Objectives

- To highlight the contexts and issues around emergencies that cause problems in IYCF
- To illustrate the importance of IYCF in emergencies
- To introduce the global frameworks for IYCF in emergencies
- To describe the priority actions to address IYCF in emergencies
- To describe key resources for capacity building on infant and young child feeding in emergencies

Emergency: extraordinary situation of natural or political origin that puts the health and survival of a population at risk.

The emergency context

Risks of not breastfeeding IYCF in emergencies

**Conflict, Guinea-Bissau, 1998**

Deaths of children 9-20 months old

<table>
<thead>
<tr>
<th></th>
<th>Breastfed %</th>
<th>Weaned %</th>
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</tr>
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**Common causes of sub-optimal IYCF in emergencies**

- Infants not breastfed before the emergency
- Pre-emergency feeding practices may be sub-optimal
- Misconceptions about mothers’ ability to breastfeed
- Donations of breast milk substitutes (BMS) and supplies increase artificial feeding
- Acute food shortages can significantly affect complementary feeding practices
- Infants may be separated from their mothers/caregivers

**Misconceptions about breastfeeding in emergencies**

- “Stress makes milk dry up.”
- “Babies with diarrhoea need water or tea.”
- “Once breastfeeding has stopped, it cannot be resumed.”
- “Mothers who don’t have enough to eat can’t breastfeed.”

**Relationship between prevalence of diarrhoea and receipt of infant formula**

Data from Indonesia after 2006 earthquake

Importance of IYCF in emergencies

**Summary:**
- Breastfeeding is safe, free and a crucial life-saving intervention for vulnerable children whose risks of death increase markedly in emergencies.
- Emergencies exacerbate risks of not breastfeeding or mixed feeding. Infants who are formula fed pre-crisis will need early identification and assistance.
- Continued breastfeeding is crucial in reducing the risk of diarrhoea and other illnesses in older children, which is heightened in emergencies.

**Summary:**
- Donations of BMS undermine breastfeeding and cause illness and death.
- IYCF is central to reducing the high risk of undernutrition during emergencies.
- Safe, adequate, and appropriate complementary feeding, which significantly contributes to prevention of undernutrition and mortality in children after 6 months, is often jeopardized during emergencies and needs particular attention.

Common challenges of IYCF in emergencies

**Lack of comprehensive, at-scale national IYCF programs**
- At national and local levels.
- Within emergency preparedness and response plans.
- No or limited trained cadres of IYCF counsellors.
- Lack of IYCF guidelines and training materials.

**Limited attention and capacity among humanitarian agencies**
- Limited expertise in IYCF in emergencies.
- Poor capacity for communication for behavior change.
- Limited guidance and materials for complementary feeding.
- Limited guidance and operational models to manage artificial feeding at scale.

**Summary:**
- At national and local levels.
- Within emergency preparedness and response plans.
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**Limited expertise in IYCF in emergencies.**
- Poor capacity for communication for behavior change.
- Limited guidance and materials for complementary feeding.
- Limited guidance and operational models to manage artificial feeding at scale.

**Common challenges of IYCF in emergencies**
- Failure to take action to implement and enforce the Code - donations of BMS and powdered milk still flood in all emergencies.
  - Within governments.
  - Within international aid organizations and other humanitarian agencies.
  - Response to donations inadequate.
  - Difficulty to communicate that untargeted distribution of BMS is inappropriate.
- Systems to procure, target, and distribute BMS for children with no possibility to breastfeed need improvement.

**Common challenges of IYCF in emergencies**
- Appropriate complementary feeding of children 6-23 months has proven difficult due to several challenges:
  - Lack of clear guidance.
  - Failure to take into account the needs of children in the complementary feeding age.
  - Failure to include appropriate foods for the 6-23 month olds in the general rations.
  - Failure to recognize the importance of counselling and problem solving about feeding and care along with provision of foods.
  - Food or cash vouchers may be provided and used for food unsuitable for this age child.

**Summary:**
- Well-meaning, ill-informed, and unsolicited donations.
- Well-meaning, ill-informed solicitations for donations from humanitarian agency, government, media, etc.
- Food company tries to gain foothold in market.

**How do BMS (e.g. infant formula & powdered milk) get to emergencies?**
IFE challenges in Haiti

- Mothers of newborn infants gave birth in ruins, side of the road; need support for early initiation
- Infants with mothers who are dead or injured need feeding options assessed; wet nurses, milk banks, or artificial feeding; decision made to procure ready-to-use infant formula (RUIF)
  - Some BF groups wanted to send frozen human milk from US milk banks
- ‘Dying baby’ alerts from army, well-wishers, US Congressmen solicited BMS donations
- Media pressure influenced organizations to be “active” by handing out formula, etc.
- 10,000 NGOs: difficult to assess and influence what many of them were doing
- Outside of nutrition sector, infant feeding not appreciated as consideration in general emergency response

Inter-agency standing committee: global clusters

Inter-agency standing committee:

- Agriculture
- Camp Coordination/Management
- Early Recovery
- Education
- Emergency Shelter
- Emergency Telecommunications
- Health
- Logistics
- Nutrition
- Protection
- W, S, and H

Global Nutrition Cluster is led by UNICEF with currently 32 partners and 8 observers including NGOs, UN Organizations, donors, technical agencies, academic institutions. (Updated 2015)

Nutrition Cluster role in IFE response

Global level
- Support and coordinate development of operational guidance and training materials

The Vision of the Global Nutrition Cluster:
To safeguard and improve the nutritional status of emergency affected populations by ensuring an appropriate response that is predictable, timely, effective and at scale.

IFE-related objectives in the 2014-2015 Strategic Plan:
- To ensure that relevant advocacy messages are developed and appropriately communicated to enhance policies, coordination and response capacity
- To strengthen capacity of partners and country clusters to mobilize resources for improved coordination and response
- To ensure effective augmented nutrition (including IFE) coordination and IM support for emergency response
- To enable country cluster staff to access required technical capacity

Country level
- Identify key partners
- Advocate prioritization of IFE programme and funding
- Determine need for IFE programme and capacity to implement
- Facilitate planning and strategy development with partners
- Advocate for capacity building
- Coordinate appropriate IFE response
- Support the application of IFE standards including BMS code
- Support monitoring and reporting of IFE activities
- Advocate to cluster lead agency to address unmet needs as provider of last resort

Sphere is a project to improve the quality of humanitarian response. They publish standards called “Humanitarian Charter and Minimum Standards in Disaster Response”, commonly known as “Sphere Standards”.

- Two new IYCF standards in Sphere 2011.
  - Infant and young child feeding standard 1: Policy guidance and coordination
  - Infant and young child feeding standard 2: Basic and skilled support

Cross-cutting issue for other sectors, e.g. WASH, reproductive health, shelter
**Sphere IYCF standard 1**
- updated 2015 -

**Policy guidance and coordination**
Safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance and strong coordination.

**Key actions**
- Uphold the provisions of the Operational Guide on IFE and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly WHA resolutions (the Code)
- Avoid soliciting or accepting donations of breastmilk substitutes (BMS), other milk products, bottles and teats

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**Sphere IYCF standard 2**
- updated 2015 -

**Basic and skilled support**
Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimizes risks and optimizes nutrition, health and survival outcomes.

**Key actions**
- Undertake multisector interventions to protect and support safe and appropriate IYCF
- Give priority to pregnant and breastfeeding women to access food, cash and/or voucher transfers and other supportive interventions

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**International Code in emergencies**
The ICDC (International Centre for Code Documentation) developed a resource document with focus on the Code in Emergencies, which highlights the following:

<table>
<thead>
<tr>
<th>Emergency preparedness</th>
<th>Protection</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong, enforced national legislation</td>
<td>Uphold provisions of the International Code</td>
<td>Monitor and report on Code violations</td>
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**International Code violations in emergencies**
The companies who produce BMS may be seen as an opportunity to open or strengthen a market for infant formula & 'baby foods' or as a public relations exercise.

Those involved in the humanitarian response frequently make unfortified decisions, reflecting poor awareness of the provisions of the Code & the risks of artificial feeding in emergencies.
Latest guidance from WHA: Resolution 63.23 (May, 2010)

Urges Member States:
“to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes … the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”

Guidance documents

Priority actions

Timeline for effective response

IFE operational guidance: 6 practical steps

1. Endorse or develop policies
2. Train staff
3. Co-ordinate operations: nowadays usually through Nutrition Cluster
4. Assess and monitor
5. Protect, promote and support optimal infant and young child feeding with integrated multisectoral interventions
6. Minimize the risks of artificial feeding
Priority actions: UNICEF programme guidance

a. Emergency preparedness and planning
b. Protecting, restoring, and supporting breastfeeding
c. Preventing and handling of donations of BMS and powdered milks
d. Ensuring appropriate feeding for children with no possibility to be breastfed
e. Ensuring availability and use of age appropriate complementary foods and supplements
f. Ensuring integration of IYCF counselling with emergency programs for management of SAM

a) Emergency preparedness and planning

• Include effective IYCF interventions with guidelines and training materials
  – IYCF strategy/response will depend on pre-emergency situations; establish management plan for non-breastfed infants in case of emergency
• Ensure adequate local capacity pre-emergency
  – Develop cohorts of skilled IYCF counsellors
  – Train humanitarian personnel in IYCF planning and management
  – Prepare trainers and materials for rapid training on IYCF counselling and support during emergencies

b) Protecting, restoring, and supporting breastfeeding

• Ensure effective IYCF coordination within Nutrition Cluster
• Issue joint statements on IYCF and press releases (models on ENN website)
• Ensure IYCF integrated into assessments, appeals, proposals, and plans
• Estimate proportions of target populations: Pregnant and lactating women (PLW), children<2
• Create IYCF counselling services, sites, or “safe havens”
• Develop & implement communication strategy, based on rapid assessment of key barriers, knowledge and practices and using multiple channels, mostly oral and interpersonal (don’t spend a lot of time on leaflets and posters!)
• Monitor and evaluate process and outcomes

Establish target population numbers to plan for services

• Establish demographic breakdown under two years with specific age categories: 0-6 months, 6-12 months, 12-24 months and children aged 24-<60 months (2-5 years), to identify the size of potential beneficiary groups
• Establish numbers of pregnant and lactating women
• Establish registration of newborns within two weeks of delivery, to ensure timely access to additional household ration entitlement for the lactating mother and to extra breastfeeding support (particularly for exclusive breastfeeding) if required
• Refer to existing data on infant feeding patterns

Key activities at IYCF counselling sites

• Skilled breastfeeding and complementary feeding assessment and support
• Screening for acute malnutrition
• Refer the mother to any psychosocial services support available, and for medical assessment.
• Register/ensure the family knows how to access food, shelter
• Refer for more specialised assistance for breastfeeding support, if/as available
• Care for nutritional needs of mothers
• Ensure consistent communication
• Establish outreach and community mobilization activities
What happened in Haiti?

- Nutrition Cluster activated with IFE sub-group
- Joint statements released with Ministry of Health and UN agencies on IFE as well as HIV and infant feeding
- IFE Operational Guidance shared with Cluster partners
- Haiti-specific guidelines & training materials on IYCF counselling services & use of ready to use infant formula developed by UNICEF/Cluster partners/MOH
- Support system for partners to scale up (capacity building) IFE programmes such as dedicated IYCF & psycho-social services in "baby tents", community based nutritional counselling points for mothers and caregivers and targeted provision of ready-to-use infant formula (RUIF) to eligible children

What happened in Haiti?

- Joint statement contained information on dealing with BMS
- Associated Press and Reuters news services conveyed messages to international forum, named and shamed violators of the Code.
- US Government supported blocking of BMS from entering the port and airport during initial phase
- Survey of scale of donations conducted
- Impossible to find a logistics solution to handle large quantities of powdered milk and formula coming in by road from multiple operational and charitable organizations

c) Preventing and handling donations of breastmilk substitutes and powdered milks

- Ensure that donations are not requested or accepted; implement measures to block importation
- Designate sole agency for coordination & handling of unsolicited donations
- Coordinate with WFP and implementing partners on possible, acceptable uses of unsolicited donations: mix with blended food, for example
- Mapping and monitoring scope and scale of donations
- Ensure existing national policy on IYCF/nutrition in emergencies is widely circulated

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d) Ensuring appropriate feeding for children with no possibility to be breastfed

Requires:

- Rapid assessment of population of children with no possibility to be breastfed
- Establish criteria for eligibility for formula
- Identify locally-appropriate solutions
- Coordinate procurement with government or designated agency of acceptable BMS, usually ready-to-use infant formula (RUIF)
  - UNICEF will only procure BMS after approval by UNICEF HQ

Requires:

- Ensure only eligible children receive BMS with no spill-over effect
- Ensure procurement of cups to feed BMS; use of bottles should be avoided
- Ensure those responsible are informed of dangers and equipped to ensure safe preparation and use of BMS, including the use of cups to feed infants with BMS instead of bottle feeding
Poor quality baby foods are not appropriate for non-breastfed infants.

Macedonia, 1999

Ready-to-use infant formula is a safer alternative.

Sri Lanka post-tsunami: Distribution to breastfeeding women

What happened in Haiti?

• USAID Office of Foreign Disaster Assistance led procurement of RUIF
• Save the Children identified as implementing agency for storage, monitoring, and distribution of RUIF to be handed over later to UNICEF
• Difficulty in assessing need for artificial feeding due to lack of data and programme guidance; huge over-estimation
• Many challenges to manage this component; more guidance needed

Do no harm

• USAID Office of Foreign Disaster Assistance led procurement of RUIF
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• Many challenges to manage this component; more guidance needed

E) Ensuring availability and use of age appropriate complementary foods and supplements

• Ensure provision of appropriate complementary food supplements when quality local foods limited
  – Micronutrient fortified blended foods (corn soya blend with micronutrients appropriate for 6-23 months CSB++)
  – Lipid-based nutrient supplements (LNS) – (but need more programmatic experience)
  – Ready-to-use supplementary foods (RUSF)
• Ensure provision of micronutrient supplements if required

Ensure access to safe and adequate complementary foods, appropriate to needs and context

• Ensure provision of complementary feeding counselling and communication, including during distribution of supplements & at CMAM sites
  – Cash transfers used in emergencies as entry point for counselling and/or for choice of commodities
• Advocate for guidance on appropriate quantity and quality of complimentary foods to add to food basket
IFE CF review

- IASC/IFE Core Group conducted preliminary scoping review of current resources on complementary feeding in emergencies (2009)
- Recommends that detailed guidance on complementary feeding in emergencies be developed


Micronutrient supplementation with multiple micronutrient powders

A Joint Statement has been issued by WHO, WFP and UNICEF.

It focuses on the need for addressing micronutrient deficiencies in pregnant and lactating women and children aged 6 to 59 months – and recommends provision of MNPs in emergency situations to improve intake of important nutrients such as iron which is usually low in rations.

Home fortification with MNP

WHO guideline

Summary guidance for children:

“Home fortification of foods with multiple micronutrient powders is recommended to improve iron status and reduce anaemia among infants and children 6-23 months of age. (strong recommendation)”


Summary guidance for pregnant women:

“As there is currently no available evidence to directly assess the potential benefits or harms of the use of micronutrient powders in pregnant women for improving maternal and infant health outcomes, routine use of this intervention during gestation is not recommended as an alternative to iron and folic acid supplementation. (strong recommendation)”


Home Fortification Technical Advisory Group (HF-TAG)

Combining MNPs with other specially formulated products, such as RUTF (ready-to-use therapeutic food) for treatment of SAM (severe acute malnutrition), RUSF (ready-to-use supplementary food) or fortified blended foods such as WSB++ (wheat-soy blend) or CSB++ (corn-soy blend) for treatment of MAM (moderate acute malnutrition), or small-quantity LNS (lipid-based nutrient supplement) <= 20 g/d, providing <=120 kcal/d is not appropriate because these products already contain a similar or higher amount of micronutrients. In that case, one can recommend keeping the MNP for later, when those other products are no longer used.

Lipid-based nutrient supplements (LNS)

- Daily dose: 20g
- 1 sachet per day
- 1 box per 10 days

Composition of LNS

<table>
<thead>
<tr>
<th>Component</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Energy</td>
<td>108 kcal</td>
</tr>
<tr>
<td>Proteins</td>
<td>9.5% of total energy</td>
</tr>
<tr>
<td>Lipids</td>
<td>59% of total energy</td>
</tr>
<tr>
<td>Calcium</td>
<td>100 mg</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>82.13 mg</td>
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<tr>
<td>Potassium</td>
<td>152 mg</td>
</tr>
<tr>
<td>Magnesium</td>
<td>16 mg</td>
</tr>
<tr>
<td>Zinc</td>
<td>4 mg</td>
</tr>
<tr>
<td>Copper</td>
<td>0.2 mg</td>
</tr>
<tr>
<td>Iron</td>
<td>9 mg</td>
</tr>
<tr>
<td>Iodine</td>
<td>90 mcg</td>
</tr>
<tr>
<td>Manganese</td>
<td>0.08 mg</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>0.4 mg</td>
</tr>
<tr>
<td>Vitamin B1</td>
<td>0.3 mg</td>
</tr>
<tr>
<td>Vitamin B2</td>
<td>0.4 mg</td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>0.3 mg</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>0.50 µg</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>30 mg</td>
</tr>
<tr>
<td>Vitamin B1</td>
<td>0.3 mg</td>
</tr>
<tr>
<td>Folic acid</td>
<td>80 µg</td>
</tr>
<tr>
<td>Pantothenic acid</td>
<td>1.80 mg</td>
</tr>
<tr>
<td>Niacin</td>
<td>4 mg</td>
</tr>
<tr>
<td>Selenium</td>
<td>10 mcg</td>
</tr>
</tbody>
</table>

What happened in Haiti?

- Difficult to counsel mothers on complementary feeding practices due to displacement, disruption of health services, high volume at baby tents and limit to children <1 year
- Limited expertise on counselling & support
- Blanket Supplementary feeding programme disconnected from IYCF counselling services; no messaging on continued BF for kids >6 months
- Confused distribution of foods for young children:
  - Ready to use supplementary food was distributed for initial 3 months but prolonged up to around 6 months (6-59m), then CSB (limited due to difficulties of logistics and security) and later Plumpydoz (6-23m) and MNPs (24-59m)

Capacity development

Operational guidance on IFE

Key point:

- Where trained staff are not already available, agencies should ensure the training and orientation of their technical and non-technical staff in IFE, using available training materials
- They should also organize training of those who directly deliver the interventions: the health providers/community workers who conduct counselling, communicators, support group leaders, etc
Who needs capacity development on IFE?

**Directly involved in IFE programming**

- Peer Supporters
- Breastfeeding counsellors (community workers and health providers)
- Those screening/treating acute malnutrition in infants
- Programme managers/staff coordinating IFE operations

**Staff from other sectors where operations have a significant bearing on IFE**

- e.g. WASH, food distribution, distribution of family kits, shelter, security, camp management, logistics
- e.g. Media / Communications / Press offices
- e.g. Military, Customs

Decision makers (fund-holders) whose decisions have bearing on IFE

- e.g. Government, HQ, donors, department heads

Need clear orientation – why IFE matters, why IFE matters to THEM

- have key messages with dos/don’ts, and wants/don’t wants

The Operational Guidance will be revised in the coming year and should address how other sectors can engage to support IFE

Any staff who directly engage with mothers and infants need to engage in ‘direct’ IFE programming

- Reproductive health staff
- Staff at HIV services
- Health staff – feeding difficulties or growth faltering
- Child protection staff – responsible for unaccompanied minors
  - they need some details on specific issues that matter to them
  - may also need orientation to show why an issue is important
  - need information on WASH; use of clean water for meal/formula preparation; safe disposal of child feces; hand washing with soap after use toilet and preparation of food

Available IFE materials

**IFE Orientation Package**

(2010), ENN/IFE Core Group

Comprises:

- a) E-learning lessons: series of self-learning interactive lessons online
- b) Training resources: includes Powerpoints
- c) Technical notes:
  - Why IFE matters
  - Making IFE matter
  - Making IFE happen

(update and expansion of IFE Module 1, 2001).

http://www.ennonline.net/iycfeorientationpackage

Targeted at: emergency relief staff, programme managers, and technical staff involved in planning and responding to emergencies, at national and international level.

**IFE Module 2, for health and nutrition workers in emergency situations**


(IFE Core Group).

a) Resource/Training material
b) Slides

http://www.ennonline.net/ifemodule2

Technical Training for Health and Nutrition Workers

**Harmonized Training Package, Module 17 on IFE, 2011**

1. Fact Sheet
2. Technical Notes
3. Training Guide
4. References

Hosted on SCN website:


- Orientation
- Technical training for health and nutrition workers
Introduction to Nutrition in Emergencies - Basic Concepts.

UNICEF E-learning course (March 2011)

Course content:
http://www.unicef.org/nutrition/training/

- Section 1: International Humanitarian System and Reform (6 lessons)
- Section 2: Basic Concepts in Nutrition in Emergencies (6 lessons, 1 mini-lesson)
- Section 3: Measuring Undernutrition in Individuals (3 lessons, 4 mini-lessons)
- Section 4: Micronutrients (4 lessons, 2 mini-lessons)
- Section 5: Infant Feeding in Emergencies (7 lessons, 3 mini-lessons)

Integration of IYCF Support into CMAM, October 2009. ENN/IFE Core Group

- Facilitators Guide
- Handouts

Purpose: To train health care personnel and community health workers in the integration of recommended IYCF practices within CMAM.
Participants: designed for health care providers who manage or supervise the management of SAM and others.

Module I: Community Outreach Module with CMAM
Module II: Two-day IYCF course for CMAM
Module III: IYCF Field Practice with CMAM

http://www.ennonline.net/integrationiycfintocmam

Technical Training for Health and Nutrition Workers/Counsellors

Key technical training courses on IYCF

- WHO/UNICEF Infant and Young Child Feeding Counselling: An Integrated Course, 2007 (5 day)
- 20 hour (3-day) course on lactation management (BFHI) WHO/UNICEF 2009

Note: Both documents are currently being updated and will be available on WHO website, www.who.int

Technical Training for Health Providers and Nutrition Workers

Community-focused training/materials

The Community Infant and Young Child Feeding Counselling Package.
UNICEF and URC/CHS generic IYCF counselling package for the community To train community workers with basic literacy - can also be used to train nurses and other PHC staff.
- Duration – 5 days (can be shortened to 3)
- Has specific sessions on integration with SAM and IYCF in emergency
- Applies “best practices” for interactive, experiential adult learning, with focus on building practical skills
- Modeled on UNICEF-WHO “Integrated IYCF Counselling Course”

http://www.unicef.org/nutrition/index_58362.html

UNICEF Community IYCF Counselling Package

9 components
- Planning & Adaptation Guide
- Facilitator Guide
- Participant Materials
- Counselling Cards
- Key Messages Booklet
- Training Aids
- Brochures for Caregivers:
  - How to breastfeed your baby
  - How to feed a baby after 6 months
  - Nutrition during pregnancy and breastfeeding

Resources for communication on IYCF in emergencies

- A manual and toolkit for behaviour change communication in emergencies from UNICEF ROSA (2006)
- Chapter 5 of the manual is on breastfeeding and contains some information on IFE and complementary feeding
- Sample key messages for caregivers on IFE (IFE Core Group, 2010)
  http://www.ennonline.net/lifekaymessagesmothers
Resources for media

- Guide for the media on protecting infants in emergencies
  http://files.ennonline.net/attachments/854/ife-media-flyer-final(1).pdf
- ENN website (IFE pages) also has links to press releases and statements and various articles and materials

Resources on IYCF and cholera

- UNICEF Cholera Tool Kit
  - Provides an integrated approach to cholera prevention, preparedness, and response
  http://www.unicef.org/cholera/index_71222.html

To summarize:

Important considerations for IFE

- Highly prioritize IYCF both for child survival/development and its strong potential for alleviation of emergency consequences on young children
- Adopt IYCF policies for emergency situation
- Integrate effective IYCF interventions within emergency preparedness and response plans. Having a strong IYCF program before an emergency strikes is essential.
- Important to ensure adequate local capacity to design, plan and implement comprehensive IYCF plan in emergencies
  – Build capacities before the emergency happens: Government, NGO, other partners

To summarize:

Important considerations for IFE

- Ensure that IYCF is one of core pillars of the emergency response and the Nutrition Cluster strategy and plan, & well-coordinated
- Adequate cohorts of skilled IYCF counsellors (health providers and community workers) as part of emergency preparedness & response
- Effective monitoring
- As part of preparedness plan, important to identify risks in populations including risky feeding practices and establish management plans in the case of an emergency.
- Identify opportunities for integrating IYCF support in other programs/interventions such as WASH, cash transfer/safety net programs, etc.