

# Webinar series for Latin America and the Caribbean

## Nutrition in emergencies in the context of COVID-19 and migration

- 10<sup>th</sup> March** Prevention of malnutrition in pregnant and breastfeeding women
- 17<sup>th</sup> March** Prevention of malnutrition in children under five – Infant and young child feeding and supplementation
- 24<sup>th</sup> March** Nutrition care for children under five with acute malnutrition

*Spanish (9 to 10:30 am Panama time)*

*English (11 to 12:30 Panama time)*



Facilitators

Technical support



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# Prevention of malnutrition in children under five – Infant and young child feeding and supplementation

**Webinar series for Latin America and the Caribbean**  
**Nutrition in emergencies in the context of COVID-19 and migration**

March 17<sup>th</sup> 2021

# Pre-webinar evaluation

## Presentation content

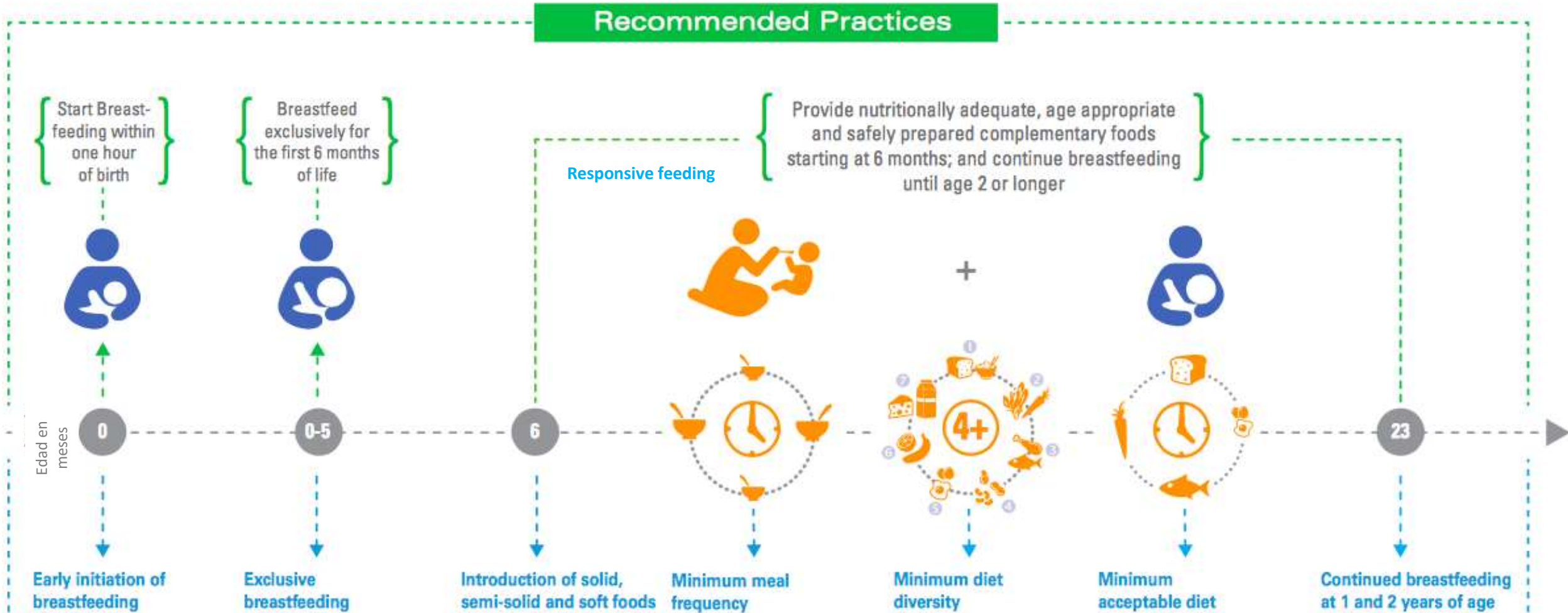
1. Adequate IYCF practices and their importance
2. Consequences of inadequate IYCF practices
3. Impact of emergencies on IYCF
4. Interventions to prevent infant and young child malnutrition
5. Resources



*Migrant Wayuú child and his mother in a session on improved practices, La Guajira, Colombia*

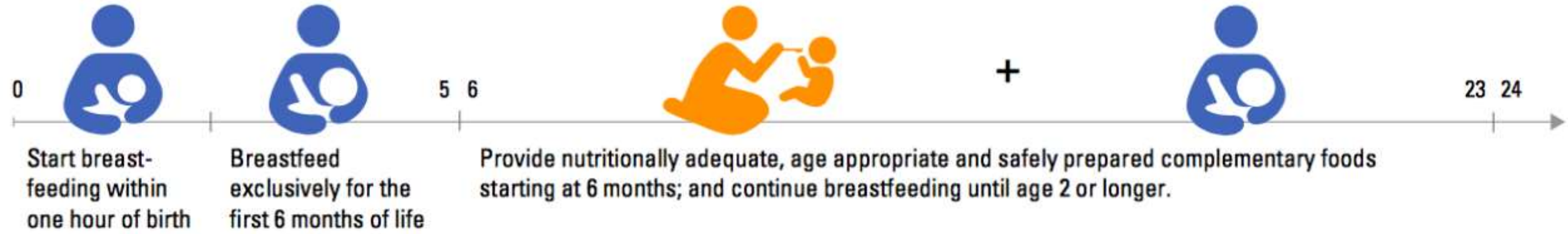
# 1. Adequate IYCF practices and their importance

# Infant and young child feeding

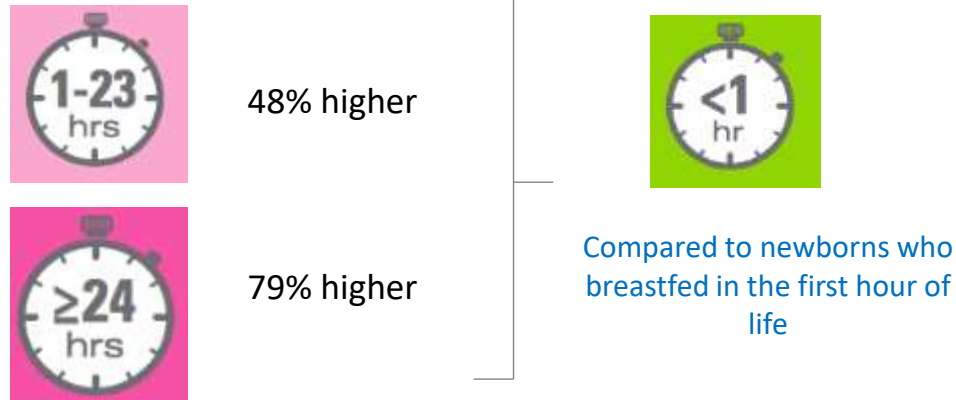


# Why immediate breastfeeding?

Recommended practices



## Risk of death in the first 28 days of life



Early initiation of breastfeeding avoids death during the most vulnerable moment in life.



# Why exclusive breastfeeding?

## Prácticas recomendadas



Infants 0-5 months of age living in low- and middle-income countries receiving:

- No breastmilk\* are **14.4x** more likely to die...
- Breastmilk + other milk/food are **2.8x** more likely to die...
- Breastmilk + water based liquids are **1.5x** more likely to die...

...when compared to their peers who are exclusively breastfed.<sup>1</sup>

Breastfeeding  
Protects the baby against

- Pneumonia
- Diarrhoea

Better breastfeeding could prevent half of diarrhoea and one third of respiratory infection episodes

and  
Improves cognitive skills

protects the mother against

- Breast cancer
- Ovary cancer
- Type 2 Diabetes

and  
Delays ovulation

Creates interaction and link between mother and child

Critical in early brain development, when adequate nutrition, positive stimulation and care can improve neural development.

# Complementary feeding

Recommended practices



Introduce at 6 months

Food frequency

Dietary diversity

Perceptive feeding

Continued breastfeeding until 2 years

Hygiene practices

## 2. Consequences of inadequate IYCF practices

# Consequences of inadequate IYCF practices

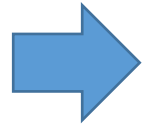
## Inadequate feeding practices

### 0 to 6 months

- ▶ Late initiation of breastfeeding
- ▶ Non exclusive breastfeeding
- ▶ Introduction of water, juices and food

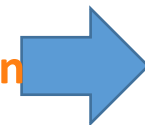
### 6 to 24 months

- ▶ Late introduction of solid food
- ▶ Little dietary diversity
- ▶ Low meal frequency
- ▶ Low food quantity
- ▶ Non-hygienic practices



## Infection and Malnutrition

- ▶ **Acute malnutrition** – wasting, low weight for height
- ▶ **Chronic malnutrition** – stunting, low height for age
- ▶ **Micronutrient deficiencies (vitamins and minerals)**



## Higher risk:

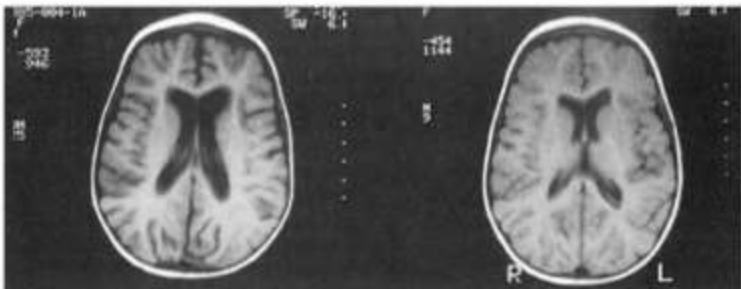
- ▶ **Illness and death**
- ▶ **Slower brain development and lower educational achievements**
- ▶ **Overweight and chronic diseases later in life**



## Long term consequences

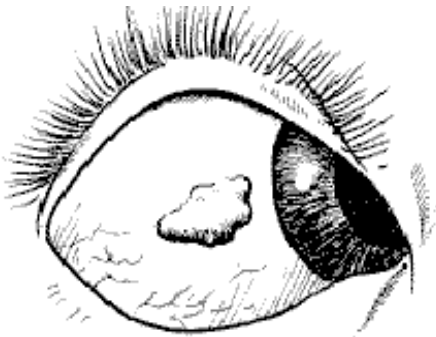
- ▶ **Negative impact on economic and social country development**

Psychomotor and brain development delays are irreversible



cerebro no desarrollado

cerebro desarrollado



Bitot's spot (conjunctival xerosis) - sign of xerophthalmia in a vitamin A deficient child.

Age: 33 months  
Stunted growth



Age: 30 months  
Normal linear growth



### Iodine Deficiency Disorders



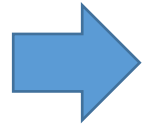
Goiter



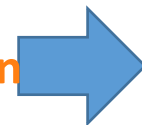
Cretinism

# Consequences of inadequate IYCF practices

Inadequate feeding practices



Infection and Malnutrition



Higher risk:

0 to 6 months

- ▶ Late initiation
- ▶ Non exclusive
- ▶ Introduction of solid food and food

6 to 24 months

- ▶ Late introduction of solid food
- ▶ Little dietary diversity
- ▶ Low meal frequency
- ▶ Low food quantity
- ▶ Non-hygienic practices

**PREVENTABLE**

- ▶ **Chronic malnutrition** – stunting, low height for age

- ▶ **Micronutrient deficiencies (vitamins and minerals)**

Development and achievements  
Chronic diseases



**Long term consequences**

- ▶ **Negative impact on economic and social country development**

## 3. Impact of emergencies on IYCF

## Impact of emergencies on IYCF

**Emergencies:** disasters of natural origin, displacement or conflict

People are forced to displace and live in unhealthy conditions, plus:

- Losing their livelihoods and crops
- Limited access to food
- Limited access to health services
- Limited access to water
- Basic services interrupted
- Bad hygiene and sanitation
- Increasing diarrhoea and infectious diseases



**Risk or impediment to practice good IYCF**

→ Malnutrition risk



## Impact of emergencies on IYCF

### Challenges for breastfeeding mothers

- False idea and worry that stress or lack of food will affect her milk production
- Formula or powdered milk donations
- Lack of knowledge about the risks of using Breast Milk Substitutes (BMS)



## Formula or powdered milk donations

### Breastmilk substitutes (BMS)

- Are not sterile
- Do not contain antibodies
- Inadequate cleaning of utensils
- Bottles are a source of infection
- Lack of water
- Contamination of water
- Contamination of the BMS
- Interrupted BMS supply



*BMS donations in a shelter during the 2017 México earthquake*

# Formula or powdered milk donations

## Risks

BMS donations are often:

- Expired
- Inadequate
- Labelled in a foreign language

## Consequences

**Short term:** interruption of breastfeeding

**Long term:** Mothers and babies

- Become BMS dependant
- Cannot buy them due to high cost after donations stop



The Guardian, 2010

## Formula or powdered milk donations

### Non breastfed children are extremely vulnerable

Higher likelihood of

- Getting an infection
- Becoming malnourished
- Getting seriously ill or die

Large quantities of infant formula are NOT needed

Uncontrolled distributions of BMS can affect breastfeeding and increase the risk of illness and death

# Breastfeeding saves lives



*Mother breastfeeding in a shelter in Escuintla, Guatemala*

Breastfeeding is more important than ever during an Emergency, it is **critical**

- Always at correct temperature, no preparation needed
- Contains antibodies which protect children from diseases, infections like diarrhea and death
- Is the safest, most nutritious and accessible food for infants and small children

## 4. Interventions to prevent infant and young child malnutrition

# Interventions to prevent infant and young child malnutrition



## Covid-19 Context

### Infection prevention and control measures

- Hand hygiene
- Personal protection equipment
- Respiratory hygiene
- Cleaning and disinfecting equipment and surfaces
- Supply chain management



- Use medical (surgical) masks
- Wear eye protection (goggles or facial protection (shield))
- Wear long sleeve and clean gown
- Use gloves

# Interventions to prevent infant and young child malnutrition

Send out official declaration with key messages for donors, local allies and the media, to:

- Discourage formula milk donations
- Instead, foster financial contributions to the emergency needs of the community
- Stress the importance of supporting breastfeeding women during the emergency

**Communication is critical in the first hours and days of an emergency response**



NACIONES UNIDAS HONDURAS | OPS | unicef

## DECLARACIÓN CONJUNTA: ALIMENTACIÓN DEL LACTANTE Y DEL NIÑO PEQUEÑO EN SITUACIONES DE EMERGENCIA

El Sistema de las Naciones Unidas en Honduras, a través de sus agencias líderes en el tema, OPS y UNICEF, exigen que **TODOS** los implicados en la respuesta a la depresión tropical ETA, brinden apoyo adecuado y rápido para la alimentación y el cuidado de los lactantes y niños pequeños y sus cuidadores. Esto es fundamental para apoyar la supervivencia, el crecimiento y el desarrollo infantil, así como para evitar la desnutrición, enfermedades y la muerte. La presente declaración conjunta se ha emitido para ayudar a garantizar una acción inmediata, coordinada y multisectorial sobre la alimentación de los lactantes y niños pequeños en esta situación de emergencia.

**Acciones principales:** apoyar activamente la lactancia materna y proporcionar asistencia responsable a los niños y niñas no amamantados, facilitar una alimentación complementaria adecuada, evitar las donaciones y la distribución no controlada de sucedáneos de la leche materna<sup>1</sup> (SLM) y otros productos inapropiados, apoyar el bienestar materno, así como brindar apoyo priorizando a lactantes, niños, niñas y cuidadores en mayor riesgo.

En esta situación de emergencia, los niños y niñas desde el nacimiento hasta los dos años son particularmente vulnerables ante la desnutrición, las enfermedades y la muerte. Las prácticas de alimentación infantil recomendadas a nivel mundial buscan proteger la salud y el bienestar de los niños y niñas y son especialmente importantes en situaciones de emergencia. **Las prácticas recomendadas<sup>2</sup>** incluyen el **inicio temprano de la lactancia materna** (poner al bebé en el seno dentro de la primera hora después del nacimiento), la **lactancia materna exclusiva** durante los primeros 6 meses (sin alimentos ni líquidos distintos a la leche materna, ni siquiera agua), la introducción de **alimentos complementarios** seguros y nutricionalmente adecuados (alimentos sólidos y semisólidos adecuados) a partir de los 6 meses de edad, así como **continuar la lactancia materna** hasta los 2 años de edad y/o por más tiempo.

**El contexto**  
En Honduras, las **prácticas de alimentación infantil previas a la situación de emergencia** son subóptimas, sólo un 31% de infantes de 0-5 meses son amamantados exclusivamente en el país. un estudio de intervención en Honduras encontró que las barreras para practicar la lactancia materna exclusiva fueron patrones culturales de las madres de introducir alimentos o líquidos a una temprana edad inapropiada y creencia de que su leche era insuficiente para saciar el hambre de su hijo/a. Por otro lado, la última ENDESA reveló que el porcentaje de niños y niñas menores de 5 años con desnutrición crónica era de 23%, sin embargo, hay disparidades importantes en cuanto a esta condición desfavorable en los más pobres (42% en el quintil más pobre vs. 8% en el quintil más rico) y en afro hondureños e indígenas (38%).

**Las preocupaciones particulares en esta situación de emergencia actual** se relacionan con pedidos de fórmula infantil, informes de donaciones y distribuciones de sucedáneos de la leche Materna, además de la poca disponibilidad de alimentos complementarios adecuados y escasez de alimentos. Las prácticas recomendadas de alimentación de niños y niñas menores de 2 años pueden verse **afectadas negativamente** en esta situación de emergencia debido a la distribución de sucedáneos de la Leche Materna no focalizadas, el estrés o trauma materno, la pérdida de estructuras de apoyo social para embarazadas y mujeres en periodo de lactancia, la falta de privacidad para la lactancia materna, la falta de tiempo del cuidador, un acceso deficiente a los servicios, la falta de alimentos adecuados, la pérdida de medios de vida, la pérdida de utensilios de cocina y para la alimentación, una higiene deficiente.

**Coordinación**

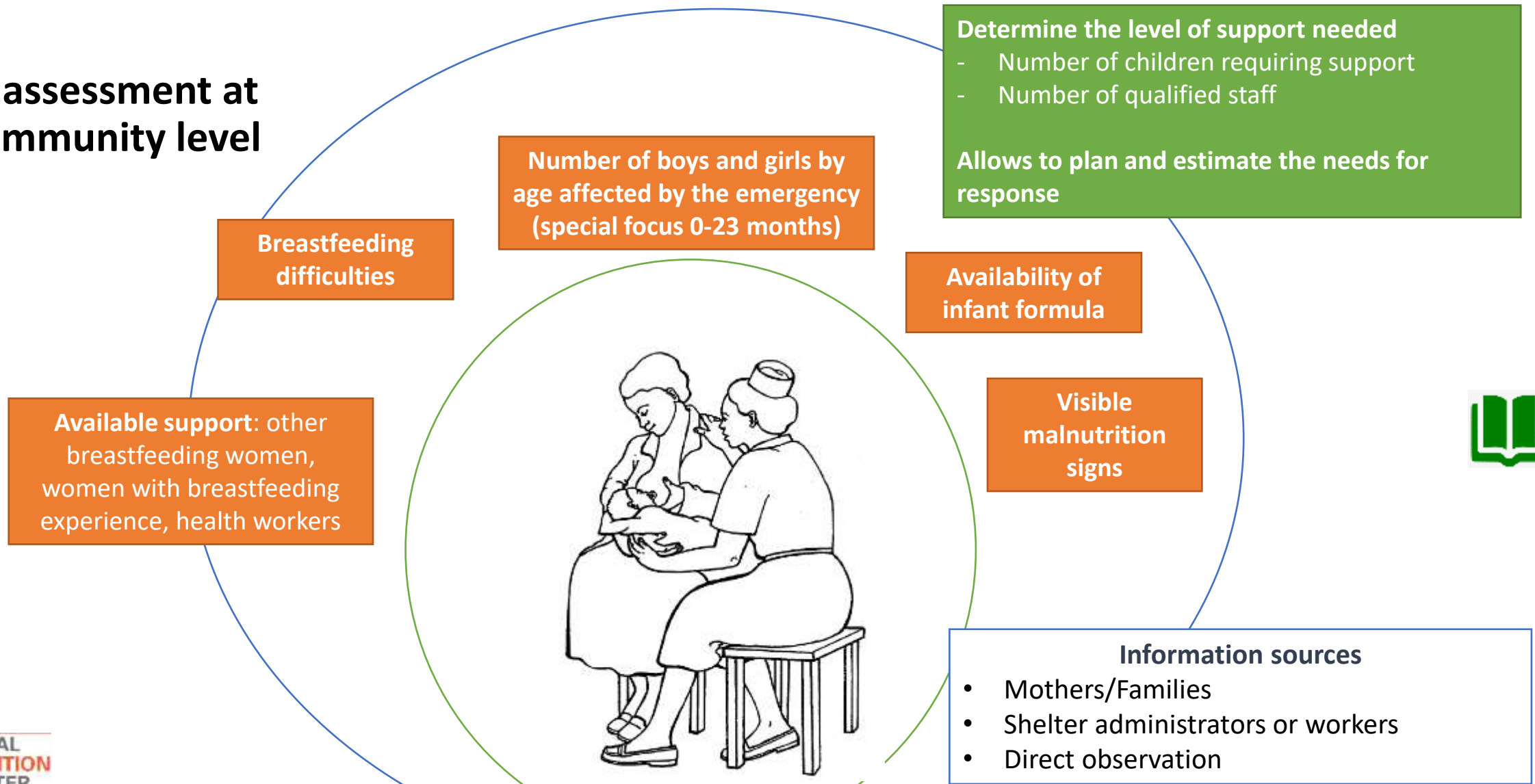
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<sup>1</sup> Cualquier leche que se comercialice específicamente para alimentar a niños de hasta 3 años (incluyendo fórmula infantil, fórmula de seguimiento y leches de crecimiento), así como otros alimentos y bebidas (como té para bebés, jugos y aguas) que sean promovidos para la alimentación de un bebé durante los primeros 6 meses de vida.  
<sup>2</sup> Según lo recomendado por la OMS, UNICEF y el Código internacional sobre la comercialización de la leche materna.



# Interventions to prevent infant and young child malnutrition

## Rapid assessment at the community level

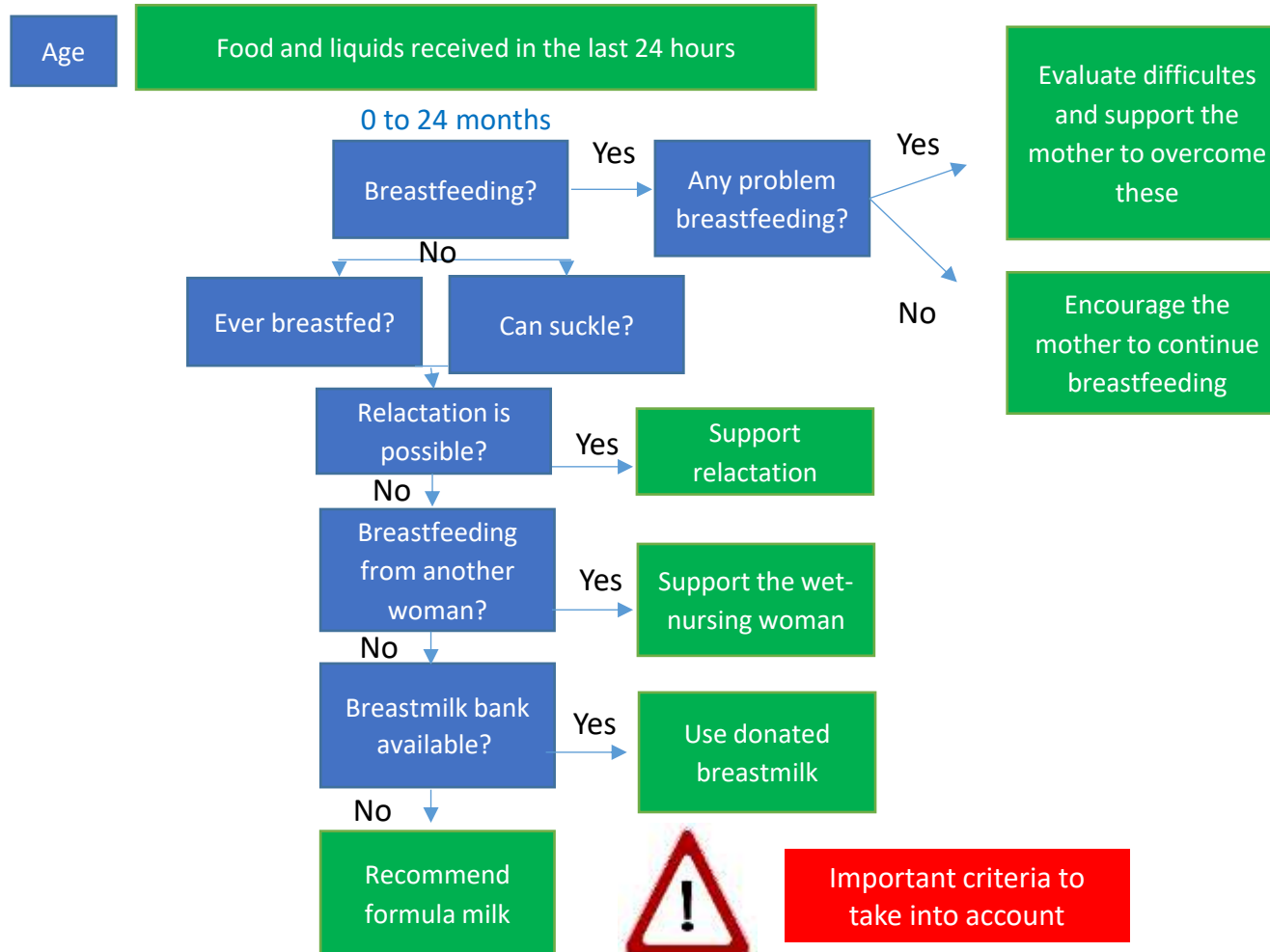


# Interventions to prevent infant and young child malnutrition

Evaluate feeding practices to identify the support needed:

Flow diagram

 Evaluate  
 Take action



# Interventions to prevent infant and young child malnutrition

## Breastfeeding support

### Establish private and safe spaces for breastfeeding

Breastfeeding mothers need support during the emergency:

- Psychosocial support
- Breastfeeding counseling, help with position and attachment
- Strengthen their self-confidence about being able to breastfeed in spite of the Emergency
- Reduce isolation → be with other mothers in the same situation, who can also give support



**With psychosocial and nutrition support, almost all mothers can breastfeed, including in Emergency situations**

*A nurse teaches a mother breastfeeding techniques in a safe space in Haiti*

# Interventions to prevent infant and young child malnutrition

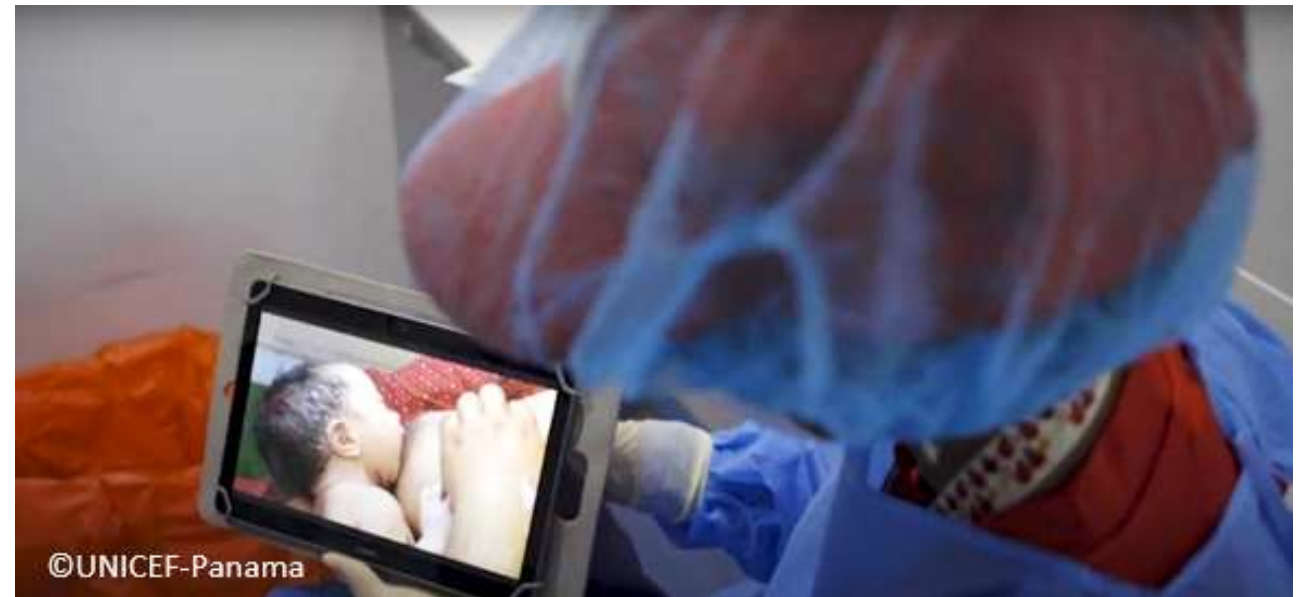
## Breastfeeding support - Counseling

Increase ***access to counseling*** for caregivers:

- By health personnel
- By community workers

Use ***technology***

- Tablet, smartphone
- Videos and images



*Breastfeeding counseling (attachment) using technology (video) in a shelter for migrants in Panamá*

# Interventions to prevent infant and young child malnutrition

## Breastfeeding support - Counseling



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All Nutrition Small Baby Newborn Childbirth Breastfeeding

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<https://globalhealthmedia.org/videos/videos-spanish/>



Breastfeeding in the First Hours  
La lactancia materna en las primeras horas



Posiciones para Breastfeeding  
Posiciones para amamantar



Attaching Your Baby at the Breast  
Cómo lograr que su bebé se prenda al seno



Is Your Baby Getting Enough Milk  
Su bebé toma suficiente leche



Increasing Your Milk Supply  
Aumentar la producción de leche



How to Express Breastmilk  
Cómo extraer leche materna

# Interventions to prevent infant and young child malnutrition

## Breastfeeding support - Counseling



Counseling is a 1:1 interaction, with 2-way communication.



# Interventions to prevent infant and young child malnutrition

## Support to non-breastfed children



### Recommended BMS

- **First option:** Ready to use formula
- **Second option:** Powdered infant formula
- **Not recommended milk**
  - Concentrated liquid formula
  - Therapeutic milk (F75 y F100)
  - Follow-up milk for bigger children



Important criteria to take into account

- Assess the need for BMS
- Procure BMS and utensils for preparation and feeding
- Store BMS
- Distribute BMS
- Provide skilled individual Support on preparation and feeding
- Monitor the use of BMS



# Interventions to prevent infant and young child malnutrition



**Feasible:** the mother has access to clean and safe water for cleaning utensils and preparing the feeds, as well as the knowledge and skills to prepare feeds

**Safe:** infant formula should be stored and prepared safely, with clean hands and utensils, using a little cup whenever possible

**Acceptable:** replacement feeding should be acceptable by the family

**Sustainable:** the mother is able to prepare feeds for the child as frequently as recommended (for as long as the child needs it)

**Affordable:** the family has to be able to access infant formula or has easy access to them



Support from skilled personnel



Information leaflets



Hand-washing



Safe water



Utensils: preparation (measuring spoon, cup, tes spoon) and feeding (small plastic cup or glass)



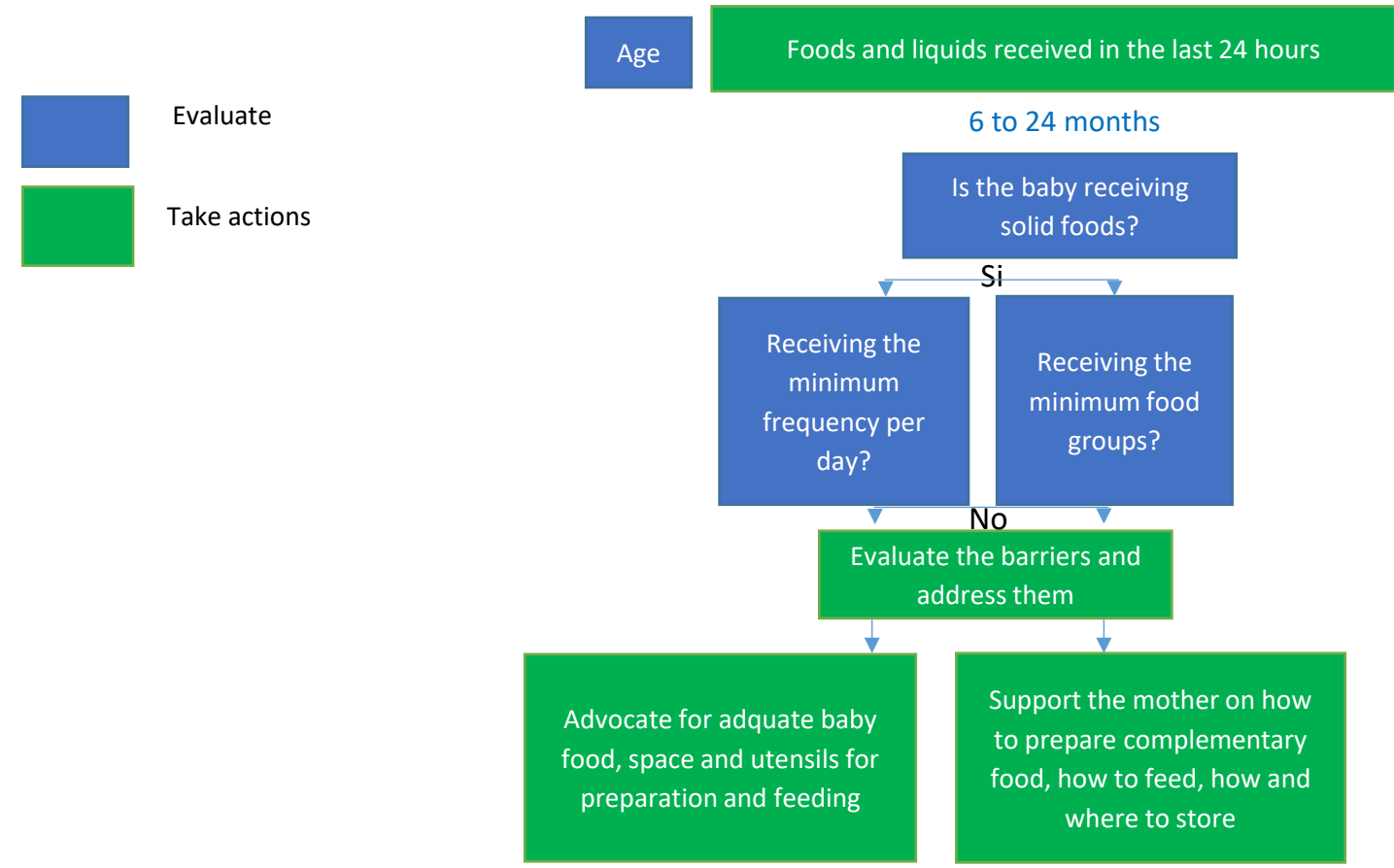
Fuel to boil the water



# Interventions to prevent infant and young child malnutrition

## Support to complementary feeding

Flow diagram



# Interventions to prevent infant and young child malnutrition

## Support to complementary feeding Counseling

Videos available in  
different languages to  
download

<https://globalhealthmedia.org/videos/videos-spanish/>

The screenshot shows the Global Health Media website interface. At the top left is the 'GLOBAL HEALTH MEDIA' logo. To the right is a navigation menu with links: Home, What We Do, Our Videos, Our Animations, Impact, News, Get Involved, and About Us. Below the navigation is a grid of nine video thumbnails, each with a title and a subtitle. The thumbnails are arranged in three rows and three columns.

Thumbnail Description	Title	Subtitle
Thumbnail 1: A young child sitting at a table.	When to Start Your Child's Solid Foods	Quando empezar a dar alimentos sólidos a su hijo
Thumbnail 2: A woman feeding a baby.	Feeding Your Baby, 6-to-12 Months	Cómo alimentar a su bebé de 6 a 12 meses
Thumbnail 3: A young child eating at a table.	Feeding Your Child from 1-to-2 Years	Cómo alimentar a su hijo de 1 a 2 años
Thumbnail 4: A market stall with various fruits and vegetables.	What to Feed Your Young Child	Qué darle de comer a su niño pequeño
Thumbnail 5: A woman sitting on the ground, preparing food.	How to Keep Your Child's First Foods Safe	Cómo mantener seguros los primeros alimentos de su hijo
Thumbnail 6: A woman feeding a young child.	How to Feed Your Young Child with Care	Cómo alimentar a su niño pequeño con cariño
Thumbnail 7: A woman feeding a child in a kitchen setting.	Feeding Your Child During and	
Thumbnail 8: Two women sitting at a table, one is breastfeeding.	Breastfeeding When You Go Back	
Thumbnail 9: A woman feeding a child.	When to Start Solid Foods	

# Interventions to prevent infant and young child malnutrition

## Support complementary feeding



### Important elements:

- Kitchen space
- Storage space and food recipients
- Responsible for food preparation
- Kitchen utensils for food preparation:
  - Pots
  - Energy
  - Spoons

Diversity of foods  
Advocacy



# Interventions to prevent infant and young child malnutrition

## Micronutrient supplements



Multiple Micronutrient Powders	For whom (target population)	How to prepare and administer
To prevent micronutrient deficiencies, specifically anaemia	<p><u>Main target group:</u> Children 6 to 23 months of age</p> <p><u>Target group:</u> Children 6-59 months</p>	Sachets with powder, to apply directly on a small quantity of semi-solid baby porridge (1 sachet per day, during 60 days)



# Interventions to prevent infant and young child malnutrition

## Micronutrient supplements

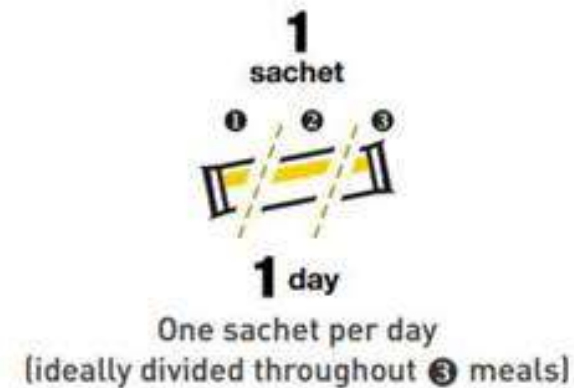


# Interventions to prevent infant and young child malnutrition

## Energy protein supplements (LNS-MQ)



- Ready-to-use high energy paste, based on lipids (fat)
- One per day
- To prevent malnutrition in Children 6-23 months
- Consumed directly from the envelope, no cooking nor dilution.
- Contains aprox 267 kcal per 50g.
- This product should not replace breastmilk
- **Can be used during transit/travel.**



# Interventions to prevent infant and young child malnutrition

## Prophylactic deworming



*Prophylactic deworming at school age.  
Foto: Save the Children*

Deworming is recommended to reduce soil-transmitted helminth load.

**Children 12-23 meses:** ½ dosis of albendazol (200 mg) or mebendazol (250 mg), crush the pill and mix with breastmilk.

**Children 1-12 years:** full dosis.

Staff must be trained on the Heimlich manoeuvre as first aid for choking.



# Interventions to prevent infant and young child malnutrition

## Communication in the Covid-19 context



**Take precautions when breastfeeding when COVID-19 is suspected or confirmed**



- Do not separate mothers from babies, even if they have Covid-19. The breastmilk benefit outweighs the potential risk of transmission.
- Mothers should wash their hands with soap and water at key moments, specially before and after contact with the infant.
- Clean systematically with water and detergent home surfaces which the mother has touched.
- Use mask or face covering when nursing or caring for the infant. Locally produced masks can be used.
- The mother and baby should maintain physical distance (at least 1 meter) and avoid touching eyes, nose and mouth.
- Breastfeeding women can receive Covid-19 vaccine, should continue to breastfeed. Covid-19 vaccines do not reduce milk quantity or flavor.



# Interventions to prevent infant and young child malnutrition

## Communication in the Covid-19 context



Use technology for remote communication

- Consider the use of social media (Whatsapp, Facebook)
- Use videos and images
- Mother to mother support groups and group education sessions can be done by Whatsapp



# Interventions to prevent infant and young child malnutrition



*Breastfeeding woman in a migrant reception station, Darién, Panamá*

## Integration of IYCF messages into other emergency response sectors:

- Cash transfers
- Food security and livelihoods
- Education and early child development
- Child protection
- Health
- WASH

# Interventions to prevent infant and young child malnutrition

## Borders (shelters)

- Issue statement to protect IYCF
- Rapid assessment: # Children 0-23 months and feeding practices
- Safe spaces for feeding
- Nutrition/IYCF counselling
- Advocate for diversified food for feeding children over 6 months
- Micronutrient supplementation
- Deworming
- MUAC monitoring to identify malnourished children
- Communication on adequate IYCF practices and available health and nutrition services

Mobile clinics

## For transit

### To cover the transit period

- Energy protein supplementation for the estimated number of days until reaching destination/the next border



COVID-19 context

Prioritize continuity of health and nutrition services for IYC

## Host communities

- Communication on available nutrition services, how and where to access them
- Communication about appropriate feeding practices
- Nutrition/IYCF counselling
- Deworming
- Micronutrient supplementation
- Weight monitoring/MUAC (identif. of malnourished children)

Health care facilities

Maintain uninterrupted availability of essential Nutrition commodities

# 5. Resources

# Resources

## Joint Statement on Infant and Young Child Feeding in Emergencies with key messages to donors, local partners and media – Template

<b>Title</b>	Joint Statement on Infant and Young Child Feeding in Emergencies – Template
<b>Type</b>	Position Statement
<b>Audience</b>	The audience is not limited to nutrition and includes: Government/authorities – national, sub-national and embassies Cluster/Sector leads, including Nutrition, Health, Mental Health and Psychosocial Services (MHPS), Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods (FSL), Shelter, Child Protection, Education, Early Recovery, Logistics and Camp Management Donors/funders – institutional, private sector, civil groups, individuals Local, national and international non-governmental organisations (all sectors, humanitarian and development) Academic institutions Community leaders Media – agency communications, public media United Nations (UN) agencies Cluster/Sector Partners Civil society organisations Military – national and international Volunteer groups
<b>Objective</b>	Stakeholders support measures that create an enabling environment for caregivers to maintain or improve recommended infant and young child feeding (IYCF) practices and to minimise feeding-related risks during emergencies.
<b>Instructions</b>	<ol style="list-style-type: none"> <li>1. Identify and agree upon who will be the immediate issuing agencies and named signatories for the joint statement. These are usually relevant government and UN agencies, including the Nutrition Cluster Lead Agency (CLA) where the Nutrition Cluster is activated. All signatories should be of a comparable (senior) level. It is recommended to initially limit this to 3 – 4 key agencies to facilitate rapid release (within one week of emergency onset).</li> <li>2. Contextualise the joint statement, using the <i>'agencies in line roles'</i> as guidance. Issuing agencies.<sup>1</sup> For guidance on identifying the <i>'IYCF coordination authority'</i> refer to Section 8.1 of the Operational Guidance on IYCF.</li> <li>3. Rapidly review the content (e.g. Nutrition Cluster partners/ working group).</li> <li>4. Issue the statement and disseminate as widely as possible (see Audience) in line with a dissemination and monitoring plan. This plan should ideally be drafted in preparedness and can be part of the cluster/sector advocacy strategy.</li> <li>5. Seek wider endorsement of the statement (e.g. addition of agencies and sectors to the original signatories).</li> </ol> <p><sup>1</sup>This template has been reviewed and agreed upon by UNICEF, WHO, WFP and UNHCR at headquarters level. To avoid delays and ensure that the statement remains in line with global guidance and policy, it is therefore recommended to keep changes to a minimum and focus efforts on contextualisation of the statement only.</p> <p>It is recommended to limit the length of the document to a maximum of 3 pages (including contacts and references). In the interest of timeliness, consider issuing a rapid joint statement using this template which can be followed up by more in-depth, contextualised information in the weeks that follow.</p> <p>Development of a draft joint statement is an important preparedness action. If this has not been done pre-crisis, timely development and release during the first phase of emergency response is crucial. A joint statement should be issued within the first week of an acute emergency. During protracted crises, the joint statement should be revised on a yearly basis and at key moments, e.g. significant change in context, guidance or additional agencies added to signatories.</p> <p>This generic template is applicable to most humanitarian contexts. For exceptional circumstances where specific feeding guidelines may be required (e.g. disease outbreak), contact UNICEF and WHO for support and guidance.</p>



### DECLARACIÓN CONJUNTA: ALIMENTACIÓN DEL LACTANTE Y DEL NIÑO PEQUEÑO EN SITUACIONES DE EMERGENCIA

El Sistema de las Naciones Unidas en Honduras, a través de sus agencias líderes en el tema, OPS y UNICEF, exigen que TODOS los implicados en la respuesta a la depresión tropical ETA, brinden apoyo adecuado y rápido para la alimentación y el cuidado de los lactantes y niños pequeños y sus cuidadores. Esto es fundamental para apoyar la supervivencia, el crecimiento y el desarrollo infantil, así como para evitar la desnutrición, enfermedades y la muerte. La presente declaración conjunta se ha emitido para ayudar a garantizar una acción inmediata, coordinada y multisectorial sobre la alimentación de los lactantes y niños pequeños en esta situación de emergencia.

**Acciones principales:** apoyar activamente la lactancia materna y proporcionar asistencia responsable a los niños y niñas no amamantados, facilitar una alimentación complementaria adecuada, evitar las donaciones y la distribución no controlada de sucedáneos de la leche materna<sup>1</sup> (SLM) y otros productos apropiados, apoyar el bienestar materno, así como brindar apoyo priorizando a lactantes, niños, niñas y cuidadores en mayor riesgo.

En esta situación de emergencia, los niños y niñas desde el nacimiento hasta los dos años son particularmente vulnerables ante la desnutrición, las enfermedades y la muerte. Las prácticas de alimentación infantil recomendadas a nivel mundial buscan proteger la salud y el bienestar de los niños y niñas y son especialmente importantes en situaciones de emergencia. Las **prácticas recomendadas**<sup>2</sup> incluyen el **inicio temprano de la lactancia materna** (poner al bebé en el seno dentro de la primera hora después del nacimiento), la **lactancia materna exclusiva** durante los primeros 6 meses (sin alimentos ni líquidos distintos a la leche materna, ni siquiera agua), la introducción de **alimentos complementarios** seguros y nutricionalmente adecuados (alimentos sólidos y semisólidos adecuados) a partir de los 6 meses de edad, así como **continuar la lactancia materna** hasta los 2 años de edad y/o por más tiempo.

**El contexto**  
 En Honduras, las **prácticas de alimentación infantil previas a la situación de emergencia** son subóptimas, sólo un 31% de infantes de 0-5 meses son amamantados exclusivamente en el país. un estudio de intervención en Honduras encontró que las barreras para practicar la lactancia materna exclusiva fueron patrones culturales de las madres de introducir alimentos o líquidos a una temprana edad inapropiada y creencia de que su leche era insuficiente para saciar el hambre de su hijo/a. Por otro lado, la última ENDESA reveló que el porcentaje de niños y niñas menores de 5 años con desnutrición crónica era de 23%, sin embargo, hay disparidades importantes en cuanto a esta condición desfavorable en los más pobres (42% en el quintil más pobre vs. 8% en el quintil más rico) y en afro hondureños e indígenas (38%).

Las **preocupaciones particulares en esta situación de emergencia actual** se relacionan con pedidos de fórmula infantil, informes de donaciones y distribuciones de sucedáneos de la leche Materna, además de la poca disponibilidad de alimentos complementarios adecuados y escasez de alimentos. Las prácticas recomendadas de alimentación de niños y niñas menores de 2 años pueden verse **afectadas negativamente** en esta situación de emergencia debido a la distribución de sucedáneos de la Leche Materna no focalizadas, el estrés o trauma materno, la pérdida de estructuras de apoyo social para embarazadas y mujeres en periodo de lactancia, la falta de privacidad para la lactancia materna, la falta de tiempo del cuidador, un acceso deficiente a los servicios, la falta de alimentos adecuados, la pérdida de medios de vida, la pérdida de utensilios de cocina y para la alimentación, una higiene deficiente.

**Coordinación**

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<sup>1</sup> Cualquier leche que se comercialice específicamente para alimentar a niños de hasta 3 años (incluyendo fórmula infantil, fórmula de seguimiento y leches de crecimiento), así como otros alimentos y bebidas (como téis para bebés, jugos y aguas) que sean promovidos para la alimentación de un bebé durante los primeros 6 meses de vida.  
<sup>2</sup> Según lo recomendado por la OMS, UNICEF y el Código internacional sobre la comercialización de sucedáneos de la leche materna.

# Resources

## Adaptable questionnaires to carry out a rapid evaluation at the community level



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Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean

**Nutrition in Emergency Series**  
Emergency Nutrition Response

**Rapid Nutrition Needs Assessment in Humanitarian crises**  
OBSERVATION GUIDE

**WHAT?**

The present document is an observation guide that anyone can use to evaluate, through observations, **key aspects related to the food and nutrition situation of displaced populations in shelters or other places that are at high risk of undernutrition in emergencies**: Children under 6 months, children 6-24 months, pregnant and lactating women (including adolescents).

This rapid assessment does not require any medical or nutrition training, or observation of breastfeeding. The module comprises 6 key aspects that will permit to obtain the following information:


1. Presence of vulnerable groups at risk of undernutrition
2. Elements related to breastfeeding and use of breast milk substitutes
3. Elements related to complementary feeding (feeding children older than 6 months with foods other than breastmilk)
4. Elements related to nutrition of pregnant and lactating women
5. Situation related to water, sanitation and hygiene
6. Nutrition and health conditions

**WHY?**

Aspects included in this guide are meant to **provide some indications the food and nutrition situation in the shelter and identify risks that may lead to undernutrition**. Observations of these points should be conducted at the early stages of a humanitarian crisis to **assess acute needs and difficulties that expose children at greatest risk to inform strategic decisions and an adequate nutrition response**.

**HOW?**

Any government entity, NGO, UN agency or other who would like or is responsible to assess the food and nutrition of vulnerable groups in humanitarian crises can use this observation guide. Being an observation guide, the user will be able to **assess if some aspects or conditions affecting food and nutrition are present or not, and** will be able to write **additional notes based on the particular situation** he/she is experiencing to provide additional information on the situation. It is suggested that the observation guide is reviewed, adapted to the local language and tested to ensure understandability of questions. Community workers or personnel who will administer the adapted questionnaire should be trained on its use. Guidance on **how to interpret the data collected** can be found in annex. It is encouraged to use



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QUESTIONNAIRE TO INTERVIEW MOTHERS AND CAREGIVERS OF CHILDREN UNDER 2

**WHAT?**

The present document provides guidance on **key information to collect in relation to the food and nutrition situation of displaced populations that are at high risk of undernutrition in emergencies**: Children under 6 months, children 6-24 months, lactating women (including adolescents).

This rapid assessment does not require any medical or nutrition training, or observation of breastfeeding. Questions are meant to be answered by **mothers and caregivers with children under 2**, who can provide information about feeding practices of the child, her own health and nutrition, and factors that could affect feeding practices. The module comprises 7 key questions that will permit to obtain the following information:

- 1) Age-appropriate feeding: intake of foods and liquids in the last 24 hours to evaluate if feeding is age-appropriate, breastfeeding ease, and complementary feeding practices (dietary diversity and meal frequency)
- 2) Baby's nutrition and health condition
- 3) Reports of infant formula donations or untargeted distributions
- 4) Elements related to breastfeeding
- 5) Elements related to complementary feeding (feeding children older than 6 months with foods other than breastmilk)
- 6) Elements related to nutrition of lactating women
- 7) Report of situation related to water, sanitation and hygiene

**WHY?**

The 7 questions are meant to **provide information about feeding practices and nutrition and health conditions of the child and the mother, and about some aspects of the food and nutrition situation of displaced populations that can help to identify risks that may lead to undernutrition**. The module should be administered at the early stages of a humanitarian crisis to **assess acute needs and difficulties that expose children at greatest risk to inform strategic decisions and an adequate nutrition response**.

**HOW?**

Any government entity, NGO, UN agency or other who would like or is responsible to assess the food and nutrition of vulnerable groups and/or displaced populations in humanitarian crises can use this questionnaire to interview **key informants working with displaced populations** (such as shelter managers/workers). It is suggested that the questionnaire is reviewed, adapted to the local language and tested to ensure understandability of questions. Community workers or personnel who will administer the adapted questionnaire should be trained on its use. Guidance on **how to interpret the data collected** can be found in annex. It is encouraged to use this information in writing the report on the nutrition situation and suggesting actions to address main risks. It is also suggested to **triangulate the**



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**Rapid Nutrition Needs Assessment in Humanitarian crises**  
QUESTIONNAIRE TO INTERVIEW KEY INFORMANTS WORKING WITH VULNERABLE POPULATIONS

**WHAT?**

The present document provides guidance on **key information to collect in relation to the food and nutrition situation of displaced populations that are at high risk of undernutrition in emergencies**: Children under 6 months, children 6-24 months, pregnant and lactating women (including adolescents).

This rapid assessment does not require any medical or nutrition training, or observation of breastfeeding. Questions are meant to be answered by **key informants working with displaced populations (such as shelter managers/workers)**, who are key informants about the situation of children and women in the shelters. The module comprises 7 key questions that will permit to obtain the following information:

- 1) Presence of vulnerable groups at risk of undernutrition
- 2) Report of feeding difficulties
- 3) Potential support givers
- 4) Reports of infant formula donations or untargeted distributions
- 5) Report of feeding and eating situation of vulnerable groups
- 6) Report of situation related to water, sanitation and hygiene
- 7) Report of nutrition and health conditions, and death

**WHY?**

The 8 questions are meant to **provide a general overall picture of the food and nutrition situation of displaced populations and identify risks that may lead to undernutrition**. The module should be administered at the early stages of a humanitarian crisis to **assess acute needs and difficulties that expose children at greatest risk to inform strategic decisions and an adequate nutrition response**.

**HOW?**

Any government entity, NGO, UN agency or other who would like or is responsible to assess the food and nutrition of vulnerable groups and/or displaced populations in humanitarian crises can use this questionnaire to interview **key informants working with displaced populations** (such as shelter managers/workers). It is suggested that the questionnaire is reviewed, adapted to the local language and tested to ensure understandability of questions. Community workers or personnel who will administer the adapted questionnaire should be trained on its use. Guidance on **how to interpret the data collected** can be found in annex. It is encouraged to use this information in writing the report on the nutrition situation and suggesting actions to address main risks. It is also suggested to **triangulate the**

## Resources

### Recommendation and counseling package

**Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed:**

*Recommended Practices Booklet*



Updated May 15, 2020

IYCF COVID-19 RECOMMENDED PRACTICES BOOKLET |

**Infant and Young Child Feeding Recommendations**



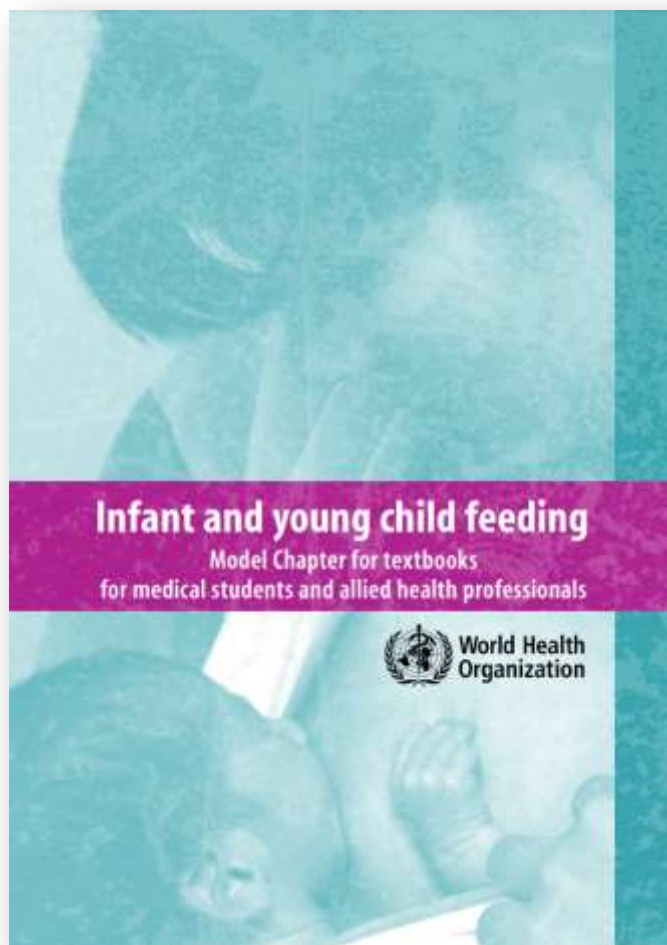
**When COVID-19 is Suspected or Confirmed**

**Practice safe complementary feeding**

6 up to 9 months	9 up to 12 months	12 up to 24 months
		
		

<https://www.advancingnutrition.org/what-we-do/social-and-behavior-change/iycf-recommendations-covid-19>

## Resources



*Use good communication and support skills:*

- Listen and learn
- Build confidence and give support.

*Assess the situation:*

- Assess the child's growth
- Take a feeding history
- Observe a breastfeed
- Assess the health of the child and the mother.

*Manage problems and reinforce good practices:*

- Refer the mother and child if needed
- Help the mother with feeding difficulties or poor practices
- Support good feeding practices
- Counsel the mother on her own health, nutrition and family planning.

*Follow-up*

### Appropriate foods for complementary feeding

#### WHAT FOODS TO GIVE AND WHY

**BREAST MILK:** continues to provide energy and high quality nutrients up to 23 months

**STAPLE FOODS:** provide energy, some protein (cereals only) and vitamins

- Examples: cereals (rice, wheat, maize, millet, quinoa), roots (cassava, yam and potatoes) and starchy fruits (plantain and breadfruit)

**ANIMAL-SOURCE FOODS:** provide high quality protein, haem iron, zinc and vitamins

- Examples: liver, red meat, chicken, fish, eggs (not good source of iron)

**MILK PRODUCTS:** provide protein, energy, most vitamins (especially vitamin A and folate), calcium

- Examples: milk, cheese, yogurt and curds

**GREEN LEAFY AND ORANGE-COLOURED VEGETABLES:** provide vitamins A, C, folate

- Examples: spinach, broccoli, chard, carrots, pumpkins, sweet potatoes

**PULSES:** provide protein (of medium quality), energy, iron (not well absorbed)

- Examples: chickpeas, lentils, cowpeas, black-eyed peas, kidney beans, lima beans

**OILS AND FATS:** provide energy and essential fatty acids

- Examples: oils (preferably soy or rapeseed oil), margarine, butter or lard

**SEEDS:** provide energy

- Examples: groundnut paste or other nut paste, soaked or germinated seeds such as pumpkin, sunflower, melon, sesame

#### HOW TO GIVE THE FOODS

##### Infants 6–11 months

- Continue breastfeeding
- Give adequate servings of:
  - Thick porridge made out of maize, cassava, millet; add milk, soy, ground nuts or sugar
  - Mixtures of pureed foods made out of matoke, potatoes, cassava, posho (maize or millet) or rice: mix with fish, beans or pounded groundnuts; add green vegetables
- Give nutritious snacks: egg, banana, bread, papaya, avocado, mango, other fruits, yogurt, milk and puddings made with milk, biscuits or crackers, bread or chapati with butter, margarine, groundnut paste or honey, bean cakes, cooked potatoes

##### Children 12–23 months

- Continue breastfeeding
- Give adequate servings of:
  - Mixtures of mashed or finely cut family foods made out of matoke, potatoes, cassava, posho (maize or millet) or rice; mix with fish or beans or pounded groundnuts; add green vegetables
  - Thick porridge made out of maize, cassava, millet; add milk, soy, ground nuts or sugar
- Give nutritious snacks: egg, banana, bread, papaya, avocado, mango, other fruits, yogurt, milk and puddings made with milk, biscuits or crackers, bread or chapati with butter, margarine, groundnut paste or honey, bean cakes, cooked potatoes



# Resources

## Videos to train personnel

### Breastfeeding counseling

<https://globalhealthmedia.org/videos/videos-spanish/>



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Communication Center

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Early Initiation of Breastfeeding  
Iniciación temprana a la lactancia materna



Helping a Breastfeeding Mother  
Cómo ayudar a una madre lactante



Expressing and Storing Breastmilk  
Extracción y almacenamiento de leche materna



Breastfeeding Attachment  
Colocación durante la lactancia materna



Breastfeeding Positions  
Posturas para dar el pecho



Not Enough Milk  
Falta de leche



Nipple Pain  
Dolor de pezones



Breast Pain  
Dolor en las mamas



Breast Engorgement  
Congestión mamaria

# Resources

## Videos to train personnel

### Complementary feeding counseling

<https://globalhealthmedia.org/videos/videos-spanish/>



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How Much and How Often to Feed the Young Child  
Cantidad de alimentos y frecuencia de la alimentación en niños pequeños



How to Prepare First Meals  
Cómo preparar las primeras comidas



What to Feed Young Children  
Con qué alimentar a niños pequeños



How to Keep First Foods Safe  
Cómo mantener las primeras comidas seguras




How to Feed the Young Child with Care  
Cómo alimentar al niño pequeño con cuidado



Feeding the Child During and After Illness  
Cómo alimentar a su hijo durante y después de una enfermedad

# Resources

## Support to non-breastfed children



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**Guidance note: Minimizing the risks of artificial feeding**  
 Considerations for breast-milk substitutes donations, procurement, distribution and use in humanitarian settings

**WHAT IS THIS ABOUT?**

Breastfeeding is the biological norm and the best way to feed infants under six months of age. After six months, breastfeeding should be continued together with complementary feeding up to the age of two years or beyond. However, there are infants and young children who cannot be breastfed, or are partially breastfed, for a longer or shorter period of time. These include:

- 1) infants and young children who were orphaned or whose mother has been absent for a long period of time either before the humanitarian situation or in the course of the humanitarian situation and for whom wet-nursing, re-lactation or receiving donor human milk is not feasible;
- 2) infants and young children whose mother is present and who were not breastfed before the time the humanitarian situation or in the course of the humanitarian situation regardless of the reason, and for whom wet-nursing, re-lactation or receiving donor human milk is not feasible;
- 3) situations where the mother and/or infant has a medical condition for which breastfeeding is not possible, and for whom wet-nursing, re-lactation or receiving donor human milk is not feasible; and
- 4) infants under the age of 6 months who are mixed fed (breastfeeding plus breast milk substitutes or BMS) and whose mother is being supported to transition to exclusive breastfeeding.

These infants and young children need to be fed an appropriate BMS in a safe and sustainable way, without jeopardizing breastfeeding in the remainder of the population.

**The need for BMS in humanitarian situations must be carefully assessed by skilled personnel, free from conflicts of interest.**

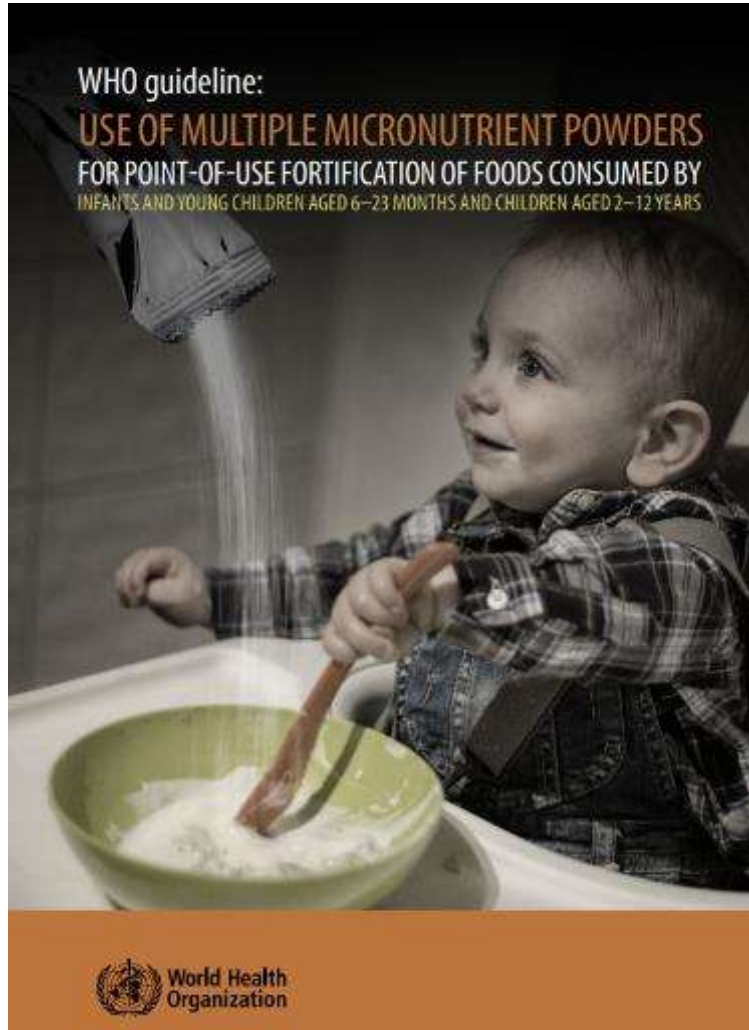
**Some definitions**

Artificial feeding means feeding with breastmilk substitutes

Breastmilk substitutes are any food (solid or liquid) being marketed, otherwise represented or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In terms of milk products, recent WHO guidance has clarified that a BMS includes any milks that are specifically marketed for feeding infants and young children up to the age of 3 years.

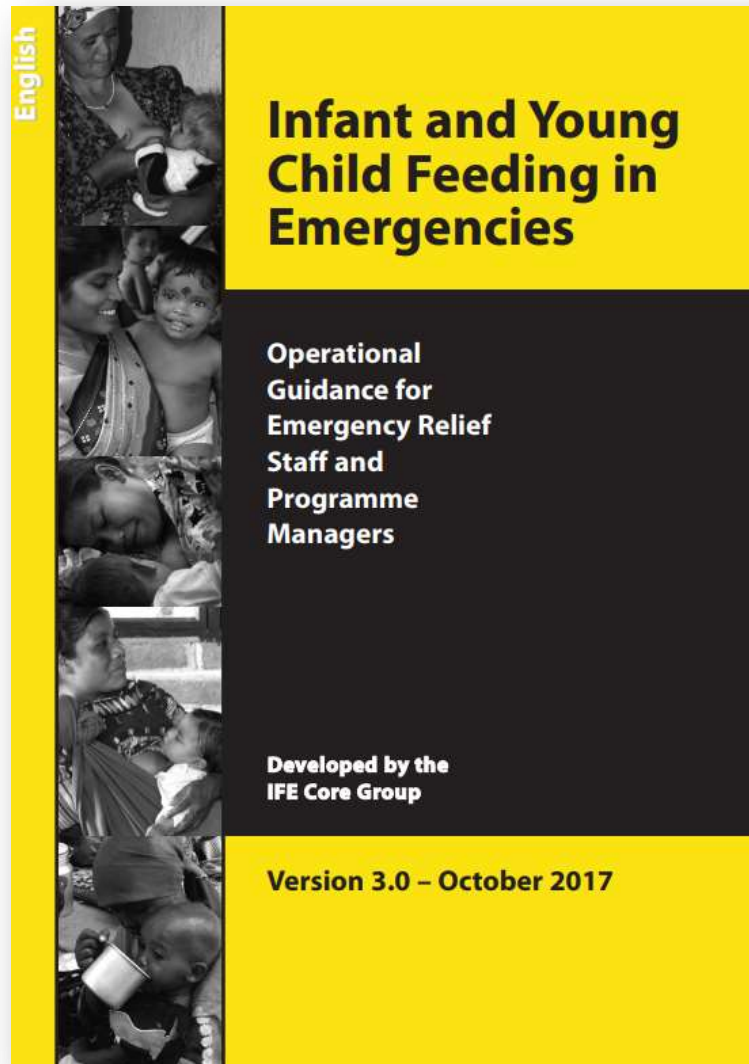
Infant formula is a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to 6 months of age, and adapted to their physiological characteristics.

## Resources



<https://www.who.int/publications/i/item/9789241549943>

## Resources



### Target users of this guidance

Policy-makers, decision-makers and programmers working in emergency preparedness and response, including governments, United Nations (UN) agencies, national and international non-governmental organisations (NGOs), donors, volunteer groups and the private/business sector.

<https://www.enonline.net/operationalguidance-v3-2017>

## Resources

### 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

VI.0. Issued: 1<sup>st</sup> October, 2015

#### 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<sup>1</sup> 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-nef.org](http://www.en-nef.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<sup>2</sup>.

#### 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

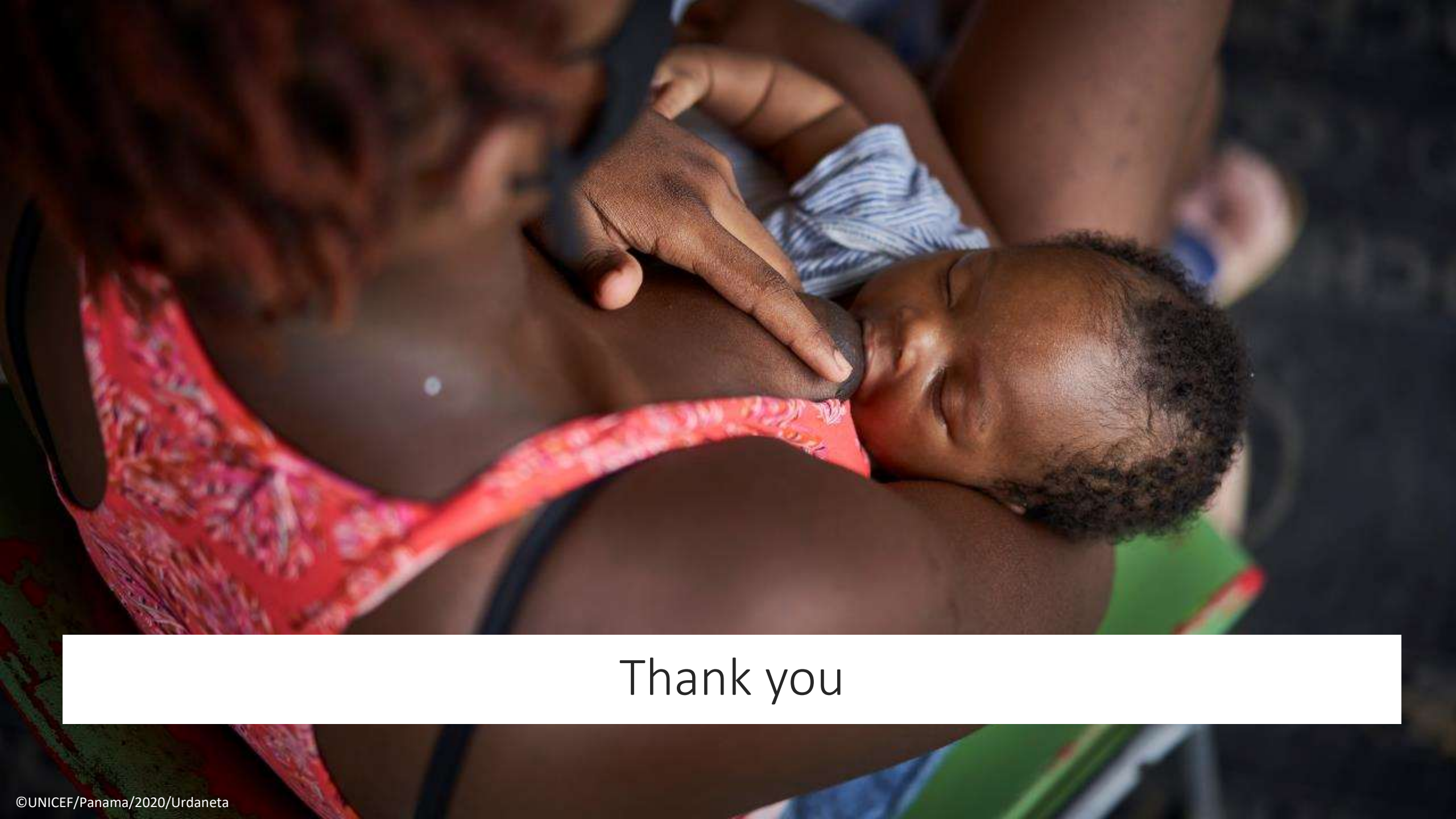
- **Breastfeeding mothers need identification, protection and active support.** For mothers in transit, the conditions can undermine maternal confidence and breastfeeding practices. There is a risk that breastfeeding mothers stop/reduce breastfeeding, especially if also using infant formula (mixed feeding) 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.

<sup>1</sup> 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 WHO Resolutions (the Code).

<sup>2</sup> Developed by UNICEF, UNHCR, WHO, Save the Children & ENN with review by ACF, IIFAN-GIFA, IDCC, World Vision, Karleen Gribble & Mary Lang'aho.

## 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

[https://www.enonline.net/attachments/2403/Infant-and-Young-Child-Feeding-in-Transit-011015\\_FINAL.pdf](https://www.enonline.net/attachments/2403/Infant-and-Young-Child-Feeding-in-Transit-011015_FINAL.pdf)



Thank you

# Post-webinar evaluation



# Questions and answers session