



Infant Feeding in Emergencies: International Policies & Strategies

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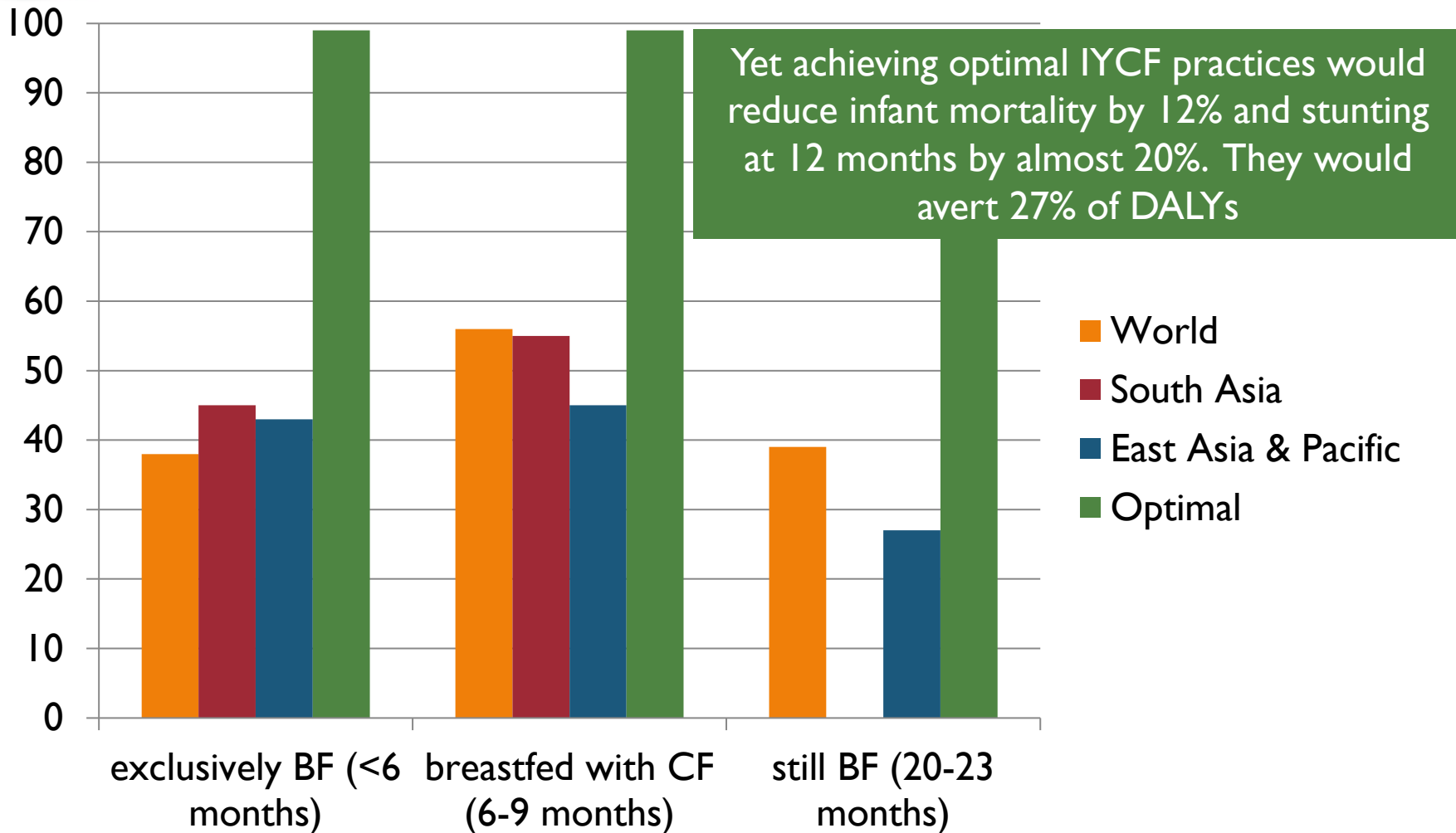


The Importance of Infant Feeding in Emergencies

- ▶ In 2007 alone, major emergencies affected nearly 38 million people; 5.6 million under 5, in 42 countries
- ▶ Infants and young children have considerably higher mortality during emergencies due to increased risk of:
 - ▶ Illness
 - ▶ Malnutrition
- ▶ Even mildly malnourished children have twice the risk of death from illness than well-nourished children
- ▶ Fundamental means of reducing malnutrition and preventing illness is optimal infant and young child feeding
- ▶ Optimal infant and young child feeding – imperfectly achieved in non-emergencies – extra hard in emergencies



The current state of IYCF





How do emergencies affect IYCF?

- ▶ Displacement and loss of homes; lack of privacy
- ▶ Loss of parents and other caregivers
- ▶ Fear, stress, anxiety
- ▶ Reduced access to daily essentials: food, water
- ▶ Loss of community, daily routine, support structure
- ▶ Danger and physical risks



Breastfeeding in Emergencies

- ▶ “Women CANNOT breastfeeding in emergencies – either due to stress or malnutrition”
- ▶ This is NOT TRUE
- ▶ Stresses of emergencies do make it harder however
- ▶ Women need extra support
- ▶ Breastfeeding in emergencies can be the difference between life and death
- ▶ Contribute to feelings of:
 - ▶ Independence
 - ▶ Confidence
 - ▶ Self-worth





Strategies and Declarations that Recognize the Importance of IFE





1990 UN Convention on the Rights of the Child (CRC)

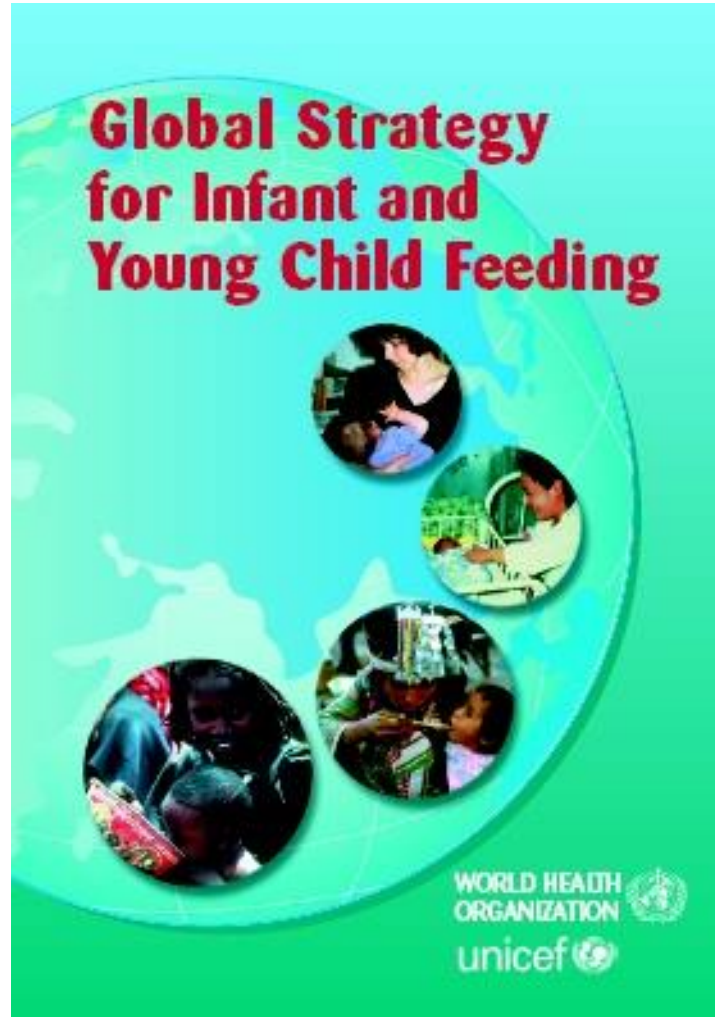
Article 24:

- ▶ right of the child to the enjoyment of the highest attainable standard of health
- ▶ acknowledges the mother's right to appropriate pre and post-natal care
- ▶ right of all to full and unbiased access to information and education regarding child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation.





2002 WHO Global Strategy on Infant and Young Child Feeding



▶ Infant Feeding in Emergencies Meeting
Bali, Indonesia 10-13 March 2008



2002 WHO Global Strategy on Infant and Young Child Feeding

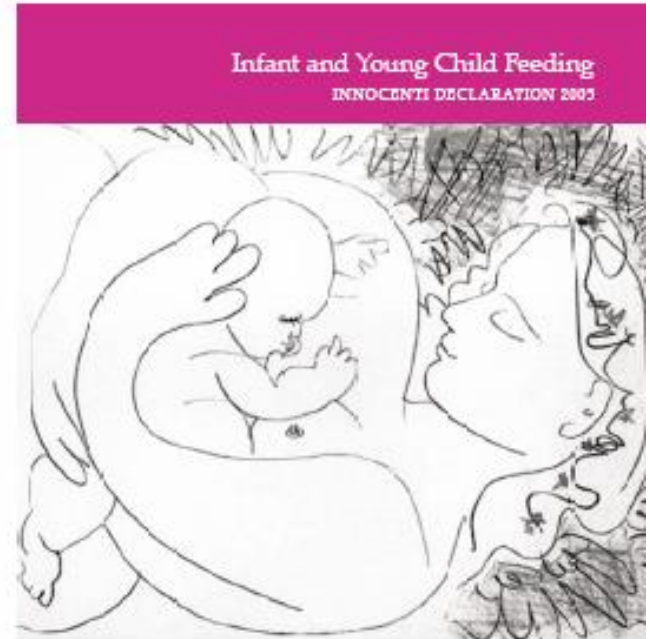
23. Infants and children are among the most vulnerable victims of natural or human-induced *emergencies*. Interrupted breastfeeding and inappropriate complementary feeding heighten the risk of malnutrition, illness and mortality. Uncontrolled distribution of breast-milk substitutes, for example in refugee settings, can lead to early and unnecessary cessation of breastfeeding. For the vast majority of infants emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding. There will always be a small number of infants who have to be fed on breast-milk substitutes. Suitable substitutes, procured, distributed and fed safely as part of the regular inventory of foods and medicines, should be provided.

(2) to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met;



Innocenti Declaration 2005

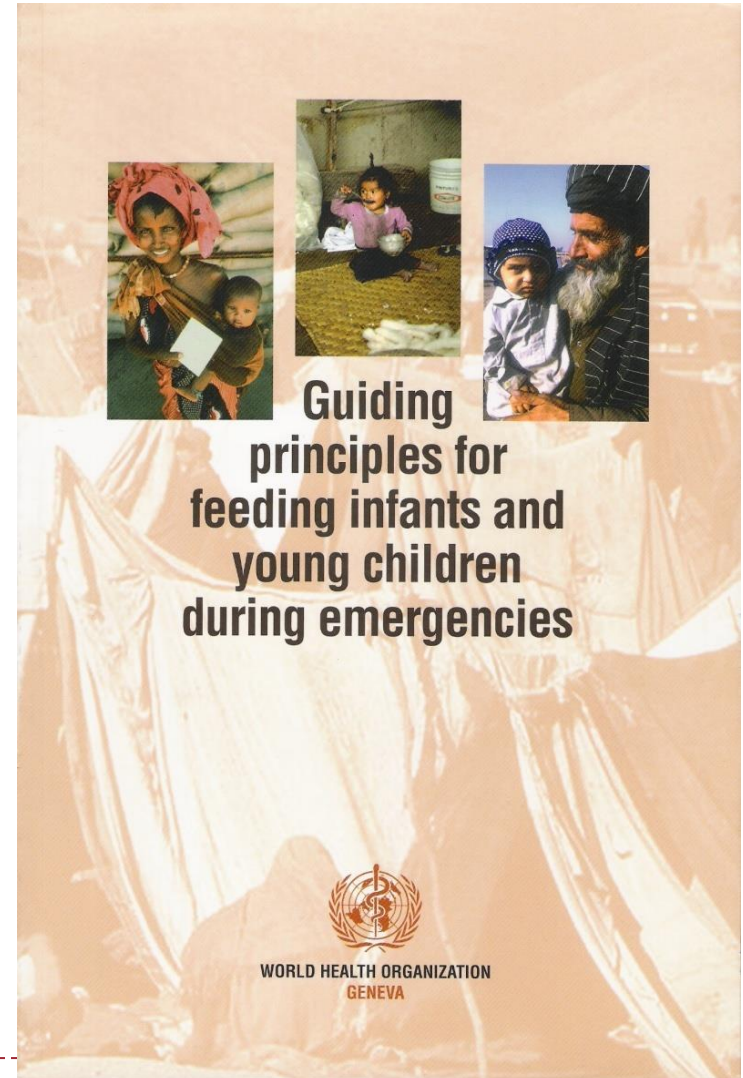
- ▶ 2006 World Health Assembly
- ▶ “Protect breastfeeding in emergencies, including by supporting uninterrupted breastfeeding and appropriate complementary feeding, and avoiding general distribution of breastmilk substitutes.”





WHO Guiding principles for feeding infants and young children in emergencies (2004)

- ▶ to clarify that optimal practices for feeding infants and young children during emergencies are essentially the same as those that apply in other, more stable conditions;
- ▶ to inform decision-makers about the key interventions required to protect and promote optimal feeding for infants and young children that should be *routinely* included in any emergency relief response;
- ▶ to provide a starting point for organizing pragmatic, sustained interventions that will ensure optimal feeding and care for infants and young children during emergencies.



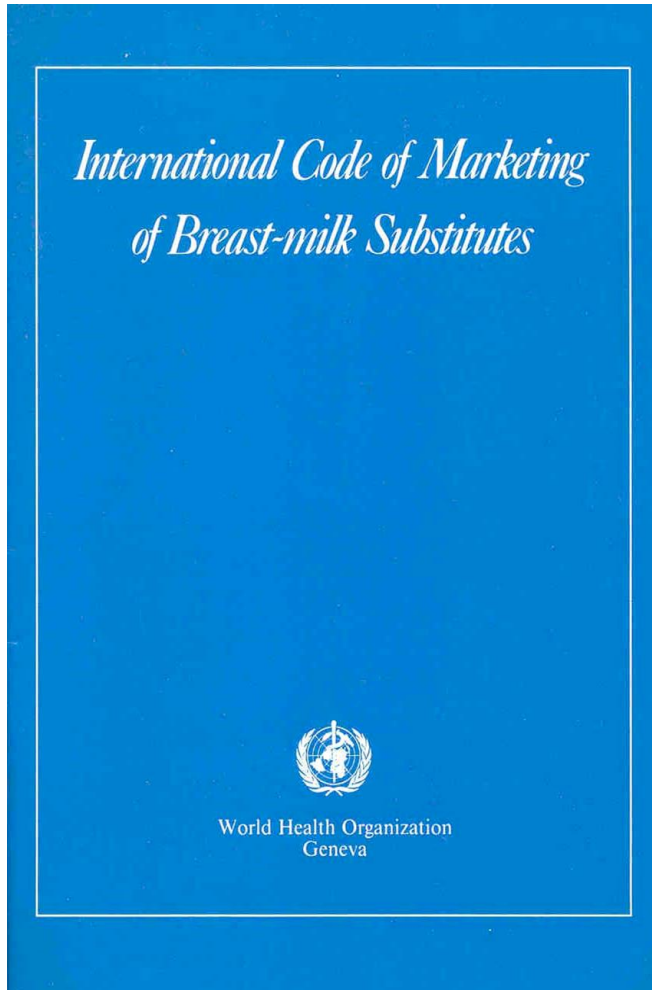


Foster optimal feeding and care of IYCF by:

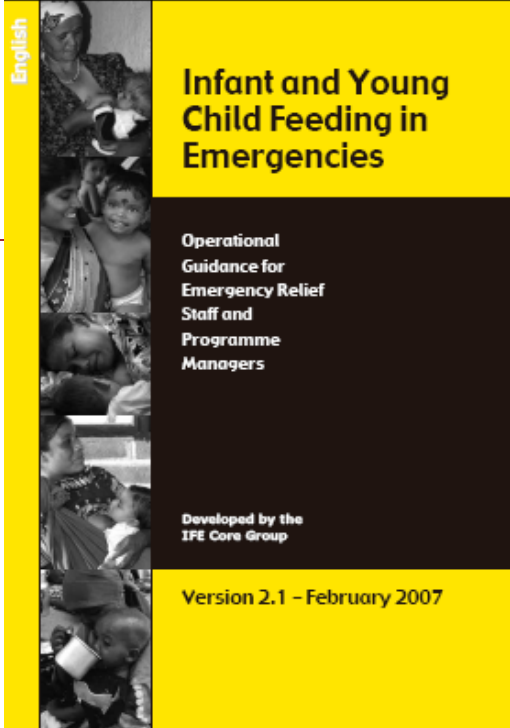
- ▶ protecting, promoting and supporting breastfeeding;
- ▶ ensuring that breast-milk substitutes are used safely, and only when strictly necessary;
- ▶ ensuring that older infants and young children receive sufficient energy and nutrients to meet their requirements for healthy growth, development and activity;
- ▶ promoting the physical and mental health of those who are responsible for feeding and caring for infants and young children;
- ▶ identifying and eliminating the underlying causes of sub-optimal feeding practices among infants and young children;
- ▶ treating those who are malnourished according to internationally recommended guidelines.



WHO International Code of Marketing of Breast-milk Substitutes



- ▶ Aims to control the marketing of breastmilk substitutes in order to protect breastfeeding.
- ▶ Applies equally in emergencies

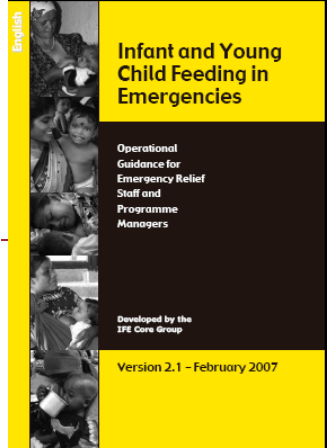


Operational Guidance for IFE





Operational Guidance for IFE



Aim

- ▶ Provide concise, practical (but non technical) guidance on how to ensure appropriate infant and young child feeding in emergencies (IFE)
- ▶ Do's and Dont's of what to do in the field (technical and non-technical)

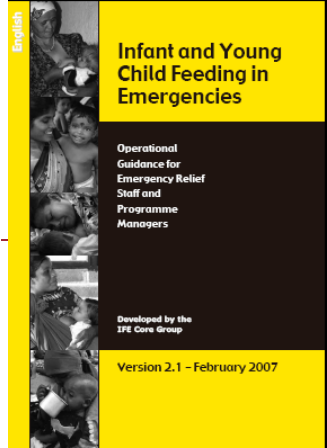
Target Audience

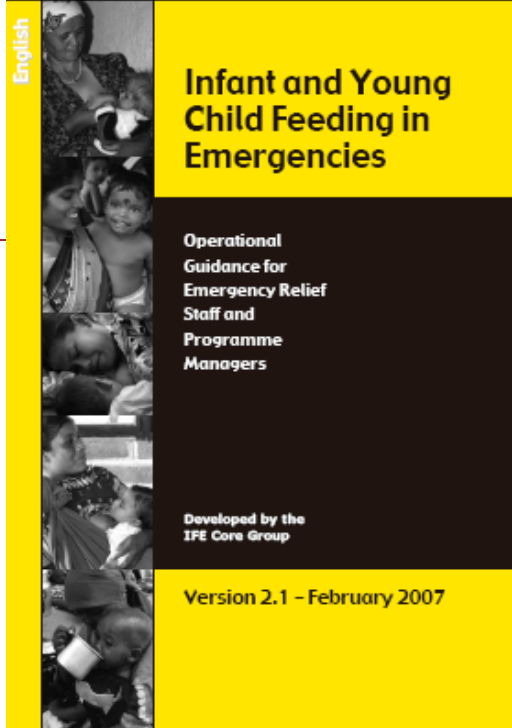
- ▶ Emergency relief staff and programme managers of all agencies working in emergency programmes, including national governments, United Nations (UN) agencies, national and international non-governmental organizations (NGOs), and donors.
- ▶ Applies in all emergency situations in all countries, and extends to non-emergency situations, particularly in the interest of emergency preparedness.



Who wrote it?

- ▶ 2001: Version 1
 - ▶ Interagency Working Group on Infant and Young Child Feeding in Emergencies
- ▶ 2006: Version 2
 - ▶ Members of the IFE Core Group
 - ▶ UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, CARE USA, Fondation Terre des Hommes, Emergency Nutrition Network (ENN)
 - ▶ Coordinated by ENN
- ▶ 2007: Version 2.1
 - ▶ Restructured section 6.0 – incorporate field experiences on implementation





Operational Guidance for IFE


6 Practical Steps





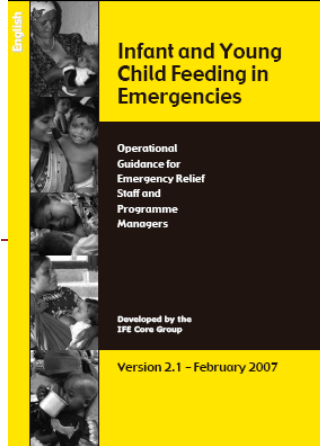
1. Endorse or Develop Policies

- ▶ Endorse or develop a policy that addresses:
 - ▶ Infant and young child feeding in emergencies, stressing protection, promotion and support of breastfeeding and adequate timely complementary feeding
 - ▶ Procurement, distribution and use of breastmilk substitutes and other products and compliance with the International Code and subsequent WHA resolutions
- ▶ Dissemination and integration with other policies and procedures.



2. Train Staff

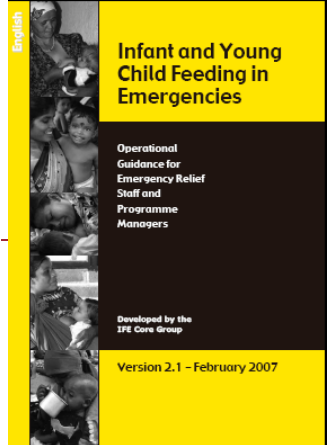
- ▶ Basic orientation of all relevant staff by each agency
- ▶ Technical training for all health and nutrition programme staff
- ▶ Ensure access to specific expertise on breastfeeding counseling and support





3. Co-ordinate Operations

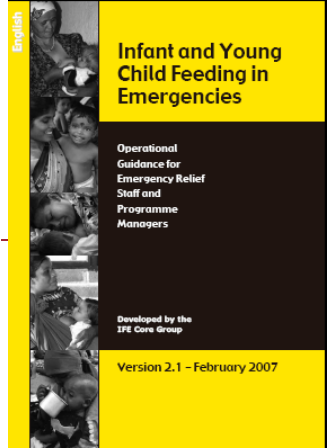
- ▶ As global lead of the nutrition cluster, UNICEF is likely to be the UN co-ordinating agency for IFE in the field
- ▶ Co-ordination needed:
 - ▶ Policy coordination
 - ▶ Intersectoral coordination
 - ▶ Development of an action plan
 - ▶ Dissemination of policy and action plan
 - ▶ Evaluation of operations
- ▶ Capacity building and technical support requirements





4. Assess and Monitor

- ▶ **Rapid Assessments**
 - ▶ Demographic profile
 - ▶ Predominant feeding practices
 - ▶ Availability of BMS and other products
 - ▶ Reported problems with IYCF
 - ▶ Observed and pre-crisis approach to feeding orphans
 - ▶ Security risks to women and children
- ▶ **Additional Key Information** – qualitative and quantitative methodologies
 - ▶ Availability of suitable complementary foods & nutritional adequacy of food ration
 - ▶ Morbidity and mortality of infants and IYCF practices
 - ▶ Health environment and health facility support
 - ▶ Factors disrupting breastfeeding
 - ▶ Capacity of support givers and identification of key decision-makers
 - ▶ Pre-crisis feeding practices
- ▶ **Maintain Records and Share Experiences**

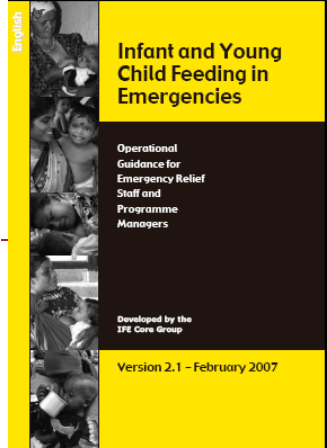




5. Integrated Multi-Sectoral Interventions

Basic Interventions

- ▶ Ensure nutritional needs of the general population
- ▶ Multiple micronutrients for pregnant and lactating women and children 6-59 months
- ▶ Appropriate foods for complementary feeding
- ▶ Ensure demographic breakdown at registration & registration of newborns
- ▶ Ensure rest areas and secluded areas for breastfeeding
- ▶ Easy and secure access to water and sanitation, food and non-food items

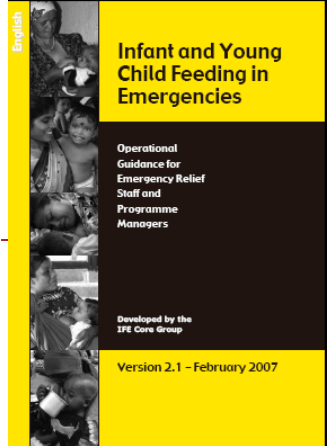




5. Integrated Multi-Sectoral Interventions

Technical Interventions

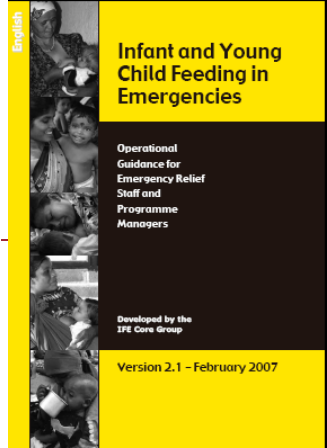
- ▶ Train health/nutrition/community workers on IYCF
- ▶ Integrate IYCF training into all systems and levels of health care
- ▶ Set up areas for support of IYCF (incl separate for artificial feeding if needed)
- ▶ Services for orphans and unaccompanied infants
- ▶ Support for correct preparation and feeding of complementary foods
- ▶ Primary prevention of HIV and support for women with HIV





6. Minimize the Risks of Any Artificial Feeding

- ▶ Handling of BMS donations and supplies
 - ▶ Informing that supplies are not needed
 - ▶ Collection of existing supplies
 - ▶ Designated agency
- ▶ Establish and implement criteria for targeting and use
 - ▶ Agree on criteria
 - ▶ Training, support and education on safe preparation
- ▶ Control of procurement
 - ▶ Ensure provisions of Ops Guidance and the Code
 - ▶ Decide on type and source of BMS
 - ▶ Standards, labeling, during of supply
 - ▶ No bottles and teats
- ▶ Control of management and distribution
 - ▶ Based on established criteria, discretely and avoid spillover
 - ▶ No general distribution or samples

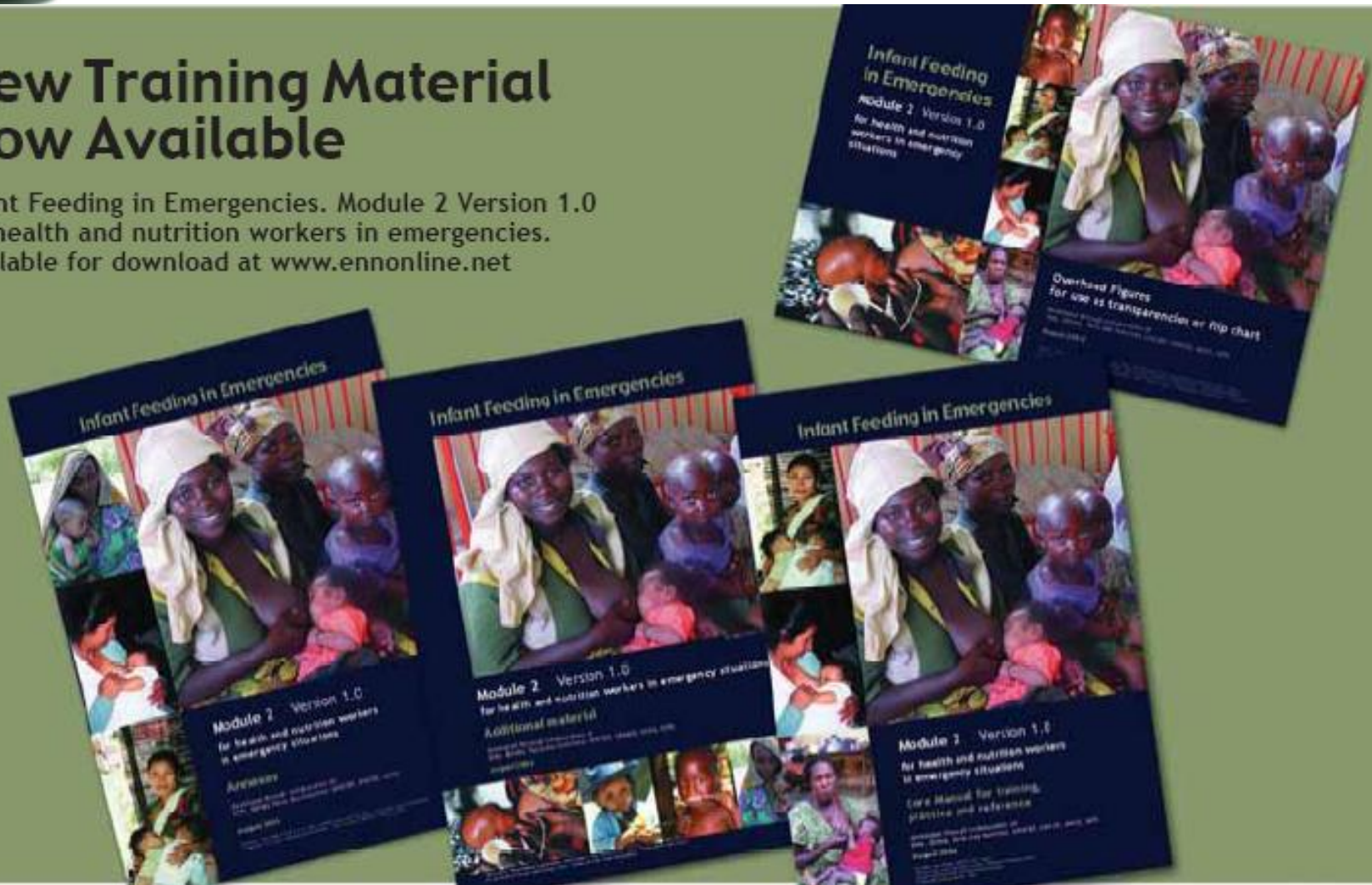




Training Materials for Operational Guidance

New Training Material Now Available

Infant Feeding in Emergencies. Module 2 Version 1.0 for health and nutrition workers in emergencies. Available for download at www.enonline.net



Infant Feeding in Emergencies Meeting
Bali, Indonesia 10-13 March 2008



'Implementing' the Ops Guidance

IFE Core Group

- ▶ Current members: UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, CARE USA, Action Contra la Faim, ENN.
- ▶ Associate Members: IFRC and Save UK
- ▶ Coordinator: Emergency Nutrition Network (ENN)

- ▶ Core mandate: developing policy guidance and capacity building around IFE.
 - ▶ Operational Guidance and two training manuals
 - ▶ 2006 International meeting (Oxford) "Making it Matter"
 - ▶ 1st regional meeting - Bali, Indonesia March 2008
- ▶ Member of the SCN Working Group for Nutrition in Emergencies – IFE Sub Group
- ▶ Part of the IASC Nutrition Cluster



Ops Guidance and this Meeting

- ▶ Forms the technical basis for this meeting
- ▶ Sessions are organized along lines of the ‘6 practical steps’ of the Ops Guidance
- ▶ Thematic working groups on Day 3 – sign up by end of Day 2

