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

March 2016

- **IFE Core Group Meeting:** Interview findings shared, gaps in content and process agreed

Feb 16 – Sept 17

- **Consultation**

Dec 2017

- **IFE Core Group Meeting:** Dissemination & roll out action plan

SPHERE

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

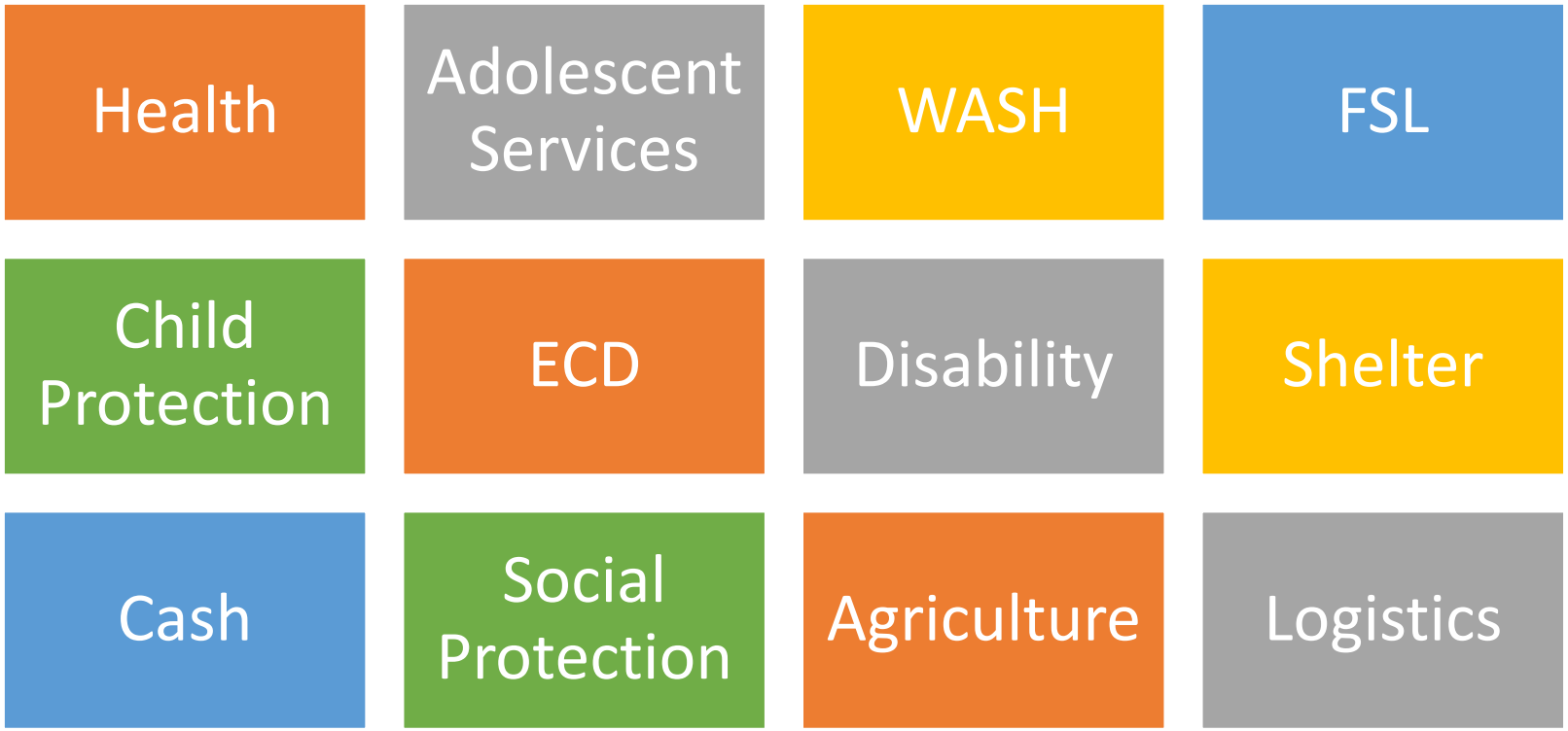
5: Protect, promote and support optimal IYCF with integrated multi-sector interventions

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 LOGISTICS in emergencies.

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

TERMINOLOGY

Breastmilk substitute (BMS): Any food (solid or liquid) being marketed, otherwise represented or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In terms of milk products, recent WHO guidance has clarified that a BMS includes any milks that are specifically marketed for feeding infants and young children up to the age of three years. See The Code definition for more details. Guidance on appropriate and inappropriate BMS for different age groups is included in 5.15.

Complementary food: Any food, whether industrially produced or locally prepared, suitable as a complement to breastmilk or to a BMS, that is used to feed children 6-23 months of age. Note this term is also used to describe foods that complement those included in a general ration for populations receiving food assistance.

Donor human milk: Expressed breastmilk voluntarily provided by a lactating woman to feed a child other than her own. *Informal donor human milk* involves informal milk sharing (e.g. peer-to-peer, community-based) to breastmilk-feed a child with unprocessed, expressed breastmilk. *Formal donor human milk* is sourced from a human milk bank (see definition) to breastmilk-feed a child with screened and processed, expressed breastmilk.

Feeding equipment: Bottles; teats; syringes; feeding cups with spouts, straws or other feeding add-ons; and breast pumps.

Implications for…Logistics

Logistics is a key sector to work with and sensitise on IYCF

Train Staff

2.1 Sensitise relevant personnel across sectors to support IFE, including those dealing directly with affected women and children; those in decision-making positions; those whose operations affect IYCF; those handling any donations; and those mobilising resources for the response. Target groups for sensitisation include government staff, sector/cluster leads, donors, rapid-response personnel, camp managers, communications teams, logisticians, the media, volunteers, among others.

Implications for…Logistics

Complementary Feeding

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…Logistics

5.24 Commercially produced complementary foods must meet minimum standards. Refer to international guidelines on the formulation of complementary foods, minimum standards for nutritional profile of complementary foods and country-specific standards as necessary. Prioritise in-country, familiar, quality complementary foods over importing new products. Ready-to-use therapeutic foods (RUTF) are not appropriate complementary foods.

Current and Potential Role of Specially Formulated Foods and Food Supplements for preventing malnutrition among 6-23 month old children and for treating moderate malnutrition among 6- to 59-month old children. De Pee, S., and Bloem, M., 2009. English.

Revised Codex Alimentarius Guidelines on Formulated Complementary Foods for Older Infants and Young Children. Codex, 2013. English.

WHA Resolution: Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. 69th WHA A69/7 Add.1. 2016. English.

Implications for…Logistics

Complementary Feeding

5.28 Do not send or accept donations of complementary foods in an emergency. Risks include donated complementary foods may not meet nutritional and safety standards, Code labelling requirements, or recommendations of *WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children*; may be culturally inappropriate; and may undermine local food use and recommended IYCF practices. For donated foods that are not designed as complementary foods but can be used for complementary feeding, it is important to prevent the emergency response from being used to create a potential market for specific foods; to ensure interventions are needs based rather than donor-driven; and to guarantee adequate quality and safety of the diet. Where any donations are being considered or have been received, consult with the designated IFE coordination authority regarding their appropriateness and/or management.

Implications for…Logistics

Donations in Emergencies

6.1 Do not donate or accept donations of BMS, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies. Donated BMS are typically of variable quality; of the wrong type; supplied disproportionate to need; labelled in the wrong language; not accompanied by an essential package of care; distributed indiscriminately; not targeted to those who need them; do not provide a sustained supply; and take excessive time and resources to manage to mitigate risks.

Implications for…Logistics

Donations in Emergencies

6.3 Do not send supplies of donor human milk to emergencies that are not based on identified need and a part of a coordinated, managed intervention.

Safe use of donor human milk requires needs assessment, targeting, a cold chain and strong management systems.

Implications for…Logistics

Donations in Emergencies

6.4 Communicate a clear position on donations in preparedness and in early emergency response, such as in a joint statement. Investigate reasons for donation requests to inform messaging and assessment. Target key actors, including donors, development partners and civil society groups, among others. Target groups that may not be engaged in official coordination mechanisms, e.g. media, the military and voluntary groups.

6.5 Identify and inform potential donors and distributors regarding the risks associated with donated supplies in emergencies. Provide information on how the nutritional needs of non-breastfed infants are being met. Give guidance on appropriate alternative items or support.

Implications for…Logistics

Donations in Emergencies

6.6 Report offers or donations of BMS, donor human milk, complementary foods and feeding equipment to UNICEF or UNHCR as appropriate, and to the IFE coordination authority, who will determine and oversee a context-specific management plan to minimise risks. Donations involving WFP food assistance should also be reported to WFP.

Implications for…Logistics

BMS Supplies

6.11 In refugee settings and in accordance with UNHCR policy, UNHCR will only source infant formula after review and approval by its HQ technical units.

6.12 In non-refugee settings and in accordance with UNICEF policy, UNICEF will only procure infant formula as the provider of last resort and at the request of the host government and/or the national humanitarian coordination structure. Country offices must seek agreement from UNICEF HQ (Nutrition Section and Supply Division), in line with UNICEF internal guidance.

Implications for…Logistics

BMS Supplies

6.14 An agency should only directly supply another agency with BMS if both are working as part of the nutrition and health emergency response. Both the supplier and the implementer are responsible for ensuring the provisions of the OG-IFE and *the Code* are met and continue to be met for the duration of the intervention.

The International Code of Marketing of Breast-milk Substitutes. WHO,1981
and subsequent relevant World Health Assembly Resolutions

Implications for…Logistics

BMS Specification

6.15 BMS labels must comply with *the Code*. Labels should be in the language understood by the end users and service providers and include:

(a) the words “Important Notice” or their equivalent;

(b) a statement on the superiority of breastfeeding;

(c) a statement that the product should only be used on the advice of a health worker (this includes community workers and volunteers) as to the need for its use and the proper method of use;

(d) instructions for appropriate and safe preparation and storage and a warning on the health hazards of inappropriate preparation and storage.

Where labels of infant formula supplies do not conform to Code requirements, consider relabelling (this will have cost and time implications) or, where not possible, provide the specified information to users.

Implications for…Logistics

BMS Specification

6.15 Infant formula must be compliant with relevant Codex Alimentarius standards

Codex Alimentarius Standards for Infant Formula and Formulas for Special Medical Purposes Intended for Infants. Codex Stan 72 – 1981. FAO and WHO, 2007.

Implications for…Logistics

BMS Specification

6.16 Infant formula is available as powdered infant formula (PIF) or as liquid, ready-to-use infant formula (RUIF). PIF is not sterile and requires reconstitution with water that has been heated to at least 70 degrees Celsius (as a guide, for 1 litre, boiled and left standing for no more than 30 minutes). RUIF is a sterile product until opened and does not require reconstitution; appropriate use, careful storage and hygiene of feeding utensils remains essential to minimise risks. RUIF is more expensive and bulky to transport and store.

Concentrated liquid formula is not recommended due to risk of dilution errors and contamination.

Therapeutic milks (F75, F100) are not appropriate BMS in non-malnourished infants; this should be particularly emphasised with introduction of therapeutic milk in tins as of 2017 (previously in sachets), to avoid confusion with infant formula.

Implications for…Logistics

BMS Supplies

6.17 Average infant formula needs for an infant less than six months of age are RUIF: 750ml/day; 22.5L/month; 135L/6 months, and PIF: 116g/day; 3.5kg/month; 21kg/6 months.

Supplies should have a six-month shelf-life from point of delivery.

Implications for…Logistics

Procurement of BMS supplies, feeding equipment and support

Where direct procurement of BMS is necessary, purchase necessary supplies.

Considerations regarding local versus international procurement include:

- Codex Alimentarius and Code compliance of available product,
- stocks available in-country,
- cost,
- importation legislation,
- appropriate language of labels and instruction,
- safeguarding against creating new markets for products.

Implications for…Logistics

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.

Implications for…Logistics

Distribution of BMS

6.26 Do not use general or blanket distributions as a platform to supply BMS.

Dried milk products and liquid milk should not be distributed as a single commodity in general or blanket distributions as they may be used as a BMS, exposing both breastfed and non-breastfed infants to risks.

Dried milk products can be pre-mixed with a milled staple food for distribution to use as a complementary food in children over six months of age. Where milk powder is commonly used or widely available in a population, recommend and provide practical guidance to incorporate into cooked family meals and advise against use as a BMS. Dried milk powder may be supplied as a single commodity to prepare therapeutic milk for on-site therapeutic feeding. WFP in consultation with UNICEF and UNHCR is responsible for controlling the distribution of milk powders and BMS in general rations in accordance with the provisions of the OG-IFE.

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)

- **<u>Wide</u> 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)

- **<u>Wide</u> 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)

- **<u>Wide</u> 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.