

# Infant and Young Child Feeding in Emergencies

## Making it Matter

Proceedings of a strategy meeting held by the Infant and Young Child Feeding in Emergencies (IFE) Core Group



Oxford, 1-2 November 2006

## The IFE Core Group

The IFE Core Group is an informal interagency collaboration committed to developing policy guidance and capacity building on Infant and Young Child Feeding in Emergencies (IFE).

Members currently comprise UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, CARE USA, Fondation Terre des hommes (Fondation Tdh) and ENN, coordinated by ENN since 2004.

### Scope of work

Operational Guidance on Infant and Young Child Feeding in Emergencies for programme and emergency relief staff (Ops Guidance)

The Ops Guidance aims to provide concise, practical (but non technical) guidance on how to ensure appropriate infant and young child feeding in emergencies. It is intended for emergency relief staff and programme managers of all agencies working in emergency programmes, including national governments, United Nations (UN) agencies, national and international non-governmental organisations (NGOs), and donors. It applies in emergency situations in all countries.

The Ops Guidance was first produced in 2001 by the Interagency Working Group on Infant and Young Child Feeding in Emergencies. An updated Version 2.0 was produced by the IFE Core Group in May 2007. Version 2.1 is due for completion in February, 2007.

### Modules 1 and 2 training materials

Module 1 is aimed at emergency relief staff and assists in the practical application of the Ops Guidance. Version 1.0 was produced in 2001, in collaboration between WFP, UNICEF, The LINKAGES project, IBFAN and ENN, with many other contributors.

Module 2 targets health and nutrition workers directly involved with infants and carers in emergencies. It aims to equip them with the basic knowledge and skills to support safe and appropriate infant feeding support. Version 1.0 was produced in November 2004, as a collaborative work between ENN, IBFAN, Fondation Tdh, UNICEF, UNHCR, WHO, and WFP, with external technical support, and field contributions.

This report was compiled by ENN, in consultation with IFE Core Group members.

To receive copies of resources, download e-versions, or register support of the Ops Guidance, visit the ENN website at <http://www.ennonline.net> or contact the ENN as below.

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## Abbreviations

ACF	Action Contre la Faim
AFASS	Acceptable, Feasible, Affordable, Sustainable, Safe
CAFOD	Catholic Agency for Overseas Development
CIHD	Centre for International Health and Development
DFID	Department for International Development (UK)
ECB	Emergency Capacity Building Project
ENN	Emergency Nutrition Network
EQ	Earthquake
Tdh	Terre des hommes
HIV/AIDS	Human Immuno-Deficiency Virus/ Acquired Immuno-Deficiency Syndrome
HQ	Headquarters
IASC	Inter-Agency Standing Committee
IBFAN-GIFA	International Baby Friendly Alliance Network-Geneva Infant Feeding Association
ICDC	International Code Documentation Centre
ICRC	International Federation of the Red Cross and Red Crescent Societies
IFE	Infant and Young Child Feeding in Emergencies
ILCA	International Lactation Consultant Association
INGO	International non-governmental organisation
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
LAC	Latin America and the Caribbean
LAECD	Lebanese Association for Early Childhood Development
LSHTM	London School of Hygiene and Tropical Medicine
MC	Mercy Corps
MOU	Memorandum of Understanding
MSF	Médecin Sans Frontières
NGO	Non-governmental organisation
PCR	Polymerase Chain Reaction
SC	Save the Children
SCN	Standing Committee on Nutrition
SDC	Swiss Agency for Development and Cooperation
UK	United Kingdom
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	UN Office for the Co-ordination of Humanitarian Affairs
WABA	World Alliance for Breastfeeding Action
WFP	World Food Programme
WHO	World Health Organisation
WHA	World Health Assembly

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# Summary

On 1st and 2nd November, 2006 an international strategy meeting on Infant and Young Child Feeding in Emergencies (IFE) was held by the IFE Core Group in Oxford, UK, organised by the Emergency Nutrition Network (ENN). Since 1998, the IFE Core Group have been working in two areas of IFE – policy guidance that is embodied in the Operational Guidance on Infant and Young Child Feeding in Emergencies for programme and emergency relief staff (Ops Guidance) and capacity building in the form of two training modules (Modules 1 and 2).

The meeting was attended by 58 delegates from around the world, including United Nations (UN) agencies, non-governmental organisations (NGOs), academia, donors, professional bodies, trainers and individuals with field and/or training expertise in infant feeding. Regional field staff attended from Indonesia, Lebanon, Kenya, Mexico, and India. UNICEF, IBFAN-GIFA and CARE-USA funded the meeting.

The aim of the meeting was to identify key constraints to supporting and protecting appropriate infant feeding practices in emergencies, and to develop strategy directions and practical steps to address them.

## Challenges and opportunities in IFE

The first day comprised field presentations and plenary discussions on the challenges and opportunities in IFE related to policy and coordination (morning session), and to implementation (afternoon). Each presenter included analysis and recommendations to feed into the discussions and the proceedings of Day 2.

Policy and coordination topics covered were:

- An overview of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (the Code), its relevance to emergency contexts, and how it is practically applied in the Ops Guidance.
- Recent field experiences of applying the Ops Guidance and the Code in Indonesia and Lebanon. Widespread violations of the Code and Ops Guidance were observed, with evidence from Indonesia, in particular, of a negative

impact on infant feeding practice and morbidity.

- Effectiveness of community-based breastfeeding counselling interventions in an emergency context (examples from Indonesia and Kenya).
- Outcomes of a recent WHO Technical Consultation on HIV and Infant Feeding (Geneva, October 25-27, 2007) that included a new recommendation for duration of exclusive breastfeeding for HIV positive mothers. Based on new evidence, exclusive breastfeeding will be recommended for HIV-positive women for the first six months of life (rather than for the 'first few months of life' in the current 2000 recommendation), unless/until replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS).
- An overview of the updated UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings (2006). The update from the 1989 joint-UN version was carried out in close collaboration with ENN, the IFE Core Group and significantly informed by the Ops Guidance. The Strategy meeting proposed that the 2006 updated UNHCR policy should form the basis of a joint UN policy to cover non-refugee emergency settings.
- An overview of the UN launched Inter-Agency Standing Committee (IASC) nutrition cluster system, how IFE sits within the cluster scheme and progress to date. ENN accepted an invitation to join the nutrition cluster on behalf of the IFE Core Group to ensure IFE was represented.

Opportunities and challenges in implementation were reflected in experiences from Lebanon, India, Latin America and the Caribbean (LAC), and Kenya. Ian Bray, Media Officer with Oxfam GB, offered an insight into how journalists and the media operate and made recommendations on how best to engage them on IFE issues. Caroline Wilkinson, Action Contre la Faim (ACF), described an IFE training CD they have developed for their nutrition field staff, using the training modules developed by the IFE Core Group.

## Key Conclusions from Day 1

Delegates reconfirmed that the Ops Guidance and the Code seek not only to protect and support breastfeeding, but to minimise the risks of artificial feeding and to ensure appropriate infant and young child feeding.

There is a huge gap between what is known at a technical/policy level and the reality in the field. NGOs continue to inappropriately distribute infant formula in emergencies, particularly when there is a high prevalence of formula fed infants pre-crisis. Health professionals remain poorly trained on IFE issues, and availability of skilled breastfeeding support is typically insufficient or non-existent. Coordination at field level remains a serious problem, although the recent UN launched cluster lead initiative may help in the future.

This does matter. Evidence presented at the meeting showed a negative impact of aid interventions on infant feeding practice and morbidity. On a more positive note, examples from Indonesia and Dadaab, Kenya showed that breastfeeding counselling could improve feeding practices in emergency contexts. While there is greater awareness generally of IFE and more policy guidance and materials available compared to six years ago, the acute emergency response to support IFE remains severely lacking both for breastfed and non-breastfed infants.

To address key constraints, IFE must be integrated and mainstreamed into agency and government policies and programmatic response. IFE needs to be raised as an issue on the global agenda, in a way that will engage the media, donors, and the military. Advocacy materials do exist but they are not widely known and used. A huge effort is needed on capacity building at all levels, including where training materials are available but poorly known and used. Critically, stronger commitment from all key actors and more funding is needed to move forward.

### **Strategy directions and practical steps**

The second day comprised four working groups (WGs) to identify strategic directions to address constraints to appropriate IFE and to come up with action points to address these, assigning agency responsibilities and timeframes. The WGs were Policy and Coordination, Implementation and Capacity Building, Engaging with the Media and Operational Learning. A fifth WG, Working with Donors, was incorporated into the other groups due to limited donor representation at the meeting. Recommendations of the WGs were presented to the plenary and unless contested, were agreed as recommendations of the meeting.

Recommendations on policy and coordination included:

- ENN (on behalf of the IFE Core Group) join the UNICEF-led nutrition cluster to represent IFE
- Pursue elevation of the Ops Guidance to official guidance, through UN Standing Committee on Nutrition (SCN) support/endorsement (targeting the SCN meeting in Rome, February 2007)
- Develop a joint UN policy on handling milk products in emergencies, based on the 2006 updated UNHCR policy
- Produce version 2.1 of the Ops Guidance that clarifies points pertaining to the Code raised during the meeting
- Strengthen links with other key policies/documents/initiatives, e.g. Sphere Project, Emergency Capacity Building Project (ECB), and sectors (e.g. reproductive health, child survival projects, UN initiated health cluster).

Related to capacity building and implementation, key action points included:

- Integration of the training module materials (or 'support for breastfeeding') into existing training materials/guidance for managing moderate and severe malnutrition
- Translation of Modules 1 and 2
- Collation of resources and experiences on IFE
- Regional orientation workshop on IFE in 2007 (possibly Indonesia)
- Pursue agency support of the Ops Guidance (15 agencies signed up to support the Ops Guidance at the meeting).
- Pursue funding and pro bono translation of the Ops Guidance
- Development of user friendly tools to monitor implementation of the Ops Guidance and the Code in emergencies.

To improve global awareness on IFE, action points included development of a media advocacy kit, and advocating for World Alliance for Breastfeeding Action (WABA) 2008 to have IFE as the key theme.

A detailed workplan was produced that summarised action points, assigned agency/individual responsibilities and timeframes agreed. ENN agreed to follow-up with individuals and agencies on assigned action points.

### **Putting plans into practice**

Immediately following the two day meeting, the IFE Core Group met (Day 3) to review the outcomes of the meeting and prioritise immediate activities (funded by UNICEF and IBFAN-GIFA). Activities undertaken as a result include:

- Production of a key section on IFE to include in the essential package of interventions of the cluster toolkit, currently under development.
- Production of 'Questions and Answers on IFE'.
- Input on IFE into the Early Needs Assessment Tool being developed by the Assessment sub-Working Group.
- Review of Ops Guidance initiated to clarify points pertaining to the Code raised at the meeting.
- An IFE briefing of DFID's operations staff. This has led to official DFID support of the Ops Guidance and a position on adherence to the Ops Guidance and the Code will be included in the next edition of DFID's humanitarian funding guidelines (April 2007).

In January 2007, funding was secured by the IFE Core Group from UNICEF to undertake key action points relevant to cluster activities on IFE. These activities include translation of the Ops Guidance into six languages, review of training needs on complementary feeding in emergencies, IFE field experiences and resource collation, and support for a regional orientation workshop on IFE in 2007, likely in Indonesia.

An overview of the work of the IFE Core Group, under the theme 'Child survival: working together in emergencies' will be presented in the plenary session of the UNSCN meeting in Rome, Italy in late February 2007.

A progress report on all action points will be circulated by ENN after six months to meeting participants.

# 1 Introduction

Since 1999, an interagency collaboration (IFE Core Group) has been committed to developing training materials and policy guidance on IFE, in response to a specific need identified at an IBFAN-hosted International Meeting on Infant Feeding in Emergency Situations in Croatia, 1998. The IFE Core Group members comprise ENN, UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, CARE USA, Fondation Terre des hommes (Tdh), coordinated by ENN since 2004.

The IFE Core Group have been working in two areas of IFE – policy guidance that is embodied in the Operational Guidance on Infant and Young Child Feeding in Emergencies for programme and emergency relief staff (Ops Guidance) and capacity building in the form of two training modules (Modules 1 and 2). Since 2005, major concerns of the IFE Core Group have been the difficulties in putting the guidance and training modules into operation, reflected in the poor co-ordination, poor policy awareness and limited technical know-how observed in recent emergency responses.

In order to address these concerns, a two day international strategy meeting (1-2 November, 2006) was held to:

- identify key constraints to supporting and protecting appropriate infant feeding practices in emergencies, and
- develop strategy directions and practical steps to address constraints.

The agenda is included in Annex 1.

The meeting was funded by UNICEF, IBFAN-GIFA and CARE-USA and organised by ENN. It was attended by 58 delegates from around the world, including UN agencies, NGOs, academia, donors, professional bodies, trainers and individuals with field and/or training expertise in infant feeding. Regional field staff attended from Indonesia, Lebanon, Kenya, Mexico, and India (see inside back cover for participants).

<sup>1</sup> Available in English, Bahasa and Russian (Version 2.0) and French, Portuguese and Spanish (Version 1.0) at <http://www.ennonline.net>. Further translations underway, check website for latest versions.

<sup>2</sup> Module 1. Infant Feeding in Emergencies for emergency relief staff, WHO, UNICEF, Linkages, IBFAN, ENN and additional contributors, March 2001. <http://www.ennonline.net/ife/module1/index.html>

Module 2 for health and nutrition workers in emergency situations. Version 1.0. November 2004. <http://www.ennonline.net/ife/module2/index.html>

<sup>3</sup> ENN's role in IFE is also supported by USAID/OFDA and IFE Core Group contributions.

## 2 Overview of Day 1

Day 1 comprised a series of presentations and plenary discussions. The morning session focused on challenges related to co-ordination and policy guidance, with particular reference to the Ops Guidance. The afternoon dealt with the challenges and opportunities in implementation as related to capacity building, with particular reference to the training modules.

Presenters were asked to summarise key points, analyse, highlight key issues, and propose recommendations. A summary of key points from all the presentations is included in this report<sup>4</sup>. Discussion points that emerged from Day 1 or Day 2 that concern a specific presentation are presented with it. Cross-cutting discussion points are summarised at the end.

### Opening comments

The meeting was opened by Marie McGrath (ENN) who welcomed all, outlined the two day programme and clarified the following:

- The protection and support of breastfeeding in emergencies is the cornerstone of the work of the IFE Core Group and should be of the meeting.
- The meeting is concerned equally with the protection and support of breastfed and non-breastfed infants in emergencies, and complementary feeding in emergencies (CFE).
- The meeting is particularly concerned with infants and young children under the age of two years.

<sup>4</sup> The full presentations are available at <http://www.ennonline.net>

## 3

# Challenges at co-ordination and policy level

Facilitator: Gay Palmer, Independent

## 3.1 Politics and policy around the Code and the Operational Guidance

David Clark, Legal Advisor on the Code, UNICEF New York

David Clark opened the presentations with a summary of the key points of the International Code of Marketing of Breastmilk Substitutes (BMS) and subsequent relevant World Health Assembly (WHA) Resolutions (collectively referred to as 'the Code'). He gave illustrative examples of Code violations and an update of the progress in Code enforcement worldwide, and the ongoing challenges to Code implementation. He detailed how the Code is embedded in the Ops Guidance and its relevance in emergencies. He highlighted the risks of artificial feeding, citing recent experiences from Botswana where contaminated water led to a significant rise in infant mortality in infants on replacement feeding<sup>5</sup>.

He clarified that:

- The Code does not restrict the availability of BMS, feeding bottles or teats, only how they are marketed.
- The Code does not prohibit the use of BMS during emergencies, only the way in which they are procured and distributed.
- The Code is intended to protect artificially fed babies by ensuring BMS will be used as safely as possible on the basis of impartial, accurate information.

He concluded that:

- The Code protects both breastfed and artificially fed infants and its better implementation and enforcement would improve infant and young child feeding in emergencies.
- Although there is improvement in global Code implementation, much remains to be done and resistance is growing.
- The Ops Guidance articulates well the application of the Code in emergencies – the Ops Guidance needs to be widely distributed, internalised and implemented.

### Discussion points

- A need to clarify particular provisions of the Ops Guidance pertaining to the Code and how donated BMS are handled in emergencies was identified and agreed as an action point.
- *There is a lack of recognition that subsequent relevant WHA resolutions have the same weight as the 1981 Code. Is a revision of the Code to incorporate the relevant WHA resolutions a possibility? A revision of the Code is not favoured as experience suggests that by opening up the Code for revision there is a risk of ending up with a weaker document. It is better to focus energies on supporting countries to enact the Code into national legislation and pursuing companies to adhere to the Code.*

## 3.2 Infant feeding during and after the conflict in Lebanon: What happened and why? Constraints and recommendations

Ali Maclaine, Save the Children UK

An overview was given of the results of an infant feeding assessment by the Save the Children (SC) Alliance during the conflict in Lebanon in 2006<sup>6</sup>. Widespread violations of the Code and the Ops Guidance were documented. These included distribution of donated infant formula via the healthcare system, failure to assess need and target infant formula supplies, and inappropriately labelled infant formula. Violators included local and international NGOs, national and international governments, and companies. Many NGOs were supplying infant formula to mothers, to other international NGOs (INGOs), local NGOs or government systems, or making financial contributions to purchase formula, without any follow-up. Co-ordination was weak in-country. No interventions to support breastfeeding were undertaken.

Pre-conflict, exclusive breastfeeding was practised but mixed feeding was increasingly common. During an SC Alliance assessment, twenty mothers were questioned on current infant feeding practice (the scope of assessment was limited by security). Over half (65%) said that the conflict had negatively affected their breastfeeding practices. Reasons given were stress and lack of food reducing milk supply. Five women had stopped breastfeeding, and eight had started mixed feeding and/or reduced breastfeeding.

Recommendations for action included:

- Infant feeding needs greater emphasis within NGOs, UN agencies and their partner organisations at both headquarters (HQ) and field level.
- Infant and Young Child Feeding (IYCF) should be assessed in the initial phase of emergencies with standardised assessment tools.
- All agencies must acknowledge moral obligation to the Code.
- NGOs that provide other agencies/institutions with BMS (via funding or as BMS supplies) must maintain their responsibilities and moral obligations to ensure that their implementing partners adhere to the Code and Ops Guidance.
- An advocacy, awareness campaign and training on the Code and Ops Guidance is needed, to ensure all humanitarian partners understand the issues and impact of Code violations on infant survival.
- UNICEF must ensure its role in monitoring IFE.
- IFE training and orientation for all emergency staff,

<sup>5</sup> Field Exchange 29 (Dec 2006). Diarrhoea risk associated with not breastfeeding in Botswana. Research summary, p22

<sup>6</sup> Field Exchange 29 (Dec 2006). Infant Feeding in Emergencies: Experiences from Indonesia and Lebanon. A Maclaine and M Corbett. P2-4

including health and nutrition staff, is needed.

- The training modules need a section that specifically addresses IFE in countries with a high prevalence of formula fed infants pre-crisis.

## Discussion points

- NGOs continue to include infant formula in general distributions in emergencies because they do not see any alternative, particularly when there is a high prevalence of formula fed infants pre-crisis.
- Sound evidence needs to be collected post-conflict, to show that the distribution of infant formula and reduction in breastfeeding does matter.
- As nutritionists we need to become advocates for appropriate IFE within our own agencies and amongst peers.
- Did it matter? SC Alliance recognised the urgent need for a study of the longer term effects of the aid response on IFE and agencies who were resident in Lebanon committed to do this. However, this would be difficult due to limited infant feeding data on the population pre-crisis. More comprehensive impact assessment was limited by security. However, the Lebanese Association for Early Childhood Development (LAECD) was aware of reported cases in Lebanon of diarrhoea and vomiting amongst formula fed infants admitted to hospital.

## 3.3 Infant feeding after the May 2006 earthquake in Yogyakarta, Indonesia

*Sri Sukotjo, UNICEF Indonesia*

The presentation described the characteristics of the emergency response to support IFE following the earthquake (EQ) in May 2006, the negative impact the response had on infant feeding practice and infant morbidity, and a successful intervention that increased breastfeeding rates.

### 3.3.1 Impact on infant feeding practice and morbidity

Following the EQ, infant formula and porridge (both commercial products) was widely distributed in health centres, as part of public health services and included in the general ration. Concerned with the impact this may have, UNICEF undertook an IYCF assessment. A random survey of 805 children age 0-2 years old was 'piggy-backed' onto the registration of pregnant women. It included IYCF practices using standard indicators and methodology (previous 24 hour recall), an inventory of donations received, diarrhoea in the previous week, measles immunisation and Vitamin A supplementation. Key findings of the survey were:

#### Receipt of donations

- Three out of four infants and children under the age of 2 years received BMS and other commercial milk products.
- Two out of three infants less than 6 months of age received a BMS and/or porridge (both commercially produced).
- Baby bottles were distributed to about 15% of infants and young children by the time of the survey.

#### Infant feeding practice

- The consumption of infant formula was significantly higher in those who received donations of the same.
- Amongst infants aged less than six months, 43% consumed

infant formula in the 24 hours prior to the survey, as compared to 27% who had ever consumed formula prior to the crisis.

- Of those 80% of households who had access to formula, half (42.9%) of the infants had consumed the formula in the 24 hours preceding the survey. (That half who had received supplies had *not* consumed formula reflects positively on the advocacy and communication efforts of UNICEF and other NGOs soon after the EQ).

#### Morbidity

- There was a significant increase in prevalence diarrhea post EQ (28%) compared to surveillance data prior to the EQ (1 – 7%).<sup>7</sup> There was an association between formula fed in the previous 24 hrs and presence of diarrhoea in infants.

Advocacy, circulars, guidelines and health education materials on infant feeding were not enough to stop the flow of infant formula or encourage breastfeeding. Low awareness, knowledge, skill and commitment on IYCF nationally prior to the crisis contributed to the decline in appropriate infant feeding practice. However, UNICEF managed to successfully negotiate with one government donor agency and prevent one unsolicited large donation of infant formula.

### 3.3.2 Breastfeeding support post-earthquake

A counsellor based training was established by UNICEF to provide front line workers with adequate skills and knowledge on breastfeeding, to counsel mothers effectively. The aim was to reach 5000 mothers as rapidly as possible.

#### Method:

- Twelve counsellors were placed in the community
- Each counsellor led a 40 hour breastfeeding course (spread over six weeks), with six participants in each.
- Each counsellor also provided counselling services to mothers who were in need.
- The trickle effect of 1 trainer reached up to 60 families in a sub village, and covered 6 sub villages in the 6 weeks (thus 360 households affected by a trainer).

#### Outcomes to date (October 2006):

- From this training, 5000 families have been reached and feedback has been positive.
- Follow-up of 50 mothers shows a positive impact of the counselling service in Bantuel.
- Of the 50 mothers who gave birth after the EQ, most (63%) exclusively breastfed regardless of access to free formula.
- Data compilation is ongoing.

#### Discussion points

- A poster was developed to target mothers based on mothers' feedback. It included a picture of a baby bottle stuffed with banknotes and the caption says that breastfeeding is best and it's free, compared to bottle-feeding, which is expensive.
- The lessons from Indonesia have relevance to the international aid response. In Mexico's case, the government sent two ships of aid to the tsunami response in Indonesia, half of this load was BMS. The Mexican government said that the Indonesian government requested BMS as part of aid.

<sup>7</sup> Note the age group is different in the surveillance data (12 – 23 months old) and the UNICEF survey data (0 – 23 months old).



- Did it matter? These findings show it does, and furthermore, that breastfeeding support of mothers in an emergency context can make a difference. This evidence should help develop better policies in the future.
- The Indonesia results should be written up for inclusion in ENN's regular publication, Field Exchange.

### 3.4 HIV and Infant Feeding Technical Consultation, Geneva, October 25–27, 2007: Recommendations

Zita Weise Prinzo, WHO Geneva

A summary of a recent WHO technical consultation on HIV and Infant Feeding was presented by Zita Weise Prinzo, WHO. The objective of the technical consultation was to review new evidence and experience regarding HIV and infant feeding since a previous consultation in October 2000. Participants included researchers, programme implementers, infant feeding experts, and UN agencies.

#### *Evidence considered in the technical consultation:*

- Data on pattern of infant feeding and HIV transmission in breastfed children from South Africa has shown:
- Higher HIV transmission rates amongst mixed fed infants compared to exclusively breastfed infants, at six months (25% v 19%) and 15 months (36% v 29%) of age (Coutsoudis A et al. AIDS 2001;15:379-87).
- HIV transmission rates were the same for exclusively breastfed and formula fed infants at six months of age (19%) (Coutsoudis A et al. AIDS 2001;15:379-87).
- Two-thirds of all breastfeeding-associated HIV transmission occurs after 6 months of age (Zvitambo trial, unpublished data).
- Risk of death due to not breastfeeding declines substantially with infant age (WHO Collaborative Study. Lancet, 2000; 355(9202):451-5)
- Evidence from Ghana, Peru, and India found the risk of death due to not breastfeeding in infants aged 6 weeks – 6 months was 10.5 (5.0-22.0).
- The risk of infant death is higher when maternal education is lower.

#### *New evidence on HIV transmission through breastfeeding:*

- Non-exclusive breastfeeding carries a 2-4 fold increased risk of transmission of HIV compared to exclusive breastfeeding up to 6 months.
- Breastfeeding duration, low maternal CD4+ count and high viral load in breastmilk were confirmed as important risk factors for postnatal transmission of HIV and child mortality.

#### *New evidence on morbidity and mortality:*

- Early cessation of breastfeeding was associated with increased risk of infant morbidity and mortality.
- Replacement feeding from birth had no additional benefit compared to short-duration breastfeeding in terms of preventing HIV infection or death.

#### *New strategies for treatment of breast milk*

1. Pretoria Pasteurisation – boil water, remove from heat, place jar of milk in water for 20 mins (Jeffrey K et al, J Trop Paeds 2000)
2. Flash Heating – place milk in pot of water, bring to boil, when water boiling, remove jar of milk (Israel-Ballard K. et al, JAIDS, Oct 2005)

A pilot study of lab-spiked samples showed that both Pretoria Pasteurisation and Flash Heating destroy cell-free HIV in human milk, but flash heating is more reliable (Israel-Ballard K. et al, JAIDS Oct 2005).

A number of key recommendations were made at the technical consultation. Those presented in Oxford included:

**On Infant Feeding Counselling:** When replacement feeding is AFASS (acceptable, feasible, affordable, sustainable and safe), avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended for the first 6 months of life.

**On the use of home-modified milk:** Home-modified animal milk is not an appropriate long-term replacement feeding option for infants under six months of age. It should be considered a temporary 'last resort' option.

#### **Recommendation at 6 months for infants who have been exclusively breastfed:**

- Early cessation of breastfeeding (i.e. at six months of age) if a milk-source is available and AFASS criteria are met.
- Continuation of breastfeeding if this is not the case (balance risk of HIV-infection and malnutrition/mortality), with introduction of appropriate and adequate complementary foods.

#### **Recommendation based on diagnosis of infant HIV status:**

At 6 weeks of age, PCR (Polymerase Chain Reaction) test:

- If PCR negative, AFASS counselling needed.
- If PCR positive, breastfed infants and young children who are HIV-infected should continue to be breastfed according to the infant feeding recommendations for the general population. Treatment with antiretroviral, if indicated.

#### **Discussion points**

- Delegates at the Oxford meeting welcomed the alignment of the recommendations on infant feeding on duration of exclusive breastfeeding with recommendations for the general population. As well as reflecting current evidence, it may help with addressing some of the confusion in the field caused by the 2000 recommendation<sup>8</sup>. Participants at the Oxford meeting considered the wording of this recommendation critical. After some discussion, the plenary agreed that the following wording of this recommendation is preferable to that presented in the WHO presentation on Day 1:

*"Even for infants of HIV-infected women, exclusive breastfeeding for the first 6 months of life is recommended as the preferred feeding option unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants."*

The Oxford meeting delegates who participated in the WHO technical consultation agreed to feedback this to WHO as a recommendation of the IFE Oxford meeting<sup>9</sup>.

- Evidence now shows us that with correct support of mothers, exclusive breastfeeding for six months is realistic and attainable.
- A number of delegates welcomed the recognition that while modified animal milk is lacking in micronutrients, it remains an interim measure when nothing else is available.
- What is the consensus on rapid weaning from

<sup>8</sup> The 2000 Un recommendation advised HIV-positive mothers to exclusively breastfeed during 'the first months of life' and discontinue once AFASS criteria are met for replacement feeding.

<sup>9</sup> Since the Oxford meeting, the new WHO Consensus Statement has been produced and is available from: <http://www.who.int/child-adolescent-health/publications/pubnutrition.htm>

breastfeeding? At the WHO technical consultation, there was concern about the disadvantages of rapid weaning, in terms of risk of pregnancy, mastitis, psychological effects and the possible resurgence of the virus if a mother returns to breastfeeding. (There is little data, but research has shown that the virus content within the milk increases on return to breastfeeding after weaning.) The Oxford meeting agreed that more work needs to be done on this and more research is needed into the advantages/disadvantages of rapid weaning.

- Relevance but challenges of applying AFASS criteria in emergency contexts. A number of delegates gave practical examples of how assessing whether AFASS criteria for replacement feeding are met in emergency contexts is very difficult. While certain conditions, like water and sanitation may be under agency control, others are not. It also depends on whether AFASS criteria are applied to a critical setting, or for individual assessment. The WHO criteria are designed for individual mother decision-making. In Botswana, the whole country was considered 'AFASS' but the rains came and infants died. In refugee camps, to what degree can you control the events that will arrive? It is not possible to make sweeping statements. Also you must constantly re-evaluate whether AFASS criteria are met. In an emergency, it is highly unlikely that AFASS criteria will be met so the safest option is breastfeeding. However this is not an option for mothers who have already established artificial feeding and support of their infants also needs to be addressed (see also general discussion points at end).

### 3.5 Acceptance, distribution and use of milk products in refugee settings

*Fathia Abdallah, UNHCR*

Observations of poor infant feeding practices and interventions in refugee settings (low exclusive breastfeeding rates, lack of assessment, inadequate provision of complementary foods, poor quality general ration) were the impetus behind the

recently completed update of the UNHCR Policy Related to the Acceptance, Distribution, and Use of Milk Products in Refugee Settings (2006). This was updated from the 1989 joint UN version, in close collaboration with ENN, the IFE Core Group and significantly informed by the Ops Guidance.

An outline of what was new in the milk policy was presented, including:

- Emphasis on assessment and training, referring to consultation with WHO, UNICEF and approval of HQ technical units
- Guidance on HIV/ AIDS and IFE, in line with WHO and the Ops Guidance
- Reference to a joint Memorandum of Understanding (MOU) with WFP in relation to therapeutic milk and micronutrient fortified food for complementary feeding
- Inclusion of IYCF definitions and references
- An accountability section with contacts for focal points
- More comprehensive milk products list
- Promotes implementation of the Code
- Infant formula procurement must be approved by UNHCR HQ technical unit.

Recommendations made to the meeting included:

- There is a need to standardise information and training and to systematically collect data around IFE practices.
- There is a need to learn from and replicate good practice, and strengthen partnerships in this area.
- It was proposed that the updated 2006 UNHCR policy should form the basis of a joint UN policy to cover non-refugee emergency settings.

#### Discussion points

- The contacts details for reporting code violations that are explicit in the updated 2006 UNHCR policy were highlighted.
- It was agreed as an action to pursue the development of a joint UN policy on handling milk products in non-refugee settings and in all emergency contexts, based on the updated 2006 UNHCR policy.

# 4

## Challenges and opportunities for implementation

Facilitator: Lida Lhotska, IBFAN-GIFA

### 4.1 The IASC nutrition cluster scheme – how does it work?

*Flora Sibanda Mulder, UNICEF*

Findings from the Humanitarian Response Review by UNOCHA (UN Office for the Co-ordination of Humanitarian Affairs) in 2005 exposed the need for Humanitarian Reform. Underpinning this reform are partnerships around clusters in 'gap' areas, of which nutrition is one. The nutrition cluster aims to strengthen emergency preparedness, strengthen partnerships and set standards and policy. At the field level, the cluster aims to identify gaps, create stronger partnerships, improve strategic field level coordination and prioritisation and strengthen accountability through country cluster leads.

It is too early to determine whether the intended 'added value' of the cluster system, such as predictable leadership and response and improved accountability, is a reality. However, achievements of the nutrition cluster to date include:

- Agreed upon 'essential package' of Nutrition Cluster interventions. A 'toolkit' is being developed, that includes IFE.
- Established Assessment sub-Working Group:
- Mapping of existing rapid assessment tools completed.
- Draft rapid assessment tool presented to the Cluster for review and endorsement.
- Harmonisation of survey methodologies.
- Established Training sub-Working Group, to review existing training packages for harmonisation.

Constraints have included delayed receipt of 2006 funds, which delayed the implementation of the 2006 workplan.

### Discussion points

- Experience from delegates showed that the success of the nutrition cluster depends to a large extent on the capacity of the cluster leads in-country. UNICEF is looking at building a resource of technical experts with IFE expertise to fill this gap.
- ENN accepted the invitation to join the UNICEF-led nutrition cluster to represent the IFE Core Group and ensure IFE was considered in nutrition cluster activities and developments. Participants agreed that there was good potential to move IFE forward through the nutrition cluster.
- The nutrition cluster was identified as a potential source of funding to support IFE activities within the terms of reference of the nutrition cluster.

## 4.2 Experiences from Lebanon – challenges of implementing policy guidance.

*Iman Zein, the Lebanese Association for Early Childhood Development (LAECD)/IBFAN Lebanon*

The conflict in Lebanon in 2006 led to massive displacement from the south of the country. A study showed that many agencies, NGOs and civil society groups distributed infant formula widely during the crisis. This was based on myths about breastfeeding and stress and insufficient food, and on health workers being misinformed. Results of the study show that 65% of mother's thought that their breastfeeding practices had been negatively affected by the conflict. Post-conflict projects have been set up, including training for health professionals and parents meetings.

Recommendations to the meeting identified the need for:

- Close cooperation between NGOs.
- Good leadership in the emergency response.
- Training of health personnel on IYCF and breastfeeding support.
- A system that combines distribution of needed items with education on their use in emergencies.
- Creation of a national policy on IYCF.

## 4.3 Experiences of adapting materials in LAC context.

*Marcos Arana, IBFAN Latin America and Caribbean (LAC)*

Emergencies experienced in LAC are often due to natural disasters that tend to follow a seasonal pattern. Very few strategic efforts have been made by the government to include IFE in national or regional programmes of disaster preparedness. Spontaneous solidarity often takes the form of food donations, which often include infant formula and is not under the control of the health system.

In light of this, key IFE activities involving IBFAN in the region include:

- Regional IFE meetings.
- Development of local resources, including audio-cassettes, and media information kits.

- Training, including diploma courses, Spanish translation and adaptation of the training modules developed by the IFE Core Group.
- Development of check lists on IFE for quick assessment.
- Research on the longterm effects of IFE interventions.

### Discussion points

- It was agreed that translation of IFE policy guidance and the training modules into other languages is key to supporting capacity building and encouraging implementation. Marcos shared further on his experience of the need to distribute something to breastfeeding mothers so that they feel supported alongside mothers receiving infant formula. An example may be food for mothers.

## 4.4 Tsunami response in India – local assessment of the infant feeding response

*Dr Bethou Adhisivam, Paediatrician, India*

A study was carried out to assess the impact of BMS donated during the tsunami by describing feeding practices of infants and young children in four coastal villages in Pondicherry pre- and post-tsunami<sup>10</sup>. Dr Adhisivam suggested that where a pre-existing tradition of artificial feeding is present, infants may be more at risk in a crisis situation, breastfeeding practices need strengthening for disaster-preparedness, and that blanket distribution of BMS during disasters increases the incidence of diarrhoea among children.

Recommendations made included:

- More research into infant feeding practices in disaster prone areas.
- Training for local people in how to feed their children with locally available clean food during emergencies.
- Stringent monitoring of BMS distribution during emergencies.

### Discussion points

Clarification of definitions and methodology related to infant feeding practice assessment, and statistical analysis related to morbidity, was sought on the research presented. A copy of the published paper was made available at the meeting. ENN highlighted that a summary of the published paper was included in the forthcoming Issue 29 of Field Exchange.

## 4.5 Engaging the media in emergencies: an insight.

*Ian Bray, Press Officer for Emergencies, OXFAM*

A media presentation was included in the meeting to gain an insight into how journalists and the media think and operate, to see how they can be used to promote a better understanding of IFE in general. This may impact on public responses to appeals and may also influence the perceptions of emergency response staff.

Ian Bray began by illustrating how problems need to be communicated in a way that journalists can use. Journalists look for stories that are dramatic, immediate, simple, personalised

<sup>10</sup> Feeding of Infants and Young Children in tsunami affected villages in Pondicherry. Adhisivam B, et al, 2006. Indian Paediatrics 724, Vol 43, August 2006. See also Field Exchange 29 (Dec 2006). Infant feeding in tsunami affected villages in India. Summary of published research and postscript by Dr Adhisivam. P9-10

and that have authority. Geographic proximity, magnitude, conventionalism and novelty are important to them. It is necessary to take these factors into account for journalists to listen. The main two questions that your news pieces need to ask to get coverage are “So what?” and “Why now?”

The best way to educate journalists on an issue is to give them a good story. They will not attend training seminars. News stories must be short and succinct.

## Discussion points

- Fathia Abdallah described how UNHCR have used the media. One of the disadvantages is that it is rare for the contributor to see the final piece before print. Her experience is that editing can dramatically change a piece and give the wrong message. Journalists look for a catchy headline and are constrained by word count. Giving them a short, succinct piece reduces the chance of inappropriate editing.
- Experiences shared of using UN goodwill ambassadors highlighted pros and cons. The potential for a goodwill ambassador on IFE was agreed, perhaps to coincide with an emergency response.
- Media has been used in different ways in emergencies, e.g. to impart key messages on infant feeding or to highlight immunisation campaigns to mothers, or may take various forms, e.g. radio, theatre. Inappropriate media messages on infant feeding also have a negative impact on what happens in developed countries. It reinforces bad messages about breastfeeding being fragile and infant formula being safe. Multinational manufacturers of BMS use the media skilfully and subtly and will use stories for marketing. This is a subtle and powerful force to withstand.

## 4.6 IFE training experiences in Dadaab Refugee Programme, Kenya

Anne Njuguna, CARE Kenya

Training on IFE has been carried out in the Dadaab refugee camps using materials translated and modified to suit the local setting. These were largely based on the UNICEF-WHO breastfeeding counselling training materials<sup>11</sup>. Challenges have included high turnover of staff, lack of basic necessities among refugees, difficulties of assessment due to language and technical skills, and traditional and cultural practices (such as wet nursing being taboo).

### Recommendations made included:

- The need to incorporate qualitative research into programmes.
- The need for training modules that target local health workers.

### Discussion points

Delegates discussed the difficulty of providing succinct training that does not take too much time, but that includes all of the necessary information.

## 4.7 Development of CD based IFE learning tools

Caroline Wilkinson, Action Contre la Faim (ACF)

One of the main limitations cited in using the training modules by NGOs has been lack of time for adequate

training. Caroline Wilkinson described how they have been trying to address this by developing a training CD for their nutrition field staff. The IFE CD comprises a series of mini modules developed by a lactation counsellor, guided by the nutrition and psychology team, and using the training modules developed by the IFE Core Group. External experts are currently reviewing its use.

Caroline went on to highlight the gaps that still exist in IFE, including:

- Management and implications of abrupt weaning in the case of HIV
- Guidelines on the appropriate and safe use of infant formula
- Lack of simple yet robust assessment methods for infants
- Lack of guidance on the treatment of severely malnourished breastfed infants.

### Discussion points

- We have learned from the Baby Friendly Hospital Initiative (BFHI) that incorporating the Ops Guidance into an agency’s individual policy is a necessary step towards implementation. Simple measures can be used if needed to start this process, e.g. changing the front cover and format of the Ops Guidance in order to create some sense of agency ownership over it. Agencies could also work together and share experiences of internalising the Ops Guidance within their own agencies.
- It was noted that WHO is updating its guidelines on the treatment of severely malnourished infants, which should help fill the gap for treating severely malnourished breastfed infants under six months of age.

## 4.8 General discussion points

- *Integrated response:* There was considerable discussion on achieving the balance between promoting and supporting breastfeeding and how to meet the needs of non-breastfed infants in emergencies, particularly in the early stages of an emergency response. Failure to formulate a co-ordinated integrated approach to breast fed / non-breastfed support in the early stages of an emergency was suggested as a contributing factor to the inappropriate responses described through the course of the meeting.
- *What is the evidence of the safety of bottles versus cups versus other feeding utensils, like beakers?* This is especially relevant in emergency-affected populations that may be bottle-feeding pre-crisis. Is a ‘bottle ban’ justified or is there a compromise needed in some situations?
- *Field influences on IFE response:* Pre-crisis feeding patterns, national policies and guidelines, and skills and knowledge base of healthcare workers were all discussed as key influences on IFE responses at a local level. Experiences from Lebanon and from Hurricane Katrina in the US both reflected how even when skilled personnel is available, lack of awareness of key staff hampers interventions. Sensitisation to the issues and key documents, such as the Code, and emergency preparedness was considered critical, and that included decision-makers and programme managers.
- *Communication:* Internal communication within agencies is also a challenge, especially to staff not directly involved in health and nutrition.

<sup>11</sup> See at <http://www.who.int>

- *Role of the military:* We need to address the role of the military in responding to emergencies. Is this role beneficial or problematic and how do we set up communication with them? Oxfam described influencing the military in Sri Lanka to stop distributing BMS. ENN described the significant contribution of NATO to the donated infant formula that arrived in Macedonia during the 1999 Kosovo crisis - it was very difficult to determine the source and get any information on this from the military. Suggestions made included accessing training of military to disseminate information on IFE, and preparation of a short statement that could be used internally in organisations to alert other departments involved in emergency response.
  - *Whose responsibility is IFE?* Some agencies that are not directly involved with IFE responses consider it impractical to specifically address appropriate IFE within their operations, and may consider the Ops Guidance irrelevant to their activities as a result. However even agencies not directly involved in IFE need to have a clear policy, as they can help contribute to an environment of protection for infant feeding and to ensure their activities do not have a negative impact on infant feeding practice.
  - *Commercial baby foods:* We need to address not only infant formula in emergencies but also commercial baby foods that may be distributed and, if marketed or otherwise represented as BMS (e.g. labelled for age below 6 months), also fall under the remit of the Code.
- In assessment, it is important to be consistent with definitions on breastfeeding: exclusive, full, partial, etc. These are available at the WHO website: <http://www.who.int>
  - The resources developed in LAC (see page 11) would be valuable for other emergency contexts. Contact: Marcos Arana at email: [marcosarana@laneta.apc.org](mailto:marcosarana@laneta.apc.org)
  - WHO Euro have produced a booklet on feeding infants in emergencies that could be usefully applied/adapted for settings where infants are artificially fed. Available at <http://www.euro.who.int/document/e56303.pdf> (English) and <http://www.euro.who.int/document/e56303r.pdf> (Russian)
  - A number of resources are available from the International Lactation Consultant Association (ILCA). This includes a pack that has a section on myths on breastfeeding and a clear message and position on infant feeding, which can be adapted for use in emergency contexts. A book, 'Clinical guidelines for the establishment of exclusive breastfeeding' is recommended. In terms of skilled personnel, 16,000 breastfeeding consultants (certified) are available worldwide to help mothers one-on-one and to provide training (e.g. using the IFE training modules). Check the ILCA website for resources or to locate a consultant: <http://www.ilca.org>
  - The Swiss Agency for Development and Cooperation (SDC) has updated its guidelines on milk product distribution in emergencies that specifically refers to the Code and the Ops Guidance<sup>12</sup>.
  - Advocacy materials on IFE are available, see the IFE policy and practice document, available online at <http://www.ennonline.net>
  - Field Exchange Issue 29 (Dec 2006) includes a number of research summaries and field articles on IFE referenced throughout this report. Download at <http://www.ennonline.net> or register online to receive in print (free) or email: [office@ennonline.net](mailto:office@ennonline.net) to request bulk copies.

## 4.9 Resources highlighted through discussions

- IBFAN has been running training on the Code for some time and is prepared to assist in training partner NGOs. The International Code Documentation Centre (ICDC), a member of IBFAN, has finalized a 3-day orientation training package on the Code that includes HIV and breastfeeding and IFE. Contact: [lida.lhotska@gifa.org](mailto:lida.lhotska@gifa.org)

# 5

## Key conclusions from Day 1

Delegates reconfirmed that the Ops Guidance and the Code seek not only to protect and support breastfeeding, but to minimise the risks of artificial feeding and to ensure appropriate infant and young child feeding.

Interventions to support IFE in recent emergencies have not been in accordance with the Ops Guidance and violations of the Code are widespread. NGOs continue to indiscriminately distribute infant formula in emergencies, particularly when there is a high prevalence of formula fed infants pre-crisis. Availability of skilled breastfeeding support is insufficient or non-existing.

New or updated policy guidance and training materials on IFE do exist, compared to six years ago. However there seems to be a huge gap between what is known at technical/policy level and the reality in the field. In particular:

- Recent experiences in Indonesia, Lebanon, India have

shown significant violations of the principles highlighted in the Ops Guidance.

- Health professionals remain poorly trained on IFE issues.
- Coordination at field level remains a serious problem, although the recent cluster lead initiative may help in the future.
- There is little documentation of actual use of training materials in the field to help evaluate their application.

*Does it really matter?* New evidence presented at the meeting shows that, yes, it does.

- Not breastfeeding was the most significant risk factor associated with high levels of diarrhoea and excess infant mortality in Botswana<sup>13</sup>.

<sup>12</sup> Standards Governing the use of Dairy Products in the context of Food Aid. August 2006. SDC. <http://www.deza.admin.ch>

<sup>13</sup> See Field Exchange 29. Diarrhoea risk associated with not breastfeeding in Botswana. Summary of report and presentation.p22

- Infant formula distribution as part of aid responses in Indonesia, Lebanon and India impacted negatively on infant feeding practices and child morbidity.

*Have we made any progress?* Since the challenges of IFE identified in the mid and late nineties<sup>14</sup>, there is more awareness generally of IFE, more policy guidance and materials available, some positive experiences and new compelling data on outcomes. However we have still not impacted on the acute emergency response to support IFE and an integrated approach to support both breastfed and artificially fed infants remains a particular challenge.

*What can be done?* In terms of implementation, examples of

some excellent recent work were shared that we need to draw upon (Kenya, Lebanon, Indonesia, India, and Mexico). Furthermore, examples from Indonesia and Dadaab, Kenya show that breastfeeding counselling can improve feeding practices in emergencies. At a policy level, we need to integrate better and mainstream IFE into agency and government policies and programmatic response. There is a need to significantly raise the issue of IFE on the agenda globally, reaching out to the media, donors, and including the military. Advocacy materials do exist but they are not widely known about and used. A huge effort is needed on capacity building at all levels. Critically, we need stronger commitment from all key actors and more funding to move forward.

## 6 Overview of Day 2

**Facilitators: Felicity Savage, Centre for International Health and Development (CIHD), UK (morning) and Gay Palmer, Independent (afternoon)**

Day 2 opened with a summary of the key points from Day 1 by Rebecca Norton, Fondation Tdh (see Section 5.0).

Day 2 comprised four WGs whose remit was to identify strategic directions (morning) and to come up with practical steps (afternoon) to address key constraints to appropriate IFE identified on Day 1. Each WG was asked to assign or suggest responsibilities and timeframes to achieve these. Individuals voluntarily assigned themselves to each WG.

Each WG had a facilitator, terms of reference and key questions to consider (see Annex 2).

The four WGs were:

1. Coordination and Policy
2. Implementation Challenges/Capacity Building
3. Engaging with the Media/Effective and timely communication
4. Operational Learning

Originally a fifth WG, 'Working with Donors', was planned but due to poor donor representation at the meeting, this was incorporated into the remaining four WGs.

## 7 Strategy Directions and Practical Steps

Key discussion points and recommendations of the WGs were presented to the plenary and unless contested, were agreed as recommendations of the meeting<sup>15</sup>. A workplan that details the action points, assigned responsibilities and timeframes agreed by the meeting is summarised in Table 1. Key outcomes that were agreed included:

### 7.1 Policy and co-ordination

- ENN to join the UNICEF-led nutrition cluster to represent the IFE Core Group and ensure that IFE is represented in cluster work.
- Actively pursue funding to undertake key action points, including the nutrition cluster as a potential funding source.
- Pursue elevation of the Ops Guidance to official guidance, through UNSCN support/endorsement.
- Develop a joint UN policy on handling milk products in emergencies, based on the 2006 updated UNHCR policy.
- Strengthen links and, where possible, integration of the

Ops Guidance and training modules with key policies/ documents/ initiatives, e.g. Sphere Project, Emergency Capacity Building Project (ECB).

- Develop relationships with other relevant sectors, such as reproductive health and psychosocial health.
- Produce v2.1 of the Ops Guidance, to clarify points pertaining to the Code.
- Pursue support of the Ops Guidance by NGOs, UN agencies and donors. Fifteen agencies signed up to support the Operational Guidance at the meeting.

### 7.2 Implementation and capacity building

- Make global guidelines and policies relevant to individual

<sup>14</sup> Infant Feeding in Emergencies, Policy, Strategy and Practice. Report of the Ad Hoc Group on Infant Feeding in Emergencies. May 1999. Meeting the nutritional needs of infants during emergencies: recent experiences & dilemmas. Report of an International Workshop, Institute of Child Health, London, November 1999.

<sup>15</sup> The presentations of each of the WGs are available online at <http://www.ennonline.net>

- agencies, e.g. develop agency ownership of the Ops Guidance using lessons from the BFHI.
- Explore integration of the training module materials (or ‘support for breastfeeding’) into existing training materials/guidance for managing moderate and severe malnutrition.
- Develop user friendly tools to monitor implementation of the Ops Guidance and the Code in emergencies.
- Address training for staff at all levels – international to local staff at field level. This includes making these materials available in languages other than English.
- Explore how to promote agency accountability and

- transparency regarding IFE activities.
- Undertake a regional orientation on IFE with a view to emergency preparedness, and developing and networking regional and local expertise in IFE.
- Engage with the media to work on informing the global perception of IFE, including developing a media advocacy kit, story collation to ‘feed’ opportunistically into the media, develop an advocate strategy campaign and advocate for World Alliance for Breastfeeding Action (WABA) 2008 to have IFE as the key theme.

**Table 1 Summary of Action points, time frames and assigned responsibilities**

Area	Action point	Time frame	Responsibility
Policy	Feedback recommendation of the meeting on the wording of the HIV and breastfeeding policy to the WHO technical consultation	Immediate	Zita Weise Prinzo, WHO, Lida Lhotska, IBFAN-GIFA, Felicity Savage
	Key sections of the Operational Guidance are to be reviewed to clarify particular provisions pertaining to the Code	Immediate	David Clark, UNICEF and ENN/IFE Core Group
	Pursue agency support of the Operational Guidance (endorsement form available at the meeting)	Ongoing	All agencies represented at the meeting.
	Create an electronic version of the official endorsement form, made available on ENN's website	Immediate	ENN
	Encourage the UNSCN to endorse the Operational Guidance	Target SCN 2007	Caroline Wilkinson, Chair of the WG on nutrition in emergencies
	Strengthen link between Operational Guidance and SPHERE	Immediate	ENN
	Develop a joint UN policy on handling milk products in emergencies based on the UNHCR milk policy		UNHCR, ENN
Information sharing	Write up and disseminate UNICEF post tsunami/earthquake infant feeding experiences from Yogyakarta, Indonesia	Immediate	UNICEF Indonesia (ENN to follow-up for Field Exchange article)
	Collate recent case studies of IFE experiences into a document for sharing	Immediate	ENN
	Monitor world press in emergencies and develop a list of sympathetic journalists to share	Immediate	Karleen Gribble, University of Western Sydney, Australia
Research	More research into the potential risks of rapid weaning		IFE Core Group to establish responsibility
Implementation	Develop working examples of how to internalise good infant feeding practice (Operational Guidance) into our own organizations	Early 2007	ENN, IBFAN-GIFA and SCUUK
	Work with key agencies on the practical implementation of the Operational Guidance with a small number of agencies, starting with key agencies. Develop case studies based on this to inform other agencies.	First half 2007	All agencies represented at the meeting
	Explore links with the British military on IFE policy and practice	First half 2007	DFID, ENN
	Integrate good IF policy and practice into CTC model and related documents/ tools and UNICEF-WHO community based management of severe malnutrition manual and joint statement	Immediate	ENN, Valid International, UNICEF
	Integrate good IF policy and practice into the WHO malnutrition manual	Immediate	WHO
	<i>Follow-up with donors who attended or did not attend, on support of the Operational Guidance and policy/funding issues related to IFE</i>	<i>Immediate</i>	<i>ENN</i>
Training	Investigate with Epicentre to include IF training in emergency pre-departure training courses	Early 2007	ENN
	Hold regional orientation workshops on IFE, possible sites include Indonesia, Mexico and Kenya. Investigate funding from nutrition cluster. Indonesia identified as a potential first location.	Aim to hold first meeting by end 2007 (funds allowing)	ENN Felicity Savage with UNICEF (Indonesia)
	More orientation/training in French Speaking West Africa	2007	CARE USA/Fondation Tdh
	Work with the Emergency Staff Capacity Building Project to integrate good IFE practice into training courses	Immediate	Mercy Corps
	<i>Integrate IFE into WHO pre-deployment training (90 minutes on IFE)</i>	<i>End November 2006</i>	<i>Zita, WHO with support from Core Group</i>
	<i>Integrate IFE into UNHCR emergency training page on nutrition</i>	<i>Immediate</i>	<i>UNHCR with input from Core Group</i>

Resource materials	Translation of IFE training modules 1 and 2 into other languages	Immediate (capacity and funds allowing)	ENN to follow-up to identify resources and any contacts for pro bono translation.
	Print more copies of the (reviewed) Operational Guidance	Jan 2007 (funds allowing)	ENN. Funding to be identified. Potential support from CARE USA and ILCA.
	Include IFE information in the UNICEF nutrition cluster toolkit	By end 2006	UNICEF with help of IFE Core Group
	Produce a checklist of infant feeding issues to consider in emergencies	First half of 2007	UNICEF, UNHCR, WHO and SCUK
	Develop a monitoring tool based on the provisions of the Operational Guidance	By end Feb 2007	UNICEF and SCUK
	Develop guidelines on the adaptation of IFE resource materials, (to ensure key content is not left out when time is limited).	First half of 2007	Felicity Savage/ WHO
	Develop a model for IFE that points to appropriate materials to use at each level , from policy makers to field level	First half of 2007	<i>IFE Core Group to establish responsibility</i>
	Develop a web-based library of helpful IFE resource materials that exist with some analysis of each	First half of 2007	ENN
	Develop an infant feeding assessment tool for use and adaptation	First half of 2007	<i>ENN/IFE Core Group to input on early needs assessment tool of nutrition cluster to include IFE</i>
	Develop a one page briefing on IFE for field workers	First half of 2007	IFE Core Group to establish responsibility
	Explore the possibility of producing an ENN Special Supplement' on IFE	First half of 2007	ENN
	Develop a shortened more concise version of the WHO booklet for mothers where bottlefeeding is prevalent	First half of 2007	<i>IFE Core Group to establish responsibility</i>
	Develop complementary feeding training module, with potential funding from the nutrition cluster since already identified as a gap. <i>At the IFE Core Group meeting, a review of what resources and training materials currently exist on CF that are applicable for emergencies was established as a priority. In order to develop a third training module on CF in emergencies, a technical lead would need to be identified that does not currently exist in the IFE Core Group.</i>	2007	ENN/ IFE Core Group.
Personnel	Develop a register of IF personnel able to be employed in emergencies, to work with the nutrition cluster	Initiate by end Nov 2006	ENN/IFE Core Group
Advocacy	Develop a simple, pictorial model that shows how nutrition links with other important priorities, e.g. Millennium Development Goals, protection, and reproductive health, for use in advocacy	2007	IFE Core Group to establish responsibility
	Develop an advocacy media kit on IFE	First draft by end Nov 2006.	UNICEF
	Collate stories during emergencies to illustrate key IFE messages, and compile list of key journalists who cover this issue.		ENN/UNICEF
Partnerships	ENN to become an official member of the nutrition cluster to represent IFE on behalf of the IFE Core Group	Immediate	ENN and UNICEF
	Pursue presentation on the work of the IFE Core Group in the plenary of the UNSCN meeting in Feb 2007.	Immediate	ENN, IBFAN-GIFA and UNICEF
	Advocate for WABA 2008 to have IFE as its theme	Early 2007	<i>IFE Core Group/IBFAN-GIFA</i>
	SCUK and ACF to join IFE Core Group	Immediate	Core Group members and SCUK and ACF
	Develop links with other clusters, especially health	Immediate. Opportunistically through cluster work.	<i>ENN/IFE Core Group</i>
	Develop links with other sectors, such as reproductive health.	Immediate	<i>All. UNHCR to link with reproductive health unit in UNHCR.</i>
	SCUK and ACF invited to join the IFE Core Group	Immediate	ENN
Funding	<i>Write a proposal to access nutrition cluster funds for IFE activities</i>	<i>Outline of 2007 work plan with budget by end Nov 2006</i>	ENN
	Donate money immediately to support IFE activities carried out by ENN	Immediate	UNICEF and IBFAN-GIFA (Each committed \$5,000 at the meeting (additional \$1000 from IBFAN-GIFA post meeting))



	<i>IFE Core Group members to earmark funds for IFE and to fundraise for IFE activities that ENN will carry out</i>	<i>Immediate</i>	<i>UNICEF, UNHCR, WHO, IBFAN-GIFA, CARE USA, Fondation Terre des Hommes, ENN. ENN to feedback to WFP as not present at the meeting.</i>
	<i>Submit integrated funding proposals as a partnership for IFE activities</i>	<i>Immediate</i>	<i>IFE Core Group</i>
	<i>Explore the Gates Foundation as a donor, possibly through funding for the WHO multi-growth reference standards, of which infant feeding is a significant part</i>	<i>Early 2007</i>	<i>IFE Core Group</i>
	<i>Develop means for individuals to contribute to support IFE work.</i>	<i>Immediate</i>	<i>ENN</i>
Post meeting business	Write meeting report and circulate	Meeting presentations online and minutes circulated to participants by mid-November 2007. Meeting summary in Field Exchange 29 (Dec 2006). Meeting report by end of Jan 2007.	ENN

<sup>1</sup> Most of the time frames were established by the IFE Core Group on Day 3, based on available resources and deadlines. *Italic sections reflect outcomes from the IFE Core Group meeting (Day 3) where these clarified or filled gaps from the action plan of the meeting.*

### 7.3 Discussion points/clarifications

**Funding:** Inadequate funding has been a key constraint to the work of the IFE Core Group and was identified as a priority pursuit at the meeting. At the meeting, both UNICEF and IBFAN-GIFA committed 5000 USD each for immediate follow-up on action points post meeting<sup>16</sup>. UNICEF also advised that a proposal for IFE activities that are relevant to the terms of the nutrition cluster could be submitted with a deadline of 30 November 2006.

**Donors:** ENN voiced the disappointment of the IFE Core Group that donors were so poorly represented at the meeting. Considerable work in lobbying and identifying key contacts had been undertaken by IFE Core Group members, yet only one bilateral donor (DFID) and one private donor, out of 22 private and bilateral donors invited, attended. Follow-up with donors was identified as a priority activity post-meeting.

**Translation of the Ops Guidance:** Translated versions of the Ops Guidance to date are available on the ENN website and on the IFE CD distributed at the meeting. A call was given to other organisations to help to translate these materials into other languages. Funds to support translation will be pursued.

**IFE as part of the Global Strategy:** IFE is included in the Global Strategy and has the same importance as HIV and feeding issues. The mandate of the Ops Guidance is to help practically apply the provisions of key guidance and policies, including the Global Strategy and Innocenti Declaration 2005.

**Linking with other sectors:** Linking with other sectors, such as reproductive health and child survival. There is overlap and joining forces should lend weight to any IFE initiatives. This applies both internally in organisations, and across sectors (e.g. reproductive health should be covered by the health cluster). This may be especially useful in trying to impact on the early emergency response to support IFE, where interventions that target pregnant and lactating women and/or infants and young children (e.g. immunisation) can be worked with to include an infant and young child feeding component.

**IFE and Child Survival:** Child survival is a major priority of UNICEF and a child survival project has been ongoing for

years. While it has a clear framework, IYCF has not been emphasised. This has had consequences. For example, Mali has raised breastfeeding rates in 0-6 month olds, but in areas where child survival was a priority, rates went down – this demonstrate that it is not a priority within this framework. There is a conscious effort in UNICEF to make sure that IYCF is included into core activities of the nutrition cluster, rather than an activity solely associated with health.

**How do we know what to expect of UNICEF in terms of nutrition in emergencies?** UNICEF is producing a 'toolkit' that will be ready at the end of year. This is a package that countries can implement and modify according to their context and is a way of standardizing the response to nutrition in emergencies. UNICEF is also working with the supply division to create a pre-stock of specific products necessary for nutrition in emergencies.

**Clarification regarding distribution of infant formula by WFP in Iraq (WFP not present at meeting):** WFP is a member of the nutrition cluster and aware of the correct protocol. Iraq is an individual case and does not reflect what happens in other emergencies. Infant formula was part of the package of which the Iraq government was providing. UNHCR partners with WFP in food distribution in refugee situations. UNCHR have a MOU with WFP about infant formula never being included. It was suggested that perhaps this practice could to be adopted elsewhere.

### 7.4 IFE Core Group meeting (Day 3)

Immediately following the two day meeting, the IFE Core Group met (Day 3) to review the outcomes of the meeting and prioritise follow up, taking into account resources available and deadlines for some activities. Outcomes of this meeting are included in Table 1.

ENN agreed, as co-ordinating agency for the IFE Core Group, to follow-up with individuals and agencies on assigned action points. A progress update will be circulated to participants after six months.

<sup>16</sup> IBFAN's contribution was increased to 6000 USD post-meeting.

# 8

## Post-meeting update (January 2007)

Immediately following the meeting, the following priority activities were undertaken by the IFE Core Group (funded by IBFAN-GIFA and UNICEF):

- Production of a key section on IFE to be included in the essential package of interventions of the cluster toolkit under development.
- Production of 'Questions and Answers on IFE'
- Input on IFE into the Early Needs Assessment Tool being developed by the Assessment sub-Working Group of the nutrition cluster.
- Review of Ops Guidance begun, to clarify points pertaining to the Code raised at the meeting.
- IFE briefing of DFID's operations staff. Following this, DFID has signed up to support the Ops Guidance and has included adherence to the Ops Guidance and the Code as a requirement in their guidelines for requesting humanitarian funding<sup>17</sup>.

To date, 19 agencies have registered support for the Ops Guidance.

In early January 2007, funding was secured by the IFE Core Group from UNICEF, to undertake the following key actions that are relevant to cluster activities on IFE and were identified at the meeting:

- Translation and production of the Ops Guidance into six languages (French, Spanish, Portuguese are well underway, and updates of Arabic, Russian and Bahasa imminent)
- Review of training materials and resources available on complementary feeding and assessment of need for

Module 3 on complementary feeding in emergencies (initiated)

- Development of practical field tools to support implementation of the Ops Guidance and the Code in emergencies.
- Collection of IFE field experiences to inform policy guidance and training material development and to contribute to operational learning on IFE (initiated)
- Collation of IFE resources, streamlined and made available on an updated ENN web-based resource (underway, due completion in April 2007)
- Update of Module 2 and the Ops Guidance, and development of a joint UN milk policy for emergencies (Version 2.1 of the Ops Guidance is in final draft and should be in circulation by February 2007)
- Work towards integration of training modules into guidance and training on managing severe malnutrition (in progress)
- Participation of the IFE Core Group in the nutrition cluster to contribute on IFE
- Hold a regional orientation workshop on IFE in 2007, likely in Indonesia (preparation underway).

An overview of the work of the IFE Core Group, under the theme 'Achieving freedom from child hunger and undernutrition: working together in emergencies' will be presented in the plenary session of the UNSCN meeting in Rome, Italy in February 2007.

<sup>17</sup> 'The Red Book' – Guidelines for requesting Humanitarian Funding from DFID, 2007 (New edition, due out April/May 2007)

## Annex 1 IFE Strategy Meeting Agenda, Oxford, 1–2 November 2006

### Day 1

#### AM

- 0830 – 0900: Registration  
 0900 – 0910: Welcome and Housekeeping: Marie McGrath, ENN  
 0910 – 0930: Outline of the meeting and what we hope to achieve: Marie McGrath, ENN

#### 1. Challenges at co-ordination and policy level (related to Operational Guidance)

*Facilitator: Gay Palmer, Independent*

- 0930 – 0955: David Clark, UNICEF: Politics and policy

around the Code and the Operational Guidance

- 0955 – 1015: Ali Maclaine, SC UK: Monitoring the Operational Guidance and the Code in Lebanon  
 1015 – 1035: Ninik Sukotjo, UNICEF Indonesia: Lessons from the Indonesia emergency response  
 1035 – 1100: Coffee  
 1100 – 1115: Zita Weise Prinzoz, WHO: Update on WHO technical consultation on HIV/AIDS and infant feeding, October 2006  
 1115 – 1140: Fathia Abdallah, UNHCR: Impetus for a

coordinated UN policy on handling milk products in emergencies?

**1140 – 1245:** Open to the floor – share experiences

We would like to hear experiences covering the cross-section of participants:

- a. UN agencies
- b. Donor community
- c. NGOs
- d. Professional bodies/ Academics/ Individuals
- e. Media

*These more informal feedbacks will offer the opportunity for participants to share specific experiences and raise issues relating to co-ordination and policy.*

**1245-1345:** Lunch

## PM

### 2. Challenges and opportunities for implementation implementation (linked to modules)

*Facilitator: Lida Lhotska, IBFAN-GIFA*

Each of the presentations are 10 minutes plus 5 minutes questions.

**1345 – 1400:** Flora Sibanda Mulder, UNICEF  
*The IASC nutrition cluster scheme – how does it work?*

**1400 – 1415:** Iman Zein, IBFAN Lebanon  
*Experiences from Lebanon – challenges of implementing policy guidance*

**1415-1430:** Marcos Arana, IBFAN Latin America and Caribbean (LAC)

*Experiences of adapting materials in LAC context*

**1430 – 1445:** Dr Bethou Adhisivam, Paediatrician, India  
*Tsumani response in India – local assessment of the infant feeding response*

**1445 – 1500:** Ian Bray, Press Officer for Emergencies, OXFAM  
*Engaging the media in emergencies: an insight*

**1500 – 1530:** Coffee

**1530 – 1545:** Anne Njuguna, IYCF-E Initiative, CARE Kenya

*Experiences from the IYCF-E Initiative in Kenya*  
**1545 – 1600:** Caroline Wilkinson/ Cecile Bizouerne, ACF  
*Development of CD-based learning tools from the training modules*

**1600 – 1630:** **Informal feedback/Discussion/Clarifications**  
*Address any clarifications needed from the afternoon presentations.*

*These more informal feedbacks will offer the opportunity for participants to share specific experiences and raise issues relating to implementation.*

**1630 – 1720:** **Formation of Working Groups**

Introduction to the five working groups and their terms of reference (see details under Day 2).

*Beginning now and through Day 2, the groups will be asked to*

- *identify key constraints to supporting and protecting appropriate infant feeding practices in emergencies, and*
- *come up with strategy directions (morning of Day 2) and practical steps (afternoon of Day 2) to address these*

**1720 – 1730:** Summary of key points from previous day.  
Rebecca Norton, Fondation Terre des hommes

## Day 2

**0845 – 0900:** Opening of Day 2.  
Any housekeeping. Outline the day and introduce both facilitators (Marie McGrath, ENN)

### 1. Strategy Directions

*Facilitator: Felicity Savage, Centre for International Health and Development (CIHD), UK*

**0900 – 1030:** Working Groups – Strategy Directions

Working Groups:

1. Coordination and policy
2. Implementation challenges/ capacity building
3. Working with Donors
4. Engaging with the Media/ effective and timely communication
5. Operational learning  
Each of the working groups will have a facilitator and terms of reference that will include common key elements to consider in each group.

**1030 – 1100:** Coffee

**1100 – 1230:** Presentation of working groups to the plenary

*Presentations (15 mins each) to emphasise on key constraints as identified, and present strategy directions to address these.*

**1230 – 1245:** Discussion and clarification from outcomes of the working groups.

**1245 – 1345:** Lunch

### 2. Practical Steps

*Facilitator: Gay Palmer, Independent*

**1345 – 1500:** **Working Groups – Practical Steps**

*Based on the strategic directions identified in each group in the morning session, the same working groups now focus on coming up with Practical Steps to address these. Each of the working groups will have terms of reference that will include important elements to consider in determining practical steps.*

**1500 – 1530:** Coffee

**1530 – 1700:** Presentations of Working Groups to full group (15 mins each)

**1700 – 1730:** Any outstanding clarifications  
Consensus on recommendations of the meeting and identify next steps. (Marie McGrath, ENN)

# Annex 2 Terms of reference for Working Groups (Day 2)

## Introduction of Working Groups

- Facilitator will introduce the terms of reference and questions
- Nominate a chair and presenter (or 2 chairs and presenters for each of the WG sessions) for the second day
- Familiarise yourself with the remit of both working group sessions.
- Locate your resource box (Rupert, ENN)
- Look at the resources available to the group, e.g. modules, key policy documents.
- Chair record any comments from participants who will not be attending the meeting on day 2 but would like to contribute to the WG.

### (i) Strategy Directions

FIRST Identify **key constraints** pertaining to the focus subject of your working group to supporting and protecting appropriate infant feeding practices in emergencies (15 minutes) and come up with strategy directions to address these.

Include the questions outlined and the following key elements in your considerations:

- Breastfeeding support
- Complementary feeding
- Artificial feeding
- Handling unsolicited donations
- The International Code
- Dealing with the military role in aid
- How to respond to inappropriate activities or inaction on IFE

Prepare a maximum 10 minute presentation (on powerpoint if possible) to feedback to the plenary. Five minutes will be given for questions.

### (ii) Practical Steps

In developing practical steps, please take into account the following issues:

- Responsibility (e.g. lead agency)
- Resources
- Timeframe
- Order of priority of different activities

Prepare a maximum 10 minute presentation (ideally on powerpoint) to feedback to the plenary. Five minutes will be given for questions.

## Group 1 Policy and Coordination

Various institutional policies address various aspects of IFE. However, to our knowledge, none does so comprehensively. The Core Group has attempted to provide such comprehensive policy guidance in the Operational Guidance on IFE (version 2, 2006). Some agencies have already taken relevant key points on board, others are considering, yet others (in the UN system and among NGOs alike) either do not know about the document or have not yet considered it. The NGO Sphere Manual has many good elements on IFE but it, too, does not present an entirely comprehensive picture. Many local NGOs also may not be aware of its existence.

Similarly, donor government policies, especially those related to distribution of milk products, are not always consistent with the IFE state-of-the-art knowledge. This may be then further reflected in operational procedures employed by their armies, if engaged in the emergency response.

Coordination has been repeatedly highlighted as one of the weakest points in the IFE emergency response, both at international and national levels. The UN Cluster System offers an opportunity to address this problem.

### Questions for the WG

#### Policy:

- How to influence donor policies, including ensuring correct procedures are employed by the military?
- How to bring coherence into relevant policies of UN agencies?
- How to achieve that NGOs, who follow the Sphere Manual, use the IFE Operational Guidance as its extension for IFE work?
- How to ensure end-evaluation to further inform international and national policies, incl. emergency preparedness?

#### Coordination:

- How to improve coordination at an international level, bringing all key players together (UN and NGOs)?
- How to improve coordination at a field level between the UN Nutrition IASC Cluster leader, NGOs (INGOS as well as local ones) and governments, incl. the donors?
- How to ensure adequate monitoring of the interventions to inform the coordination?
- How to link the coordination mechanisms and the IFE Core Group, so that field lessons learned can be reflected in the Operational Guidance and the development/update of the training modules?

## Group 2 Implementation and Capacity Building

The Core Group first began in 1998 in response to the identified lack of policy guidance and training materials to support infant feeding in emergencies. Through the work of the core group and others, like WHO's guiding principles on the non-breastfed child and on complementary feeding, there has been considerable development in the resources available. However implementation is now the challenge.

Over the past two years, the IFE Core Group has been particularly concerned with implementation of the resources developed to date. In engaging with those working in the field in recent emergencies, particularly relating to the Operational Guidance, we have identified significant challenges to implementing guidance, training and policies on IFE.

In this WG we would like to ask:

- What do we mean by agency support of the Operational Guidance?
- How can we develop agency ownership of the Operational Guidance?
- How can agencies internalise the Operational Guidance so that it influences programming planning and decisions

often taken without consultation with nutritionists, e.g. to inform media campaigns, inform field desk officers preparing proposals.

- How can agencies improve the awareness and inform practice of regional and country offices on IFE?
- In practice, how do we handle observed inappropriate practices by individual agencies, e.g. violations of the International Code or of the Operational Guidance?
- How do we objectively decide who is the most appropriate agency to co-ordinate on IFE in an emergency?
- How can we get IFE assessment included into early needs assessment in emergencies?
- How can we get breastfeeding support as an early emergency intervention?
- How can we improve the availability of micronutrient rich foods for complementary feeding early in an emergency response?
- How do we improve our response to support infants who are not breastfed?
- How can we identify and tap in on local and national resources in an emergency response?
- What is the need and potential for training of international NGO staff on IFE?
- What is the potential for regional training on IFE?
- Are there other initiatives that we should link with to improve our capacity to respond to infant feeding in emergencies to infant feeding, e.g. Reproductive Health Community?

### **Group 3 Working with donors on IFE**

Success of interventions in an emergency depends to a large extent on securing sufficient funding. This may be public funding, private funders, bilateral aid and may happen at a local, national, regional or international level. At a local level, agencies often work with a local partner and may fund or donate items to support their activities. In this sense, an agency may be considered a 'donor'.

Whether an IFE intervention is funded will be influenced by what donors consider an appropriate intervention or a priority activity, and this in turn, will depend on the technical capacity of a donor agency. Donor government policies, especially those related to distribution of milk products, are not always consistent with the IFE state-of-the-art knowledge. We thus need to look at how we can develop the technical expertise of donors on IFE and how this can be used to inform their strategic thinking and funding decisions on IFE.

In the humanitarian sector, it can be difficult to influence or to hold individual agencies to account for their actions in emergencies. However bilateral donors do wield influence over the agencies they fund and we need to explore how implementing policy guidance, like the Operational Guidance, can be introduced into current accountability mechanisms used by donors.

However donors themselves should also be held accountable for what they fund and also what they don't. We need to explore how we can hold donors to account, for inappropriate interventions they do support, for failure to monitor the impact of programmes, and for failure to support interventions that are appropriate.

How best to inform funding decisions on IFE will depend on the nature of the funder, and the different sources should be taken into account in the discussions of the working group. Informing public funding decisions will overlap a little with the working group on media/communications.

These are some questions we would like addressed regarding donors. You may well have more to add to this.

- How can we improve technical capacity on IFE within donor agencies to inform funding decisions on IFE?
- How can donors introduce the Ops Guidance and the International Code into programme monitoring and accountability?
- Do donors communicate with each other technically? Can/how can one government approach or influence another technically?
- What sort of liaison exists between the military and donors? How do we address country differences in this?
- Can/how can donors be held accountable for the sorts of programmes they fund?
- Who monitors donor programmes funded and whether or not they were appropriate?
- To what extent do donor strategic priorities influence the nature of IFE interventions? Are there instances when this may conflict with what is considered technically appropriate?
- How can we introduce flexibility into donor funding where needs assessment identifies needs other than those anticipated. For example, where funds have been allocated for complementary food supply but skilled breastfeeding support is indicated.
- How can we get donors to consider complementary feeding in emergencies as a priority?

### **Group 4 Engaging with the Media/ Effective communication**

To date, most of the information sharing around IFE has been amongst nutrition technical staff and those with an interest in the issue. However many of those that significantly influence humanitarian responses in IFE may have little or no knowledge of key issues.

Activities to support infant and young child feeding in emergencies, such as distribution of milk products, may be undertaken by individuals, groups or organisations who may operate independently of normal co-ordination systems or communication channels.

Media appeals to the public for help to support infant feeding often call for donations of infant formula. These may happen at local or national level in donor countries.

Military personnel may undertake humanitarian activities that include distribution of infant feeding products.

In emergencies, decisions to accept or distribute infant feeding products can often be taken by non-technical staff. However, co-ordination meetings on nutrition or IFE are typically not attended by logisticians and food security personnel. Similarly, IFE experts will typically not attend food security meetings.

Emergency appeals and responses tend to focus on commodities needed. In order to improve the humanitarian

response to support IFE, at both a local and international level, we need to increase awareness of appropriate interventions that may be skills rather than commodity based, e.g. the need for skilled breastfeeding support, and highlight the risks of inappropriate interventions, e.g. untargeted distribution of infant formula.

Communication needs to reach many players and will need different tailored approaches to be effective.

### Questions for the WG:

- How can we influence the content of emergency appeals for aid?
- What is the most effective message to use – positive (do this and you will save lives) or negative (do this or else children will die)?
- How can we increase the profile of breastfeeding support as an emergency intervention – both to dissuade infant formula donations and to encourage resources directed towards these interventions?
- How should we respond to inappropriate appeals/ messages?
- How can we engage with government donors to influence military operations?
- How can we directly engage with military aid efforts?
- How can we inform, with a view to influencing activities, non-nutrition personnel who may become involved in infant feeding activities? (Including here military, aid organisations not involved in health and nutrition, logisticians, food security staff.)
- How can we improve the channels of communication in emergencies between nutrition and non-nutrition staff, bearing in mind the huge time demands on staff in these situations?

## Group 5 Learning

The Core Group has been working since 1998 to improve the quality of infant feeding practice in emergency situations through the development and dissemination of appropriate training materials and related policy guidance. Three key products have been developed to date: the interagency Operational Guidance for Infant and Young Child Feeding and IFE Modules 1 and 2 (training materials that deal with issues that constrain behaviour change at macro (Module 1) and micro or mother-infant dyad (Module 2) levels.

In 2006, the ENN and GIFA carried out an examination of the functioning of the Core Group that included an evaluation of Module 2 and its use. This found the materials had been used in a variety of ways, including training for field practitioners, producing other training courses and materials, and as an advocacy tool for policy change. About half of the respondents had used the module in non-emergency settings. Field staff reported the module provided technical information not available elsewhere. Areas to improve were translation, availability in different formats, and benefits of training workshops. Priority topics to expand on included infant feeding and HIV/AIDS and complementary feeding in emergencies.

We would now like to enhance our understanding of what is happening operationally as a result of the availability of these materials. We need to capture the collective experience

and wisdom that is being generated as these materials are being utilized, and then determine useful ways to share information to support and improve implementation.

### Questions for the WG

In your agencies:

- How is IFE-related policy/guidance being handled: Has a strategy been developed for adopting or adapting IFE-related policy/guidance; how has guidance been disseminated; have you conducted training on guidance for staff at HQ and field level, how – and by whom – is policy monitored?
- How are the training Modules being used: In which contexts: pre-emergency; emergency operations; other?
- Who is being trained: Describe target groups: HQ health/nutrition technical staff; clinical staff in the field; refugee field workers; other?
- Are you using the IFE Modules in your training: Are the Modules used in their entirety; have modifications been required; why; describe.
- If only selected parts of the Modules are being used: How are decisions on selections being made; are the modules being used in isolation or in conjunction with other training materials; why; name and describe other materials.
- Who is conducting the training: have you been able to identify trainers; who are the trainers; do they train only for your agency or are they available to train for other agencies?
- In what languages are you conducting the training? Have you undertaken any translations of the materials or used translated versions of the Operational Guidance or the training materials?
- Are you implementing IFE-related activities other than capacity-building (e.g., policy, advocacy, CODE monitoring, assessment, individual counselling, group education, mother-to-mother or peer support, IEC or behaviour communications change activities, support for non-breastfed children, monitoring and/or evaluation activities, other? Describe the activities (be specific: if you are carrying out assessment, specify time period – e.g. rapid IYCF assessment in the initial two weeks of an acute emergency). Have you found the need for additional preparation or support to enable staff to carry out these activities? Have you identified useful resources? Have you created Tools that could be shared?
- Have you specified desired outcomes for your IYCF-related activities? Specify. How are you tracking the desired outcomes?
- Are you compiling lessons learned on operational issues? On implementation of promotion, protection and support of breastfeeding? On issues related to complementary feeding?
- How does your agency document experiences that show poor practice (e.g., violations of the Code)? How can we encourage transparency by agencies in documenting experiences?
- What do we need to do to catalogue what we've done, what we are learning?
- How can we obtain more information on all of the issues above?
- How can this type of information best be shared?

# Participants

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*Delegates at the IFE Strategy Meeting*

*Front cover:* A contented breastfed Mayan baby (M Arana/IBFAN LAC, 2006)

*Back cover (left to right):* CARE IYCF-E/CARE Indonesia Breastfeeding Counselling course, West Timor, 2006 (M Lung'aho/CARE USA); Breastfeeding mother in Lebanon (Ali Macclaine, 2006); The mother of a young baby with distributed infant formula in Indonesia (UNICEF, 2006); Breastfeeding counselling training in Indonesia post-earthquake (UNICEF, 2006).



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