

**INFANT FEEDING IN EMERGENCIES:
LESSONS FROM IBFAN INTERVENTIONS
IN AFRICA**

By IFE WG

**Presented in the 6th IBFAN Africa Regional
Convention 2004**

The Scope of the Problem of Emergencies in Africa

- More than 60 percent of the world's 50 million refugee population are in Africa
- estimated to increase by 12% annually.
- women of reproductive age account for 10 million of African refugees
- and of these about 20% are pregnant women.

Rationale for the intervention

- Optimal breastfeeding often perceived as difficult in emergencies
- Yet bf is crucial in especially emergency situations because of its many benefits

Rationale-continues

- Though artificial feeding may sometimes be necessary, breastfeeding should not be undermined.
- There is need for a mechanism at the country level through which incoming NGO's can link to existing structures.
- Emergencies must be prepared for.
- People working in emergencies need to have skills to support optimal infant feeding

objectives of the Africa project

- Facilitate ongoing process of information dissemination about IFE
- Develop better understanding of factors affecting infant feeding in emergencies in the region
- Develop regional capacity to respond to IFE and create a sustainable system of working with humanitarian NGO's
- Come up with a unified, integrated approach to IFE in the region

Components of the project

- Regional sensitization and consensus building
- Emergency response
- Training of trainers in priority countries

1. Sensitization: 1999 Africa workshop

- Over 70 participants from 22 countries
- Most affected countries
- Categories-Interagency groups
- Organisers-IBFAN, UNICEF, WHO, LINKAGES, Sida, Dutch Government, WELLSTART

Regional workshop Outcomes

- A regional declaration, “Dar-es-Salaam Declaration” to guide national actions was developed and widely disseminated.
- Participating countries came up with national sensitization plans
- In some countries there has been follow up national training on IFE and in others advocates have teamed up with humanitarian NGO’s-e.g Swaziland in emergencies

continues

- Came up with rapid review of types of emergencies: floods, draughts, starvation, wars, etc.
- At the general meeting of IBFAN in 2000 IFE was adapted as one of the projects in IBFAN programme & Priority needs identified
- A recommendation was made for IBFAN to have a follow up training of trainers in 6 priority countries-Angola, Mozambique, Tanzania, Zambia, Rwanda and Sudan.

Some major findings from the workshop

- Nutritional status has deteriorated in recent years
- There is need to enlighten people about the vicious cycle of poverty, malnutrition and emergencies.
- There is need for accountability mechanisms for nutrition of children in Africa

Major findings -continues

- All the 22 countries that participated experienced emergencies every other year (food shortages, floods, draught, war,)
- Lack of programmes for IFE-food security programmes only address selective food supplementation and micronutrients

Perceived factors that affect infant feeding in emergencies

- Misinformation, lack of knowledge in field workers
- Lack of access to food for vulnerable groups,
- Lack of programmes addressing breastfeeding support
- Disruption of breastfeeding in surrounding communities
- Malnutrition among pregnant and lactating women

Note: Noted that often refugee communities had better exclusive breastfeeding rates than surrounding communities, that often have children with worse nutritional status than in refugee camps

2. Response to Mozambican Floods in 2001

- ANSA-IBFAN NGO took the lead collaborating with IBFAN, UNICEF, MOH, other humanitarian NGO's
- Attending to 460,000 affected, 225,000 Displaced
- ✓ Assessing nutritional status of under fives
- ✓ Rapid appraisal of infant feeding
- ✓ Training of 15 health workers and 80 field workers AND HUMANITARIAN NGO's
- ✓ Developed simple guidelines (in Portuguese language) on feeding in emergencies

The nature of the emergency

- Quick onset of the emergency-FLOODS
- Relatively quick dismantling of camps(6-9 months)
- Majority remaining in communities
- Few housed in accommodation centres
- Few problems of distribution
- Women and children generally given special consideration

POSITIVE ASPECTS OF THE CAMPS

- No evidence of women abandoning breastfeeding
- Reasonable basic health services in camps
- Supplementary food provided for pregnant and lactating mothers
- No use of artificial foods- No infant formula donations
- BMS not received except in one district –2Kg of milk and 5 packs of enriched biscuits were distributed to HH without instructions

Some negative aspects or challenges

- Very little awareness of the needs of the individual woman
- Although women continued to bf, exclusive bf was not practiced hence the risk of early introduction of other foods of poorer quality, under unhygienic conditions,
- No instructions of the use of milk products donated and distributed
- Staff not adequately trained on rehabilitation

continue

- Food ratios sometimes inadequate due to distribution problems
- Lack of cooking utensils mothers needed support but no skilled staff
- Lack of time and trained personnel

3. TRAINING OF TRAINERS

- Training of trainers for national coordinators of IYCF for priority countries: Angola, Mozambique, Rwanda, Sudan, Tanzania, Zambia
- Majority from Mozambique as they were just coming out of an emergency
- Each country develop its plans
- Organisers: IBFAN Africa, UNICEF Mozambique, MOH and WHO

4. A working Group regional meeting in Dar-es-Salaam, Tanzania, in 2003.

- Objectives were to:
 - Review progress and come up with strategy to provide more support to countries
 - Review manual Two on IFE course for HW and present recommendations to the reviewers in Geneva
 - develop plan to improve national action
- Following countries: Mozambique, Tanzania and Kenya participated.
- Sudan and Angola could not be represented.

Progress in the six countries

- Mozambique has trained HW, developed manual for feeding in emergencies, planned to translate IFE Manual Two into Portuguese
- Tanzania is advanced in baby friendly corners in emergencies and involvement of communities,
- Angola has trained field workers on IF and supports locally displaced groups
- Sudan, Kenya and Zambia still to report.

Recommended WG Action Plan for future IFE work in the region

- Documentation of best practices from emergency/refugee prone countries ie: Angola, Mozambique and Tanzania**
- IBFAN Africa to pay supportive visits to countries.**
- IBFAN to follow up translation of training manuals into Portuguese.**
- All countries to strengthen integration of IFE activities into other humanitarian work in the countries.**
- All countries to fund raise for IFE activities, inform the region on new knowledge or experiences.**
- IBFAN to develop a simple Code monitoring tool in emergencies.**

Lessons learnt from IBFAN work in the region

- Although Africa has a tradition of breastfeeding, women nevertheless need support in emergency more with trauma and extra food ratios.
- Although there is generally no donations of BMS, milk products arrive without instruction for use and these may be misused for infants who are under the age of 6 months.
- There is need for clear guidelines on child feeding in emergencies in each country

Lessons-continues

- In most African countries coordinating committees exist but are not prepared. These can be trained by national coordinators.
- It is feasible for humanitarian NGO's and breastfeeding advocates to work together in emergencies-example-Swaziland, Mozambique, Angola.

IBFAN WG Recommendations

- UN organizations should support governments with development of unified policies on infant feeding in emergencies.
- International and Regional organisations need to mobilise resources for continued capacity development for national organisations.
- IBFAN to strengthen monitoring of the code and support to infant feeding practices interventions in all forms of emergencies using the Mozambican example.