

# Infant Feeding in Emergencies

## Module 1

for emergency relief staff

Presenter's notes

for planning and providing staff orientation



Revision 1

Draft material developed through collaboration of:  
WHO, UNICEF, LINKAGES, IBFAN, ENN and additional contributors

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# Presenter's Notes for IFE Module 1

Development of these materials on Infant Feeding in Emergencies (IFE) has been a joint project of staff from WHO, UNICEF, LINKAGES, IBFAN, ENN and many other contributors, with production undertaken by the Emergency Nutrition Network.

The foundation for the material is the work of the Interagency Working Group on IFE which has developed common Operational Guidance for Emergency Relief Staff and Policy-Makers (Annex 2 of the IFE Module 1 Manual.) Their common recommendations apply both to natural disasters and to other crisis situations, and to industrialised as well as developing countries.

It is hoped that when all relief agencies and staff have become familiar with the recommendations of the interagency group, international policies and practices will be more consistent and more supportive of appropriate infant feeding in emergencies.

## Purpose

The purpose of the IFE package of two Modules is to prepare emergency relief staff to safeguard maternal and child health in emergencies by ensuring appropriate infant feeding.

## Intended audience

IFE Module 1 is intended for all emergency relief staff, both international and locally recruited. It is appropriate for decision-makers, regional managers, logistics officers, camp administrators, and all whose work involves care for mothers and children, including personnel of health and nutrition services.

IFE Module 2 [forthcoming] is intended primarily for health and nutrition service providers, giving them increased technical knowledge and practical skills for support of appropriate infant feeding in a variety of likely circumstances. Health and nutrition staff should first complete Module 1 before undertaking Module 2.

## Materials

A set of materials for IFE Module 1 consists of:

- 1 copy of Presenter's notes
- 1 wire-bound set of Overhead figures on paper (to be copied onto transparencies or used as a flip chart where projection is not possible)
- A copy of the Manual for each participant

[These may be ordered from the Emergency Nutrition Network (fiona@ennonline.net). All materials may be freely photocopied for non-commercial use.]

## Intended uses

IFE Module 1 may be incorporated into existing pre-service or in-service orientation of groups of emergency relief staff. In designing the materials, we have kept in mind that there are many topics to cover in such training, and therefore the material should be brief.

Alternatively, the Module 1 Manual may be distributed to all staff for reading prior to, or perhaps on the way to, work in an emergency setting.

It is hoped that copies of the Manual may be found in all emergency settings, for ongoing reference by staff, and for reading by people who have not received more systematic orientation on IFE.

## Planning use in simple conditions

Conditions usual in formal training — such as outside resource persons, extra facilitators, rooms for small group work, electricity, projection equipment, photocopiers, stationery and secretarial services — are presumed likely to be unavailable. Orientation using IFE Module 1 will be possible in the simple circumstances where field staff may be working.

- A presenter is not strictly necessary, although always desirable. However, staff members can read the Manual themselves; it is self-explanatory and includes copies of all overhead figures.
- A class group and classrooms are not required, although group interaction enriches the learning process when it is possible.
- A fixed time allocation when everyone can get together is ideal but not obligatory. Small groups can discuss the material informally.
- Electricity is not vital. The overhead figures may be used as a small flip chart.
- Large paper for flip charts and felt tip pens are not needed.
- Taking of extensive notes, writing of reports, and photocopying of handouts is not necessary, and stationery need not be provided. The Manual contains all of the information presented.

## Who can present?

Presenters of IFE Module 1 should ideally have expertise in both emergencies and breastfeeding, with a health and/or nutrition background. Where such experts are not available, the presentation may be made by experienced health/nutrition staff accustomed to working in humanitarian crises and supporting breastfeeding.

It is recommended that any presenter should have experience in emergencies. To ensure objectivity, a presenter should neither have a commercial interest in infant feeding products nor financial ties to sources with such an interest.

## Time required

The essential core material in each part of IFE Module 1 is expanded by a number of optional sections. The presenter who is aware of a group's background experience and current knowledge on IFE will be able to judge which of the optional sections should be used.

If only one hour is available, the core material can be covered by a fast-moving lecture-style presentation, without permitting time for discussion and interactive learning methods. Each of the four parts is then given only 15 minutes.

If two hours can be allowed, this will permit some discussion of participants' questions and allow inclusion of selected optional sections. At least two hours are recommended whenever possible.

If all optional sections are to be covered, three hours will be needed. This will permit more contributions from participants, fuller discussion of questions and case studies, and some small group work. Relief agency decision-makers and managers who are responsible for large scale actions may especially benefit from small group discussion of the additional case studies provided in the Annex to these Presenter's Notes.

If possible, all participants should be given the Manual to keep. This will permit them to read the optional material on their own, to discuss it with any colleagues including those who missed the orientation, and to use the book as a reference when they are in the field.

## Choosing among optional sections

Unless three hours are available, the presenter will need to choose among the optional sections. For example:

- Managers and decision-makers need to cover Section 4.6, on the management of artificial feeding, if any breastmilk substitutes are going to be provided. For them, this section is essential.
- Staff from countries without traditions of exclusive and continued breastfeeding may need to discuss the common misconceptions (Section 2.1). They themselves may hold some of these mistaken beliefs.
- Emergency relief staff in high HIV-prevalence settings will need Section 3.4.
- Participants without experience in emergency settings may need extra time to discuss the photos (Section 2.2) and the case studies (Section 4.1).

## Methods of presentation

The style of presentation depends on the time available. For all styles, however, it is good to maintain eye contact with the group, keeping the room lights on as overhead transparencies do not require a darkened room. It is recommended to use only the overhead figures that are provided, especially if time is limited.

**Lecture:** The text in the Manual is written so that it can simply be read aloud. Read the text in the Manual aloud at an efficient pace, or give the same information in your own few words. The presenter who chooses to put the same information into his or her own words will need to plan and practice carefully so as to

- include all the information in the section, and
- keep within the time limits.

The headings in the text, and the words on the overhead figures, should generally not be read aloud.

There need be no break between the four parts, and no time is allocated for summarising or reviewing what has been covered. If the group needs this repetition, the one-hour lecture will not be a suitable choice.

**Interactive style:** A presenter who wishes to adapt the Module with his or her own field experiences, and to use more interactive techniques, will be wise to allow adequate time, choosing the two- or three-hour option.

In an interactive presentation, all of the core material should be covered, but within limits participants can contribute their own experiences, ask questions, and discuss practical application of the information. However, if there are only two hours, it will still be necessary to omit some optional sections, and there will be no time for small group work.

**Group work:** With three hours, all sections can be covered, interaction can be encouraged, and there may be time for up to three sections of small group work in Parts 3 and 4.

Nevertheless, how the three hours are allocated will depend on the participants' needs. Managers and administrators, for example, could spend twenty minutes at least on discussing how to establish the large-scale conditions that support breastfeeding (4.2) in their own real settings. They could take the same time to discuss how they will ensure adequate conditions for artificial feeding (4.5 and 4.6), and then in small groups apply their recommendations to the Additional case studies (Annex to the Presenter's Notes).

Staff whose roles put them in ongoing contact with mothers, and who do not take large-scale decisions, might want much more time on HIV Guidelines (3.4) and on discussion of the case studies of mothers (4.1) and of their own experiences in supporting breastfeeding or adhering to Code provisions.

IFE Module 2, is projected to require four to five hours, completing a full day of preparation for health and nutrition workers.

## Inviting contributions

There are various ways to elicit contributions from the group BEFORE telling them something. If two or three hours are available:

- Display a graph, be quiet as people read it, and then ask what it tells them.
- Display a picture, and ask people what they learn from it.
- Ask a question based on a heading, e.g. "How are substitutes inferior to breastmilk?"
- Encourage sharing of local knowledge, e.g. "Do women in our population believe that they cannot breastfeed when pregnant?"
- Draw on participants' own experience, e.g. "Have you ever known a woman who was able to restart her breastmilk after she had stopped?"

There are similar ways to encourage discussion AFTER the group has heard something new.

- Ask questions about local conditions, e.g. "Do you think that idea would work here?"
- Check understanding, e.g. "What are some ways to support breastfeeding?"
- Invite application of new information to a specific case, e.g. "So if a woman comes with her plump two-month-old but says she has no milk, what might one do about that?"

It will be easier to get contributions and discussion if the participants are not reading from their Manual at the time. It is quite all right to request participants to put their Manuals aside from time to time.

## Controlling discussion

Keep in mind your limited time, and try to ensure that discussions are helpful to the whole group and are on the topic of the section.

Certain topics, especially relactation and HIV, could consume the entire time available. Try not to get bogged down on these. If participants spend too much time discussing these new topics, that may leave them unprepared to help the majority of mothers.

Participants who want to know more about these and other technical topics may be encouraged to use IFE Module 2 when available, and meanwhile to obtain the published resources listed in Section 7.2 of the Operational Guidance (Annex 2 of Manual).

When possible, they may also take the specialised longer courses published by WHO and UNICEF:

- Breastfeeding Counselling: a training course
- HIV and Infant Feeding Counselling: a training course

Both of these give fuller training in support to infant feeding than this short orientation can provide.

## Using the overhead figures

Display or project each image at the point in the presentation where it is shown in the text. It is not recommended to read the words aloud, as this

- slows down the presentation, and
- suggests that you do not trust the participants to read for themselves.

If your participants are unable to read, it is better not to use the overhead figures.

As you project or display each image, give the additional information from the Manual text.

If you want them to study an image or a graph, keep silent for a moment so they can do so. Then you may want to ask them (if you have enough time) or explain (if short of time) what the main point of the graph or image is. But do not linger or go into needless detail.

## Using the photos and case studies

If these are used individually, people may reflect on them and write their own ideas before taking a look at the small notes with some suggestions. The presenter may be able to substitute his or her own photos drawn from the site where staff will be working.

## Doing group work

Most of the learning in group work occurs as the members of the small group talk to each other. Time spent on reporting back is often tedious, especially if all groups were working on the same material. In addition, groups asked to report back often spend more time on debating about their report than on thinking about the cases. With at most 15-20 minutes for each bit of group work, consider omitting reports or keeping them unwritten and very brief, one or two minutes per group.

In a three-hour session, when there is time for small group work, groups of 4-6 participants may look at the photos (2.2) or read a case study from the Manual (4.1) and exchange their ideas.

For group work on Monitoring Code compliance (3.1) ask participants to describe specific examples from their own experience and observations, and state whether they comply with or violate the Code.

Group work on Management of artificial feeding (4.6) will confront managers and decision-makers with substantial challenges. They may start by looking at the listed Actions, and agreeing on which ones are already in place. That will identify a number of Actions not yet taken. In the available time, how to implement these may be discussed.

Groups of managers and decision-makers may also do the Additional case

studies in the Annex to these Presenter's Notes. (As these three case studies for the managerial level are not in the Module 1 Manual, if they are used, they will need to be photocopied for the participants.)

## **Planning a timetable**

Three sample timetables are provided below, for appropriate adaptation in accord with the needs of the participants.

Participants in any length of session may be given the Manual to keep, and encouraged to read the optional material on their own, discussing it with any colleagues available.

If there is strong demand for fuller discussion of any topic during the presentation, consider arranging an extra session when focussed attention could be given to whatever information the participants request.

Group work can also be used for evening discussions, if desired.

## **Core presentation: one hour**

- Covers:** all essential sections  
**Method:** lecture, moving right along through the topics  
**Omits:** all optional sections  
questions, discussion, and contributions by participants

### **1 Introduction to infant feeding in emergencies: 15 minutes**

- 1.1 Infant death and disease
- 1.2 Infant feeding
- 1.3 Common concerns about breastfeeding

### **2 Challenges to infant feeding in emergencies: 15 minutes**

- 2.1 Factors that interfere with breastfeeding
- 2.2 Alternatives to breastmilk and their problems
- 2.3 Challenges for emergency relief staff
- 2.4 Donations of infant formula in emergencies can be dangerous

### **3 Policies and guidance for appropriate infant feeding: 15 minutes**

- 3.1 The International Code of Marketing of Breastmilk Substitutes
- 3.2 Operational guidance
- 3.3 Policy gaps: achieving coordination

### **4 Supporting appropriate infant feeding practices in emergencies: 15 minutes**

- 4.1 Assessment and analysis
- 4.2 Action: conditions to support breastfeeding
- 4.3 Action: conditions to support relactation
- 4.4 Alternatives to breastfeeding by the natural mother
- 4.5 Action: conditions to reduce dangers of artificial feeding

# Interactive presentation: two hours

- Covers:** all essential sections and six optional sections
- Method:** lecture, interactive inviting of contributions from group, questions and answers, and brief discussion of any new or difficult material
- Omits:** some optional sections  
group work

## **1 Introduction to infant feeding in emergencies: 20 minutes**

- 1.1 Infant death and disease  
(including effects of pre-crisis patterns)
- 1.2 Infant feeding
- 1.3 Common concerns about breastfeeding

## **2 Challenges to infant feeding in emergencies: 25 minutes**

- 2.1 Factors that interfere with breastfeeding  
(including common misconceptions)
- 2.2 Alternatives to breastmilk and their problems  
(including identifying risk factors in photos)
- 2.3 Challenges for emergency relief staff
- 2.4 Donations of infant formula in emergencies can be dangerous

## **3 Policies and guidance for appropriate infant feeding: 30 minutes**

- 3.1 The International Code of Marketing of Breastmilk Substitutes
- 3.2 Operational guidance
- 3.3 Policy gaps: achieving coordination
- 3.4 HIV guidelines (included)

## **4 Supporting appropriate infant feeding practices in emergencies: 45 minutes**

- 4.1 Assessment and analysis  
(including case studies: analysing how to help mothers)
- 4.2 Action: conditions to support breastfeeding
- 4.3 Action: conditions to support relactation
- 4.4 Alternatives to breastfeeding by the natural mother
- 4.5 Action: conditions to reduce dangers of artificial feeding
- 4.6 Management of artificial feeding (included)

# Complete orientation: three hours

**Covers:** all sections of IFE Module 1

**Method:** lecture and interactive, inviting contributions from group, questions and answers; fuller discussion of any new or difficult material; some segments of small group work.

## **1 Introduction to infant feeding in emergencies: 20 minutes**

- 1.1 Infant death and disease  
(including effects of pre-crisis patterns)
- 1.2 Infant feeding
- 1.3 Common concerns about breastfeeding

## **2 Challenges to infant feeding in emergencies: 40 minutes**

- 2.1 Factors that interfere with breastfeeding  
(including common misconceptions)
- 2.2 Alternatives to breastmilk and their problems  
(including: nutritional difficulties for non-breastfed infants beyond six months)  
(including identifying risk factors in photos)
- 2.3 Challenges for emergency relief staff
- 2.4 Donations of infant formula in emergencies can be dangerous

## **3 Policies and guidance for appropriate infant feeding (first part): 30 minutes**

- 3.1 The International Code of Marketing of Breastmilk Substitutes  
(including group work: brief exercise in monitoring Code compliance)

### **BREAK: 15 minutes**

## **3 Policies and guidance for appropriate infant feeding (second part): 30 minutes**

- 3.2 Operational guidance  
(including responsibility for unsolicited donations)  
(including responsibility for monitoring NGO activities)
- 3.3 Policy gaps: achieving coordination
- 3.4 HIV guidelines

## **4 Supporting appropriate infant feeding practices in emergencies: 45 minutes**

- 4.1 Assessment and analysis  
(including quantitative information to obtain when there is more time)  
(including qualitative information to obtain through surveys and monitoring)  
(including group work: case studies: analysing how to help mothers)
- 4.2 Action: conditions to support breastfeeding
- 4.3 Action: conditions to support relactation
- 4.4 Alternatives to breastfeeding by the natural mother  
(including milk banking)
- 4.5 Action: conditions to reduce dangers of artificial feeding
- 4.6 Management of artificial feeding  
(including group work)

**Annex to Presenter's Notes:**  
**Additional case studies for group work by managers and decision-makers**

**1 Establishing conditions to support breastfeeding**

**The situation**

80,000 Somali refugees have crossed the border into Ethiopia. People left home in a hurry, with only what they could carry. In the Ethiopian camp, food and shelter are gradually being organised but there are queues for everything — food, water, plastic sheeting. Scuffles break out from time to time.

There is a river 30 minutes walk from the newly established camp. Water is also brought to the camp in tankers.

Several efforts to establish a system of registration have not worked. Eventually a system is in operation, but it is time consuming. No one has any idea of the numbers of breastfed infants, but there are no obvious signs of artificial feeding in the camp.

The general ration has been set at 2100 kcal/day/person, but no one is receiving this much. Feeding centres have been set up for moderately and severely malnourished children. They provide cooked meals of porridge and high-energy (oil-fortified) milk.

**Group task**

Referring back to Part 4 of the Manual and the Operational Guidance (Manual Annex 2) as needed, discuss the situation and outline priority actions to support breastfeeding. Include:

- recognition of vulnerable groups
- shelter
- reduction of demands on time (to get food, water, fuel)
- adequate food and nutrients
- adequate health services

## **2 Establishing conditions to minimise risks of artificial feeding**

### **The situation**

Refugees have been in Albania for the past three months. Some mothers do not breastfeed and their infants have become dependent on breastmilk substitutes. There is a need for some infant formula, and people have little money to buy it from markets. But it is not clear who requires formula and who does not, and formula would also get a good price if it were to leak into the local markets.

The refugees are living with local families or in camps. Those who have been taken in by families are living in very crowded conditions. For neither group is access to safe water assured. People are worried about the general situation and the political turmoil, and afraid of what might happen next.

### **Group task**

Referring back to Sections 4.5 and 4.6 and the Operational Guidance (Manual Annex 2) as necessary, discuss the situation and outline priority actions to take in planning and providing appropriate support to artificial feeding. Include:

- planning (including training of staff)
- procurement (including all equipment and resources needed)
- storage
- dispensing
- educating caregivers
- monitoring
- measures to prevent spillover

### 3 Case study: Unsolicited donations of formula and bottles

#### Situation one (as given in Case study 1)

80,000 Somali refugees have crossed the border into Ethiopia. People left home in a hurry, with only what they could carry. In the Ethiopian camp, food and shelter are gradually being organised but there are queues for everything — food, water, plastic sheeting. Scuffles break out from time to time.

There is a river 30 minutes walk from the newly established camp. Water is also brought to the camp in tankers.

Several efforts to establish a system of registration have not worked. Eventually a system is in operation, but it is time consuming. No one has any idea of the numbers of breastfed infants, but there are no obvious signs of artificial feeding in the camp.

The general ration has been set at 2100 kcal/day/person, but no one is receiving this much. Feeding centres have been set up for moderately and severely malnourished children. They provide cooked meals of porridge and high-energy (oil-fortified) milk.

#### Situation two (as given in Case study 2)

Refugees have been in Albania for the past three months. Some mothers do not breastfeed and their infants have become dependent on infant formula. There is a need for some infant formula, and people have little money to buy it from markets. But it is not clear who requires formula and who does not, and formula would also get a good price if it were to leak into the markets.

The refugees are living with local families or in camps. Those who have been taken in by families are living in very crowded conditions. For neither group is access to safe water assured. People are worried about the general situation and the political turmoil, and afraid of what might happen next.

#### Your dilemma

Your agency is involved in BOTH of the above situations, providing health services and food distributions. For each of them, imagine that you get a call from the airport to come and collect a plane load of infant formula and bottles, which has been sent to your organisation from a regional office. You do not know who ordered it or cleared it. But if you do not collect it, it will be left on the runway.

#### Group task

Referring back to Section 4 and the Operational Guidance (Manual Annex 2) as necessary, discuss this dilemma for both Situation One and Situation Two above. Outline the decisions and actions you would take regarding these supplies, and what strategy you would follow to ensure you do not find yourself with this dilemma again. Include:

- planning (including training of staff)
- disposing
- storage
- communicating
- dispensing
- monitoring