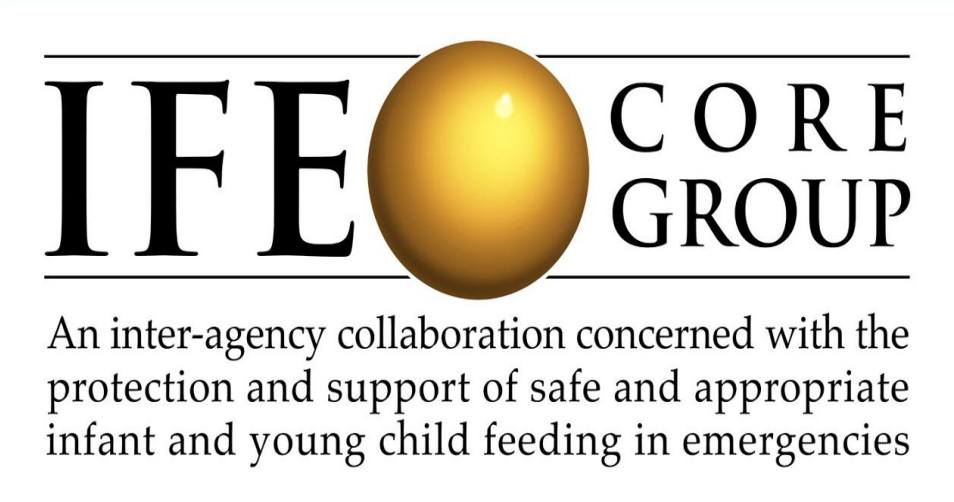
Infant and Young Child Feeding in Emergencies

Orientation



Aims

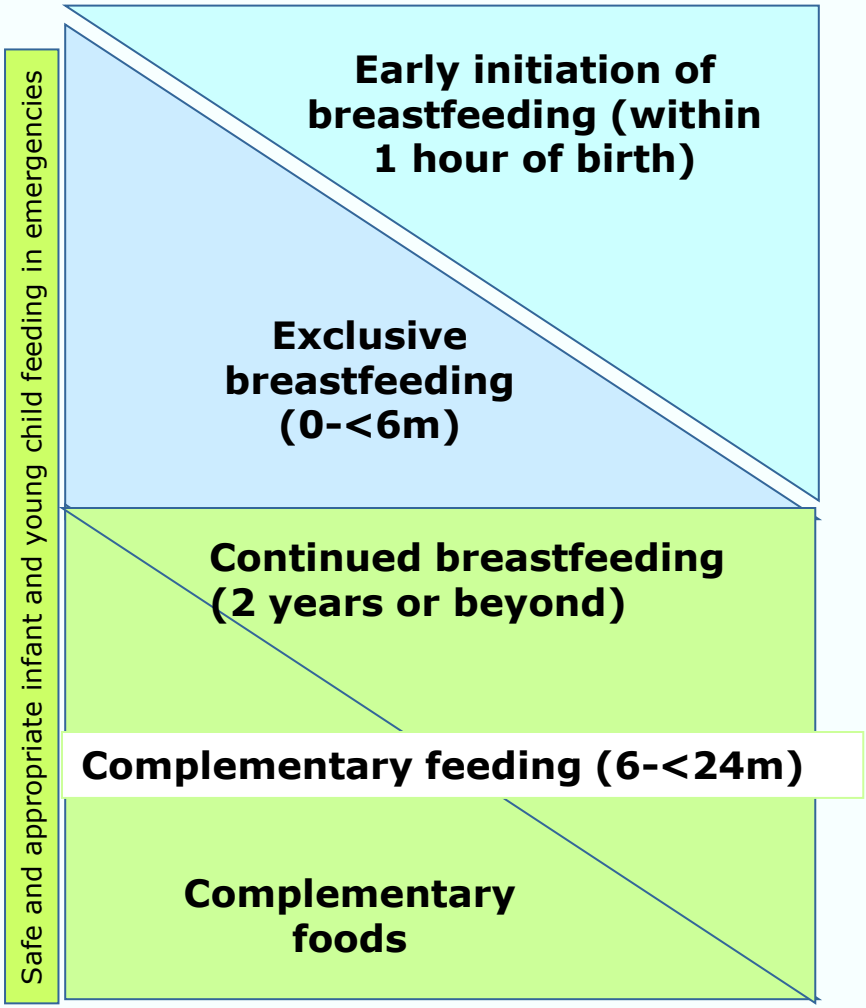
- What are optimal **infant and young child feeding practices**
- The **risks** associated with sub-optimal feeding practices, especially in emergencies
- What does a **minimum response** on IFE involve
- Nature and source of **key guidance and resources**

What is IFE?

IFE concerns the protection and support of **safe** and **appropriate (optimal) feeding** for **infants** and **young children** in all types of **emergencies,** wherever they happen in the world.

The **well-being of mothers** is critical to the well-being of their children.

Optimal infant and young child feeding recommendations



Early initiation of breastfeeding

Exclusive breastfeeding within **one hour** of birth **saves infant and mothers' lives**

Exclusive breastfeeding

Only breastmilk, no other liquids or solids, not even water, with the exception of necessary vitamins, mineral supplements or medicines.

0-<6 months

Complementary feeding

6-<24 month olds

Support for continued breastfeeding for 2 years or beyond

Introduce safe and appropriate complementary foods

Frequent feeding, adequate food, appropriate texture and variety, active feeding, hygienically prepared (FATVAH)

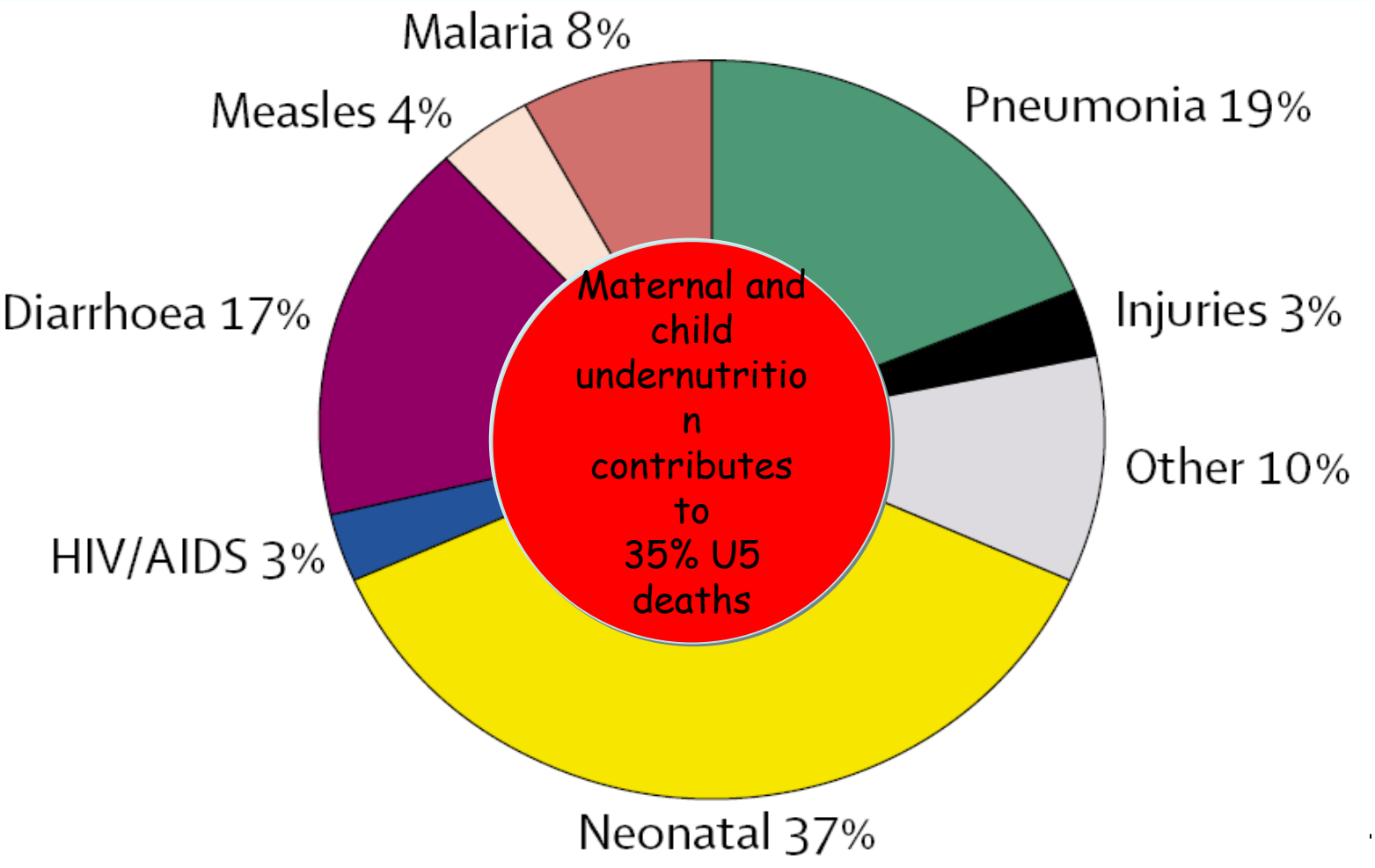
Which do you think is **the most effective intervention** to prevent under five deaths?

- Insecticide treated materials
- Hib (meningitis) vaccine
- Breastfeeding and complementary feeding
- Vitamin A and Zinc

Answer: *Breastfeeding and complementary feeding*

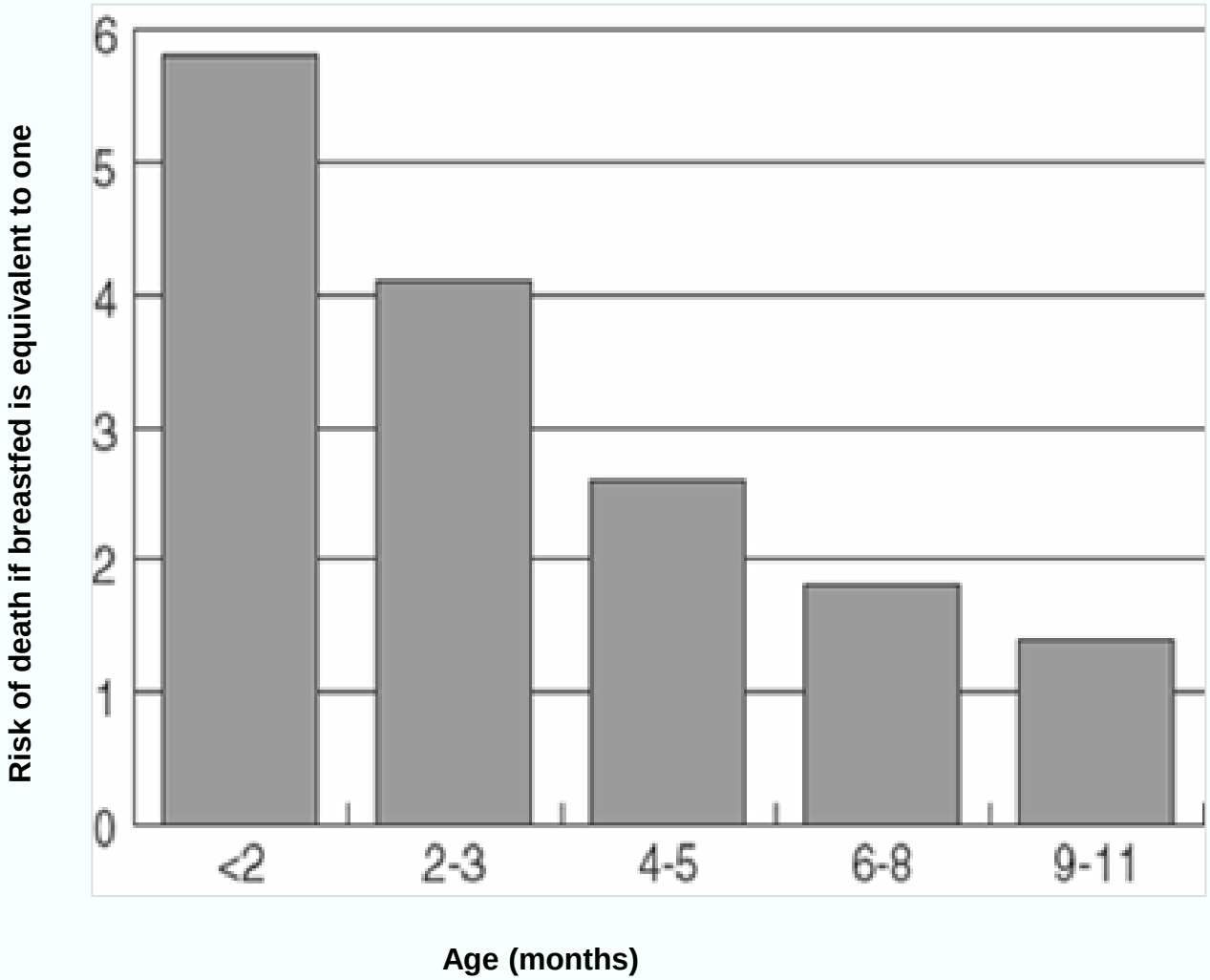
Preventative interventions	**Proportion of under 5 deaths prevented**
Exclusive and continued breastfeeding until 1 year of age	**13%**
Insecticide treated materials	7%
Appropriate complementary feeding	**6%**
Zinc	5%
Clean delivery	4%
Hib vaccine	4%
Water, sanitation, hygiene	3%
Antenatal steroids	3%
Newborn temperature management	2%
Vitamin A	2%

Causes of death in children under 5, 2000-2003



Adapted from Bryce et al, Lancet 2005; Black et al, Lancet 2008 & Caulfield et al, Am J Clin Nutr 2002

The younger the infant, the more vulnerable if not breastfed



WHO Collaborative Study, Lancet, 2000

Risks of not breastfeeding are even higher in emergencies

Conflict, Guinea-Bissau, 1998

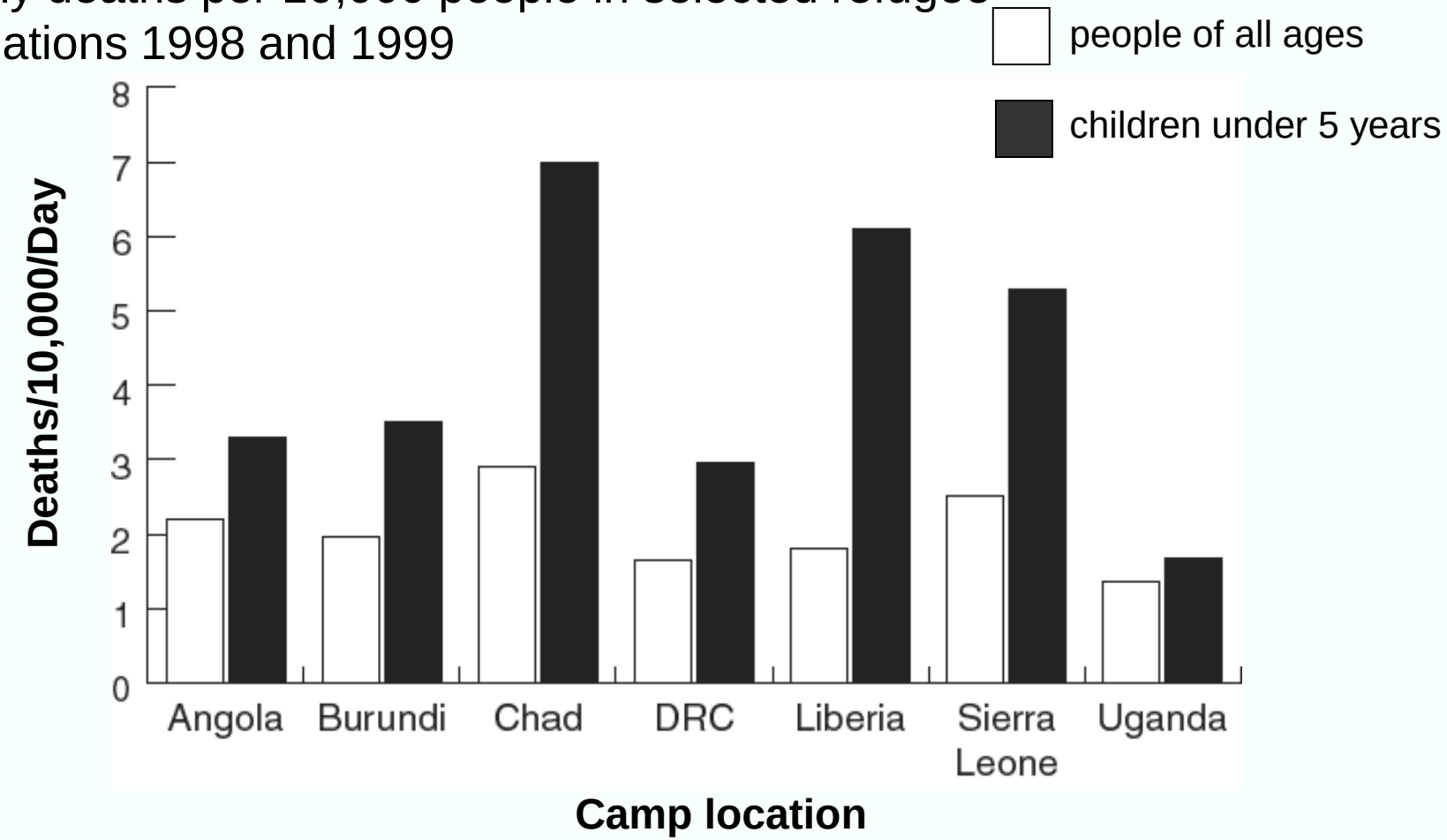
Post-conflict, 9-20 month old children no longer breastfed were 6 times more likely to have died during the first three months of the war compared with children still breastfeeding.

Before the conflict, there was no difference in mortality between breastfed and non-breastfed children before the conflict.

Jacobsen, 2003.

Increased mortality in children U5 in emergencies

Daily deaths per 10,000 people in selected refugee situations 1998 and 1999



Refugee Nutrition Information System, ACC/SCN at WHO, Geneva

U2s contribute to global burden of acute malnutrition

Many emergencies characterised by increase in acute malnutrition prevalence

Niger, 2005
95% of 43,529 malnourished cases admitted for therapeutic care were U2

Defourny et al, Field Exchange, 2006.

Protection and support of optimal infant and young child feeding is essential in both prevention and treatment of acute malnutrition

Breastfeeding is a lifeline in emergencies

Nutritional

Immunological/Physiological

Psychological

Practical

Physical

Maternal

Artificial feeding is always risky

No active protection

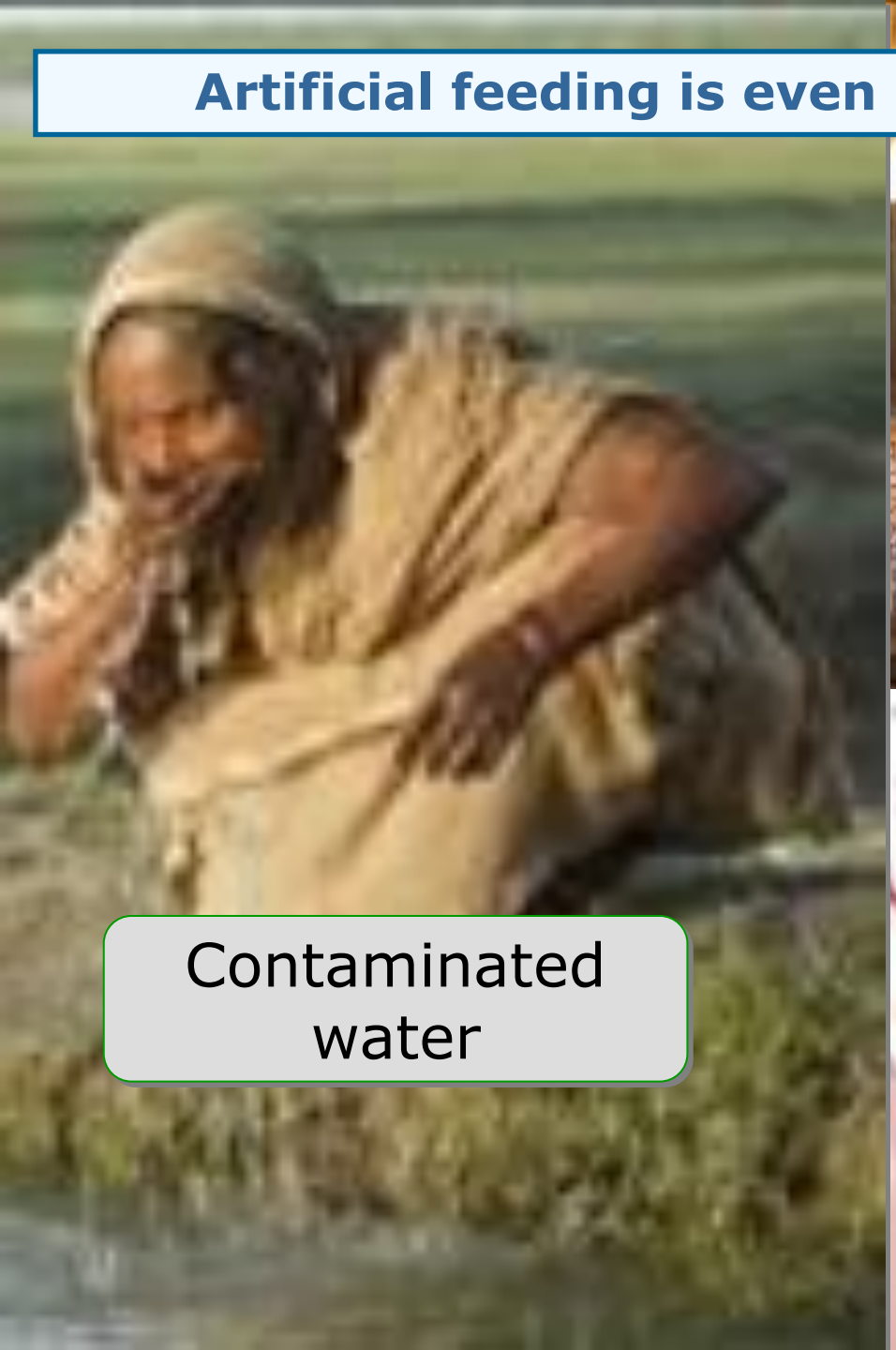
Infant formula powder is not sterile

Increases food insecurity and dependency

Bottle and teats extra source of infection

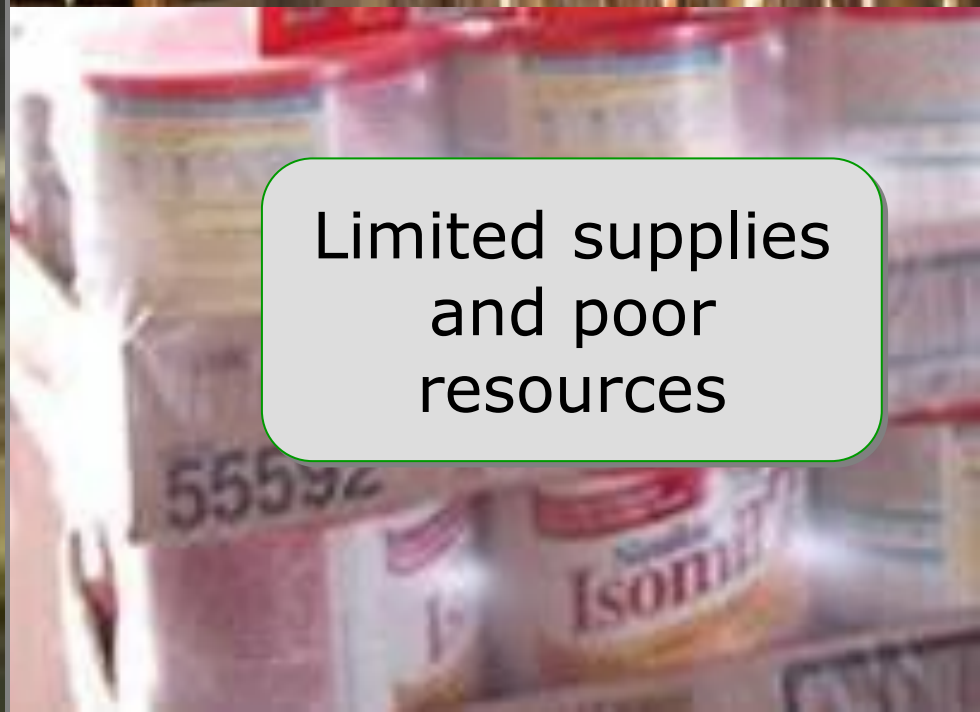
Costly in time, resources and care

Artificial feeding is even riskier in emergencies



Contaminated water

Bacterial contamination



Limited supplies and poor resources

Lessons from Botswana

Many infants not breastfed (replacement feeding)
Nov 2005 – Feb 2006: Unusually heavy rains, flooding, diarrhoea outbreak

Year	Time Period	Cases U5 diarrhoea	U5 Deaths
2004	Q1	8,478	24
2005	Q1	9,166	21
2006	Q1	35,046	532++

Creek et al, 2006

Reasons for risky feeding practices

A proportion of infants may **not be breastfed** when an emergency hits

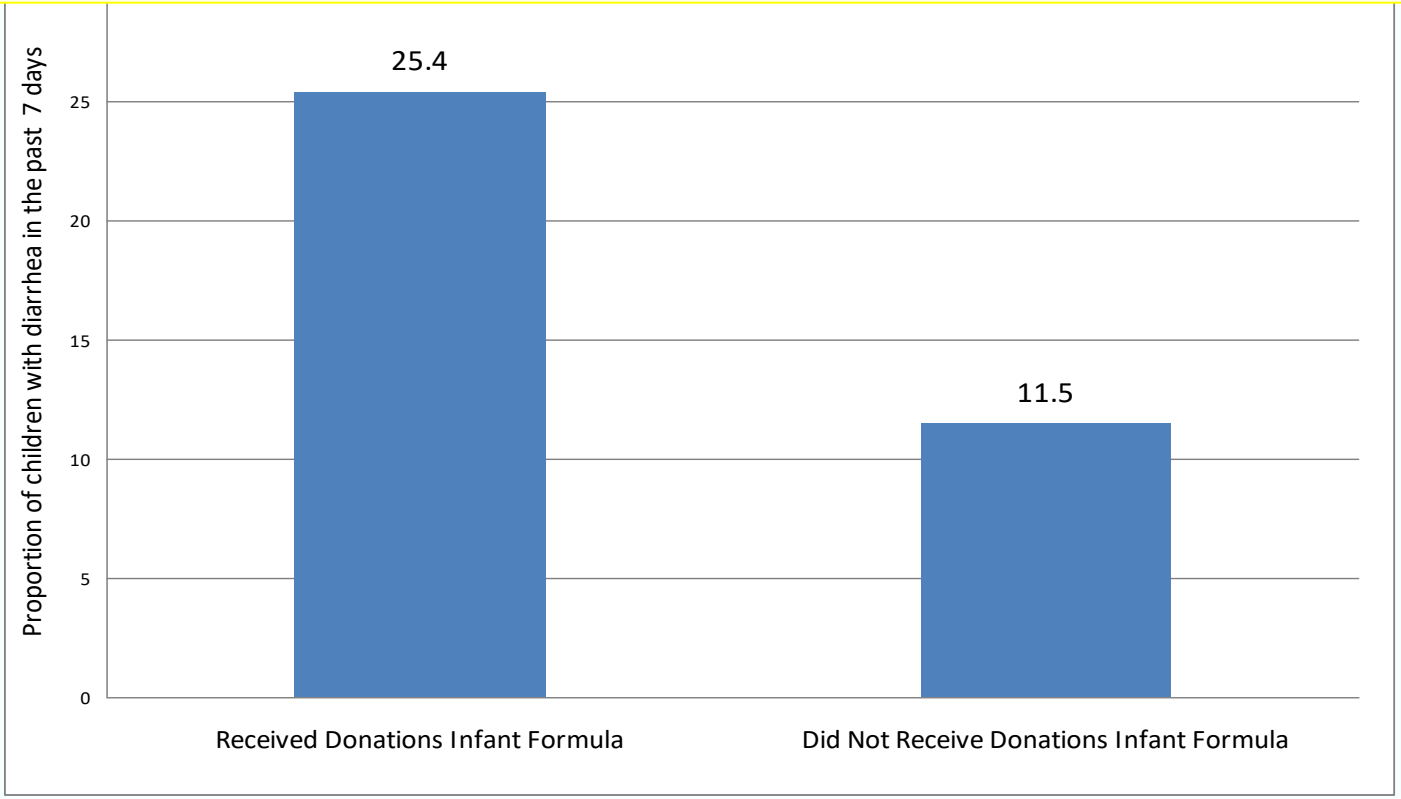
Pre-emergency feeding practices may be sub-optimal

During an emergency, **inappropriate aid** may increase artificial feeding.

Risks of untargeted distribution fuelled by donations

Yogyakarta Indonesia post-2006 earthquake

Relation between prevalence of diarrhoea and receipt of donated infant formula in children U2



Artificially fed infants are highly vulnerable in emergencies

Mixed fed babies lose protection and invite infection

What are infant feeding recommendations where HIV is prevalent?

Consider HIV-free child survival (risk of HIV transmission and non-HIV causes of death)

WHO recommendations on infant feeding and HIV (2007)

If

HIV status of mother unknown or HIV negative

then

Exclusive breastfeeding for the first six months, followed by **continued breastfeeding** for 2 years or beyond, with the introduction of safe and appropriate **complementary feeding**

WHO recommendations on infant feeding and HIV (2007)

If

Mother is HIV-infected

then

Exclusive breastfeeding for the first six months, followed by **continued breastfeeding** for 2 years or beyond, with the introduction of safe and appropriate **complementary feeding**

unless

Replacement feeding is acceptable, feasible, affordable, sustainable and safe (**AFASS**)

Infant feeding and HIV

Where HIV status of an individual mother is unknown or she is HIV negative, then recommended feeding practices are the same optimal feeding practices as for the general population, *irrespective of the prevalence of HIV in the population.*

This offers the best chance of child survival.

What is IFE concerned with?

Protection and support

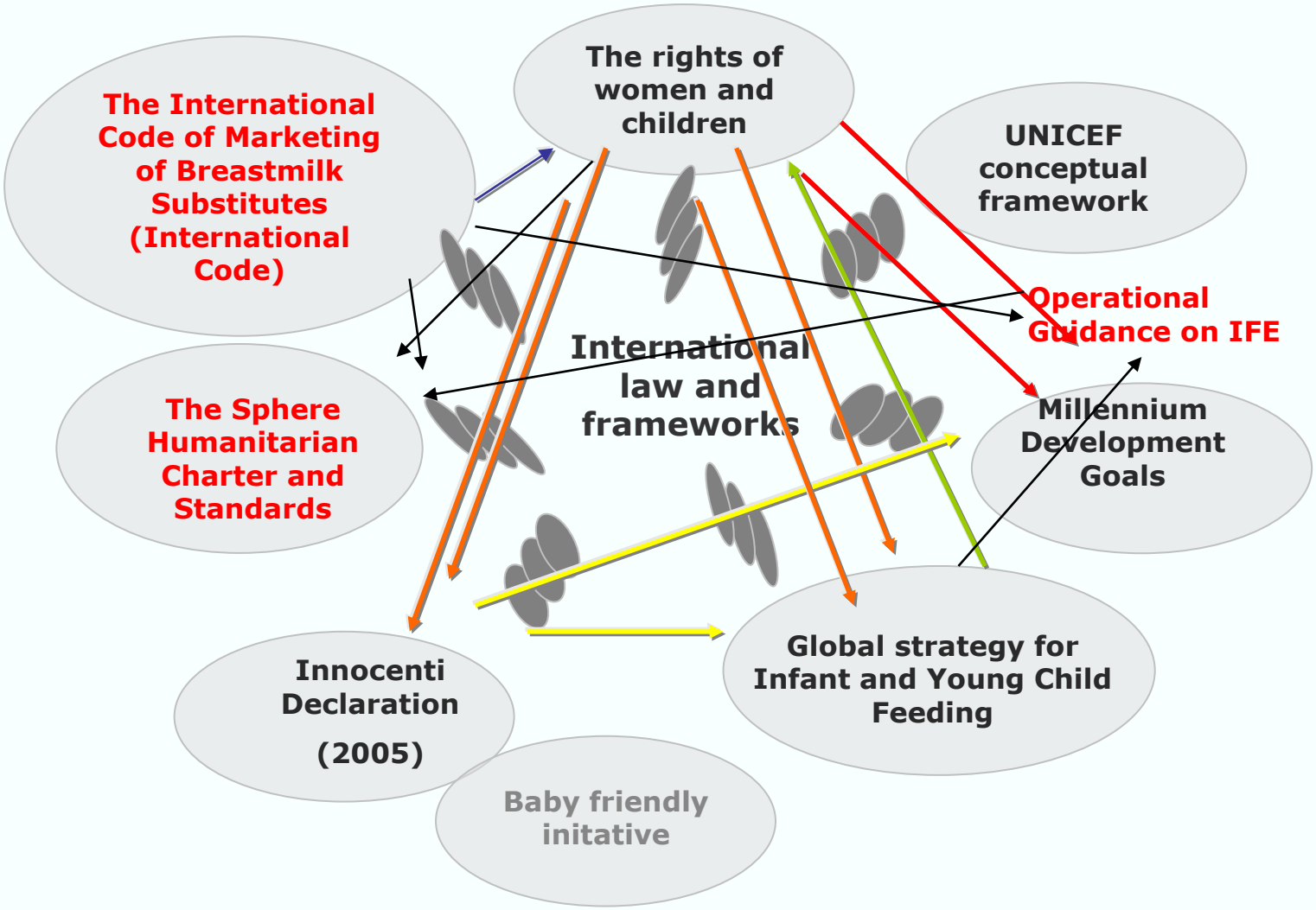
Breastfed infants: early initiation, exclusive and continued breastfeeding

Non-breastfed infants: minimise the risks of artificial feeding

All infants and young children: appropriate and safe **complementary feeding**

Well-being of **mothers**: nutritional, mental & physical health

Key global legislation, frameworks, strategies & initiatives



The International Code of Marketing of Breastmilk Substitutes

The International Code = World Health Assembly (WHA) Resolution (1981)
+ subsequent relevant WHA Resolutions

- Protection from commercial influences on infant feeding choices.
- It does not ban the use of infant formula or bottles.
- Controls how breastmilk substitutes, bottles and teats are produced, packaged, promoted and provided.
- The Code prohibits free/low cost supplies in any part of the health care system.
- Governments encouraged to take legislative measures.
- Adoption and adherence to the Code is a minimum requirement worldwide.

Upholding the Code is even more critical in emergencies.

International Code violations in emergencies

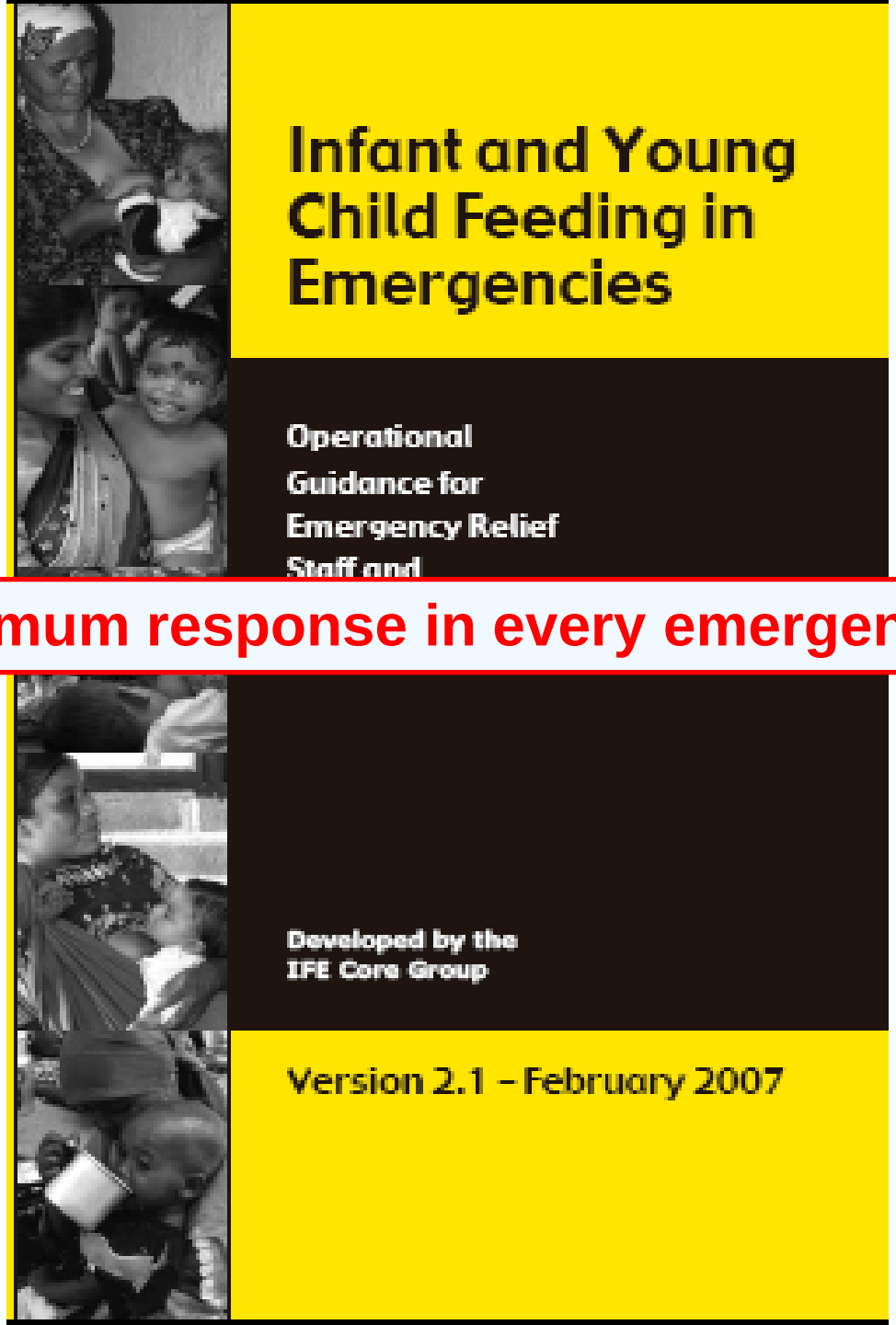
Breastmilk substitute (BMS): “any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose”

The companies who produce BMS → Emergencies may be seen as a opportunity to open or strengthen a market for infant formula & ‘baby foods’ or as a public relations exercise

Those involved in the humanitarian response → Often violations of the International Code in emergencies are unintentional but reflect poor awareness of the provisions of the Code

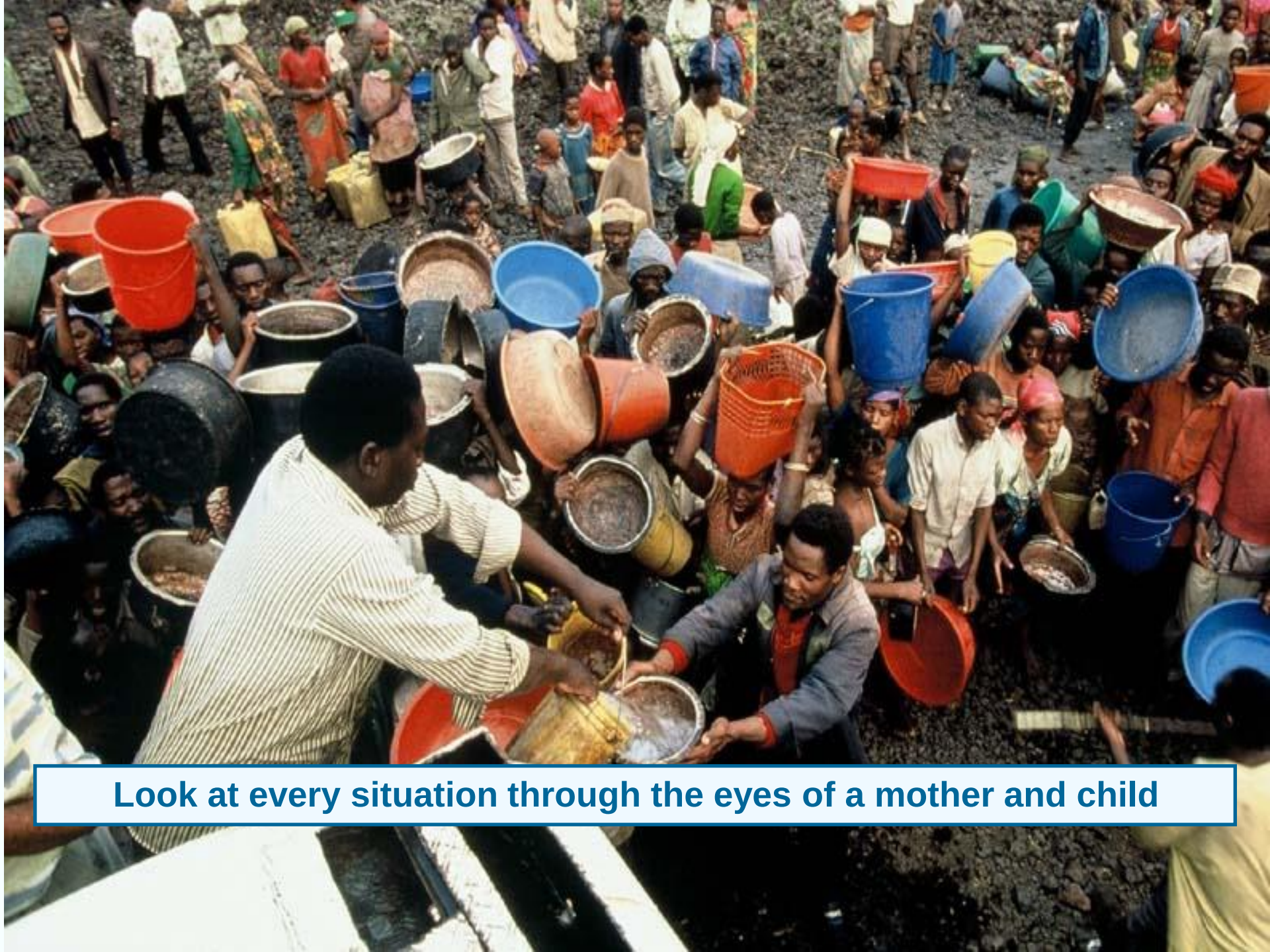
The Sphere Project

- Infant and young child feeding is included in Sphere indicators to meet minimum standards on food aid, nutrition and food security
- Infant and young child feeding is a key consideration for other sectors, e.g. WASH, health, security
- Upholding the International Code and the Operational Guidance on IFE are central to meeting Sphere standards



Minimum response in every emergency

What must I do to protect and support safe and appropriate IFE?



Look at every situation through the eyes of a mother and child

Be ready with frontline assistance for mothers and children

A stressed mother can successfully breastfeed

- Acute stress can temporarily affect ‘let down’ or release of breastmilk.
- Reassuring support will help decrease a mother’s stress and increase her confidence.
- Protection, shelter, and a reassuring atmosphere will all help.
- Breastfeeding helps reduce stress in mothers.
- Breastmilk production is not affected by chronic stress.

A malnourished mother can successfully breastfeed

Moderate malnutrition
Does not affect breastmilk production but can affect micronutrient content.

Micronutrient supplementation may be needed.

Severe malnutrition
Breastmilk production and quality may be reduced.

Therapeutic care for mother and skilled breastfeeding support needed.

Feed the mother and let her feed her baby

Offer ‘safe places’ for breastfeeding and feeding support


Prioritise pregnant and lactating women for shelter, food, water and security

Make sure every newborn initiates breastfeeding within 1 hour of birth



Ensure access to safe and adequate complementary foods, appropriate to needs and context



Locate technical capacity

Wet nurse relactates an abandoned baby (Myanmar, 2008)

Unaccompanied infants with no source of breasmilk (Rwanda, 1994)

Coordination is critical

UNICEF lead coordinating agency on IFE within UN system

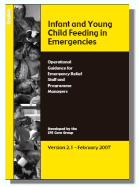
- IASC Nutrition Cluster
- Core Commitments to Children

In collaboration with government & other agencies

Specification detailed in the Operational Guidance on IFE

IASC Inter-Agency Standing Committee

Do not seek or accept donations of BMS, bottles & teats



- Donated (free) or subsidised supplies of breastmilk substitutes (e.g. infant formula) should be avoided.
- Donations of bottles and teats should be refused in emergency situations.
- Any well-meant but ill-advised donations of breastmilk substitutes, bottles and teats should be placed under the control of a single designated agency.

Operational Guidance on IFE, v2.1, Feb, 2007

International Code in emergencies

ICDC FOCUS

MAY 2009

El Código y la alimentación infantil durante las emergencias

ES EVIDENTE

Las emergencias, como las sequías, inundaciones, terremotos, tsunamis, epidemias y guerras, se caracterizan por el desplazamiento de la población y por la inseguridad alimentaria. Estas situaciones están aumentando en número e intensidad. Millones de personas en todo el mundo se ven afectadas cada año y la niñez menor de cinco años es la más vulnerable durante estos períodos. El cuidado y alimentación de infantes y de menores muchas veces complica durante las emergencias y esto ha contribuido al alto índice de enfermedad y mortalidad de este grupo en particular.

distribuirse para alimentar solamente al pequeño número de infantes que necesariamente tengan que ser alimentados con sucedáneos de la leche materna, después de una adecuada evaluación de sus necesidades. Esto ayuda a prevenir la excesiva disponibilidad de sucedáneos de leche materna que hace que las madres abandonen la lactancia que es sin duda el mejor acto de salvación. Durante las emergencias, más que nunca, la iniciación temprana, la lactancia exclusiva durante los seis primeros meses, y el amamantamiento continuo hasta los dos años o más, son necesarios para la promoción, protección y apoyo de la salud y la supervivencia de los/las niños/as, según lo recomienda la OMS.

En condiciones como ésta, el acceso al agua potable, higiene y combustible para hervir es limitado. Preparar fórmulas infantiles es inadecuado y peligroso y debe evitarse.

Los-as bebés que se alimentan exclusivamente con leche materna están protegidos-as de las peores condiciones de las situaciones de emergencia. Sus posibilidades de supervivencia se ven altamente incrementadas.

Los-as bebés que son amamantados-as tienen una fuente de alimento segura y confiable; no se exponen a enfermedades causadas por bacterias o parásitos que se encuentran en los abastecimientos de agua contaminados, y reciben los anticuerpos y factores necesarios que defienden y previenen enfermedades.

El Código Internacional de Comercialización de Sucedáneos de la Leche Materna y sus subsiguientes y relevantes resoluciones de la

verduras y té para bebés. El Código también cubre los biberones y las tetinas.

En situaciones de emergencia, el Código es especialmente importante para controlar las donaciones de los productos cubiertos por el Código, para prevenir la distribución de artículos inadecuados y para impedir que las compañías utilicen las emergencias para incrementar sus cuotas de mercado o para hacer relaciones públicas.

Reconociendo que hay ciertas situaciones donde es necesario utilizar sucedáneos de leche materna, la OMS en su resolución WHA 47.5 [1994] párrafos operativos 2(3), recomienda que los suministros donados sean dados solamente si cumplen todas las siguientes condiciones:

a. los-as infantes deben ser alimentados con sucedáneos de leche materna;
b. el suministro se mantendrá hasta que los infantes referidos lo necesiten; y
c. el suministro no se utilizará para impulsar las ventas. Por ejemplo, no deben exhibirse y las compañías no utilizarán la donación para promover su marca, nombres de la compañía o sus logos.

Cuidado con el biberón

debe promover activamente el uso de tazas sin boquilla.

Después de un terremoto en Bengkulu, Indonesia, se distribuyeron ampliamente y de forma gratuita biberones de la marca Pigeon. Las madres estaban muy contentas ya que no estaban conscientes de los peligros inherentes.

Emergency preparedness: Strong, enforced national legislation

Protection: Uphold provisions of the International Code

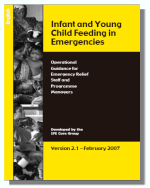
Accountability: Monitor and report on Code violations

Do not distribute milk powder or liquid milk as a single commodity

Dried milk products should be distributed only when pre-mixed with a milled staple food and should not be distributed as a single commodity

Dried milk powder may only be supplied as a single commodity to prepare therapeutic milk (using a vitamin mineral premix such as therapeutic CMV) for on-site therapeutic feeding.

6.4.2 Operational Guidance on IFE, v2.1, Feb, 2007



There is no distribution of free or subsidised milk powder or of liquid milk as a single commodity

Key Indicator. Food Aid Planning Standard 2. Sphere, 2004

Communicate clearly on IFE

Should be…

- Consistent
- Technically sound
- Strong
- Responsive
- Innovative
- Press offices and general

media are key influences

www.ennonline.net/resources

Be prepared and prepare others

Orientation of key ‘players’:

Nutritionists & breastfeeding counsellors

Health and nutrition staff

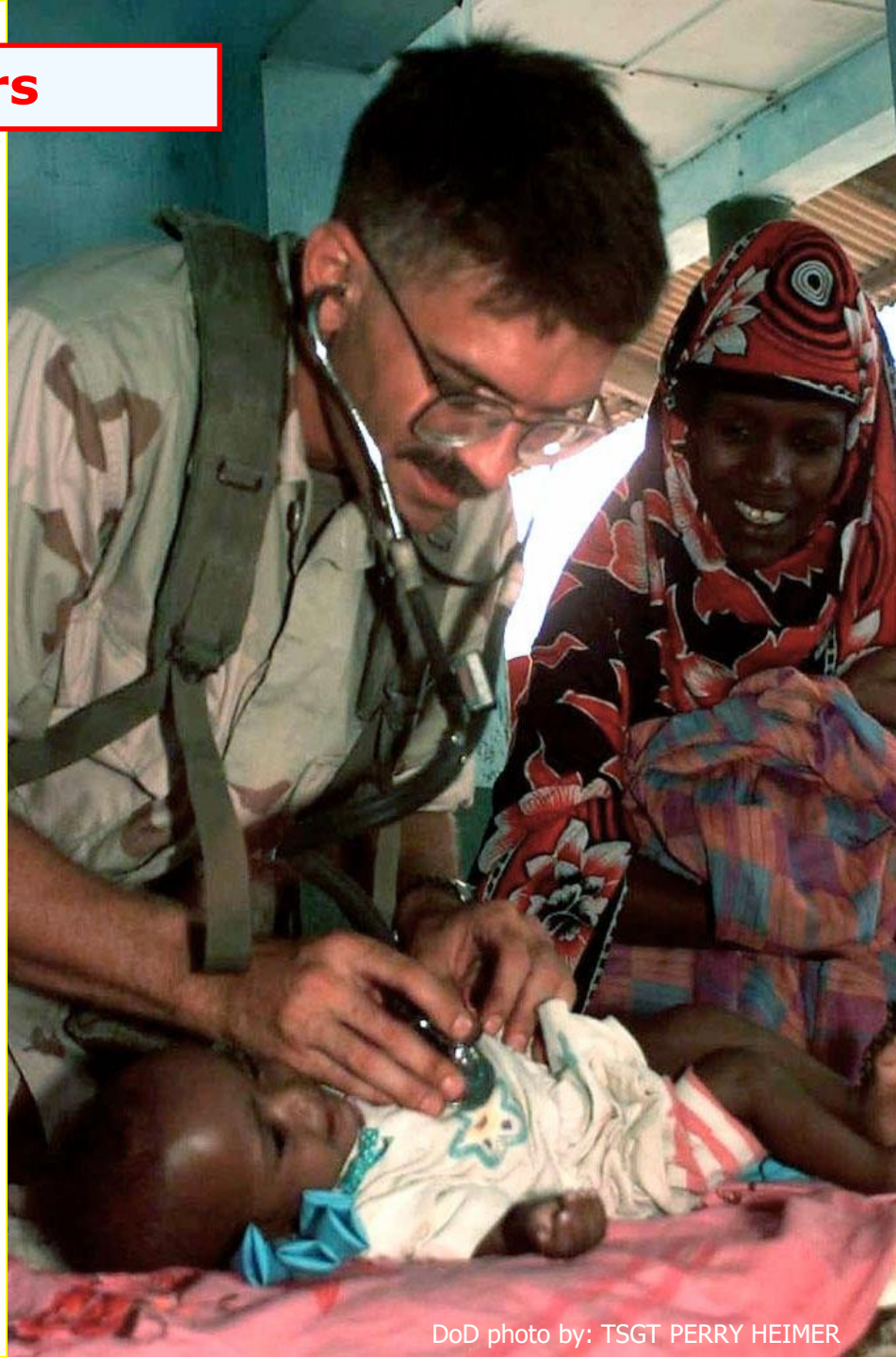
Media and press agencies

Donors

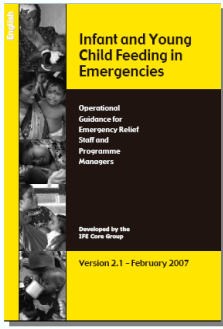
Military

Water and sanitation staff

Capacity building and training of nutrition and health staff



Minimum response on IFE



- Coordinated timely response informed by assessed need
- Protective, well communicated policy & legislation
- Simple measures across sectors that prioritise infants & young children and their carergivers
- Basic interventions to protect and support optimal IYCF
- Technical capacity
- Strong communication
- Capacity building (orientation & training)
- Emergency preparedness
- Accountable to actions and inaction

The best emergency preparedness is a confident, well mother capable of nourishing her child.

The best emergency response is one that works with her to protect and support her confidence and capacity.

Venezuala, after the flood

Are you ready?

Key Resources & Initiatives

Access resources at www. ennonline.net/ife

Collaborative effort on IFE

IFE CORE GROUP

An inter-agency collaboration concerned with the protection and support of safe and appropriate infant and young child feeding in emergencies

Current members and associate members:

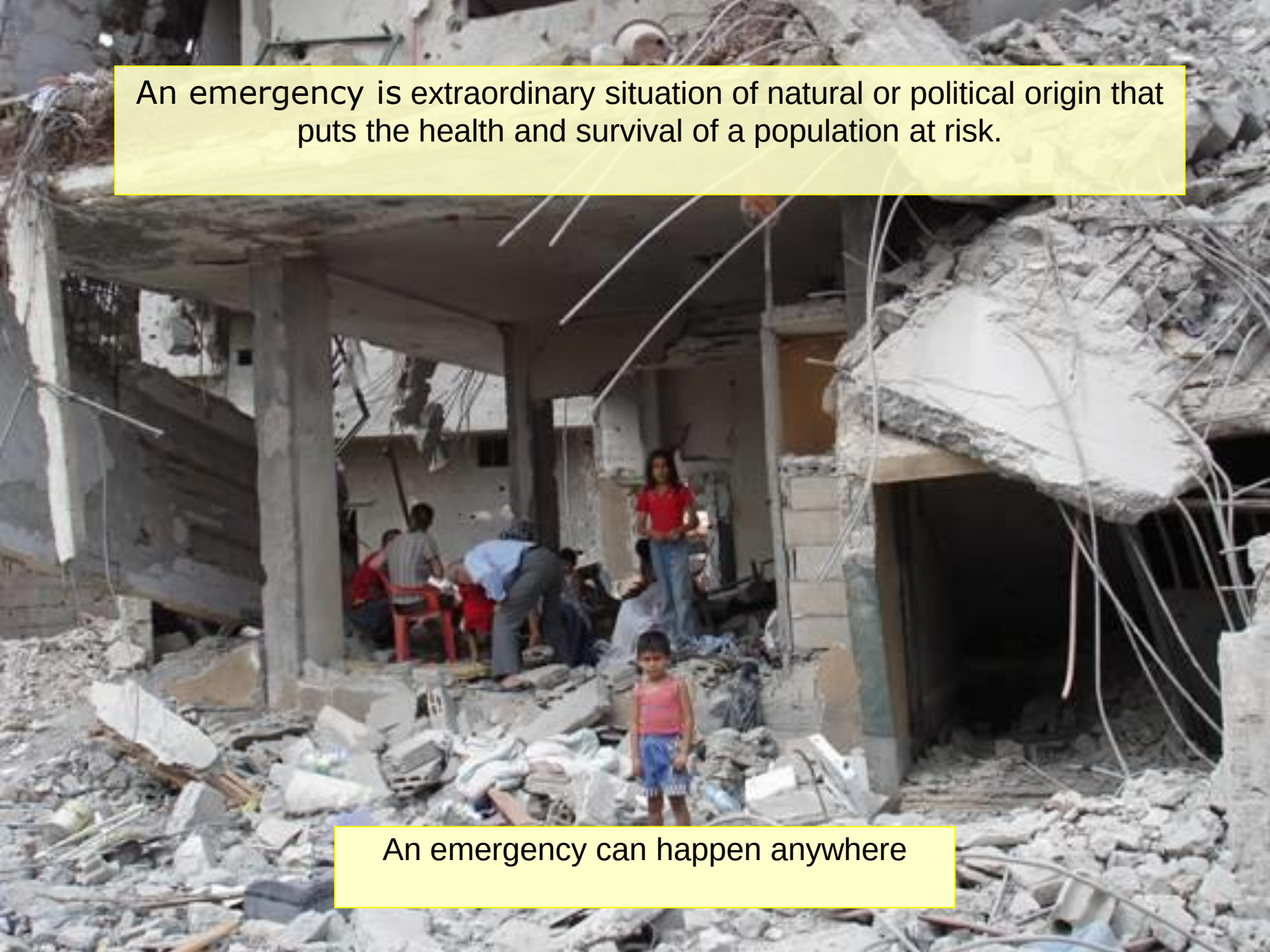
www.ennonline.net/ife

IFE CORE GROUP

An inter-agency collaboration concerned with the protection and support of safe and appropriate infant and young child feeding in emergencies

The IFE Core Group gratefully acknowledge the support of UNICEF-led IASC Global Nutrition Cluster to their coordinating agency, the Emergency Nutrition Network (ENN), to develop this content

EXTRAS



An emergency is extraordinary situation of natural or political origin that puts the health and survival of a population at risk.

An emergency can happen anywhere

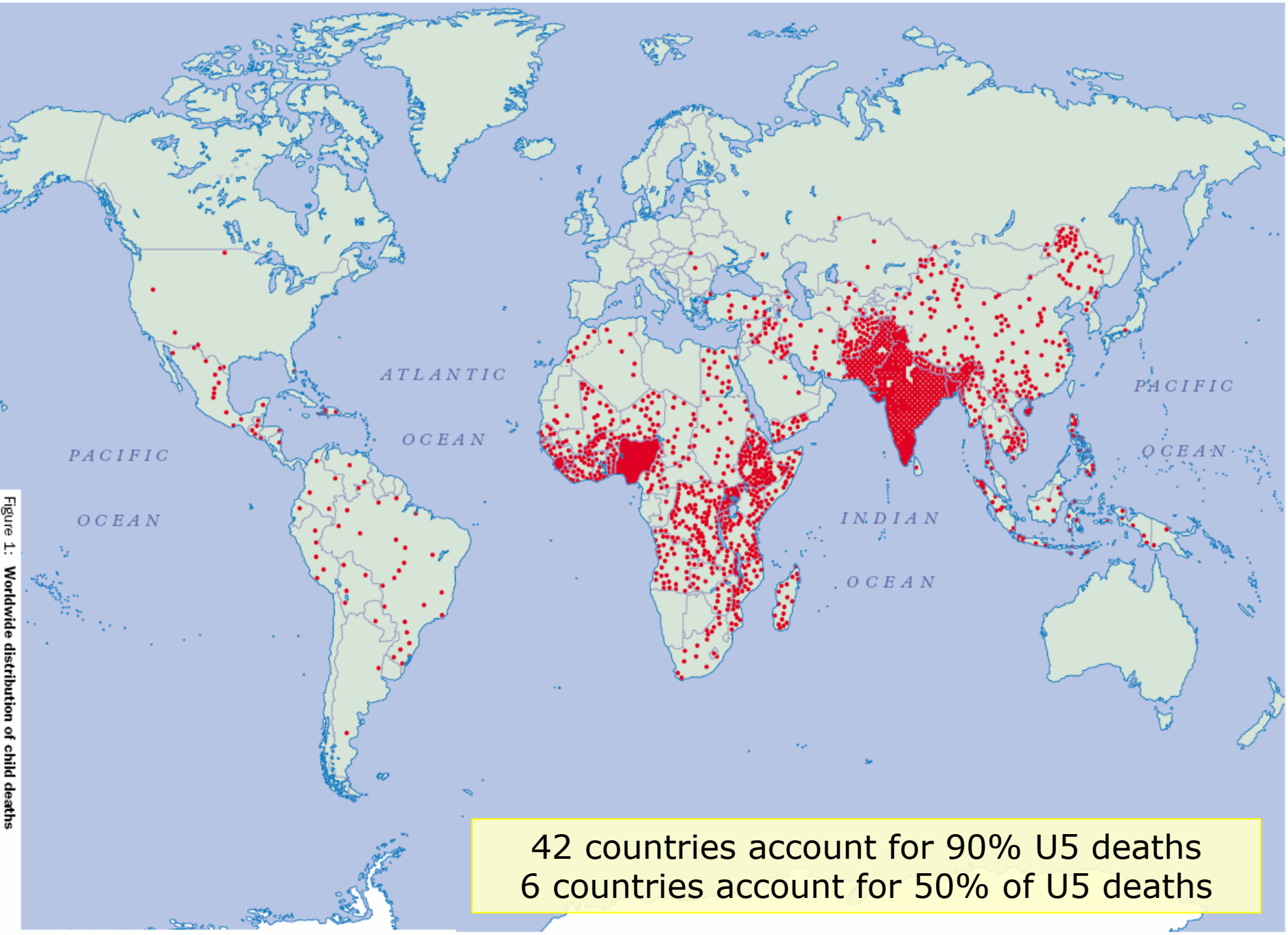


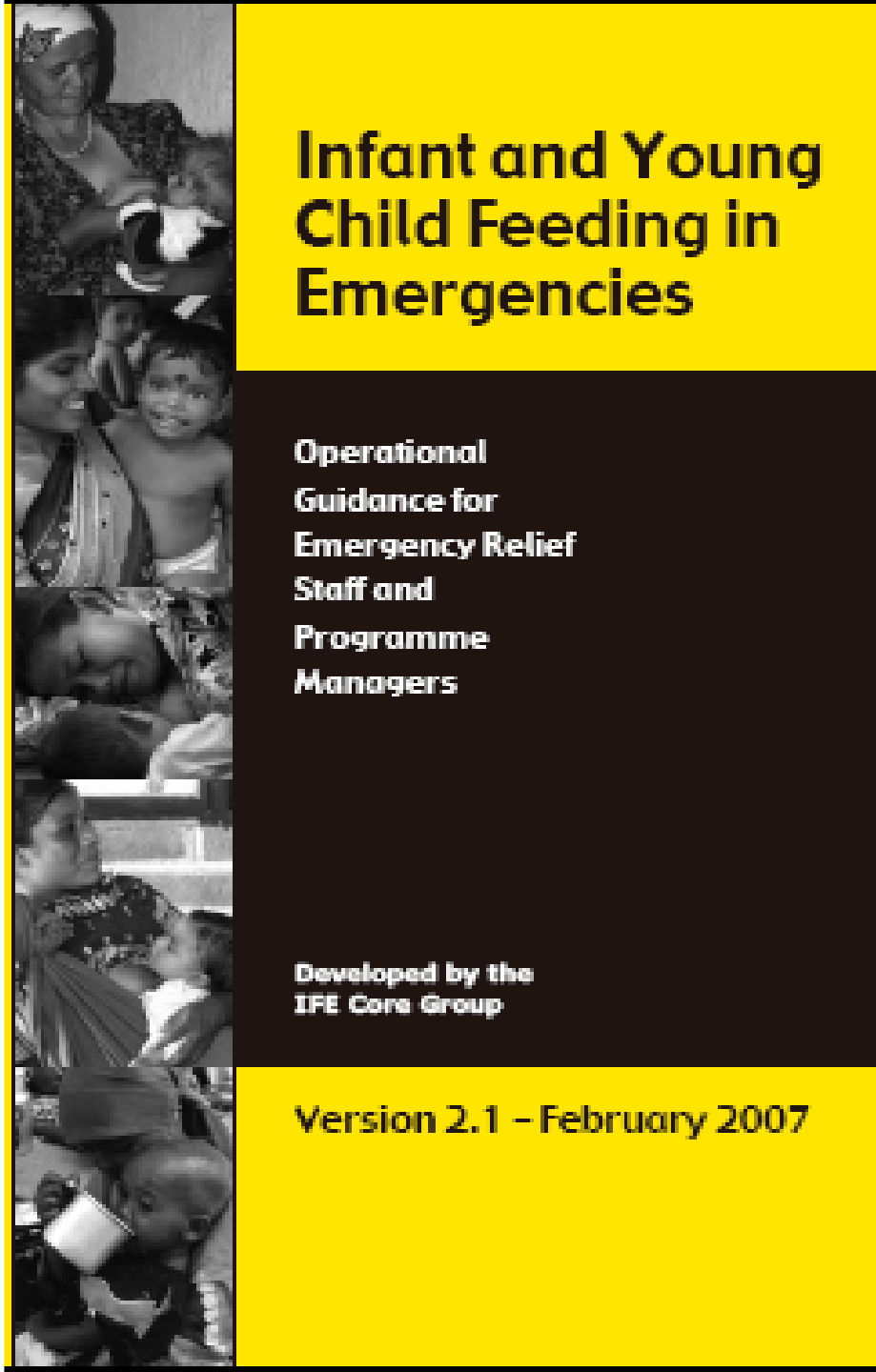
Figure 1: **Worldwide distribution of child deaths**

Oxford Cartographers 2003

11 Key Points

Practical Steps

1. Policy
2. Training
3. Co-ordination
4. Monitoring
5. Integrated, multi-sectoral interventions
6. Minimise risks of artificial feeding



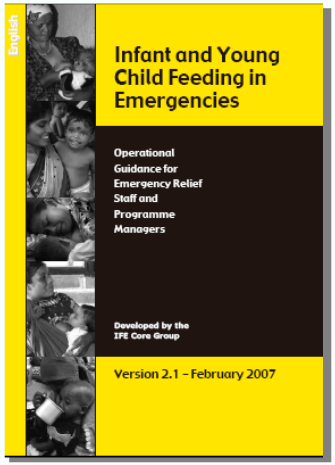
Key points of the Operational Guidance on IFE

1. Appropriate and **timely support** of infant and young child feeding in emergencies (IFE) saves lives.
2. Every agency should develop a **policy** on IFE.
3. **Training and orientation** of all technical and non-technical staff in IFE
4. UNICEF is likely **co-ordination** agency on IFE in the field.
5. **Integrate** key information on infant and young child feeding into routine rapid assessment procedures

Key provisions of the Operational Guidance on IFE

6. **Simple measures** put in place **early** in response
7. **Integrated** support
8. Include foods suitable for older infants and young children
9. **Avoid donations or subsidised supplies of breastmilk substitutes,** bottles and teats
10. Technical personnel must decide whether to accept, procure, use or distribute infant formula
11. **Breastmilk substitutes, other milk products, bottles and teats must never be included in a general ration distribution.**

HIV and infant feeding in emergencies



The risks of infection or malnutrition from using breastmilk substitutes are likely to be greater than the risk of HIV transmission through breastfeeding.

Therefore, support to help all women to achieve early initiation and exclusive breastfeeding for the first six completed months and the continuation of breastfeeding into the second year of life are likely to provide the best chance of survival for infants and young children in emergencies.

Operational Guidance on IFE, 5.2.8, v2.1, Feb 2007.

Simple measures and basic interventions

1. Shelter, water, food, security to U2 households
2. Registration of vulnerable groups, e.g. orphans
3. Supportive places to breastfeed
4. Priortise pregnant and lactating women
5. Complementary feeding needs
6. Newborns: early initiation of breastfeeding
7. Frontline support: breastfed & non-breastfed infants

What actions can you take?

- Look at your country situation
- Identify challenges
- Assign actions and responsibilities
- **Get ready.....**

Case study from Cyclone Nargis, Myanmar

"Ma Gan is a new mother who survived cyclone Nargis. The storm tore the roof off the tiny brick house where the 22-year-old and her extended family live. Two days later, she gave birth…Ma Gan's mother and other women in the family helped with the delivery and were taking care of the infant. Ma Gan, traumatised, was not joining in. Now her baby girl is growing weaker by the day. Ma Gan feels she is not producing breast milk…there is no medical care and precious little food.

A grandmother has taken charge of the infant and is trying to keep her alive by feeding her drops of water from a polluted canal."

What help does this family need?
Who is most at risk?
How can frontline staff respond?

Summary points

- Emergencies are highly infectious environments
- Breastfeeding and complementary feeding are life saving interventions
- U2s are highly vulnerable, the younger the child the greater the risk
- Non-breastfed infants are particularly at risk of malnutrition, illness and death
- Artificial feeding is risky, difficult & resource intensive
- Donations and untargeted distribution of milk increase morbidity in children
- HIV-free child survival, not just HIV transmission, is a key consideration