

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



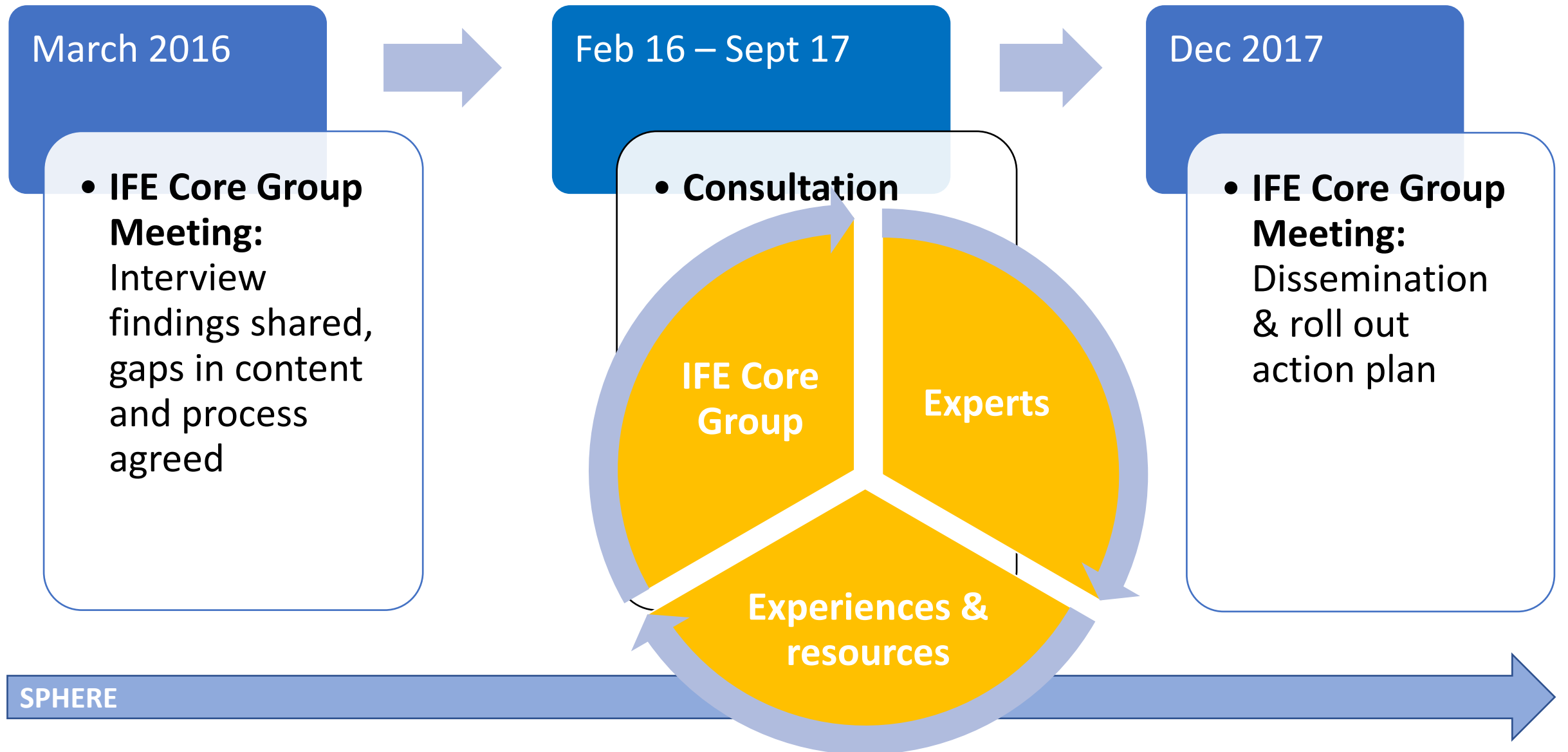
2010
Addendum



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 UN Agencies including UNICEF, UNHCR, WFP and WHO.

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

Implications for UNICEF



The OG-IFE offers practical guidance which assists decision-makers, planners and donors to implement UNICEF global strategy and guidance documents e.g. *UNICEF/WHO Global Strategy on IYCF*

1. Endorse or Develop Policies

1.1 UNICEF and WHO have key responsibilities in supporting national/sub-national policy preparedness

1.5 UNICEF and WHO have key roles to catalyse and support development of an inter-agency joint statement on IFE.



Implications for UNICEF

2. Train Staff

UNICEF can support the identification and use of existing national expertise and networks

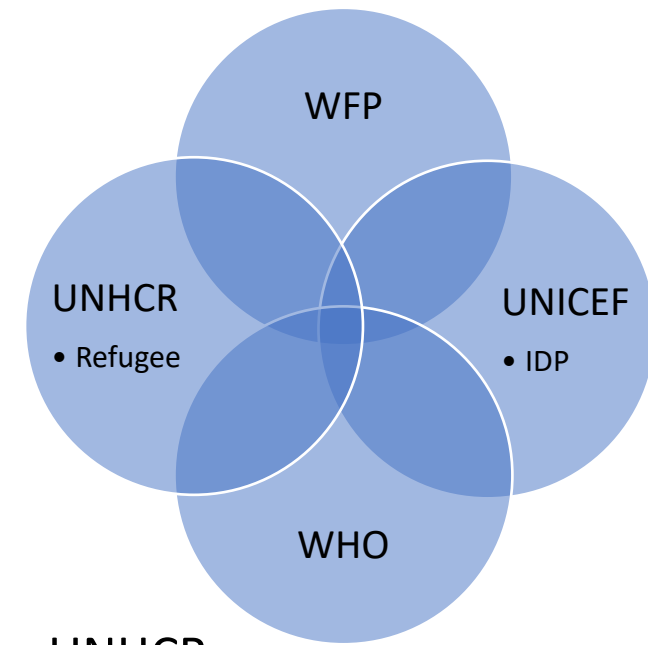
See: Section 8 – References

- **Breastfeeding Counselling: A Training Course.** UNICEF and WHO, 1993.
- **IYCF Counselling: An Integrated Course.** UNICEF, 2006
- **Programming for IYCF – a Training Course.** UNICEF and Cornell University. Online.
- **Supportive Supervision / Mentoring and Monitoring for Community IYCF.** UNICEF, 2013.
- **The Community IYCF Counselling Package.** UNICEF, 2013.

Implications for UNICEF

3. Coordinate Operations

- Government is the lead coordination authority on IFE
- Where this is not possible, IFE coordination is the responsibility of UNICEF or UNHCR
- UNICEF's coordination authority may be as:
 - cluster lead agency within the IASC cluster approach
 - as the UN agency with mandated responsibility for IFE
- In IDP responses, UNICEF is responsible for IFE coordination



“In all settings, UNICEF and UNHCR will maximize synergies between their respective technical and management capacities, availability of resources and response capacities.”



Implications for UNICEF

2. Coordinate operations

3.2 UNICEF country offices have a key responsibility to prepare for coordination needs in an emergency and as necessary, to support government capacity and skills development in this regard.

3.8 In some emergencies, it may not be possible to meet all the provisions of the OG-IFE immediately. Critical analysis by the IFE coordination authority, government, UNICEF, WHO and, where applicable, UNHCR is essential to provide context-specific guidance on appropriate actions and acceptable compromises.

3.10 Gaps in IFE coordination capacity in an emergency response should be reported to UNICEF or UNHCR country or regional office and to agency headquarters as necessary



Implications for UNICEF

4. Monitoring

4.16 WHO and UNICEF country offices have key responsibilities to support government to develop policies and procedures to monitor for and act on Code violations.

Code violations may be reported to UNICEF as the IFE coordination authority

Implications for UNICEF



5. Protect, Promote and Support Optimal Infant and Young Child Feeding with Integrated Multi-Sectoral Interventions

UNICEF has a key responsibility to define, advocate for, and provide guidance on, **essential IYCF interventions** in close collaboration with government and other stakeholders (Preparedness and Recovery)

UNICEF has a key role to advocate for and provide **guidance on appropriate quantities of quality complementary foods** and to help define essential interventions.



Implications for UNICEF

Complementary Feeding

The designated IFE coordination authority should provide clear direction on complementary feeding needs and interventions

Coordination on complementary feeding is the mandated responsibility of UNICEF or UNHCR

In all contexts, UNICEF has a key responsibility to provide guidance on appropriate complementary foods and feeding practices and to help define essential interventions.

[See: UNICEF Core Commitments to Children in Humanitarian Action](#)

Implications for UNICEF



6. Minimise the Risks of Artificial Feeding

6.6 UNICEF is likely to **receive reports** of offers or donations of BMS, donor human milk, complementary foods and feeding equipment and should be prepared to determine and oversee a management plan.

6.7 UNICEF is expected to be able to **support planning** for appropriate procurement, distribution, targeting and use of BMS and associated support

6.9 UNICEF may need to determine if and where **capacity** to manage artificial feeding exists in government and amongst humanitarian providers or, where capacity is limited, **identify appropriate BMS provider(s)** including a BMS supply chain and associated support services.



Implications for UNICEF

6. BMS Supplies

UNICEF and / or the coordinating agency, **will ensure coordinated provision of BMS supplies** in the absence of an appropriate provider.

“In non-refugee settings and in accordance with **UNICEF** policy, UNICEF will only procure infant formula as the **provider of last resort** and on the **request** of the host government and/or the national humanitarian coordination structure.”

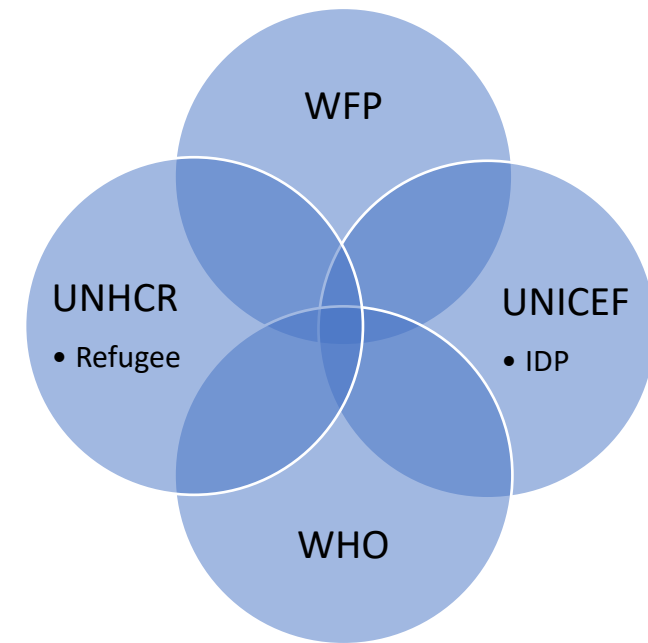
Seek agreement from UNICEF HQ Nutrition Section and Supply Division

See: [UNICEF SOP on BMS \(under development\)](#)

Implications for UNHCR

3. Coordinate Operations

- Government is the lead coordination authority on IFE
- Where this is not possible, IFE coordination is the responsibility of UNICEF or UNHCR
 - In IDP responses - UNICEF
 - In refugee responses – UNHCR



“In all settings, UNICEF and UNHCR will maximize synergies between their respective technical and management capacities, availability of resources and response capacities.”

Implications for UNHCR



3. Coordinate Operations

3.8 In some emergencies, it may not be possible to meet all the provisions of the OG-IFE immediately. **Critical analysis** by the IFE coordination authority, government, UNICEF, WHO and, where applicable, UNHCR is essential to provide **context-specific guidance** on appropriate actions and acceptable compromises.

3.10 **Gaps in IFE coordination** capacity in an emergency response should be reported to UNICEF or UNHCR country or regional office and to agency headquarters as necessary.

Technical or coordination issues regarding IFE in the context of UNHCR operations should be addressed to the appropriate UNHCR regional or country office. Where necessary, contact the Public Health Section at UNHCR HQ: hqphn@unhcr.org

Implications for UNHCR



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

5.1 In refugee settings, UNHCR has the responsibility to define, advocate for and provide guidance on essential IYCF interventions in close collaboration with government and other stakeholders

This responsibility extends to both preparedness and recovery, using and building on existing capacities, networks, policies, systems and requires multi-sector engagement.

**See:* IYCF Framework – UNHCR and Save the Children, 2017

www.unhcr.org/nutrition-and-food-security

Implications for UNHCR



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

5.20 The designated IFE coordination authority should provide clear direction on complementary feeding needs and interventions. Government is the lead coordination authority to guide the response on complementary feeding. Where this is not possible or support is needed, coordination on complementary feeding is the mandated responsibility of UNICEF or UNHCR, depending on context, in close collaboration with government, other UN agencies and operational partners.

UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations. UNHCR, UCL, ENN, 2011. English.



Implications for UNHCR

6. Minimise the risk of artificial feeding

6.6 Offers or donations of BMS donor human milk, complementary foods and feeding equipment may be reported to UNHCR. UNHCR should be prepared to determine and oversee a context specific management plan to minimise risks.

6.7 UNHCR has key responsibilities in artificial feeding management.

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.

6.25 WFP in consultation with UNICEF and UNHCR is responsible for controlling the distribution of milk powders and BMS in general rations

**See:* UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings. 2006
UNHCR IYCF Practices: Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for Children 0-23 months. 2015

Implications for...WFP



3. Coordinate Operations

WFP is responsible for mobilising food assistance in emergencies in a manner that upholds the provisions of the OG-IFE.

Implications for...WFP



5. Multisectoral Interventions

5.1 WFP has a responsibility to ensure that the nutrition of infants and young children and PLW is considered in food assistance response and that necessary data are gathered to inform related programming.

5.20 WFP has a responsibility to provide/enable access to appropriate nutrient-rich food for children aged 6-23 months and PLW when significant food and nutrient gaps are identified.

Managing the Supply Chain of Specialised Nutritious Foods. WFP, 2013

Implications for...WFP



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 BSFP
- Home fortification with micronutrient supplements, e.g. MNPs or other supplements.
- Livelihood programmes and safety net programmes for families with children < 2 and/or PLW.
- Use of animal milk and products. (see 5.25)
- 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;
- Protected eating and playing spaces.



Implications for...WFP

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.

Joint Statement on Preventing and Controlling Micronutrient Deficiencies in Populations affected by an Emergency. WHO, WFP and UNICEF, 2007.

Implications for...WFP



6. Donations

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

6.25 WFP in consultation with UNICEF and UNHCR is responsible for controlling the distribution of milk powders and BMS in general rations

Use of milk in WFP operations. Position paper. WFP, June 2017.

Implications for...WHO

The OG-IFE offers practical guidance which assists decision-makers, planners and donors to implement WHO global strategy and guidance documents e.g. *UNICEF/WHO Global Strategy on IYCF*

1. Endorse or develop policies:

- Key responsibility in supporting national/sub-national policy preparedness
- Key role to catalyse and support development of an inter-agency joint statement
- Support development/updating and dissemination of key IFE policy guidance
- Support enactment of the Code and WHO *guidance on ending inappropriate promotion of foods for infants and young children* into national legislation
- Develop national legally binding policies regarding private sector engagement in emergency response

2. Train staff

- WHO country offices may provide information on existing national expertise and networks

Implications for...WHO

3. Coordinate Operations

WHO is responsible for supporting Member States to prepare for, respond to and recover from emergencies with public health consequences.

WHO may be called upon to provide to provide **context-specific guidance** on appropriate actions and acceptable compromises when it is not possible to meet the provisions of the OG-IFE.

Implications for...WHO

4. Monitoring

WHO and UNICEF country offices have key responsibilities in supporting government to develop policies and procedures to monitor for and act on Code violations.

Code violations may be reported to WHO at country or regional level (Contacts)

5. Integrated multi-sector interventions

- Support integration of **Ten Steps to Successful Breastfeeding** (WHO/UNICEF BFHI) into maternity services
- Ensure complementary feeding interventions comply with the **WHO Guidance on ending inappropriate promotion of foods for infants and young children**

Implications for...WHO

5. Integrated multi-sector interventions (cont.)

- Ensure that national/sub-national policies on **HIV and Infant Feeding** are in line with latest WHO recommendations:
 - ✓ *2010 Guidelines on HIV and Infant Feeding: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence.*
 - ✓ *2016 Guideline Updates on HIV and Infant Feeding*
 - ✓ *2017 HIV and Infant Feeding in Emergencies: Operational Guidance (coming soon)*
- WHO named as go-to agency for up-to-date advice during **infectious disease outbreaks**

Implications for...WHO

5. Integrated multi-sector interventions (cont.)

Artificial Feeding Management

Key responsibility in supporting appropriate procurement, distribution, targeting and use of BMS and associated support, in close consultation with the IFE coordination authority and/or UNICEF.

→ Terms of reference, responsibilities and roles for artificial feeding management for use by the IFE coordination authority to be established in preparedness.

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

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.