

Emergency Response

From Preparedness to Practice

June 2002

Some of my colleagues think that malnourished mothers and mothers under stress are unable to breastfeed. We've just received a supply of infant formula. What should we do? – Relief Worker

Current Issues

The above question from a relief worker illustrates the situation encountered in many emergencies resulting from conflict and natural disasters. It is common for both emergency-affected populations and relief workers to share misconceptions about the feasibility of breastfeeding. Most staff lack the technical knowledge and skills to address the problems faced by breastfeeding women and to implement activities to support breastfeeding.

Health and nutrition staff are often unfamiliar with policies and guidelines related to infant feeding in emergencies. Consequently, the International Code of Marketing of Breastmilk Substitutes continues to be contravened.

During emergencies, the protection, promotion, and support of breastfeeding is critical. *Illness and death rates can be as great as 20 times the usual level, a result of increased exposure to infections and inadequate infant feeding and care.* Risks of artificial feeding dramatically increase due to:

- ♦ poor sanitation and hygiene,
- ♦ limited and contaminated water,
- ♦ limited fuel, and
- ♦ unpredictable delivery of breastmilk substitutes.

Even in communities where breastfeeding has been almost universal, breastfeeding practices in emergencies are often undermined by the breakdown of traditional care networks and the increased burden of daily survival activities that demand more caregiver time and energy than in non-emergency situations.

International feeding recommendations for infants remain the same in emergency as in non-emergency situations: exclusive breastfeeding for the first six months of life followed by continued breastfeeding with adequate

complementary foods for up to two years and beyond. When breastfeeding may be difficult (as in the case of orphaned or abandoned infants), adherence to a continuum of options will help to minimize the risks associated with less desirable feeding methods.

LINKAGES' Response

LINKAGES works at the global level to influence the emergency operating environment and collaborates with partners, including CARE and Catholic Relief Services (CRS), to promote change within these agencies. LINKAGES focuses on:

1. **Preparedness:** preparing humanitarian staff to support breastfeeding in emergencies through pre-deployment and in-service training
2. **Policy/Advocacy:** raising awareness of the issues and developing appropriate policies and guidelines
3. **Practice:** implementing supportive interventions and monitoring and evaluating these efforts.

1. Preparedness

Development of Training Materials:

LINKAGES collaborated with WHO, UNICEF, WFP, UNHCR, the International Baby Food Action Network (IBFAN) and the Emergency Nutrition Network (ENN) to develop two training modules on infant feeding in emergencies. Each module consists of three parts: a participant's manual, overhead figures for use as transparencies or a flip chart, and notes for trainers and organizers.

Module 1, a two-hour session directed to a generalist audience, is designed to raise awareness of the importance of sound infant feeding practices in emergencies. It provides operational guidance and suggests how to establish conditions that support breastfeeding and reduce the dangers of artificial feeding. Module 2, an additional five-hour session, aims to provide health and nutrition workers with the basic knowledge and skills necessary to help both breastfeeding and artificially feeding women.

Pre-deployment and In-service Training:

The materials are suitable for use as part of emergency preparedness activities or for pre-deployment or in-service training. Training has been conducted with international and national NGO staff as well as students at academic institutions. The simplicity of the material in Module 2 may also make it useful for training community health workers drawn from the emergency-affected population.

All parts of the manuals may be used for group teaching, private study, or reference. The information has been simplified and streamlined so that humanitarian assistance workers with numerous demands on their time and little opportunity for study can assimilate and apply effective interventions with the minimum of training.

2. Policy/Advocacy**Operational Guidelines:**

LINKAGES was a member of the Interagency Working Group that developed *Infant Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*. The guidance lays out activities to facilitate a coherent, coordinated, and effective response at all levels of a humanitarian operation.

The intent is to make these inter-agency guidelines routine practice in emergency response. This guidance can be incorporated into existing and forthcoming emergency guidelines and manuals used by both national and international NGOs and donors. The guidance has been endorsed by 30 agencies, is available in six additional languages (French, Spanish, Dutch, Portuguese, Russian, and Arabic), and is on the ENN website www.enonline.net.

At the agency level, LINKAGES has provided assistance to CRS and CARE to revise, develop, or endorse agency policies on protection, promotion, and support of optimal breastfeeding in emergencies. These policies also address procurement, safe management, targeting, distribution, and use of breastmilk substitutes, commercial baby foods, and infant feeding equipment to minimize risks of artificial feeding.

Advocacy:

LINKAGES has advocated for infant feeding in emergency guidelines and training materials at international and regional meetings held in Croatia, Kenya, Tanzania, Swaziland, Mali, England, and the United States. Participants at these meetings included national (MOH) and nutrition focal points, national expert breastfeeding groups, staff from international and national NGOs involved in humanitarian efforts, representatives from the media, and staff from UN agencies operating in emergency situations.

To promote information sharing, coordination, and improved food programming, LINKAGES is a founding member of the Emergency Food Network. The FANta Project, CARE, World Vision, American Red Cross, USAID/OFDA, and Food Aid Management are also members of the Network.

3. Practice

LINKAGES is working with CRS and CARE to integrate infant feeding into assessment, analysis, implementation, and monitoring of their emergency response activities. From July 1997 through September 2000, LINKAGES "detailed" a staff member to CRS to function as a member of its Emergency Response Team in the capacity of Senior Technical Advisor for Health/Nutrition.

LINKAGES is assisting in the development of practical tools to facilitate the assessment and monitoring of an emergency response, including changes in infant feeding practices and adherence to the International Code of Marketing of Breastmilk Substitutes. Tools include easy-to-use checklists that build upon the content material in the training materials and operations guidelines as well as tools to facilitate the collection of data for measurement of infant feeding practices.

Through its global advocacy, inter-agency strategy, and program activities with CRS and CARE, LINKAGES is building a chain of support for breastfeeding and a chain of accountability to ensure adequate preparation for different stages of an emergency and an appropriate response by development and relief agencies.

For more information on infant feeding in emergencies, training materials, guidelines, and monitoring tools, contact the Information Resource Center of the LINKAGES Project.

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