

Infant and Young Child Feeding in Emergencies. Operational Guidance.

VERSION 3.0 – UPDATE

The Operational Guidance on IFE

Aim To provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies (IFE)

Scope Applies to emergency preparedness, response and recovery worldwide

Target Groups Infants and young children aged 0-23 months and pregnant and lactating women (PLW)

Intended for Policy-makers, decision-makers and programmers working in emergency preparedness, response and recovery across sectors and disciplines.

Version 3

Updated by: The IFE Core Group
Co-led: ENN and UNICEF
Coordinated by: ENN
Funded by: USAID/OFDA (ENN)



2001
Version 1.0



2006
Version 2.0



2007
Version 2.1



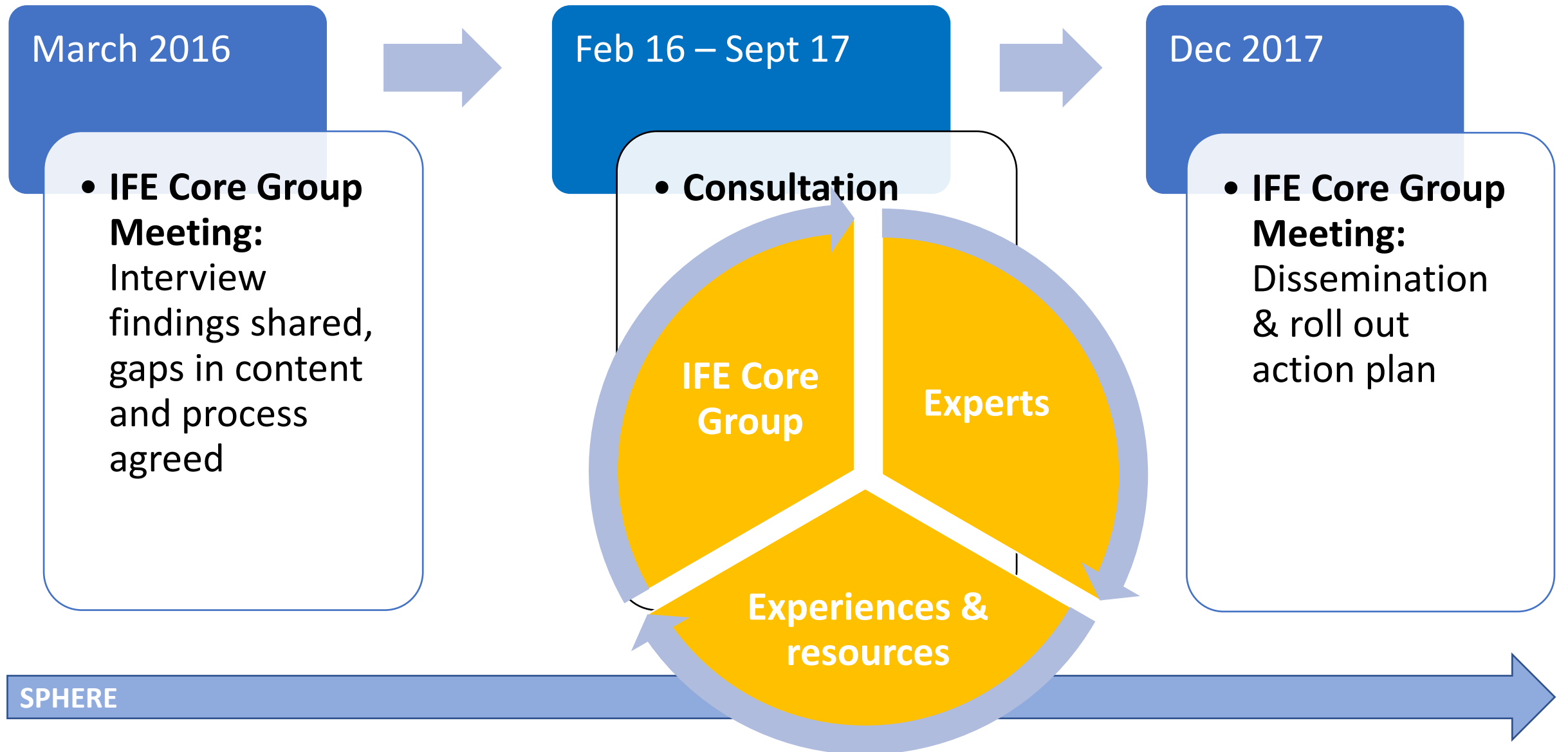
2010
Addendum



2017
Version 3.0

ENDORSED
WHA resolution 23.23

V 3.0 Process



V 3.0 What has stayed the same?

- Layout
- Headings
- Most of existing guidance
- Terminology of IFE
- Availability in English, French and Arabic

KEY POINTS

PRACTICAL STEPS (1 – 6)

1. Endorse or develop policies
2. Train staff
3. Co-ordinate operations
4. Assess and monitor
5. Protect, promote and support optimal IYCF with integrated multi-sector interventions
6. Minimise the risks of artificial feeding

EMERGENCY PREPAREDNESS ACTIONS ← *New*

KEY CONTACTS

REFERENCES ← *Expanded*

DEFINITIONS ← *Expanded*

ANNEX 1: Multi-sectoral content ← *New*

ACRONYMS ← *New*

V 3.0 Revisions - Programming

- Updated to reflect **latest global guidance** (published and upcoming)
- Greater **programmatic detail** in all sections
- Greater and more balanced content to address **needs of non-breastfed infants**
- More comprehensive content on **complementary feeding**
- Introduction of new concepts e.g. **human milk banks**
- Considers situations **where OG-IFE recommendations cannot be immediately met**
- More content on **emergency preparedness**
- Summary **key points** updated

V 3.0 Revisions – Roles & Responsibilities

- Greater emphasis on the **lead role of government** in preparedness and response
- Greater clarity on the respective **roles and responsibilities of UN agencies**
- Greater coverage of **sectors beyond nutrition** and more explicit actions to take
- Incorporated **accountability** to affected populations
- Reflects significantly **evolved operational environment**

V 3.0 Revisions – References, Resources, Terminology

- More extensive list of supporting **references and resources**
- Greater **referencing** of recommendations and definitions
- More extensive list of **definitions**
- Changes, and additions, to terminology
 - *Optimal* IYCF → Recommended IYCF
 - HIV Risk Assessment
 - Donor Human Milk
 - Human Milk Bank
 - Cluster Lead Agency
 - Lipid-based nutrient supplement (LNS)

1: Endorse or develop policies

Key provisions regarding IFE should be reflected in **government, multi-sector and agency policies** and should guide emergency responses.

2: Train staff

Sensitisation and training on IFE is necessary at multiple levels and across sectors.

3: Coordinate operations

Capacity to coordinate IFE should be established in the coordination mechanism for every emergency response. **Government is the lead IFE coordination authority.** Where this is not possible or support is needed, IFE coordination is the mandated responsibility of **UNICEF or UNHCR**, depending on context, in close collaboration with government, other UN agencies and operational partners.

Where all provisions of OG-IFE cannot be immediately met, context-specific guidance on **appropriate actions and acceptable 'compromises'** should be provided by the IFE coordination authority and mandated UN agencies.

Timely, accurate and harmonised communication to the affected population, emergency responders and the media is essential

4: Assess & Monitor

Needs assessment and critical analysis should determine a context specific IFE response

- Pre-crisis data
- Rapid decision-making and action
- Early needs assessment
- In depth assessment
- Monitoring

It is essential to **monitor the impact** of humanitarian actions and inaction on IYCF practices, child nutrition and health; to **consult with the affected population** in planning and implementation; and to **document** experiences to inform preparedness and future response.

5: Protect, promote and support optimal IYCF with integrated multi-sector interventions

Immediate action to protect recommended infant and young child feeding (IYCF) practices and minimise risks is necessary in the early stages of an emergency, with **targeted support to higher risk infants and children**

- General
- Breastfeeding support
- Infants who are not breastfed – *incl. relactation, wet nursing, donor human milk, BMS*
- Complementary feeding
- Micronutrient supplementation
- HIV and infant feeding
- Infectious disease outbreaks

5: Protect, promote and support optimal IYCF with integrated multi-sector interventions

In every emergency, it is necessary to assess and act to protect and support the nutrition needs and care of **both breastfed and non-breastfed** infants and young children. It is important to consider prevalent practices, the infectious disease environment, cultural sensitivities and expressed needs and concerns of mothers/caregivers when determining interventions

In every emergency, it is important to ensure access to adequate amounts of appropriate, safe, **complementary foods** and associated support for children and to guarantee nutritional adequacy for **pregnant and lactating women**.

5: Protect, promote and support optimal IYCF with integrated multi-sector interventions

Multi-sector collaboration is essential in an emergency to facilitate and complement direct infant and young child feeding (IYCF) interventions. **Actions** are included for:



WASH: Water, Sanitation and Hygiene, FSL: Food Security and Livelihoods, ECD: Early Childhood Development

6: Minimise the risks of artificial feeding

In emergencies, **the use of breastmilk substitutes (BMS)** requires a context-specific, coordinated package of care and skilled support to ensure the nutritional needs of non-breastfed children are met and to minimise risks to all children through inappropriate use

- Donations in emergencies
- Artificial feeding management
- BMS supplies
- BMS specification
- Procurement of BMS supplies, feeding equipment and support
- Distribution of BMS

Donations of BMS, complementary foods and feeding equipment should **not** be sought or accepted in emergencies; supplies should be purchased based on assessed need. BMS, other milk products, bottles and teats should never be included in a general distribution.

Emergency preparedness

...is critical to a timely, efficient and appropriate IFE response

Examples from Box 1: Emergency Preparedness Actions

POLICY Develop preparedness plans on IFE	TRAINING Prepare orientation material for use in early emergency response	COORDINATION Develop terms of reference for IFE coordination in a response
ASSESS AND MONITOR Prepare key questions to include in early needs assessment	MULTI-SECTOR INTERVENTIONS Examine national legislation related to food and drugs, particularly importation	ARTIFICIAL FEEDING Communicate government position on not seeking or accepting donations

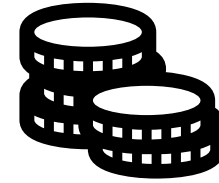
****INSTRUCTION SLIDE****

The following slides cover implications of the revisions in the Operational Guidance on IFE for stakeholders involved with CASH in emergencies.

Please delete slides that are not applicable to your audience and cross reference to internal documents and processes where relevant.

Implications for...Cash

Including social protection

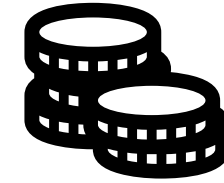


Cash is a key discipline to sensitise and work with on IYCF.

5.32 Examples of **two-way multi-sector collaboration** include:

Accompany cash transfer programmes that include mothers in targeting with context-specific IYCF and maternal nutrition messaging

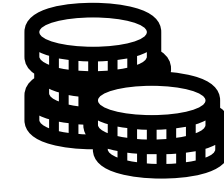
Implications for...Cash



3.6 Coordinate with other sectors to identify opportunities for multi-sector collaboration in needs assessment and programming and to inform sector policies, actions plans and risk management regarding IFE.

4.2 Explore opportunities to include IYCF questions in other sector needs assessments and draw on relevant multi-sector data.

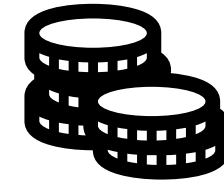
Implications for...Cash



5.23 Complementary food support options/considerations include:

- Cash or voucher schemes to purchase nutrient-rich foods and/or fortified foods that are locally available.
- Distribution of nutrient-rich foods or fortified foods at household level.
- Provision of multiple-micronutrient fortified foods to children aged 6-23 months and PLW through blanket supplementary feeding.
- Home fortification with micronutrient supplements, such as micronutrient powders (MNPs) or other supplements.
- Livelihood programmes and safety net programmes for families with children under two years of age and/or PLW.
- Use of animal milk and products.
- Provision of non-food items and cooking supplies (including domestic energy); access to communal food preparation areas where household facilities are lacking; advice on safe food handling; and protected eating and playing spaces.

Implications for...Cash

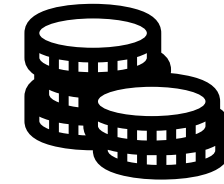


Procurement of BMS supplies, feeding equipment and support

6.19 Where BMS is provided indirectly, such as through **restricted voucher schemes**, determine if Code-compliant products are available at designated vendors. Provide supporting information if necessary to **address labelling shortfalls** and report such Code violations. **Monitor the price** of products. **Advise** mothers and caregivers on appropriate and inappropriate BMS for different age groups.

6.20 Where **unrestricted cash transfer programmes** are implemented and BMS is available, BMS should not be excluded as an option for purchase by households support. In such instances, accompany cash transfer programmes with **strong messaging** on the value of breastfeeding, on recommended IYCF practices, and **provide information** on where all infants can access IYCF support.

Implications for...Cash



Distribution of BMS

6.24 The **distribution system for BMS** will depend on the context, including: scale of intervention; access points to mothers/caregivers; contact frequency; transportation; waste management; and storage capacity of the provider. Options include direct supply, **individual prescription and purchase (e.g. cash transfer programmes)**. Distribution should be carried out in a discrete manner so as not to discourage breastfeeding mothers. At community level, be alert to unintended consequences of BMS use, such as sale of products.

6.26 In accordance with *the Code*, there should be **no promotion** of infant formula at the point of distribution, including displays of products or items with company logos or **logos on vouchers**. Storage of infant formula should not be in view of beneficiaries.

INSTRUCTION SLIDE

You may find it useful to have a discussion on how the revised guidance can be dissemination within your working group / cluster / agency etc.

Suggestions have been made for roll out at:

1. Individual agency level
2. National level
3. Regional level

Select the appropriate slide. Suggested roll out actions will have to be contextualised prior to presenting. Following the discussion, it is recommended to set SMART objectives and work out a timeline to implement the recommended roll-out actions. Consider what resources are required to support the roll-out.

Recommendations for dissemination (Agency)

- **Wide dissemination of Ops Guidance on IFE within <agency>**
 - **What does this mean for you and your agency?** Roles, responsibilities, agency activities, programming, strategies, position papers etc.
 - **Training** for technical staff from health, nutrition *and other* sectors
 - **Sensitisation** for *all staff* including senior management and communication, logistics, resource mobilization, rapid response and volunteer teams
 - Inclusion of V 3.0 in **induction** reading materials, agency **resource libraries**, training materials etc.
 - Dissemination and roll out to regional, country and field offices
 - Update training materials

Recommendations for dissemination(National/Cluster)

- **Wide dissemination to <NiEWG / nutrition cluster members, all other sectors, intercluster, relevant government agencies and authorities, advocacy groups, policymakers>**
 - **What does this mean for you?** Preparedness and response plans, roles and responsibilities etc.
 - Dissemination of / sensitisation on update
 - Translation of Operational Guidance on IFE text into local language
 - Adaptation of Operational Guidance on IFE to local context
 - Incorporation of V 3.0 revisions into national guidance & policy
 - Inclusion into background reading materials

Recommendations for dissemination (Regional)

- **Wide dissemination of Ops Guidance on IFE at <regional level>**
 - **What does this mean for you?** Preparedness and response plans, roles and responsibilities etc.
 - Training and sensitisation for regional offices
 - Translation into regional languages
 - Dissemination to country offices
 - Incorporation of V3.0 updates into regional strategies, funding etc.

Appropriate and timely support of infant and young child feeding in emergencies (IFE) saves lives, protects child nutrition, health and development and benefits mothers.