



# Infant and Young Children Feeding in Emergencies

GUIDANCE FOR PROGRAMMING



## About the guidance

### What is the guidance?

This guidance is based on current international standard recommendations and guidance:

- Infant and Young Children Feeding in Emergencies: Operational Guidance (IFE 2007)
- Sphere Standards 2011
- The international code of marketing of breast-milk substitutes (WHO 1981 and subsequent resolutions)

This document offers a guidance to general practitioners on how to ensure that the specific needs of the infants and Young children are assessed and addressed adequately into programming.

A checklist for integrating IYCF considerations in emergency is provided at the end of the document. Key references are included at the end of the document for more in depth guidance.

### How was the guidance developed?

The guidance was developed in collaboration between the European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO) and the INSPIRE Consortium, involving a team of independent experts.

## Table of contents

<b>Foreword</b>	<b>4</b>
<b>1. Introduction to Infant and Young Child Feeding</b>	<b>6</b>
<b>2. Infant and Young Child Feeding in Emergencies (IYCF-E)</b>	<b>12</b>
<b>3. International recommendations &amp; DG ECHO's position</b>	<b>18</b>
1. Minimum Standards in Humanitarian Response (Sphere Project)	20
2. The International Code of Marketing of Breastmilk Substitutes	21
<b>4. IYCF-E in programming</b>	<b>22</b>
1. IYCF-E in needs assessment	25
2. IYCF-E in programme interventions	27
3. Monitoring of IYCF-E	31
4. Reporting on IYCF-E	33
<b>Annexes</b>	<b>34</b>
Annex 1: Checklist for integrating infant and young child feeding considerations in emergency responses	36
Annex 2: Key references for further guidance	38
Annex 3: Glossary	39
Annex 4: Quizz on IYCF-E	40

# Foreword

We know that it is crucial to take care of the nutritional needs of both mothers and children during the first 1000 days of a child's development. This gives a child the best possible start in life and every opportunity to achieve its full potential.

In March 2013, the European Commission adopted a new policy on 'Enhancing maternal and child nutrition in external assistance' demonstrating its increasing commitment towards the nutrition of infants, young children and mothers. DG ECHO took this opportunity to draw up its action plan to address undernutrition among these particularly vulnerable groups in emergencies.

These policy documents clearly acknowledge the specific vulnerability of infants, young children and lactating women. Their specific nutrition needs should be addressed, one way or another, by all humanitarian actors during emergencies in order to preserve and nurture young lives.

Meeting the enhanced nutrition needs of these groups is even more challenging in humanitarian contexts, where poor nutrition and inadequate care can have very sudden negative impacts. When a disaster strikes living conditions deteriorate rapidly, nutritious foods become hard to find, clean water may not be available and access to health care is more difficult. In such situations it becomes even more difficult for mothers and carers to look after infants and young children. Humanitarian assistance should pay special attention to the needs of these groups to prevent morbidity, undernutrition and mortality.

Considering Infant and Young Children Feeding in Emergencies (IYCF-E) is not about long term behaviour change, it is about immediate practical actions to support mothers so that they can breastfeed their children for as long as possible, helping carers and families to provide appropriate complementary food for children and supporting the nutrition and well-being of the mothers.

IYCF-E should be considered at all stages of programming humanitarian assistance: rapid needs assessment, routine needs assessment, response analysis and programme design, implementation, monitoring and evaluation. IYCF-E brings together a range of activities and solutions for different situations.

IYCF-E is about simple actions, but these actions count - taken at the right time, they can save lives.





# 1

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## Introduction to Infant and Young Child Feeding

# Introduction to Infant and Young Child Feeding

IYCF refers to all the types of foods and care practices provided to children, from birth until the age of 2.

These differ from the ones of other age groups, because the **nutrition needs of infants and young children are different**, while the texture of foods and the frequency of feeding have to be adapted to their capacity to chew and the size and maturity of their digestive system.

And as highlighted in the Lancet Series in Nutrition in 2008, **optimal nutrition and health care of both the mother and infant during these first 1,000 days** (the window of opportunity) of an infant's life are closely **linked to growth, learning potential and neurodevelopment**, in turn affecting long-term outcomes.

## To be breastfed or not to be breastfed – From birth until the age of 6 months

Breast milk is the most complete form of nutrition<sup>1</sup> for infants. It provides all nutrients needed for the first 6 months of life, and its composition is constantly adjusting to the child's needs, according to his age, the external temperature, and his appetite. Breastfeeding also presents a range of benefits on infants' health<sup>2</sup>, growth, immunity and development<sup>3</sup>.

Beside its intrinsic benefits, breastfeeding is always considered safer than other feeding practices, as preparation, consumption and conservation of alternatives products require access to clean water and good hygiene. Alternative feeding products might also not be appropriate in developing countries where Breast Milk Substitutes, who imitate the best human breast milk, is not easily accessible by the most vulnerable or remote households.

Although breastmilk has a high nutrition density, the volume that an infant can drink at once is limited by the size of his digestive system. He needs to be fed frequently (10 to 12 times a day in the first couple of months), which involves the availability and proximity of the mother in the first stages of infancy.

## Complementary foods – the challenge of addressing the specific nutrition needs of young children

After six months of age, it becomes increasingly difficult for breastfed infants to meet their nutrient needs from breast milk alone. Other foods have to be introduced in complement of the breast milk: they are referred to as complementary foods.

Complementary foods are to provide energy and 40 nutrients daily, with a texture and a density that is palatable and likeable by children, taking into account their capacity to chew, the small size of their stomach, and safety considerations. These specifications can be difficult to meet, as food products with high density and nutritional value are often expensive and not accessible to the most vulnerable households. Most traditional diets consumed by the household are often to be processed to meet the requirements of young children, which require time, and knowledge from the carer.

Breastfeeding remains important until the age of 2 years, as a major source of essential fatty acids, and 30 to 50% of the calory intake.

The frequency of feeds decreases progressively to 6 a day when the child reaches 2 years old.

## Nutrition support to lactating mothers

Lactating women have an increased needs of energy at a similar or higher level than pregnant women (about 25% of the needs of a non-lactating; non pregnant women).

Their water consumption is also higher, especially in warm climates where breast milk provides all the liquid needed by the infant in the first 6 months.

The nutrient needs of infants typically can be met by human milk alone under the conditions that the mothers are well nourished themselves. When the mothers' diets are deficient, their infants may have low intakes of certain vitamins and minerals. In these situations, improving the mother's diet or giving her supplements is the recommended treatment, rather than providing complementary foods to the infant.

<sup>1</sup> The nutrient needs of full-term, normal birth weight infants typically can be met by human milk alone for the first 6 months if the mother is well nourished (WHO/UNICEF, 1998).

<sup>2</sup> Breast-fed children are more resistant to disease and infection, as breast milk carries maternal anti bodies.

<sup>3</sup> There is some evidence that motor development is enhanced by exclusive breastfeeding for six months (Dewey et al., 2001).

**The standard IYCF indicators recognized at global level are as follow:**

- Timely initiation of breastfeeding (within the first hour of birth)
- Exclusive breastfeeding for infant below 6 months
- Continued breastfeeding at 1 year
- Timely introduction of soft, semi-solid, and solid foods
- Minimum dietary diversity
- Minimum meal frequency
- Minimum acceptable diet
- Consumption of iron-rich foods in children 6-23 months

**Why is IYCF important for DG ECHO and humanitarian actors?**

Approximately a fifth of all deaths among children under-5 years in the developing world could be prevented through appropriate IYCF practices. Infants less than six months old who are not breastfed in non-emergency situations are already more than 14 times more likely to die from all causes than exclusively breastfed children. These risks are amplified in emergency situations and mortality rates are often greatly elevated.





# 2

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

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

IYCF-E concerns the protection and support of safe and appropriate feeding for infants and young children in all types of emergencies, with the goal of safeguarding their survival, health and growth.

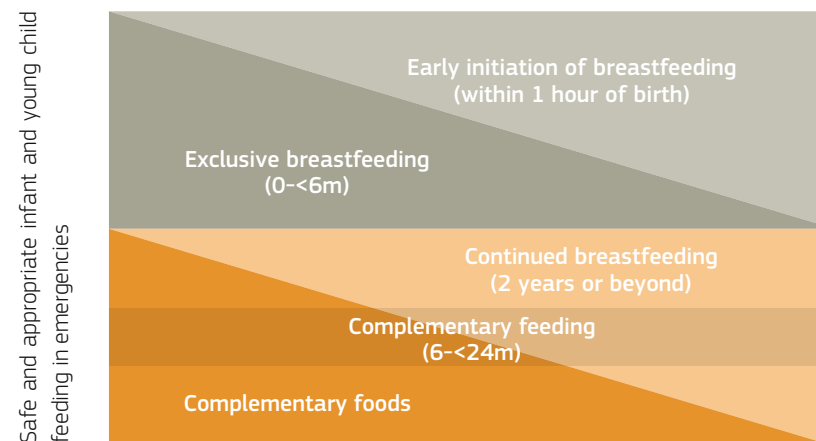
When people are affected by a rapid or slow onset disaster or protracted crisis, their lives are disrupted.

The risks to feeding and caring practices for infants, young children and their mothers/carers are high, alongside increased vulnerability to diarrhoea and other diseases due to situations of poor sanitation, reduced access to food and deterioration in living conditions. Consequently undernutrition and mortality risks increase. **Appropriate and timely support of IYCF in emergencies saves lives.**

IYCF-E aims to **protect** the nutrition, health and development of infants and young children by preserving good breastfeeding practices as much as possible and providing special attention to complementary feeding for young children and support to lactating mothers.

**But isn't IYCF concerned with long-term behaviour change and therefore beyond the scope of DG ECHO's mandate?**

### OPTIMAL INFANT AND YOUNG CHILD FEEDING



IYCF-E is not just a matter for nutritionists: **all emergency actors and sectors need to consider how their actions affect the survival needs of infants and young children.**

IYCF-E involves

- Paying attention to IYCF **right at the onset of an emergency** (in needs assessment, policy and coordination, in the first responses)

In March 1991, 500,000 Kurds fled Iraq towards Turkey and were stranded in the mountains between the two countries. Despite the fact that the population was healthy prior to displacement, relief efforts were prompt and the acute phase of the emergency lasted only a few months, there were high mortality rates. Two thirds of all deaths occurred in children under five years and half among children under a year. An estimated 12% of all infants died during the first two months of the crisis. Most deaths were due to diarrhoea, dehydration, and resulting undernutrition. Attention to IYCF in the early stage of this emergency could have prevented some of these deaths.



- **Considering the specific needs of infants, young children, lactating mothers and carers across all sectors**, enabling access to basic services (e.g. shelter, security, food assistance, WASH, health)

A project that registers mothers of children under-2 years for long hours of work outside the home, may cause childcare and feeding responsibilities to be passed to another family member, with the result that breastfeeding and complementary feeding is compromised and mother-infant interaction reduced at a vulnerable time. A specific attention should be provided by all interventions not to undermine care and feeding practices as well as integrating the provision of fortified complementary foods.

Providing **frontline feeding assistance** to mothers/caregivers with young children

In 2011 in Cox's Bazaar, Bangladesh, ACF nutrition Programme identified poor IYCF practices has one of the main causes of acute undernutrition. To mitigate this, ACF established breastfeeding and complementary feeding support groups at community level and two breastfeeding corners at the nutrition centre as well as Mental Health Care Practices outreach for psychosocial support to children and their caregivers. Community Male forums were set up to educate men on the importance of effective IYCF practices so as to support the mothers at household level.

- Ensuring that **humanitarian assistance does not undermine safe IYCF practices** with inappropriate interventions.

Humanitarian interventions may inadvertently jeopardise optimal IYCF practices. An excessive quantity of milk products is often donated in emergency situations without proper assessment of needs. If donated feeding bottles, breastmilk substitutes (BMS) and/or powdered milks are widely available, mothers who might otherwise breastfeed might needlessly start giving artificial feeds. This exposes infants and young children to increased risk of disease, undernutrition and death, especially from diarrhoea when clean water is scarce and there is minimal opportunity to sterilise feeding equipment. It also creates a dependence on accessing infant formula.

## Contextual issues and particular circumstances

### When is it appropriate to use breastmilk substitutes?

Infants who are not breastfed require early identification and assessment by skilled personnel to explore feeding options. **Health and nutrition advisers should be consulted to provide technical input in such cases.**

Where maternal breastfeeding is not available, wet nursing may play a valuable role, especially in feeding young and low birth weight infants.

Artificial feeding support in an emergency is a technical intervention that requires nutritional and logistical expertise and capacity, as programmes need to closely monitor infants on an individual level and ensure resources and capacity to supply BMS hygienically for as long as the infant needs it. BMS must be managed in accordance with the Code.

### Infant feeding in the context of HIV

The aim that children born to HIV positive mothers are not only HIV uninfected but also survive is the overarching consideration when considering infant feeding in emergency settings. This means considering the risk of HIV infection alongside other causes of death, such as diarrhoea and malnutrition, which are particularly significant in emergencies.

The latest WHO (2010) guidance recommends that national or sub-national authorities should decide feeding recommendations, based on international recommendations and consideration of national/sub-national circumstances. However, where the recommendation pre-emergency was to avoid breastfeeding, authorities should establish whether this recommendation is still appropriate.

Where there are no guiding authorities, mothers of unknown or negative HIV status should be supported to breastfeed. **Acknowledging the elevated risks to infants associated with replacement feeding under emergency conditions, breastfeeding offers the greater likelihood of survival for infants born to HIV-infected mothers and for survival of HIV-infected infants.**

Urgent artificial feeding assistance is needed for infants already established on replacement feeding. For HIV-infected mothers, combining anti-retroviral (ARV) interventions with breastfeeding can significantly reduce post-natal HIV transmission. Accelerated access to ARVs should be prioritised.

### Outbreaks of diseases with risk of transmission through breastfeeding

Be aware of new emergency-specific IYCF-E guidance issued for outbreaks of transmissible diseases, e.g. Ebola Virus Disease. Consult nutrition advisors and updates from WHO.



# 3

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International recommendations  
& DG ECHO's position

# International recommendations & DG ECHO's position

## 1. Minimum Standards in Humanitarian Response (Sphere Project)

DG ECHO strives to support and promote the health and nutritional well-being of mothers, young children and infants through alignment with international guidance, policies and standards on IYCF-E. All work undertaken and supported by DG ECHO must comply with Sphere Standards<sup>4</sup>.

1. **Effective coordination** should include IYCF-E considerations across sectors in humanitarian response. The nutrition cluster, government or lead agencies, such as UNICEF, have a role to ensure policies for IYCF-E are developed and widely shared.

2. Ensure the **provisions of the Code** are upheld:

- Donated or subsidised supplies of breastmilk substitutes are avoided.
- Any decision to accept, procure, use or distribute infant formula in an emergency must be made by informed, technical personnel in consultation with the co-ordinating agency, lead technical agencies and governed by strict criteria.
- The use of bottles and teats in emergency contexts should be avoided.

3. Key information on the infant and young child feeding situation and needs should be integrated into **routine rapid assessment** procedures. Mothers/carers of children under-2 years of age should be consulted to ensure their concerns are considered.

4. **Simple measures should be put in place in all sectors** to ensure the needs of mothers/carers, infants and young children are addressed in the early stages of an emergency. Particular attention should be paid to the following points:

- Breastfeeding and infant and young child feeding support should be integrated into services for mothers, infants and young children.
- Foods suitable to meet the nutrient needs of older infants and young children must be included in the general ration for food assistance dependent populations.

5. **Monitoring** of interventions should demonstrate how infant and young child feeding needs are being addressed and outcomes improved.

## 2. The International Code of Marketing of Breastmilk Substitutes

The Commission, as detailed in the DG ECHO Nutrition Policy, seeks to uphold the provisions of the WHO 1981 International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions (collectively known as the Code)<sup>5</sup>. Inappropriate in-kind donations, such as infant formula, powdered milk or bottles and teats, are discouraged by the Commission, in accordance with the Operational Guidance on IYCF-E<sup>6</sup> and the Code.

### The "Code" at a glance

The International Code of Marketing of Breastmilk Substitutes is an international health policy framework for breastfeeding promotion, adopted by the World Health Assembly (WHA) of the World Health Organization (WHO) in 1981. The Code provides recommendations on the restrictions on marketing of breastmilk substitutes, **to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed**. The Code also covers ethical considerations and regulations for the marketing of feeding bottles and teats. Some of the provisions in the Code include:

- No advertising to the public of any product within the scope of the Code;
- No free samples to mothers;
- No promotion of products through healthcare systems;
- No gifts to healthcare providers
- No words or pictures idealizing artificial feeding or pictures of infants on labels of formula cans, feeding bottles, etc.

Since 1981, 84 countries have enacted legislation implementing all or many of the provisions of the Code and subsequent relevant WHA resolutions<sup>7</sup>.

<sup>4</sup> [http://ec.europa.eu/echo/files/news/201303\\_SWDundernutritioninemergencies.pdf](http://ec.europa.eu/echo/files/news/201303_SWDundernutritioninemergencies.pdf)

<sup>5</sup> [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

<sup>6</sup> IFE Core Group (2007) Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers, v. 2.1, February 2007. <http://www.enonline.net/operationalguidanceicycfv2.1>

<sup>7</sup> [http://www.unicef.org/nutrition/files/State\\_of\\_the\\_Code\\_by\\_Country\\_April2011.pdf](http://www.unicef.org/nutrition/files/State_of_the_Code_by_Country_April2011.pdf)



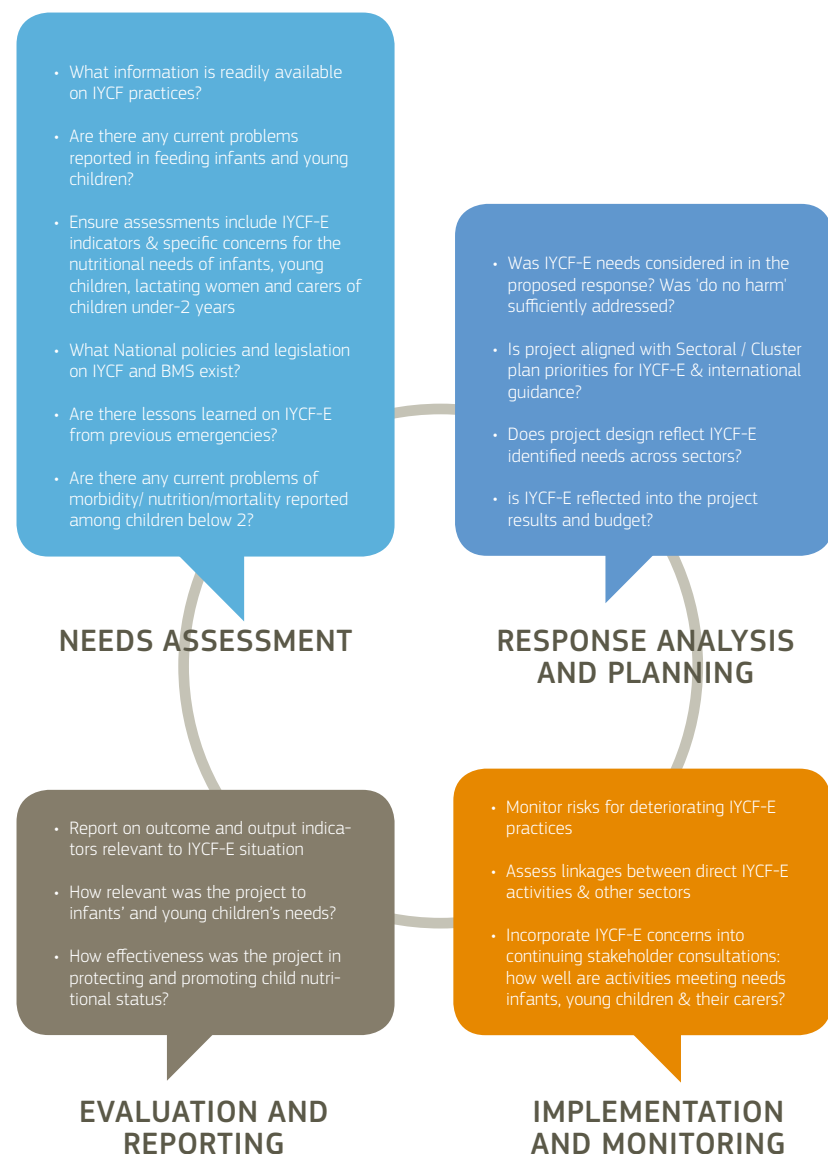


# 4

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IYCF-E in programming

## Overview of incorporation of IYCF-E into the project cycle



## IYCF-E in programming

IYCF-E should be considered at each point of the project cycle: needs assessment, planning and design, implementation and monitoring, evaluation and reporting.

### 1. IYCF-E in needs assessment

Needs assessment should consider the **specific needs of infants, young children and their carers**; pregnant, lactating women and caregivers should be explicitly asked to express their concerns.

Analysis of the **particular context** will be essential to decide on an appropriate response. For example, contexts where HIV is prevalent, conflicts resulting in high numbers of unaccompanied orphans, or displaced populations with high numbers of artificially fed infants have different needs. The policy context is also important: what IYCF policies exist? Has the country adopted the Code?

#### Identification of the multisectoral causes of undernutrition of infants and young children<sup>8</sup>

Malnutrition rates in Madhya Pradesh State of Central India are high. Lack of food is not the only reason why malnutrition is widespread. To start with, women are undernourished and often give birth before eighteen years of age. As a result, many children are born with a low weight. Inadequate breastfeeding and care practices along with a lack of hygiene further erode the child's immunity, leading to life-threatening diseases such as diarrhoea, pneumonia and tuberculosis. In addition, women from poor families are forced to start working immediately after giving birth, so the newborn is left at home with elder siblings who are unable to provide the care that a young baby demands.

*IYCF practices represent an important cause of undernutrition and are influenced by multiple factors. Understanding the causes allows development of appropriate responses.*

**Secondary data on IYCF practices** may be available from pre-emergency surveys, such as the Demographic Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS) Multisectoral **rapid assessments** in the early stage of an emergency should aim to include simple IYCF-E indicators:

<sup>8</sup> Source: *Marginalised and Malnourished in Central India*, ECHO, 6 September 2013 (<http://ec.europa.eu/echo/fr/field-blogs/stories/marginalised-and-malnourished-central-india>)

INFORMATION TO COLLECT	WHAT IT TELLS YOU
Demographic profile of the population, specifically noting infants and young children, pregnant women, unaccompanied children	<ul style="list-style-type: none"> <li>The caseload for response</li> <li>The size of particular vulnerable groups</li> </ul>
Conspicuous availability of BMS, milk products, bottles and teats, in emergency-affected population and commodity pipeline	May highlight need for Code enforcement, urgent attention to hygienic preparation practices and support to artificially fed infants, or alert for infant diarrhoea or acute malnutrition
Pre-crisis feeding/ care practices and any recent changes	<ul style="list-style-type: none"> <li>Whether the normal care environment has been disrupted (e.g. through displacement or change in livelihood activities), affecting access to carers, foods for children or water</li> <li>Normal maternal and infant feeding practices and current challenges; e.g. whether mothers are using BMS or manufactured complementary foods and what urgent support they need</li> </ul>
Reported problems feeding infants and young children	<ul style="list-style-type: none"> <li>Whether any factors are disrupting breastfeeding</li> <li>Challenges in accessing appropriate complementary foods and preparing them in a hygienic or timely manner</li> <li>Adequacy of WASH facilities/shelter</li> </ul>
Nutritional adequacy of the food ration: is the general ration sufficient for the needs of all household members?	<ul style="list-style-type: none"> <li>Women may be disproportionately affected by inadequate ration supplies</li> <li>Accessibility of appropriate, nutritionally adequate and safe complementary foods for children 6 to 23 months</li> </ul>
Cultural sensitivity around pregnant women, new mothers and child care	How can a decision be made about breastfeeding at household level, are there taboos that can have negative impact on the mothers or the children well being and that must be tackled
Existence of cultural barriers and boosters to use of relactation, expressing breast milk or wet nursing <sup>9</sup>	Whether the nutritional status of non-breastfed infants is at risk and what alternatives are available to support them
Identification of key decision-makers at household, community and health facility level who influence IYCF practices	Who to target with awareness-raising activities and who to include in interventions to support IYCF-E
Identification of community members or medical personnel involved in pregnancy/ birth/ post natal care	Who can help relaying information on IYCF practices toward PLW, what is the local capacity and what are the messages/ beliefs/understanding of the communities and medical services on the field

<sup>9</sup> A wet nurse is a woman who breast feeds and cares for another's child.

When there is an indication that IYCF-E practices are inadequate, **detailed surveys** will be needed to more clearly define and monitor the situation and response. Standard indicators and methodologies should be used in assessment<sup>10</sup>.

### Warning signs

- Indications that infants and young children are at increased and significant risk include:
- General distribution of infant formula and milk products
- Mothers reporting difficulties in breastfeeding or stopping breastfeeding due to the crisis situation
- Reports of infants under 6 months who are not breastfed
- Reports of increased diarrhoea in infants under 12 months
- Poor availability of food for complementary feeding
- Mothers reporting difficulties feeding their children
- Risky complementary feeding practices (e.g. early or late introduction of complementary foods, poor quality complementary foods)

## 2. IYCF-E in programme interventions

The focus should be on implementation or **adaptation of basic interventions; and ensuring prevention of inappropriate interventions.**

### Mother and baby tents/corners in Pakistan: IYCF-E needs in shelter design<sup>11</sup>

As a result of the Pakistan earthquake in 2006, many women lacked privacy. They were sharing shelters with distant male relatives or non-related males and were feeling uncomfortable breastfeeding in such circumstances. 'Mothers' corners' were created by MOH Pakistan and UNICEF. These were tents where women could meet to breastfeed, provide mutual support, exchange information and receive support and information from a female health worker.

*Understanding the constraints faced by mothers and providing them the necessary support to continue breastfeeding is essential. Simple actions could save lives.*

### a) Coordination and advocacy

DG ECHO and partners should contribute to relevant sectoral co-ordination meetings (health/nutrition, food assistance, water and sanitation and social services) to ensure the application of the specific IYCF-E policy adopted for the emergency operation.



The Nutrition Cluster should promote appropriate IYCF-E interventions, issue guidance and tools, as well as develop timely, context-specific and consistent communication on IYCF-E for dissemination to different target audiences within government and humanitarian agencies, the press and media. It is especially important to sensitise Governments to ensure early enforcement of the Code so that inappropriate donations of BMS and powdered milk are prevented or appropriately handled.

### b) Project implementation

The magnitude of the crisis and whether it is a slow or sudden onset or protracted crisis can influence the type of services provided. **Response should be context-specific** and consider identified needs as well as national or international guidelines:

- When there are major threats or problems with breastfeeding, large numbers of orphaned or unaccompanied infants and many displaced people, destruction of existing health facilities or disruption of services, then stand-alone temporary services such as baby tents or baby-friendly spaces are likely to be needed.
- When the emergency is slow-onset such as a drought, or in protracted crisis, where there is no major destruction of existing services, there is no significant displacement of the populations and no major concentration of people into camps, IYCF-E services can be integrated within other nutrition services such as CMAM or maternal and child health services. Support to human resources and training of government staff may be required.

### IYCF opportunities in emergencies<sup>12</sup>

Following the Haiti earthquake, breastfeeding promotion was relatively successful. The higher cost of infant formula and food in general, combined with reduced household income, made exclusive breastfeeding a coping strategy. The possibility of having access to breastfeeding support services was an important motivating factor which was unavailable before, and mothers showed enthusiasm in learning and benefitting from group counselling as a way to overcome the post-earthquake distress. As a consequence, the earthquake represented an opportunity to promote optimal nutritional practices and establish a new support programme.

<sup>10</sup> Refer to Sphere Indicators and Nutrition Cluster Assessment Indicators, <https://www.humanitarianresponse.info/system/files/documents/files/Bank%20of%20Nutrition%20Cluster%20Assessment%20Indicators.pdf>

<sup>11</sup> ENN (2006) Field Exchange. No.27

<sup>12</sup> Source: Integrating infant and young child feeding in emergency response: a case study of Save the Children's IFE response to the Haiti earthquake. Port au Prince, May-June 2010. Lucia Pantella, Liverpool School of Tropical Medicine/Save the Children.

Alongside focused IYCF-E services, IYCF-E considerations should be integrated in all sectors of response. The table below presents examples and suggestions by sector.

### Examples of integrating IYCF-E into programming by sector



#### HEALTH

Ensure IYCF-E key interventions are properly reflected in minimum package of services for health facilities and community health workers:

- Skilled breastfeeding support including early initiation and avoidance of aids such as BMS and bottles.
- Creation of culturally acceptable safe places in camps/displaced situations for mothers to give birth and be immediately assisted with postnatal care and infant feeding
- Where artificial feeding is required, assured access to adequate amounts of an appropriate BMS for as long as necessary, e.g. for infants of HIV positive mothers, who are already established on replacement feeding<sup>13</sup>
- Provision of additional training to community health workers in areas related to hygiene and care of infants and young children.
- IYCF interventions monitored through the collection of indicators
- Use of supplements such as Vitamin A, Zinc, iron folate, and multiple micronutrient powders.



#### WASH

- Access to sufficient safe water, sanitation and adequate hygiene conditions for mothers and caregivers
- Education on appropriate hygiene practices for preparation of foods and infant milk
- Provision of clean water/sanitation services in nutrition and health centres

<sup>13</sup> Replacement feeding is the term used for feeding non-breastfed infants in the context of HIV. It involves feeding infants who are receiving no breastmilk with a diet that provides the nutrients infants need until the age at which they can be fully fed on family foods.



### CMAM

- IYCF-E included in the strategy for managing acute malnutrition, including relactation support, psychosocial support to mothers
- Trainings on management of SAM include a module on IYCF-E counselling.
- Nutrition education to improve caregiver practices including continued breastfeeding for 2 years, demonstration of food preparation and sharing of recipes with mothers for optimal use of locally available foods for children 6-23 months.
- Before discharge of children, review feeding practices and provide counselling on optimal IYCF practices (breastfeeding and complementary feeding).



### FOOD ASSISTANCE

- Inclusion in food assistance of safe and appropriate complementary foods for children 6-23 months such as fortified blended foods, micronutrient powders or ready to use foods ( vouchers/in-kind), accompanied with practical guidance and demonstration on their preparation;
- In protracted crises, interventions to improve availability and access to diverse food products and complementary food
- Milk and milk products should not be included in untargeted food assistance; powdered milk never to be distributed as a single commodity
- Support should be prioritized for mothers, caregivers and pregnant and lactating women to meet immediate essential needs; this might include supplementary feeding for pregnant and lactating women or provision of additional high nutrient density food items either in-kind or through vouchers, targeted or blanket.
- At distributions, ensure availability of shelter and seating if necessary for breastfeeding women if there is a long wait, or establish priority queues.



### CARE AND PROTECTION

- Consider women's time requirements for infant and young child feeding and childcare in the planning of interventions
- Offer childcare support for projects that engage women in work outside the home
- Consider livelihood options and/or working hours that allow women with infants or young children to engage without compromising optimal breastfeeding and childcare practices, as it could be the case in some Cash/Food for work scheme; or provide unconditional transfers



### SHELTER

- Consider gender and cultural constraints which may affect IYCF-E, e.g. privacy to breastfeed, use of communal cooking areas.
- Consider provision of safe, clean, recreational space for new mothers' groups to meet and young children to play

## 3. Monitoring of IYCF-E

Monitoring how well IYCF-E considerations have been integrated into projects requires the addition of an IYCF-E lens to existing monitoring approaches. This implies asking **“how is this activity taking into consideration the specific needs of infants, children under-2, lactating women and caregivers?”**

METHODOLOGY AND KEY INFORMANTS	INFORMATION COLLECTED
<p><b>COORDINATION AND DISCUSSION WITH KEY STAKEHOLDERS:</b></p> <ul style="list-style-type: none"> <li>• UNICEF/Nutrition Cluster representatives;</li> <li>• Government staff with IYCF expertise (MOH &amp; others);</li> <li>• NGOs / civil society organizations</li> </ul>	<ul style="list-style-type: none"> <li>• What is/has been the role of the Nutrition Cluster in assessing and addressing IYCF-E issues?</li> <li>• Has new specific IYCF guidance been developed for the current situation and is it being implemented? e.g. a policy or a joint statement on the management and use of BMS</li> <li>• What strategies are partners employing to address IYCF-E issues?</li> <li>• What challenges are being faced in addressing IYCF-E concerns?</li> </ul>

METHODOLOGY AND KEY INFORMANTS	INFORMATION COLLECTED
<p><b>BENEFICIARY DISCUSSIONS:</b></p> <ul style="list-style-type: none"> <li>Community discussions;</li> <li>Small group discussions with carers of children under-2 year</li> </ul>	<ul style="list-style-type: none"> <li>Are the specific nutritional and care needs of infants and young children being met?</li> <li>Are carers able to provide specific care and feeding to children under 2?</li> <li>Are there any ways that project activities can be improved to more appropriately address these needs?</li> <li>Is the complementary food distributed appreciated/eaten by children?</li> </ul>
<p><b>SITE VISITS, DIRECT MONITORING</b></p>	<ul style="list-style-type: none"> <li>Are there safe spaces for women to feed their children?</li> <li>Does the household shelter offer sufficient privacy and protection?</li> <li>Is appropriate attention provided at health centres and feeding centres to the promotion of breastfeeding and support to safe BMS where needed? Are protocols in existence? Has the relevant staff received appropriate training? What is the mechanism for provision of technical supportive supervision?</li> <li>Are water points and collection receptacles available and accessible to households with infants and young children?</li> <li>Are hygienic child feeding practices being observed at community, feeding/health centre and household level?</li> <li>How long are the queues at distribution sites/water points?</li> <li>Are IYCF-E topics included in health education discussions in food assistance, CMAM or health projects, and as part of hygiene promotion in WASH projects?</li> <li>Are topics relevant and appropriate for the targeted audience?</li> <li>Are staff involved in IYCF-E appropriately experienced, gender and age balanced and trained</li> </ul>
<p><b>PROJECT DATA CAPTURE</b></p>	<ul style="list-style-type: none"> <li><b>Food assistance</b> – availability and consistent supply of an appropriate and nutritionally-adequate complementary food in the ration for children aged 6-23 months</li> <li><b>CMAM</b> - what are the trends in admissions and performance indicators of under-2s? Frequency/modality of IYCF-E counselling provision and training</li> <li><b>WASH</b> - distance to water source / adequacy of water quantity for households with children under-2 years, especially in situations where BMS use is more widespread; how have any particular needs been attended to? Is hygiene promotion adequate?</li> <li><b>Shelter</b> - availability of private spaces for breastfeeding women</li> <li><b>Health</b> - where a project handles BMS, what mechanisms are in place to ensure that only those children who need BMS receive them and spill-over effects are avoided?</li> </ul>

## 4. Reporting on IYCF-E

An indicator database compiled by OCHA for monitoring and assessing the IYCF-E situation can be used as a reference<sup>14</sup>, along with Sphere indicators. The indicators (or a selection of them) should be included in detailed interagency assessments and may be available from surveys such as MICS, DHS or standalone IYCF surveys where available. This background data can be included, where appropriate, in project monitoring and final reporting.

**How can I evaluate the impact of IYCF interventions in a short-term project?**

### The following considerations should be included in final reporting:

- Were the specific needs of infants, young children and their carers assessed and considered during project implementation?
- Were the identified IYCF-E risks appropriately addressed by the project?
- Is there a description of the benefits and achievements of any IYCF-E-related components?

<sup>14</sup> Nutrition Cluster Assessment Indicators, <https://www.humanitarianresponse.info/system/files/documents/files/Bank%20of%20Nutrition%20Cluster%20Assessment%20Indicators.pdf>



# Annexes

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## Annex 1: Checklist for integrating infant and young child feeding considerations in emergency responses

	INCORPORATION OF IYCF-E
<b>Needs assessment</b>	<p>Is there a national IYCF policy or IYCF-E guidelines?</p> <p>Is the Nutrition Cluster activated and leading on IYCF-E guidance? If not, who is the lead agency/key stakeholders to discuss IYCF-E concerns and strategies with?</p> <p>Is there clear Code-compliant communication on donations and management of BMS and powdered milk?</p> <p>Refer to international guidance documents (Sphere and Operational guidance)</p> <p>Have the humanitarian needs been defined taking into account the particular needs of pregnant and lactating women, children under-2 years and their carers?</p> <p>Is there conspicuous availability of BMS, milk products, bottles and teats in the population or in the commodity pipeline?</p> <p>Are there any problems reported in feeding infants and young children?</p> <p>Is the general ration adequate for the household? Are nutritionally adequate and appropriate complementary foods for children aged 6-23 months available or being provided?</p> <p>Are reproductive health services functioning? (antenatal, delivery, postnatal services)</p> <p>Is there any information on nutritional status or morbidity of pregnant and lactating women or infants and children under-2 years?</p> <p>Are there any cultural barriers relating to relactation, expressing breastmilk or wet nursing?</p> <p>Who are the key decision-makers at household, community and health facility level that influence IYCF practices?</p> <p>What are the current IYCF practices and are there any changes from pre-crisis practices?</p> <ul style="list-style-type: none"> <li>• <b>Seek out secondary data sources (DHS, MICS) for IYCF indicators</b></li> <li>• <b>Ensure key IYCF indicators are included in multisectoral rapid assessments and in more detailed surveys</b></li> <li>• <b>Identify critical issues and vulnerable groups e.g. large population of artificially-fed infants, unaccompanied infants or young children</b></li> <li>• <b>Determine general significance of IYCF issues in project areas; identify key issues that may threaten breastfeeding, complementary feeding and safe artificial feeding</b></li> </ul>

	INCORPORATION OF IYCF-E
<b>Planning and design</b>	<p>Is the proposed assistance adapted to the specific needs and capacities of pregnant and lactating women, children under-2 and their carers across all sectors?</p> <p>Does the proposal comply with the Code? Is it in line with international guidance and any guidance issued by the Nutrition Cluster?</p> <p>Are proposed monitoring indicators adequate to capture IYCF-E outcomes/outputs?</p>
<b>Implementation and monitoring</b>	<p>How have the activities responded to the specific needs of infants, children under-2 and their caregivers and those of pregnant and lactating women in each sector?</p> <p>Are indicators in use that can effectively monitor outcomes (positive and negative) of the project on children under-2 years?</p> <ul style="list-style-type: none"> <li>• <b>Review initial assumptions on IYCF-E and any changes in the indicators or general situation</b></li> <li>• <b>Ensure consultation captures the views and concerns of pregnant and lactating women and carers of children under-2 years</b></li> <li>• <b>Seek out IYCF expertise (government, CSO or UNICEF cluster leads) for situation updates and emerging concerns</b></li> </ul>
<b>Evaluation and reporting</b>	<p>How did the project contribute to protecting and promoting infant and young child nutritional status and the well-being of their mothers and carers?</p> <ul style="list-style-type: none"> <li>• <b>Where appropriate, include reporting on IYCF indicators</b></li> </ul>

## Annex 2: Key references for further guidance

### KEY DOCUMENTS

IFE Core Group (2007) **Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers**, Module 1. v. 2.1, February 2007. <http://www.enonline.net/operationalguidanceiycfv2.1>

Save the Children (2014). **IYCF-E Toolkit: Rapid start-up resources for emergency nutrition personnel**. <https://sites.google.com/site/stcehn/documents/iycf-e-toolkit>

Sphere Project (2011). **The Sphere Handbook. Minimum standards in infant and young child feeding** <http://www.spherehandbook.org/en/2-infant-and-young-child-feeding/>

WHO (1981). **The International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions (The Code)**. Geneva: WHO. [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

WHO (2010). **Guidelines on HIV and infant feeding 2010. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence**. [http://www.who.int/child\\_adolescent\\_health/documents/9789241599535/en/index.html](http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html)

WHO (2007/2009) **Indicators for assessing infant and young child feeding practices. Part 1 Definitions (2007) and Part 2 Measurement (2009)** <http://www.who.int/nutrition/publications/infantfeeding/en/index.html>

### FURTHER GUIDANCE

IFE Core Group (2008). **Model Joint Statement on IFE**. <http://www.enonline.net/modelifejointstatement>

### TRAINING/COURSES

IFE Core Group (2010). **Module 1. Infant Feeding in Emergencies for emergency relief staff. Orientation package**.

The package comprises e-learning lessons, which can be used in self-learning. <http://lessons.enonline.net> The package also includes powerpoint presentations and downloadable and print manuals, <http://www.enonline.net/resources/iycfeorientationpackage>

Harmonized Training Package (HTP) Version 2.0 (2011). **Module 17, Infant and Young Child Feeding**.

The HTP is a primarily a resource for trainers in the nutrition in emergencies sector and it can be used by individuals to increase their technical knowledge of the sector. It is designed to provide trainers with information from which to design and implement a training course according to the specific needs of the target audience. [http://www.unscn.org/en/gnc\\_http/modul.php?modID=22&docID=74](http://www.unscn.org/en/gnc_http/modul.php?modID=22&docID=74)  
<http://www.enonline.net/htpv2module17>

### TECHNICAL SUPPORT

en-net [www.en-net.org.uk](http://www.en-net.org.uk) emergency nutrition discussion forum hosted by ENN is a facility for peer discussion of programmatic dilemmas as well as a source of expert support on urgent issues. Search or post questions in the forum area on infant and young child feeding interventions, <http://www.en-net.org.uk/forum/4.aspx>

## Annex 3: Glossary

**Artificial feeding.** The use of a BMS, such as infant formula, to feed an infant or child. This term includes both non-breastfed infants and infants who are mixed feeding.

**Breastmilk substitute (BMS).** Any food or liquid being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. Appropriate BMS include infant formula (unbranded or branded) or for temporary use, modified liquid animal milks and modified evaporated milk.

**Complementary feeding.** Age-appropriate, adequate and safe solid or semi-solid food in addition to breastmilk or a breastmilk substitute for children aged 6-23 months.

**Complementary food.** Any food, whether industrially produced or locally-prepared, used as a complement to breastmilk or to a breastmilk substitute and that should be introduced after six months of age.

**Early initiation of breastfeeding.** An infant receives breastmilk within 1 hour of birth.

**Exclusive breastfeeding.** an infant receives only breastmilk and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

**Infant.** A child aged between 0 and <12 months (sometimes referred to as 0-11 months) that is 12 completed months of life. A young infant is defined as an infant aged 0 and < 6 months (sometimes referred to 0-5 months) that is six completed months of life.

**Infant formula.** A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards (developed by the joint FAO/WHO Food Standards Programme). Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer and may be available for purchase in local markets. Generic infant formula is unbranded and is not available on the open market, thus requiring a separate supply chain.

**Mixed feeding.** Feeding infants with both breastmilk and a breastmilk substitute.

**Non-breastfed infant.** The infant receives no breastmilk.

**Optimal infant and young child feeding.** Early initiation (within one hour of birth) of exclusive breastfeeding, exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.


**Replacement feeding.** Term used for feeding non-breastfed infants in the context of HIV. It involves feeding infants who are receiving no breastmilk with a diet that provides the nutrients infants need until the age at which they can be fully fed on family foods. During the first 6 months, replacement feeding should be with an appropriate BMS that is likely to be infant formula. After 6 months, the necessity for and type of BMS will depend on what complementary foods are available.

**Wet nurse.** A woman who breastfeeds and cares for another's child.

**Young child.** A child aged 12-<24 months (12-23 completed months).



## Annex 4: Quizz on IYCF-E

 Are the following statements true or false? Answers are available next page.

1	IYCF-E is mainly about behaviour change
2	Rates of child mortality can soar to up to 70 times higher than average in an emergency
3	Children aged 6-23 months can eat the same meals as the rest of the family
4	One of IYCF-E's main principle is to make sure that all mothers with infants under-6 months are breastfeeding
5	The main concern of IYCF-E is to mitigate excess malnutrition and mortality of infants and young children
6	Provision of breast milk substitutes (e.g. infant formula) is never appropriate in an emergency
7	Babies with diarrhoea need water along breast milk to compensate the liquid loss
8	Psychosocial support to mothers can improve IYCF-E outcomes
9	Stress makes milk dry up/ go bad
10	Once breastfeeding has stopped, it cannot be resumed
11	The International Code of marketing of breast milk substitutes (BMS) prohibits free/low cost supplies of BMS in any part of the health care system

## ANSWERS

1	<b>False</b> IYCF-E involves a range of sectors, including Health, Food Assistance, Nutrition, WASH, Shelter and interventions providing direct assistance to mothers, carers and children
2	<b>True</b>
3	<b>False</b> Children below 2 years old need to consume foods that meet their specific needs and take into account their physiological specificities. They also need to continue breastfeeding, when possible.
4	<b>True</b> Exclusive breastfeeding until the age of 6 months is the one action that has the greatest impact on morbidity and mortality of infants and young children.
5	<b>True</b>
6	<b>False</b> When breastfeeding is not possible, or could be dangerous to the children (i.e. Ebola epidemic), artificial feeding is recommended. However it should be accompanied by counselling and appropriate material assistance to reduce risks associated with artificial feeding.
7	<b>False</b> The composition of breast milk will adjust naturally to the child's needs. Water is never recommended in the first six months of life.
8	<b>True</b> Psychosocial support helps mothers manage and overcome stress induced by traumatic events. This has a direct impact on their capacity to breastfeed and to provide adequate care to their children.
9	<b>False</b> Breast milk never goes bad, but its production requires both physical and mental dispositions. A stressed mother will feel less confident and be less patient with her infant, which might affect the stimulation and eventually the production of milk.
10	<b>False</b> With proper stimulation and determination, breastfeeding can be resumed, even months after it has stopped (grandmothers sometimes breastfeed their grandchildren when the mother cannot do it). Even women who have never had children can produce milk
11	<b>True</b>

# Imprint

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Authors: Leah Richardson and Tamsin Walters  
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