

PLANNING AND MANAGING ARTIFICIAL FEEDING INTERVENTIONS

DURING EMERGENCIES

A guide for **decision makers** and **programmers** working in emergency preparedness and response

During emergencies, ensuring that infants and young children are fed as recommended is crucial to safeguarding their health, development and survival. For infants who cannot be breastfed, it is important to provide a timely and well designed artificial feeding programme. Poorly managed distributions of breastmilk substitutes (BMS) increase the risk of malnutrition, illness and death for all children.

1 Assess the need for artificial feeding support and critically analyse the context

Artificial feeding is a **last resort** for non-breastfed infants, and should be used only after rapidly exploring the viability of milk expression, relactation, breastfeeding by a healthy woman other than the child's mother and donor human milk.

Assess needs and context

- Monitor for **alerts*** in early needs assessments that may trigger the need for an in-depth assessment.
- Determine infant and young child feeding (IYCF) practices using needs assessments and pre-crisis data (including non-breastfed prevalence).
- Verify the acceptability and feasibility of safer feeding options (including donor human milk and wet nursing).
- Check what systems were established in preparedness and assess operational capacity for artificial feeding support (including funding, trained human resources, supply chain, WASH support, and availability of fuel, water and equipment for hygienic preparation of BMS at household level).

Decide on scale of artificial feeding support

- **Determine the ages of infants in need of BMS:** prioritise infants who are under six months of age.
- **Estimate duration of BMS provision:** BMS should be provided for as long as the infant needs it (i.e. until breastfeeding is reestablished or until at least six months of age).

*Alerts that may trigger need for an in-depth assessment

- High rate of non-breastfed and other BMS-dependent children.
- High risk of BMS donations (e.g. history of BMS donations, calls/offers of BMS donations, weak WHO International Code legislation enactment or enforcement).
- Requests for BMS support.
- Outbreak of an infectious disease for which temporary cessation of breastfeeding is recommended for positive cases (e.g. Ebola); refer to infographics on *Infant feeding during infectious disease outbreaks*.
- High number of separated infants/maternal orphans.

2 Design and plan artificial feeding management programme

Develop Standard Operating Procedures

In emergencies, the use of BMS requires a **context-specific, coordinated package of sustained care and skilled support** to ensure the nutritional needs of non-breastfed children are met and to minimise risks to all children (including breastfed children) through inappropriate BMS use.

- Develop SOP in close consultation with the IYCF-E coordination authority and UNICEF.
- Ensure SOP adequately addresses all elements of artificial feeding programming in line with the *Operational Guidance on Infant and Young Child Feeding in Emergencies*

Remember! Developing Standard Operating Procedures (SOP) and establishing supply chains during preparedness facilitates a timely, efficient and appropriate response.

Establish clear eligibility criteria

Safer alternatives are not possible

- ✗ Mother's own expressed breastmilk.
- ✗ Re-starting supply to return to breastfeeding (relactation).
- ✗ Breastfeeding by a healthy woman other than the child's mother.
- ✗ Donor human milk.

AND

Short-term eligibility

- ✓ Mother severely ill.
- ✓ Relactation (with infant formula as the supplement).
- ✓ Waiting for other safer alternatives.
- ✓ Increasing supply to return to exclusive breastfeeding for children under six months.
- ✓ Short-term separation from mother.

OR

Long-term eligibility

- ✓ Not breastfed pre-emergency.
- ✓ Replacement feeding for HIV.
- ✓ Mother deceased or absent.
- ✓ Rare medical condition.
- ✓ Mother has rejected infant.
- ✓ Survivors of Sexual and Gender Based Violence (SGBV) who may not be ready to breastfeed.

Eligible **age range** depends on pre-emergency practices, resources available, adequacy of complementary foods, and government policies.

Specify appropriate BMS

An appropriate BMS is Codex Alimentarius compliant and meets the provisions of the WHO International Code.

	Ready to Use Infant Formula	Powdered Infant Formula	Pasteurised/boiled full cream animal milk	Ultra-High Temperature milk	Reconstituted evaporated milk	Fermented milk/ yoghurt	Toddler/ follow-on/ growing up milks
0-5 months Priority group	✓	✓	✗	✗	✗	✗	✗
6-11 months	✓	✓	✓	✓	✓	✓	✗
12-23 months	✗	✗	✓	✓	✓	✓	✗

- Products with **generic labelling** are preferred, followed by commercial (branded) products.
- Each individual container should be **labelled** with information dictated by the WHO International Code, in the language understood by the end user. If the label violates the Code, consider relabelling.

Estimate amount of BMS

BMS	Average amount per infant 0-5 months per day	Average amount per infant 0-5 months per month
Ready to Use Infant Formula	750-800ml	22.5L
Powdered Infant Formula	116g	3.5kg or 9 (400g) tins or 4.4 (800g) tins

- Supplies should have a **six-month shelf life** from point of delivery. **Check expiry date.**
- Ready to Use Infant Formula is a sterile product only until opened and requires **refrigeration** afterwards.
- For Ready to Use Infant Formula, **small volume** units are preferred to prevent re-use and wastage.

3 Secure supplies and services

Procure feeding, preparation and storage equipment

Necessary supplies

- ✓ Feeding cup and spoon (open, without spout, easy to clean)
- ✓ Detergent
- ✓ Paper towel
- ✓ Measuring tool for BMS
- ✓ Large storage container
- ✓ Clean water
- ✓ Cooking pot with lid
- ✓ Heat source

Collaborate closely with WASH sector. Ensure that a hygienic space and facilities for cleaning and preparation are available, including safe water. Where necessary, cleaning equipment needs can be reduced by using disposable cups. For Ready to Use Infant Formula, water needs are lower: there is no need for potable water to reconstitute the milk.

Secure support services

Artificial feeding management should include the necessary support services:

- ✓ Education and practical demonstration of hygienic preparation and storage of BMS, and cup feeding.¹
- ✓ One-on-one counselling on IYCF, including complementary feeding, if applicable.
- ✓ Growth monitoring.
- ✓ Access to health services.

¹ Discourage use of feeding bottles due to high risk of contamination. Where bottles are used by caregivers, act to help mitigate risks. Refer to 6.23 in the OG-IFE.

Ensure adequate IYCF counsellor competencies through training and supportive supervision.

Collaborate closely with Health, Nutrition, Early Childhood Development, Mental Health and Psychosocial Support, WASH, Protection, Shelter and other sectors to establish referral pathways.

Supply the BMS programme

BMS (e.g. infant formula) should be **procured** and supply sustained for as long as needed under the provisions of the Code. **Do not accept donations.**

UNICEF can act as the provider of first resort and procure BMS to meet its mandate.² BMS suppliers should be identified following transparent and clear procurement procedures (ideally in preparedness).

² In humanitarian contexts where BMS is needed and cannot be supplied within 48 hours, UNICEF commits to act as the provider of first resort and can procure BMS whether or not the cluster has been activated.

Local vs international procurement depends on:

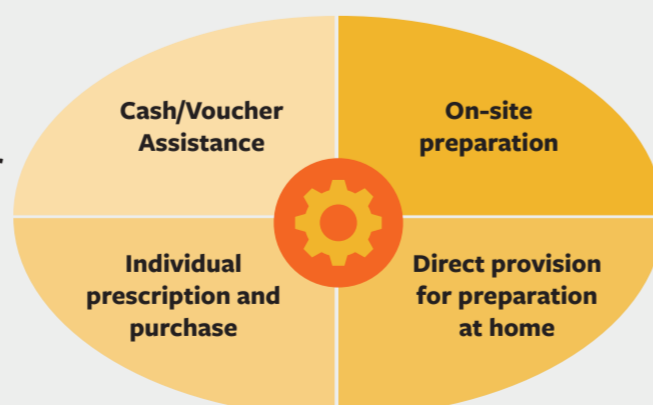
- Codex Alimentarius and WHO International Code product compliance.
- Stock availability.
- Cost.
- Importation legislation.
- Language and labelling.
- Risk of creating new markets.

4 Implement artificial feeding support

Decide on approach for provision of BMS

The right distribution system for BMS will depend on the context. **Never** distribute BMS or any milk products through general or blanket distribution. There should be **no promotion** of BMS at the point of distribution (e.g. displays of products or items with company logos).

Options for provision include:



- Distribution should be carried out **in a discreet manner**.
- **Be alert** to unintended consequences of BMS provision, such as sale of products.
- **Communicate clearly** to caregivers and communities, including about eligibility criteria.
- Ensure **breastfeeding support services** are already in place.
- **Monitor and document** artificial feeding support experiences and lessons.

- Funders of artificial feeding interventions should ensure that **all provisions of the OG-IFE and the Code are met**.
- Ensure that necessary **policies and guidance are in place** and in line with OG-IFE and the Code.
- Refer to infographic on *Supporting Infants Dependent on Artificial Feeding in emergencies* for guidance for frontline workers.

Part of the **Infant Feeding in Emergencies Core Group** infographic series. Find out more at www.enonline.net/ife

