Infant and Young Child Feeding in Emergencies. Operational Guidance.

VERSION 3.0 – UPDATE
# The Operational Guidance on IFE

<table>
<thead>
<tr>
<th><strong>Aim</strong></th>
<th>To provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies (IFE)</th>
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<tr>
<td><strong>Scope</strong></td>
<td>Applies to: emergency preparedness, response and recovery worldwide</td>
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<td><strong>Target Groups</strong></td>
<td>Infants and young children aged 0-23 months and pregnant and lactating women (PLW)</td>
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<td><strong>Intended for</strong></td>
<td>Policy-makers, decision-makers and programmers working in emergency preparedness and response across sectors and disciplines.</td>
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**Version 3**

Updated by: The IFE Core Group
Co-Led: ENN and UNICEF
Coordinated by: ENN
Funded by: USAID/OFDA (ENN)
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
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**
• More extensive list of supporting **references and resources**
  • Core list in print & extensive list online

• 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)
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.
Multi-sector collaboration is essential in an emergency to facilitate and complement direct infant and young child feeding (IYCF) interventions. Actions are included for:

- Health
- Adolescent Services
- WASH
- FSL
- Child Protection
- ECD
- Disability
- Shelter
- Cash
- Social Protection
- Agriculture
- Logistics
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

<table>
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<tr>
<th>Examples from Box 1: Emergency Preparedness Actions</th>
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<tr>
<td><strong>POLICY</strong></td>
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<td>Develop preparedness plans on IFE</td>
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<td><strong>TRAINING</strong></td>
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<td>Prepare orientation material for use in early emergency response</td>
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<td><strong>COORDINATION</strong></td>
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<td>Develop terms of reference for IFE coordination in a response</td>
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<td><strong>ASSESS AND MONITOR</strong></td>
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<td>Prepare key questions to include in early needs assessment</td>
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<td><strong>MULTI-SECTOR INTERVENTIONS</strong></td>
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<td>Examine national legislation related to food and drugs, particularly importation</td>
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<td><strong>ARTIFICIAL FEEDING</strong></td>
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<td>Communicate government position on not seeking or accepting donations</td>
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Dissemination of OG-IFE

• What we have done so far

• What you can do within your agencies, nationally and regionally
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.
Next Steps

• Dissemination

• IFE CORE group December meeting December 5-7, 2017