

BREASTFEEDING AND HEALTHY LIVING

Emergency Preparedness: Infant and Young Child Care and Feeding

KEY POINTS

From: [Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers](#) by the Interagency Working Group on Infant and Young Child Feeding in Emergencies/Infant Feeding in Emergencies Core Group;
Version 2.0, May 2006

- 1. Appropriate and timely support of infant and young child feeding in emergencies (IFE) saves lives.**
- 2. Every agency should develop a policy on IFE. The policy should be widely disseminated to all staff, agency procedures adapted accordingly and policy implementation enforced (Section 1).**
- 3. Agencies should ensure the training and orientation of their technical and non-technical staff in IFE, using available training materials (Section 2).**
- 4. 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 (Section 3).**
- 5. Key information on infant and young child feeding needs to be integrated into routine rapid assessment procedures. If necessary, more systematic assessment using recommended methodologies could be conducted (Section 4).**
- 6. Simple measures should be put in place to ensure the needs of mothers, infants and young children are addressed in the early stages of an emergency. Support for other caregivers and those with special needs, e.g. orphans and unaccompanied children, must also be established at the outset (Section 5).**
- 7. Breastfeeding and infant and young child feeding support should be integrated into other services for mothers, infants and young children (Section 5).**
- 8. Foods suitable to meet the nutrient needs of older infants and young children must be included in the general ration for food aid dependent populations (Section 5).**
- 9. Donated (free) or subsidized supplies of breastmilk substitutes (e.g. infant formula) should be avoided unless recognized strict criteria are met. Donations of bottles and teats should be refused in emergency situations.**

Any well-meant but ill-advised donations of breastmilk substitutes, bottles and teats should be placed under the control of a single designated agency (Section 6).

- 10. The decision to accept, procure, use or distribute infant formula in an emergency must be made by informed, technical personnel in consultation with the coordinating agency, lead technical agencies and governed by strict criteria (Section 6).**
- 11. Breastmilk substitutes, other milk products, bottles or teats must never be included in a general ration distribution. These products must only be distributed according to recognized strict criteria and only provided to mothers or caregivers for those infants who need them (Section 6).**