Interim Operational Considerations for the feeding support of Infants and Young Children under 2 years of age in refugee and migrant transit settings in Europe

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A. Aim of this guidance

- The note outlines benefits, risks, options, and resources for supporting appropriate infant and young child feeding (IYCF) in children under 2 years of age in refugee and migrant transit situations in Europe.
- Key considerations taken into account in this guidance include prevalent but often sub-optimal breastfeeding practices, prevalent use of infant formula in this context, low contact and follow up opportunities with carers and children, likely lack of skilled IYCF workers, and often limited water, hygiene and sanitation facilities.
- This note draws from key policy guidance[1] and provides direction where guidance is limited for this context. It outlines the minimum level of assessment and support that is needed. A more detailed programmatic guidance is in development. Visit www.en-net.org for updates.
- Key considerations, priorities and protective actions (sections C-E) are elaborated on in sections F to J. Key resources are listed in section K and contacts in section L.
- This guidance was developed with input of agencies and individuals experienced in IYCF in emergencies and with frontline operations in the current humanitarian response[2].

B. Target audience

- Those involved in planning, delivering and mobilizing resources for IYCF for refugees and migrants in transit in Europe.
- This can include generalists supporting the refugee response, health and protection staff/volunteers, as well as nutrition staff/volunteers, fundraisers, and those in media/external communication.
- The note does not supersede any agency specific guidance in this area, unless specifically indicated by the agency concerned.

C. Key considerations

- **Breastfeeding mothers need identification, protection and active support.** For mothers in transit, the conditions can undermine maternal confidence and breastfeeding practices. There is a risk that breastfeeding mothers stop/reduce breastfeeding, especially if also using infant formula (mixed feeding) before the transit.
- **Formula dependent infants need identification, protection and active support.** For mothers in transit, infant formula supplies and conditions for hygienic feed preparation may be severely limited and different to what they are used to normally.
- **Infant formula use is more risky and difficult to manage in transit.** Babies that are formula fed are at higher risk of illness and malnutrition. The younger the baby, the more at risk they are from diseases like diarrhea and chest infections, especially if they are not breastfed. In the emergency environment, such conditions can be fatal.
- **Newborn infants are particularly vulnerable** and a key target group in which to establish breastfeeding to reduce the risks associated with alternative, risky feeding practices.
- For those in transit, **it may not be possible to provide all the supports normally considered necessary or to guarantee infant formula supplies** for as long as the infant needs.

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[1] UNHCR (2015) Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months; Operational Guidance on Infant Feeding in Emergencies (2007); International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code).

[2] Developed by UNICEF, UNHCR, WHO, Save the Children & ENN with review by ACF, IBFAN-GIFA, IOCC, World Vision, Karleen Gribble & Mary Lung'aho.

D. Priorities

- Be alert for and refer any children that are unwell for medical attention.
- Share key information in this note with mothers of young children regarding feeding options and their consequences to inform her decision-making and choices.
- Use opportunities of contacts with pregnant women and the people accompanying her, to advise her to breastfeed her infant immediately after birth and exclusively until 6 months. For mothers at birth and immediately post-partum, stress the importance of immediate skin-to-skin contact with early initiation of breastfeeding and exclusive breastfeeding. Provide whatever support you can to enable this.
- Identify mothers who are breastfeeding and do everything you can to encourage and support them to continue as long as possible.
- Identify mothers whose children are dependent on infant formula and provide what advice and practical support you can to minimizes risks in this environment.
- Encourage mothers who are both breastfeeding and using infant formula to breast feed more frequently to reduce or ideally, eliminate their dependence on infant formula.
- Provide practical advice and what support you can regarding appropriate and the most nourishing complementary foods to feed children over 6 months of age.
- Manage the sourcing and provision of infant formula to ensure that the needs of both breastfed and non-breastfed infants are protected and met.

E. Key protective actions

- Base the IYCF support you provide on a minimum level of assessment *(see section F).*
- Target & manage infant formula supplies *(see section I for more details):*
    - Where infant formula is needed, purchase supplies. Adhere to minimum requirements regarding quality and labelling.
    - Do not seek and act to prevent donations[3] of infant formula, any products that are marketed for use in infants under 6 months of age or as a replacement for breastmilk in any age group, complementary foods, and bottles and teats.
    - Donations offered/received should be directed to UNHCR/the designated coordinating agency on nutrition/health.
    - Do not provide infant formula (or infant formula vouchers) in any general distributions.
- Provide supportive services**:**
    - Identify skilled staff to support mothers with difficulties feeding their infants.
    - Provide private spaces (e.g. safe spaces) for mothers to enable them to breastfeed and to connect with other mothers.
    - Provide access to cleaning facilities for mothers to wash feeding utensils, especially mothers who are formula feeding.
    - Where possible, advocate for/prioritise mothers of infants and young children for basic screening of childhood illnesses, access to registration and basic services, shelter and non-food items.
    - Consider provision of baby slings/baby carriers for mothers based on local needs assessment.
- To the best extent possible, share information on resources and services that may be available on their onward journey. Help a mother to practically plan how to manage feeding her child on her journey and if possible, in her country of destination.

For more resources on orientation on IYCF in emergencies, see section K.

[3] Experiences in emergency contexts have repeatedly found that donations are expensive to manage, are disproportionate to need, vary greatly in type and quality, may be out of date, may not be in the appropriate language and are poorly targeted.

F. Minimum assessment of need

To target IYCF support, a minimal level of assessment is needed. If a mother requests infant formula this may be because her baby is exclusively formula fed or it may be because she has difficulties with/has lost confidence in breastfeeding. It is essential to distinguish these needs and target appropriate support.

Key questions to ask in screening mothers of children under 2 years are:

1. What age is your baby/child*? (check: helps assess the feeding issues identified; newborns and infants < 6 months especially vulnerable)*
2. How is your baby/child currently fed? *(check: breastfed or not breastfed; infant formula use; other milks, liquids, foods)*
3. If you have stopped breastfeeding, when did you stop and why? *(check: has mother just stopped during transit - check her interest to restart)*
4. Have you any concerns or difficulties feeding your baby/child? *(check: problems breastfeeding; non-breastfed infants accessing infant formula; access to foods for > 6 months)*
5. How long are you staying here? *(check: opportunities for contact)*

Her responses will help you to figure out the support she needs. She may need help with breastfeeding, infant formula supplies, accessing complementary foods and/or direction to other services, such as health. A mother who has recently stopped breastfeeding, can restart if she wishes to (see section G). An infant under 6 months who is not breastfed will require infant formula supplies. An infant over 6 months who is not breastfed does not require infant formula (see section H). Your support includes providing key information to the mother regarding feeding options and their consequences; should take into account the decision of the mother in feeding her infant; seek to minimize risks of the feeding option, and depends on what resources you have available.

Wherever possible, refer mothers having breastfeeding difficulties or mothers who wish to restart breastfeeding for more skilled support. Connect breastfeeding mothers with each other to facilitate peer to peer support. Provide advice and where possible, practical support on hygienic preparation of infant formula (to carers of formula fed infants) and complementary foods.

G. Key messages for breastfeeding mothers

These messages are addressed to mothers and primary caregivers and are the minimum support you should offer; adapt them as you need and use them to inform the services and support you can provide. It is also useful to share these messages with the people who accompany the mother so that they can also support her.

- **If you are breastfeeding, do not stop.** *Continue to do so until your child is at least 2 years of age. This is the most reliable, cheapest and safest way of feeding your child. Breastfeeding will protect your baby against infections.*
- **Formula feeding your baby is dangerous in the current situation.** *This is why we do not want to give infant formula to breastfeeding women.*
- **If you recently stopped breastfeeding, you can restart.** *This is by far the safest option for your baby. Frequent suckling at the breast, day and night, will help to stimulate breastmilk production. Offer the breast before offering any other food or liquid.*
- **Do not give breastfed babies less than 6 months any extra water, juices, teas or foods.** *Exclusive breastfeeding offers the best nutrition for small babies. Breastmilk contains ingredients that protect your baby from infection. Giving other foods/fluids will reduce your milk supply and increase the chances of infection, especially in this situation.*
- **If you are both breastfeeding and using infant formula or other milks, it is safer to only breastfeed.** *Breastfeed before feeding formula in order to stimulate breastmilk*

production. You can gradually replace each formula feed with a breastfeed. This may take a few days.

- **Do not start to use infant formula if you have never used it.** *It is very difficult to prepare in your situation, we cannot provide you with all the supplies you will need, and it is expensive. Feeding your baby formula makes them more likely to get sick with diarrhea and chest infections which are serious illnesses for babies.*
- **Stress does not reduce your breastmilk supply but it can slow the release of milk and this can make babies fussy and upset**. *Thinking about your love and hope for your baby will help the milk to flow. If available, being in a private place can help you relax.*
- **If your baby is over 6 months of age, continue to breastfeed as often as for as long as possible** (2+ years) in addition to adding other foods. *Try to offer the breast before other foods.*

For more programming guidance on supporting breastfeeding mothers, see section K.

H. Key messages for mothers of non-breastfed infants

These messages are addressed to mothers and primary caregivers and are the minimum support you should offer; adapt them as you need and use them to inform the services and support you can provide. Wherever possible, refer mothers having feeding difficulties for more skilled support.

- **If your baby is under 6 months, infant formula is the only suitable milk to use.** *Make sure you follow the exact instructions on the label to prepare it.*
- **Hygienic preparation with boiled water is strongly recommended to reduce the risk of contamination (of bottle/cup/feed).** *Bottled water does not have the same sterilizing effect. Left over infant formula should be thrown away if not used immediately as bacteria quickly grow in it.*
- **If your baby is over 6 months, you do not need to use infant formula but can use other milk sources instead**. *Acceptable milk sources include pasteurised full-cream animal milk (cow, goat, sheep), Ultra High Temperature (UHT) milk, fermented milk or yogurt. These may be easier to find supplies of and are less risky than using powdered milk. Condensed milk is not suitable for infant feeding. Adapted full fat evaporated milk is not a viable[4] option in the current context.*
- When using any liquid milk for your baby, use within a couple of hours of opening.
- Avoid using baby juices and teas – they are low in nutrition and high in sugar.
- If your baby is over 6 months of age, you can mix infant formula into your child's food (such as porridge) rather than giving it to him/her to drink.
- **Bottles are more difficult to clean than cups. A baby can cup feed.** *Cleaning of feeding utensils (cups, spoons) is essential to prevent sickness. Disposable plastic or paper cups are one option to remove the need for cleaning.*
- **If you wish to continue to bottle feed, hygiene is essential to reduce the risk of infection**.
- When your baby is using infant formula, he/she is at **higher risk of diarrhea and chest infections,** especially in these transit conditions. *Find out what medical services are available wherever you arrive so that you are prepared and can get treatment quickly.*
- **If you child becomes ill,** continue to encourage him/her to drink and eat, offering smaller amounts more often if his/her appetite is reduced.

Advise the mother on what formula feeding support is being given at this transit point, in terms of supplies available, how long they will last, hygienic preparation, feeding utensils, etc. and help her plan with what she has. Given the bulky nature of infant formula, it is unlikely that transit

[4] Requires addition of measured volumes of water and sugar; higher renal solute load which is risky for younger infants/sick infants/those drinking less; lacks iron and vitamin C.

points will be able to provide all the supplies of infant formula that a mother needs for her journey.

For more detailed programming guidance on supporting non-breastfed infants and children, see section K.

I. Managing infant formula provision

- The most common breastmilk substitute (BMS) is infant formula. Infant formula is available in powdered form or as liquid ready to use milk. Ready to use infant formula has practical and hygiene advantages and is preferable in the transit context, but as an option it may be limited by availability, cost, and bulkiness.
- As a guide, an infant will drink around 600-800 ml of milk per day; a 450g tin of infant formula will last 4-5 days.
- **Target** supplies to those who need it by asking key questions regarding child's age and regular feeding practice (*see section F*).
- **Do not provide infant formula or infant formula vouchers in general food/commodity distributions**.
- **Purchase** necessary supplies of infant formula. Follow key principles regarding infant formula procurement relating to source (avoid donations), quality (adheres to Codex Alimentarius[5], well within the expiry date) and labelling (user language).
- **Do not seek donations** of infant formula, baby juices, baby teas, other milks marketed as a breastmilk substitute, complementary foods, or feeding equipment (bottles, teats, breast milk pumps). Any unsolicited donations of infant formula or other feeding products that are offered/received should be directed to UNHCR/the designated coordinating agency on nutrition/health.
- Ideally, purchase a **generic (unbranded label) infant formula** in the appropriate language. Where only branded formula is available, purchase supplies in the **appropriate language.** If this is not available, then relabel supplies with preparation information in the appropriate language or provide accompanying leaflets where relabeling is not possible.
- Donated infant formula that has already arrived and is within the expiry date should only be used as a last resort where purchased supplies are not available and in full accordance with guidance for purchased supplies.
- **Infant formula supplies should be provided discretely**, not in view of breastfeeding mothers, and there should be no infant formula promotion at the point of distribution, nor any materials displaying infant formula or bottle feeding.
- Do not exclude infant formula from the commodities a mother can choose to access via general cash/voucher schemes. However, accompany such interventions with key information on breastfeeding and on how to minimize the risks of formula feeding.
- Where there is free provision of infant formula to non-breastfed infants, consider matching with a valued incentive for breastfeeding mothers. For example, extra food and drink for breastfeeding mothers or shawls to enable privacy when feeding (based on local needs assessment to avoid waste).
- If you are having **difficulty securing infant formula supplies** to meet needs you have identified, contact: hqphn@unhcr.org.

J. Complementary foods

- Complementary foods are **solid, semi-solid and soft foods** suitable for feeding children **over the age of 6 months of age.**

[5] These are FAO/WHO led international food standards http://www.codexalimentarius.org/

- Check that the complementary foods being considered are **acceptable** to the targeted children and their carers; different cultures will have different preferences and practices.
- Identify and as necessary, provide a **food fortified with vitamins and minerals**, with advice on preparation. These might include fortified porridge-like breakfast cereals.
- **Do not seek donations of complementary foods, baby teas, or juices**. If you are offered donated supplies, direct them to UNHCR/the designated coordinating agency on nutrition/health and alert them.
- **Animal source foods,** such as yogurt and cheese, are good nutrient sources but bear in mind that storage (refrigeration) options will be lacking.
- If appropriate and accepted, commercial 'baby' foods may be a practical **stop gap** in this situation: provide purchased supplies or recommend products that are labelled for infants over 6 months of age and that are the most nutrient dense (in general, fruit/vegetable only products are less energy and nutrient dense).
- Do not provide baby teas or juices as they have little nutrient value. Do not provide any products recommending or displaying images of bottle feeding.
- Complementary food products should be labelled in the **user language;** if this is not available, provide information sheets with the necessary preparation information.
- Milk and infant formula can be added to children's food to increase the nutrient content. This especially works when preparing cooked food, such as porridges, mashed potatoes, etc.
- Provide advice and where possible, practical support on **hygienic preparation of complementary foods.**
- **Children over the age of 12 months** can eat the same foods as older children.

For more detailed programming guidance on complementary feeding, see section K.

K. Resources

The UNHCR (2015) Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months. *This includes details on preparation of formula feeds, scenarios, calculation of feed volumes, cup feeding, complementary feeding.* http://www.ennonline.net/iycfsopbmsrefugee

Module 1 Orientation on infant and young child feeding in emergencies. IFE Core Group 2010. *Online modules,* http://lessons.ennonline.net/

Module 2 For health and nutrition workers in emergency situations. IFE Core Group 2007. Supports basic knowledge and skills to support safe and appropriate infant and young child feeding. *This includes simple and full rapid assessment of feeding in infants, supportive actions regarding breastfeeding, artificial feeding in emergencies.* http://www.ennonline.net/ifemodule2

Operational Guidance on infant and young child feeding in emergencies, v2.1, 2007 and addendum (2010). http://www.ennonline.net/operationalguidanceiycfv2.1

International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions (the Code). *This aims to protect all infants and young children by protecting caregivers from commercial pressures to use breastmilk substitutes.* http://ibfan.org/the-full-code.

L. Feedback

This is a working document and feedback from people using it in the field is welcome. Please provide feedback at the en-net online technical forum www.en-net.org and/or contact directly: Diane Holland, UNICEF (dholland@unicef.org), Caroline Wilkinson, UNHCR (hqphn@unhcr.org), Christine Fernandes, Save the Children (C.Fernandes@savethechildren.org.uk).