

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

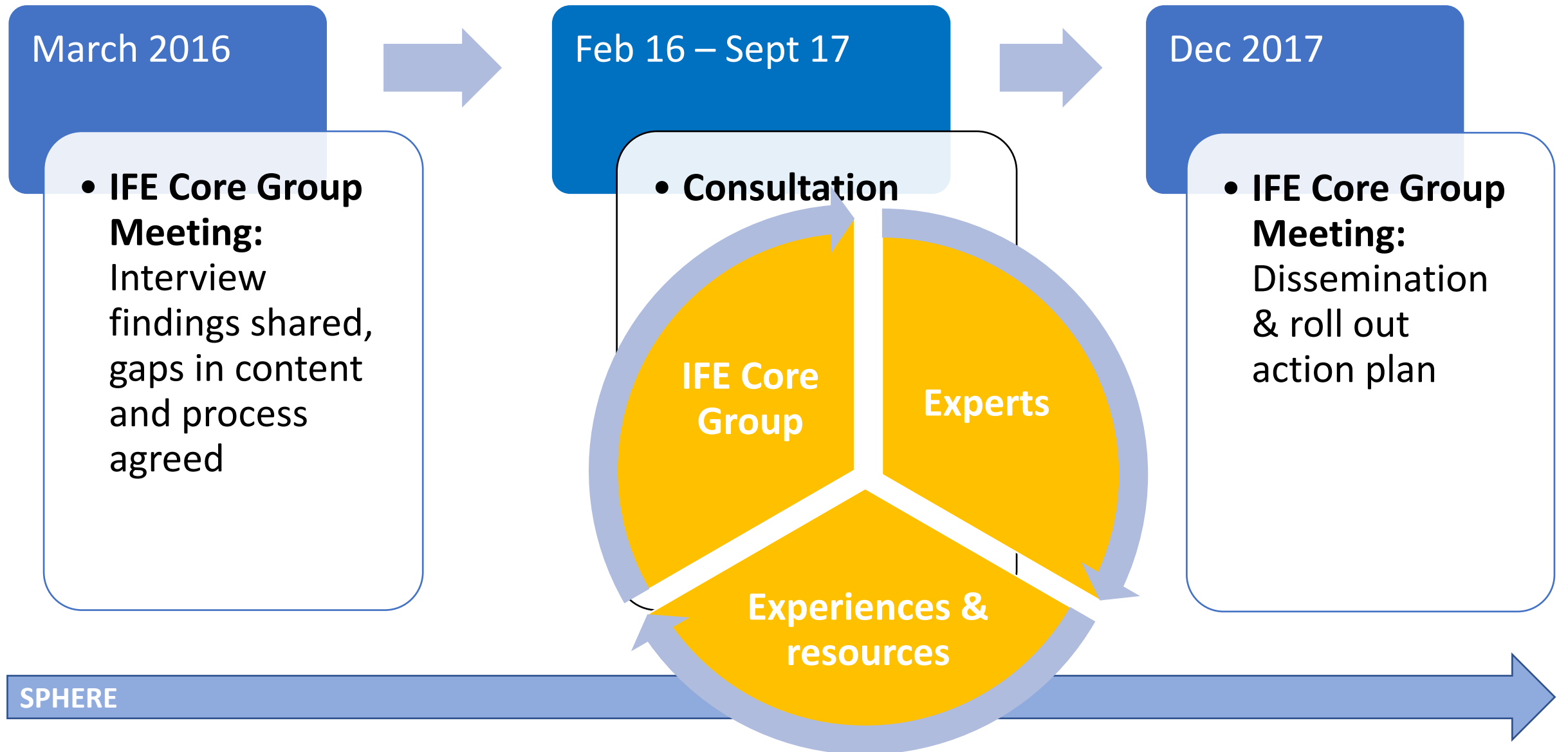


2017
Version 3.0

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 HEALTH in emergencies.

Slides on HIV and Mental Health and Psychosocial Support (MHPSS) are available separately.

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

Implications for...Health



Health is a key sector to sensitise and work with on IYCF.

5.30 Key sectors and disciplines to sensitise and work with on IYCF include health (reproductive health; MNCH; MHPSS; HIV; infectious disease management); adolescent services; WASH; FSL; child protection; ECD; disability; shelter; cash transfer programmes; social protection; agriculture; camp coordination and camp management; and logistics.

5.31 Sector programme entry points for IYCF include: antenatal and postnatal care; immunisation; growth monitoring; prevention of mother-to-child transmission (PMTCT) programmes; HIV prevention and treatment services, acute malnutrition treatment; community health; psychosocial counselling services; hygiene promotion; child protection screening; ECD activities; places of employment; and agriculture extension work.

Implications for...Health



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

- Enable access of pregnant women to skilled antenatal care and other necessary health services, including MHPSS.
- Integrate IYCF support and/or establish referral systems with reproductive, MNCH and adolescent health services; curative health services; acute malnutrition treatment; HIV; and child protection services. Include minimum/initial service packages offered by different sectors.
- Work with HIV prevention and treatment services to support access and adherence to ART

Implications for...Health



Policy

1.1 Governments and agencies should have up-to-date policies which adequately address all of the following elements in the context of an emergency: protection, promotion and support of breastfeeding; the management of artificial feeding; complementary feeding; the nutrition needs of PLW; compliance with the *International Code of Marketing of Breastmilk Substitutes (BMS) and subsequent relevant World Health Assembly (WHA) Resolutions (the Code)*; prevention and management of donations of BMS; and infant feeding in the context of public health emergencies and infectious disease outbreaks. Additional context-specific provisions may be necessary, such as for refugees or internally displaced persons (IDP). Provisions may exist as a standalone policy and/or may be integrated into other relevant policies. UNICEF and WHO have key responsibilities in supporting national/sub-national policy preparedness.

Implications for...Health



Train Staff

2.3 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...Health



Coordinate Operations

3.4 The level of coordination, including whether a dedicated IFE coordinator is necessary, will depend on the context. Wherever possible, support government to fulfil their IFE coordination responsibility and work with existing country-level structures and mechanisms. Identify or locate IFE coordination capacity within the most relevant sector coordination mechanism, such as nutrition, health or food security.

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. Actively participate in relevant sector or cluster co-ordination meetings.

Implications for...Health



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

Pre-crisis data and early needs assessment

4.6.1 Key information to consider includes contextual data:

Health environment, including support offered by providers of antenatal, delivery and postnatal services; age and morbidity profile of admissions to acute malnutrition treatment programmes; infectious disease morbidity rates; crude mortality rate (CMR), infant mortality rate (IMR) and under-five mortality rate (U5MR); coverage of antiretroviral treatment (ART); and support offered by social services and social protection mechanisms.

Implications for...Health



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; and children and/or mothers who are acutely malnourished.

Implications for...Health



Breastfeeding support

5.7 Protect, promote and support early initiation of exclusive breastfeeding in all newborn infants. Integrate the Ten Steps to Successful Breastfeeding of the WHO/UNICEF Baby-friendly Hospital Initiative in maternity services. Key newborn health interventions include:

- skin-to-skin contact
- kangaroo mother care
- 'rooming in' (keeping mothers and infants together)
- delayed umbilical cord clamping.

Limit supplementation with BMS to medical needs.

Implications for...Health



Breastfeeding support

5.7 **Target support** to mothers of premature and LBW infants, adolescent mothers and first-time mothers.

Ensure access to **HIV services** as appropriate, including nutritional support when indicated.

Ensure **birth registration** of newborns within two weeks of delivery and coordinate with other sectors (such as health, food security and social protection) to facilitate access to support services.

Use and build existing capacity (such as traditional birth attendants, midwives and peers) to provide skilled breastfeeding support.

Implications for...Health



Infants who are not breastfed

5.10 In all emergencies, intervene to protect and support infants and children who are not breastfed to meet nutritional needs and minimise risks. The consequences of not breastfeeding are influenced by the age of the child (the youngest are most vulnerable); the infectious disease environment; access to assured supplies of appropriate BMS, fuel and feeding/cooking equipment; and WASH conditions.

Implications for...Health



Infants who are not breastfed

5.16 BMS requirement may be temporary or longer term. Temporary BMS indications include: during relactation; transition from mixed feeding to exclusive breastfeeding; short-term separation of infant and mother; short-term waiting period until wet nurse or donor human milk is available. Longer-term BMS indications include: infant not breastfed pre-crisis; mother not wishing or unable to relactate; infant established on replacement feeding in the context of HIV; orphaned infant; infant whose mother is absent long-term; specific infant or maternal medical conditions; very ill mother; infant rejected by mother; a rape survivor not wishing to breastfeed.

Implications for...Health



Micronutrient Supplementation

5.29 For children aged 6-59 months, multiple-micronutrient supplements may be necessary to meet nutrition requirements where fortified foods are not being provided, in conjunction with other interventions to improve complementary foods and feeding practices.

In malaria-endemic areas, the provision of iron in any form, including MNPs, should be implemented in conjunction with measures to prevent, diagnose and treat malaria. Provision of iron through these interventions should not be made to children who do not have access to malaria prevention strategies; prompt diagnosis of malaria illness; and treatment with effective antimalarial drug therapy.

Vitamin A supplementation is recommended for children aged 6-59 months.

For PLW, iron and folic acid or multiple-micronutrient supplementation should be provided in accordance with the latest guidance.

Implications for...Health



Infectious disease outbreaks


5.40 Anticipate and assess the impact of human and animal infectious disease outbreaks on IYCF, such as interrupted access to health and feeding support services; deterioration in household food security and livelihoods; transmission risks via breastfeeding; and maternal illness and death. Take actions to mitigate risks. Interim guidance may be necessary to address unanticipated IYCF consequences in outbreaks, such as Ebola virus and Zika virus. Consult WHO for up-to-date advice.

Implications for...Health



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:

1. *Go to:* Operational Guidance on IFE V3.0 **Resources** – Health
2. *Watch:*  [IYCF Framework](#)

****INSTRUCTION SLIDE****

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

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

Implications for...Early Childhood Development

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

5.31 Sector programme entry points for IYCF include: antenatal and postnatal care; immunisation; growth monitoring; prevention of mother-to-child transmission (PMTCT) programmes; HIV prevention and treatment services, acute malnutrition treatment; community health; psychosocial counselling services; hygiene promotion; child protection screening; ECD activities; places of employment; and agriculture extension work.

Implications for...Early Childhood Development

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

Integrate ECD into IYCF support at facility and community levels and explore opportunities to incorporate IYCF elements into ECD

See References Section 8.6 Multi-sector Interventions – Early Childhood Development

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.