World Breastfeeding Week (1-7 August 2009)

BREASTFEEDING

- A Vital Emergency Response

Is India Ready?

BPNI 2009

Join the One Million Campaign: Support Women to Breastfeed
http://www.onemillioncampaign.org

Objectives of WBW 2009

- To reinforce the vital role that breastfeeding plays in emergency response worldwide.
- To advocate for active protection and support of breastfeeding before and during emergencies.
- To inform mothers, breastfeeding advocates, communities, health professionals, governments, aid agencies, donors, and the media how they can actively support breastfeeding before and during an emergency.
- To mobilise action and nurture networking and collaboration between those with breastfeeding management skills and those involved in emergency response.

Infant and Young Child Feeding in emergencies (IFE)

An emergency is an extraordinary and extreme situation that immediately puts the health and survival of a population at risk. IFE focuses on the protection and support of safe and appropriate feeding for infants and young children in emergencies. It addresses both emergency preparedness and a timely and appropriate humanitarian response in the event of an emergency, to safeguard the survival, health, growth and development of infants and young children.

Why breastfeeding is a lifeline in emergencies

Globally an estimated 9.2 million children under the age of five years die each year[1], mostly from preventable causes, like diarrhoea and pneumonia[2], out of these deaths 2 million are in India. Nearly 70% of these occur in the first year[3]. Undernutrition is an underlying cause of around 35% of under-five deaths, with severe wasting associated with over 1 million deaths per year[4]. Suboptimal breastfeeding, which is widely prevalent in India and the world is estimated to cause 1.4 million child deaths[5]. The risks of malnutrition, illness and death in young children

IFE Core Group full and associate members: WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Save the Children US, Save the Children UK Action Contre la Faim International Network, Emergency Nutrition Network (ENN), Fondation Terre des hommes. ENN is the coordinating agency. The ENN and the IBFAN-GIFA are the lead contributors within the IFE Core Group to the WBW 2009 resource development. Visit www.ennonline.net/ife

are heightened in emergencies, where infants and children are the most vulnerable[6].

In non-emergencies, infants under 2 months of age are nearly six times more likely to die if not breastfed[7]. In emergencies, the stakes are much higher - published total mortality rates for children under one year of age in emergencies range from 12% to 53%. Newborn infants are especially vulnerable.

A study from rural Ghana[8], based on 10947. Breastfed singleton infants, concluded that if all women initiated breastfeeding within 1 hour of birth, 22% of the neonates would be saved from death. In the Indian context, this means that 2.5 lakh neonates can be saved from death annually by just one act initiation of breastfeeding within 1 hour of birth. Not only that, benefit of this extends significantly to women by reducing postpartum bleeding which is a major reason for maternal mortality. But only about 24% women in India actually do so, according to national family health survey -3. Little more than 20% women practise exclusive breastfeeding by the time their baby is six months. Exclusive breastfeeding has been shown to have the maximum impact on reducing diarrhoea, pneumonia and newborn infections. Apart from this, role of exclusive breastfeeding is well established for protection from next pregnancy as introductory method for contraception. Protection from breastfeeding extends also to older infants and young children. In the Guinea-Bissau post conflict in 1998, controlling for age, weaned children aged 9-20 months of age experienced a six-fold higher mortality during the first three months of the war compared with children still breastfeeding[9].

Breastfeeding is a shield that protects infants in an emergency

In an emergency, breastmilk is a safe and secure source of nutrition, instantly available, providing active protection against illness and keeping an infant close to his/her mother. Protecting, promoting and supporting early initiation and exclusive breastfeeding for six months, followed by continued breastfeeding until 2 years or beyond, with the introduction of appropriate and safe complementary foods is vital to prevent morbidity & mortality in infants.

Challenges in protecting breastfeeding in the emergency

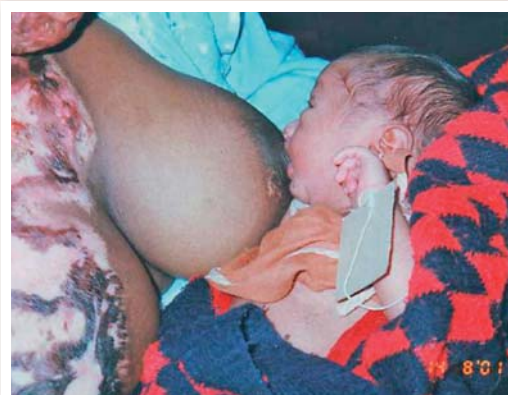
The impact of an emergency on children will be affected by existing and pre-crisis infant and young child feeding practices, the health and nutritional status, the resources available and the effectiveness and timeliness of the humanitarian response. There are some particular operational challenges to realize safe and appropriate infant feeding in emergencies and to putting policy guidance into practice:

Risks of artificial feeding in emergencies: The risks of artificial feeding were exposed in Botswana in 2005/06[10] where replacement feeding with infant formula was offered to all HIV-infected mothers as part of a national programme to prevent transmission of HIV from mother to child (PMTCT). Flooding led to contaminated water supplies, a huge rise in diarrhoea and malnutrition in young children. National under five mortality increased by at least 18% over 1 year. Non-breastfed infants were 50 times more likely to need hospital treatment than breastfed infants, and much more likely to die. Use of infant formula 'spilled over' to 15% of HIV-uninfected women, exposing their infants to unnecessary risk. As a consequence, Botswana modified its national policy strengthening breastfeeding support and ensuring that conditions to minimise the risks of replacement feeding were in place for mothers before embarking on this feeding option. Apart from highlighting the vulnerability of HIV-affected children, there are many lessons for emergencies from the Botswana experience.

The dangers of donations: Many violations of the Code have been recorded in emergencies, often associated with donations of breastmilk substitutes (BMS) and infant feeding items. During the earthquake response in Indonesia in 2006, distribution of donated infant formula to children under 2 years of age led to its increased use amongst breastfeeding infants. Diarrhoea prevalence was double amongst those who received donations of infant formula (25%) as compared to those who did not (12%)[11].

Commercial opportunism: Companies may view emergencies as an 'opportunity' to enter into or strengthen markets or as a public relations exercise. Many violations in emergencies have been perpetrated by international and national NGOs, governments, the military and individuals. This typically reflects poor awareness of the Code provisions and takes the form of inappropriate labelling, untargeted distribution to households, and failure to monitor BMS use. Rapidity of response is often a reason for such problems.

Given the recurrent problems associated with donations in emergencies, the Operational Guidance on IFE states that donated or subsidised supplies of breastmilk substitutes, bottles and teats should not be sought or accepted in emergencies.



Are we ready?

Let's be prepared to deal with such emergency situations as thinking caps don't work at that time. Investing in preparing before the disaster strikes is the key to success. Advanced planning is what makes the difference. Its here the 'Breastfeeding', close proximity of the mother and baby serves a survival response. We need to be ready with 'breastfeeding as a response' in the supply lines.

In 2005 a study from South India, during Tsunami provided following findings, which was conducted to identify the problems related to feeding of children post tsunami in four villages in Pondicherry. It revealed that in the population studied, 30% mothers did not exclusively breastfeed for 6 months; 58% bottle fed their children and 51% fed their infants with commercial formula. The occurrence of diarrhea was three times higher among children who were fed with free Breastmilk substitutes (BMS) than in those who were not fed with the same. Those populations, wherein a pre-existing tradition of artificial feeding is present, infants are at further risk during a crisis situation like Tsunami. Breastfeeding practices need strengthening even in routine conditions to tackle a disaster rather than intervention after the disaster.

Table-1

	Criteria	Results	
		Yes	No
14.1	The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies		✓
14.2	Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed		✓
14.3	An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed		✓
14.4	Resources identified for implementation of the plan during emergencies		✓
14.5	Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.		✓
	Total Score	0/10	

India Assessment of infant and young child feeding (IYCF) policy and programmes: 2008[12]

In 2008, Indian civil Society groups BPNI and PHRN conducted an assessment of policy and programmes on breastfeeding and one of the indicators no. 14 was on Infant Feeding during Emergencies. It was found that India is least prepared to meet breastfeeding demands during an emergency situation. Table-1 gives the detail of assessment findings. It shows a score 0 out of 10, and answer to all the five questions is NO. The group discussed and recommended that correct IYCF during emergenices and disasters is crucial to keep down mortality and prevent disease. Though the National Guidelines for Infant and Young Child Feeding stress the need for ensuring optimal breastfeeding during disasters and emergencies, it is not included in any contingency plan. Women are neither counselled nor supported for correct IYCF during disasters. There is the added danger of promotion of artificial feeding, especially formula feeding, which can threaten exclusive and continued breastfeeding. Disaster management policy and contingency plans for all kinds of emergencies and disasters need to make IYCF support and counselling a central part of the strategy, and training of disaster managers should include this component.

The best preparation for a mother for an emergency is strong, safe feeding practices. A mother who is confident in her own capacity to breastfeed her infant in any circumstance will be best placed to do just that, and to help other mothers to do the same.

Emergency preparedness is the key to quick, appropriate actions for safe feeding practices. Districts and states need to have capacity to further this skills of existing health workers to be ready to meet such demands during an emergency.

Our committments

The National Guidelines on Infant and Young Child Feeding[13]

India has the National Guidelines on Infant and Young Child Feeding updated in 2006, which provides clear guidance on protection promotion and support to breastfeeding during emergencies.

According to the guidelines "…….breastfeeding is the safest and often the ONLY reliable choice for young infants, one is likely to overlook the basics like breastfeeding for those who need it the most, in the rapid response that is needed to provide relief during emergencies. There is surplus availability of milk powder which is invariably donated liberally. Protecting, promoting and supporting breastfeeding in disaster areas with due focus on the following is essential to ensure child survival, nutrition and health:

- Emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding.
- Pregnant and lactating women should receive priority in food distribution and should be provided extra food in addition to general ration.
- Complementary feeding of infants aged six months to two years should receive priority.
- Donated food should be appropriate for the age of the child.
- Immediate nutritional and care needs of orphans and unaccompanied children should be taken care of.
- Efforts should be made to reduce ill effects of artificial feeding by ensuring adequate and sustainable supplies of breast milk substitutes, proper preparation of artificial feeds, supply of safe drinking water, appropriate sanitation, adequate cooking utensils and fuel……."

The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act, Amendment 2003, (The IMS Act) protects breastfeeding from commercial influence. The IMS Act bans all kind of promotion of baby foods meant for children under the age two. In one of its sections on donations

> Section 5 states that "……… no person shall donate or distribute (a) infant milk substitutes or feeding bottles to any other person except to an orphanage;….."

Thus the IMS Act needs to be monitored closely in such situations.

***The International Code of Marketing of Breastmilk Substitutes*,** adopted by the World Health Assembly (WHA) in 1981, and all subsequent relevant WHA Resolutions (collectively known as 'The Code'), aim to protect mothers/carers of both breastfed and non-breastfed infants and young children from commercial influence on their infant feeding choices. All provisions of the Code apply in emergencies with Resolution 47.5 (1994) specifically highlighting the issue of donations of breastmilk substitutes, bottles and teats in emergencies.

The Operational Guidance on Infant and Young Child Feeding in Emergencies (Operational Guidance on IFE) provides key policy guidance on infant and young child feeding for emergency preparedness and response. It reflects the WHO Guiding Principles for feeding infants and young children during emergencies[14] and has integrated and built upon the Code to respond to the particular challenges that emergencies pose to Code implementation.

Key Resources

- WABA WBW 2009 Action Folder. *http://worldbreastfeedingweek.org/images/english_2009actionfolder.pdf*
- Guidelines for Breastfeeding and Complementary Feeding, 2001. BPNI (31 languages)
- Operational Guidance on Infant and Young Child Feeding in Emergencies. v2.1, Feb 2007. IFE Core Group. (11 languages)
- Guidance on Infant feeding and HIV in the context of refugees and displaced populations. UNHCR April 2008.
- Training Module 1 on IFE (for all emergency relief workers) and Module 2 on IFE (for health/nutrition workers). IFE Core Group.
- World Breastfeeding Trends Initiative (WBTi): India Report 2008. PHRN, BPNI, IBFAN 2008. *http://worldbreastfeedingtrends.org/report/WBTi-India-Assessment-Repor-2008.pdf*
- International Baby Food Action Network (IBFAN) *http://www.ibfan.org*
- World Alliance for Breastfeeding Action (WABA) *http://www.waba.org.my*
- World Breastfeeding Week *http://worldbreastfeedingweek.org/*

References

1. UNICEF, State of the World's Children 2009
2. Black, R.E., S.S. Morris, and J. Bryce, Where and why are 10 million children dying every year? The Lancet, 2003. 361(9376): p. 22262234
3. World Health Organisation. Measuring child mortality. 2008 [cited 1 August, 2008]; Available from: *http://www.who.int/child_adolescent_health/data/child/en/index.html*
4. Collins S, Dent N, Binns P, Bahwere P, Sadler K, Hallam A. Management of severe acute malnutrition in children. Lancet. 2006 Dec 2;368(9551):1992-2000.
5. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, et al. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008 Jan 19;371(9608):243-60
6. World Health Organization and UNICEF. Global Strategy for Infant and Young Child Feeding. 2003, Geneva: World Health Organization.
7. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality, Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. The Lancet, 2000. 355(9202): p. 451455.
8. Edmond, K.M., et al., Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. Pediatrics, 2006. 117(3): p. e380-386.
9. Jacobsen. M et al (2003). Breastfeeding status as a predictor of mortality among refugee children in an emergency situation in Guinea-Bissau. Tropical Medicine and International Health, volume 8, no 11, pp 992-996
10. Creek T, Arvelo W, Kim A, Lu L, Bowen A, Finkbeiner T, Zaks L, Masunge J, Shaffer N and Davis M. Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children, Botswana, 2006. Session 137 Poster Abstracts, Conference on Retroviruses and Opportunistic Infections, Los Angeles, 25-28 February, 2007. h*ttp://www.retroconference.org/2007/Abstracts/29305.htm*
11. Source: Assefa F et al (2006). Increased diarrhoea following infant formula distribution in 2006 earthquake response in Indonesia: evidence and actions. Field Exchange 34. pp 30-35
12. World Breastfeeding Trends Initiative (WBT*i*): India Report 2008. PHRN, BPNI, IBFAN 2008. H*ttp://worldbreastfeedingtrends.org/report/WBTi-India-Assessment-Repor-2008.pdf*
13. National Guidelines o Infant and Young Child Feeding. Food and Nutrition Board, Ministry of Women and Child Development, Government of India. 2006. Http://wcd.nic.in/infantandyoungchildfeed.pdf
14. Guiding principles for feeding infants and young children during emergencies. Geneva, World Health Organisation, 2004. http://whqlibdoc.who.int/hq/2004/9241546069.pdf

Action ideas

For everybody, BPNI members/activists.

1. Call upon Policy-makers and managers to make effective infant feeding support a part of normal health care and of collaborative emergency preparedness plans.
2. Call upon your area magistrates to formulate plans to prevent donations of BMS, bottles and teats and have a plan of action ready to handle any donations that do arrive to an emergency.
3. Develop collaborative network with other civil society groups to call for support and take out rally, issue a press release, hold a discussion forum in your area.
4. Call upon people to Sign a Petition to support women and
5. Call upon your political leaders to make a statement in Support of Women to Breastfeed during emergencies.

For the governments/NDMA

1. Translate key resources such as the Operational Guidance on IFE.
2. Orient key staff on IFE.
3. Formulate collaborative plan to prevent donations of BMS, bottles and teats in an emergency, and to handle those that do arrive, including designating a responsible agency, and disseminate and implement plan to prevent/handle donations of BMS, bottles and teats.
4. Ensure that basic support for breastfeeding mothers is integrated into all sectors of emergency response.

AID agencies/UN

1. Integrate IFE into minimum response across sectors nutrition, health, shelter.
2. Implement skilled programmes to protect support and promote breastfeeding.
3. Act to prevent/handle donations of BMS, bottles and teats.
4. Integrate Operational Guidance on IFE into agency guidance and policies.
5. Orient all emergency response staff on the Operational Guidance on IFE.
6. Identify breastfeeding expertise in states and nation
7. Train health/nutrition staff on IFE
8. Help formulate collaborative plan to prevent donations of BMS, bottles and teats in an emergency, and to handle those that do arrive (e.g. designating a responsible agency).

Donors

1. Do not donate breastmilk substitutes and bottles/teats during emergencies.
2. Support programmes which provide skilled support for breastfeeding/infant feeding in emergencies.
3. Check whether implementing agencies have a policy on IFE that reflects provisions of the Operational Guidance on IFE.

Training on Breastfeeding Support

BPNI runs a training program for capacity building right up to grassroots workers, the **'3 in 1'** Infant and Young Child feeding Counselling: A training programme, (Integrated breastfeeding, complementary feeding and infant feeding & HIV counselling). Information on training is available from: BPNI.(bpni@bpni.org)

BPNI training resources

- Preparation of IYCF National Trainer-Criteria and Guidelines. BPNI Training Guidelines-1
- Preparation of IYCF Couneling Specialist -Criteria and Guidelines. BPNI Training Guidelines-4
- Preparation of IYCF Middle Level Trainer-Criteria and Guidelines. BPNI Training Guidelines-2
- Training of IYCF Frontline Workers-Criteria and Guidelines. BPNI Training Guidelines-3
- Trainer's Guide *(to train IYCF counseling specialist or middle level trainer)*
- Participants Manual for IYCF Counseling Specialist
- CD PowerPoint of AV aids (The CD contains 150 visual aids)
- Manual for Middle Level Trainer
- Trainer's Guide *(to train 'Frontline Workers')*
- Training Aids *(for trainers of family counselors)*
- Manual for Frontline Workers
- Counseling Guide for Frontline Workers: Breastfeeding and Complementary Feeding (Flip Chart)
- Breastfeeding and Complementary Feeding - A Guide for Parents
- CD - "Maa Kaa Pyaar Shishu Ahhar"

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Sphere India: Sphere India is a National coalition of Humanitarian Agencies in India. The members include key nodal agencies from Govt. of India, UN, INGOs, NGO Networks and National NGOs. Sphere India facilitates Inter Agency Coordination, Training & Capacity Building, Information & Knowledge Management and Common Advocacy through a collaborative process for Quality & Accountability."

BPNI: BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods). BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia

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Acknowledgement: This action folder is developed and produced by the BPNI with inputs from the WABA's World Breastfeeding Week Action Folder 2009.