

INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

NUTRITION SECTOR MEETING
ABUJA, 02-09-2016

Outline

- Quick introduction on IYCF-E
- Update on the TRRT Deployment
- Action Plan



WHY IS IYCF-E IMPORTANT?

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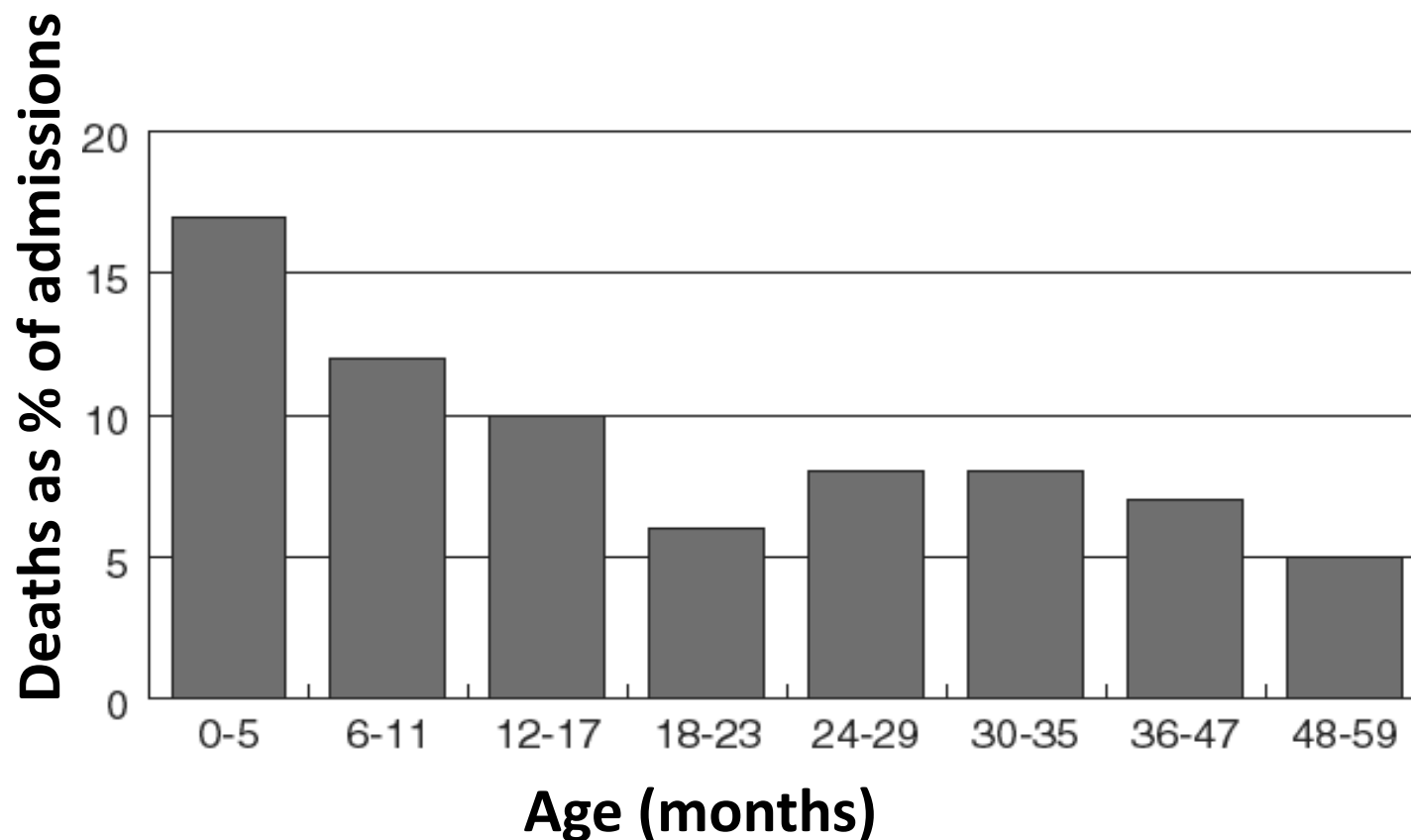


INFANTS AND YOUNG CHILDREN ARE EXTREMELY **VULNERABLE**



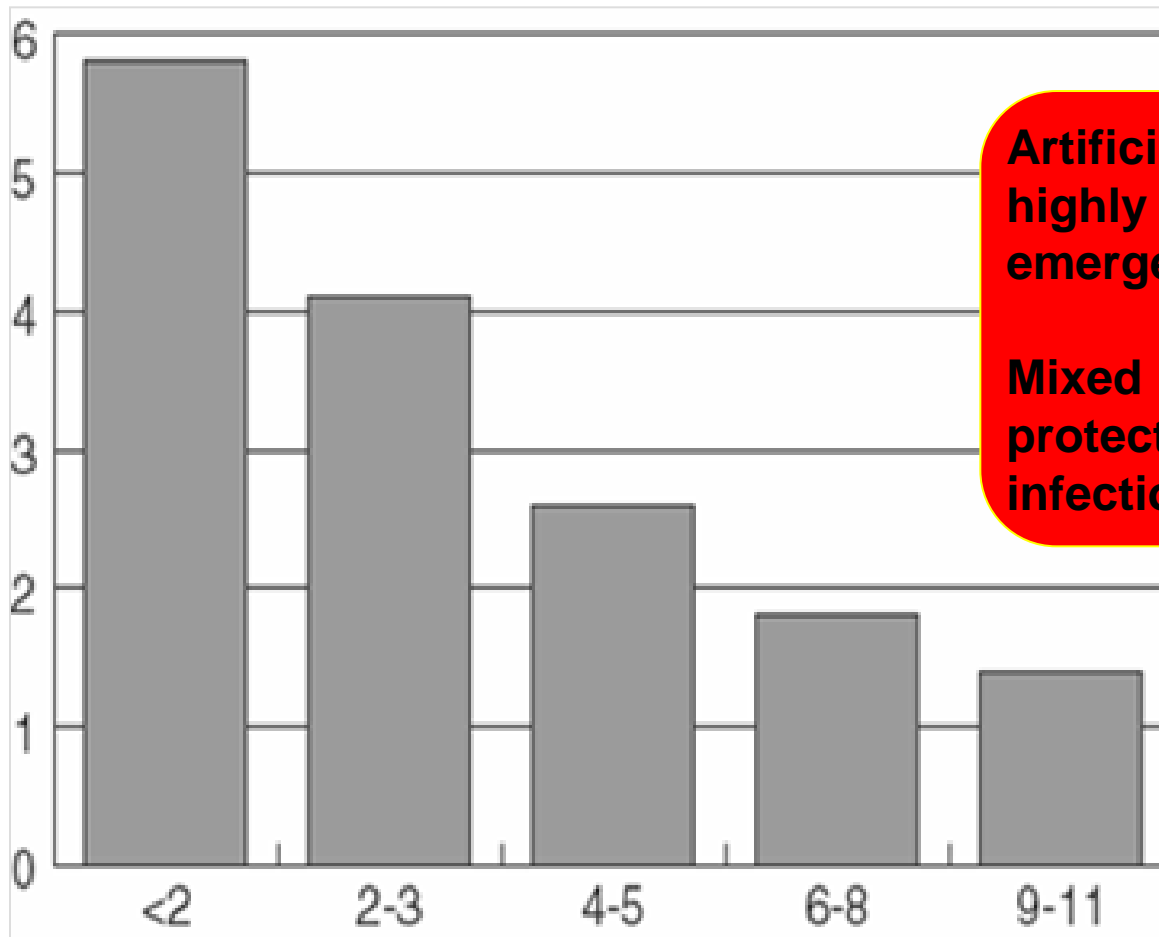
- Mortality
- Illness
- Malnutrition

MORTALITY HIGHEST for YOUNGEST



The **YOUNGER** the infant, the more **VULNERABLE** if not breastfed

Risk of death if breastfed is equivalent to one



Artificially fed infants are highly vulnerable in emergencies

Mixed fed babies lose protection and invite infection

IYCF-E and Mortality

Preventative interventions	Proportion of under 5 deaths prevented
Exclusive and continued breastfeeding until 1 year of age	13%
Insecticide treated materials	7%
Appropriate complementary feeding	6%
Zinc	5%
Clean delivery	4%
Hib vaccine	4%
Water, sanitation, hygiene	3%
Antenatal steroids	3%
Newborn temperature management	2%
Vitamin A	2%

IMPROVING BREASTFEEDING PRACTICES
COULD SAVE MORE THAN
820,000
LIVES A YEAR



**BUT... BREASTFEEDING CAN EASILY BE UNDERMINED
WITHOUT EVERYONE'S ACTIVE SUPPORT**

Artificial Feeding is Always Risky and even Riskier in **Emergencies**

Bottle and teats extra source of infection

Lack of (clean) water

Increases food insecurity and dependency

Bacterial contamination

Costly in time, resources, and care

Overcrowded conditions with people on the move

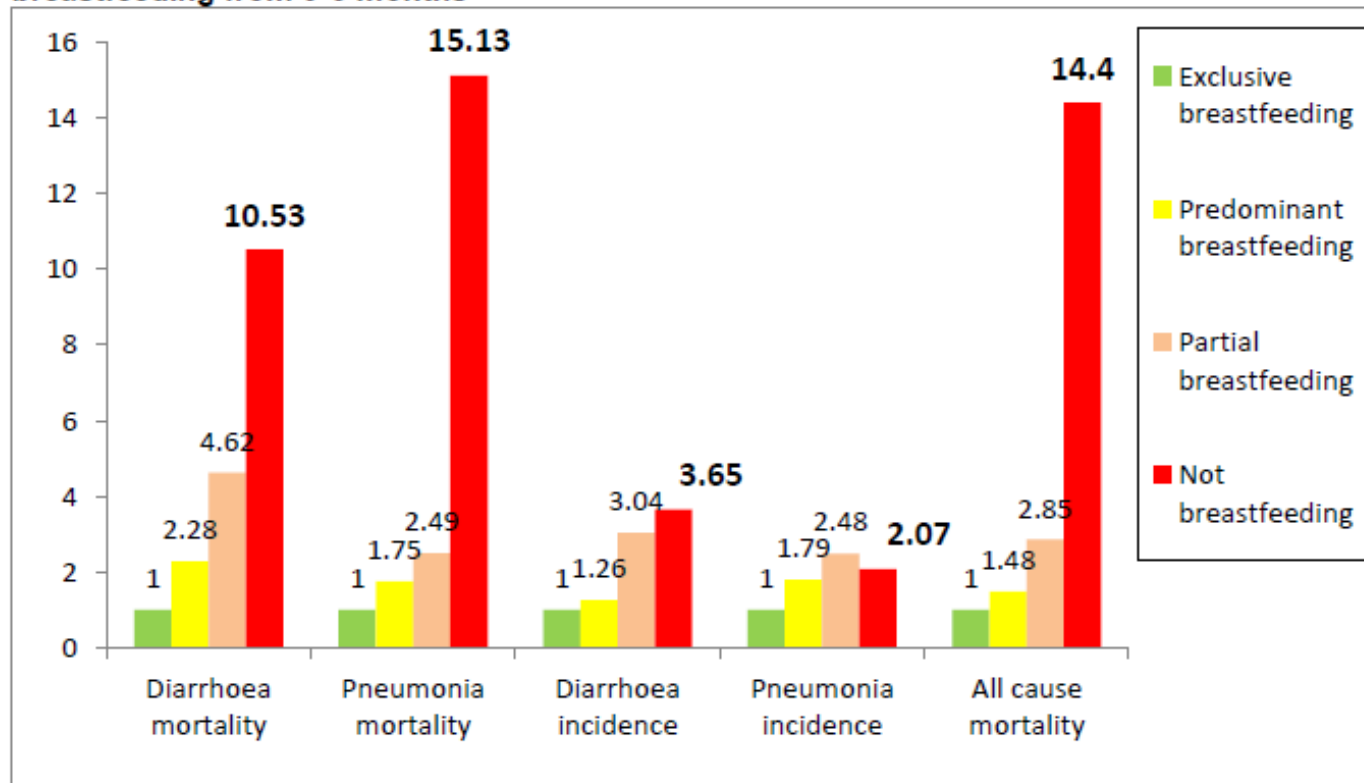
No active protection

Limited, insecure supplies and resources



Higher RISKS for non-breastfed children

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

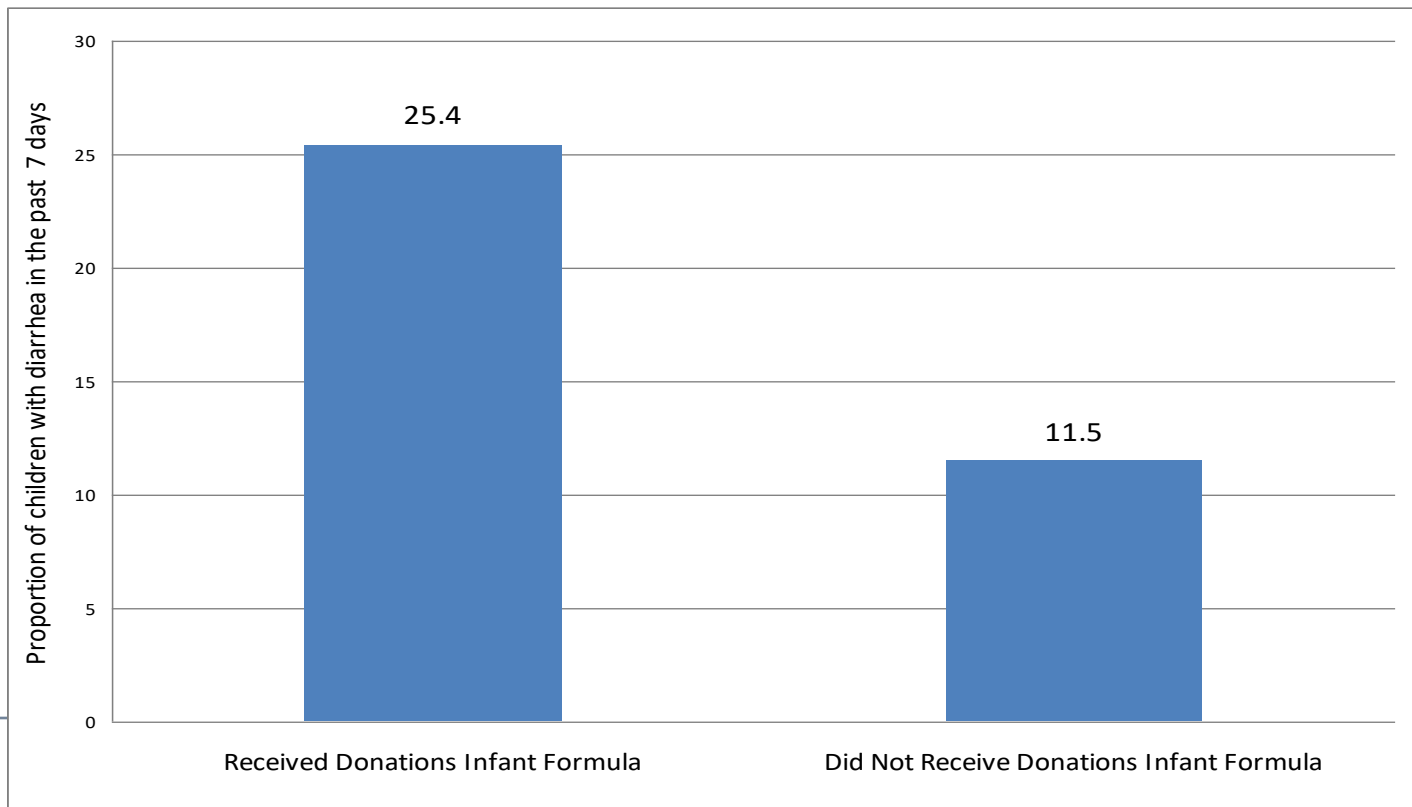


Source: Lancet 2008 [3].

INFANT FORMULA DONATIONS CAN INCREASE DIARRHOEA

Relation between prevalence of diarrhoea and receipt of donated infant formula in children under two (2)

Yogyakarta Indonesia post-2006 earthquake.



Management of the Non-Breastfed Child in Emergencies

MINIMISE the RISKS of Artificial Feeding

Explore all other breastfeeding options first

- Counselling, Relactation, Wet Nurse, Milk Banks, Counselling

Establish and Implement Criteria for Targeting and Use of Infant Formula

- Full assessment of caregiver and infant
- Meet admission criteria for formula use (AFASS)
- Linked to skilled support
 - trained staff
 - provisions for safe preparation (BMS Kits)
- Continued assessment: e.g. home visits, weight monitoring
- Should include a component that supports BF (sometimes infant formula can be used as a temporary solution)



HOW DOES IYCF-E DIFFER FROM IYCF?

Different Focus but Similar Activities

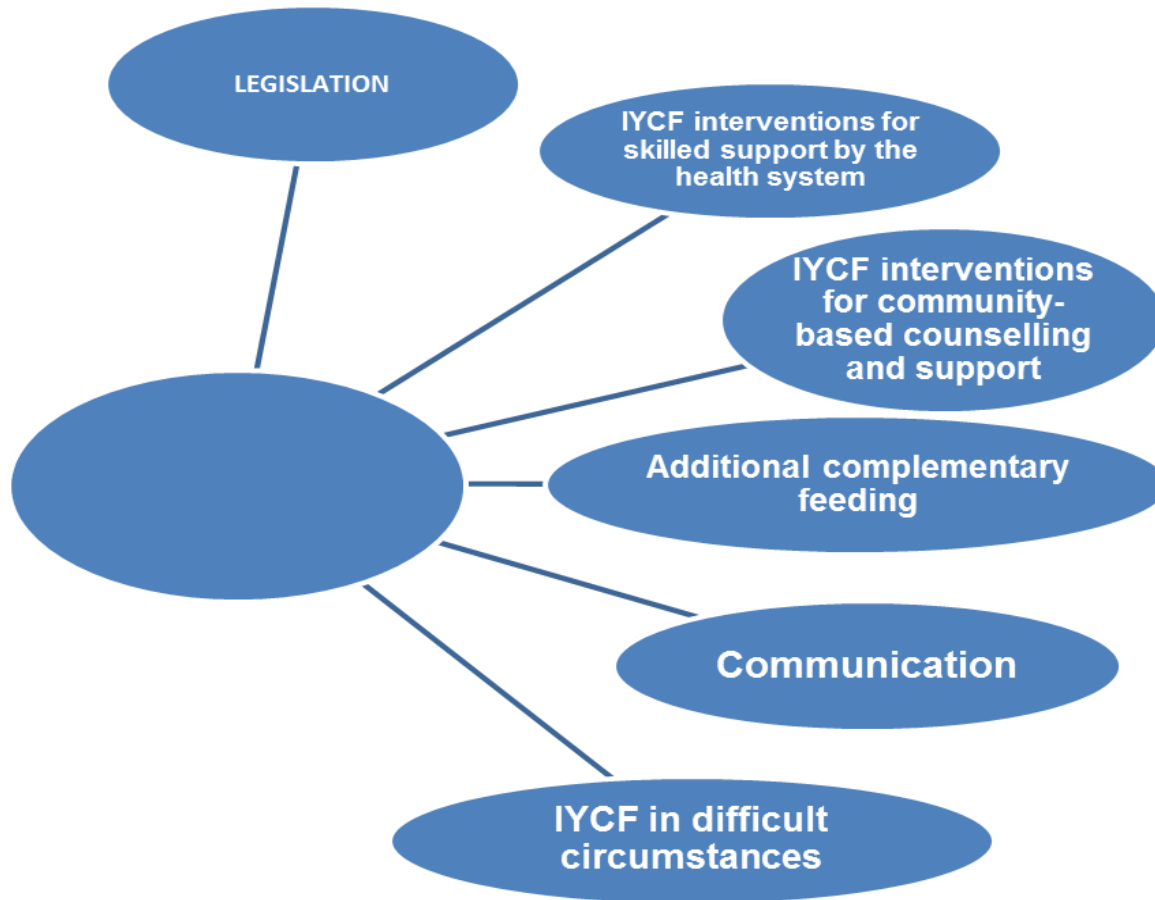
IYCF

- Promote, protect and support optimal IYCF
- Improve IYCF practices
- Situational Analysis, qualitative and quantitative, to understand and design around behaviours and social norms
- Specialized communication, counselling and support
- Comprehensive and multiple contact points

IYCF-E

- Promote, protect and support optimal IYCF
- Improve key IYCF practices (if possible)
- Do NO harm
- Immediately save lives
- Comprehensive and Multiple contact points

IYCF Components for National Programming



Balance of Strategy in IYCF-E

IYCF-E

Selection of Key Interventions and Actions

Do No Harm
Immediately Save Lives

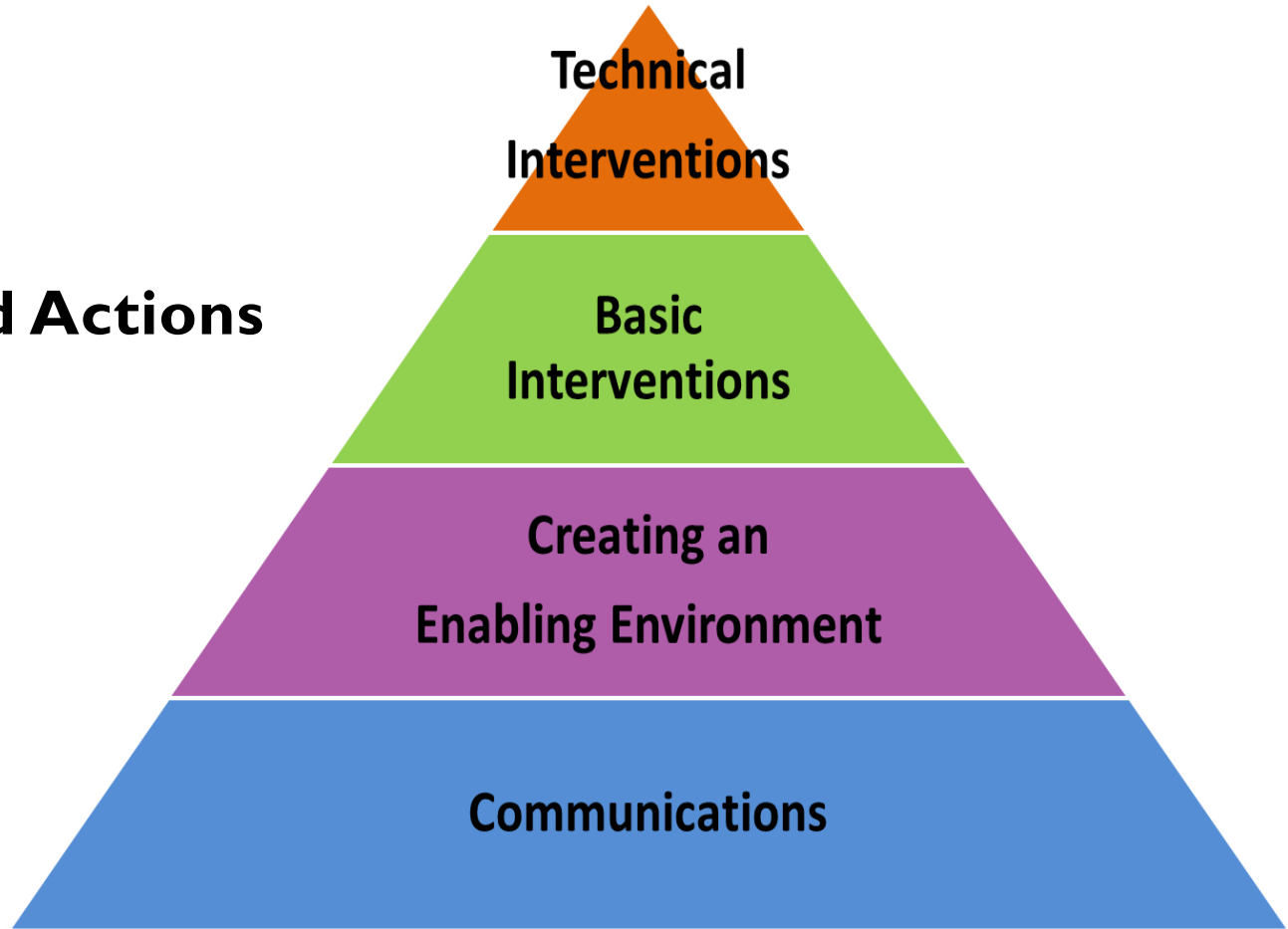


Diagram based on IASC Interventions Pyramid 2007 for Mental Health

IYCF-E Interventions: Basic Interventions

- 1) **Prioritise needs** of PLW and children/caregivers
- 2) Provide for the nutritional needs of PLW (**micronutrients**)
- 3) **Complementary feeding** for children 6-23 months
- 4) **Demographic breakdown** at registration (<6, 6-12, 12-<24 & vulnerable groups if possible)
- 5) Registration of infants **within two weeks of delivery**
- 6) Establish **secure and supportive places for breastfeeding**
- 7) Ensure **support for early initiation of exclusive breastfeeding** for all new-borns
- 8) **Frontline Feeding Support**

IYCF-E Interventions: Technical Interventions

- 1) Breastfeeding and Complementary Feeding **Counselling**
- 2) **Mother-Baby Areas** offering privacy and comprehensive feeding support
- 3) **Support groups** (i.e. Mother-Mother, Care Groups)
- 4) **Artificial Feeding Support**: Assessment, BMS counselling and support.
- 5) **Mental Health & Psychosocial Support**
- 6) **Support for exceptionally difficult circumstances** (i.e. acutely malnourished children, orphans/unaccompanied infants, LBW infants, infants affected by HIV)

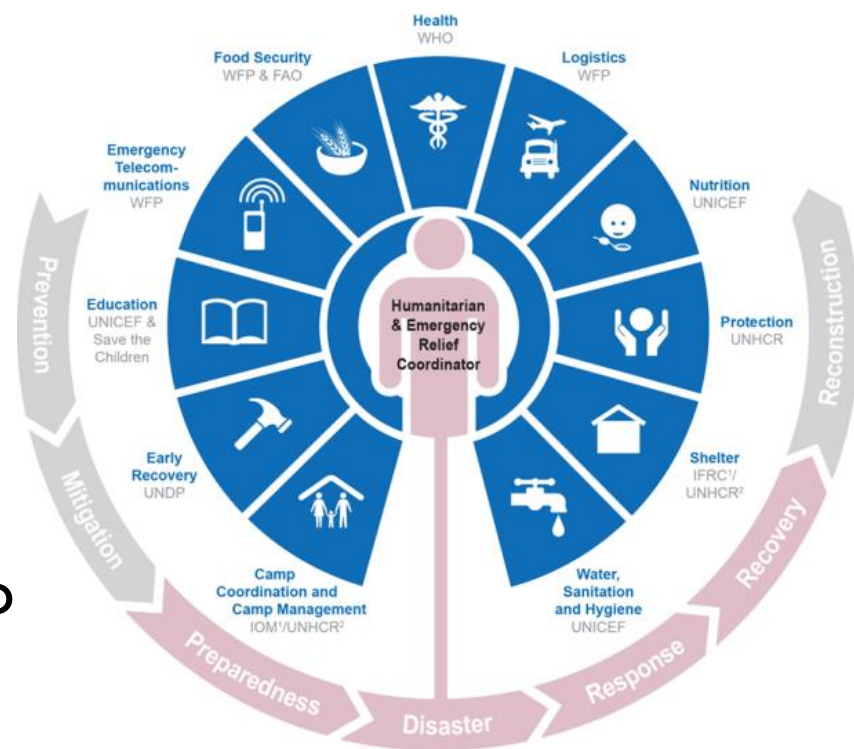
Reality: IYCF-E Programme Gaps

- IYCF-E often **'missing'** in emergency response
 - Not included in rapid assessments
 - Nutrition cluster may not be activated
 - No technical working groups in IYCF-E
 - No IYCF-E lead designated
 - If running IYCF, perception that there is no need for IYCF-E
- **'Ad hoc'** or reactive responses
 - Joint statement released but not fully implemented
 - 'Added on to' other programmes or limited to promotional activities
 - Stopping ad hoc donations

Integration with other sectors

Priority Sectors for IYCF-E Linkages:

- Food Security and Livelihoods.
 - Health (incl. PSS & RH).
 - Water, Sanitation and Hygiene
 - Child Protection
 - Shelter and Non-food Items
- +
- Logistics
 - Camp Management/Coordination



Why is IYCF-E important for North East Nigeria?



IYCF practices are far from optimal

- ❖ **13.1% (Borno) and 14.2%(Gombe) initiated breastfeeding within the first hour of birth**
- ❖ **22.3% exclusively breastfed (North-East)**
- ❖ **49.2%(Borno) and 46.1%(Gombe) stunting is high, pointing to poor IYCF practices as a major factor.**
- ❖ **However**
- ❖ **94,9 % of mothers continued to breastfeed at 1 years. (North-East)**



SMART Survey 2014 and DHS 2013

Challenges to optimal IYCF-E practices Nigeria

Lack of clean water, sanitation, and food for PLW and infants and young children



Limited integration into CMAM

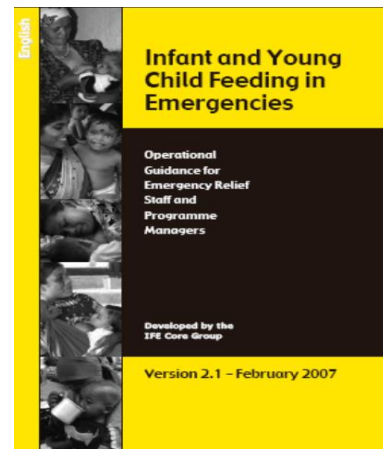


Gaps in IYCF-E policy

Untargeted Donations of BMS



Poor IYCF practices pre-crisis



Health workers not trained on regulations of BMS

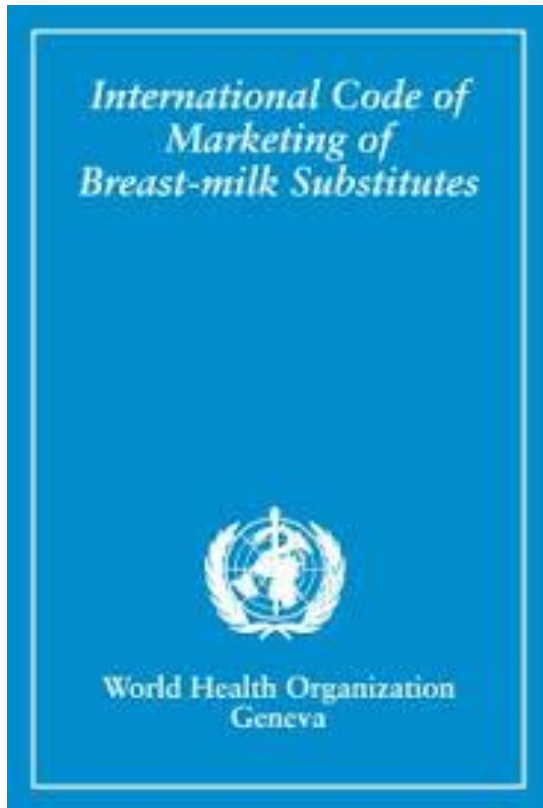


INTERNATIONAL CODE OF MARKETING OF BMS



Technical
Rapid
Response
Team

Guidance & Standards



“THE CODE”

International Health Policy Framework adopted by the World Health Assembly of the WHO in 1981

Nigeria

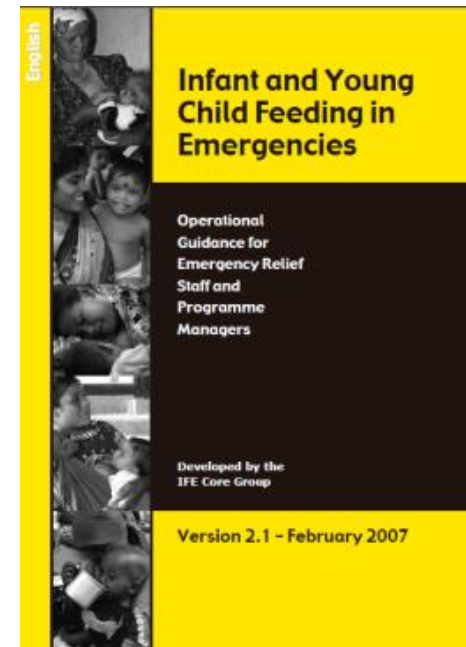
NAFDAC, Marketing of Infant and Young Children Foods and other designated products (sales, regulations, etc.) Regulations, 2005.

Guidance & Standards – Operational Guidance

Section 6: Minimise the Risks of Artificial Feeding

In emergencies, targeting and use, procurement, management and distribution of BMS, milk products, bottles and teats should be strictly controlled based on technical advice, and comply with the International Code and all relevant WHA Resolutions.

- Handling BMS donations and supplies
- Establish and implement criteria for targeting and use
- Control of procurement
- Control of management and distribution
- Violations



Guidance & Standards - SPHERE

IYCF Standard 1: Policy guidance and coordination: Safe and appropriate infants and young child feeding for the population is protected through implementation of key policy guidance and strong coordination.

IYCF Standard 2: Basic and Skilled Support: Mothers and caregivers of infants have access to timely and appropriate feeding support that minimises risks and optimises nutrition, health, and survival outcomes.

Key Actions

Enable access for mothers and caregivers whose infants require artificial feeding to an adequate amount of an appropriate BMS and associated support.

Key Indicators

There is access to Code-compliant supplies of appropriate BMS and associated support for infants who require artificial feeding.



UPDATE TRRT DEPLOYMENT AND ACTION PLAN

Update TRRT Deployment I

■ Capacity Building

- 2 day IYCF-E training integrated with CMAM training for CMAM staff (23M, 20F)
- 2 day IYCF-E training for govt. and partner staff (SNO, Nutrition Officers etc.) (8M, 18F)

■ IYCF-E Rapid Assessment Tools

- IYCF-E Questions for integration into Multi-sectorial Assessments
- IYCF-E Focus Group Discussion
- IYCF-E Transect Walk
- CMAM-IYCF-E Supervision Checklist
- Assessments on IYCF-E should be conducted asap by partners in locations of current interventions and must be included in assessment in newly liberated areas

■ BMS Code Violations

- Reporting Form for BMS Code Violations in Emergencies developed, validated and accepted by UNICEF and NAFDAC
- Key messages/guidance on BMS to complement reporting form to be developed before end of TRRT deployment

Update TRRT Deployment II

■ Coordination of IYCF-E

- Lead Coordinating Body for IYCF-E → State Government
- IYCF-E TWG → to be led by State Government and co-led by UNICEF
- ToR for IYCF-E TWG to be developed before end of TRRT deployment
- Draft Joint Statement to be developed before end of TRRT deployment

■ Monitoring and Reporting

- Currently no indicators on IYCF-E being collected, tools have been developed but are not yet implemented.
- List of Key Indicators identified and need to be approved and shared
- IYCF-E TWG to develop a plan for data collection and monitoring, integrated within current data collection and reporting systems where possible.

Recommendation: Extension of IYCF-E Technical Support (possibility for TRRT IYCF-E Specialist to deploy around the 3rd week of September for 4-6 weeks). To be followed by long term support by UNICEF

Action Plan (Key Actions) I

ACTION	WHO	WHEN
Develop Key Messages on BMS and dissemination to partners for validation (incl. reporting form)	TRRT	By 05-09-2016
Cascade training on BMS Code Violations and Reporting Form to Health Workers	State Govt. and Partners	ASAP
Develop Draft ToR for IYCF- TWG	TRRT	By 06-09-2016
Develop Draft Joint Statement	TRRT	By 06-09-2016
Dissemination of Joint Statement	IYCF-E Lead	Mid September 16
Circulation of key documents on IYCF-E to partners	TRRT	By 08-09-2016
Advocate for strengthening of IYCF-E component of National IYCF Strategy 2016 (+ remote support)	TRRT (2 nd TRRT)	By 08-09-2016 End September 16
Develop IYCF-E Emergency Response Plan (skeleton)	TRRT (2 nd TRRT)	By 08-09-2016
Develop Action Plan for validation (incl. recommendations, key indicators, activities etc.)	TRRT	By 08-09-2016

Action Plan (Key Actions) II

ACTION	WHO	WHEN
Communicate the need for Safe Breastfeeding Spaces in the camps to NEMA	IYCF-E Lead	ASAP
Develop plan for data collection/monitoring and reporting	IYCF-E TWG (with IMO)	By end September 2016
Conduct IYCF-E Assessments in areas of current interventions and newly liberated areas	All partners	ASAP
Facilitate short presentation on IYCF-E at inter sector meeting and WASH/FSL/Health sector meetings	UNICEF	ASAP
Develop Key Messages to be used by partners and government (+ translation)	TRRT/IYCF-E TWG	By mid September 2016
Compilation of capacity building initiatives on IYCF(E) and assessment of gaps in capacity building	IYCF-E TWG	By end September 2016
Development of IYCF-E capacity building plan	IYCF-E TWG (2 nd TRRT)	By end September 2016