

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



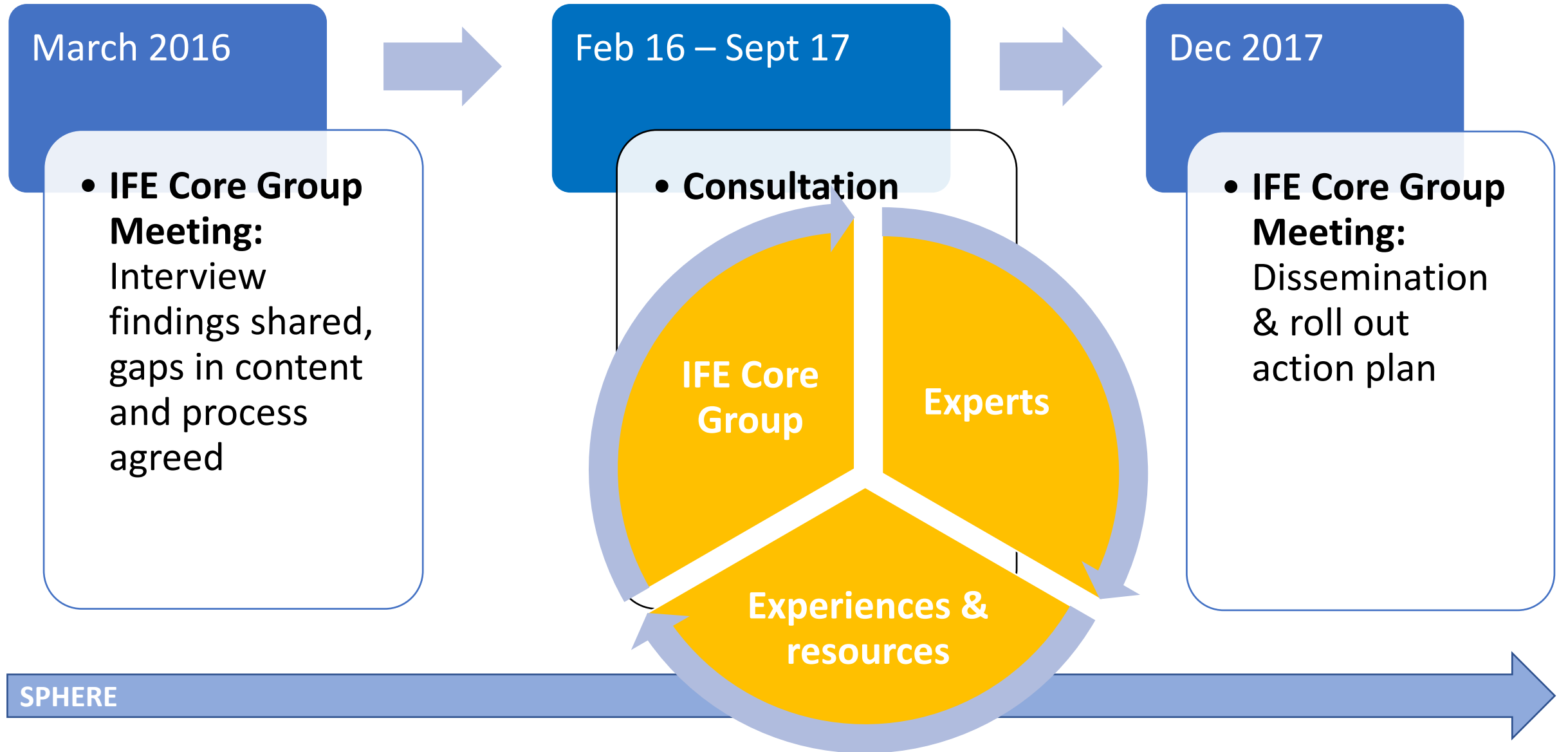
2010
Addendum



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 stakeholders involved with GOVERNMENT.

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

Implications for government



Endorse or develop policies

1.1 Governments and agencies should have up-to-date policies which adequately address all of the following elements in the context of an emergency:

- protection, promotion and support of breastfeeding;
- the management of artificial feeding;
- complementary feeding;
- the nutrition needs of PLW;
- compliance with the *International Code of Marketing of Breastmilk Substitutes (BMS)* and subsequent relevant *World Health Assembly (WHA) Resolutions (the Code)*;
- prevention and management of donations of BMS;
- infant feeding in the context of public health emergencies and infectious disease outbreaks

Additional context-specific provisions may be necessary, such as for refugees or internally displaced persons (IDP). Provisions may exist as a standalone policy and/or may be integrated into other relevant policies.

Implications for government



Endorse or develop policies

1.2 In early response, consult national/sub-national preparedness plans, policies and procedures and uphold relevant legislation and international standards.

In an emergency, where existing policy guidance is absent, outdated or does not adequately address the context, rapid policy guidance updates or 'stop-gap' guidance development may be necessary, led by the IFE coordination authority and in consultation with WHO, other relevant UN agencies and national/regional/global technical groups

1.3 Develop missing and update existing policy guidance in close collaboration with government authorities and seek to strengthen relevant national/sub-national policies. Develop and update policies and associated procedures in preparedness.

Implications for government



Endorse or develop policies

1.4 Disseminate key policy guidance to all relevant responders across sectors, including media groups, private sector, donors, military and volunteer groups

1.5 An inter-agency joint statement, issued and endorsed by relevant authorities, may be used to highlight relevant guidance, provide context-specific rapid guidance, and harmonise communication. Development of the statement should be led by the IFE coordination authority; UNICEF and WHO have key roles to catalyse and support development. In preparedness, develop a draft joint statement and secure preliminary approval with relevant authorities

Implications for government



Endorse or develop policies

1.6 *The Code* expresses the collective will of governments regarding the marketing of BMS and sets out the responsibilities of the manufacturers and distributors of products covered by *the Code*, health workers, national governments and concerned organisations.

Enact *the Code* into national legislation in preparedness and enforce at all times, including during emergency response.

Ensure that existing legislation is fully in line with *the Code*. Report Code violations

**The International Code of Marketing of Breast-milk Substitutes. WHO, 1981
and subsequent relevant World Health Assembly Resolutions**



Implications for government

Endorse or develop policies

1.7 Enact legislation and adopt policies in line with the *WHA Resolution: Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children* (69th WHA A69/7 Add.1. 2016)

In preparedness, UN, civil society and government policy-makers should develop national legally binding policies regarding private sector engagement in emergency response to enable constructive collaboration and avoid undue influence and conflicts of interest

Safeguarding against possible conflicts of interest in nutrition programmes: Approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level. WHO, 2016.

Implications for government



Train staff

2.1 Sensitise relevant personnel across sectors to support IFE, including those dealing directly with affected women and children; those in decision-making positions; those whose operations affect IYCF; those handling any donations; and those mobilising resources for the response. Target groups for sensitisation include government staff, sector/cluster leads, donors, rapid-response personnel, camp managers, communications teams, logisticians, the media, volunteers, among others.

2.2 Train personnel on IFE in preparedness and during emergency response, as necessary. Target personnel may include government staff; NGO staff and volunteers delivering health and nutrition services and support at facility or community level; and frontline staff in other sectors

Implications for government



Coordinate Operations

3.1 Government is the lead coordination authority on IFE.

Where this is not possible or support is needed, among UN agencies and in accordance with mandates, IFE coordination is the responsibility of:

- UNICEF - in IDP responses
- UNHCR – in refugee responses

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

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

Implications for government



Coordinate Operations

3.2 Ensure there is capacity to coordinate IFE within coordination mechanisms in an emergency response.

Assess and support development of government coordination capacity as necessary. Determine or clarify coordination responsibilities and roles in preparedness and in early response. 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.

3.3 The IFE coordination authority must directly coordinate the IFE response or ensure adequate coordination mechanisms and capacity are in place

Implications for government



Coordinate Operations

3.8 In some emergencies, it may not be possible to meet all the provisions of the OG-IFE immediately, such as where access to those affected is limited or impossible, or capacity is lacking to deliver necessary support.

In such circumstances, 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.

Implications for government



Pre-crisis data and early needs assessment

4.4 Use pre-crisis background information (secondary data) to develop an IYCF situation profile to inform early decision-making and immediate actions. Collate key information in preparedness or as necessary, in early response.

4.5 Pre-crisis information sources include existing government, NGO and UN country programmes; Multiple Indicator Cluster Surveys (MICS) and Demographic Health Surveys (DHS); sub-national surveys; national institutions (ministries, local offices for emergency preparedness, drugs and food standards authorities); Knowledge, Attitudes and Practices (KAP) studies; World Breastfeeding Trends Initiative (WBTi) country profiles; WHO and UNICEF databases; Nutrition Landscape Information System; post-emergency evaluations; previous flash appeals and Humanitarian Response Plans (HRP). Nutrition information may also be obtained through joint nutrition and food security assessments.

Implications for government



Monitoring

4.16 Monitor for Code violations and report them to national authorities, the IFE coordination authority, and international monitors:

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

Typical Code violations in emergencies relate to infant formula labelling, supply management, and donations.

Implications for government



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

5.1 At national level, UNICEF has a key 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.

In refugee settings, UNHCR holds this responsibility. 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.

Implications for government



Infants who are not breastfed

5.14 To date, there is little experience with the use of formal and informal donor human milk in emergency settings. Donor human milk is likely a more viable option where there are existing human milk banks in an emergency-affected area, that are integrated into broader newborn/infant feeding programmes, and where key conditions are met:

Key conditions that need to be in place for the safe use of donor human milk in an emergency are: government policy (preparedness) or, in the absence of policy, agreement between authorities on its use; an estimate of need, defined eligibility criteria and duration of provision; adequacy of supply for the response; quality assurance including donor screening and pasteurisation; and the establishment and maintenance of a cold chain to preserve quality and safety.

Implications for government



Complementary Feeding

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.

Implications for government



Artificial Feeding Management

6.7 Plan appropriate procurement, distribution, targeting and use of BMS and associated support (artificial feeding management) in close consultation with the IFE coordination authority and UNICEF.

6.9 The IFE coordination authority and/or UNICEF should determine if and where capacity to manage artificial feeding exists in government and among humanitarian providers.

Implications for government



BMS Supplies

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.

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

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.