INFANT & YOUNG CHILD FEEDING in EMERGENCIES (IYCF-E)

Experiences from Syria
Aim: to improve the quality of humanitarian nutrition responses:

- by quickly deploying technical experts on the ground,
- by building the capacity of partners,
- by providing technical remote support.
Tech RRT at a glance (2)

Tech RRT is deployed to

1. Severe humanitarian crisis - L3/L2 categorization
2. Humanitarian crisis including rapid/slow onset emergency.
3. Countries with limited technical capacity in nutrition in emergencies.
4. Does not duplicate with other surge support on the ground

Deployments so far:
South Sudan (3), Ethiopia (2), Yemen - remote (1), Syria/Turkey (1), Mozambique (2), Niger and Nigeria right now
SUPPORT NEEDED IN ALL EMERGENCIES

Syria Crisis

Biafra Famine, 1968

BREASTFEEDING IN EMERGENCIES
IMPROVING BREASTFEEDING PRACTICES COULD SAVE MORE THAN 820,000 LIVES A YEAR

SOURCE: THE LANCET BREASTFEEDING SERIES

BUT... BREASTFEEDING CAN EASILY BE UNDERMINED WITHOUT EVERYONE’S ACTIVE SUPPORT
WOMEN ARE 2.5 TIMES MORE LIKELY TO BREASTFEED WHERE IT IS PROTECTED, PROMOTED, SUPPORTED
IYCF-E concerns the protection and support of safe and appropriate (optimal) feeding for infants and young children in all types of emergencies, wherever they happen in the world.

IYCF-(E) SAVES LIVES
Why was the Tech RRT requested for N. Syria?

- IYCF-E starting up *(after 4 years of active conflict - HPF)*
- Lack of IYCF-E expertise in-country *(local orgs)*
- Lack of information to feed into cluster-wide strategies
- Poor pre-crisis IYCF practices

43% exclusive BF
23% continued BF at 2 years
37% timely introduction CF
10% not at all BF
High stunting rates

2009 Data – UNICEF State of the World’s Children
FINDINGS

- Sub-optimal feeding practices pre-crisis

**WARNING SIGNS (6/6)**

- High numbers of infants < 6 months who are not breastfed
- Reports of increased diarrhoea in infants < 12 months
- Poor availability of food for complementary feeding
- Mothers reporting difficulties feeding their children, incl. difficulties breastfeeding / stopping BF due to the situation.
- General distribution of infant formula and milk products
- Mothers are requesting infant formula*

*70-75%

Infants and young children at increased and significant risk!
ONLY A VERY SMALL PROPORTION OF INFANTS NEED FORMULA

1. The mother has **died or is absent** for unavoidable reasons

2. The infant has been **rejected by the mother**

3. Acceptable maternal or infant **medical reasons***

4. The infant was **dependent on artificial feeding** before the emergency occurred

5. (Re-lactation)

   …why & where from?
BMS DISTRIBUTIONS IN N. SYRIA

- 28 NGOs distributing BMS identified (2014)
- Seen as livelihood support
- Used by armed actors to raise profile
- Non-traditional actors

Violations of The Code and Operational Guidance on IFE
DONATIONS – WHAT’S THE PROBLEM?

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].
DONATIONS – WHAT’S THE PROBLEM?

Donations can increase diarrhoea rates

What Did the Tech RRT Do? (1)

- **Capacity Building**
  - One-on-one mentoring
  - NC Presentations, Workshops (Health & IYCF-E)
  - Inter-cluster, Logs

- **Leadership**
  - IYCF-E Technical Working Group
  - Response Plan

- **Technical Support**
  - One-t-none troubleshooting
  - IYCF-E Assessment
IYCF-E integration throughout other sectors & services

- Identification, Rapid Assessment, Referral
- BMS Monitoring & Reporting
- Psychosocial Support
- Advocacy
- Referrals to other services

IYCF-E
What Did the Tech RRT Do? (2)

- Ensuring the needs of BF & Non-BF infants are protected & met
  - Harm Reduction for formula-dependent infants: *identify, protect, support*
  - Preventing blanket BMS distributions
    - *Interception & negotiation*
    - *Community Awareness*
  - BMS SOP & Checklist
  - Online BMS Distribution Monitoring & Reporting System
  - Continued support
STANDARD OPERATING PROCEDURES (SOP) FOR BREAST MILK SUBSTITUTE (BMS)\textsuperscript{1} MANAGEMENT in the SYRIAN CRISIS CONTEXT for INFANTS 0 – 6 MONTHS

The purpose of this document is to ensure that the risk of artificial feeding are minimised and that the needs of both breastfed and non-breastfed infants are protected and met. These Standard

This document accompanies the Turkey-Syria Cross Border Nutrition Cluster’s BMS Management Checklist. The SOP covers the following:

- Assessing the need for a BMS intervention
- Handling the need for a BMS intervention
- Enabling and implementing criteria for targeting and use
- Controlling procurement
- Storage and Transportation
- Controlling and managing distribution
- Referrals
- Human Resources
- Monitoring and Evaluation
## BMS SUPPLY MANAGEMENT

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>DONE? (Yes / No)</th>
</tr>
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<tbody>
<tr>
<td><strong>Quantification</strong></td>
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<tr>
<td>Is the quantity supplied based on a calculation of estimated need for the whole targeted population?</td>
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<tr>
<td><strong>Product Specification</strong></td>
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<tr>
<td>Has the supply been purchased (paid for) rather than donated?</td>
<td></td>
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<tr>
<td>- In the case of donation, was it a solicited (requested &amp; quantified) donation?</td>
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<tr>
<td>Is the product manufactured and packaged in accordance with the Codex Alimentarius standards? (CODEX STAN 72-1981)</td>
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<tr>
<td><strong>Codex in English</strong></td>
<td></td>
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<tr>
<td><strong>Codex in Arabic</strong></td>
<td></td>
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<tr>
<td>Is the infant formula suitable for / targeted at infants 0 - &lt;6 months?</td>
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<tr>
<td>Are the labels in an appropriate language for the target population? (Arabic / Kurdish)</td>
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<tr>
<td><strong>Do the labels comply with requirements of the International Code?</strong></td>
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<tr>
<td>- Labels should state the superiority of breastfeeding</td>
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<tr>
<td>- Labels should indicate that the products should be used only on health worker advice</td>
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<tr>
<td>- Labels should warn about health hazards of using infant formula</td>
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<tr>
<td>- There should be no pictures of infants or other pictures idealising the use of infant</td>
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<tr>
<td>Does the product have a shelf-life of at least 6 months on receipt of supply?</td>
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<tr>
<td><strong>Is the product generic (unbranded)?</strong></td>
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<tr>
<td>- If branded, has the product been relabelled to hide the branding?</td>
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<tr>
<td><strong>Safe Storage and Transportation</strong></td>
<td></td>
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<tr>
<td>Has logistics (storage, transportation, safeguarding) been adequately budgeted for?</td>
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<tr>
<td>Is BMS stock adequately secured (locked, restricted entry) to ensure there is no leakage at all stages of the supply chain (warehousing, clinic, etc.)?</td>
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</table>
CHALLENGES

- Limited authority & reach e.g. to confiscate donations
- Remote programming
- Security
- Geographical separation of NC partners
- Data quality
- Scale up
- Barriers at health facility level

...but progress is being made.