

Webinar Series for Latin America and the  
Caribbean Region

Infant and Young Child Feeding in emergency context  
(IYCF-E)

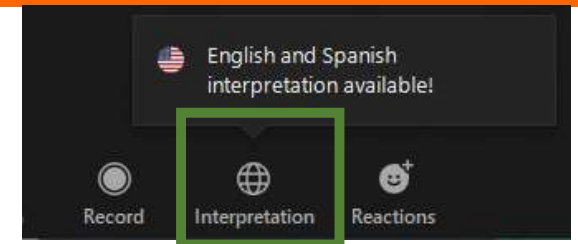


6 October 2022

# Interpretation- traducción- traduction

## English - Instructions to use ZOOM with interpretation service.

1. Click the icon “interpretation” available at the bottom of the screen.
2. Select the audio that you want to hear (English or French).
3. Important for speakers: Please keep speaking in just one language. Do not switch between 2 languages when you speak.



## Français - Instructions pour utiliser ZOOM avec service d'interprétation.

1. Cliquez sur l'icône « interprétation » en bas de l'écran.
2. Sélectionnez le son que vous souhaitez écouter (anglais ou français).
3. Important pour les personnes qui parlent : n'utilisez qu'une seule langue lorsque vous parlez.

## Facilitators



**Yvette Fautsch**  
Nutrition Specialist

UNICEF, Latin America  
and the Caribbean  
Regional Office



**Patricia Domínguez**  
Nutrition Consultant

UNICEF, Latin America  
and the Caribbean  
Regional Office



**Diane Holland**  
Head of Humanitarian Health  
(interim)

Save the Children



**Sanja Segvic**  
Program Officer

Global Nutrition Cluster  
Technical Alliance



## Webinar Working Group



## Supporting Donors



**Note:** This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.

# Introduction

# Why focusing on the first 2 years of life?



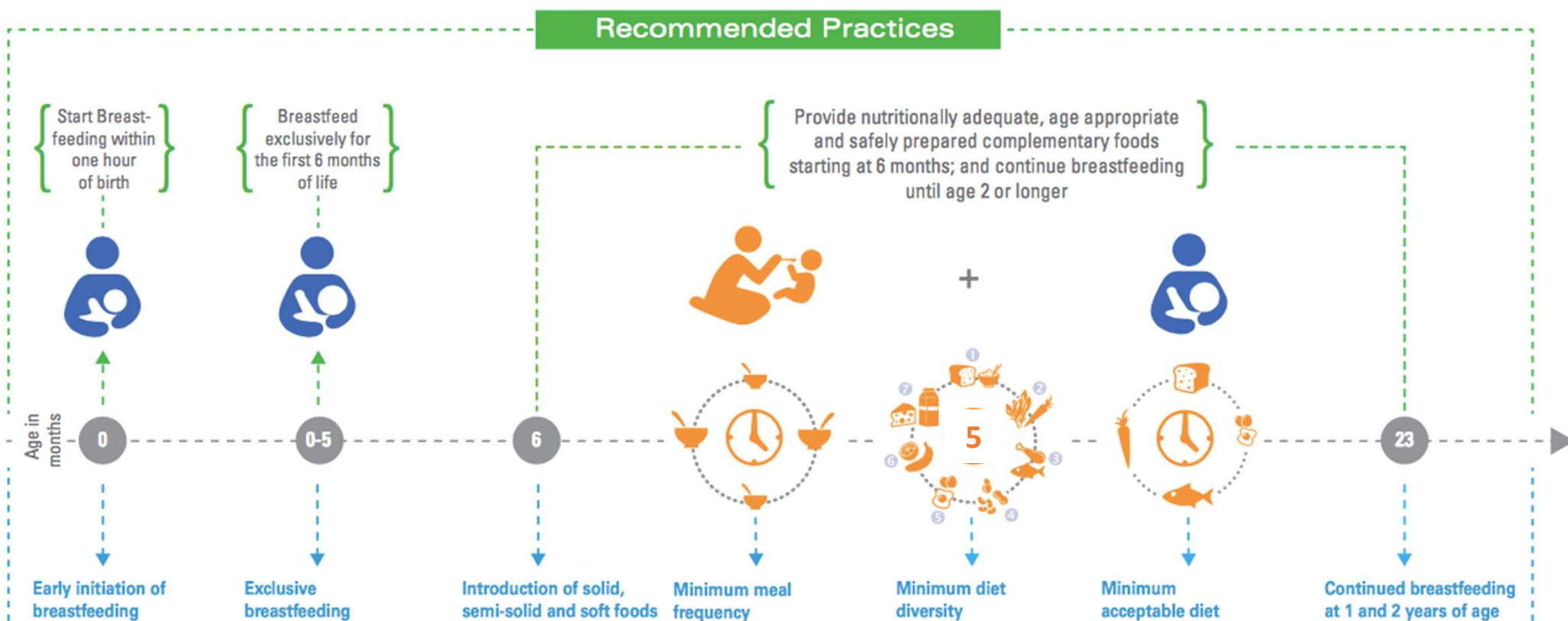
The first 2 years of life:

- **Vulnerable period:** immune system under development
  - **Period of rapid physical growth and accelerated mental development** that offers a unique opportunity to build lifelong health and intelligence.
    - The brain grows more quickly than at any other time in a person's life and a child needs the right nutrients at the right time to feed her brain's rapid development.
  - The right nutrition and care during these period **influences**
    - **whether the child will survive**
    - **his or her ability to grow, learn and rise out of poverty**
- contributes to society's long-term health, stability and prosperity.

Source: The first 1,000 days of life: The brain's window of opportunity, UNICEF 2013

**Foundation for a child's health development across the lifespan**

# What feeding practices are recommended during the first 2 years of life?



Source: From the first hour of life - UNICEF, 2016



# Feeding needed in the first 2 years of life

**Birth - 24 months**



**Breastmilk is the ideal food for infants: safe, clean and contains antibodies which help protect against many common childhood illnesses.**

**6 - 24 months**



**Appropriate complementary foods and feeding practices contribute to child survival, growth and development; they can also prevent micronutrient deficiencies, morbidity and obesity later in life.**

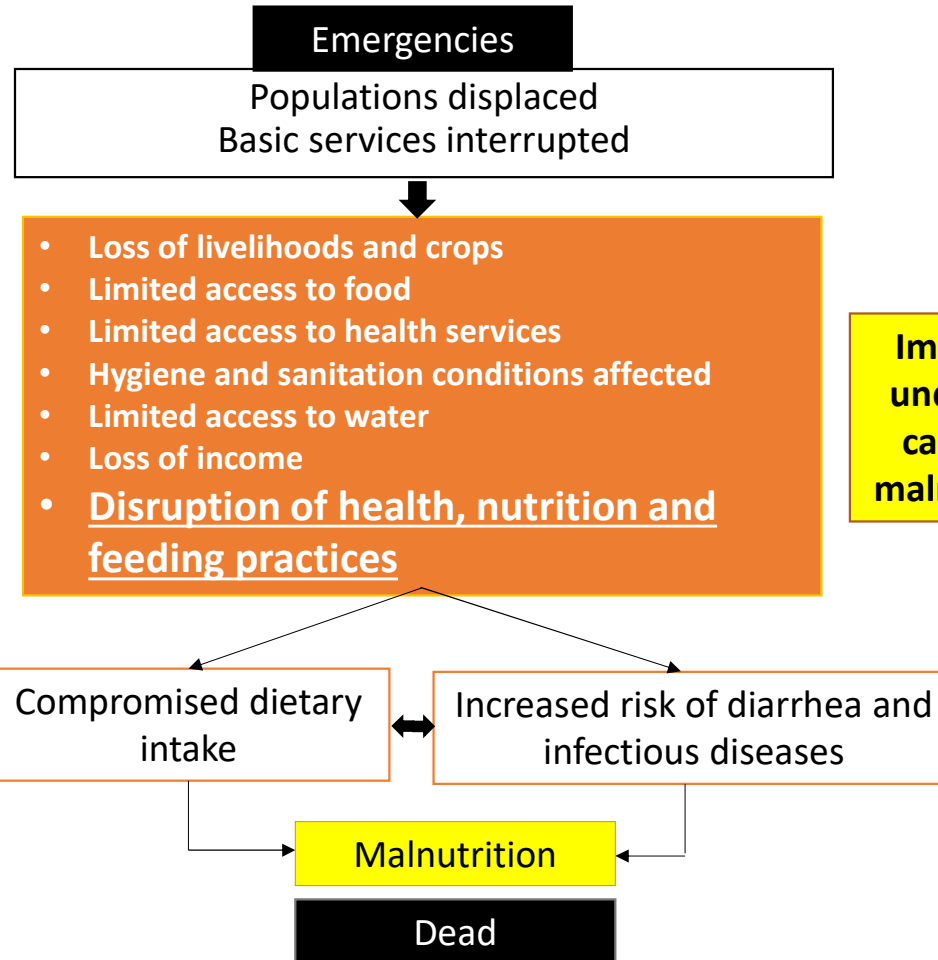
**Birth - 12 months**

**Feeding with breastmilk substitutes is ONLY needed for children who cannot be breastfed**

Source: Global strategy for infant and young child feeding. WHO



# Feeding practices are affected by emergencies



**Impact on underlying causes of malnutrition**

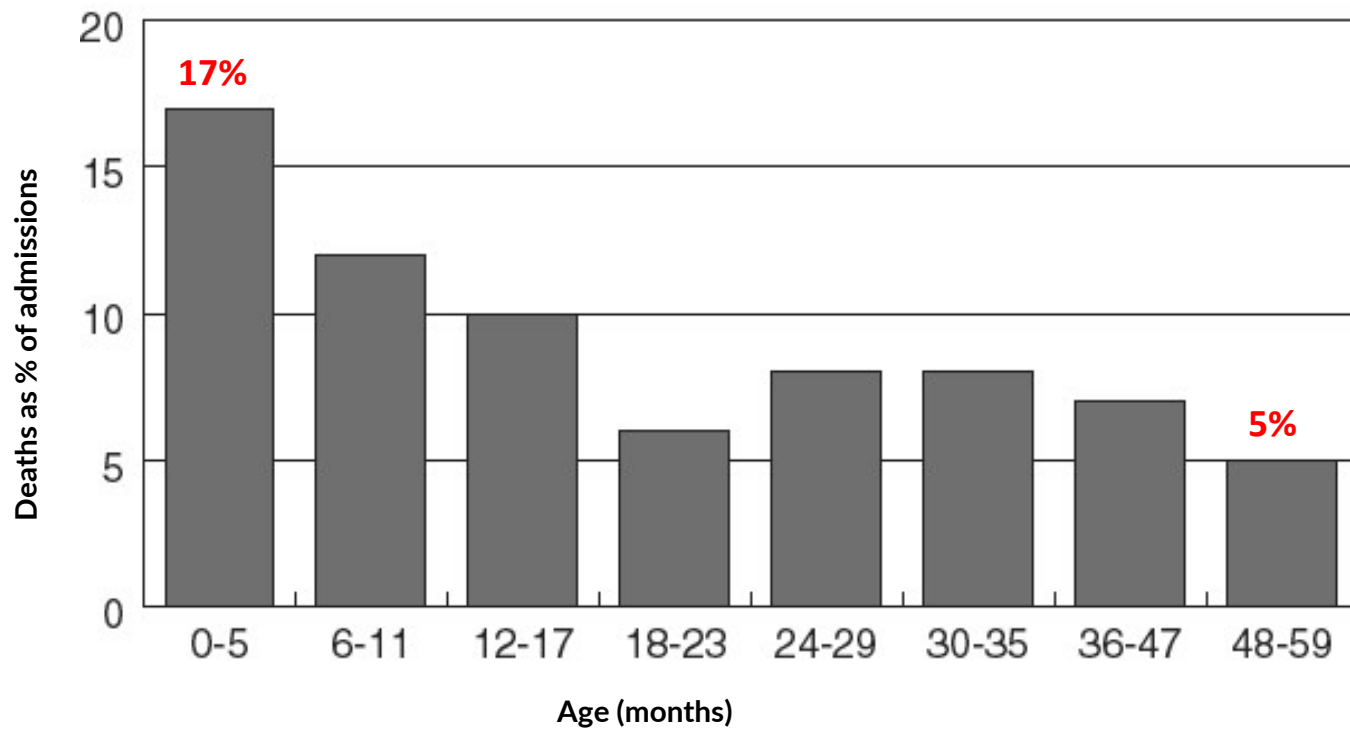




# Children under 2 are at high risk in emergencies



**Young children have an increased risk of mortality**



Golden M. Comment on including infants in nutrition surveys: experiences of ACF in Kabul City. Field Exchange 2000;9:16-17



## Children under 2 are at high risk in emergencies



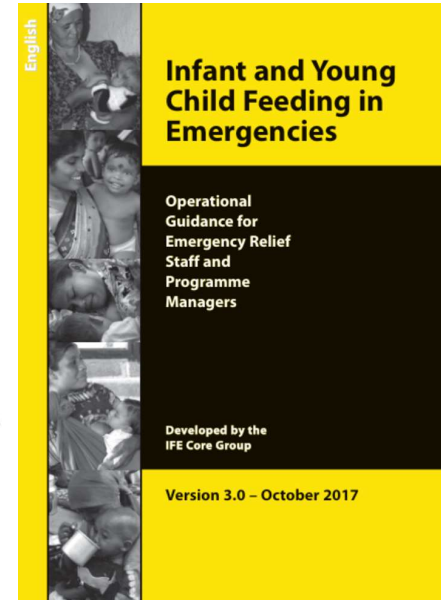
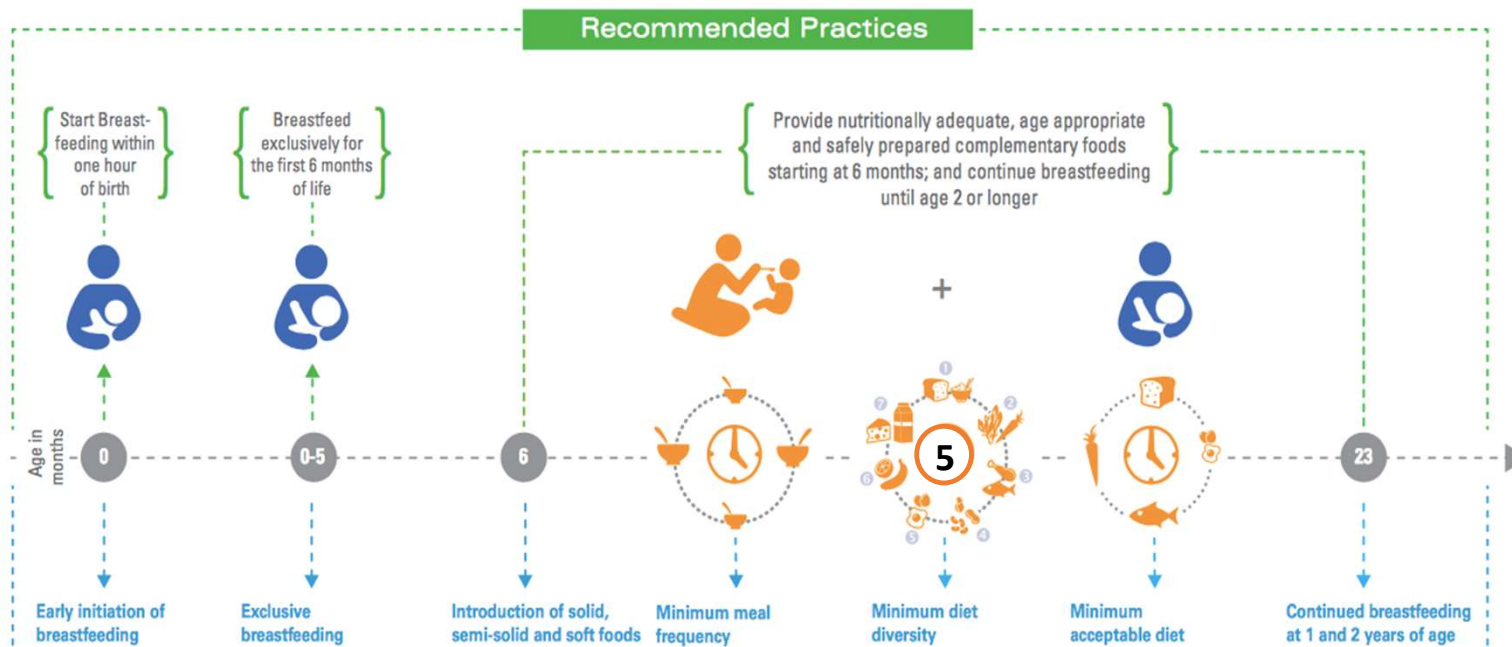
Kurdish refugee crisis in Iraq (1991) → **diarrhoea, dehydration and malnutrition** caused the death of **12% of infants** in one area over a 2-month period.



In humanitarian contexts, **the total mortality rates published for children under one year in emergencies reach 53%**

(Yip & Sharp, 1993; Carothers, C., & Gribble, K., 2014. ).

# IYCF support in emergencies



Fuente: From the first hour of life - UNICEF, 2016

IYCF-E interventions in emergencies aim to ensure two fundamental humanitarian principles:  
**Do no harm & save lives + prevent malnutrition.**

# Objectives of this IYCF-E webinar series

**Main aim:** Strengthen the technical knowledge and capacities on Infant and Young Child Feeding in Emergencies (IYCF-E) of organizations involved in responding to emergencies in Latin America and the Caribbean.

**Target audience:** government institutions, NGOs, UN agencies and emergency coordination platforms among others. Feel free to share to potentially interested colleagues.

## **Format:**

- **Why?** To explain the rationale of the interventions and practices that are promoted in emergencies.
- **What?** To go into depth regarding the interventions and practices should be promoted in emergencies
- **How?** To explain the steps to take during an emergency → emergency response



## WEBINAR SERIES

### Infant and Young Child Feeding in Emergencies (IYCF-E)

**6 October 2022:** Breastfeeding support in  
emergencies

**13 October:** Support to infants who cannot be  
breastfed in emergencies

**20 October:** Support to complementary feeding in  
emergencies (focus on children 6-23- months)

09:00 am (GMT+5/EST/ Panama time)

[Webinar registration - Zoom](#)

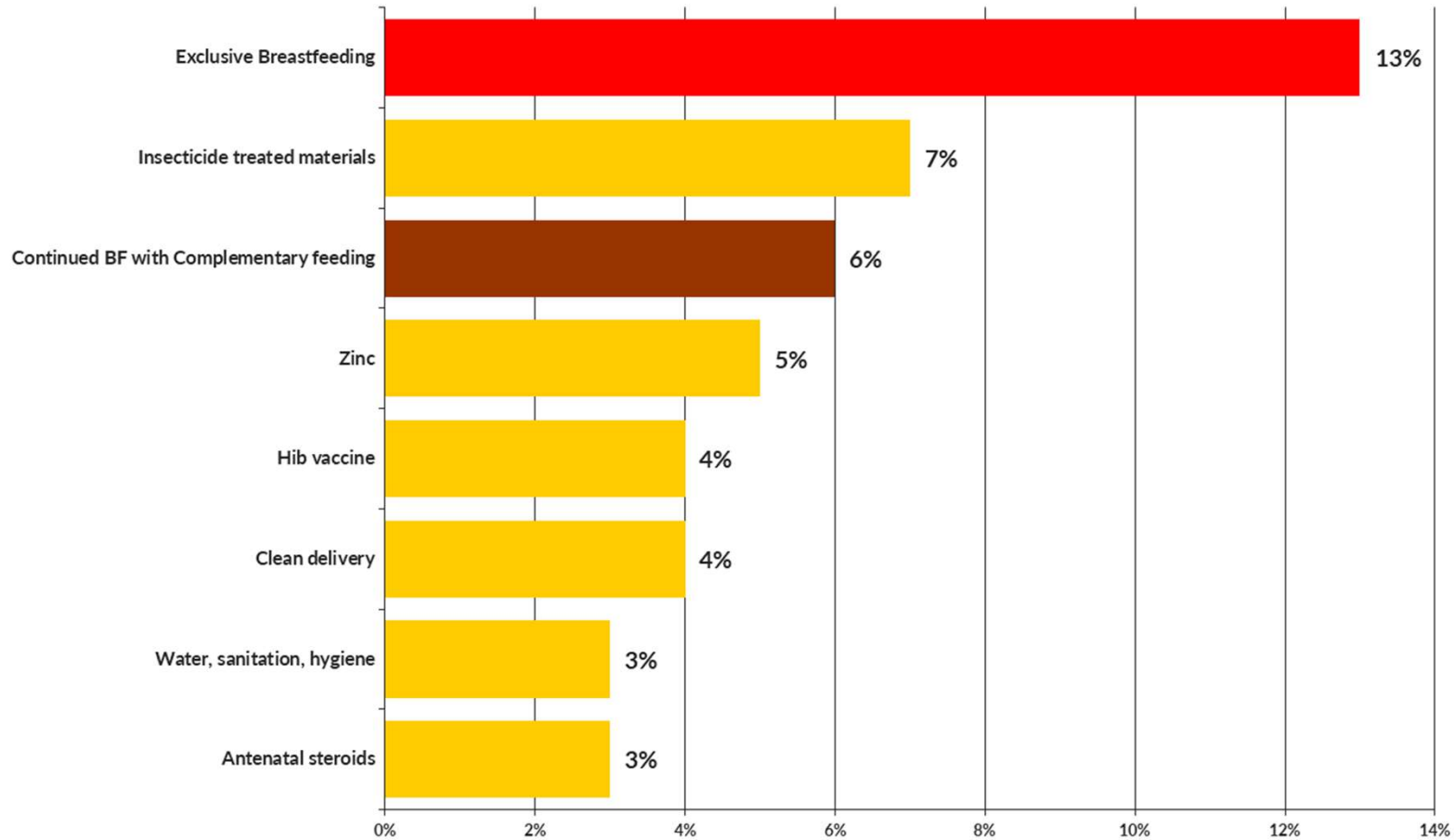


# Pre-test



# Why is breastfeeding support necessary in emergencies?

# Why is breastfeeding support important?



**13% of child deaths can be prevented with exclusive breastfeeding**

Source: How many child deaths can we prevent this year? Lancet 2003; 362: 65–71

# Why is breastfeeding support important in emergencies ?

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

No breastmilk\* are  
**14.4x**  
more likely to die...



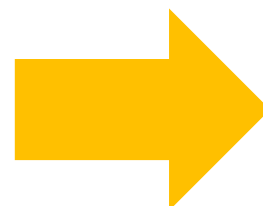
Breastmilk + other  
milk/food are  
**2.8x**  
more likely to die...



Breastmilk + water  
based liquids are  
**1.5x**  
more likely to die...



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



**Total mortality  
rates for  
children under  
one year of age  
in emergencies  
reach 53%**

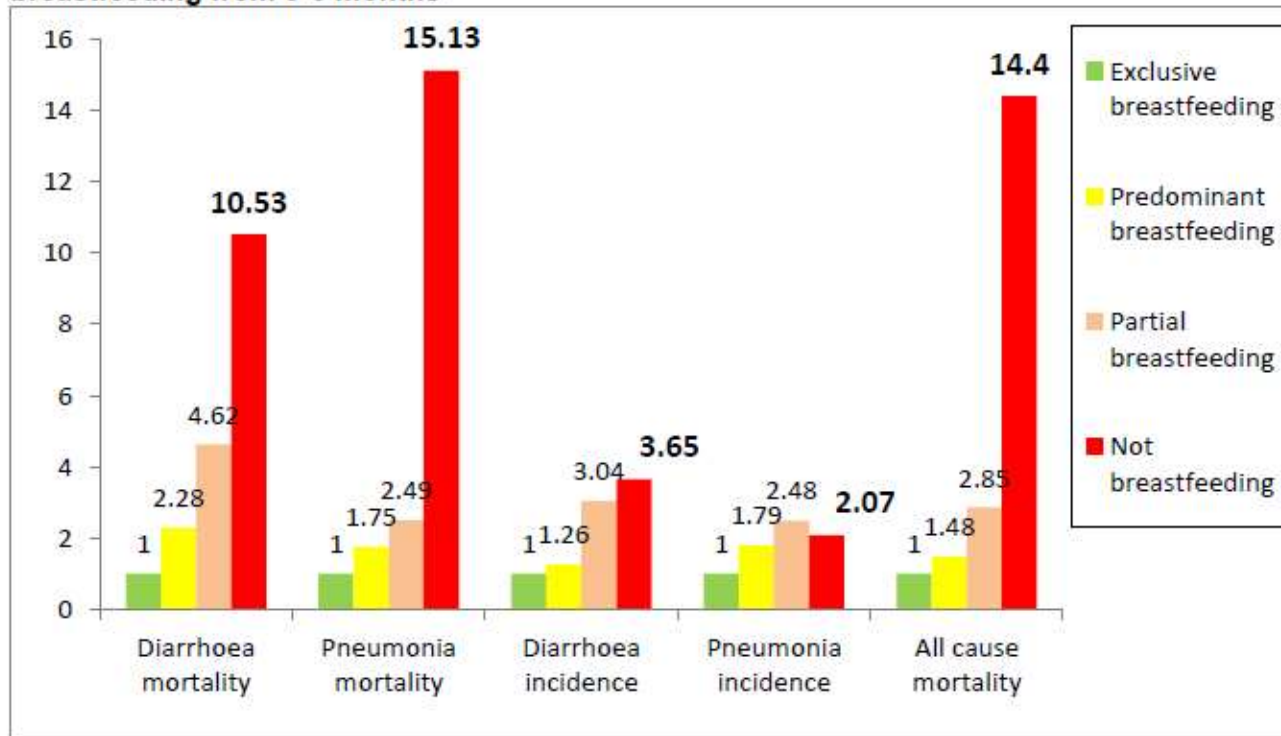
Source: From the first hour of life - UNICEF, 2016



# Non-breastfed infants are at higher risk of infection and mortality



Figure 2: Relative risk of not breastfeeding for infections and mortality compared to exclusive breastfeeding from 0-5 months



Source: Lancet 2008 [3].

Source: IYCF-E Curriculum V2, 2022 Save the Children

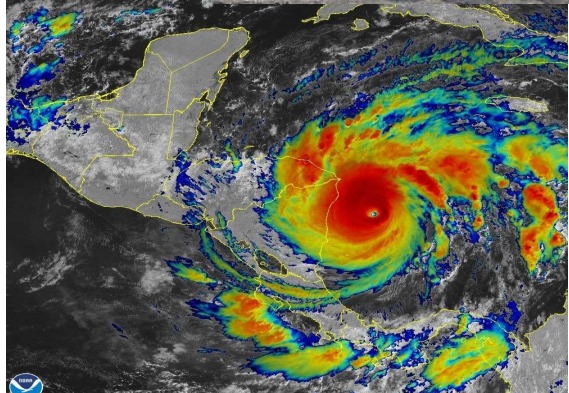
Babies who are not breastfed face major risks:

- 15 times worse odds of dying from pneumonia
- 10 times more likely to die of diarrhea

Breast milk is more than just food, it is also a powerful medicine that protects against disease and is tailored to the needs of each child.



At risk





# Challenges Nursing Mothers Face in Emergencies

- ✓ Concern that stress or lack of food is affecting your milk supply
- ✓ Lack of breastfeeding support
- ✓ Donations of infant formula and powdered milk
- ✓ Lack of knowledge about the risk of using breastmilk substitutes in emergency situations



# Infant formula donations and powder milk in emergencies



SAGARPA México  
@SAGARPA\_mx

Seguir

Recibimos en el albergue de Juchitán 3,700 latas de leche donativo de Mead Johnson Nutrition a través de la @Canilec, ¡Muchas gracias!



12:21 - 7 oct. 2017

106 Retweets 156 Me gusta



3 106 156

*BMS donations earthquake Mexico, 2017*





## Artificial feeding is risky



Source: Save the Children

1. Lack of safe water (preparation and cleaning)
2. Improper cleaning of eating utensils **baby bottle is a source of infection**
3. Limited supply of breastmilk substitutes (BMS)
4. BMS contamination
5. BMS do not contain antibodies



## Breast milk substitutes carries a higher risk with greater consequences in emergency settings



Source: IYCF-E Curriculum V2, 2022 Save the Children

# Infant formula donations and powder milk in emergencies

## Risks

BMS donations many times:

- They are expired
- They are the wrong type of SLM
- Are labeled in a language that is not the local language

## Consequences

**Short-term:** interruption of proper breastfeeding practices

**Long-term:** Mothers and children become dependent on BFS they cannot buy them once the donations end because of their high cost



The Guardian, 2010

# Infant formula and powder milk donations in emergencies

**Non-breastfed children  
are extremely  
vulnerable**

They are more likely to  
contract an infection  
become malnourished  
suffer from serious  
illnesses that lead to  
death



**Large amounts of  
infant formula are not  
necessary**

Uncontrolled  
distribution of breast-  
milk substitutes can  
affect breastfeeding  
and increase the risk of  
illness and death



**Morbidity and  
mortality  
disparities  
between  
breastfed and  
non-breastfed  
infants increase in  
emergency  
situations**

# Why is breastfeeding support important in emergencies ?



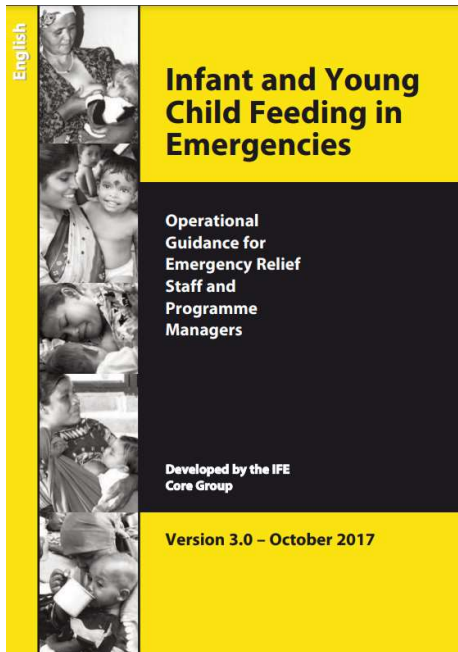
**Breastfeeding  
is a critical  
lifesaving  
intervention in  
emergencies**

1. In emergencies, breastfeeding remains the safest, most nutritious, and most reliable food source for infants under six months.
2. Breastfeeding in emergencies saves lives.
3. Breastfeeding mothers need support during emergencies.
4. The nutritional needs of lactating mothers should receive sufficient attention in emergency response.



# What is breastfeeding support in emergencies?

# Initial considerations for breastfeeding support



- 5.7 Protect, promote and support early initiation of exclusive breastfeeding in all newborn infant.
- 5.8 Protect, promote and support exclusive breastfeeding in infants less than six months of age and continued breastfeeding in children aged six months to two years or beyond.
- 5.9 The use of breastfeeding supplementary feeding devices and breast pumps should only be considered when their use is vital and where it is possible to clean them adequately, such as in a clinical setting



# Breastfeeding counselling

- **Breastfeeding counselling** is:
  - A two-way interaction between a trained breastfeeding counsellor and one or more pregnant women, mothers or other caregivers of children (most typically) under two years of age.
- The **process** involves:
  - listening to concerns
  - discussing questions
  - teaching about breastfeeding
  - observing and assisting with the normal process of breastfeeding and breastfeeding challenges.
- **Aim:**
  - Empower women to breastfeed and to strengthen responsive caregiving practices while respecting their personal situations and wishes



*Specialized breastfeeding counselling provided by trained staff in Mexico*

# Breastfeeding counselling

## Counselling is NOT:

- Basic breastfeeding education or sensitisation and the sharing of key or generic messages
- Lecture or classroom-style sessions → breastfeeding education, not group counselling.

→ Key difference with counselling: listening, learning and skills-building interactions to support the person receiving the counselling in their decision making.



*Sensitization session in IYCF*

# Possible entry points for counselling

## Pre-existing breastfeeding counselling services and structures

- Typically part of the health system (may also include community-based services such as local breastfeeding support groups)
- Services that work closely with pregnant women and girls, mothers and other caregivers of infants and young children

This involves the placement of a dedicated breastfeeding counsellor within a structure or service or capacitating service providers to deliver counselling themselves

### Examples:

- reproductive health including essential newborn care (ENC)
- sexual and gender-based violence (SGBV)
- prevention of mother-to-child transmission (PMTCT)
- family planning,
- antenatal care (ANC)
- postnatal care (PNC)
- child health including paediatric services treating wasted infants
- immunisation services
- well-baby clinics
- integrated community case management (iCCM)
- integrated management of childhood illness (IMCI)
- growth monitoring
- mental health and psychosocial support (MHPSS)



Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# Possible entry points for counselling

## Pre-existing community/ women's groups

- Group so that mothers can benefit from sharing their experiences with others going through the same situation.
- Community based

### It is not:

- An information session
- Delivered only at health facilities



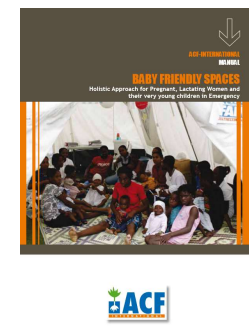
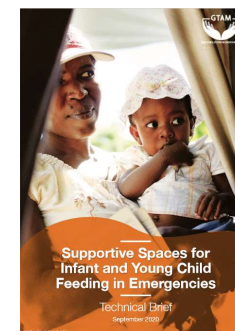
Support Groups



[Resources support groups](#)

## Safe spaces/ mother and baby areas

- A comfortable place for mothers and babies
- A place with facilities for mothers, caregivers and babies.
- A place where mothers, caregivers and babies receive assessment, counseling, appropriate support and referral in case it is needed.



# Possible entry points for counselling

Possible entry points for counseling through other sectors:

Protection	Education	WASH	Food Security
MHPSS transversal intervention Registration of newborns Brothers and sisters, mothers of children reached by the sector	Brothers and sisters, mothers of school-age children reached by the sector	Deliveries of filters, water, soap, hygiene kits	Food distributions Cash and Voucher assistance



May be better placed to identify counselling needs and make referrals than to deliver counselling itself



SOURCE: Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action

# Recipients of breastfeeding counselling

WHO Recommendation 1

Breastfeeding counselling should be provided to all pregnant women and mothers with young children.

## Primary populations to reach during emergencies:

- pregnant girls and women
- mothers and other caregivers of infants (0-11 months) and young children (12-23 months)

## Others:

- fathers/co-parents
- grandmothers
- mothers-in-law
- other family members depending on the specific cultural context and who the decision makers and influencers are with regard to infant feeding and care seeking behaviours.



Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021



# Recipients of breastfeeding counselling

WHO Recommendation 1

Breastfeeding counselling should be provided to all pregnant women and mothers with young children.

When unable to provide counselling to all, **prioritize specific groups** for counselling:

PRIORITY 1

PRIORITY 2

PRIORITY 3

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

## Mother-baby dyad in need of IMMEDIATE HELP

### BMS-dependent infants (non-breastfed or mixed fed)

**Lactating women with existing breastfeeding difficulties** (e.g., engorgement, sore or cracked nipples, pain, thrush, mastitis, perceived/documentated low milk supply and breast refusal)

### Dyads with urgent individual needs

Breastfeeding mothers or other primary caregivers of infants and young children who are:

- Newborns (0-28 days)
- Premature/LBW
- Less than six months with growth failure
- Multiples (e.g., twins)
- Sick
- Malnourished
- Living with a disability which impacts feeding
- Showing signs of extreme distress
- Separated or unaccompanied
- Maternal orphans

Breastfeeding women who are:

- Malnourished
- Severely ill
- Survivors of SGBV
- Living with a disability which impacts feeding
- Breastfeeding someone else's baby
- Living with a mental illness or showing signs of distress/trauma
- Living with HIV
- Recovering from a Caesarean/high intervention/ traumatic birth



# Recipients of breastfeeding counselling

WHO Recommendation 1

Breastfeeding counselling should be provided to all pregnant women and mothers with young children.

When unable to provide counselling to all, **prioritize specific groups** for counselling:

PRIORITY 1

PRIORITY 2

PRIORITY 3

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

## AT RISK

### Vulnerable groups and groups who are at higher risk of feeding difficulties

#### Breastfeeding mothers or other primary caregivers of infants who are:

- Under six months of age (excluding newborns)

#### Caregivers who are:

- First time mothers
- Adolescent mothers

#### Pregnant women with risk factors identified during antenatal care including:

- Nulliparous (first time mother)
- Multiple pregnancy
- Past history of breastfeeding difficulties or of artificial feeding

- History of breast surgery
- Current/history of depression or anxiety
- Likely or confirmed Caesarean birth
- Diabetic, overweight or obese
- Mother or fetus has an impairment which may affect breastfeeding (e.g., cleft palate)
- SGBV survivor
- HIV positive
- Maternal malnutrition

# Recipients of breastfeeding counselling

WHO Recommendation 1

Breastfeeding counselling should be provided to all pregnant women and mothers with young children.

When unable to provide counselling to all,  
**prioritize specific groups** for counselling:

PRIORITY 1

PRIORITY 2

PRIORITY 3

PREVENTION AND PROMOTION

All other pregnant and breastfeeding women and caregivers with infants and young children

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# Key recommendations of breastfeeding counselling

## WHO Recommendation 2

**Breastfeeding counselling should be provided in both the antenatal period and postnatally, and up to 24 months or longer.**

## WHO Recommendation 3

**Breastfeeding counselling should be provided at least six times, and additionally as needed.**

# Key recommendations of breastfeeding counselling

Group	Timing	Frequency
<b>Priority 1</b> Immediate assistance	<b>URGENTLY</b>	<b>As often as needed</b>
<b>Priority 2</b> At risk	<b>AS SOON AS POSSIBLE</b>	<b>As often as needed</b>
<b>Priority 3</b> All pregnant and breastfeeding women	<b>DURING PLANNED CONTACTS</b>	<b>At least 6 times to the extent that the time frame and context of the emergency allow.</b>

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# Types of breastfeeding counselling

WHO Recommendation 4

Breastfeeding counselling should be provided through face-to-face counselling. Breastfeeding counselling may, *in addition*, be provided through telephone or other remote modes of counselling.

**Face-to-face** (may occur at household, community or facility level)

- One-to-one: should be accessible to address individual needs.
- Group counseling:
  - particularly appropriate for addressing common concerns and sub-optimal practices in resource limited settings
  - can have important benefits for maternal wellbeing by creating an opportunity for experience sharing and mutual support

**Remotely**



Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021



# Types of breastfeeding counselling

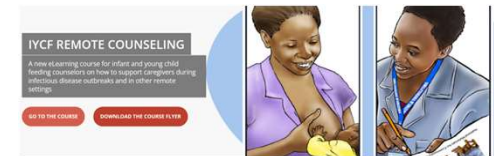
WHO Recommendation 4

Breastfeeding counselling should be provided through face-to-face counselling. Breastfeeding counselling may, *in addition*, be provided through telephone or other remote modes of counselling.

## Remote:

Telephone counselling and other technologies:

- useful options as adjuncts
- may empower end-users, as well as health workers and lay or peer counsellors.



Useful to reinforce information shared face-to-face through sharing of information, education and communication (IEC) materials such as video links to caregiver's mobile phones

## BOX 5 Examples of technology options for remote counselling

Using voice only	Using voice and pictures	Using voice and video
- Telephone	- WhatsApp/Facebook	- Skype/Zoom/WhatsApp/FaceTime/
- Voice messages	Messenger/Instagram/Telegram	Facebook Messenger/Signal/Telegram

Source: Operational Guidance:  
Breastfeeding Counseling in  
Emergencies , ENN 2021

# Providers of breastfeeding counselling

## WHO Recommendation 4

Breastfeeding counseling should be facilitated as a continuum of care by health, peer and community professionals trained in breastfeeding.



Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# Providers of breastfeeding counselling

## Possible providers of counseling: roles and responsibilities

Healthcare professionals	Paraprofessionals	Other breastfeeding supporters
<p><b>Professionals within the health system such as</b> physicians, midwives, perinatal nurses, lactation consultants, nutritionists, psychologists etc.</p> <ul style="list-style-type: none"><li>• Trained and tasked to provide counselling, <i>mostly</i> at facility level</li><li>• May also work at household and community level</li><li>• May have multiple other responsibilities in addition to counselling</li><li>• May have advanced counselling competencies including aspects of lactation management that require clinical knowledge and skills</li><li>• Good knowledge of, and linkages to, the health system</li></ul>	<p><b>Lay and peer breastfeeding counsellors such as</b> mother-to-mother support group facilitators, community health workers, traditional birth attendants, psychosocial workers, etc.</p> <ul style="list-style-type: none"><li>• Trained and tasked to provide counselling, <i>mostly</i> at household and community level</li><li>• May also work at facility level</li><li>• May have advanced counselling competencies that do not require clinical knowledge and skills</li><li>• Good knowledge of, and linkages to, the community</li></ul>	<p><b>Frontline workers such as</b> IYCF educators, volunteers, mobilisers, hygiene promoters, child protection case workers, first responders, etc.</p> <ul style="list-style-type: none"><li>• Trained and tasked with delivering general breastfeeding promotion and support including identification and referral (SRA)</li></ul>
Identification & counselling	Identification & counselling	Identification, education & general support

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# How can breastfeeding be protected, promoted and supported during emergencies?

# Overview of suggested course of action

Immediately		Within the first weeks	In the first month and beyond
<b>Coordination and communication</b>	<b>Situation analysis and identification of needs</b>	<b>Response planning</b>	<b>Response implementation and M&amp;E</b>
<ul style="list-style-type: none"> <li>• Activate of a coordination group around nutrition, and specifically IYCF-E</li> <li>• Issue a joint statement on the importance to protect IYCF-E</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a secondary analysis of existing data (pre-crisis data)</li> <li>• Conduct a rapid needs assessment at the community level:               <ul style="list-style-type: none"> <li>• Quantitative</li> <li>• Qualitative</li> </ul> </li> <li>• Conduct individual assessment of infant feeding practices and referral</li> <li>• Conduct capacity assessment and mapping</li> <li>• Conduct mapping of services</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a context-specific nutrition response plan, including training</li> <li>• Identifying monitoring indicators and develop a M&amp;E framework of the nutrition response plan</li> <li>• Mobilize resources for the nutrition response plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the response plan</li> </ul> <p>M&amp;E:</p> <ul style="list-style-type: none"> <li>• Set-up feedback mechanisms</li> <li>• Monitor and report BMS donations.</li> <li>• Collect lessons learnt</li> </ul>

**COORDINATION with Nutrition partners and other sectors**





# Case Study

Case study - Latam

**Place:** Latam, middle-income country, pre-crisis population: 5,000,000.

**Emergency:** Greater flow of migrants, as of September 2022, Latam welcomed 30,000 migrants and 10,000 have been identified as a population in transit.

\*Complete families (caregivers, mothers, babies, and children have been identified)



# Overview of suggested course of action

Immediately		Within the first weeks	In the first month and beyond
<b>Coordination and communication</b>	<b>Situation analysis and identification of needs</b>	<b>Response planning</b>	<b>Response implementation and M&amp;E</b>
<ul style="list-style-type: none"> <li>• <b>Activate of a coordination group around nutrition, and specifically IYCF-E</b></li> <li>• <b>Issue a joint statement on the importance to protect IYCF-E</b></li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a secondary analysis of existing data (pre-crisis data)</li> <li>• Conduct a rapid needs assessment at the community level:               <ul style="list-style-type: none"> <li>• Quantitative</li> <li>• Qualitative</li> </ul> </li> <li>• Conduct individual assessment of infant feeding practices and referral</li> <li>• Conduct capacity assessment and mapping</li> <li>• Conduct mapping of services</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a context-specific nutrition response plan, including training</li> <li>• Identifying monitoring indicators and develop a M&amp;E framework of the nutrition response plan</li> <li>• Mobilize resources for the nutrition response plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the response plan</li> </ul> <p>M&amp;E:</p> <ul style="list-style-type: none"> <li>• Set-up feedback mechanisms</li> <li>• Monitor and report BMS donations.</li> <li>• Collect lessons learnt</li> </ul>

**COORDINATION with Nutrition partners and other sectors**



# Coordination and Communication

## 1. Activate a Nutrition coordination mechanism, specifically in IYCF-E

- **Objective:** Plan and coordinate response activities together to achieve better results
- **Leadership:** Government, Nutrition Coordination Authority
- **Inclusive:** includes government entities, UN agencies, donors, NGOs, and population/community representatives
- **Specific:** established to discuss IYCF-E priorities (not health or food safety)
- **Functional:** Meets regularly to coordinate activities



# Coordination and Communication

## 2. Official joint statement with key messages for donors, local partners and the media to:

- Discourage donations of infant formula. Instead, encourage financial contributions to support urgent community needs
- Focus on the importance of supporting lactating women in emergencies

Communication is critical in the first hours and days of responding to an emergency



### 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 lo 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 saclar 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

<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, jugo y agua) que sean propiados 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.

Statement issued in the framework of the response to hurricanes Eta and Iota in Honduras in 2020.

# Coordination and Communication

Case study - Latam

## 2. Official joint statement with key messages for donors, local partners and the media to:

- Discourage donations of infant formula. Instead, encourage financial contributions to support urgent community needs
- Focus on the importance of supporting lactating women in emergencies

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

### JOINT STATEMENT NUTRITION SECTOR



**Call to protect, promote and support breastfeeding and avoid donations and distribution of breast milk substitutes, including infant formulas, follow-up formulas, and powdered milk, and feeding bottles.**

Children from birth to two years of age are particularly vulnerable to malnutrition, disease and death. Breastfeeding is crucial for the survival of children, especially the younger ones. In addition to supporting their growth and development, breastfeeding prevents malnutrition, ensures infant food security, protects maternal and child health, and reduces financial pressure on families, among other things.

Partners of the R4V Nutrition Sector urge all response teams / staff of the R4V platform to identify the needs of breastfeeding mothers and to **provide them adequate protection and support to continue breastfeeding**. The sector calls **not to request donations of breast milk substitutes, including infant formulas, follow-up formulas, powdered milk, and not to distribute these products in the refugee and migrant population** for the following reasons:

- During distribution, **these products can be donated to breastfeeding mothers, and interrupt breastfeeding**. These mothers see their milk production decrease and, once the donation ends, breastfeeding again will be difficult and they will have to continue to buy the donated product, which is often a challenge due to its high cost.
- These products can be **potential vectors of infection**. Once opened there is a high risk that their handling and use will be inappropriate, especially if personnel have not been trained. For example, **in preparing these products water that is not suitable for consumption may be used** (e.g. contaminated water) or inadequate hygiene practices could be followed, such as not cleaning adequately feeding utensils, including baby bottles (which are not recommended, and which are not easy to clean).
- Donated breast milk substitutes **may be outdated, may be inappropriate for the age of children** (for example, powdered cow's milk is not recommended for children under 1 year of age), and/or may not come with guidelines on their preparation and the hygiene measures to take.
- **In summary, non-breastfed children are highly vulnerable to infectious diseases and malnutrition. In emergencies they are even more vulnerable. They are more likely to get an infection, become malnourished, and suffer from serious illnesses that could lead to death.**

#### We recommend that:

- every effort is made to promote, protect and support the practice of breastfeeding, including the provision of qualified support from trained staff and the establishment of safe spaces for mothers to breastfeed in a quiet place.
- **Infants under 1 year of age who are not breastfed (infants under 6 months with urgency)** are identified referred to a health professional aware of adequate practices of infant and young child feeding for evaluation, prescription of the type of feeding most appropriate to their situation and monitoring of their health and nutrition status.
- Donated breast milk substitutes are not distributed to affected refugee and migrant families.
- Donated breast milk substitutes are transferred to an organization that can use them in the preparation of hot meals for adults or older children.
- Donations of breast milk substitutes and feeding equipment are not requested or accepted
- Avoid agreements with companies that produce breast milk substitutes or unhealthy foods in exchange for financial or in-kind contributions.
- The R4V Nutrition Sectors is contacted for further guidance to adequately support the needs of non-breastfed children without affecting breastfeeding practices.

Contact: Yvette Fautsch, Coordination, R4V Nutrition Sector : [yfautsch@unicef.org](mailto:yfautsch@unicef.org)

1

*Statement issued in 2021 in the framework of the R4V response - response to migratory flows from Venezuela*



# Overview of suggested course of action

Immediately		Within the first weeks	In the first month and beyond
<b>Coordination and communication</b>	<b>Situation analysis and identification of needs</b>	<b>Response planning</b>	<b>Response implementation and M&amp;E</b>
<ul style="list-style-type: none"> <li>• Activate of a coordination group around nutrition, and specifically IYCF-E</li> <li>• Issue a joint statement on the importance to protect IYCF-E</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Conduct a secondary analysis of existing data (pre-crisis data)</b></li> <li>• <b>Conduct a rapid needs assessment at the community level:</b> <ul style="list-style-type: none"> <li>• <b>Quantitative</b></li> <li>• <b>Qualitative</b></li> </ul> </li> <li>• <b>Conduct individual assessment of infant feeding practices and referral</b></li> <li>• <b>Conduct capacity assessment and mapping</b></li> <li>• <b>Conduct mapping of services</b></li> </ul>	<ul style="list-style-type: none"> <li>• Developing a context-specific nutrition response plan, including training</li> <li>• Identifying monitoring indicators and develop a M&amp;E framework of the nutrition response plan</li> <li>• Mobilize resources for the nutrition response plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the response plan</li> </ul> <p>M&amp;E:</p> <ul style="list-style-type: none"> <li>• Set-up feedback mechanisms</li> <li>• Monitor and report BMS donations.</li> <li>• Collect lessons learnt</li> </ul>

**COORDINATION with Nutrition partners and other sectors**



# Situation analysis and identification of needs

## 1. Conduct a secondary analysis of existing data (pre-crisis data)

- Develop an IYCF situation profile to inform early decision-making and immediate actions.
- Pre-crisis sources of information include National and subnational surveys Health information systems (existing government)Program data:
  - ✓ NGOs and UN country programs;
  - ✓ Studies of knowledge, attitudes and practices (KAP)
  - ✓ WHO and UNICEF databases, etc.

- Pre-emergency **child nutritional status**
- **Pre-emergency feeding practices:**
  - breastfeeding initiation in newborns
  - early and exclusive breastfeeding in infants under six months
  - non-breastfed infants under six months
  - BMS use, including infant formula, etc.
- Population **knowledge and attitudes** regarding IYCF (**relactation, wet nursing**, use of donor human milk)
- Estimated caseloads of **children under two years of age**

# Latam – IYCF-e data pre-crisis

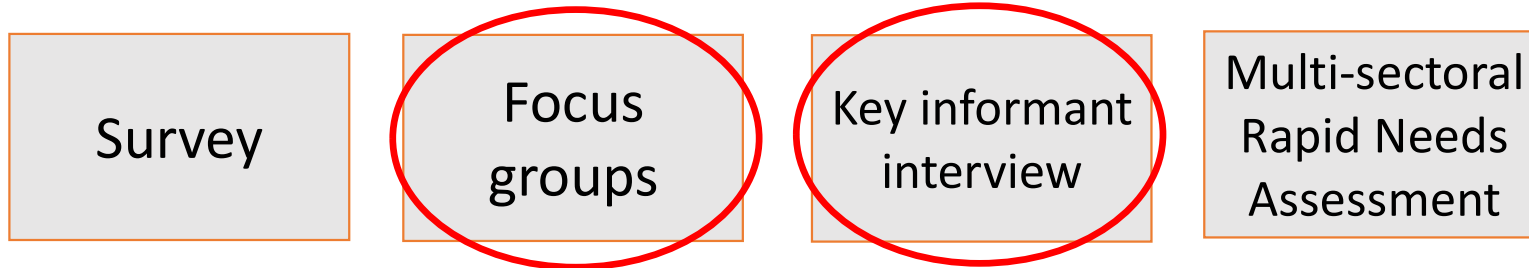
## Case study- Latam



© UNICEF/UNI235498/Willocq

Indicator	Latam
<b>Early initiation of breastfeeding**</b>	<b>54.0%</b>
<b>Exclusive Breastfeeding**</b>	<b>37.0%</b>
<b>Continued Breastfeeding**</b>	<b>45.0%</b>
Minimum dietary diversity**	62%
Minimum acceptable diet**	44%
Low birth weight*	8.6%
Acute malnutrition*	1.4%
Stunting*	8.6%
Mortality rates in children	Not available
<b>Infant mortality causes***</b>	<b>Diarrea, Pneumonia Malnutrition</b>

# Situation analysis and identification of needs



## Focus groups

- How babies are usually fed?
- Has something changed since you arrived?
- Why women don't breastfeed?
- When do babies start eating solid food?



## Other actors/partners

- How many women?
- How many children under 2 years?
- How many children under 6 months?
- How many children are between 6 and 23 months?

# Situation analysis and identification of needs

## 1. Conduct a rapid needs assessment at the individual level:

- **What:** Screen all primary caregivers of children under two using a Simple Rapid Assessment as soon as possible after the onset of a crisis.
- **What for:** rapidly assess children under two and their caregivers → decide who should be referred for a full assessment and counselling or to other forms of breastfeeding support.
- **Who:** All frontline workers who frequently interact with children under two and their caregivers should be trained on how to use the SRA so that it can be used whenever the opportunity arises:
  - new arrivals at a reception center
  - as part of a household survey (active screening),
  - as part of child protection case management processes
  - upon presentation at a health care facility
  - during food assistance registration

### Annex A SIMPLE RAPID ASSESSMENT<sup>1</sup>

#### Instructions:

- Use this assessment form for all mothers/caregivers with children 0-23 months (under 2)
- Once this assessment has been completed, decide whether the caregiver/mother needs counselling/full assessment and/or other services.
  - If yes, complete the referral form
  - If no, refer for IYCF support services (e.g., education, peer support group)

SIMPLE RAPID ASSESSMENT			
Staff name/ID		Date of assessment	
Child's name		Gender	
Child's age			
Caregiver's name		Caregiver relationship	
Facility ID		Location	
ASK			
Age of baby	<input type="checkbox"/> 0-5.9 months <input type="checkbox"/> Newborn (<28 days)	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 12-24 months
Is the baby breastfed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes) Are there any difficulties breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the baby drinking infant formula/milk powder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the baby getting anything else to drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	n/a
Is the baby getting anything else to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OBSERVE			
Multiples (twins/triplets etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver requested infant formula?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby looks very thin/lethargic/ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby has sunken eyes/sagging skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver/child has an impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver looks very thin/ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver appears to be very anxious, stressed, sad or distressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Key:

- Priority 1 – refer for full assessment   
 Priority 2 – refer for full assessment  
 No need for IYCF counselling – provide praise and encouragement

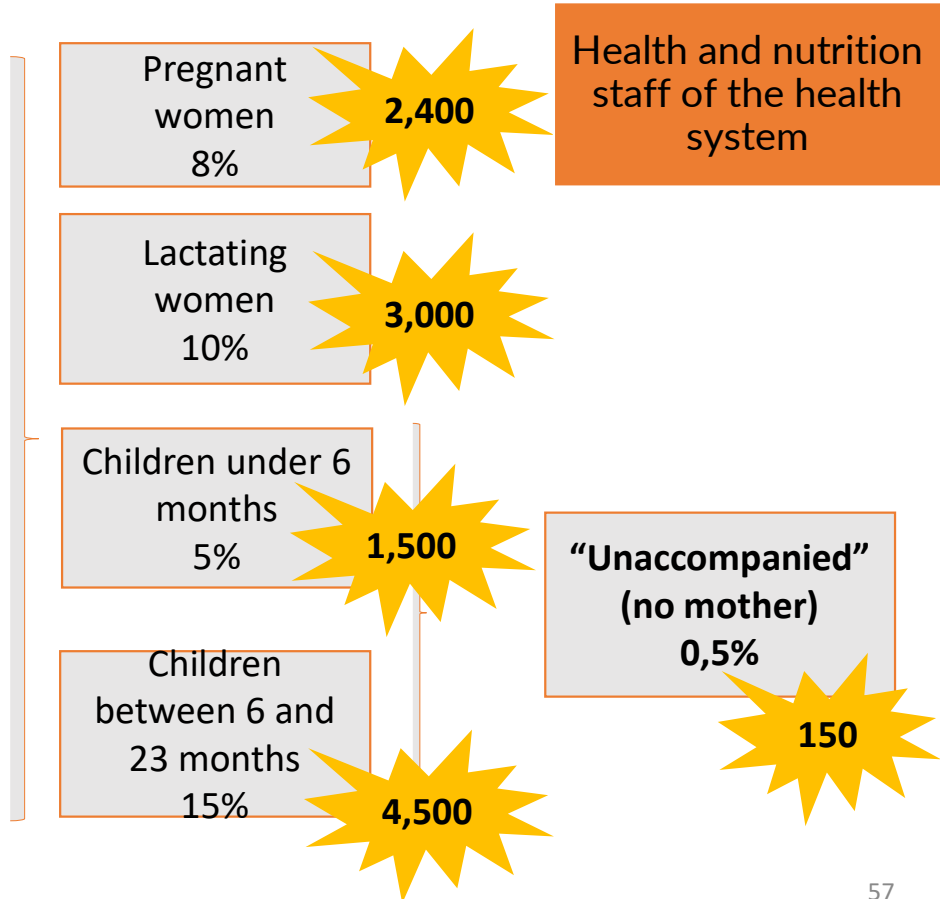
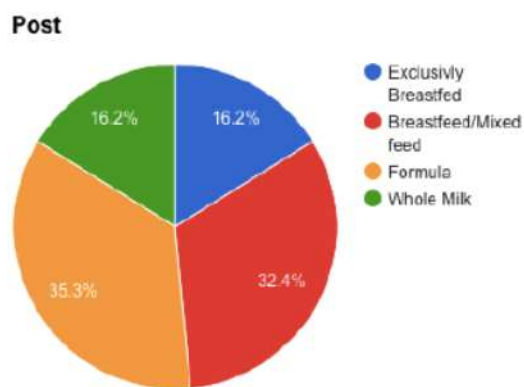
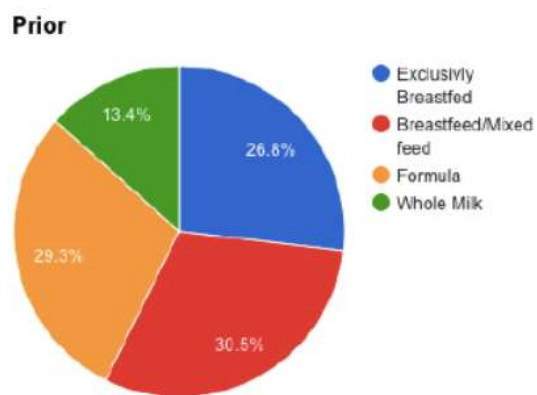


# Situation analysis and identification of needs

Case study - Latam

## Rapid Assessment findings

TOTAL  
30,000



# Situation analysis and identification of needs

Case study - Latam

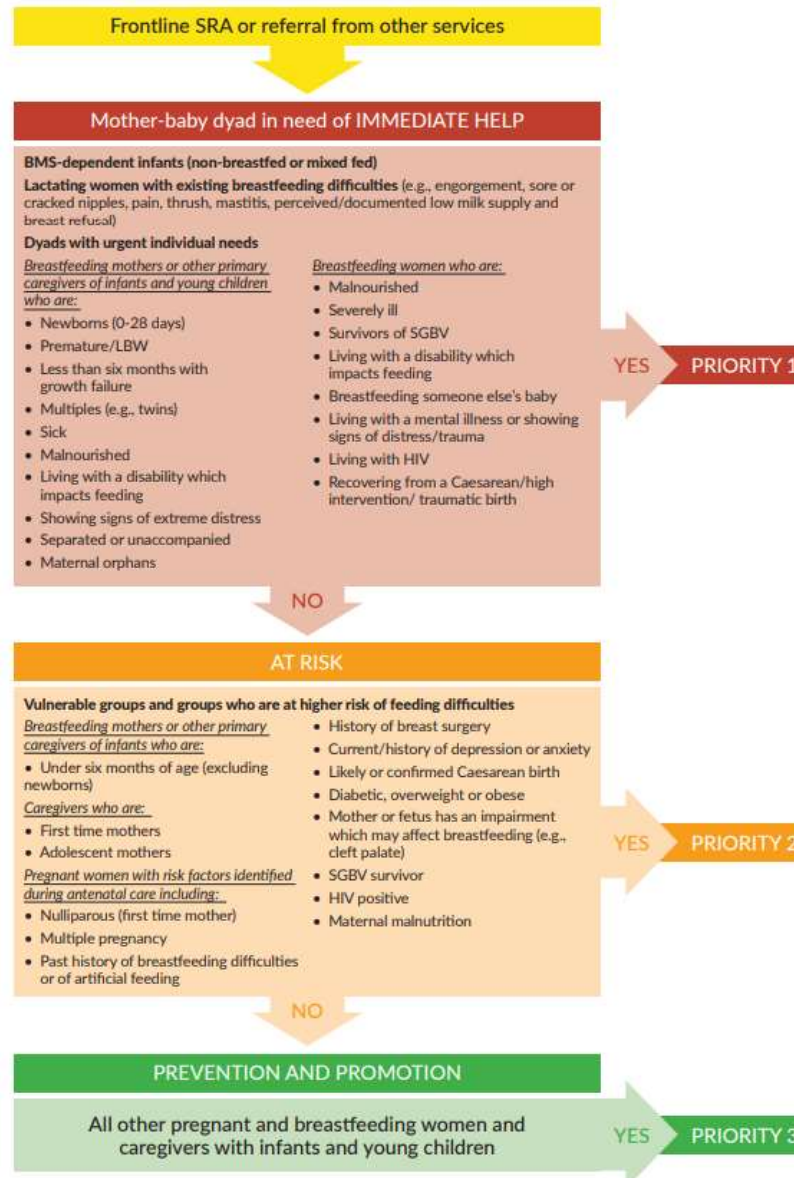
## Rapid Assessment Results of Focus Groups

- ✓ Mothers have doubts about if they should keep breastfeeding since they are malnourished and stressed or their milk dries because of the “susto”, some of them already stopped breastfeeding their babies under 6 months because they felt they were not producing enough breastmilk.
- ✓ Women don't breastfeed when they have to go to work; they usually start offering solid food when they go to work.

	Yes	No	Intervention	Population
Active breastfeeding practice	X		Safe spaces	Pregnant women: 2,400 Lactating women: 3,000 Children under 6 months: 1,500
Doubts on breastfeeding	X		Support groups + Individual Counseling	
Barriers for breastfeeding - stress	X		MHPSS	



## Prioritization for counseling by category



Referred for  
**IYCF full assessment**

Source: Operational Guidance: Breastfeeding Counseling in Emergencies , ENN 2021

# Situation analysis and identification of needs

## 3. Conduct full individual assessment of infant feeding practices and referral

More thorough individual-level assessment

Includes:

- an assessment (listen and learn) of baby's behaviour
- mother's behaviour
- positioning, attachment, effective feeding
- health of the baby
- breast health
- mother's perception of how breastfeeding is going

- Determine (analyse and act) what type of support is needed
- rapid resolution of a simple issue (e.g., positioning)
  - continued skilled breastfeeding counselling (e.g., relactation support) and/or
  - referral to other forms of support (e.g., malnutrition treatment, MHPSS, health services).

### Annex B IYCF FULL ASSESSMENT FORM: 0-23 MONTHS<sup>1</sup>

This is a sample feeding assessment tool that has been adapted from Save the Children's IYCF-E Toolkit and should be contextualised before use. Always check for nationally and sub-nationally approved assessment guides and guidelines first.

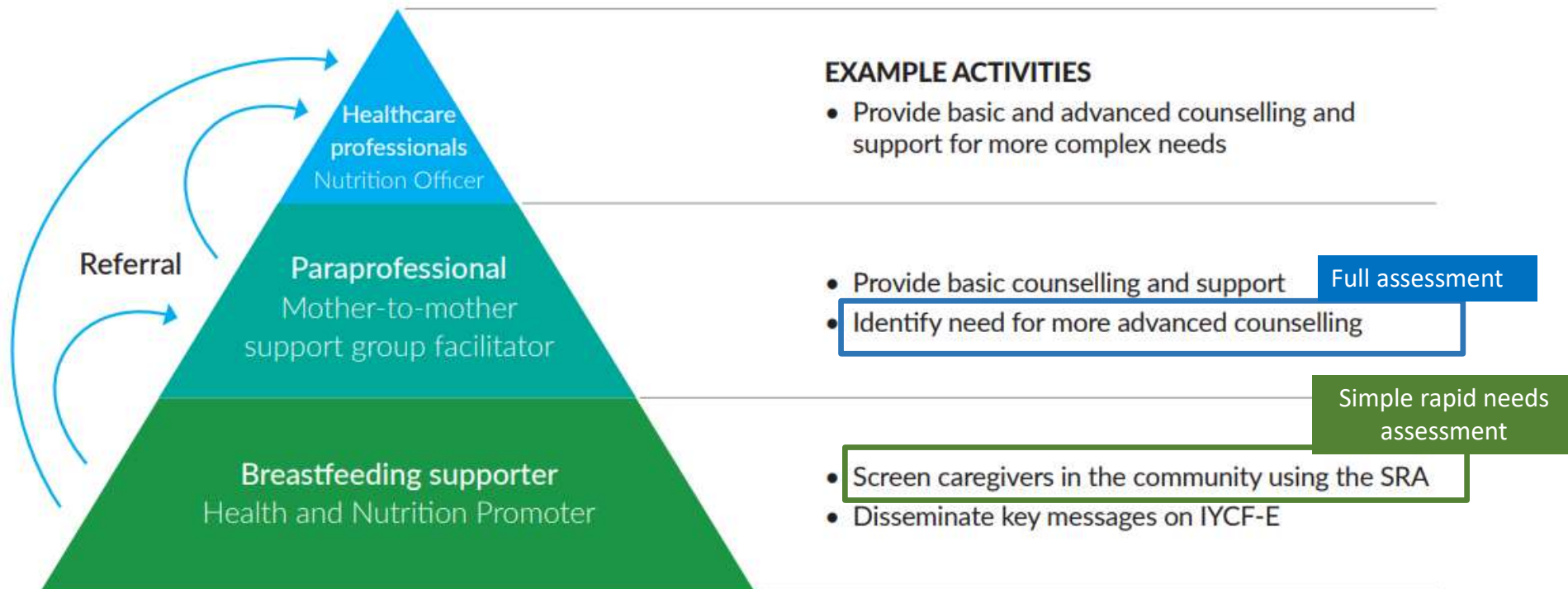
1. COLLECT BASIC INFORMATION				
Counsellor's ID	Location	Date of assessment		/ /
Caregiver's name	Relationship to child	Mother/Father/Grandmother/Sibling/Other: _____		
Child's name	Sex	Male/Female	Child's ID No.	
Child's D.O.B.	/ /	Child's age	_____ months	Caregiver's age
Caregiver's name	Relationship to child			
Facility ID	Facility name	District		
Source of referral	<input type="checkbox"/> Self-referral <input type="checkbox"/> SRA - from _____ service <input type="checkbox"/> No SRA - direct from _____ service			
2. CHECK FOR DANGER SIGNS <sup>2</sup>				
Lethargic/unconscious?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vomits everything?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Unable to drink/breastfeed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Difficulty breathing? (respiration rate, chest indrawing)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Low or high temperature? (< 35.5 or ≥ 38°C)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bilateral pitting oedemata? (+/+/+/+++)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Caregiver appears out of touch with reality or infant appears to be at risk from caregiver's behaviour?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>ACTION: IF ANY MARKED AS YES → URGENT REFERRAL TO HEALTH SERVICES BEFORE CONTINUING IYCF ASSESSMENT</b>				
3. ASK ABOUT FEEDING PRACTICES				
Please tell me about your experiences of feeding your baby. What concerns or questions would you like to discuss today?				
What and how is the baby fed? (Select all that apply)	<input type="checkbox"/> Breastfeeding – at mother's breast <input type="checkbox"/> Expressed breastmilk – mother's own <input type="checkbox"/> Expressed breastmilk – informally shared <input type="checkbox"/> Donor human milk <input type="checkbox"/> Breastfed by a woman who is not the child's mother <input type="checkbox"/> Some artificial feeding (BMS) <input type="checkbox"/> Fully artificially fed (BMS) <input type="checkbox"/> Fully artificially fed (BMS)			
	<input type="checkbox"/> Bottle <input type="checkbox"/> Spoon <input type="checkbox"/> Cup			
Does the baby eat or drink anything other than breastmilk?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5 pages

Source: Operational Guidance: Breastfeeding Counseling in Emergencies, ENN 2021

# Situation analysis and identification of needs

## 3. Conduct individual assessment of infant feeding practices and referral



# Situation analysis and identification of needs

## 4. Conduct capacity assessment and mapping

- Identify the capacity of human resources who can deliver counselling during an emergency.
- Conduct a capacity assessment and mapping to understand:
  - 1) who is available to respond to the emergency and
  - 2) what competencies they have compared to what is needed.

→ Will guide the **counselling capacity building plan** to address any gaps identified during the capacity assessment.

1. # of counsellors needed and where they are needed
2. Who is available to deliver counselling and where they are.

Important activity to identify learning and human resource planning needs.



# Situation analysis and identification of needs

## 4. Conduct mapping of existing services

1. Identify and map pre-existing breastfeeding counselling services and structures.
  - typically part of the health system and may also include community-based services such as local breastfeeding support groups.
2. Determine how pre-existing breastfeeding counselling services and structures can be re-established or scaled up.
  - build on existing systems and breastfeeding support services and support long-term recovery.



# Overview of suggested course of action

Immediately	Within the first weeks	In the first month and beyond
<p><b>Coordination and communication</b></p>	<p><b>Situation analysis and identification of needs</b></p>	<p><b>Response implementation and M&amp;E</b></p>
<ul style="list-style-type: none"> <li>• Activate of a coordination group around nutrition, and specifically IYCF-E</li> <li>• Issue a joint statement on the importance to protect IYCF-E</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a secondary analysis of existing data (pre-crisis data)</li> <li>• Conduct a rapid needs assessment at the community level:               <ul style="list-style-type: none"> <li>• Quantitative</li> <li>• Qualitative</li> </ul> </li> <li>• Conduct individual assessment of infant feeding practices and referral</li> <li>• Conduct capacity assessment and mapping</li> <li>• Conduct mapping of services</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the response plan</li> </ul> <p>M&amp;E:</p> <ul style="list-style-type: none"> <li>• Set-up feedback mechanisms</li> <li>• Monitor and report BMS donations.</li> <li>• Collect lessons learnt</li> </ul>

**COORDINATION with Nutrition partners and other sectors**



# Response planning

Case study - Latam

Safe spaces	Support groups and counseling
Number of spaces	Number of staff
Where are they going to be	Hiring
Size	Training
Supplies (chairs, tables, other materials)	Resources
Integration with MHPSS	Keep the essence of the intervention through the communication process

**With adequate psychosocial and nutritional support, almost all mothers can breastfeed, even in emergency situations**



*A nurse support mother about breastfeeding in a Safe Space in Haiti*


# Response planning

## 1. Developing a context-specific nutrition response plan, including training

- Based on the needs and priorities identified in:
  - the pre-crisis assessment
  - the rapid assessment
  - the established policies, guidelines and procedures.
- Including the:
  - main goals/response priorities
  - target populations
  - direct nutrition interventions
  - capacity building interventions
  - expected results
  - the necessary personnel
  - budget

**HUMANITARIAN RESPONSE PLAN**  
GUATEMALA

HUMANITARIAN PROGRAMME CYCLE  
AUGUST 2021 TO DECEMBER 2022



3.2  
Nutrition Sector

PEOPLE IN NEED	TARGET POPULATION	WOMEN	CHILDREN	PEOPLE WITH DISABILITIES
2.3M	962K	708.9K	253.1K	2.5K

REQUIREMENTS (USD)	PARTNERS	PROJECTS
22.3M	2	4

**Sector objectives**

**Humanitarian Response (at the household level)**

**1.3.1** Improving the identification of children, adolescents, women of childbearing age, and pregnant and lactating women who are underweight, acutely malnourished and anemic in order to reduce the risk of complications and save lives.

**1.3.2** Contribute to improving the institutional response to micronutrient supplementation, deworming, zinc treatment, and food and nutrition counseling, as well as other reproductive, maternal and neonatal health actions, to safeguard the health of children, adolescents, women of childbearing age, and pregnant and lactating women.

**1.3.3** Improving the competencies of health personnel as well as local and community stakeholders for early detection, timely treatment and referral of people affected by acute malnutrition and complications associated with pregnancy, children and postpartum, reproductive health and adolescent health, as well as their communication skills for effective counseling.

**1.3.4** Provide supplies and equipment necessary for a timely institutional nutrition response.

**Recovery and Resilience (at the community level)**

**2.2.1** Strengthening the capacities of communities, community leaders and families in emergency preparedness and response to meet the needs of children, adolescents, women of childbearing age, pregnant and lactating women, presenting risk factors or signs of acute malnutrition in emergency situations through a culturally relevant, rights-based approach.

**2.2.2** Strengthening surveillance and information systems for the activation of early warnings in a timely manner in communities.

**2.2.3** Guiding families on the proper use of social protection and food assistance programs for the benefit of family nutrition and health, especially for members at risk or with impaired nutritional status.

**Determine and/or clarify the role and responsibilities of the different humanitarian actors in the nutrition sector**

# Response planning

## 1. Developing a context-specific nutrition response plan, including training

- Based on the needs and priorities identified in:
  - the pre-crisis assessment
  - the rapid assessment
  - the established policies, guidelines and procedures.
- Including the:
  - main goals/response priorities
  - target populations
  - direct nutrition interventions
  - capacity building interventions
  - expected results
  - the necessary personnel
  - budget



## Case study - Latam



**Determine and/or clarify the role and responsibilities of the different humanitarian actors in the nutrition sector**



# Response planning

## 2. Identifying monitoring indicators and develop a M&E framework of the nutrition response plan

### The Humanitarian Indicator Registry

- A guidance tool to select indicators for use at different stages in the Humanitarian Programme Cycle
- Includes IYCF-E Indicators developed by the Global Nutrition Cluster
- Provides standard indicators with definitions
- Intended to be used to monitor a humanitarian situation
- **Of the 43 IYCF Indicators, 20 are highlighted as “key” (or core) indicators to be monitored in any emergency.**



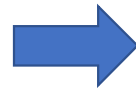
Nutrition	N-108	673	<a href="#">IYCF coordinating body</a>	A lead coordinating body on IYCF is designated
Nutrition	N-110	673	<a href="#">IYCF-E Capacity</a>	Proportion of emergency-affected areas that have an adequate number of skilled IYCF counsellors and/or functioning support groups
Nutrition	N-096	673	<a href="#">IYCF in HIV context</a>	Proportion of programmes that follows national policy on HIV
Nutrition	N-098	673	<a href="#">IYCF-E orphans and unaccompanied children receiving services</a>	Number of orphans and unaccompanied infants and children 0-23 months who receive nutritional and care support



# Response planning

## 3. Mobilize resources for the nutrition response plan.

- Assign national funds to the nutrition response plan and to the assessment and monitoring plan
- Work along with the nutrition sector partners to advocate for the IYCF-E needs and mobilize the necessary resources to implement the nutrition response plan
  - Appeals for emergency financing such as the applicable CERF or Flash Appeals



For **advocacy** of needs and risks use:

- Secondary analysis of existing data (pre-crisis data)
- Rapid assessment results
- Full IYCF assessment results

# Overview of suggested course of action

Immediately		Within the first weeks	In the first month and beyond
<b>Coordination and communication</b>	<b>Situation analysis and identification of needs</b>	<b>Response planning</b>	<b>Response implementation and M&amp;E</b>
<ul style="list-style-type: none"> <li>• Activate of a coordination group around nutrition, and specifically IYCF-E</li> <li>• Issue a joint statement on the importance to protect IYCF-E</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a secondary analysis of existing data (pre-crisis data)</li> <li>• Conduct a rapid needs assessment at the community level:               <ul style="list-style-type: none"> <li>• Quantitative</li> <li>• Qualitative</li> </ul> </li> <li>• Conduct individual assessment of infant feeding practices and referral</li> <li>• Conduct capacity assessment and mapping</li> <li>• Conduct mapping of services</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a context-specific nutrition response plan, including training</li> <li>• Identifying monitoring indicators and develop a M&amp;E framework of the nutrition response plan</li> <li>• Mobilize resources for the nutrition response plan.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Implement the response plan</b></li> </ul> <p><b>M&amp;E:</b></p> <ul style="list-style-type: none"> <li>• <b>Set-up feedback mechanisms</b></li> <li>• <b>Monitor and report BMS donations.</b></li> <li>• <b>Collect lessons learnt</b></li> </ul>

**COORDINATION with Nutrition partners and other sectors**

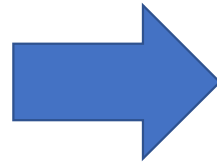


# Implementation, monitoring and evaluation

Implement the response plan  
Section “What is breastfeeding support in emergencies”

## **M&E**

- Establish feedback mechanisms
- Monitor and report donations of breastmilk substitutes
- Document lessons learned



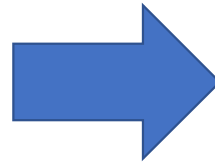
System established and used to allow recipients of humanitarian assistance (and in some cases, other crisis-affected populations) to provide feedback on their experience with a humanitarian agency or the humanitarian system in general.

# Response implementation and M&E

Implement the response plan  
Section “What is breastfeeding support in emergencies”

## M&E

- Establish feedback mechanisms
- Monitor and report donations of breastmilk substitutes
- Document lessons learned



Global Nutrition  
Cluster toolkit

## Seguimiento del Código de sucedáneos de la leche materna en situaciones de emergencia

El formulario debe presentarse al Clúster de Nutrición de [país] en xxx

El Código Internacional de comercialización de sucedáneos de la leche materna (Código de sucedáneos de la leche materna) y las resoluciones pertinentes de la Asamblea Mundial de la Salud *ppp de aplicación* en todas las situaciones. Las comunidades afectadas por situaciones de emergencia, como guerras o desastres naturales, pueden encontrarse ante una afluencia de suministro no solicitado de sucedáneos de la leche materna y otros productos que no se ajustan a las directrices internacionales. Las actividades habituales de comercialización pueden asumir diferentes dimensiones ya que las empresas tratan de reubicarse en los mercados desestabilizados. A veces, no son las empresas sino directamente las organizaciones no gubernamentales u otras personas involucradas en la respuesta humanitaria, incluso los gobiernos, quienes violan el Código Internacional. Informar sobre las violaciones del Código en situaciones de emergencia permite que los responsables políticos y los organismos de ayuda puedan darle una respuesta correcta al problema.

Nombre: ..... Organización: .....

Dirección: ..... Email: .....

La información anterior es necesaria para que el Clúster de Nutrición pueda verificar la información recibida, si es necesario.  
La identidad será tratada de forma confidencial.

Tipo de emergencia: (Por favor, responder a todas las preguntas, sobre todo el cuándo, dónde, quién, qué y cómo)

1. Breve descripción de la violación del Código (Nombre del programa de ayuda de emergencia, lema o consigno en los materiales de la campaña / campaña)
2. ¿Cuándo se observó la violación? (dd-mm-aaaa) .....
3. ¿Dónde? (Lugar, ciudad y país) .....
4. ¿Quién está violando el Código y cómo? .....

EMPRESA / ORGANIZACIÓN	Marca	Tipo de producto <sup>1</sup>	Tipo de violación <sup>2</sup>

### <sup>1</sup> Tipo de producto

- A. Fórmula para lactantes, incluidas fórmulas especiales
- B. Fórmula de seguimiento
- C. Leche de crecimiento
- D. Cereales
- E. Frutas / verduras / pastillas de carne
- F. Zumos / té / agua mineral
- G. Biberón
- H. Tetina
- L. Otros (escribir bajo "tipo de producto" en el cuadro de arriba)

### <sup>2</sup> Tipo de violación

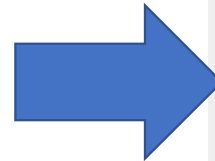
- A. Donaciones de sucedáneos de la leche materna / biberones / tetinas por parte de agencias, gobiernos, donantes, etc;
- B. Aceptación de donaciones no solicitadas de sucedáneos de leche materna / biberones / tetinas;
- C. Distribución general no solicitada de sucedáneos de leche materna / biberones / tetinas gratuitos;
- D. Distribución de la fórmula que ha sido debidamente adquirida por personas distintas de madres y los bebés que necesitan fórmula según una evaluación profesional;
- E. Donaciones de alimentos complementarios para niños de 0-5 meses de edad;
- F. Distribución de productos lácteos (incluidos productos lácteos en polvo) que potencialmente se podrían utilizar como sucedáneos de la leche materna para la población general;

# Response implementation and M&E

Implement the response plan  
Section “What is breastfeeding support in emergencies”

## M&E

- Establish feedback mechanisms
- Monitor and report donations of breastmilk substitutes
- Document lessons learned



**Field Exchange**

**Obstáculos a la lactancia materna exclusiva entre los niños de la región de Gedo, Somalia**

Por Rowena Ndakwe y el Dr. Abdi Tari

*Rowena Ndakwe es la actual coordinadora de MEAL para Trócaire Somalia, con más de cinco años de experiencia en monitoreo, evaluación, investigación y rendición de cuentas y un enfoque central en la seguridad alimentaria, nutrición, salud, agua, saneamiento e higiene (WASH), y educación. Rowena tiene una sólida formación académica en nutrición humana aplicada.*

*El Dr. Abdi Tari es el actual Jefe de Programas de Trócaire Somalia, con más de 15 años de experiencia en la implementación y garantía de calidad de programas humanitarios en el Cuerno de África, con una sólida formación académica y profesional en el fortalecimiento de los sistemas de salud y la prestación de servicios. Tiene experiencia técnica en WASH, educación y seguridad alimentaria.*

Los autores desean agradecer a la firma Rankstat Africa Consulting por trabajar en colaboración con Trócaire en la realización de la investigación.

**Ubicación:** Somalia

**Lo que sabemos:** Un buen conocimiento de la alimentación de lactantes y niños pequeños no garantiza necesariamente una mejor práctica.

**Lo que agrega este artículo:** Trócaire llevó a cabo una encuesta sobre conocimientos, actitudes y prácticas (CAP) sobre alimentación de lactantes y niños pequeños (IYCF) en tres distritos de la región de Gedo, Somalia, en 2016 y la repitió en 2018 (tamaño de muestra 685 hogares con niños entre 0 y 23,9 meses, de edad) para informar una intervención del programa. La encuesta de referencia demostró un alto conocimiento sobre IYCF entre los cuidadores, pero puntajes bajos en prácticas clave de IYCF y tasas de lactancia materna exclusiva muy bajas (14%). La encuesta de mitad de período demostró mayores niveles de todos los indicadores de lactancia materna en comparación con la línea de base; sin embargo, aunque se duplicaron, las tasas de lactancia materna exclusiva se mantuvieron bajas (34,8%). Las discusiones de los grupos focales revelaron que las barreras para la práctica incluían un suministro de leche inadecuado percibido y posiblemente real; influencia de los ancianos de la comunidad; actividades competitivas para las madres (tareas domésticas y trabajo eventual); y creencias culturales. Existe la necesidad de identificar, sensibilizar e involucrar a guardianes comunitarios adicionales e individuos influyentes en la prestación de servicios de IYCF para brindar apoyo adicional a las mujeres para mejorar las

Búsqueda **VAMOS**

**Descargar y marcar**

- 🔗 Cita preferida
- 📄 Herramientas de citas

**Etiquetas para esta página**

- 📁 IYCF (Alimentación del Lactante y del Niño Pequeño)
- 📁 Desnutrición crónica

**Acerca de este artículo**

- Bono en línea
- Fecha: noviembre de 2019
- Ubicación: Somalia
- Tipo de artículo: Investigación

**Acerca de esta página**

- Actualizado el 15 de agosto de 2020
- 2,305 vistas

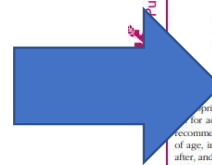
Emergency Nutrition Network

# Response implementation and M&E

## Implement the response plan Section “What is breastfeeding support in emergencies”

### M&E

- Establish feedback mechanisms
- Monitor and report donations of breastmilk substitutes
- Document lessons learned



Public Health Nutrition

Public Health Nutrition 24(8): 2286–2296 doi:10.1017/S156980020002359

### Barriers and enablers of breastfeeding protection and support after the 2017 earthquakes in Mexico

Mireya Vilar-Compte<sup>1,\*</sup>, Cecilia Pérez Navarro<sup>1</sup>, Soraya Burralo-Méndez<sup>1</sup>, Matthias Sachse-Aguilera<sup>2</sup> and Paula Veliz<sup>2</sup>  
<sup>1</sup>EQUIDE Research Institute for Equitable Development, Universidad Iberoamericana, Mexico City, Mexico; <sup>2</sup>UNICEF, Health and Nutrition National Office, Mexico City, Mexico

Submitted 1 October 2019; final revision received 3 June 2020; Accepted 12 June 2020; first published online 5 August 2020

**Abstract**  
**Objective:** To study the barriers and enablers of breast-feeding protection and support after the 2017 earthquakes in Mexico.

**Design:** A qualitative study using a phenomenological approach to analyse data collected from in-depth interviews, virtual ethnography and documentary analysis of newspapers.

**Setting:** Data were collected after the September 2017 earthquakes in Mexico from 8 September 2017 to 15 May 2018.

**Participants:** The participants included key informants (*n* = 13) from different sectors. Postings retrieved from forty-two Facebook and forty-seven Twitter accounts and a WhatsApp group informed the virtual ethnography analysis. Newspaper material covering the 2017 earthquakes in Mexico (seven newspapers) was retrieved for the documentary analysis.

**Results:** Interviews with key informants revealed a lack of knowledge, unclear institutional protocols during emergencies and lack of enforcement of existing international frameworks. The virtual ethnography uncovered a strong call for donations in the immediate aftermath of the earthquakes, and generalized donations of formula revealed a tense relationship between actions taken by breast-feeding experts and the negative reactions from the government and citizens. This analysis highlights the relevance of pre-existing networks of experts in protecting and supporting breast-feeding. From the newspaper documentary analysis, similar themes emerged.

**Conclusions:** This study identified key barriers and enablers in the protection and support of breast-feeding during the 2017 earthquakes in Mexico. Relevant actors should embrace the lessons highlighted in this study because countries such as Mexico are likely to experience other emergencies in the near future.

Appropriate infant and young child feeding (IYCF) is essential for adequate development and survival<sup>(1)</sup>. The WHO recommends exclusive breast-feeding for the first 6 months of age, introducing adequate complementary food thereafter, and ensuring that breast-feeding is continued at least until the child is 2 years of age<sup>(2)</sup>.

Infants represent a particularly vulnerable population during emergencies<sup>(3)</sup>; hence, facilitating adherence to recommended IYCF practices becomes vital. In these situations, infant formula is not a safe feeding practice because it poses important risks to infants' health due to the lack of optimal sanitary conditions, such as clean water, and compromised access to health care. These risks are even higher

if infants were being breastfed pre-emergency<sup>(4)</sup>. Breast-feeding is particularly vital during emergencies because breast milk adapts its composition to meet the nutritional needs of infants and to provide tailored protection against infection-related agents<sup>(5)</sup>. Prior evidence highlights the importance of breast-feeding during emergencies. A study reported that after the Southeast Asian tsunami in 2004, children who were artificially fed had three times higher rates of diarrhoeal episodes than those who were breastfed<sup>(6)</sup>. Similarly, after the 2006 earthquake in Yogyakarta and Central Java, there was a strong association between the receipt of infant formula and diarrhoea among infants<sup>(7)</sup>.

**Keywords**  
 Breast-feeding  
 Infant and young child feeding  
 Emergencies  
 Crisis  
 Mexico

\*Corresponding author: Email mireya.vilar@ibero.mx

### Lessons from the field

#### Protecting and improving breastfeeding practices during a major emergency: lessons learnt from the baby tents in Haiti

Mohamed Aj Ayoyia, Kate Golden, Ismael Ngnie-Teta, Margie D. Moreaux, Assa Mamadoulatou, Leslie Koo, Erin Boyd, Jean Max Beaulieu, Céline Lesavre & Justine Pierre Martine

**Problem** The 2010 earthquake in Haiti displaced about 1.5 million people, many of them into camps for internally displaced persons. It was expected that disruption of breastfeeding practices would lead to increased infant morbidity, malnutrition and mortality. **Approach** Haiti's health ministry and the United Nations Children's Fund, in collaboration with local and international nongovernmental organizations, established baby tents in the areas affected by the earthquake. The tents provided a safe place for mothers to breastfeed and for non-breastfed infants to receive ready-to-use infant formula. Such a large and coordinated baby tent response in an emergency context had never been mounted before anywhere in the world. **Local setting** Baby tents were set up in five cities but mainly in Port-au-Prince, where the majority of Haiti's 1555 camps for displaced persons had been established. **Relevant changes** Between February 2010 and June 2012, 193 baby tents were set up, 180 499 mother–infant pairs and 52 503 pregnant women were registered in the baby tent programme. Of infants younger than 6 months, 70% were registered to be exclusively breastfed and 10% of the 'mixed feeders' moved to exclusive breastfeeding while enrolled. In 2010, 13.5% of registered infants could not be breastfed. These infants received ready-to-use infant formula. **Lessons learnt** Thanks to rapid programme scale-up, breastfeeding practices remained unimpeded. However, better evaluation methods and comprehensive guidance on the implementation and monitoring of baby tents are needed for future emergencies, along with a clear strategy for transitioning baby tent activities into facility- and community programmes.

Abstract in Arabic, Chinese, Spanish, Portuguese and English at the end of each article.

#### Background

On 12 January 2010, an earthquake measuring 7.3 on the Richter scale hit Haiti. Its epicentre was close to Port-au-Prince, the capital city. Overall, about 3 million people, or 30% of the country's population, were affected – half of them children. Approximately 300 000 people were killed and another 3 000 000 were injured. The earthquake destroyed homes and forced 1.5 million people into displacement. Many of these people took up residence in one of the country's 1555 crowded camps for internally displaced persons. Port-au-Prince, where the majority of the camps were established, was already home to a poor population with little access to basic social services. The rate of exclusive breastfeeding (21.7%) in the city was the lowest in the country even before the earthquake and there was fear that breastfeeding practices would be further jeopardized during the emergency<sup>(1)</sup>.

The humanitarian response to the crisis was fast and multifaceted. In collaboration with local and international nongovernmental organizations (NGOs), the Haitian health ministry and the United Nations Children's Fund (UNICEF) established baby tents (*points de conseil en nutrition pour bébé*: infant nutrition counselling units) throughout the areas affected by the earthquake (the cities of Port-au-Prince, Jacmel, Léogane, Petit-Goave and Gonaïves). Similar smaller initiatives, described elsewhere, had been launched in Bosnia, Kenya, the Philippines and the United Republic of Tanzania

in response to various types of emergencies<sup>(2)</sup>. These initiatives helped to inform Haiti's response, but Haiti's baby tent programme was the world's largest coordinated response of its kind in an emergency context. In this article we describe Haiti's baby tent strategy; the results achieved, the challenges encountered and some potential ways to address these challenges. We also discuss certain recommended features of future emergency programmes in support of infant and young child feeding.

#### Context

**Before the earthquake** According to empirical evidence, 19% of all deaths among children younger than 5 years in the developing world could be prevented through appropriate infant and young child feeding practices. In Haiti, implementation of the infant and young child feeding practices recommended by the World Health Organization (WHO) and UNICEF was hindered by certain circumstances and beliefs<sup>(3)</sup>. For example, infants were often separated from their working mothers during the day and some people felt that the first milk was 'dirty' and harmful to neonates. According to the 2005–2006 Demographic and Health Survey, 44% of Haitian mothers initiated breastfeeding immediately after birth and 41% of infants less than 6 months old were exclusively breastfed. Of infants in this age group,

<sup>1</sup> National Society, United Nations Children's Fund (UNICEF) Country Office (121 rue Faubourg, Rivière-de-Paris, Port-au-Prince, Haiti).  
<sup>2</sup> Geneva, Switzerland, Dublin, Ireland.  
<sup>3</sup> Ghent, Belgium.  
<sup>4</sup> UNICEF, New York, United States of America.  
<sup>5</sup> See de Chavez, Port-au-Prince, Haiti.  
<sup>6</sup> Agency of Health and Population, Port-au-Prince, Haiti.  
 Correspondence to: Mohamed Aj Ayoyia (e-mail: m.ayoyia@unicef.org).  
 Submitted 6 October 2019; Revised version received 18 May 2020; Accepted 22 May 2021; Published online 23 June 2021



# What about preparedness?

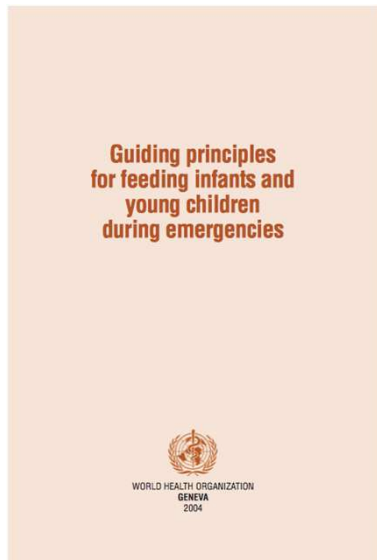
Immediately	Within the first weeks	In the first month and beyond
<p>Coordination and communication</p>	<p>Situation analysis and identification of needs</p>	<p>Response planning</p>
<ul style="list-style-type: none"> <li>• Activate of a coordination group around nutrition, and specifically IYCF-E</li> <li>• Issue a joint statement on the importance to protect IYCF-E</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a secondary analysis of existing data (pre-crisis data)</li> <li>• Conduct a rapid needs assessment at the community level:               <ul style="list-style-type: none"> <li>• Quantitative <b>Tool</b></li> <li>• Qualitative</li> </ul> </li> <li>• Conduct individual assessment of infant feeding practices and referral <b>Tool</b></li> <li>• Conduct capacity assessment and mapping <b>Tool</b></li> <li>• Conduct mapping of services</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a context-specific nutrition response plan, including training <b>Draft</b></li> <li>• Identifying monitoring indicators and develop a M&amp;E framework of the nutrition response plan</li> <li>• Mobilize resources for the nutrition response plan.</li> </ul>
		<ul style="list-style-type: none"> <li>• <b>Implement the response plan</b></li> </ul> <p><b>M&amp;E:</b></p> <ul style="list-style-type: none"> <li>• <b>Set-up feedback mechanisms</b></li> <li>• <b>Monitor and report BMS donations.</b></li> <li>• <b>Collect lessons learnt</b> <b>Tools</b></li> </ul>

**COORDINATION with Nutrition partners and other sectors**

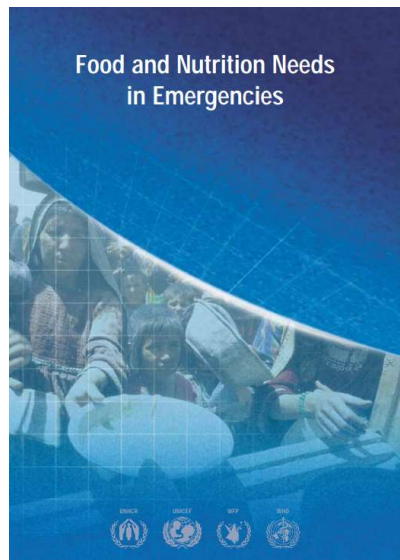


# Key resources

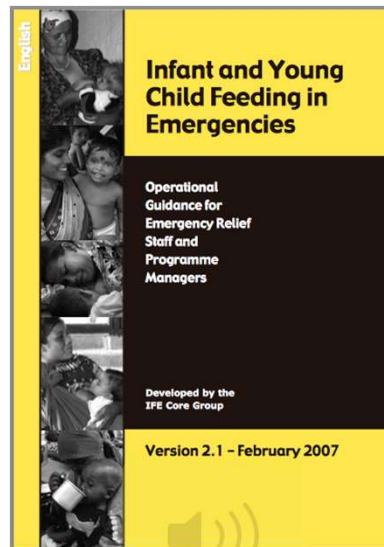
## List of manuals, documents, guidelines...



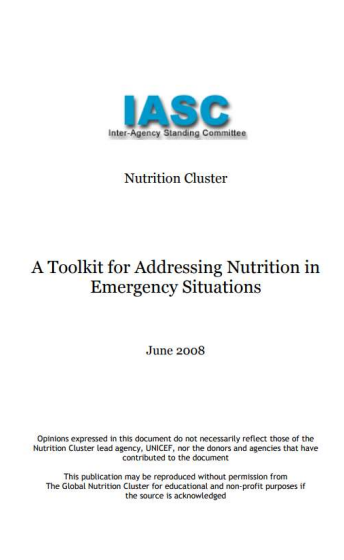
WHO, 2004



ACNUR, UNICEF,  
PMA, WHO, 2004



IFE, 2007



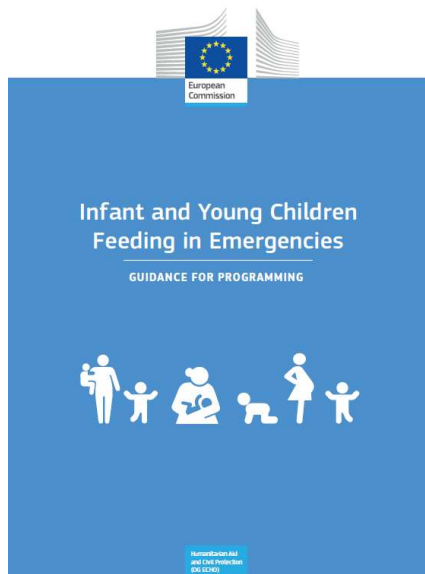
Global Nutrition Cluster,  
2008



Project Esfera, 2011

# Key resources

## List of manuals, documents, guidelines ...



European Commission, 2014

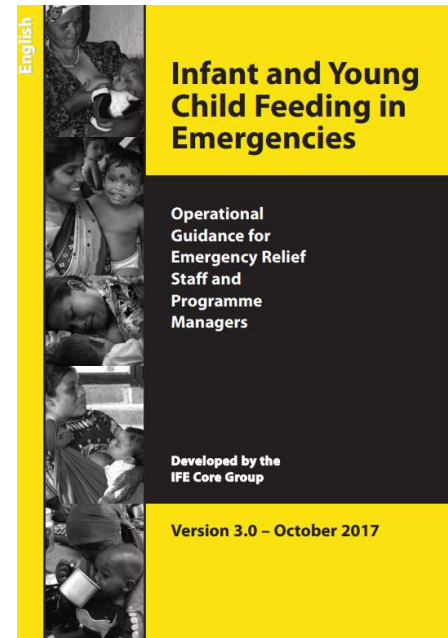
**IYCF-E TOOLKIT: Rapid start-up for emergency nutrition personnel**

Save the Children. TOPS. USAID

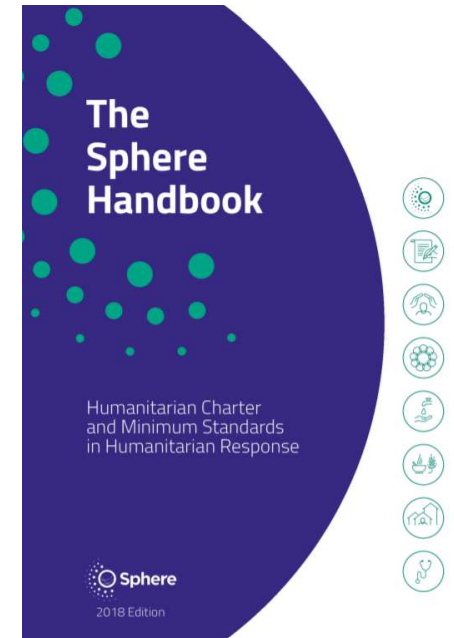
**Table of Contents**

LIST OF DOCUMENTS	DESCRIPTION OF DOCUMENTS
<b>A. POLICY</b>	
<i>Key Concepts (Overviews and Summaries)</i>	
1. Overview of Policy	An overview of key global legislation, frameworks, strategies and initiatives for IYCF-E.
2. Summary of Operational Guidance on IYCF-E and WHA Resolution	Key points from the Operational guidance on IYCF-E v2.1, 2007.
3. Summary of WHO Guiding Principles, 2004	Summary of key guiding principles of WHO for IYCF-E.
4. Summary of Code Sections and Emergencies	Summary of key guiding principles of the International Code of marketing of BMS and World Health Assembly Resolutions relevant to IYCF-E.
<i>Annexes (Tools, Templates and Examples)</i>	
1. Example of IYCF-E policy, Save the Children	The Save the Children IYCF-E policy.
2. Example of Milk Product Policy_UNHCR_2006	UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings.
3. Example of Milk Products Policy_WV_2011	World Vision's internal policy on the procurement and use of milk and milk-derived products in the field in emergency and on-emergency situations.
4. Example of IYCF-E Position Paper_Save the Children_2016	An example of Save the Children's position on IYCF-E detailing the protection and promotion of breastfeeding, safer artificial feeding, adequate complementary feeding and maternal nutrition, and the minimum actions to be prioritised in Save the Children's humanitarian programming.
<i>References</i>	
1. Code	The International Code of Marketing of BMS by WHO.
1.1. International Code of Marketing of Breastmilk Substitutes_WHO_1981	This includes standards on infant formulae and different formulae for special medical purposes intended for infants.
1.2. Standard for Infant Formulae and Milk_1981	A technical paper on the Code violations and infant feeding during emergencies, and how to minimise risks to artificial feeding.
1.3. The Code and Infant Feeding in Emergencies_ICDC Focus_2009	A comprehensive book containing The Code and all WHA resolutions to date.
1.4. The Code and WHA Resolutions_ICDC_2016	
2. Guidelines	
2.1. IYCF-E Operational Guidance v 2.1_IFE_2007	Practical application to ensure appropriate infant feeding.

Save the Children, 2017



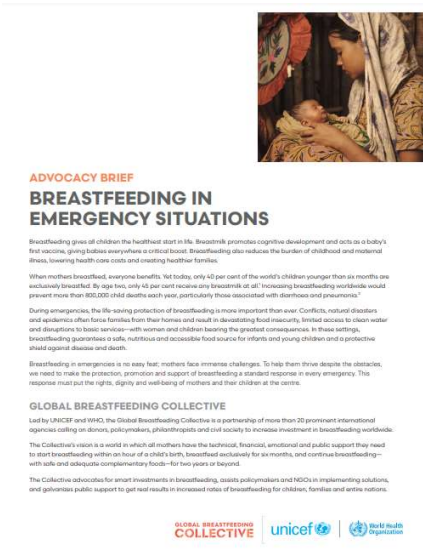
IFE, 2017



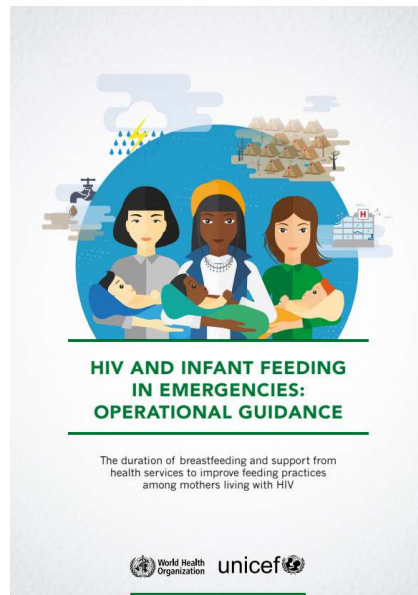
Project Esfera, 2018

# Key resources

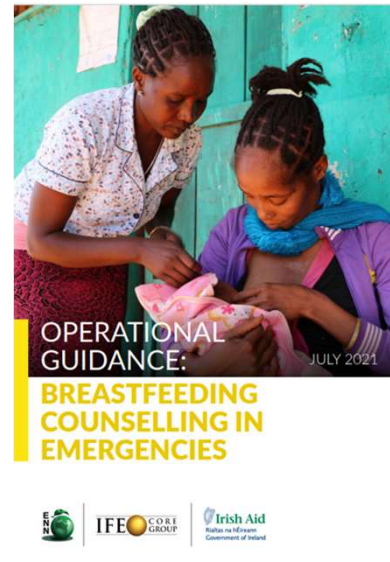
## List of manuals, documents, guidelines ...



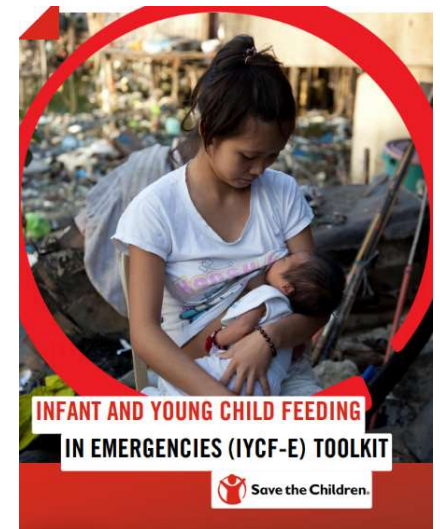
Global Breastfeeding Collective, WHO and UNICEF, 2018



WHO and UNICEF, 2018



IFE, 2021



Save the Children, 2022

## Questions & Answers

# Post-test





**Next steps  
and closing!**

Please fill out the brief webinar evaluation  
it will take less than 5 minutes  
*(it will pop up when you close the webinar)*

## Looking for support in Nutrition in Emergencies?

	<b>Type of supported needed</b>	<b>Provider</b>
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	<a href="http://www.en-net.org">www.en-net.org</a>

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"



**Thank you for your attention**