child highlighted
Talking to the mother about child care
The mother is praised and advised to continue
The mother is referred to other services

While the topics are covered in workshops, the nurses record in the individual plan where the mother received support in the area of nutrition, hygiene, care and early development. Both group work and individual counselling are recorded.

Baby passport

If a family with a child is moving from one accommodation centre to another in Serbia, a baby passport is filled out for each baby, which will help to provide adequate service to the family/mother with a young child at the new location.

Cover for a boy

Cover for a girl

Inside pages

Monitoring children's health condition

Given the high possibility of spread of droplet-transmitted infectious diseases in the collective centre, it is necessary to observe the measures of prevention and early detection of symptoms. Prevention measures relate to the airing and maintenance of the area hygiene, along with continuously reminding all users of the Corner how crucial hand hygiene is in these circumstances.

If there are children with only nasal secretions without other symptoms in the Corner, it is necessary to emphasise the need to dispose of used tissues at the designated place, and that they should be disposable. Encourage mothers to rinse their children's nose with saline and regularly clean (blow) their older children's nose, in order to eliminate the secretions more easily and ensure the children do not spread them across objects.

If any of the following symptoms are detected — rash, temperature, cough, malaise, loss of appetite, the child is referred to a doctor.

See several success stories in working with users in Annex 1.

A mother with a baby, originally from Syria, arrives at the Preševo Reception Centre on 31 December 2016. At the time of arrival, the baby was one year old and used a bottle. She is a sweet little girl, but her mother, due to many problems with her husband, who was in Germany, did not take proper care of her, and she would sometimes even hit the child. We spoke with the mother about child care every day and drew her attention to her actions. The mother was willing to talk, but she did not change her behaviour. Together with the mother, we regularly gave the child a bath, fed her purees, taught her to drink milk from a cup and she stopped using the bottle, she even took her first steps in our space. Seeing how we treated the child, the mother also changed her behaviour to a certain extent. After two months, we noticed the first signs of an improved relationship with the child, and with every passing month she became warmer and gentler. She also expressed her gratitude to us for everything we had done for her and her child. They left the Preševo RC on 24 August 2017.

On 31/12/2016, she had:	On 18/08/2017, she had:
Weight: 9,400 g	Weight: 11,000 g
Height: 72 cm	Height: 80 cm
MUAC tape: 14 cm	MUAC tape: 15 cm

GENDER-BASED VIOLENCE

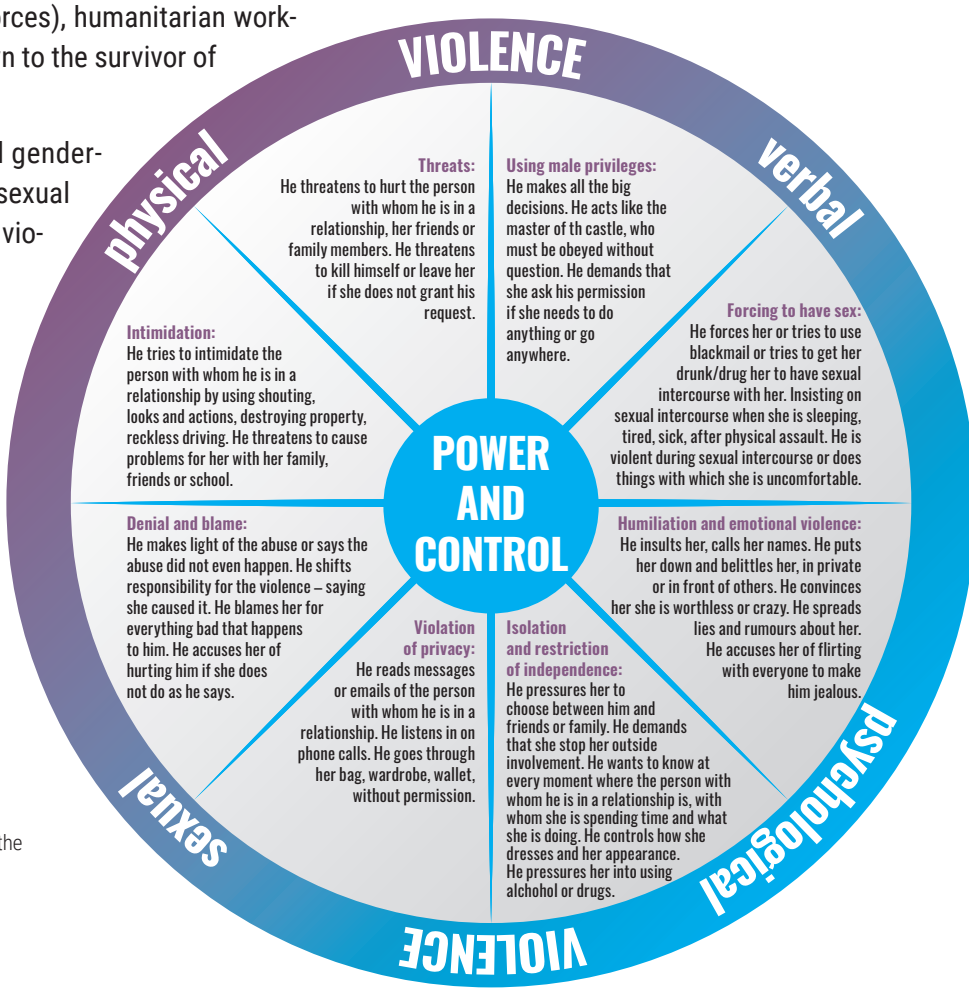
Sexual and gender-based violence refers to any act committed against someone's will, rooted in gender norms and power imbalance. Another task at the Corner is to empower women at risk of gender-based violence, and to support women who already experience violence to speak out and seek help. They need time to build trust, and we can help them prevent further violence and provide guidance related to available specialised services in the area of gender-based violence.

Sexual and gender-based violence also entails **threats** of violence and **coercion**. It can be perpetrated against women, girls, boys and men.

The **perpetrator of violence** is a person, group or institution that directly commits, supports or approves acts of sexual and gender-based violence. Potential perpetrators can be intimate partners, family members, close relatives or friends, influential members of the community with authority, security forces, soldiers (including peacekeeping forces), humanitarian workers, institutions, as well as persons unknown to the survivor of violence.

According to the form it takes, sexual and gender-based violence can be: physical violence, sexual violence, psychological violence, economic violence (restricting access to resources).

Independently of the form it takes, sexual and gender-based violence is always an abuse of power aimed at establishing control over another person (see picture *The Power and Control Wheel*[7]).



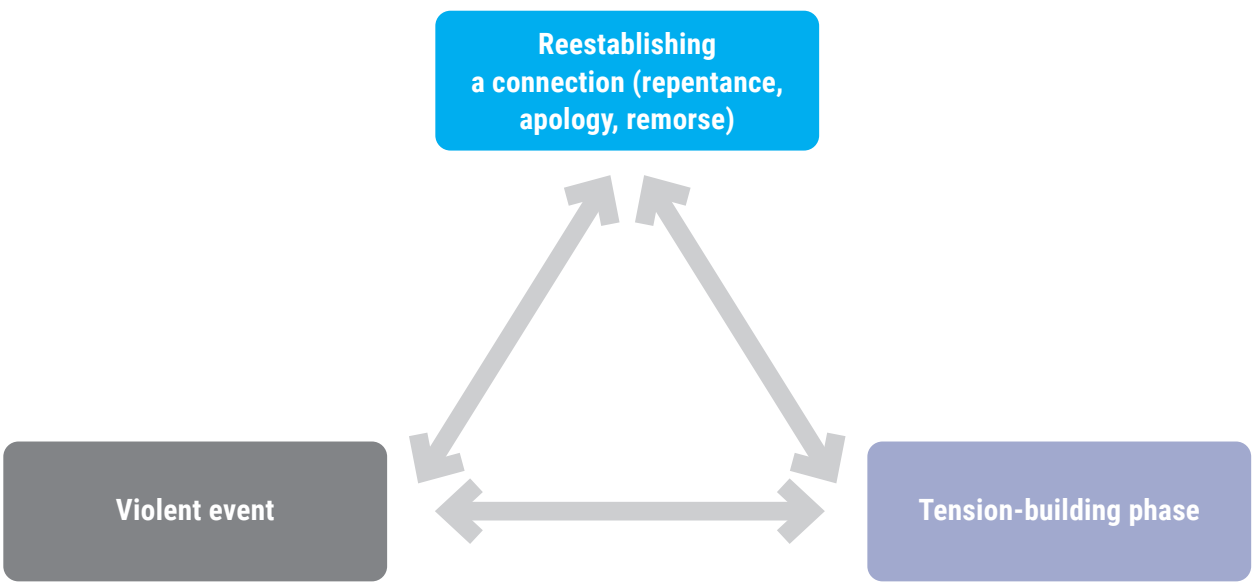
7 The Duluth Model Power and Control Wheel developed by the Domestic Abuse Intervention Programs (DAIP).

Cycle of violence

Violence changes over time and each incident must be viewed in the context of previous violence. The emergence of a new form of violence is only a continuation of previous violence, amplifying it and reinforcing the violent relationship. The development process of a violent relationship can be presented through a cycle of violence:

- ***Phase One:*** in the first phase, minor incidents occur, resulting in increased tension and the woman is aware that an assault, i.e. violence, is inevitable. She attempts to calm the situation and avoid violence, unsuccessfully, given that the abuser's behaviour is increasingly aggressive.
- ***Phase Two:*** during the second phase — phase of the violent event, aggression and tension are released and manifested through different forms of violence. This is the phase where a woman experiences shock, disbelief and denial. She may possibly leave the home temporarily in this phase.
- ***Phrase Three:*** now the abuser shows regret and remorse, shame of what he did, promises it will never happen again, and justifies the violent incident (irritability due to pressure at work, alcohol consumption, children's behaviour, etc.). In some cases, he shifts the responsibility to the victim (she was the instigator, she provoked him, if only she had not done that, etc.). If the woman has left the home, the abuser will try to bring her back with gifts, promises, declarations of love, etc.

By establishing a connection with the victim, whether honest or manipulative, the abuser actually restores lost power and control over the victim. Such behaviour brings back false hope to the victim that everything will be okay. Once he establishes control, new problems appear, tension rises again and the cycle continues. Over time, the gap between individual phases becomes shorter and shorter, incidents increasingly frequent, repentance and the rise in tensions faster, the incidents more and more aggressive, and regret and remorse last shorter and shorter or disappear entirely.



Legislative framework and protection against sexual and gender-based violence

Sexual and gender-based violence (SGBV) constitutes a violation of human rights and is, therefore, punishable by law according to the legislation of the Republic of Serbia.

RS Constitution:

- guarantees equality between women and men and develops a policy of equal opportunities, prohibits direct and indirect discrimination on any basis, and, in particular, on the basis of gender, guarantees the right to equal legal protection;
- guarantees the inviolability of physical and psychological integrity, prohibits slavery and slavery-related practices, as well as any form of human trafficking;
- guarantees the protection of children from mental, physical, economic and any other exploitation and abuse;
- guarantees special protection for the family, mothers, single parents and children.

Family Law:

- prohibits domestic violence and everyone has, in accordance with the law, the right to protection against domestic violence;
- regulates marriage and marital relations, cohabitation relations, relations between the child and parents, adoption, foster care, custody, maintenance, property relations, proceedings related to family relations and personal name.

Criminal Code:

specifies domestic violence as a criminal offence.

The following is also specified as criminal offences:

- stalking;
- rape;
- sexual intercourse with a helpless person;
- sexual intercourse with a child;
- sexual intercourse through abuse of office;
- prohibited sexual acts;
- sexual harassment;
- pimping;
- mediation in prostitution;
- showing, procuring and possession of pornographic material and exploitation of minors for pornography;
- inducing a child to attend sexual acts;
- neglecting and abusing a minor;

- failure to provide maintenance;
- violation of family duty;
- incest;
- human trafficking;
- other criminal offences, if the criminal offence was a result of domestic violence.

Domestic violence is an act of physical, sexual, psychological or economic violence committed against a person with whom the perpetrator is in a current or former marriage or cohabitation or partner relationship or against a person to whom the perpetrator is a lineal blood relative, or a lateral second-degree relative or to whom the perpetrator is a related by marriage to the second degree or to whom the perpetrator is the adoptive parent, adopted child, foster parent, foster child or against another person with whom the perpetrator lives or lived in the same household.

Law on the Prevention of Domestic Violence:[8]

- Gives the competent police officer tasked with combating domestic violence the authorisation to issue, without the consent of the victim of violence, an order imposing an emergency measure of protection against violence, namely:
- prescribes the measure of temporary removal of the perpetrator from the apartment;
- prescribes the measure of temporary restraining order against the perpetrator in relation to the victim of violence.
- These measures last 48 hours and the person against whom they are imposed has no right to appeal.
- Once the police officer assesses there is imminent threat of violence, he or she is authorised by the Law to detain, even before imposing protection measures, the person suspected of committing violence for up to 8 hours at the police station.
- The risk assessment is carried out by a police officer tasked with preventing domestic violence based on available information in the shortest period of time possible.
- The risk assessment is made based on the existence of facts indicating possible threat of commission of domestic violence, especially in case of: threats of murder or suicide by the perpetrator, possession of a weapon, previous incidents of violence, presence of mental illness, use of psychoactive substances, conflicts over child custody or manner of maintaining personal relationships between the child and the parent committing domestic violence, final court measures introduced to protect victims of violence, the victim's fear and assessment of the risk of violence occurring or recurring.
- The police officer tasked with preventing domestic violence is obliged to submit a risk assessment indicating the existence of suspicion that domestic violence was committed or the existence of a serious imminent threat of domestic violence to the competent public prosecutor and the coordination and cooperation group.

8 See the Law on the Prevention of Domestic Violence, Official Gazette of RS, no. 94/2016.

- The competent police officer is obliged to submit the order on imposing measures together with the evidence to the competent public prosecutor, who decides within 24 hours whether to request an extension of the emergency measure to 30 days.
- The extension motion along with the evidence is submitted by the prosecutor to the court in whose territory the victim has permanent or temporary residence.
- The court decides within a maximum of 24 hours whether to extend the emergency measure. It renders the decision based on the prosecutor's motion and without the presence of the parties.
- The person against whom the measure was extended has the right to appeal.
- The violation of emergency measures and extended emergency measures is an offence punishable by a prison sentence of 60 days, with the possibility of conducting summary misdemeanour proceedings which envisage the serving of the sentence even before the judgement becomes final.
- The law also specified the disciplinary liability of judges and prosecutors for failure to act within the envisaged deadlines, as well as mandatory specialised training for all those involved in enforcing this law.

CONCLUSION

The Mother and Baby Corner is a place for the implementation of a holistic programme providing comprehensive support to mothers/caregivers with babies and young children as well as expectant mothers in emergencies. The Corner assists families in adapting their care for their young children in emergencies, improves the wellbeing of mothers, breastfeeding women and their children and provides a safe and private space. Through the Corner's activities and practical advice regarding proper nutrition, the health benefits of breastfeeding, child development and child care, the capacities of local medical staff, which can transfer their knowledge to the community, are also increased.

Spending time together in the Corner results in many ideas that reinforce relationships and bonds created among support providers in the Corner and mothers and children. While spending time together, many solutions arise, different cultural experiences are shared that improve the skills of mothers and the Corner's staff. New practices are established that, in some new situation, will serve to help mothers and children receive faster and more efficient assistance.

Acknowledgement

The contents of the manual were created based on many years of experience working with expectant mothers and mothers with babies and young children during the refugee crisis on the Balkan route in Serbia.

We would like to thank everyone who has contributed to the creation of this manual through their participation.

ANNEX 1

Experiences

Vranje Reception Centre — Mother and Baby Corner

1. A family of four originally from Afghanistan came to the Vranje Reception Centre on 30 May 2017. The mum was six months pregnant. She gave birth to the first two daughters, aged 3 and 4, in Afghanistan and, as she said, she did not have enough milk, so she breastfed them and supplemented their diet with milk formula. During the first week, we noticed that the mother would often ask what kinds of milk formula were available on our market. Having learned from her previous experience, she wanted to be prepared for the period after childbirth. This is why we worked with her patiently, explaining how important breast milk is for the baby and that she can exclusively breastfeed the third child; how important nutrition is during pregnancy, as well as after childbirth. The mother was initially distrustful, but we noticed that, after a month and a half, she completely stopped asking us about milk formula. After a Caesarean delivery, the mum would visit our Corner every day upon arrival at the Centre and breastfeed her baby. With every passing day, through patient work and trust, the mother overcame breastfeeding difficulties much more easily (engorged breast massage, proper positioning of the baby when breastfeeding, etc.). After about ten days, the mum was calmer and more content, the baby was suckling well and thriving, and the mother's fear that her baby would have to use milk formula as her previous two children completely disappeared. Good cooperation and trust always deliver good results.

Born on 23/09/2017	Left the centre on 25/10/2017
— Weight: 4,250 g	— Weight: 5,700 g
— Height: 59 cm	— Height: 59 cm

2. A family of three, a wife and husband with a two-and-a-half-year-old child, originally from Afghanistan, came to the Vranje Reception Centre on 14 June 2017. The mother was seven months pregnant. They had encountered many troubles, difficult and unpleasant situations on the road to Serbia, which left a mark on the child. The child would wake up screaming and crying every night, and the desperate parents sometimes could not calm it for hours. Every day, the mother would come to the Corner with the child. At first, we noticed that the child was not establishing any communication with the other children, that it would respond to any gesture by screaming and fighting, and it would sometimes even refuse to eat. Patiently and with care, every day we would try together with the mother to gain the child's trust by playing and talking with it. In the beginning, it was difficult. With every passing day, owing to good cooperation among the parents, the medical team at the Reception Centre and the psychologist, progress was made in its communication not only with us, but with other children as well. Meanwhile, the mum gave birth and did

not have difficulties breastfeeding. On the other hand, the boy showed major signs of jealousy. Together with the mother, we included him in helping with the child: handing the diaper, applying cream to the baby's hand, being present during personal hygiene by passing a small towel or shampoo and in various other ways, so that he would never feel left behind. Parents are exceptionally grateful and happy because the child continues to come to our Corner every day and enjoys playing with the other children.

28/06/2017
- Weight: 13,650 g
- Height: 96 cm
- MUAC tape: 15.5 cm

29/11/2017
- Weight: 14,950 g
- Height: 98 cm
- MUAC tape: 16 cm

Bujanovac Reception Centre — Mother and Baby Corner

1. A mother of two, with a third child on the way and five months pregnant, arrived with her family at the Bujanovac Reception Centre on 24 November 2016. The family is originally from Syria. She gave birth to the first child in Syria, and to the second child in Turkey. The mother did not breastfeed the first two children — according to her, doctors told her she did not have enough milk and recommended complementary feeding with milk formula to her. Given her previous experience, the mother was most interested whether we had milk formula that she would give to her newborn baby if they stayed at the centre for an extended period of time.

   After this initial conversation, we explained to the mother all the benefits of breastfeeding and that she could breastfeed her third child, regardless of the fact that she did not breastfeed her previous two children. We also talked to her about nutrition, hygiene, fluid intake, health during pregnancy.

   However, the mother was very sceptical and, from time to time, she would always go back to taking about milk formula. After two months, we saw progress in her mindset and a greater interest in breastfeeding, though she continued to be distrustful.

   The mother gave birth in Serbia and, after returning from the maternity hospital, she breastfed her little girl. There were minor difficulties during breastfeeding — fissures, engorged and painful breasts. With our support and her desire to continue, we overcame it all together. The third child was the first she breastfed and she was overjoyed because she had previously believed that she did not have enough milk and that she would not be able to exclusively breastfeed any of her children. We were particularly pleased that, through patient work and with good cooperation, we managed to achieve good results. The mother breastfed her baby until the sixth month, i.e. throughout her stay at the Reception Centre.

Born on 21/02/2017
- Weight: 3,050 g
- Height: 51 cm
- MUAC tape: 16 cm

30/09/2017 at 6 months of age
- Weight: 7,000 g
- Height: 66 cm

2. A mother with a family and a one-year-old girl, originally from Iraq, came to the Bujanovac Reception Centre on 6 December 2016. She did not breastfeed because she did not have milk. She gave the baby milk formula. We learned from the initial conversation that she also gave her snacks, fizzy drinks and sweets, and complained that the child was rejecting other food.

   At first, we tried to get the little girl to eat porridge and purees, but she refused. The mother did not have patience, but we were persistent and patient. We kept trying for a while and the little girl slowly started eating sweet and savoury purees. After a few weeks, when the mother saw the child was receptive, she stepped in and started feeding her herself. After a month, the little girl would have one savoury and one sweet puree, and, after 3 months, the child's diet was normal. As to milk formula, the mother was more cooperative and, after a week, the child switched to UHT milk.

   The little girl also had a problem with irregular bowel movements. We explained to the mother and showed her how to massage the baby's tummy. We provided her with support; for several days, we massaged the baby's stomach for 15 minutes a day, and, after that, the mother would massage her every day on her own in the Corner, also continuing to do so in her room after a week. Through massages, the gradual introduction of soft food and elimination of snacks, fizzy drinks and sweets, the baby did better with every passing day. As the baby did better, the mother's mood improved and a smile returned to her face — she was happy. After the child's second birthday, they left the centre.

Born on 05/05/2015

Measurement on 06/12/2016	They left on 26/06/2017
— Weight: 10 kg	— Weight: 14.5 kg
— Height: 75 cm	— Height: 85 cm
— MUAC tape: 16 cm	— MUAC tape: 17 cm

3. A mother with her husband, five children and a sixth one on the way came to the Bujanovac Reception Centre on 17 January 2017. This Kurdish family is originally from Iraq. She became a user of the Mother and Baby Corner because she was pregnant. From the start, we gave her advice about nutrition during pregnancy, hygiene, care. The mother cooperated and followed the advice we gave her. In the ninth month of pregnancy, she had a natural birth. She gave birth to a male child weighing 2 kg and 700 g. The doctors recommended they stay on at the hospital. However, the mother returned to the centre with her baby against medical advice. The baby weighed 2 kg and 500 g at the time it was discharged from hospital. After arriving at the centre, the baby was visibly skinny and weak. The mother breastfed it, but the baby had difficulty suckling (difficulty swallowing). After seven days, the baby was referred to a paediatrician due to noticeable weight loss. At the time, it weighed 2 kg and 450 g. After the examination, the paediatrician recommended giving milk formula after every feed. The mother would come to the Corner with the baby to breastfeed and then to prepare milk formula for the baby. We explained to the mother how to prepare milk formula. The mother cooperated. After four days, the baby had a check-up and gained weight. It weighed 2 kg and 600 g. The paediatrician recommended that we continue. After

thirteen days, during the night, the baby was visibly upset and went blue, which is why it had to be urgently taken to hospital. It was supposed to be hospitalised, but the mother refused that as well. The next day, the baby and the mother were in the Corner. The baby was upset again and changing colour. The mother was worried. We immediately notified the medical team at the centre and they called an ambulance. The parents did not want their baby to be hospitalised. With the proper approach, we managed to explain to them that it was necessary. The mother and baby spent three days in hospital. After leaving the hospital, the mother continued to visit the Corner. The baby recovered and started gaining weight. The parents were happy and extremely grateful for the care and support we provided to their child. Now, after two and a half months, the baby is well and thriving.

He weighs 4 kg and 500 g

Born on 26/09/2017

— Weight: 2,700 g

— Height: 52 cm

Preševo Reception Centre — Mother and Baby Corner

1. A family from Iraq came to the Reception Centre on 25 November 2016. Their boy was 8 months old, he used both a bottle and a pacifier. The mother did not breastfeed and gave him milk formula. We advised that the child could, given his age, use UHT milk instead of milk formula, but the parents would not accept the advice. They insisted that the child get several milk formula meals because they claimed that the child did not eat anything other than milk. They were first referred to a paediatrician, who approved the use of formula 2 without stating a reason for recommending its use. We did not give up. It was important to us that the child start introducing solid food; however, the mother was extremely reluctant to try, claiming that her child did not eat anything other than milk formula. The father also came by every day and insisted on increasing the quantity of milk formula. We talked to him and, somehow, we managed to agree that the nurses would attempt to get the child to try sweet puree. The next day, the mother came, completely uninterested in feeding her child, while a nurse fed the baby, who ate half the puree. We continued with this for a week and the mother started showing the first signs of interest, she even accepted to feed the baby herself. The next step was to try to introduce UHT milk. We once again invited the mother and father, who had great influence on the mother, and agreed to try to gradually introduce UHT milk and monitor the situation for a few days. After a week, when the parents saw that the child had no problems, they agreed to UHT milk as well, and, after 3 weeks, we managed to completely eliminate milk formula from the child's diet and switch only to UHT milk. We continued providing support and, after a few months, the child stopped using the pacifier, drank water and milk from a cup, had regular and varied meals. This was a great success for us given that both parents were initially uncooperative. They left the centre on 24 November 2017.

When he came to the centre, the boy had:

- Weight: 8,300 g
- Height: 71 cm
- MUAC tape: 14.5 cm

On 19/11/2017, he had:

- Weight: 12,400 g
- Height: 83 cm
- MUAC tape: 16.5 cm

2. A family originally from Afghanistan came to the Reception Centre on 22 August 2016. The mother had three children aged 9 months, 2.5 years and 4 years, and was two months pregnant. When they arrived, they were very tired and exhausted, especially the mother, who was extremely weak. Before they came to the centre, they had walked through the forest for a week without adequate food or shelter. We immediately referred the whole family to a doctor. We talked to the mother and advised her to rest, to start eating regularly and drinking plenty of fluids. During the first week, we intensively monitored the children as well as the mother's health condition, and, after that period, the mother fully recovered. She regularly came to the Corner with all three children. We noted that she is a very attentive mother, taking care of her children, was happy to accept and implement our advice on nutrition, hygiene and early development and regularly attended all workshops. She often asked questions herself and shared observations about her children. We remember especially that she sewed shorts for the children using her blouse.

   We singled out this mother who was very cooperative and who can serve as an example.

3. A family from Iraq came to the Reception Centre on 25 November 2016. The child was 10 months old, breastfed and had been using milk formula since it was 4 months old. The mother used Frisolac milk formula, which is not available on our market, and she complained to us that the child had an allergy and diarrhoea. We took the child to the doctor, and, after the check-up, it was referred to a paediatrician. The paediatrician prescribed a treatment and recommended that, during the treatment, the mother stop using milk formula. The mother was uncomfortable with cutting out milk formula, but after talking to us, she nevertheless agreed to try. After 5 days, the child was doing better and recovered. However, after the recovery, the mother and father again insisted that the child start using milk formula. Since the child was 10 months old, we advised the parents to gradually introduce UHT milk instead of formula and monitor the child's response. With patience and explanations, after 2 days, the parents agreed to give it a try. We monitored the child's health condition and there were no problems, so, from then on, the child took one UHT milk carton and the mother continued to breastfeed it and it did not have any more problems with either the allergy or diarrhoea. Since the family stayed at the centre for a long time, we sometimes reminisced about those beginnings and the mother always thanked us for the patience and care we showed her. They left the centre on 7 December 2017.

When it came to the centre, the baby had:

- Weight: 9,500 g
- Height: 75 cm
- MUAC tape: 14.5 cm

On 17/11/2017, it had:

- Weight: 13,500 g
- Height: 86 cm
- MUAC tape: 16 cm

4. A family originally from Afghanistan came to the Reception Centre on 12 January 2017. The little girl was 1 year and 4 months old, and the mother was pregnant and did not breastfeed the child. Upon their arrival, we brought the mother and child to the Corner. After the first conversation with the mother, we found out that the child used both the pacifier and bottle, drank 1 litre of milk only at night, ate only sweet and savoury purees, and drank a little water from the bottle. We advised the mother that the child needed to reduce the quantity of milk to 750 ml, which she needed to drink during the day, and to be weaned off the pacifier and bottle and that the child could eat other food that is distributed in the centre in addition to purees. The mother accepted the advice, but she sometimes complained of being very tired and lacking patience with the child. However, we encouraged her and together we made efforts to care for the child. The little girl first started drinking 250 ml in the morning in the Corner and was gradually weaned off night feeds, before she completely stopped drinking milk at night after 3 months. In parallel to the weaning, the mother introduced other age-appropriate foods that were distributed in the centre in addition to purees. We demonstrated how the child should drink from a cup and eat independently. The mother was uncomfortable at first because the child would get dirty, but she realised it was normal for children while learning. By 30 August 2017, the child no longer used a bottle, she drank milk through a straw, and water from a cup, ate independently and stopped feeding at night. We achieved this result with patience and work, together with the mum. Sometimes, the mum was tired of everything, but, with our support, we reached the goal. Meanwhile, the mother gave birth and we continue to work together nicely.

When she came to the centre on 12/01/2017, the baby had:

- Weight: 12,000 g
- Height: 80 cm

On 18/08/2017, she had:

- Weight: 14,200 g
- Height: 90 cm

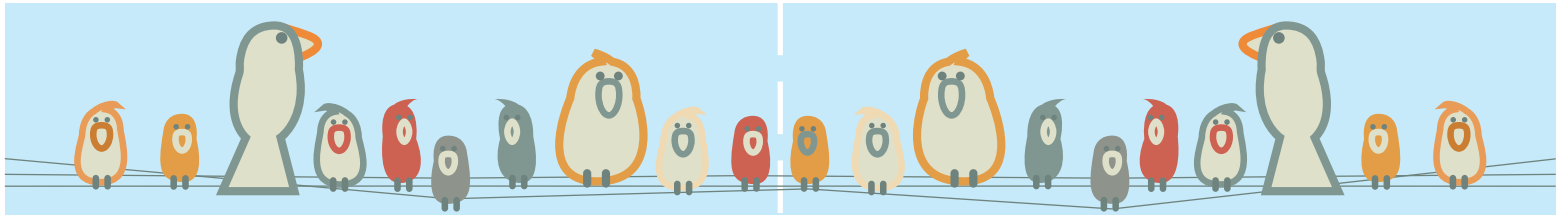
BABY PASSPORT

Zovem se _____

Ja sam iz _____

Imam _____ meseci

Rođen sam _____



Mnogo volim da jedem _____

Volim ponekad da pojedem i _____

_____

Ne volim da jedem _____

Volim da pijem _____

Kako rastem i koliki sam _____

_____

_____

A volim i _____

_____

Ovo je moja ruka.

Dana _____

U _____

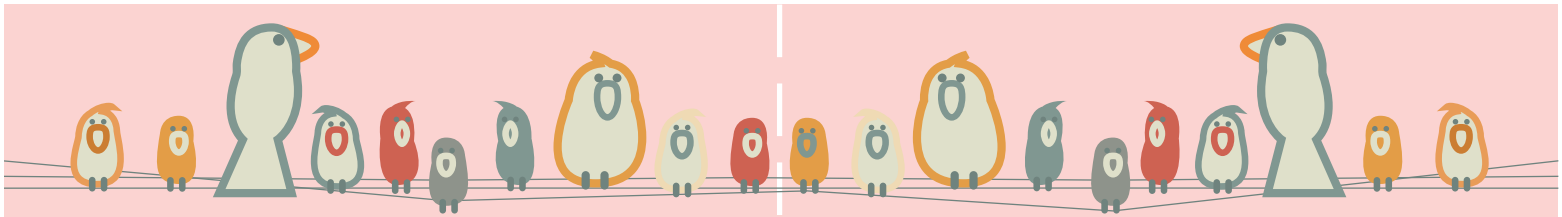
BABY PASSPORT

Zovem se _____

Ja sam iz _____

Imam _____ meseci

Rođena sam _____



Mnogo volim da jedem _____

Volim ponekad da pojedem i _____

_____

Ne volim da jedem _____

Volim da pijem _____

Kako rastem i kolika sam _____

_____

_____

A volim i _____

_____

Ovo je moja ruka.

Dana _____

U _____

ANNEX 2

Proposal for feeding migrant children (refugees and asylum seekers) in transit-reception centres and asylum centres

Institute of Public Health of Serbia "Dr Milan Jovanović Batut"

2017.

INTRODUCTION

Dr Milan Jovanović Batut Institute of Public Health of Serbia prepared a Proposal for Feeding Refugee Infants and Young Children in Transit-Reception Centres, based on the recommendations of the World Health Organisation on infant and young child feeding, support from UNICEF's experts in the area of child nutrition in crisis situations and the Ministry of Health of the Republic of Serbia in September 2015.

This proposal was developed for children aged 0 to 24 months, and, in order to calculate the energy needs to be covered by the recommended package for feeding refugee infants and young children in transit-reception centres, the following values were used:

1. for infants aged 6 to 11 months — 650 kcal/day;
2. for young children aged 12 to 24 months — 900 kcal/day (1–4).

In March 2017, the Proposal for Feeding Migrant Infants and Young Children (Refugees and Asylum Seekers) in Transit-Reception Centres and Asylum Centres (hereinafter: Expanded Feeding Proposal) was prepared at the Dr Milan Jovanović Batut Institute of Public Health of Serbia.

The Expanded Feeding Proposal was developed for children aged 0 to 23 months and aged 2 to 6 years and builds upon the Proposal for Feeding Refugee Infants and Young Children in Transit-Reception Centres, which was prepared in September 2015.

The Expanded Feeding Proposal is presented in text and table form.

PROPOSAL FOR FEEDING MIGRANT INFANTS AND YOUNG CHILDREN (REFUGEES AND ASYLUM SEEKERS) AGED 0 TO 23 MONTHS IN TRANSIT-RECEPTION CENTRES AND ASYLUM CENTRES

In Table 1, Recommendations for Feeding Refugee and Asylum Seeker Infants Aged 0 to 6 Months in Transit-Reception Centres (TRC) and Asylum Centres (AC), for situations with breastfeeding and non-breastfeeding mothers.

Table 1. Recommendations for Feeding Refugee and Asylum Seeker Infants in TRCs and ACs aged 0 to 6 months

Infant age	If the mother breastfeeds the child	If the mother does not breastfeed the child
0 to 6 months	Exclusive on-demand breastfeeding If additional breastfeeding support is needed, refer the mother to the healthcare worker at the TRC/AC and provide an information leaflet on breastfeeding.[9]	After the assessment made by a healthcare worker at the TRC/AC of the need to include first infant formula in infant feeding, the mother needs to be provided with first infant formula and support in preparing the formula according to the instructions indicated on the product label. The mother also needs to be provided with water, a child feeding cup, and an information leaflet on breastfeeding.
TOTAL DAILY ENERGY NEEDS COVERED BY:	Mother's milk	First infant formula

Recommendations for daily feeding of refugee and asylum seeker infants aged 6 to 11 months and young children aged 12 to 23 months in TRCs and ACs, and one-day feeding package proposal are presented in Table 2.

The diet of refugee and asylum seeker children in TRCs and ACs should consist of breastfeeding and meals provided as part of the recommended packages.

Breastfeeding should cover 60% of total daily energy needs for an infant aged 6 to 11 months, and 40% for a young child aged 12 to 23 months. Meals (cereals/purees) from the recommended package should cover 40% of daily energy needs for an infant aged 6 to 11 months and 60% of energy needs for a young child aged 12 to 24 months, according to the ranges of daily energy needs of children by age group (1–2, 5–6).

In the event that a refugee and asylum seeker infant aged 6 to 11 months or young child aged 12 to 23 months in TRCs and ACs is not fed mother's milk, an additional recommended package should also be provided in addition to the recommended package described in Table 2a. The contents of the additional recommended package are shown in Table 2b.

[9] The information leaflet on breastfeeding in Arabic is prepared and distributed by the Ministry of Health, the Dr Milan Jovanović Batut Institute of Public Health of Serbia and UNICEF.

Table 2a. Recommendation for daily feeding of refugee and asylum seeker infant and young child in TRCs and ACs and one-day feeding package proposal

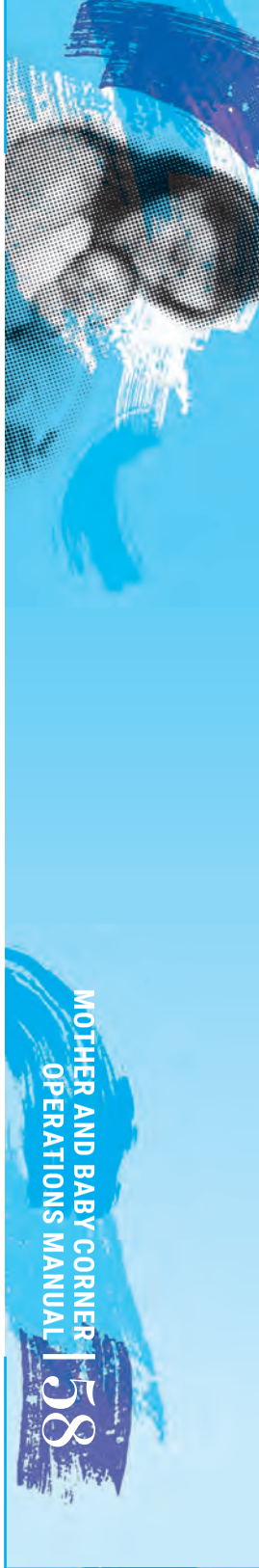
Recommended package for breastfeeding infant/young child, for one day											
	Package contents	Type of packaging[10] (Jar/Carton)	Approximate table of contents and meal energy values					Age 6 to 11 months		Age 12 to 23 months	
			E value of meal (kcal/100 g)	Protein content (%)		Fat content (%)	Total carbohydrate content (%)	Required number packages for 1 child	E value of meal (kcal)	Required number of packages for 1 child	E value of meal (kcal)
On-demand breastfeeding[11]	Mandatory part of package										
	Meat puree (chicken, turkey or lamb), vegetable puree (carrot, potato, zucchini, roast pumpkin, spinach, kohlrabi, cauliflower, tomato, roast pepper, peas), and/or porridge (rice,	128 g	65–70	2.2–3		2.4–3,1	7.5–9.4	2	180	3	270
	Mixed fruit (apple, peach, banana) with or without vegetables (carrot, potato, zucchini, roast pumpkin, spinach, chard, kohlrabi, cauliflower, tomato, roast pepper, peas)	128 g	62–68	0.7–1		0.3–0,4	14	1	78	2	156
	Additional part of package										
	Milk porridge with cereals (rice, corn) or biscuits	128 g	60–65	0.7–1		0.2–0.6	15	1	83		
	Milk porridge with cereals (rice, corn) or biscuits	190 g	60–65	0.7–1		0.2–0.6	15			1	171
	Water, bottled, oligomineral	330 g						1		1	
Energy value of meal from mandatory part of package								258 kcal		426 kcal	
Energy value of meal from additional part of package								83 kcal		171 kcal	
MEALS FROM THE PACKAGE COVER:								40+31% of daily energy needs		60+11% of daily energy needs	

[10] In our market, child food from numerous manufacturers is available; therefore, depending on the child's age, energy needs can be covered by child food packs of varying net mass (125g, 128g, 190g, 220g, 250g).

[11] If breastfeeding support is needed, refer mother to a healthcare worker at the TRC/AC and provide an information leaflet on breastfeeding.

Table 2b. Additional recommended package for daily infant and young child feeding in TRCs and ACs

Additional recommended package for non-breastfeeding infants and young children, for one day									
Package contents	Type of packaging	Approximate table of contents and meal energy values				Age 6 to 11 months		Age 12 to 23 months	
		E value of meal (kcal/100 g)	Protein content (%)	Fat content (%)	Total carbohydrate content (%)	Required number packages for 1 child	E value of meal (kcal)	Required number of packages for 1 child	E value of meal (kcal)
Milk (cow)	250 g	59	3.4	3.2	4.8	3	442	3	442
Water, bottled, oligomineral	330 g					1		1	
MEALS FROM THE PACKAGE COVER:						68% of daily energy needs		49% of daily energy needs	



PROPOSAL FOR FEEDING MIGRANT INFANTS AND YOUNG CHILDREN (REFUGEES AND ASYLUM SEEKERS) AGED 1 TO 6 YEARS IN TRANSIT-RECEPTION CENTRES AND ASYLUM CENTRES

Given the nutritional needs of children aged 1 to 6, the recommendations for feeding children of those ages, feeding habits and cultural differences between migrants and the possibilities of planning and organising feeding in given circumstances, responsibilities of persons for handling food, as well as preconditions for ensuring the health safety of food, the following is proposed for refugee and asylum seeker children aged 1 to 6 in TRCs and ACs:

1. The frequency of individual food groups in menu planning should be arranged in the following manner:
    1) Milk and dairy products — represented every day;
    2) Meat, poultry, eggs, legumes — every day,
    3) Fish (white and blue/oily) — once a week;
    4) Bread, cereals, potatoes — every day;
    5) Fruit — every day;
    6) Vegetables — every day;
    7) Water, tea — every day, with every meal and between meals.
2. As the child gets used to chopped food near the end of its first year of age, and then increasingly switches to solid foods and eats similar foods to adults from its third year, the following food, in addition to the one-day feeding package and where possible, may be included in the planning of diet of refugee and asylum seeker children aged 12 to 23 months in TRCs and ACs:
    1) Fruit, fruit juice;
    2) Vegetables including beans, lentils;
    3) Meat (chicken, turkey);
    4) Milk, fermented dairy products, cheese;
    5) Oil, butter;
    6) Hard-boiled eggs;
    7) Bread, pasta, flour, semolina;
    8) Fish, beef;
    9) Biscuit, jam and
    10) Moderately savoury and spicy soups/stews and stewed vegetables.
3. Given that the number of meals / quantity of food that the child consumes depends on (family) habits, and in the case of migrants also on the adjustment to food from our region, it is necessary to take, as an objective measure of the actual needs of children, the amount of food that the child eats when it is healthy and when all those factors that can adversely affect appetite are absent.

4. For refugee and asylum seeker children aged 2 years and over in TRCs and ACs, it is necessary to provide 5 meals, 3 main courses and 2 snacks (ideally fruit).
5. As a hot breakfast, in line with the possibilities in TRCs and ACs, refugee and asylum seeker children aged 1.5 years and over can be offered polenta, pie, pastry, savoury bread pudding, cornbread, and, as breakfast spreads, those which, conditions permitting, could be prepared on the spot using vegetables, cured meats, canned fish.
6. Meat products alone (e.g. chicken, turkey or salami luncheon meat) can be given to children aged 2 years and over.
7. The recommended number and size of food portions on the daily menu for refugee and asylum seeker children aged 2 to 6 years in TRCs and ACs are shown in Table 3.

Table 3. Recommended number and size of portions on the daily menu by child age

FOOD GROUP	Number of portions per day from food group (child aged 2–3 years)	Number of portions per day from food group (child aged 4–6 years)	PORTION SIZE
Bread and bread substitutes	2–4	4–8	
– bread	2–3		40–60 g
– cereal grains (rice, corn, etc.)	1		50 g (weight cooked)
– pasta	1		30 g
Milk and dairy products	1–2	2–4	
– milk and fermented dairy products			200 g
– cheese			40 g
Meat and meat substitutes	½–1	1–3	50–90 g
– meat, poultry	1		
– fish	1, once a week	1, once a week	
Vegetables	1–2	3–5	½ cup (250 g)
– leafy	1		
– root, fruiting	1		
– legumes	1, twice to three times a week		
Fruit	1–2	2–4	1 medium-sized piece of fruit
Fats			
– oil	2 teaspoons	2–3 teaspoons	
– soft margarine	as a spread or condiment	as a spread or condiment	
– butter	as a spread or condiment	as a spread or condiment	
Spices			According to recipe
– salt (iodised), vinegar, herbs			

Water and water-based beverages	6	8	100 ml
– water			At will
– tea			Freshly made, as a hot beverage. Give preference to water.
Desserts			Depending on child age
– compotes, marmalades/jams, honey, pudding, cakes (without cream made of raw eggs)			
MEALS PLANNED ACCORDING TO THE TABLE COVER DAILY ENERGY INTAKE:	710–1,170 kcal	1,170–1,350 kcal	

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MOTHER AND BABY CORNER OPERATIONS MANUAL