

Infant and Young Child
Feeding in Emergency
(IYCF-E)
in the Democratic Republic of
Congo

**GNC Annual Meeting
July 2019**





Why is IYCF-E important in the DRC?



- Sub-optimal feeding practices
- Multiple different emergencies across the country
- In the context of all these emergencies, children who are not breastfed or where there are challenges with feeding are at much *higher risk of morbidity, malnutrition and mortality.*

In the Ebola context, *where infants have to be separated from their mother and replacement feeding options must found.*



When you have to separate mother and child



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And the advice is NOT to breastfeed

Lactating woman (0-23 mo)

Baby (0-23 mo)



Guideline

Ebola Status

+	+
+	—
—	+
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Replacement feeding with liquid ready-to-use infant formula (RUIF) is acceptable, feasible, and provision is guaranteed

Suspend breastfeeding* until breast milk tests are negative.

Continue breastfeeding

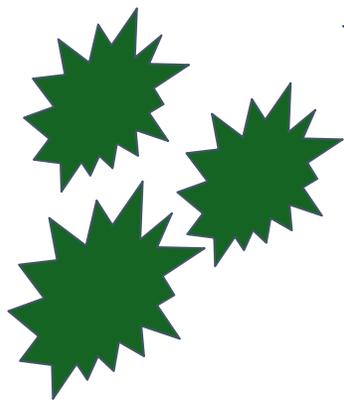
Psycho-social: for the psychological support and food support provided to young children separated from their mothers in the EVD.



Timeline of IYCF-E in DRC

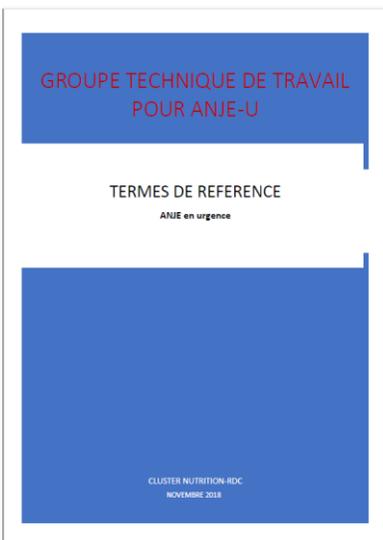


Previous Ebola outbreaks

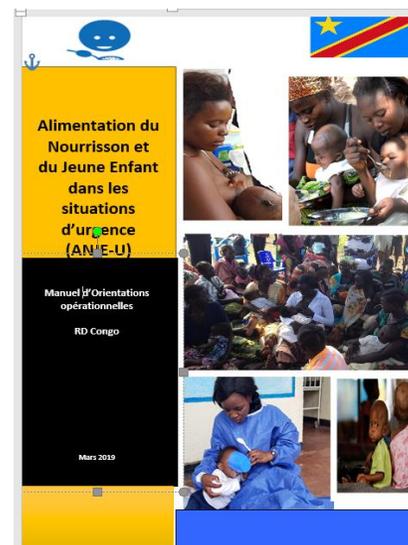
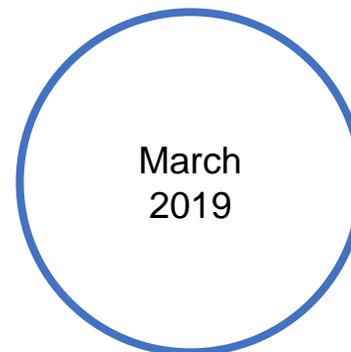


EBOLA
Aug
2018

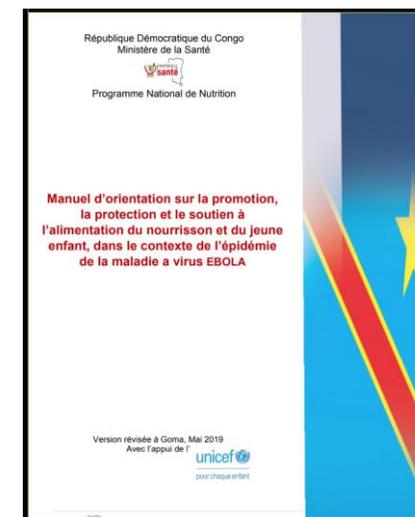
IYCF-E Technical Working Group



Guidance Manual IYCF-E



IYCF Guidance Manual in the context of EBOLA Virus Disease



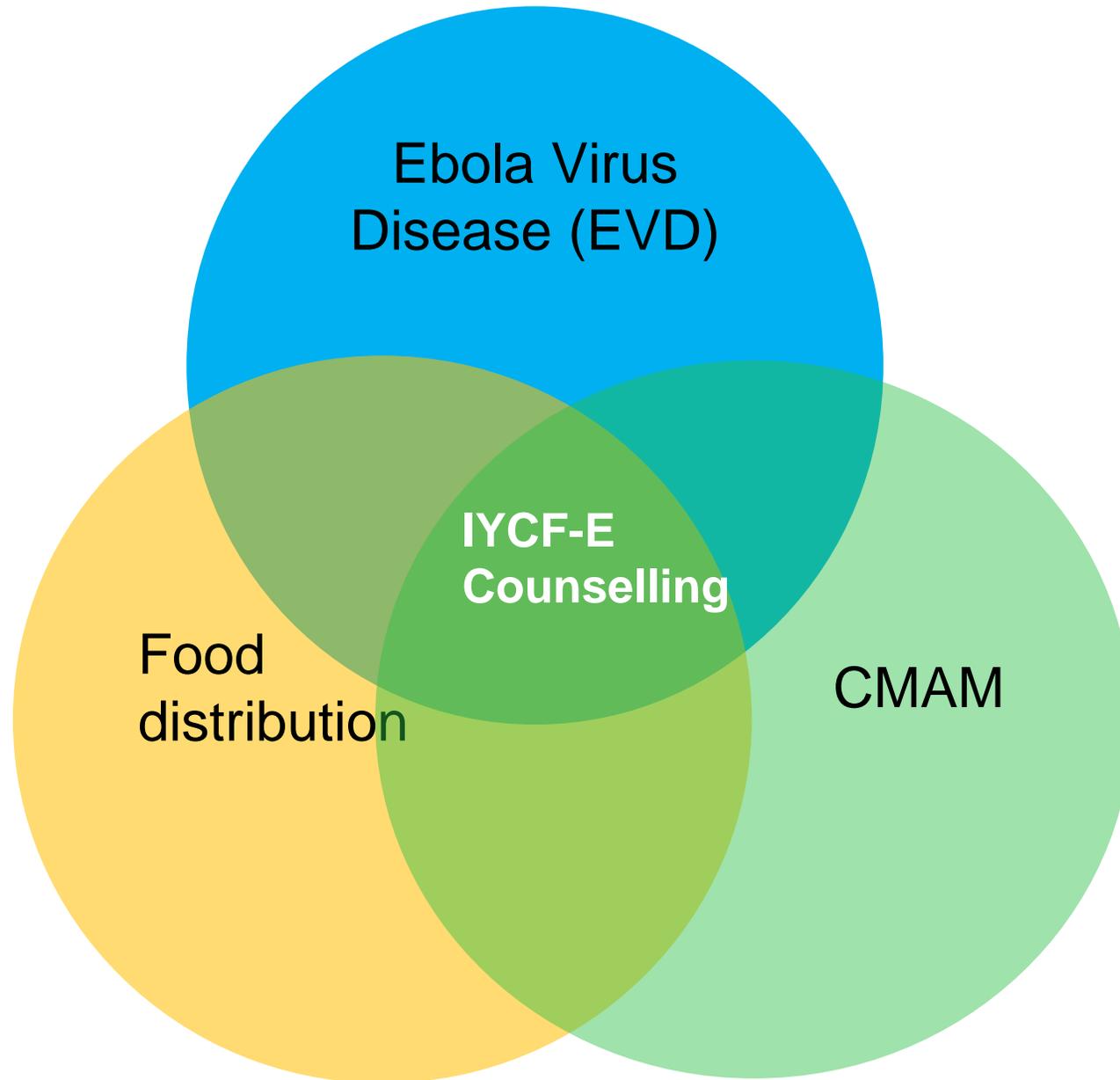
April 2018

Training on technical support on IYCF by Tech RRT deployment (request from UNICEF and WFP)

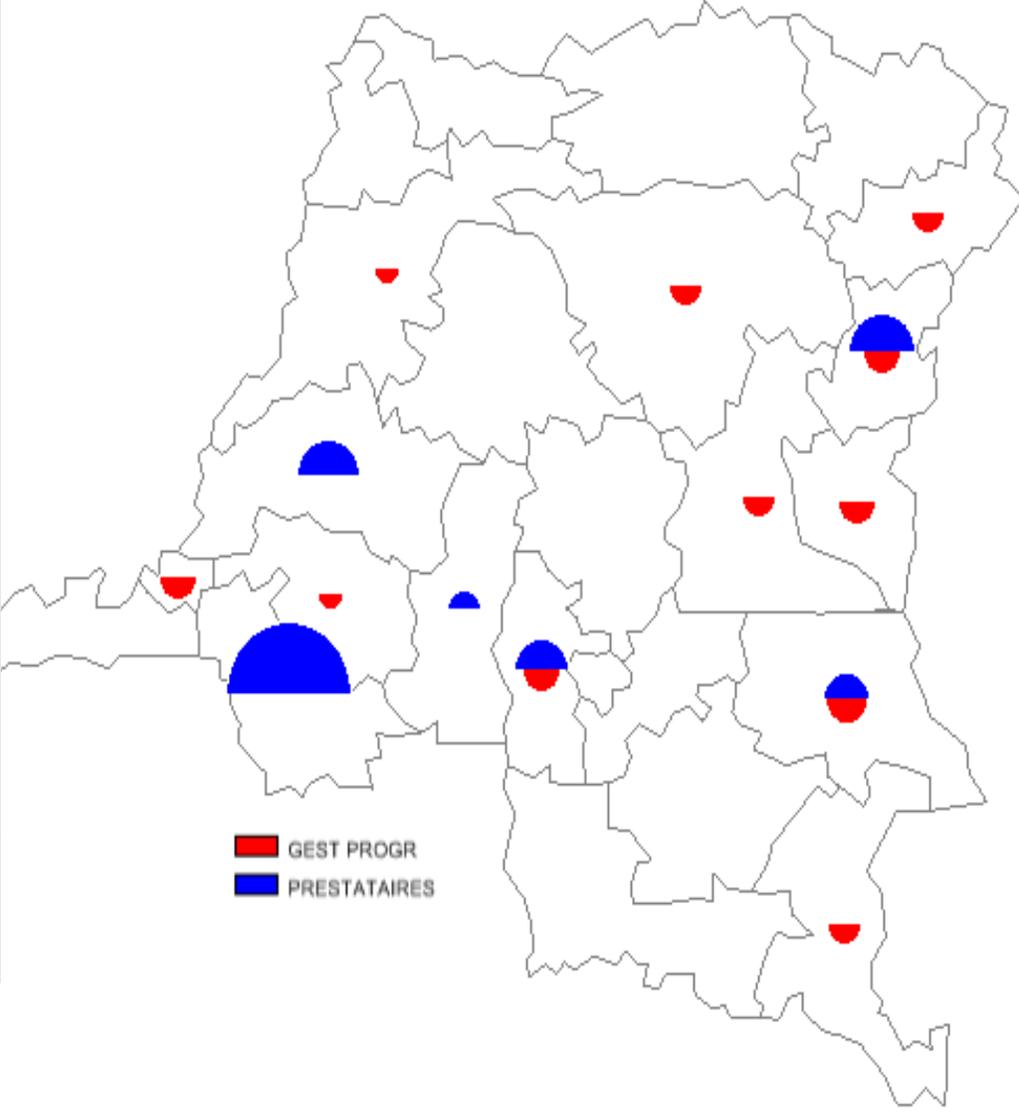
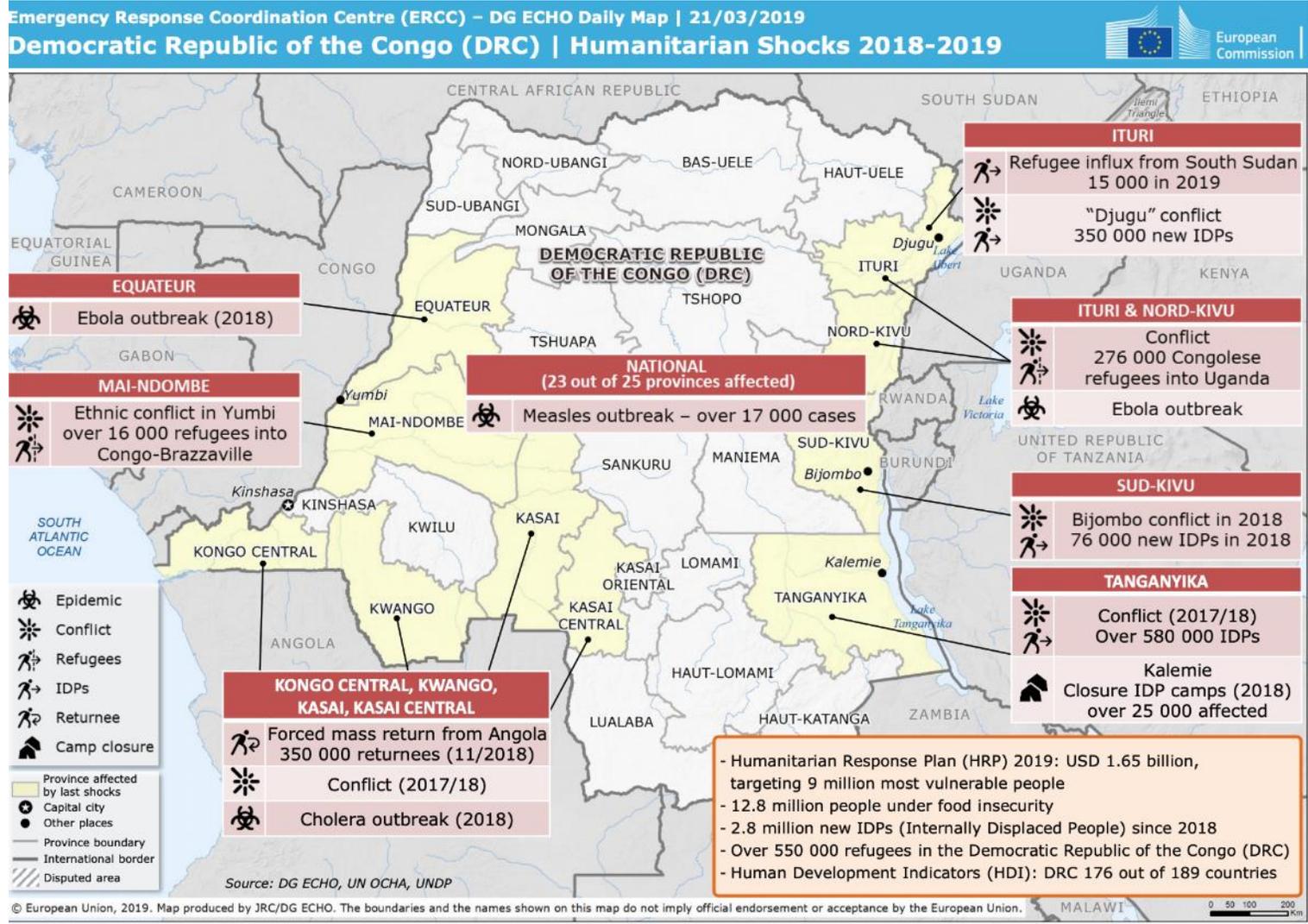




Integrating IYCF-E in DRC



Building capacity in the IYCF-E





Overall IYCF-E Challenges

- The BMS code is in place, but is still not well disseminated, communicated, understood or monitored
- IYCF policy is in place but is not for IYCF-E
- Limited capacity and knowledge of actors (different sectors) on IYCF and BMS



IYCF-E challenges in the Ebola context



- Challenges in agreeing on key indicators to monitor success
- Reduced financial resources for:
 - Capacity building / coverage in IYCF-E
 - Maintenance of the RUIF supply chain for eligible children.
- When external funds and partners start scaling down and leave the area, children will still require BMS under Ebola guidelines
- Lack of evidence on whether lactating women who have had vaccination against EVD are breastfeeding
- Security constraints



Enabling factors

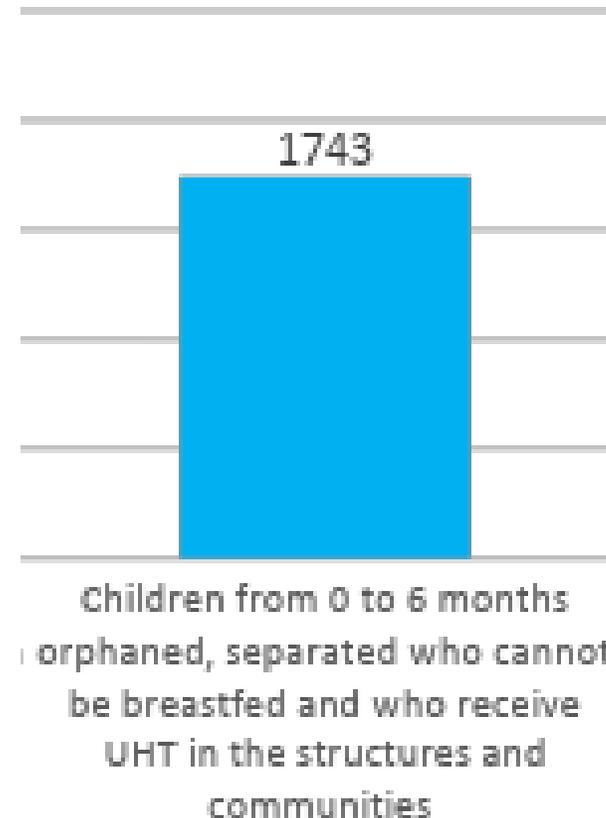
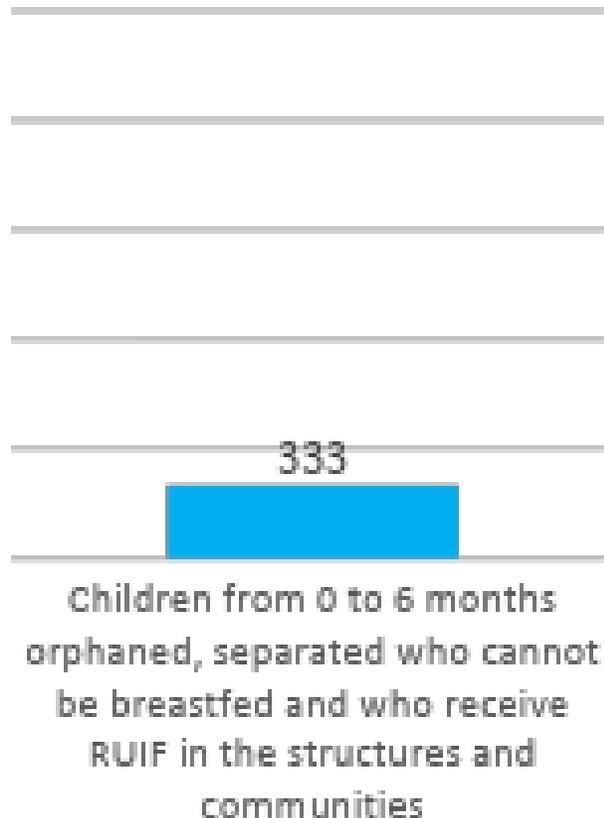


- A training on IYCF-E took place in April 2018, 4 months before this outbreak
- As a result, there was a **team of national trainers** who had been trained by the GNC
- Existence of a **Practical Guide** for IYCF and Ebola Training for community psychosocial workers,
- **Collaboration** with the protection sector on psychosocial support
- Technical support network to troubleshoot how to manage difficult cases



Number of children that cannot be breastfed and receive BMS in the North Kivu EVD outbreak

Use of Breastmilk Substitute/EVD





Next steps and key recommendations



- Improve the monitoring and response system for BMS code violations
- Explore how we can better integrate IYCF-E into other sectors.
Possible opportunities:
 - Counselling at part of WFP general and cash distributions
 - Protection baby friendly spaces and creches - working with psychosocial support worker
 - Working with WASH committees to promote
 - Education working with ECD and integrating IYCF-E into parental education
- Generate more evidence – document/ share experiences on IYCF and the use of BMS in the context of Ebola



Next steps and key recommendations



Our biggest ask

is that there is **a review of the global guidelines on EVD** to ensure that (including in action in communities) to ensure that IYCF is integrated effectively



Thank You

