Working Together to Save Lives in Emergencies: Initiatives and Tools to Support Breastfeeding in Emergencies

August 2, 2017
AGENDA

• Why is IYCF-E important
• What is IYCF-E and How do we do it?
• What are some relevant Partnerships and Tools?
  – Revised Ops Guidance
  – IYCF-E Toolkit
  – IYCF-E Framework
  – Tech Rapid Response Team
WHY IS IYCF-E IMPORTANT?
Mortality HIGHEST for the YOUNGEST

![Bar chart showing mortality rates by age group.]

Deaths as % of admissions

Age (months)

Golden M. Comment on including infants in nutrition surveys: experiences of ACF in Kabul City. Field Exchange 2000;9:16-17
Effective Behaviors

Breastfeeding (EBF up to 6 mo & BF up to 12 mo) | 13
Insecticide treated materials | 7
Complementary feeding | 6
- Zinc | 5
- Hb vaccine | 4
- Clean delivery | 4
- Water, sanitation, hygiene | 3
- Antenatal steroids | 3
- Vitamin A | 2
- Tetanus toxoid | 2
- Newborn temperature management | 2
- Nevirapine & replacement feeding | 2
- Measles vaccine | 1
- Antibiotics for premature rupture of membrane | 1
- Antimalarial preventive treatment in pregnancy | 0.5

How many child deaths can we prevent this year? *Lancet* 2003; 362: 65–71

IMPROVING BREASTFEEDING PRACTICES COULD SAVE MORE THAN 820,000 LIVES A YEAR
What Do We Mean By Recommended IYCF?

BREASTFEEDING:

• Breastfeeding immediately after birth (first hour)
• Exclusive breastfeeding for 6 months

COMPLEMENTARY FEEDING:

• Timely (introduced at 6 months, 180 days)
• Adequate in energy and nutrients
• Hygienically prepared, stored and used
• Appropriate frequency, feeding method, active feeding
• Continued breastfeeding up to 24 months or beyond
Role of continued breastfeeding in a 6-23 month old diet

![Stages of Infant and Young Child Feeding](image)

- **Exclusive Breastfeeding**
- **Partial Breastfeeding**
- **Token Breastfeeding**

Proportion of nutrients provided:

- **Breastfeeding**
- **Complementary Foods**

Age of child:

- Birth
- 6 months
- 1 year
- 2 years
- 3 years

IBFAN
Importance of Breastfeeding

Breastmilk
- Perfect nutrients.
- Easily digested; efficiently used.
- Protects against infection.
- Costs less than artificial feeding.

Breastfeeding
- Helps bonding and development.
- Helps delay a new pregnancy.
- Protects mothers’ health.

WHO. Breastfeeding Counselling: a training course. 1993
Higher Risks for Non-Breastfed Children

Figure 2: Relative risk of not breastfeeding for infections and mortality compared to exclusive breastfeeding from 0-5 months

Source: Lancet 2008 [3].
Infant Formula even RISKIER in emergencies

- Lack of water
- Bacterial contamination
- Contaminated water
- Overcrowded conditions with people on the move
- Limited, insecure supplies and resources
Infant Formula Donations – Risk of Diarrhoea

Relation between prevalence of diarrhoea and receipt of donated infant formula in children under 2 years (Yogyakarta Indonesia post-2006 earthquake)
LIVES IN EMERGENCIES

BREASTFEEDING SAVES LIVES IN EMERGENCIES
ALL OVER THE WORLD
Challenges to Recommended Breastfeeding

- Poor understanding of IYCF-E
- Low pre-crisis breastfeeding
- Weak legislation
Challenges to Recommended Breastfeeding

Food insecurity

Poor Access to Water and Sanitation

Population Movement and Living Conditions

Exposure to Stress and Trauma
What is Infant and Young Child Feeding in Emergencies (IYCF-E)?

IYCF-E includes:
1) Protecting and supporting breastfed
2) AND non-breastfed infants
3) Appropriate complementary feeding

Additional key areas: care practices, child development, child protection, pregnancy and general maternal/child nutrition and health (mental and physical)
How do we do IYCF-E?
What can We Do?

**Multi-Sectoral Approach**

- Increased impact and reach
- Efficiency and cost-effective
- Synergy and complementarity
- Accountability

Source: FAO, Redrawn from UNICEF (1990)
Selection of Key IYCF-E Interventions and Actions

- **Prevent Harm**
  - Immediately save lives

Number of people reached

- **Technical, specialised support**

- **Basic, targeted support**

- **Enabling environment (non-targeted activities to support IYCF-E)**

- **Communication, advocacy and policy**

*Save the Children*  
Working Together to Save Lives in Emergencies

01 August 2017
Partnerships & Tools

Ops Guidance
Recommended IYCF Practices
Operational Guidance on IFE

Operational Guidance on IFE says that in an emergency response there should be:

• an IYCF-E assessment to determine priorities for action and response
• an IYCF-E policy,
• coordination,
• implementation of basic and technical interventions
Partnerships & Tools

IYCF-E Toolkit
IYCF-E Toolkit: Structure and Content
Background to Development

**Problem:**
- Lack of ‘infant and young child in emergencies’ resources available
- Therefore lack of clarity on what to do in an IYCF-E response

**Response:**
- To compile guidance, templates, implementation guidelines, policies etc.
- Collaboration with other partners e.g. Concern Worldwide, ACF, UNICEF etc.

**Funding:**
- Small Grant from the TOPS program funded by USAID’s Office of Food for Peace
- Save the Children Innovation, Development, Evaluation and Action (IDEA) Fund
IYCF-E Toolkit: Structure and Content
Layout of Toolkit

Just under 400 documents!

There are 9 folders:

- Policy
- Assessing the Need
- Proposal Development
- Programme Planning and Reporting
- Caseload and Supply Needs
- Staff
- Orientation and Training
- Monitoring and Supervision
- Coordination and Communications
IYCF-E Toolkit: Structure and Content
Layout of Toolkit

**Within each folder, there are 3 sub-folders:**

- Key Concepts (Overviews and Summaries)
- Annexes (Tools, Templates and Examples)
- References
IYCF-E Toolkit: Structure and Content

Key Points for the Toolkit

Availability:
• Globally available resource which can be accessed here:
  https://sites.google.com/site/stcehn/documents/iycf-e-toolkit-v3

Downloading:
• Zipped folder for whole Toolkit
• Individual documents can be downloaded (for those with poor internet connection)

Translation:
• Core Documents translated into French and Arabic
• Also available on Toolkit website

Support:
• iycfetoolkit@savechildren.org
IYCF-E Toolkit: Application as a Response to the Syria Crisis
Syria Crisis
Tech RRT IYCF-E Deployment Examples

**Challenge:** Lack of coordination amongst actors around IYCF-E activities

**Tool:** “TOR IYCF-E Working Group”

**Output:** Contextualised TOR for IYCF-E TWG

**Outcome:** Improved coordination with roles & responsibilities, purpose of group and ways of working clearly outlined for all

**IYCF-E TOOLKIT:** Rapid start-up for emergency nutrition personnel

---

**TERMS OF REFERENCE**

**NUTRITION CLUSTER - IYCF-E Technical Working Group DRAFT**

**BACKGROUND**
- The previous nutrition coordination mechanisms in the country and emergency affected area.
- The current coordination mechanisms for the emergency response.
- Who/how the need for the IYCF-E Working Group has been identified
- How the IYCF-E Technical Working Group fits into the current emergency coordination mechanisms.
- Pre-emergency nutrition and IYCF rates and issues, any known changes since the emergency and any known challenges or issues.

**OBJECTIVE**
To provide a forum for coordination including:
- policy coordination
- intersectorial coordination
- development of an action/work plan for the emergency operation that identifies agency priorities.
Syria Crisis
Tech RRT Deployment Example

Challenge: Lack of / inappropriate messaging on IYCF
Tool: “IYCF-E Media Guide Flyer” & “Media Responsibility on IYCF-E”
Output: Better informed media / comms teams
Outcome: Cessation of demands of infant formula donations on social media / website, positive messaging on breastfeeding, plans to start online IYCF campaign and launch workshop to brief journalists.

Protecting infants in emergencies: Information for the Media

Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and non-governmental organisations (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.

Statement from the Sri Lankan Ministry of Health after the 2004 Indian Ocean Tsunami
Syria Crisis

Examples: media messages before and after

BEFORE

“Starving Syrian children cannot eat more empty words and hollow promises … It is shocking and completely unacceptable that the trucks are prevented from bringing any food.”

An aid convoy carrying medicine, baby milk and vaccines has entered the besieged town of #Daraya #Syria for the first time since 2012. However, the convoy did not contain any food supply.

AFTER

To identify cases of malnourished children in #Aleppo, our women health workers head out to the poorest neighborhoods, where few medical facilities are available, to meet with the families and discuss their needs. They then refer some of the children to the nutrition program in Aleppo’s Children Hospital.

The nutrition ward screens 20 to 30 children a day, and is the only specialised one left in war-torn Eastern Aleppo. In addition to the challenges of getting nutritional supplies into Aleppo under the current besiegement-like conditions, health actors on the ground are warning about the uncontrolled distribution of formula milk that becomes normalised in emergency situations. A major worry is that if supplies of breast-milk substitute are widely available, mothers who are otherwise breastfeeding might needlessly start giving formula feeds. This prevents babies from getting natural immunities from breastmilk and exposes many infants to increased risk of malnutrition and disease.

Our community health workers are educating mothers on the need for breastfeeding to avoid unnecessary illness and deaths of children under Aleppo’s Infant and Young Child Feeding (#IYCF) program run by Independent Doctors Association.
Partnerships & Tools

UNHCR Framework
IYCF Framework: A Multi-sectoral Framework for Action

- **Action 1:** Advocate for relevant stakeholders to consider IYCF
- **Action 2:** Mobilize resources for IYCF
- **Action 3:** Endorse key policies and adhere to operational standards
- **Action 4:** Select appropriate IYCF activities
- **Action 5:** Integrate IYCF with other sectors
- **Action 6:** Coordinate IYCF-sensitive activities
- **Action 7:** Implement monitoring, evaluation, accountability and learning
IYCF Framework
Content

Sector Chapters:
• Common strategic objectives
• Key integrated activities
• Overarching opportunities for collaboration
• Resources

Framework Video:
IYCF Framework Video: https://www.youtube.com/embed/1QXaphU3R38
IYCF Framework
Experiences from the pilots

Za’Atari Camp, Jordan - Propelled endorsement of key IYCF policies
• Camp Management Committee (CMC) leading partner endorsement of Breastfeeding Breaks
• Nutrition Working Group disseminated IYCF Standard Operating Procedures across sectors
• Breastfeeding champion nominated for camp policy department > greater adherence to SOP for Handling BMS > Removal of BMS from Camp shops (in content of an alternative guaranteed supply with associated support)
• Stronger referral with Child Protection and WASH and Joint promotion sessions with Education and WASH

Cox Bazaar, Bangladesh - Integration of activities in nutrition, health and Food Security & Livelihoods (FSL) sectors
• Integration of IYCF key messages during ration distribution and counselling through voucher programs
• Referral of caregivers to mental health unit during household screening
• Referral of households to WASH team when hygienic conditions of household are deemed compromised

Dadaab Refugee Camp, Kenya – Integration of activities with health, nutrition, FSL
• IYCF-sensitive selection criteria for livelihood projects
• Strengthened referral pathways for abandoned / separated / orphaned infants in need of IYCF and registration of 0-6 month infants
• Referral of all caregivers of all newborns to mother-to-mother support groups
• Functional multi-sectoral BFHI committee including maternity / hospital staff, agriculture nutrition cluster coordinators, RH coordinators, etc

More Information: http://www.ennonline.net/fex/51/iycfpilotjordanbangkenya

Next Steps!

Save the Children® | Working Together to Save Lives in Emergencies | 01 August 2017
Partnerships & Tools

Technical RRT
What is the Tech RRT? (March 2015 – December 2017)

*Technical rapid response mechanism to support collective work for nutrition in emergencies*

**Consortium**
- International Medical Corps
- Action Against Hunger
- Save the Children

**Funding**
- USAID
  - From the American People

In close collaboration with
- Global Nutrition Cluster
- UNICEF
Who is the Tech RRT?

Team of 5 experts

- Assessment
- Infant and Young Child Feeding in Emergencies (IYCF-E)
- CMAM
- CMAM/IYCF-E
- Social Behavior Change: provides innovative solutions in emergencies & bridges gaps between sectors and emergency, early recovery and development.

Deployment Steering Committee

- Includes representatives from consortium agencies and

[Global Nutrition Cluster logo] [UNICEF logo]
What has the Tech RRT done?

19 deployments to 9 countries, soon to be 25
WASH AND IYCF-E INTEGRATION NE NIGERIA, 2016
Key points for intervention

Pregnancy: Access to adequate, safe water; Household sanitation and personal hygiene; Knowledge of danger signs and care-seeking for illness

Labour, delivery & neonatal: Availability of safe water and adequate sanitation; Access to safe and clean health care facilities; WHO’s 6 Cleans; - Comprehensive Essential Newborn Care; Hygienic, exclusive breastfeeding; handwashing with soap; Knowledge of danger signs and care-seeking for illness

Early infancy: Exclusive breastfeeding; Mother/caregiver handwashing at critical times; Hygiene for baby; Household hygiene; Safe faeces disposal

Complementary feeding: Freshly cooked, diverse, nutritious diet; Safe food handling; Protected eating spaces; Treated drinking water; handwashing with soap

Mobility and exploration: Safe and sanitary spaces for exploration and play; Hygiene for baby: regular bathing & handwashing, clean play & mouthing objects; Clean and protected eating spaces

WORLD VISION – BABY WASH
Action Plans post-workshop:

**Needs assessments**
- Organise a joint WASH and Nutrition need assessment

**Increased collaboration & joint planning**
- To convince the government to invest more on children's health
- Always collaborate with the nutrition team in our WASH activities.

**Integrated activities**
- Ensure that pregnant mothers, breastfeeding mothers have access to safe water.
- Integrate IYCF-E and baby excreta disposal in hygiene promotion campaign

**Cross training & sensitisation**
- Train community volunteers on best hygiene practices on WASH as it relates to infant and young child feeding

**Referrals**
- Report cases of malnutrition to the nutrition department
BREASTFEEDING SAVES LIVES IN EMERGENCIES ALL OVER THE WORLD
THANK YOU

Save the Children
Partnerships & Tools

Top 10 Research Questions & Operations Research
Top 10 Research Questions

1. Use of cash-transfer to buy breast-milk substitutes;
2. Effectiveness of complementary feeding strategies;
3. Long-term effect of IYCF-E interventions;
4. Design of IYCF-E programs in context where breastfeeding rates are low and breast milk substitutes use is high;
5. Design of effective re-lactation interventions;
6. Provision of psychological support to young children’s care-takers;
7. Determination of number of beneficiaries and coverage of IYCF-E programs;
8. Pros and cons of distribution of RUIF compared to distribution of PIF plus kits for safer use of BMS, (when necessary);
9. Calculation of the impact of specific IYCF-E programs on nutritional status, morbidity and mortality;
10. Linking and mainstreaming IYCF-E interventions with other sectors such as health, WASH, food security and child protection.