

9 Infant Feeding during Emergencies

Infants and young children are among the most vulnerable groups in emergencies. Absence of or inadequate breastfeeding and inappropriate complementary feeding increase the risks of undernutrition, illness and mortality. In emergency and humanitarian relief situations, the emergency-affected host country and responding agencies share the responsibility for protecting, promoting and supporting optimal infant and young child feeding practices and minimizing harmful practices. Concise operational guidance³² on how to ensure appropriate feeding in emergency situations and comply with international emergency standards has been developed by an interagency Infant Feeding in Emergencies Core Group and was adopted at WHA 63.23 in 2010. Practical details on

Maximum countries ill-equipped to handle infant feeding in emergencies

how to implement the guidance summarized in the Operational Guidance are included in companion training materials, also developed through interagency collaboration as well as part of the UN Nutrition Cluster capacity building materials. All these resources are available at www.enonline.net/IFE.

This indicator examines how women are supported during emergency or disaster situations to maintain feeding of their infants, and what kind of policy there is to protect and support mothers for appropriate feeding of their babies. (Table 9)

The indicator scored the lowest



Photo Credit: IBFAN Southeast Asia

Table 9: Key question and subset questionnaire for indicator on infant feeding during emergencies and scoring criteria

Key question: Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies (IFE)?

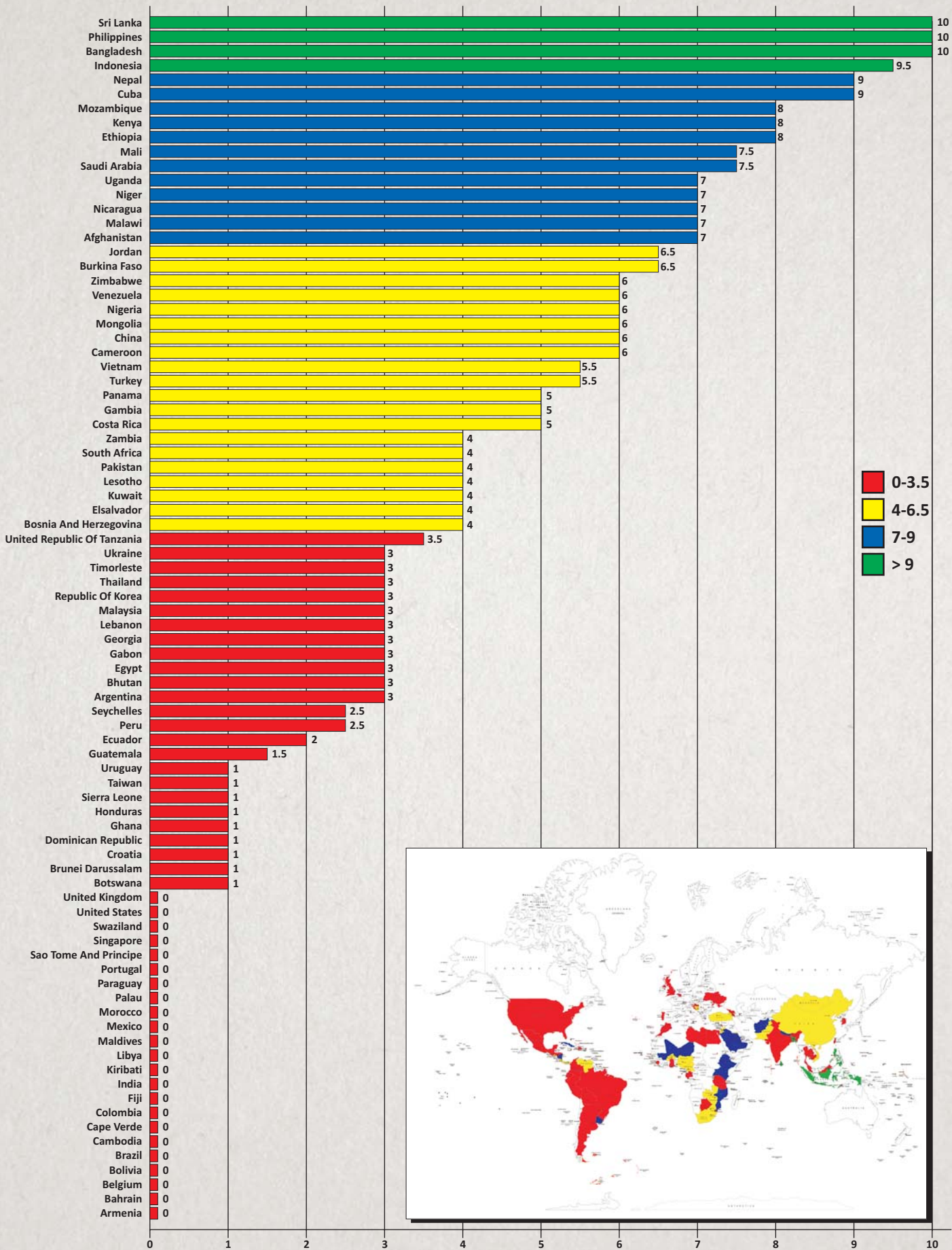
Guidelines for scoring Criteria	Scoring ✓ Check that apply		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	0
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
Total Score:	-----/10		

average of all indicators, at 3.43 out of 10, showing an overall lack of preparedness for such situations. Only four out of 84 countries score 9.5-10, having prioritized infant feeding during emergencies and included it in their policy on breastfeeding

and infant and young child feeding. The majority, 48 countries are coded red, with 23 countries scoring zero (Figure 21).

The situation is alarming with most regions in red color coding.

Figure 21: The state of infant feeding during emergencies in 84 countries on a scale of 0-10



Analysis and Conclusion

Twenty-one countries report having a policy that includes infant feeding in emergencies. In 21 countries persons have been given responsibility for this task, 19 have identified resources for implementation of their plan and 37 have put it into their pre-service curriculum (Figure 22). Analysis shows only a few countries are putting in efforts to bridge the gaps.

The assessment reveals the need for countries to develop a policy that includes Infant Feeding in Emergencies and the government must take responsibility for the same. During emergencies the system breaks at almost all levels, starting with the local one but reaching governments that fail to face the situation leaving it in the hands

of whatever help they get. So prevention becomes important, and clear policies and programmes BEFORE the emergencies occur - training needs to be part of the preparedness and should include basic actions such as facilitation of mothers being together, building towards re-establishing local provision of foods and less dependence on food coming from other countries, so not leaving people in the hands of the humanitarian groups and companies dumping formulas, complementary foods, bottles etc.

The countries need to appoint a focal person responsible for infant and young child feeding during emergencies and allocate specific resources both financial and human in their disaster management plan.

Figure 22: Status of subset question for indicator on infant feeding during emergencies in 84 countries



³² Infant and Young Child Feeding in Emergencies. Operational Guidance for emergency and relief staff and program managers, version 2.1, 2007, IFE Core group <http://www.enonline.net/resources/6>