MODULE 17

Infant and young child feeding

PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of *infant and young child feeding* in emergencies (IYCF-E). Detailed technical information is covered in Part 2. Words in italics are defined in the glossary.

Introduction

IYCF-E concerns the protection and support of optimal feeding for *infants and young children* in all emergencies, wherever they happen in the world. Sub-optimal infant and young child feeding (IYCF) practices increase vulnerability to *undernutrition*, disease and death. The risks are heightened in emergencies and the youngest are most vulnerable. Infants and young children in 'exceptionally difficult circumstances', such as HIV prevalent populations, orphans, *low birth weight* (LBW) infants, those who are *severely malnourished*, and non-breastfed infants are particularly at risk.

Optimal IYCF practices

The unparalleled benefits of breastfeeding to the mother, child, and family as a whole are well documented and recognized. Optimal IYCF feeding practices in children 0-24 months are early breastfeeding initiation (within 1 hour of birth), *exclusive breastfeeding* for 6 complete months (no water, other liquids or solids with the exception of necessary supplements or medicines), *continued breastfeeding* for 24 months or beyond and introduction of adequate, appropriate and safe *complementary foods* at 6 months that continues for 2 years or beyond. Breastfeeding guarantees food and fluid security in infants for the first 6 months and provides active immune protection and remains a significant source of energy, nutrients and protection up to 2 years and beyond.

Why and for whom is infant and young child feeding important in emergencies?

Population displacement, overcrowding, food insecurity, poor water and sanitation, decreased availability of caregivers and an overburdened health care system all negatively impact on a mother's and family's capacity to feed and care for their young children. Risks of *artificial feeding* are heightened in emergency contexts. It is important to ensure that humanitarian assistance actively protects and supports IYCF capacity at individual, household and community level and does not undermine safe IYCF with inappropriate interventions, such as general distribution of *infant formula, milk or milk products*. All of those involved in an emergency response – from policy makers and national governments to donors to agency field staff in every sector- have direct and indirect roles and responsibilities.

Key elements of IYCF response in emergencies

Policy guidance and frameworks

There are several key policy guidance documents to inform emergency programming. A national/agency policy framework to guide IYCF-E programming in an emergency is important. In preparedness, a national/agency IYCF-E policy that considers IYCF in the prevailing national/operational context and which reflects the provisions of the Operational Guidance on IYCF-E, should be developed/endorsed and shared.

Coordination

Early response to an emergency situation is critical and strong coordination is essential. Responsibility ultimately rests with government, yet external support may be needed. A lead coordinating body on IYCF should be assigned in every emergency. UNICEF is the UN agency responsible for co-ordination of IYCF-E, in close collaboration with the government. Other agencies also have key roles and responsibilities and expertise in IYCF that can support coordination. Effective IYCF-E interventions should be promoted; key policy guidance and tools should be issued to all cluster partners, possibly through an IYCF-E sub-group. A coordinated response should also include early needs assessment, identification of technical capacity and support needs among operational partners, implementation of basic interventions and ensuring prevention of inappropriate interventions. Coordination should engage across sectors and seek to engage a wide variety of agencies and 'players'.

Communication

A key element of achieving a coordinated humanitarian response is timely, consistent and accurate communication on IYCF that speaks to different target audiences, such as mothers, caregivers, communities, those involved in the relief effort (government and humanitarian agencies), as well as press and media. Communication should be context-specific and address the concerns of the affected population, and those responding to their needs. It is important for agencies with IYCF expertise to directly engage with communications staff and the external media and monitor press releases to ensure appropriate media coverage on IYCF-E.

Assessment and monitoring

Early needs assessment in an emergency should always include key information on IYCF. Warning signs include reports from mothers on breastfeeding difficulties, lack of or poor quality complementary foods, artificial feeding commonly practised or donations of *breastmilk substitutes* during the relief effort. Non-breastfed infants need early identification and urgent support. Secondary data on IYCF practices provide an important context. In-depth assessments may be required to inform interventions. Standard indicators for IYCF practices should be used to enable comparisons over time and between programmes. Skilled analysis of IYCF information is important and should consider findings from broader data gathering.

Basic cross-sectoral interventions

In any emergency, simple measures or basic interventions are always needed to create a protective and supportive environment for safe and appropriate IYCF-E. They include:

- Prioritise mothers and caregivers of infants and young children with support to meet immediate essential needs such as *household food, water, shelter and security*.
- *Register* households with vulnerable groups to identify needs and help plan support.
- Establish *secure and supportive places* for mothers/caregivers of infants and young children to breastfeed and receive additional feeding support if needed. Referral to psychosocial services may be needed.
- Provide for the nutritional needs of *pregnant and lactating women* to prevent pregnancy complications, maternal mortality, LBW infants and decline in maternal nutritional status, and lower concentrations of certain nutrients in breastmilk.
- Provide safe and appropriate foods suitable for *complementary feeding* for children 6 months to 2 years and accompanying resources for safe preparation.
- Ensuring support for *early initiation of breastfeeding* for all newborn infants.
- Ensure access to *basic frontline feeding support* for individual mothers/caregivers and their children.
- Enable referral for skilled IYCF assistance.
- Implement behaviour change communication strategies on IYCF using multiple channels.

Skilled breastfeeding assistance

In an emergency, skilled breastfeeding assistance may be needed in the form of breastfeeding *counselling*. The nature of the support, where and how it is delivered will depend on the specific needs of mothers. Breastfeeding counselling involves practical, technical 'know-how' as well as communication skills to provide assistance to ensure that the fundamentals of good breastfeeding are in place and to resolve common difficulties. Breastfeeding counsellors may be health professionals, community health workers or *peer counsellors* (e.g. mothers and grandmothers) who have undertaken relevant training. Key actions include establishing safe 'corners' for mothers and infants that offer services such as one-to-one counselling, mother-to-mother support, information on allied services (e.g. family tracing, food aid provision), as well as advocating for services to families with young children and raising community awareness. Situations where experienced skilled support may be needed include support to LBW infants, infants who are growth-faltering or who are inappropriately fed, acutely malnourished infants under-6 months of age, *relactation*, and *wet-nursing*. Counsellors may also work alongside psychosocial and mental health services and link to closely allied services, e.g. reproductive health or child protection may offer opportunities to integrate breastfeeding support.

Complementary feeding support

A number of interventions across sectors may be needed to fully meet complementary feeding needs of children 6 to 24 months in an emergency. From the outset, it should be a priority to enable access of mothers and caregivers to adequate amounts of nutritious and appropriate complementary food. There are a variety of complementary food and *fortification* options in an emergency, depending on the context. Where a population is dependent on food aid, a suitable *micronutrient* fortified food or blanket provision of complementary food, including lipid nutrient supplements if appropriate and feasible, may be needed, accompanied with practical guidance, demonstration and monitoring on their preparation and hygiene. The use of micronutrient supplementation, including multiple micronutrient supplements and Vitamin A should be in accordance with the latest recommendations. Links with food security and livelihood programmes are important to develop access to adequate quality foods at household level.

Infant Feeding in the context of HIV

Maximising HIV-free child survival is a fundamental consideration for IYCF in the context of HIV. The term HIV-free survival affirms that everyone should work to ensure that children are not only HIV uninfected but should also survive. It is fundamentally important to communicate the concept of HIV-free

survival that considers not just the risk of HIV infection but other causes of death, such as diarrhoea and malnutrition. This is particularly relevant in emergencies, and any contexts where child mortality is high and health services lacking.

The risks of HIV transmission depends on a number of factors including breastfeeding pattern and ARV treatment. Poor breastfeeding practices increase the risks of both HIV transmission and illness in HIV-exposed infants. ARV drug interventions, either to the mother or infant, significantly reduce the risk of HIV transmission through breastfeeding.

The latest WHO (2010) guidance recommends that national or sub-national authorities should decide feeding recommendations, based on international recommendations and consideration of important national/sub-national circumstances. Specific IYCF recommendations include:

- Mothers of unknown or HIV-negative status should be supported to breastfeed as per global IYCF recommendations.
- Where the national recommendation for all HIV-infected mothers is to breastfeed, breastfeeding and ARVs should continue until 12 months. Breastfeeding should stop at 12 months if a nutritionally adequate diet without breastmilk can be provided, otherwise breastfeeding (and ARVs) should continue until such a diet is available.
- If there is a national decision to provide ARVs and promote and support breastfeeding for HIV-infected mothers, then the health worker should still recommend exclusive breastfeeding while waiting for ARVs to become available.
- If the national policy is to avoid all breastfeeding or if a mother opts out of exclusive breastfeeding, then mothers should avoid all breastfeeding and feed using industrially produced infant formula. In accordance with national guidance and depending on her circumstances, she may require infant formula supplies and her infant's growth and health should be monitored.

In an emergency, important considerations include:

- Urgent artificial feeding assistance is needed for infants already established on *replacement feeding*.
- It may be appropriate to recommend that HIV-infected mothers breastfeed for longer than 12 months in the interests of child survival.
- Where national recommendation pre-emergency was to avoid breastfeeding, national authorities and/or the authority managing the emergency should establish whether this recommendation is still appropriate given the circumstances.

Management of artificial feeding

Artificial feeding is where an infant is fed with a breastmilk substitute (BMS). In some emergencies, management of artificial feeding is necessary, e.g. in a population where artificial feeding is common. Temporary or longer term use of a BMS for individual cases may also be needed in some circumstances, e.g. serious maternal illness. In some situations, groups of infants in a population may need feeding support, for example *unaccompanied infants* at a refugee camp or in institutional care, such as an orphanage.

Artificial feeding always carries risk but in an emergency these risks are heightened, therefore it should be a last resort where there is no safer alternative, e.g. maternal breastfeeding or *wet nursing*. Infants who are exclusively artificially fed in an emergency need early identification and targeted support and follow-up. Infants <6 months who are both breastfed and receive other liquids and foods require skilled assistance and support to move to exclusive breastfeeding.

Artificial feeding support in an emergency is a technical intervention that requires medical, nutritional and logistical expertise and capacity. Programmes need to monitor infants on an individual level and commit to supporting BMS supply for as long as the infant needs it (to at least 6 months of age). Several conditions on the hygiene, sustainability, feasibility of providing the artificial feeding to the child, as well as access to quality health care must be in place and supported. All the while it is important that breastfeeding is protected and supported in the population. *Morbidity* surveillance should be conducted at an individual and population level.

Procurement, management and distribution of BMS, milk products and feeding equipment should be strictly controlled, based on technical advice and should comply with the Code and the Operational Guidance on IYCF-E. There must be no distribution of donated/subsidised supplies of BMS in any part of the health care system. Where criteria for use of BMS are met, BMS supplies should be purchased and handled by agencies working as a part of the nutrition and health emergency response. Cups instead of feeding bottles should be used because of difficulties in cleaning bottles that increase risk of contamination.

Handling milk and milk products including donations

Milk and milk products should not be included in untargeted distributions. Donations of BMS, milk products, bottles and teats should not be sought or accepted in emergencies. Clear agency/national positions on the avoidance and management of donations should be reflected in IYCF policies. Preventive actions involve advocacy to Governments to avoid requesting donations of BMS on the lists of emergency supplies, issuing a joint statement advising no donations, preventing consignments from entering the country through involving customs, or removing the donations from distribution channels. Any

donations that do arrive should be placed under the control of a designated agency and their management determined by the assigned IYCF-E coordinating body, including collection, planning for safe use and distribution or disposal. Disposal of donated BMS may include using it for target groups who could benefit from milk products, such as children 6-23 months or pregnant and lactating women by mixing with milled fortified staple foods or blended foods. Powdered milk should never be distributed as a separate commodity. Coordination is needed with WFP and its implementing partners and other food aid partners who may be preparing pre-mixes into which the powdered milk can be added.

Monitoring for *Code violations* and reporting them is an important contribution to accountability in humanitarian response. Key contacts to report violations are included in the Operational Guidance on IYCF-E.

Orientation and training on IYCF-E

Different levels of orientation and training on IYCF-E are needed. Most health professionals have little or no training in IYCF counselling and support. Identification and involvement of national and regional expertise should be a priority for emergency preparedness in IYCF-E.

Basic orientation on IYCF-E should be provided in preparedness for programme managers, donors, logisticians, water and sanitation experts and those in charge of social services. Service providers (such as health workers, community workers, lactation counsellors) need to be trained on IYCF counselling, skilled support and communication. Integrating training on IYCF-E into professional pre-service and in-service training of key medical and health staff and community workers is also an important preparedness activity.

Key messages

1. Early initiation of breastfeeding, exclusive breastfeeding for six months, with timely and appropriate complementary feeding from six months, and continued breastfeeding until two years of age or beyond optimises survival, health, nutrition, growth and development of children in all situations, including emergencies.
2. Infants and young children in exceptionally difficult circumstances, such as HIV prevalent populations, orphans, LBW infants, non-breastfed infants, and those severely malnourished, warrant particular attention.
3. The nutritional, physical and mental health of pregnant women and of breastfeeding mothers is central to the well-being of their children
4. The prevailing IYCF practices of an emergency affected population and the key influences on these should inform the IYCF-E response.
5. Key policy guidance includes the Operational Guidance on IYCF-E and the Code. Both are endorsed in World Health Assembly Resolutions.
6. A timely, appropriate response on IYCF relies on policy development and implementation, coordination, strong communication and advocacy, assessment and monitoring, technical capacity and resources.
7. Emergency preparedness is essential. The presence of a comprehensive, at-scale IYCF programme with available cohorts of trained and skilled health providers and community cadres positions a country better to address IYCF in emergencies. IYCF-E should always be well reflected in a country's emergency preparedness and response plan.
8. IYFC-E involves enabling access to basic multi-sectoral services (such as shelter, security, access to adequate household food, water, non-food items), integrating IYCF support into services that target mothers, infants and young children, providing appropriate frontline feeding assistance to mothers and caregivers with young children, and undertaking targeted technical interventions when needed.
9. Skilled breastfeeding support is an important emergency intervention.
10. Consideration of complementary feeding needs that includes enabling access to adequate amounts of appropriate complementary foods and the means to safely prepare them is always needed. Fortified foods and micronutrient supplements may be necessary to meet nutritional requirements.
11. Artificial feeding in an emergency requires skilled management to minimise the risks in accordance with provisions of the Operational Guidance on IYCF-E and the Code. Non-breastfed infants are especially at risk and need early identification.
12. Milk and milk products should not be included in untargeted distributions. Powdered milk should never be distributed as a single commodity. Donated breastmilk substitutes, bottles and teats should not be sought or accepted in emergencies.