

Infant and Young Child Feeding in Emergencies (IYCF-E) Support – Lifesaving Interventions

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Infants are uniquely vulnerable in emergencies due to their immature immune system, highly specific nutritional needs and total reliance on others for care. They are at high risk of infectious disease, malnutrition and death in emergencies.

The core feeding practices that support the health and survival of infants [1] are:

- Early initiation of breastfeeding (within an hour of birth)
- Exclusive breastfeeding for six months
- Introduction of appropriate complementary foods in addition to breastfeeding from six months of age
- Continued breastfeeding until two years of age or longer if mother and child wish

Where infants are not breastfed, access to an appropriate breastmilk substitute (such as an infant formula), clean water, a way of boiling water, and health care are needed to protect children's health and life. These resources may be difficult to obtain, particularly in emergencies.

It is estimated that the lives of 820,000 children are lost each year because infants are not breastfed as recommended [2]. These deaths are predominantly as a result of infections and malnutrition; almost 600,000 deaths of children aged 0 to 23 months due to diarrhoea and pneumonia alone can be attributed to lack of exclusive or any breastfeeding [3]. Yet globally, only 48% of infants under six months are exclusively breastfed [4].

Inadequate complementary feeding is also a leading cause of childhood undernutrition with most cases of stunting and wasting occurring within the first two years of life. In 2022, an estimated 148 million children under five were affected by stunting, and 45 million suffered from wasting, primarily in Africa and Asia [5]. Malnourished children are vulnerable to death due to infections; up to 70% of in-hospital deaths due to pneumonia are attributed to malnutrition [6].

Non-breastfed infants are at even greater risk during emergencies. Environmental conditions associated with emergencies such as poor sanitation, overcrowding, and shortages of food, water, power and healthcare increase infant mortality. Morbidity and mortality rates between breastfed and non-breastfed infants widen in emergencies. In 2006, flooding in Botswana resulted in a diarrheal outbreak which caused the death of more than 500 children. Non-breastfed infants were disproportionately affected; they were 30 times more likely to present at hospital with diarrhea than breastfed infants [7]. In an inpatient hospital cohort, 96% of children who died were not breastfed [8]. The disproportionate impact of the flood on formula fed infants was experienced throughout the country. For example, in one village no breastfed infants died while 30% of formula fed infants perished [9].



Supporting IYCF-E is priority humanitarian intervention

The importance of IYCF-E support for child survival is recognized by its inclusion in the Central Emergency Response Fund (CERF) Life-Saving Criteria framework for prioritizing humanitarian interventions [10]. Timely and appropriate IYCF-E interventions save the lives of the youngest children.

IYCF-E interventions shown to support child survival include:

- **Breastfeeding-friendly mother and baby spaces** improve maternal physical and mental health (embedded with health, nutrition and mental health/psychosocial related services), and help women to continue breastfeeding, thereby protecting their children's lives.
- **Breastfeeding promotion, support, and behavior change programs** whether in-person, online, or media-based facilitate breastfeeding, relactation, and wet nursing in disaster settings.
- **Complementary feeding support** such as counselling, cash and voucher assistance to increase access to locally available appropriate complementary foods, micronutrient supplementation, home fortification with multiple micronutrient powders, and supplementary feeding rations improve complementary feeding.
- **Targeted support for non-breastfed infants** that ensures caregivers have access to a comprehensive package of support including infant formula; clean water; fuel; washing, feeding and preparation implements; individualized education, and health monitoring and care [11] protects non-breastfed children.
- **Monitoring and reporting of breastmilk substitute donations** prevents unnecessary and harmful distributions.

In the absence of IYCF-E interventions, breastfeeding rates decline, rates of infection and malnutrition increase, and infants and young children die unnecessarily.

All IYCF-E interventions should comply with the *Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE)* [12], the *International Code of Marketing of Breast Milk Substitutes* [13], and the *Sphere Standards* [14].

If you have questions or would like more information about this document, please contact: ife@ennonline.net

Additional information and support can be found at:

Operational Guidance for Infant Feeding in Emergencies, IFE Core Group:

<https://www.ennonline.net/resource/ife/operational-guidance-infant-feeding-emergencies-og-ife-version-30-oct-2017>

ENN en-net Forum: <https://www.en-net.org/>

Global Nutrition Cluster Help Desk: <https://www.nutritioncluster.net/>

IYCF-E Hub: <https://iycfehub.org/>

IYCF-E Research Repository: <https://www.ennonline.net/about/iycf-e-repository>

Save the Children IYCF-E Toolkit: <https://resourcecentre.savethechildren.net/toolkits/iycf-e-toolkit/>

References

1. WHO and UNICEF, 2003. *Global Strategy for Infant and Young Child Feeding*.
2. Victora, CG et al., 2016. *Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect*. Lancet 387(10017): p.475-490.
3. Walters, DD, LT Phan and R Mathisen, 2019. *The cost of not breastfeeding: global results from a new tool*. Health policy and planning, 34(6): p. 407-417.
4. UNICEF and WHO, 2023. *Global breastfeeding scorecard 2023: Rates of breastfeeding increase around the world through improved protection and support*.
5. UNICEF, WHO & World Bank, 2023. *Joint Child Malnutrition Estimates*. WHO.
6. Kirolos, A et al., 2021. *The impact of childhood malnutrition on mortality from pneumonia: a systematic review and network meta-analysis*. BMJ global health, 6(11): p. e007411.
7. Arvelo, W et al., 2010. *Case-control study to determine risk factors for diarrhea among children during a large outbreak in a country with a high prevalence of HIV infection*. International journal of infectious diseases, 14(11): p. e1002-e1007.
8. Creek, TL et al., 2010. *Hospitalization and Mortality Among Primarily Nonbreastfed Children During a Large Outbreak of Diarrhea and Malnutrition in Botswana, 2006*. Journal of acquired immune deficiency syndromes (1999), 53(1): p. 14-19.
9. Creek T et al., 2007. *Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children, Botswana, 2006*, in *14th Conference on Retroviruses and Opportunistic Infections*. Los Angeles.
10. United Nations, 2020. Available from: <https://www.unocha.org/publications/report/world/central-emergency-response-fund-life-saving-criteria>.
11. Gribble, K and C Fernandes, 2018. *Considerations regarding the use of infant formula products in infant and young child feeding in emergencies (IYCF-E) programs*. World nutrition, 9(3): p. 261-283.
12. ENN, 2017. *Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE) version 3.0 (Oct)*.
13. WHO, 1981. *International Code of Marketing of Breast Milk Substitutes*.
14. Sphere, 2018. *Sphere Handbook*.

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This technical note was prepared by members of the Infant Feeding in Emergencies Core Group (IFE-CG) which is coordinated by the Emergency Nutrition Network (ENN). Namely: Alessandro Iellamo, FHI360; Karleen Gribble, Western Sydney University; Brooke Bauer, Save the Children; Bindi Borg, ENN; Mija Ververs, Johns Hopkins University; Brigitte Tonon, ACF; and Fatmata Fatima Sesay, UNICEF. For more information on the IFE-CG, please visit: <https://www.ennonline.net/network/ife-core-group>