

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

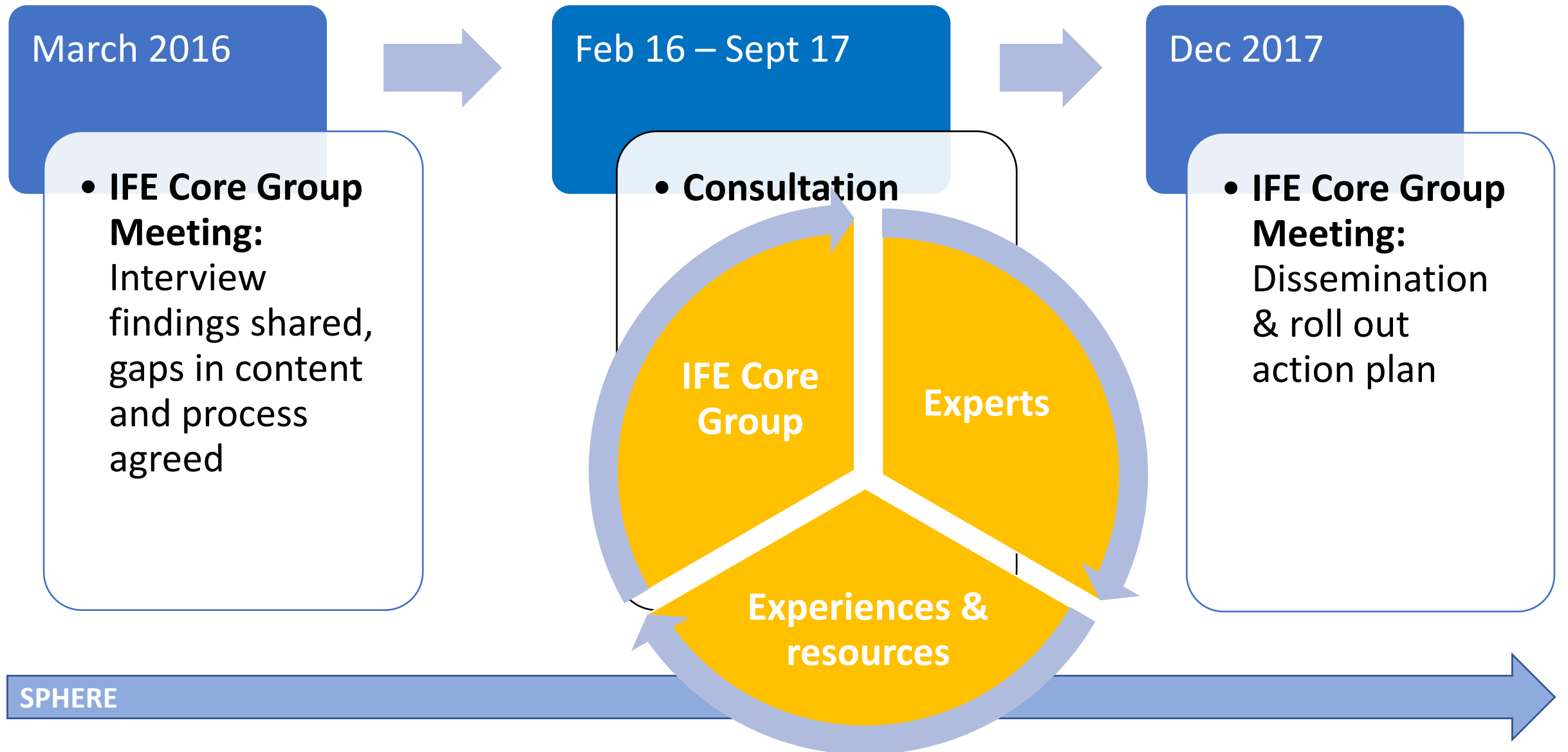


2017
Version 3.0

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 Disability in emergencies.

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

Implications for...Disability

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

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

Collaborate with the disability focal point on identified issues regarding feeding and care of disabled children and children whose caregivers are disabled

Implications for...Disability

Train Staff

Adapt and prioritise training content to address identified needs, cultural expectations and personal experiences of mothers and staff; capacity gaps; the target audience; and time available. More specialist capacity to counsel mothers and infants with heightened needs, such as stressed or traumatised mothers, malnourished infants and mothers, low birth weight (LBW) infants and disabled infants with feeding difficulties, may be needed. At a minimum, staff in contact with mothers and children aged under two years should be trained to be sensitive to psychosocial issues, on nutrition screening, and on referral pathways to more specialist support.

Implications for...Disability

Pre-crisis data and early needs assessment

4.6.2. Key information to consider includes

Local perceptions of child disability and associated feeding and care practices.

Reports and observations regarding children and caregivers with disabilities and any feeding or care related issues.

Implications for...Disability

Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions

5.4 Establish accessible IYCF support services to provide for higher risk infants, young children and mothers, such as

orphans, unaccompanied children,
infants who are not breastfed;

children with disabilities that affect feeding or whose caregivers are disabled;

mothers in detention;

children whose mothers are ill;

adolescent mothers;

premature infants; LBW infants;

children and/or mothers who are acutely malnourished.

Implications for...Disability

5.22 Key considerations in determining complementary feeding response include pre-existing and existing nutrient gaps; seasonality; socio-cultural beliefs; food security; current access to appropriate foods; quality of locally available complementary foods, including commercial products; compliance to *the Code* and with *WHO Guidance on ending inappropriate promotion of foods for infants and young children* of available products; cost; proportion of non-breastfed infants and children; reports of children with disability-associated feeding difficulties; maternal nutrition; WASH conditions; the nature and capacity of existing markets and delivery systems; national legislation related to food and drugs, particularly importation; and evidence of impact of different approaches in a given or similar contexts.

Implications for...Disability

Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions

For more information on how to work together to jointly achieve shared objectives:

Go to: Operational Guidance on IFE V3.0 **Resources** – Disability

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.