

3.3 Coordination

Operational Guidance on IFE. Key Point: Within the United Nations (UN) Inter-agency Standing Committee (IASC) cluster approach to humanitarian response, UNICEF is likely the UN agency responsible for co-ordination of IFE in the field. Also, other UN agencies and NGOs have key roles to play in close collaboration with the government.

See Ops Guidance Practical Step 3: Coordinate activities

3.3.1 Key considerations

The challenge of coordination in an emergency: In a regional workshop on IFE in Bali, 11 out of 16 countries ranked 'poor coordination on IFE' as a 'big' problem and key constraint in mounting an effective emergency response on IFE (Making it Happen Bali report, 2007).

The *early* response to an emergency situation is critical to protecting and supporting safe and appropriate IFE. In the immediate days and weeks of an emergency is when international response may descend on a country, donations of BMS will arrive, mothers present with feeding difficulties, infants are orphaned and press content calls for aid. The strength of coordination on IFE is a key determinant on how timely, appropriate and effective the early response on IFE is. *Emergency preparedness* is central to the quality of early emergency response.

During the early stages of an emergency response, a coordinated effort on IFE is needed to ensure that a minimum response to protect and support IFE is implemented. This includes implementation of basic interventions, effective and timely communication, and ensuring appropriate interventions are implemented to meet assessed needs. To be effective, this coordination should engage across sectors (nutrition, food, health, reproductive health, water and sanitation, logistics, media/communications, etc) and involve a wide variety of agencies and 'players' in an emergency (for example, government and non-governmental agencies, military, donors, civil society).

IFE coordination is not just a consideration for UN and government agencies. Agencies with technical expertise on IFE may also be called upon to support a UN coordinating role in an emergency. Coordination on IFE needs also to happen *within* agencies. Those agencies concerned with IFE response will need to consider how best to implement and integrate IFE in their programming, and coordinate across sectors to achieve this, e.g. nutrition with livelihoods programming, reproductive health, logistics, child protection, funding and media/communications on IFE. This co-ordinated approach will be needed at policy/planning level, e.g. in formulating emergency preparedness plans or multi-sectoral programming proposals, to field level, i.e. how to implement IFE across sectors within an agency.

3.3.2 Who is the IFE Coordinator in an emergency?

In every emergency response, an agency should be designated as the IFE co-ordinating agency. Within the UN IASC Cluster approach and as reflected in

UNICEF's core commitments to children, UNICEF is the likely UN co-ordinating agency for IFE. Coordination should be done in close collaboration with the government in the affected country, other UN agencies and NGOs.

In situations where UNICEF is not present, or does not have the required capacity, another agency with the necessary expertise may be designated the coordinating agency on IFE or may be designated to support UNICEF as coordinating agency.

In the international response to an emergency, IFE needs to be located within the coordinating mechanisms that are established to respond to that emergency. Where IFE 'sits' will depend on the particular response. A natural 'home' may be the coordinating agency on nutrition, but a nutrition coordinating agency may not always be assigned. IFE coordination should be located where there is the greatest capacity and synergy with other activities. For example, during the earthquake response in Indonesia, IFE was located within the reproductive health sub-cluster that consequently became the Maternal and Child Health and Nutrition (MCHN) sub-Cluster (see case study on 'rising to the challenges in coordination'). So a key role of UNICEF at national and regional level, as the UN lead on IFE, is to negotiate and locate IFE within the coordinating mechanism in any given emergency.

Particularly in the early stage of an emergency, capacity to coordinate at country level – whether at government, UN or NGO level – is critical. Deploying international coordinators to the site of every emergency is not practical and takes time. Those who are present in-country with responsible agencies when an emergency hits, need to be capable of coordination. Accessing and building capacity to coordinate at national level is an important emergency preparedness activity.

In an emergency response, the IFE coordinating agency should be a key source of technical expertise on IFE, to oversee producing policy statements, analysis of IFE initial rapid assessment data, and assess the general situation with regard to IFE. Expertise in different areas of IFE and in emergency coordination is not necessarily met in the one person. A team approach may be needed, with clear lines of responsibility. Designating and clearly defining coordination roles and tasks is needed– especially if any coordinating roles are assigned by UNICEF to another agency during an emergency.

Rising to the challenge of coordination in an emergency

This case study reflects the challenges faced by UNICEF to establish a 'home' for IFE in coordinating mechanisms operating during the Indonesia earthquake response, and how these were overcome.

“Reluctance was noted amongst senior managers of the emergency to add another Cluster/sub-Cluster, so nutrition issues were referred to the Food Cluster, led by the World Food Programme (WFP). UNICEF actively participated in this Cluster (later named the Food and Nutrition Cluster), and advocacy on appropriate IFE and mapping of who was distributing BMS and/or other powdered milk was one of the first activities initiated through this forum. However, it was evident that participant agencies were mainly concerned with the logistics of food distribution and not IFE. The Food and Nutrition Cluster did review the composition and adequacy of the general food basket and assisted inclusion of multiple micronutrient sprinkles

(supported by Helen Keller International), as a means to improve the nutrient density of available foods for children.

UNICEF also actively participated in the various sub-Clusters on Health, led by WHO (injury, EPI, infectious diseases, reproductive health, mental health, etc.) and continued to report field observations and advocate for appropriate IYCF at every opportunity. However, the issue continued to be minimised, with coordination meeting minutes simply reporting that “UNICEF is concerned about formula feeding and potential risks”.

The emergency was overwhelmed with the management of casualties and cases of tetanus. Given the overall lack of interest in nutrition matters, UNICEF successfully advocated and transformed the Reproductive Health sub-Cluster into a Maternal and Child Health and Nutrition (MCHN) sub-Cluster. This created more opportunities to document evidence and start addressing various nutrition issues, including IFE”.

Source: Source: Assefa F et al (2006). Increased diarrhoea following infant formula distribution in 2006 earthquake response in Indonesia: evidence and actions. Field Exchange 34. pp 30-35 Full article attached and available to download:
<http://fex.enonline.net/34/special.aspx>

3.3.3 The importance of communication in coordination

Strong communication is an essential coordination activity. In an emergency, there are many players that are involved in meeting urgent humanitarian needs – national government, NGOs, UN agencies, civil society, donors, the private sector, the military. Consistent and appropriate communication and active dissemination of key resources is needed to:

- ensure that key messages are effectively communicated to key players in a timely fashion in an emergency, and
- that harmful messages that may undermine safe feeding practices and/or lead to inappropriate interventions are not circulated.

A strong communication strategy is needed for official /technical information, e.g. joint statements, national policies. The case study below reflects how protective legislation regarding donations of BMS, bottles and teats was in place in India, but poor dissemination meant that many were not aware of it when the tsunami hit.

Case study: Poor communication of policy, India, post tsunami in 2004

In 2003 India amended the Infant Milk Substitutes, Infant Foods, and Feeding Bottles (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act) which stated that there should be no ‘free supplies’ of infant formula, infant foods or feeding bottles during emergencies. However, after the Tsunami in 2004 a survey of 50 NGOs, found that 88% were not aware of IMS Act, 10% were partially aware and only 2% were fully aware. In another survey of 200 social workers, findings were similar with 87% not aware of the IMS Act, 10% were partially aware and rest had some or full knowledge about IMS Act.

Tsunami disaster areas of Tamil Nadu. By, Dr JA Jayalal, Dr K Vijayakumar, Mr Anilkumar, Ms Hazlin. Presentation at the National Convention for the Breastfeeding Promotion Network of India, 2005.

Participatory development and active dissemination of interagency joint statements are a good means of encouraging consistency in messages and response (see policy section). These can also act to alert those operating on the fringes of the relief effort or outside the aid coordinating mechanism (e.g. the military) to key issues. A model joint statement on IFE, that can be adapted to any given context, was developed by participants of a regional IFE workshop in Bali. Available at www.enonline.net (See also Policy section).

Translation of key documents and tools is essential to effective communication, takes time and is an important emergency preparedness activity. For example, the *Operational Guidance on IFE* is available in 11 languages. Many of these have happened during emergency response, and increasingly in preparedness. They are available at www.enonline.net/ife

Engagement with the press and media

The media plays a powerful role in emergencies – alerting the outside world to the key issues and giving a perspective on a crisis. The media can act to lobby action and mobilise resources. So it is important that IFE information and messages in the media are accurate and appropriate and that calls for aid reflect and are proportionate to the need.

In past emergencies, many media reports have perpetuated several ‘disaster myths’ around infant and young child feeding, for example that mothers cannot breastfeed due to stress. This led to calls for donations of infant formula and other milk products to an emergency area (see Box 1). An analysis of media reports from Cyclone Sidr in Bangladesh in 2008¹ found that media reports called for baby food or milk (n=9/40) % or reported that women were unable to breastfeed because of stress or lack of food (n=7/40). However none described the risks of artificial feeding in an emergency or the role of breastfeeding in supporting child survival. Inaccurate media reporting in the area of IFE has been identified as being directly responsible for the arrival of unsolicited donations of breastmilk substitutes and their distribution (see Box 2).

Box 1: Examples of IFE “disaster myths” in the media

Outbreaks of illness reported among Cilacap tsunami survivors

About 600 mothers are having trouble breast-feeding their infants due to the stress of the tsunami and living in the camps. "We're lucky that we immediately received milk formula among the relief aid although the quantity is not much. Those children have to be satisfied with formula since their mothers' breast milk suddenly dried up"

Source: Jakarta Post, Indonesia. West Java Tsunami, Indonesia, 2006.

Marooned People Cry for Drinking Water Women and children are bearing the brunt of this crisis as many mothers cannot breastfeed their children. Syeda Begum, 20, one

¹ Regional IFE workshop, Bali, IFE Core Group, 2008.

of over 12,000 people who took shelter on Ranigram embankment... said she could not breastfeed her three-month-old boy, as she had nothing to eat for a day.
Source: Daily Star, Bangladesh. Cyclone Sidr, 2007.

Gaza aid plea

[We are] calling on the public to donate basic goods for the victims of the hostilities in Gaza. There is an urgent need for blankets, sheets, towels nappies, baby food, powdered milk, milk bottles, pacifiers, evaporated milk, rice, biscuits, sugar, pasta, tea, shampoos, toothpaste, toothbrushes, soap, sanitary towels, baby wipes and cleaning items (antiseptics, detergents). The public can drop off the items ...from 8am to 1pm Monday to Friday.

Source: Cyprus Mail, Cyprus. Gaza Conflict, 2009.

Box 2: Media involvement in the arrival of unsolicited donations of breastmilk substitutes

“Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breast milk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and NGOs without the appropriate controls to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles... The ministry of health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.”

The general press relies heavily on the press releases of UN agencies and NGOs for the content of their own communication. They rely on agencies on the ground for the individual story to capture the hearts of the readers. So agency communication/media/press departments can have a key influence on messages in the general media.

What should feature in press releases?

A Guidance on IFE for the media is available to help prepare content on IFE. This features key messages to include in media communications, and gives the reasons why. For example:

- Breastfeeding saves infant’s lives in emergencies. It is a safe food that is reliable. It is important to support mothers to breastfeed
- Infant formula is dangerous in an emergency and its use should be avoided wherever possible
- Emergency workers do not need large amounts of infant formula when there is an emergency. Sending donations of milk is unhelpful.

Key messages can be accompanied by stories of women and their infants. Stories of orphans being wet- nursed, of mothers being assisted to relactate or increase the milk supply or breastfeed despite trauma, or of infants who have been made seriously ill by donated infant formula, are examples of emotive and powerful stories that carry key messages.

Empowerment of a mother to feed her infant and young children in a safe, appropriate and informed way should be a central message.

In Section 3 Supporting Documents, see Media guide on IFE, an example of an appropriate press release, driven by UNICEF, from Indonesia and an Analysis of media reports on IFE in relation to Cyclone Nargis and the Wenchuan earthquake. June 2009.

3.3.4 What does IFE coordination involve?

Early in the emergency response, the IFE coordinator's central role is to ensure that key elements of a minimum response to protect and support IFE are in place. Key elements of a IFE minimum response include:

- Ensuring a protective policy environment, e.g. *Operational Guidance on IFE* integrated into agency and national policy, the *International Code* integrated into national legislation.
- Sensitised and trained staff on IFE
- Inclusion of infant and young child feeding in early needs assessment.
- Multit-sectoral engagement on IFE
- Timely implementation of basic interventions on IFE
- Clear and consistent communication to mothers, in the relief effort and in the media
- Plans and action to prevent donations of BMS, milk products, bottles and teats in an emergency, and to handle any that do arrive.
- Appropriate use of milk and milk products in emergency.
- Monitoring for violations of the *International Code*.

The next sections will help to appreciate further the detail of what needs to happen in an emergency response on IFE, and so inform the coordinator of the actions that should take to make sure these happen, both in emergency preparedness and in response.

3.3.5 Supporting documents in this section

Media Guide on IFE

Sample appropriate press release Indonesia

Media report analysis. Analysis of media reports on IFE in relation to Cyclone Nargis and the Wenchuan earthquake. June 2009.

3.3.6 Checklist

Some examples of 'do's and don'ts' on coordination: you can add your own.....

Do's	Don'ts
Designate a coordinating agency on IFE	Do not call for donations of infant formula, bottles and teats to an emergency
Develop a clear communication strategy on IFE for affected communities, the relief effort and the media.	Don't undertake interventions on IFE without consulting with the coordinating agency on IFE
Monitor and report on violations of the International Code	Don't consider that IFE is not relevant in the early emergency response

