INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IFE)

WHY DOES IT MATTER?

BECAUSE INFANTS & YOUNG CHILDREN ARE THE MOST VULNERABLE

Asad Zaidi, UNICEF Pakistan

Pakistan, post-earthquake

USA, Hurricane Katrina

Even in healthy populations

child morbidity

and crude mortality

can increase by

20% in 2 weeks

In emergencies rates of

child mortality

can soar from

2 to 70 times higher than average

YOUNG infants are particularly vulnerable

Mozambique – flooding, 2000

Asad Zaidi, Unicef,

Pakistan – post earthquake 2005

Timor

Emergencies can happen

ANYWHERE

ASIA - Tsunami

Picture credit: Yayasan IDEP Foundation

Reuters_Arko Datta

Baby in India after Tsunami in camp, 2004

Picture credit: Real Medicine Foundation: Sri Lanka

Indonesia – earthquake

Picture credit: Mary Corbett

Picture credit: Yayasan IDEP foundation & Rama Surya

Pakistan - earthquake

Unicef Pakistan

Bangladesh - cyclone

Picture credit: Top: BBF, Top right & bottom right: Ali Maclaine

USA – Hurricane

Associated Press

CENTRAL AMERICA
Colombia - floods

AFRICA
Mozambique – flooding

Rositha, born in a tree

EUROPE
Balkans – war


Photo credit: MAJKA.JPG

MIDDLE EAST – Lebanon, war

Photos credit: Ali Maclaine, 2006

BREASTFEEDING SAVES LIVES IN EMERGENCIES

Venezualan President Hugo Chavez talking to flooding victim

Bangladesh – post cyclone Sidr, 2007

Lebanon, conflict, 2006

Artificial feeding in emergencies can lead to increase in morbidity

Lebanon, conflict 2006

Photos: Ali Maclaine, 2006

50 times risk of being hospitalised with diarrhoea if artificially fed than breastfed (Botswana 2006)

AND 10.5 times more likely to DIE if not breastfed

(multi-centre data)

WHY?

Why is there high infant morbidity & mortality due to artificial feeding in emergencies compared to breastfeeding?

Why? (1) Due to intrinsic contamination of infant formula – it is NOT sterile

Photo credit: Ali Maclaine, 2006

Why? (2) Due to (a) lack of water

Asad Zaidi, UNICEF Pakistan

Water for sale in Pakistan, post-earthquake

A 3 month old bottle-fed baby needs 1 litre of water per day to mix with the formula powder. Another 2 litres are needed to sterilize the bottles and teats.

(b) contamination of water (poor water & sanitation conditions)

Photo credit: Ali Maclaine, 2006

Bangladesh

Often not helped by overcrowded conditions & people on the move…

Picture credit: yayasan IDEP foundation

Aceh post-tsunami

Why? (3) Due to mode of feeding - bottles & teats are hard to sterilise especially with lack of water, fuel, equipment, etc...

Bangladesh, post cyclone Sidr, 2007

Photo credit: Ali Maclaine 2007

Pakistan, post-earthquake

Maaike Arts, UNICEF Pakistan

Why? (4) Due to infant formula being made up incorrectly (over or under-diluted)

Photo credit: Ali Maclaine, 2006

Lebanon, conflict 2006 – mother with donated formula – she was worried it was going to run out…

Photo credit: Ali Maclaine, 2007

Mother's in rural Bangladesh where there is high illiteracy rate

Why? (5) Due to lack of other supporting resources e.g. fuel, cleaning equipment, cooking pots, time constraints, etc

People have lost cooking pots, etc after floods

Photo credit: Ali Maclaine, 2007

Bangladesh, 2007. People queuing for relief items after cyclone

Why? (6) Due to a change in circumstances…

Even if artificial feeding before the crisis was 'safe'. The emergency takes away those conditions and the mother's ability to produce formula safely.

USA – post Hurricane Katrina. Mother's trying to formula feed in the Super Dome.

Why? (7) Because, infant formula does not have the protective properties of breastmilk or safe feeding mode - breastfeeding

So what happens in emergencies?

- Breastfeeding support?

NO! (rarely)

Reality often:

Large scale donations & distribution of

- **INFANT FORMULA**

Photo credit: Mary Corbett

Donations post-earthquake, Indonesia 2006

- **BOTTLES/TEATS**

- Milk products: powder

Pakistan , post earthquake

Maaike Arts, UNICEF Pakistan

- Milk Products: Liquid milk

DoD photo by: PH2 MILTON R. SAVAGE

Kurdistan, 1991

BY:

THE MILITARY

Pakistani soldiers unloading US chinook helicopter.

Pakistan, 2005

Sri Lanka 2006

Unloading baby milk powder from airforce plane

Distribution done by armed forces – ‘to protect stock levels’

Asian Tribune 2006

BY: INTERNATIONAL NGOs

Lebanon - 2006

Photo credit: Ali Maclaine, 2006

BY: LOCAL NGOs / ORGANISATIONS

Gaza

ALSO BY:

- INFANT FORMULA COMPANIES

- ORDINARY PEOPLE WHO SEE MEDIA STORIES OF NEED & WANT TO HELP

BUT THERE ARE OFTEN PROBLEMS WITH DONATIONS…

DONATIONS ARE TOO LARGE FOR NEED

Photo credit: Marie McGrath

Leading to problems including: spill-over, storage issues

E.g. Balkan Crisis: At one stage WFP was storing 26 metric tons of infant formula & 32 metric tons of unspecified baby food (some of which was formula)

OFTEN NOT IN LOCAL LANGUAGE

Donations to Lebanon in Greek

Photo credit: Ali Maclaine, 2006

Problems with donations of formula continued…

- OUT OF DATE / NEAR ‘USE BY’ DATE

- SPECIAL ‘MEDICALISED’ FORMULAS

- WRONG TYPE FOR NEED e.g. For premature infants, follow-on formulas.

AND, RARELY TARGETED ONLY TO THOSE WHO NEED IT

- EVEN GIVEN TO BREASTFEEDING MOTHERS!

Sri Lanka post-tsunami.

Distribution of milk powder that the organisation had been given in ‘big quantities’

REALITY

- BREASTFEEDING IS OFTEN UNDERMINED IN EMERGENCIES BY MYTHS

THESE ARE NOT TRUE…

X MYTH: STRESS ‘DRIES UP’ BREASTMILK

A soldier’s wife feeds her baby at a rest stop in Phnom Penh, Vietnam during the conflict in 1990.

X MYTH: MALNOURISHED MOTHERS CAN'T BREASTFEED

X MYTH: HIV POSITIVE MOTHERS SHOULD NOT BREASTFEED

X MYTH: TENSION CAN BE PASSED ON TO THE BABY THROUGH BREASTMILK

Maaike Arts, UNICEF Pakistan

- Jalalabad Park Camp, Muzaffarabad, Pakistan.

The mother of this 4 month old baby was told she would pass her tension on to the baby by breastfeeding

X MYTH: ALL MOTHERS HERE BREASTFEED & MOTHERS DON'T NEED SUPPORT

Darfur

Bangladesh

RESULT OF 'REALITY' OF EMERGENCIES -

- Increase in infant and young child morbidity and mortality **DURING** emergency
- Reduction in breastfeeding
- Increase in infant and young child morbidity & mortality **AFTER** emergency as optimal IYCF has been undermined.

What is needed for infants and young children in emergencies?

Rita Plotnikova / ICRC 2001

Children of Tajikistan -Afghan border camp in Tozalokai

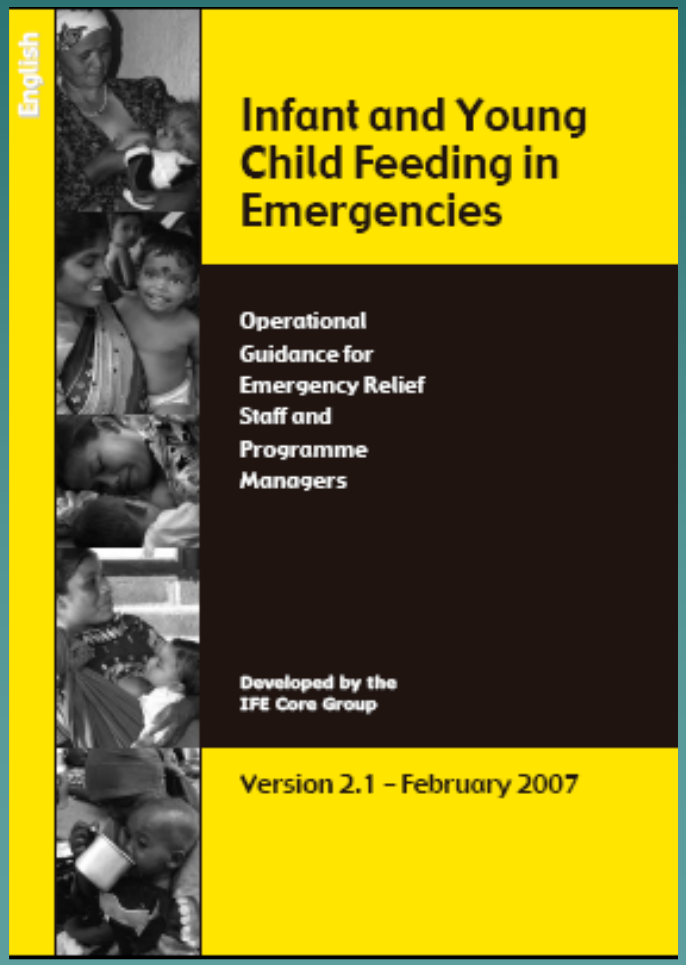
OVERALL:

- AWARENESS by ALL players in emergencies of IFE as an issue
- Governments
- Military
- Donors
- International NGOs
- Local NGOs
- Media

1 month old child post-earthquake, Indonesia 2006

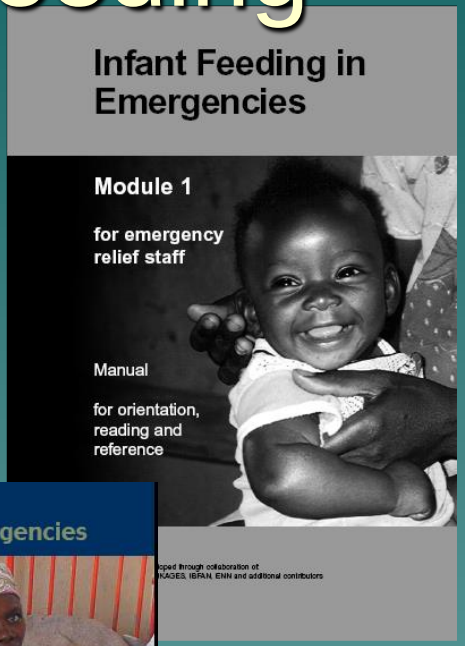
PRE-EMERGENCY:

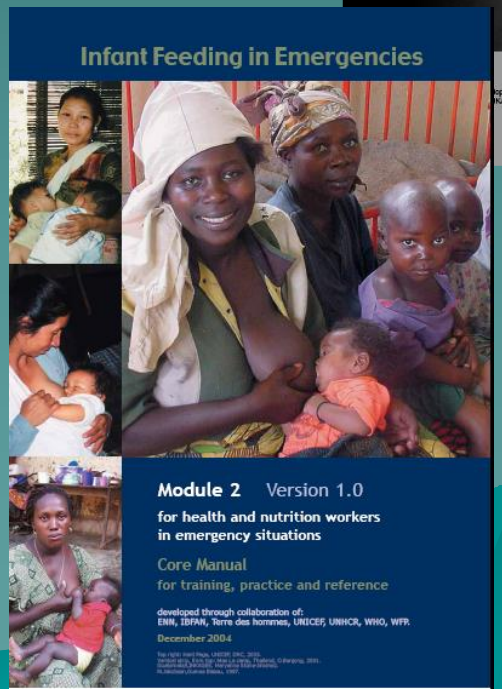
- Key players to have IFE POLICY & ACTION PLAN based on BEST PRACTICE



Orientation, Capacity Building & Training on IFE & Breastfeeding

Care Indonesia B-feeding Counselling course. W. Timor, 2006

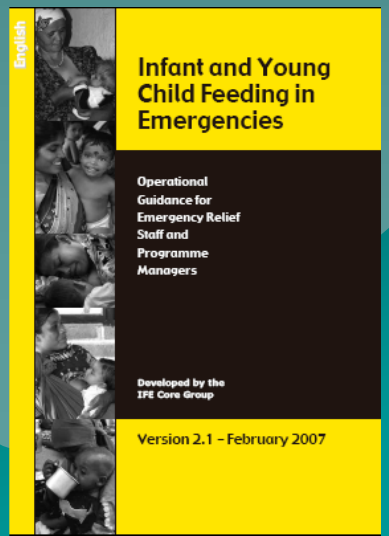




DURING EMERGENCY

- Humanitarian interventions by ALL players, including governments & military based on 'best practice'

This should include:



Care for the breastfed child

- Active support for exclusive and continued breastfeeding and supportive counselling

An evacuee feeds her baby after fighting between government forces and rogue Muslim rebels. Thailand

- Appropriate support by all actors in emergencies, including the military, to ensure that breastfeeding is not undermined.

Care for the non-breastfed infant

Relactation,
Wet nurses,
Milk banks
are preferred options as safer than infant formula

Relactation using supplemental-suckling by Grandmother in Afghanistan - ACF

- Targeted provision of BMS only to those who have been assessed and need it

- Provision of additional resources, support & monitoring

- Continuous supplies of BMS for as long as infant concerned needs it

Colombia

Promotion of cup feeding rather than bottles/teats

Felicity Savage

Also MONITORING is IMPORTANT:

- So players can ensure that their interventions are

  DOING NO HARM

- They can change & develop new interventions / programmes (if necessary)

AS WELL AS SUPPORTING THE

- BREASTFED CHILD
- NON-BREASTFED CHILD

IN EMERGENCIES

IFE also covers…

COMPLEMENTARY FEEDING IN EMERGENCIES

Photo credit: Ali Maclaine, 2005

Zimbabwe, 2005

Photo credit: Ali Maclaine, 2007

Bangladesh – Cyclone Sidr 2007

SUPPORTING HIV POSTIVE MOTHERS & THEIR INFANTS IN EMERGENCIES

CARE OF THE MALNOURISHED INFANT IN EMERGENCIES

Afghanistan - ACF

State Dept photo by Christopher M. Wurst.

Afghanistan

Pakistan – post earthquake 2005

SO WHY IS IFE IMPORTANT?

Because while infants have always got caught up in emergencies..

Nagasaki, Japan.
World War 2

Ukranian Mother in
World War 2

Too many have got sick & died due to poor feeding practices in emergencies

IFE
AIMS TO
STOP
THAT

For information, resources, advice and support on IFE contact:

IFE Core Group

Co-ordinator:

Emergency Nutrition Network (ENN)

ife@ennonline.net

IFE library / resource bank:

www.ennonline.net/ife

(Please send material!)

THANK YOU!

Photo credit: Ali Maclaine, 2007