



Infant and Young Child Feeding in Emergencies (IFE)

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Objectives

- Increase awareness of the importance of IFE, including orientation on relevant policy, guidance and key issues in IFE
- Identify key constraints to providing early support and protection for appropriate infant feeding practices in emergencies, drawing on recent examples, and
- Discuss strategic directions and practical steps to address these at country, regional and global levels

Abstract

Emergencies, be they man-made or natural disasters, regularly put lives of babies at risk. Suboptimal feeding practices are among the major underlying causes.

The evidence is clear; breastfeeding saves lives. If globally, all babies could start breastfeeding within the first hour, were exclusively breastfed for the first 6 months and continued breastfeeding for 2 years or beyond with adequate and appropriate complementary foods, about 1.5 million lives of children younger than five years could be saved.

Challenges to ensure that infants and young children are fed according to this recommendation are great in 'normal' situations and multiply in emergencies. This is not only common sense but a well documented fact. Yet, for many reasons, it has been a rare sight to see protection and support of infant feeding getting its rightful place in humanitarian emergency response.

On a positive note, in the past 10-15 years there has been considerable progress. The principles contained in the Operational Guidance on IFE, a policy document developed by the IFE Core Group, are being gradually embraced by both UN agencies and NGOs. While full implementation remains a challenge, the humanitarian community continues to learn with each new emergency.

However, not everyone is on board and not everyone understands that the first crucial step towards adequate IFE response is emergency preparedness. No country is immune to an emergency. Thus all we do for breastfeeding and appropriate infant feeding, from implementation of the International Code through the Baby Friendly Hospital Initiative to work with media on breastfeeding, will become a foundation on which we can build, if ever we have to face an emergency. This does not apply only in our own country. As members of the global breastfeeding movement, we know well that solidarity and collaboration with people in other parts of the world is what makes us strong. This strength comes also with knowledge of technical issues, policies and tools that exist to help with implementation. This IFE session is about the broad IFE issues to facilitate reflections on how best VELB members can continue to engage in IFE work at many levels.



Bibliography

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Lhotska L.: Whatever happened to health for all? Ups and downs of protection of breastfeeding, regulation of transnational corporations and health for All. IBFAN-GIFA 2008