Infant Feeding in Emergency Situations

A report

from the National Convention of BPNI

10TH DECEMBER, 2005

Organised by :

Breastfeeding Promotion Network of India (BPNI)

Supported by :

- **Planning Commission, Government of India**
- **UNICF India**

Collaborating Partners

- UNICEF India
- Ministry of Health and Family Welfare (MOHFW)
- WHO India
- Department of Women and Child Development, Govt of India
- Food and Nutrition Board, Govt of India
- CARE India
- Indian Red Cross
- Indian Medical Association (Tamil Nadu Branch)
- Indian Academy of Pediatrics (IAP)
- National Disaster Management Authority (NDMA)
- National Institute of Public Cooperation and Child Development (NIPCCD)
- Planning Commission, Govt of India
- UNICEF India

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10TH DECEMBER, 2005

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Acknowledgement

Breastfeeding Promotion Network of India is thankful to all the participants for their valuable contribution towards the proceedings of the symposium. Special gratitude is due for Dr Shanti Ghosh; Dr KK Agarwal, VC, IP University, Delhi, Mr Vinod Menon, Member, National Disaster Management Authority, Dr Shashi Prabha Gupta, DWCD, Dr Sangeeta Saxena, MOHFW and Mr NM Prusty, SPHERE for their inspiring presence and inputs. Our national breastfeeding partners deserve a special thank for the support in developing the program and their active participation.

Abbreviations

1. BPNI – Breastfeeding Promotion Network of India
2. WHO – World Health Organization
3. UNICEF – United Nations Children's Fund
4 IBFAN – International Baby Food Action Network
5. ENN – Emergency Nutrition Network
6. IMS Act – The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003
7. IAP - Indian Academy of Pediatrics
8. IMA - Indian Medical Association
9. NNF – National Neonatology Forum
10. FOGSI – Federation of Obstetric and Gynecological Societies of India
11. TNAI – Trained Nurses Association of India
12. NGO – Non Governmental Organization
13. DWCD – Department of Women and Child Development

Introduction

The Breastfeeding Promotion Network of India (BPNI) organized a National Convention on 9th and 10th Dec 2005. One of the themes of the scientific session of this convention was "Infant Feeding in Emergency Situations". In the recent past we have had many natural calamities and it was seen that there were no operative guidelines to deal with these situations especially on the issue of feeding of infants and young children.

Optimal infant and young child feeding i.e. exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with adequate and appropriate complementary feeding, singly contributes to more infant and young child survival, more than any other intervention, making it most critical factor in reducing infant mortality. Recent studies have reconfirmed that young child nutrition is a major determinant of survival; exclusive breastfeeding if universal, could *save 13% of under 5 deaths*. Complementary feeding could save another 6% deaths. Malnutrition accounts for more than 50% of child mortality worldwide, making its impact on child mortality much greater than that of any single disease.

In this document you will find relevant background information, brief proceedings of the session during the national convention of BPNI, views of several stakeholders, reports on situtaion of infant feeding during emergency from 4 states who faced natural disasters recently, and finally recommendations from the session as agreed by all.

Process

The Government of India released the National Guidelines on Infant and Young Child Feeding to the nation in August 2004. These guidleins touch upon 'Infant Feeding in Emergency Situations'. WHO, UNICEF, LINKAGES, IBFAN, ENN and additional contributors have prepared training materials for workers on this subject (Available at www.ennonline.net). It was felt that infant feeding is not being dealt by the disaster management groups. A need is felt to develop some kind of opertaional guideines to assist the groups in emegencies for protecting infant health through optimal feeding practices. The Infant Milk Substitutes, Infant Foods, and Feeding Bottles (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003, (IMS Act) provides that there should be no 'free supplies' of infant formula, infant foods or feeding bottles even during emergencies.

After having taken a decision to give it a focus and keep it as one of the themes at the national convention, we invited Indian Academy of Pediatrics, Indian Medical Association, Ministry of Health and Family Welfare, MInistry of Women and Child Development, UNICEF, WHO, Jan Swasthya Abhiyan, Red Cross, National Disaster Management Authority, National Institute of Disaster management, CARE India, NNF, FOGSI, TNAI and various other NGOs to participate.

Background

Natural disasters displace millions of families and make access to food difficult long enough to endanger the most vulnerable - the ill, the elderly and young children. Earthquakes, floods, hurricanes, tidal waves, typhoons and volcanic eruptions can destroy a country's infrastructure and the livelihoods of those who survive.

In such emergencies, young children are more likely to become ill and die from malnutrition and diseases as compared to the older population. In general, the younger they are, more vulnerable they are to malnutrition, as inappropriate feeding cannot fulfill their nutritional requirements and that decreases the chances of survival.

In these situations where a rapid response is needed to provide relief work it is always possible to overlook basics like breastfeeding for those who need it the most as there is surplus availability of milk powder that is donated liberally. Although in these situations, breastfeeding is the safest, often the ONLY reliable choice for infants and small children. Protecting, promoting and supporting breastfeeding in disaster areas will help ensure optimal nutrition to them. Of course we need to consider various options for feeding infants and children if mothers are not available or have died.

Experience from world over shows that we need to assess

the needs of infants before supplies are rushed for use, as replacing breastmilk with formula can cost those babies their lives. Reported observations from these places indicated that there is hardly any operational guidelines in place to preserve optimal infant feeding. In last few years we have seen so many emergency situations created by natural calamities like tsunami striking the coastal areas of Orissa, Andhra Pradesh, Tamil Nadu, Pondicherry and floods in Mumbai and Ahmedabad and recent earthquake in Jammu and Kashmir.

The national disaster management preparedness at the moment does not address the issue well enough. There are no clear operational guidelines in place according to the national assessment. This fact highlights the need for operational guidelines to address infant feeding in emergencies at all levels, national, regional and local level. WHO and International Baby Food Action Network (IBFAN) have provided a set of guidelines and rapid training module for field workers as a response to these needs. What we need is to have them adapted locally and integrated into the national disaster management policy and response guidelines, and also make them available to vulnerable areas, to UNICEF offices, Health and Nutrition sections, administrative offices at district level etc.

The national legislation to protect breastfeeding, *The Infant Milk Substitutes, Infant Foods, and Feeding Bottles (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003, (IMS Act)* should be reflected in the drafting of guidelines and followed in letter and spirit.

Preparation

UNICEF, WHO and other stakeholders were contacted to participate in the convention and present their point of view. Four surveys were planned to assess infant feeding situation in the emergency situations.

A. Assessment of infant feeding from 4 disater prone areas

To find out the status of infant feeding in emergencies situations, Breastfeeding Promotion Network of India took the initiative, and research was planned to get on the spot information from the districts of Pondicherry, Tamil Nadu, Mumbai and Jammu and Kashmir who had recently suffered natural calamities, to see what happens to infant feeding in these situations, what kind of strategies are in place and what are likely gaps. Respective teams presented the reports of these surveys during National Convention on 10th Dec 2005. Guidelines for these surveys were

1. Collection of qualitative data in the affected locality by interviewing mothers, health workers, NGOs and administrators at the district and state level.
2. Analysis of the data.
3. Inferences drawn and the problems defined.

B. The session in national convention: Infant feeding in emergency situations

This was organised with following objectives

- Share what are the stated policies on the subject and understand the problem and the role of other stakeholders
- Share WHO's guidance
- To share the first hand information what happens to infant feeding during such emergencies at the ground level (from states)
- Discuss how to best implement and adapt the WHO guidelines in local context and what are necessary steps to be taken at operational level.

Inaugural Session

This convention had participants representing all parts of India. There were BPNI members from various districts, members from NGO's, Government departments, and other institutions. There were health professionals and people from other walks of life also.

Mr. Vinod Menon, Member, National Disaster Management Authority (NDMA, a high powered committee formed by the Prime Minister of India under the chairmanship of Mr NC Vij, Ex-Chief of Defence) inaugurated the meeting. According to him disaster management is the area of least priority both at the center and the state level but with the setting of NDMA, things are going to change. He appreciated BPNI for selecting this theme and assured of

all support.He hoped that discussion will lead to formulation of recommendations, which will be incorporated within the guidelines.

The inaugural session was chaired by Dr. K.K. Agarwal, Vice Chancellor, Indraprastha University, Delhi. In his address he advised that all emergency situations should be analyzed scientifically so that post-disaster activity of one disaster should lead to pre-disaster preparedness for future disasters. Checklist should be prepared as a routine so that we should be prepared well in advance for the future. There is no thinking cap at the time of emergency and it is the advanced planning which makes the difference in how we handle the situation. He assured BPNI of all support of IP University and would like to get updated with the new developments.

Dr. Arun Gupta, National coordinator, BPNI, spoke about the objectives of this session "Infant Feeding in Emergency Situations". He stressed on the importance of exclusive breastfeeding of infants for the first six months and adequate and appropriate feeding for young children to decrease the morbidity and mortality in these children.

Sharing Technical Information and Field Data

Dr Shashi Prabha Gupta, Technical Advisor, Food and Nutrition Board, DWCD, Govt of India, chaired the second session along with Dr Tarsem Jindal, Chief Coordinator, BPNI.

Defining the Problem

Dr Sangeeta Saxena, Assitant Commisssioner, Child Health, MOHFW, defined the problem of Infant Feeding in Emergency Situations. She stressed that we should look at the larger objectives and goals and stay on course to achieve them. She opined that inter-departmental coordination as well as inter-ministerial coordination is a must. She was happy that IYCF has become a part of RCH programme and will get better focused. She pointed out that in 2001, 10.5 million children less than 18 yeas of age were the worst affected in various disasters. So to look after these affected children especially their feeding, proper action plans should be in place to be implemented during emergency situations.

WHO Presentation

Dr. Anchita Patil, National Consultant (Nutrition) from WHO – India stated that during emergencies causes of death remain the same as in otherwise disadvantaged populations like malnutrition, diarrhoeal diseases, acute respiratory infections, measles, malaria but mortality rates increase by 2 to 70 times on the average. Families in difficult circumstances require special attention and practical support to be able to feed their children adequately and we need to protect the right of the affected children to food for a productive future. She provided guiding principles on this issue,

- Infants born into populations affected by emergencies should be exclusively breastfed from birth to 6 months of age
- The aim should be to create and sustain an environment that encourages frequent breastfeeding for children upto 2 years or beyond.
- The quantity, distribution and use of breast-milk substitutes at emergencies should be strictly controlled.
- A nutritionally adequate breast-milk substitute should be available and fed by cup only to those infants who have to be fed on breast-milk substitutes.
- The use of infant feeding bottles and artificial teats during emergencies should be actively discouraged
- To sustain growth, development and health, infants from 6 months onwards and older children need hygienically prepared, easy-to-eat and digest, foods that nutritionally complement breast-milk.
- Caregivers need secure, uninterrupted access to appropriate ingredients with which to prepare and feed nutrient-dense foods to older infants and young children
- Complementary foods should be prepared and fed frequently, consistent with the principles of good hygiene and proper food handling
- Because the number of caregivers is often reduced during emergencies as stress levels increase, promoting the caregivers' coping capacity is an essential part of fostering good feeding practices for infants and young children.
- The health and vigour of infants and children should be

protected so that they are able to suckle frequently and maintain their appetite for complementary foods.

- Nutritional status should be continually monitored to identify malnourished children so that their condition can be assessed and treated, and prevented from deteriorating further. Malnutrition's' underlying causes should be investigated for and corrected.

Presentation of Reports of 4 Surveys done in Disaster Affected States

Four surveys were conducted in Pondicherry, Tamil Nadu, Mumbai and Jammu and Kashmir and their summaries were presented at National Convention. Here are findings from these surveys.

A. Tsunami affected villages in Pondicherry by Adhisivam B, Srinivasan S, Soudarssanane MB, Dept of Pediatrics and P&SM, JIPMER, Pondicherry

Objectives

Objectives of this survey was to assess feeding practices of infants & young children in 4 coastal villages in Pondicherry and to identify their feeding problems after tsunami.

Another aim was to assess the usage of breastmilk substitutes (BMS) donated during tsunami and the related morbidity and to identify the common concerns and beliefs with regard to breastfeeding.

Methodology

This was a descriptive study in four Tsunami affected villages (Veerampattinam, Panithittu, Kanapathichetticulum and Pudhukuppam). 100 families were identified who had at least one child less than 5 yrs of age, by a house-to-house survey. Pre tested questionnaire was used for in depth interviews and focused group discussion.

Findings

Mothers opinion and Concerns

67% of mothers were of the opinion that breastfeeding was affected after tsunami but only 4% felt that usage of milk powder has increased after tsunami. 36% of mothers felt that when a child has diarrhea breastfeed should not be stopped and 86% were of the opinion that stress in the mother decreases milk production. 42% felt that breastfeeding once stopped cannot be restarted.

A malnourished mother cannot breastfeed her baby was the opinion of 74% mothers.

Breast feeding Post Tsunami

As most mothers were under stress and living in fear of repeat Tsunami, they did not eat well and hence could not feed well. Infants with no mothers were fed with cow's milk.

Distribution of Breast Milk Substitutes (BMS)

BMS distribution was done by NGOs packed in polythene packs or plastic bottles. These were marked - Milk Powder with ISI mark. The BMS was distributed inappropriately without any need-based consideration. All milk powder was found to be of poor quality and there was fear of diarrhea following its consumption and the incidence of diarrhea was 3 times more common in children who consumed this BMS. Elders consumed most of it, and the stock lasted 1 month.

Feeding of young children Post-tsunami

Children received free milk and bread from the NGOs and administration as a routine. While other children got their usual midday meals from the schools. Elder children received the same food as the adults in the community. Boiled water used in most homes. During these 3 to 4 months of post- tsunami period children missed their staple diet of fish.

Morbidity Post- tsunami

Incidence of lower respiratory tract infection and skin problems was 20% (35/176), chickenpox 5% (8/176) and diarrhea 21% (37/176). 27 children who were fed milk powder developed diarrhea and only 10 children had diarrhea who did not consume milk powder, distributed in the post-tsunami period.

Post-tsunami scenario

In the area affected by tsunami almost 30% of mothers did not exclusively breastfeed for 6 months. The trend of bottle-feeding has increased and 58% of children are receiving bottle feeds and 51% of the infants are fed with infant formula. Considering these disturbing developments we can say that these children are at a higher risk of morbidity and mortality in a crisis like tsunami.

Summary

- The surveyed area had a pre existing culture of giving formula feeds to infants.
- There was no impact of free breastmilk substitute in the post Tsunami period.
- Wrong beliefs regarding exclusive breastfeeding and the importance of breastmilk are still prevalent in that area.
- There is an urgent need for vigorous health education to eradicate various misconceptions about feeding practices.
- Everybody should realize the importance and better be prepared to ensure exclusive breastfeeding

B. Tsunami disaster areas of Tamil Nadu, Dr JA Jayalal, Dr K Vijayakumar, Mr Anilkumar, Ms Hazlin

Objectives

The objectives of this survey were to assess the awareness of IMS Act among the administrators, NGO's, volunteers and public in relation to feeding infants during disaster period and to analyze the obstacle and pitfalls of implementations of exclusive breastfeeding during disaster.

Another aim was to postulate the means of formulating national strategy for infants and young child feeding during emergency.

Methodology

Levels of Study

- State level administration
- District level administration
- NGOs, Health care agencies
- Social workers
- Victims of disaster

State level administration

A high power committee was constituted at state level but was not effective as there was no Nodal Officer. There was no policy of breastfeeding during emergency and breastmilk promotion was not carried out. The IMS Act was not discussed at all. In the directive issued by the Health Department, there was no mention about breastfeeding

District level committee

It was felt that there is a need for better co-ordination among various departments for better health care and epidemiological surveillance. Breastfeeding promotion was not considered to be important at all. There was no policy framework regarding need based milk powder distribution. Majority of the revenue officials and health personnel are not aware of WHO guidelines on breastfeeding.

Each relief kit contained

Blankets at least two blankets per family, milk powder for feeding the infants 1 kg, dry food item cornflakes, and sugar 1 kg.

Findings

Awareness of IMS Act

In a survey of 50 NGOs, 88% were found to be not aware of IMS Act, 10% were partially aware and only 2% were fully aware about provisions of IMS Act. In another survey of 200 social workers, findings wee similar with 87% not aware of the IMS Act, 10% were partially aware and rest had some or full knowledge about IMS Act.

Health personnel

When doctors were asked about importance of exclusive breastfeeding during disaster, use of feeding bottles, branded milk powder not to be distributed and supply of potable water, majority of them were of the view that they have not adhered to these principles.

Majority have considered milk substitute as the much needed substance during disaster and have witnessed the distribution or distributed these milk products. They don't consider milk powder create more problems during disaster.

Most of them are not aware of IMS Act. Breastfeeding promotion was not on the counselling agenda.

Milk powder distribution

At NGO level, milk powder distribution is one of the priority articles and it is mostly branded (Lactogen) and often distributed along with feeding bottle. It is not considered as unsafe.

Breast feeding is best during disaster

In a survey done to find out awareness about "Breastfeeding is best during disaster", it was found that 64% NGOs, 76% social workers, 32% paramedical staff and 87% victims were unaware.

Difficulty faced by mothers during breastfeeding

Some of the difficulties faced by mothers were lack of privacy, not having proper shelter, fear of future emergency, grief of loss, drop in the breastmilk production, dejection, sleeplessness, no motivation, not the priority and no fish for eating.

Feeding in Pre and Post-tsunami period

On comparing feeding practices in pre and post-tsunami period it was found that

- Breastfeeding incidence was 72% (0-4 months), 60% (4-8 months), 40% (8-12 months) and overall 49.5% before the onset of tsunami and it came down to 52%, 38%, 24% and 30.5% respectively in the post-tsunami period.
- Incidence of use of milk powder was 16% (0-4 months), 8% (4-8 months), 7% (8-12 months), and overall 8.5% before tsunami and it increased to 41%, 43%, 27% and 35% respectively in post-tsunami period.
- Incidence of use of animal milk, cereals and others was 12% (0-4 months), 32% (4-8 months), 53% (8-12 months) and overall 42% before tsunami and it came down to 7%, 19%, 49% and 34.5% respectively in the post-tsunami period.

Recommendations

There suggestion is to increase the awareness on breastfeeding at all levels extending to Medical and Paramedical community also. They have rightly pointed out that State Governments should be motivated to bring out a definite policy on breastfeeding during emergency situations and IMA should be roped in to propagate this pressing need.

Health Education materials on breastfeeding should be published during disaster and signboards shall be erected to illustrate the evils of feeding bottles and benefits of usage of cups. Milk powder distribution should be banned or carried out through the health departments only.

NGOs should be encouraged to have social workers trained in breastfeeding art. Mothers should be tained in re-lactation and hand-expressed milk, and shared breastfeeding should be encouraged. It should be ensured that the infants of tsunami disaster are not affected by the long-term usage of milk powder. Breastfeeding promotion should be included in the syllabus of all college and school students.

To encourage the mothers to breastfeed their babies they should be provided isolated place, nutrient food, and ensured adequate care and supply of their ration. Intensive counseling should be undertaken during these times to build mother's confidence in her milk production capability.

C. Mumbai floods, an emergency (BPNI Maharashtra) by Dr Charu P Suraiya, Dr Satish Tiwari, Dr Alka Kuthe and Ms Priya Deo

Health workers were not aware about WHO policy on infant feeding in emergency situations, though some NGOs were aware about that. Most of the health workers and NGOs were not aware about provisions of The IMS Act. There was no awareness about any policy decision to ensure exclusive breastfeeding during emergency and distribution of infant milk formula. However, mothers were advised to breastfeed their infants as that was the best and safest feeding option in those circumstances. Neighbors and NGOs distributed high protein diet to the children. For babies whose mothers were seriously sick and admitted in hospital or have died during the disaster, feeding from the cup was advised.

D. Earthquake in Jammu and Kashmir by Khalida Jabeen

In their survey they found that health workers have no clear-cut guidelines on IYCF during emergencies, but they

do take care of under 5 nutrition. There is no clear operative policy to ensure exclusive breast-feeding during emergencies in the state. They are not aware of IMS Act. It was found that health workers in coordination with NGOs and Govt. relief officials distributed biscuits, milk food kit to the families and mothers.

Panel Discussion (Mainstreaming with Current Disaster Preparedness)

Mr NM Prusty from SPHERE moderated this panel discussion and he stated that every increase in knowledge and experience gained by exposure to various emergency situations should percolate down to grass root level. It should become a part of living behavior chain. At the village level there are female groups, village cooperatives, other self help groups, their activities can be mixed with providing knowledge and other practices useful in emergency situations. These changes should be transferable instruments so that they can reach from Center and State Govt level to districts, block and ultimately community level. He stressed the need of operative guidelines for any future disaster, which should include identification of problems, various indicators, actions required and monitoring of the whole plan.

Brig (Dr.) B K Khanna, Advisor, National Disaster Management Authority, informed the audience that the National Disaster Management Policy is being formulated in which children along with women will be recognized as vulnerable groups. Policy formulation is under discussion with stakeholders, media and community and it will be sent to states for their comments & feedback. Final policy will be issued in next 5-6 months.

Dr J Ganthimathi, Jt Sec, Indian Red Cross Society said that the most vulnerable of the population are pregnant and lactating women, children, older and malnourished people. The food given should be culturally acceptable, raw or cooked food material with cooking facilities. She cautioned not to forget about breastfeeding. She advised promotion of breastfeeding during disaster & inter disaster phase by supporting the breastfeeding mothers and encouraging wet nursing if appropriate. Milk powder distributed in emergencies may be contaminated, can be misused for coffee and tea and has additional problems of transportation and storage.

Ms Deepika Nayyar from CARE India said that following a disaster the attention and focus of any relief/development agency is to provide food, clothing and shelter to the affected communities. When food is provisioned, while the family is kept in mind as a unit, there is no focus on other vulnerable individuals particularly lactating mothers or infants in the family. Hence, emergencies present a significant challenge for infant and young child feeding. The challenge varies by the type of emergency; more complex in cyclones and earthquakes when most family and community resources are lost.

Focus should be on providing high-energy appropriate and adequate diet and safe drinking water.

Dr Sangeeta Yadav, Prof of Pediatrics in MAMC, New Delhi, representing IAP stressed to protect, promote & support breastfeeding during emergency situations. She advised to avoid inappropriate distribution of breastmilk substitutes, feeding bottles/teats and vigorously promote cup feeding. Distribution of dried skim milk should be prohibited unless mixed with cereals and avoid commercial complementary foods.

Working Group for Evolving Recommendations

Core group was constituted to formulate recommendations consisting of Dr Arun Gupta, Dr Tarsem Jindal, Mr NM Prusty, Ms Deepika Nayyar, Dr J Ganthimathi, Dr Alka Kuthe, Dr Rajesh Gopal, Dr JA Jayalal, Dr Adhisivam B. After few hours of intense discussion a set of recommendations were formulated which were presented at the plenary session. Inputs from participants were incorporated and the final agreed recommendations are presented here.

Constitution of Task Force

After deliberations at the National Convention it was decided to have a Task Force which will follow and see to it that the recommendations are implemented. The task force consisted of Convener BPNI, members from Ministry of Women and Child Development and Ministry of Health and Family Welfare from Government of India, NDMA (National Disaster Management Authority), Professional bodies like IMA, IAP, International agencies like UNICEF and WHO, various NGOs and State Governments of Tamil Nadu Rajasthan, Bihar, Gujarat, Orissa,Uttaranchal, Madhya Pradesh, Orissa, North Eastern States and Uttar Pardesh.

It was also decided that BPNI should take up the responsibility of coordinating this Task Force and appoint a Coordinator/ Convener who will keep in touch with all. In the meanwhile all the members of the Task Force will be in contact via email.

Resources of the Task Force will be arranged from International agencies like UNICEF, WHO and others, International NGOs (Save the Children, CARE etc.) and Rotary Club of India.

Recommendations

- Infant feeding should be considered as a 'mainstream' component in disaster management policy framework of GOI.
- National Nutrition Policy – under revision should in detail address community preparedness for protecting and promoting optimal feeding.
- Consider breastfeeding to be human right, IMS Act should be implemented by State and District level authorities in letter and spirit in normal and emergency situations.
- The group recommends constituting a Task Force on Infant Feeding in Emergencies, consisting of all stakeholders without any conflict of interest.
- Taskforce should develop the operational checklists, guidelines, training guidelines, monitoring guidelines on infant feeding and emergencies based on community participation, assessment and operational research.

Programme

Day 1: Friday, 9th Dec 2005

Theme: HIV and Infant Feeding

Time	Topic	Speaker
08.30 - 09.00 AM	Registration of Participants	
09.00 - 11.30 AM	**Opening Session** Inauguration by: *Dr. Shanti Ghosh* Address by: *Dr. Prema Ramachandran, Director, NFI*	
	Sharing of district level action on IYCF	Presentations by BPNI District Coordinators
11.30 - 11.45 AM	Tea Break	
11.45 - 01.30 PM	**Session: HIV and Infant Feeding** ***Chair:*** *Prof. A.P. Dubey, MAMC, Delhi* • NACO' s PPTCT programme: An Overview with special reference to infant feeding *(15 mins)* • Issues related to Infant feeding in the context of HIV *(15 mins)* • Experience of training counselors in 'Infant Feeding and HIV' in Delhi. *(15 mins)* • State AIDS Control Society's initiatives in strengthening Infant Feeding in PPTCT programmes *(15 mins)*	Dr Inder Parkash, *Jt. Director (Training), NACO* Ms Vidhya Ganesh, *UNICEF, India* Prof. MMA Faridi, *UCMS, Delhi* Dr. Rajesh Gopal, *SACS Gujarat,*
01.30 - 2.30 PM	Lunch	
02.30 - 3.30 PM	Role of stakeholders in addressing Infant Feeding in the context of HIV Moderator: Dr J. P. Dadhich	Dr AP Dubey, IAP Dr S Salhan, FOGSI Dr NB Mathur, NNF Dr Dinesh Paul, *NIPCCD* Mrs Deepika Khaka, *TNAI* Ms. Deepa Venkatachalam, *JSA*
03.30 - 04.30 PM	**Group Work on Strengthening of infant feeding addressing** advocacy, training, communication, etc. a) Policy b) Programme	**Facilitator** Dr. M.M.A. Faridi Dr. J.P. Dadhich

Day 2: Saturday, 10th Dec 2005

Theme: Infant and Young Child Feeding in Emergency Situations

Time	Topic	Speaker
09.00 - 09.30 AM	**Session: Infant and Young Child Feeding in Emergency Situations** Inaugural session *Chair:* **Dr K.K. Agarwal, *VC, IP University*** ***Objectives*: Dr Arun Gupta BPNI**	
09.30 - 10.45 AM	**Inauguration and address : Mr. Vinod Menon, Member, *National Disaster Management Authority*** Sharing technical information and field data ***Chair:*** Dr Shashi Prabha Gupta, Tech Advisor, FNB, DWCD,GOI • **Defining the Problem *(10 mins.)*** • Infant Feeding in Emergencies (WHO Guidelines) *(15 mins.)* • Current observations on Status of Infant feeding in Emergencies in: *(10 mins. each)*	Dr. Sangeeta Saxena, *ACCH, MOHFW* Dr. Anchita Patil /Dr. Arvind Mathur, *WHO (India)*
10.45 - 11.45 AM	o Mumbai (Floods) o Tamil Nadu (Tsunami) o Pondicherry (Tsunami) o Jammu & Kashmir (Earthquake) **Panel Discussion (Mainstreaming with current disaster preparedness)** **Moderator:** *Mr. N.M. Prusty, SPHERE*	Dr. Charu Suraiya Dr. J A Jayalal Dr. S Srinivasan Ms. Khalida Jabeen **Panel** (invited) Dr Deepika Nayar, CARE India, Dr Sangeeta Yadav, IAP Brigadier Khanna, NDMA, Red Cross, Save the Children
11.45 -12.00 PM	Tea	
12.00 - 12.45 PM	Working groups for recommendations both **at National and State/Local level for** **a) Policies** **b) Programmes**	 Dr. Neelam Bhatia Dr. Tarsem Jindal
12.45 - 01.15 PM	**Presentation of Group Reports**	
01.15 - 02.15 PM	Lunch	
02.15 - 04.00 PM	Closing Ceremony Chair ***Dr. Shanti Ghosh,* Dr. Tarsem Jindal** • **Final Recommendations:** **- Day 1** (HIV and Infant Feeding) **- Day 2** (IYCF in Emergency Situations) • **World Breastfeeding Week Awards**	 Dr. JP Dadhich Dr. Arun Gupta

Presentations

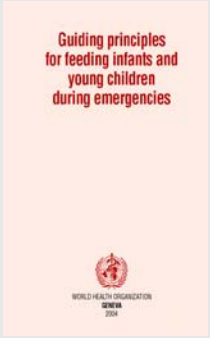
Infant & Young Child Feeding In Emergencies

Dr. Anchita Patil
National Consultant (Nutrition)
WHO - India

10th December 2005

The Guiding Principles for feeding infants and young children during emergencies

World Health Organisation
Geneva
2004



10th December 2005

During emergencies...

- Causes of death remain the same as in otherwise disadvantaged populations
  - Malnutrition
  - Diarrhoeal diseases
  - Acute respiratory infections
  - Measles
  - Malaria
- Mortality rates increase by 2 to 70 times the average.

10th December 2005

During emergencies...

- We need to protect the right of the affected children to food, life and a productive future.
- As described in the "Global strategy for Infant and young Child Feeding" – Families in difficult circumstances require special attention and practical support to be able to feed their children adequately.

10th December 2005

- Principle 1 (Exclusive Breastfeeding)
- Principle 2 (Continuation of Breastfeeding)

10th December 2005

Principle 1

Infants born into populations affected by emergencies should normally be exclusively breastfed from birth to 6 months of age

10th December 2005

Keys to successful breastfeeding in emergencies

- Attitude of the mother
- Technique of breastfeeding
- Confidence of the mother
- Frequency of breastfeeding

10th December 2005

1.1 Every effort should be made to identify alternative ways to breastfeed infants whose biological mothers are unavailable.

10th December 2005

Principle 2

The aim should be to create and sustain an environment that encourages frequent breastfeeding for children upto 2 years or beyond.

10th December 2005

- Principle 3 (Breast-milk substitutes)

10th December 2005

Principle 3

The quantity, distribution and use of breast-milk substitutes at emergencies should be strictly controlled.

10th December 2005

Principle 3 (contd.)

3.1 A nutritionally adequate breast-milk substitute should be available and fed by cup only to those infants who have to be fed on breast-milk substitutes.

10th December 2005

Principle 3 (contd.)

3.2 Those responsible for feeding a breast-milk substitute should be adequately informed and equipped to ensure its safe preparation and use

10th December 2005

Safe preparation of Breast-milk substitutes

A fundamental risk in using breast-milk substitutes stems from their inappropriate preparation and unsafe feeding. Their distribution and use should thus be carefully supervised at every step and accompanied by:

— a demonstration of how to prepare and feed the substitute safely using an open cup;
— provision of a suitable cooking pot to prepare the substitute, and an open feeding cup;
— adequate amounts of clean water and cooking fuel for frequent preparation;
— a warning about the health hazards of inappropriate preparation and unsafe feeding.

10th December 2005

Principle 3 (contd.)

3.3 Feeding a breast-milk substitute to a minority of children should not interfere with protecting and promoting breastfeeding for the majority.

10th December 2005

Principle 3 (contd.)

3.4 The use of infant feeding bottles and artificial teats during emergencies should be actively discouraged

10th December 2005

- Principle 4 (Complementary feeding)
- Principle 5 (Access to ingredients for complementary feeding)

10th December 2005

Principle 4

To sustain growth, development and health, infants from 6 months onwards and older children need hygienically prepared, easy-to-eat and digest, foods that nutritionally complement breast-milk.

10th December 2005

Special Problems related to Complementary Feeding during emergencies

- Adjusting to change
- Inexperienced care-givers
- Factors related to children
- Feeding frequency
- Child caregiver interaction

10th December 2005

Men as 'unusual' care-givers for children

10th December 2005

Depressed mothers make inefficient caregivers

10th December 2005

Play helps in greater development

10th December 2005

Principle 5

Caregivers need secure, uninterrupted access to appropriate ingredients with which to prepare and feed nutrient-dense foods to older infants and young children

10th December 2005

Principle 5 (contd.)

5.1 Adequate feeding of infants and young children cannot be assured if the food and other basic needs of the household are unmet.

10th December 2005

Principle 5 (contd.)

5.2 Blended foods provide as food aid, especially if they are fortified with essential nutrients, can be useful for feeding older infants and young children. However their provision should not interfere with promoting the use of local ingredients and other donated commodities for preparing suitable complementary foods.

10th December 2005

Principle 5 (contd.)

5.3 Complementary foods should be prepared and fed frequently, consistent with the principles of good hygiene and proper food handling

10th December 2005

Ensuring 'safe' food for children

Basic messages to ensure safe food and safe feeding

- Store uncooked food in a safe, dry place.
- Protect food from insects, rodents and other animals.
- Avoid contact between raw foodstuffs and cooked food.
- Keep areas where children are fed or play free of animal and human faeces.
- Keep all food preparation premises clean.
- Wash hands before preparing food or feeding children.
- Wash cooking utensils.
- Wash fruits and vegetables.
- Use clean water.
- Cook food thoroughly.
- Avoid storing cooked food; instead, prepare food often.
- If cooked food is saved, keep it as cool as possible.
- If previously cooked food is to be eaten, reheat it thoroughly before serving.
- Wash the child's hands before feeding.
- Use open feeding cups.
- Feed actively, that is supervise the child and continue offering food until the child has enough.

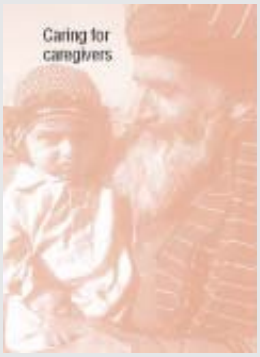
10th December 2005

Resources required for 'safe' food

Minimum resources required for safe food and safe feeding

- Fuel
- Clean water
- Soap
- Time for frequent food preparation, feeding and cleaning up
- Utensils for cooking and feeding
- Containers for:
  - — transporting food and water to shelters
  - — storing water at shelters
  - — protecting storage of uncooked foods
  - — protecting storage of cooked foods

10th December 2005



- **Principle 6 (Caregivers)**

10th December 2005

Principle 6

Because the number of caregivers is often reduced during emergencies as stress levels increase, promoting the caregivers' coping capacity is an essential part of fostering good feeding practices for infants and young children.

10th December 2005

"To reduce the time constraints, it is useful to …"

- Organize efficient food distribution
- Establish effective water collection and distribution
- Supply fuel for families with small children or other vulnerable members
- Provide foods that cook quickly using minimal fuel
- Furnish easily accessible and affordable grain-milling facilities
- Involve in decision-making those directly affected by emergencies
- Promote the establishment of self-help groups and support their activities

10th December 2005

Special cases / scenarios

- Households with only one adult
- Pregnant and lactating women
- Rape
- Emotional trauma

10th December 2005

- Principle 7 (Health and illness of the children)

10th December 2005

Principle 7

The health and vigour of infants and children should be protected so that they are able to suckle frequently and well and maintain their appetite for complementary foods

10th December 2005

Areas that need attention …

- Prenatal care & the post-partum period
- Prevent illness
- Physical environmental conditions

10th December 2005

"To prevent illness …"

To prevent debilitating nutritional consequences, infants and young children should be actively protected from infection by promoting:

- Breastfeeding
- Nutritionally adequate and safe complementary feeding
- Immunization
- A clean environment
- Protection from disease vectors, for example mosquitoes
- Curative care

10th December 2005

To prevent hypothermia & exposure to cold …

– providing adequate shelter and covering, for example blankets and suitable clothing,

– protecting caregivers and children while they queue for food or services and perform household and income-generating tasks, for example cultivation, and fetching water and fuel.

10th December 2005

- **Principle 8 (Malnutrition – monitoring, diagnosis and treatment)**

10th December 2005

Principle 8

Nutritional status should be continually monitored to identify malnourished children so that their condition ca be assessed and treated, and prevented from deteriorating further. Malnutrition's' underlying causes should be investigated for and corrected.

10th December 2005

Actions

Caregivers, health workers etc should be

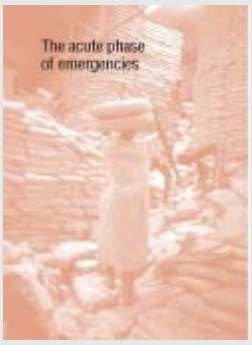
- Aware of dangers of malnutrition
- Recognise malnutrition early
- Identify causes of malnutrition
- Have information for reporting, referral and follow up
- Recognise poor feeding practices and give corrective advice.

10th December 2005

Principle 8 (contd.)

8.1 Special medical care and therapeutic feeding are required to rehabilitate severely malnourished children

10th December 2005



- Principle 9 (when disaster strikes – immediate action needed)

10th December 2005

Principle 9

To minimise an emergency's negative impact on feeding practices, interventions should begin immediately. The focus should be on supporting caregivers and channelling scarce resources to meet the nutritional needs of the infants and young children in their charge.

10th December 2005

Principle 9 (contd.)

Suggested actions:

- Identify "at risk" / vulnerable households
- Negotiate for scarce resources for these households.
- Organise support for breastfeeding women
- Arranging emergency nourishment for infants whose mothers are 'absent'.
- Initiate long-term measures.

10th December 2005

- Principle 10 (Planning for IYCF and continuation of activities)

10th December 2005

Principle 10

Promoting optimal feeding for infants and young children in emergencies requires a flexible approach based on continual careful monitoring.

10th December 2005

Principle 10 (contd.)

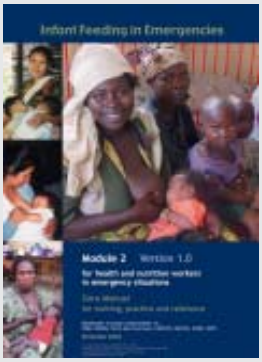
- Initial assessment
- Preparation for action
  - Information
  - Resources
  - Communication
  - Support networks
- Monitoring

10th December 2005

Hence, these guidelines for …

- Clarifying that optimal practices for IYCF in emergencies are essentially the same as those that apply in other more stable conditions
- Informing decision makers about the key interventions required to protect and promote optimal IYCF that should be routinely included in any emergency relief response
- Providing a starting point for organising pragmatic, sustained interventions that will ensure optimal feeding and care for infants and young children during emergencies.

10th December 2005



The training modules for “Infant Feeding in emergencies” (WHO, UNICEF, IBFAN, LINKAGES, ENN etc.)

They wait with open eyes, staring at us, asking for help …

All that they want food, food that is appropriate and safe …

Let not disaster strike twice!!!

Feeding of Infants and young children in Tsunami affected villages in Pondicherry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Dept. of Pediatrics and P&SM*
JIPMER, Pondicherry

Introduction

- Any disaster has greater impact on the vulnerable group – children
- Tsunami is relatively new phenomenon to India
- Data regarding feeding of infants & young children post tsunami is limited

Govt. of Pondicherry Damages due to Tsunami as on 09-03-05

PARTICULARS	PONDICHERRY	KARAIKAL	TOTAL
No. of villages affected	16	17	33
Population affected	26,000	17,432	43,432
Houses affected	3,901	6,160	10,061

Govt. of Pondicherry Damages due to Tsunami as on 09-03-05

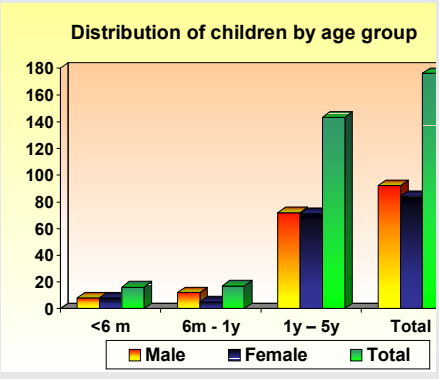
No. of persons died	107	492	599
i) Men 21	76	97	
ii) Women	55	164	219
iii) Male Children	8	103	111
v) Female Children	23	149	172
No. of persons injured	299	280	579
No. Orphaned (Total)	2	37	39
i) Children	0	26	26
ii) Adolescents	2	11	13

OBJECTIVES

- To describe pre existing feeding practices of infants & young children in 4 coastal villages in Pondicherry.
- To identify their feeding problems after Tsunami
- To assess the usage of BMS donated during Tsunami and the related morbidity
- To identify the common concerns and beliefs with regard to breast feeding

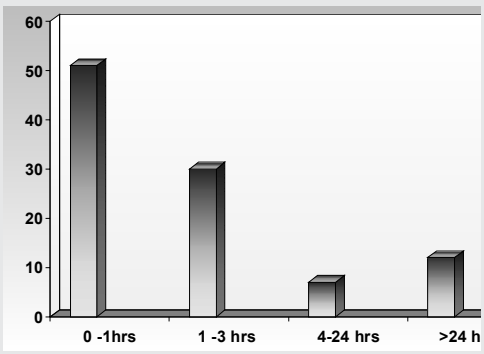
Methodology

- A descriptive study in four Tsunami affected villages (Veerampattinam, Panithittu, Kanapathichetticulum and Pudhukuppam)
- 100 families with at least one child < 5 yrs identified by a house to house survey
- Pre tested questionnaire
- In depth interviews and focus group discussion



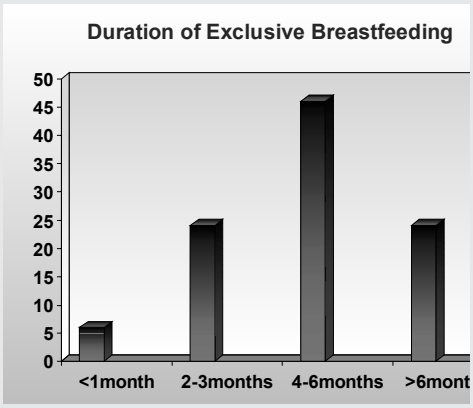
Education level of Parents

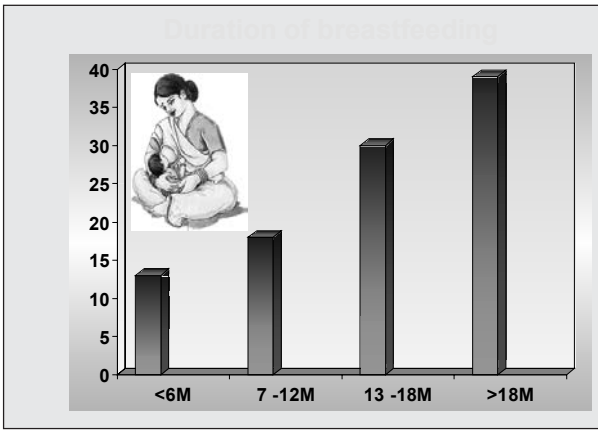
Education	Mother	Father	Total	Percentage
UG/PG	4	5	9	5 %
6^{th}-12^{th}	45	47	92	45 %
1^{st}-5^{th}	20	29	49	25 %
No school	31	19	50	25 %

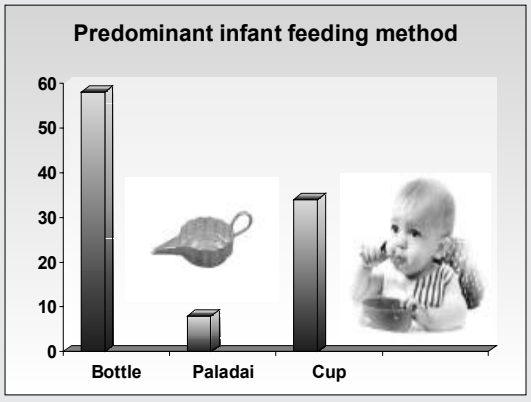


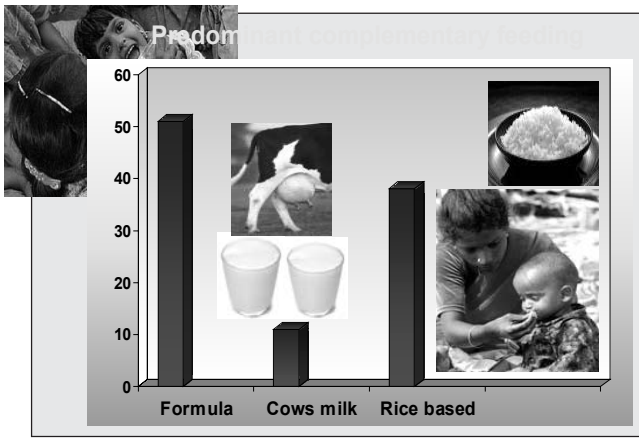
Pre existing feeding practices

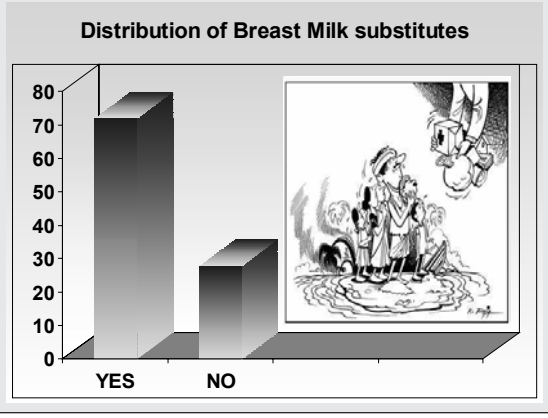
- Colostrum fed
- 23% prelacteal feed given (sugar water)
- "Mother tired after delivery"
- Formula feed started- insufficient breast milk
- Advice for formula – self, GPs
- Bottle feeding for formula











Distribution of Breast Milk Substitutes

- Done by NGOs
- Polythene packs/ plastic bottles
- Label - Milk Powder with ISI mark
- Poor quality
- Mostly consumed by elders due to fear of Diarrhea
- Stock lasted for a month

Breast feeding Post Tsunami

- "Most mothers were under stress and living in fear of repeat Tsunami"
- "They did not eat well and hence could not feed well"
- "Infants with no mothers were fed with cows milk"
- "Immediate remarriages needed to take care of children especially infants"

Feeding of young children Post Tsunami

- Children received routine free milk and bread
- Usual midday meals given from Schools
- Fed with the same diet as adults
- Boiled water used - most homes
- Children missed the staple diet fish for 3- 4 months

Age group	Morbidity Post Tsunami		
	Diarrhea	Chickenpox	LRI/Skin
Child	37	8	35
Adult	14	8	15

- Diarrhea in children 37/176 (21%)
- Chickenpox in children 8/176 (5%)
- LRI/Skin Problems 35/176 (20%)

Age group	Diarrhea occurrence Post Tsunami	
	Milk powder consumed	Milk powder NOT consumed
Child	27	10
Adult	10	4

Common concerns

Mothers opinion	Yes	No
Breast feeding affected after tsunami	67	33
Increased milk powder use after tsunami	4	96
Feeding pattern changed after tsunami	5	95

Common concerns

Common concerns	Correct	Wrong	Don't know
When a child has diarrhea breast feed should Not be stopped	36	64	0
Stress in the mother decreases milk production	86	4	10
Once stopped , breast feeding cannot be restarted	42	56	2
A malnourished mother cannot breastfeed her baby	74	12	14

Pre-Tsunami scenario

- 30% mothers do not exclusively breast feed for 6 months
- 58% children bottle fed
- 51% infants fed with infant formula
- These children are at a higher risk in a crisis situation like Tsunami

Post-Tsunami scenario

- Poor quality and inappropriate distribution - BMS post Tsunami
- Diarrhea 3 times more common among children fed with free BMS
- BMS mostly consumed by elders due to fear of Diarrhea

Summary

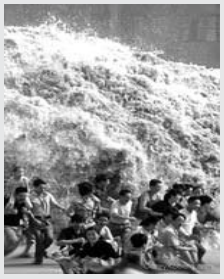
- Pre existing formula feeding culture
- No impact of free BMS post Tsunami
- Wrong beliefs regarding breastfeeding still prevalent
- Need for vigorous health education.

Thank you

Acknowledgement

MS SWAMINATHAN RESEARCH FOUNDATION

TSUNAMI THE NATIONAL DISASTER AND KILLER WAVE



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- ***Secretary, Rotary Club, Marthandam***
- ***President Y"s Men Club Marthandam***
- ***Founder Secretary ASI Kanyakumari city branch***

INFANT AND YOUNG CHILD FEEDING DURING EMERGENCY

SURVEY REPORT
from
TSUNAMI DISASTER AREAS

DR.J.A.JAYALAL
DR.K.VIJAYAKUMAR
MR.ANILKUMAR
MS.HAZLIN

10 & 11-12-05
BPNI NATIONAL CONVENTION
INDIA HABITAT CENTRE
NEW DELHI

DISASTER

- A crisis situation causing wide spread damage which ***far exceeds our ability to recover***. It has to suffocate our ability to recover. Only then it can be called as 'disaster'

TSUNAMI

District	Village	Popula	House	Death	Injury
Chennai	**65**	**65322**	**17805**	**206**	**9**
Kancheepuram	44	100000	7043	128	11
Tiruvallur	6	15600	4147	29	0
Cuddalore	51	99704	15200	617	214
Villupuram	33	78240	9500	47	30
Nagapattinam	**73**	**196184**	**36860**	**6063**	**1922**
Tiruvarur	0	0	0	21	0
Thanjavur	22	29278	3	30	421
Kanniyakumari	**33**	**187650**	**31175**	**824**	**525**
Thoothukudi	23	30505	735	3	0
Tirunelveli	10	27948	630	4	4
Pudukottai	25	66350	1	15	0
Total	**345**	**896781**	**123105**	**7993**	**3136**

AIMS

- To assess the awareness of IMS act among the administrators, NGO's ,volunteers and public in relation to feeding infants during disaster period
- To analyze the obstacle and pitfalls of implementations exclusive breastfeeding during disaster
- To postulate the means of formulating National strategy for infants and young child feeding during emergency

DATA COLLECTION

- First Hand experience during Tsunami.
- Interview with Administrators, NGO's, Field Workers and Affected People.
- Statistical report by the Director of Health Services.

Background

- Tsunami – the Killer Wave
- Breast Feeding – Safe Feeding
- IMS Acts
- WHO Guidelines on IYCF

RELAX

- The hormone PROLACTIN secreted during breast feeding help the mother to relax and counteract some of the results of stress.

Breast Feeding can relieve pain during medical procedures

Breast feeding during a painful procedure reduces the response to pain in newborn infants, finds a study in British Medical Journal

CONGENIAL ATMOSPHERE FOR BREAST FEEDING

Breast feeding during emergency

Variety of emergency situations affecting mother and child

- Armed conflicts – 50 million refugees
- Natural disasters
  - Tsunami
  - Floods
  - Earthquakes
  - Crop failure
  - Hurricane
  - Tidal waves
  - Typhoons
  - Volcanic Eruptions

Levels of Study

- State level administration
- District level administration
- NGOs, Health care agencies
- Social workers
- Victims of disaster

HIGH POWER COMMITTEES

- **CHENNAI, JAN 24: ?** The Tamil Nadu Government is setting up district, panchayat and ward-level committees to monitor and supervise the tsunami relief and rehabilitation works and offer necessary suggestions and advises to the implementing agencies under the state disaster management authority, in all the 13 coastal districts that have been affected by tsunami on December 26, 2004.

State Emergency Operation Centre

- R SANTHANAM IAS
  Spl. Commr. & Commr. of Revenue Admn.
- THIRU C.U. SHANKAR IAS
  Officer on Special Duty (Relief)
- DR. NEERAJ MITTAL IAS
  Joint commr. Relief and Admn.
- THIRU R SIVAKUMAR IAS
  Joint Commissioner Land Revenue
- THIRU ASHISH CHATTERJEE IAS
  Joint Commissioner (Relief)

STATE LEVEL ADMINISTRATION

- High Power committee constituted – not effective.
- No Nodal Officer.
- IMS Acts were least discussed.
- Breast Milk promotion work not carried out.
- No policy on Breast Feeding during emergency.
- Neither the CM or other ministers talked about breast feeding.
- In the directive issued by the Health Department, no mention about breast feeding.

Milk powder supply

- Mr. C. Umasanker, IAS Officer and Co-ordinator in Tamilnadu has affirmed that the first shipment of near-term relief consisting of relief provision kits have been shipped to Tiruvarur District from where it will be distributed to various relief camps in Nagapattinam District (the worst –hit district in the southern state of Tamilnadu, India)

Each relief kit contains:

- Blankets at least two blankets per family
- Milk powder for feeding the infants 1 kg
- Dry food item cornflakes
- Sugar 1 kg

DISTRICT LEVEL COMMITTEE

Chairman : The District Collector

Members:

- Members of parliament (MP)
- Members of the legislative assembly (MLA) representing the affected regions.
- The District Panchayat Chairman.
- Presidents of the Panchayat unions.
- All the heads of related departments in the district
- Two representatives of the Non-Governmental.

DISTRICT LEVEL COMMITTEE

- Better co-ordination among various departments.
- No important for breast feeding promotion.
- No policy to check milk powder distribution.
- Majority of the revenue officials and health personnel are not aware of WHO guidelines on breast feeding.
- Better health care and epidemiological surveillance.
- Members of parliament and legislative council do not consider it as an important issue.

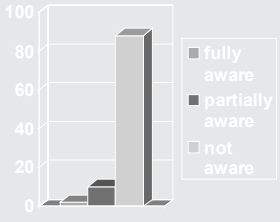
Village Level

- The Chief Minister said similar committees will be formed at the panchayat and ward-level in the affected areas under the leadership of the panchayat president.
- The ward members, president of the fishermen panchayat sabhas, the secretaries of such sabhas, and nominated representatives of the NGOs working in the area would be the members of the ward committees.
- These committees will meet occasionally and evaluate the progress of the relief and rehabilitation works.

Awareness of IMS act

SURVEY OF 50 NGOs

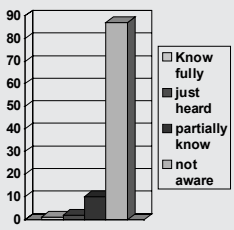
- **Fully aware 02%**
- **Partially aware 10%**
- **Not aware 88%**



Awareness of IMS act

SOCIAL WORKERS
200 PERSONS

- **Know the acts 01%**
- **Heard of the act 02%**
- **Partially aware 10%**
- **Not aware 87%**



GENERAL DOCTORS

- Exclusive breast feeding
- No feeding bottle
- No branded milk powder
- Supply of potable water
- Importance of breast feeding during disaster
- Majority have not adhered to these principles.
- Majority have considered milk substitute as the much needed substance during disaster.
- Majority feels not enough awareness is created.

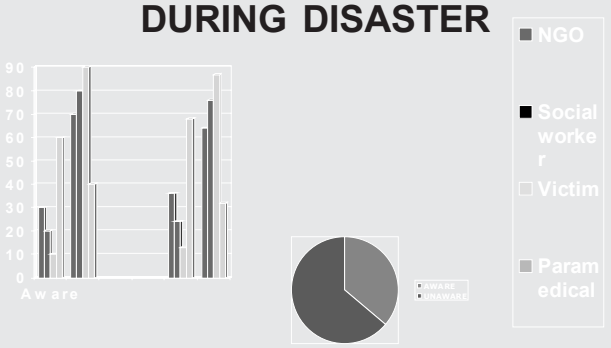
Milk Powder Distribution NGO Level

- One of the priority article.
- Mostly branded (Lactogen).
- Often along with feeding bottle.
- Never with potable water.
- Not considered as unsafe.

BREAST FEEDING IS BEST DURING DISASTER

	Unaware	Aware
NGO	64	36
Social workers	76	24
Victim	87	13
Paramedical	32	68

BREAST FEEDING IS BEST DURING DISASTER



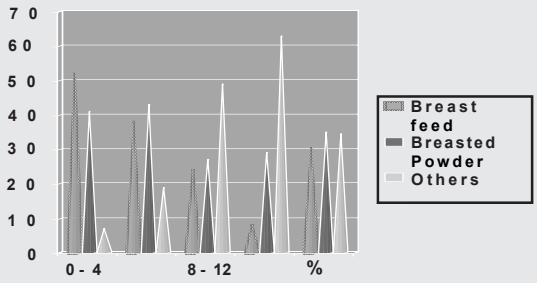
Health Workers

- Majority are not aware of IMS acts.
- They feel Breast milk is better than milk powder.
- Don't consider milk powder create more problems during disaster.
- Breast feeding promotion not in the counseling agenda.
- Advices on nutritive diets.
- Majority have witnessed the distribution or distributed these milk products.

Infant Feeding habits of 1000 mothers after Tsunami

	0-4 month	4-8	8-12	12-24	%
Breast Feed	52	38	24	8	30.5
Milk powder	41	43	27	29	35
Others-Animal milk,Cereals	7	19	49	63	34.5

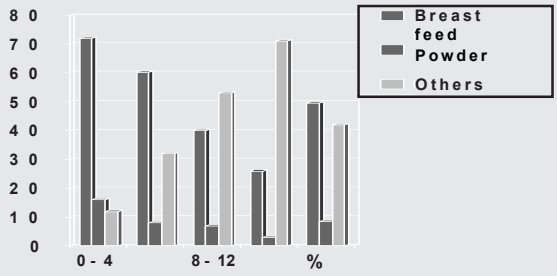
Infant Feeding habits of 1000 mothers after Tsunami



Infant Feeding habits of 1000 mothers before Tsunami

	0-4 month	4-8	8-12	12-24	%
Breast Feed	72	60	40	26	49.5
Milk powder	16	8	7	3	8.5
Others-Animal milk,Cereals	12	32	53	71	42

Infant Feeding habits of 1000 mothers before Tsunami



BREAST FEEDING BEFORE AND AFTER TSUNAMI

- Significant reduction of more than 25% in the feeding habits of mother for infant after tsunami

Breastfeeding and Infant Feeding Practices in TamilNadu

	1992-93	1998-99
• Mothers who initiated breastfeeding in the first hour after birth	21.8%	50.3%
• Mothers who initiated breastfeeding within one day of birth	54.5%	78.7%
• Median duration of exclusive breast feeding	1.9 years	1.9 years
• Appropriate complementary feeding rate(% breastfed as well as given solid/mushy food at 6-9 months)	44%	55.4%

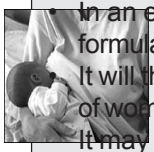
Difficulty faced for breast feeding

- Lack of privacy
- Not having proper shelter
- Fear of future/emergency
- Grief of loss
- Drop in the Breast milk
- Dejection
- Sleeplessness
- No motivation
- Not the priority, No fish for Eating

No one asked us to continue Breastfeed

POVERTY AMIDST PLENTY

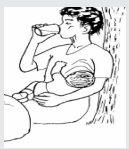
Akila, a two year old baby-girl, died in Vellapalam camp because there was no milk available in the camp.



RE-LACTATION AND INDUCED LACTATION

- In an emergency situation there may be no infant formula available.
  It will then be useful to know that your region is full of women who are all potential breast milk factories.
  It may be hard to believe but any woman who has given birth can re-lactate, and any woman with ordinary mammary glands can induce milk production in her breasts, even if she has never been pregnant.

FEED THE MOTHER



Provide plenty of drinking water wherever there are breastfeeding women in:

- transit rest areas
- registration/intake centres
- long queues for health and other services.

Special nutrition need of lactating women

- Need an additional 300 kcal/day (normally provided by the general food ration)
- If malnourished, need an additional 500 kcal/day
- Should receive iron and folate supplements
- Should receive chemoprophylaxis for malaria in endemic areas lactating women
- Need an additional 500 kcal/day (normally provided by the general food ration)
- If malnourished, need another 500 kcal/day
- Should receive sufficient fluids taking into account activity and temperature.

RECOMMENDATIONS

- In all level, awareness on breast feeding should be motivated. This should be extended to Medical and Paramedical community also.
- State Governments should be motivated to bring about definite policy on Breast feeding during emergency.
- NGOs should be encouraged to have social workers trained in Breast feeding art.
- IMA with its widespread network should be encouraged to propagate this pressing need.
- Health Education Materials on Breast Feeding should be published during disaster.
- Milk powder distribution should be banned or carried out through the health departments only.
- Sign Boards shall be erected to illustrate the evils of feeding bottles and usage of cups.
- Re-lactation and Hand expressed milk, shared breast feeding can be encouraged.
- Breast feeding promotion should be made in part of all maternity and child care programmes.
- Ensuring the infants of Tsunami disaster are not affected by the long term usage of milk powder.
- Breast feeding promotion should be included in the syllabus of all college and school students
- More than providing isolated place, nutrient food, ensuring adequate care and supply of their ration, personnel motivation and counseling should be carried out to encourage the mothers to feed.

THANK YOU

Mumbai floods, an emergency (BPNI Maharashtra)
Presented by : Dr. Charu P. Suraiya
Team : Dr. Charu Suraiya
Dr. Satish Tiwari
Dr. Alka Kuthe
Ms. Priya Deo

July 26, 2005

- The highest-ever rainfall recorded in a single day in India:
- shut down the financial hub of Mumbai
- snapped communication lines
- closed airports and
- forced thousands of people to sleep in their offices or walk home during the night

By the evening of July 26, 2005

- Stranded trains, huge traffic jams on highways and water-logged roads

By 08:00 pm in the night

- Office goers attempt to make their way home
- Tens of thousands of people were stranded for hours on roads
- Mumbai's airport — one of the busiest in the country — was shut and all incoming flights were diverted to New Delhi and other airports
- People wade past vehicles caught in the floods

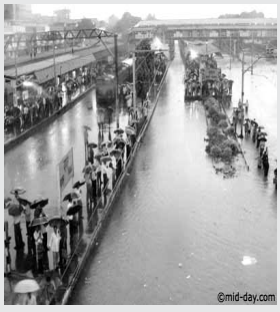
Will the water recede?

- Hopeful commuters await water to recede to take a bus home

By late night

- People slept on platforms and in offices

July 27, 2005



Dadar and Mahim station on Wednesday morning. The water level stood at 19 inches.

No hope by next morning

- People walk back home

But it continues to rain…

Emergency Help

- Help came in from local residents in the form of distribution of cooked food, tea, clothes etc.

State Machinary

- Early Wednesday, the 27, July Chief Minister Vilasrao Deshmukh, the state's top elected official, called the army, navy and home guards to help with the relief effort.
- "Inflatable rafts will be used to reach stranded people. Please try to stay where you are and don't leave your homes," he said.

July 28, 2005

- UNICEF and BMC coordinated with NGOs for relief work
- Organized clearing of garbage and animal carcass
- Medical camps and distribution of ORS, emergency drugs, antibiotics etc.
- Distribution of chlorine tablets
- Setting up of food distribution centers

Survey findings

- Affected areas – 'R' Central, 'R' North, 'F' North, 'G' North, 'H', 'L', 'P', 'M' East, 'M' West, 'K' East, 'K' West.
- Population affected – Approximately 20,000 people in each of these wards
- Total of 30,000 children affected

The needs identified -

- Civic needs like clearing of garbage, chlorine tablets
- Health needs which needed immediate medical attention
- Other needs like bed sheets, clothes, school uniforms, books, grains, vessels, etc.

Awareness

- No awareness regarding WHO policy by health workers though some NGOs were aware
- No awareness about IMS act by most NGOs or health workers
- No policy to ensure EBF during emergencies

Help extended by aanganwadi sevikaas

- No distribution of infant milk formula
- Mothers were advised to breastfeed their infants
- If mother was not available, relatives were advised to cup feed the infant with animal milk
- Group counselling to ensure breastfeeding of younger children

Difficulties faced by mother

- Loss of human life and property leading to severe grief
- Immediate help was extended by neighbors in high rise buildings
- Evacuations by government to safer places
- Distribution of food, drinking water and clothes at distribution centres
- Animal milk was distributed for young children

Role of BPNI Maharashtra

- Medical camps with all pediatricians volunteering their time and expertise
- In the camp typhoid vaccines, paracetamol tablets, antibiotics, multivitamins and ORS was distributed
- High protein diet was distributed to all children
- Breastfeeding was advised. For children over 6 months cooked food from community kitchens was advised along with continuation of BF
- For babies of severely sick (in hospitals) or dead mothers, feeding from cup was advised.

THANK YOU!

EFFECTS OF DISASTERS ON VULNERABLE GROUPS

BY

Brig (Dr.) B K Khanna
Advisor, National Disaster Management Authority

VULNERABILITY PROFILE

- INCREASE IN DISASTERS RECENTLY
  - On an average 511 disasters per year.
  - 14 fold increase in cost of mitigating natural disasters since 1950. $ 485 billion per year.
  - Each year (from 1991-2000) average 211 million people killed/affected – 7 times greater than killed by conflicts.
- 25M environmental refugees in world. ¾ women.
- Asia particular vulnerable to Disasters.
- Between 1991-2000, 83% of population affected by Disasters globally –24% Disaster deaths in Asia accounted for by India, mostly due to floods & cyclones.
- 4 Crore (100 million) hectares of land flood prone. 68% of net sown area to droughts.

Cont,,,

VULNERABILITY PROFILE

- 10th Five year plan, separate chapter on Disaster Mitigation, from a development perspective.
- Plan recognises need for community participation & within this, need for identifying vulnerable groups. It does not match this commitment with resource allocation?
- Plan approach to Disaster Mitigation top down & techno centric rooted (afforestation,earthquake resistant housing) based on trained experts. Such perspective sees Vulnerable groups as "passive victims" & calls for special assistance, aid etc. It overlook contextualised social relations of power underlying vulnerability.
- It fails to recognize resilience of livelihood strategies based on experience of living with instead of coping with disasters.

What is DISASTER?

Disruption	to normal patterns of life
Human Effects	loss of life, injury, hardship and adverse effect on health
Effects on Social Structure	destruction of or damage to structures, buildings, communications & essential services
Community needs	emergency shelter, food, clothing, medical, social care,. …. ..

Disaster Definition!

An event, natural or man - made, sudden or progressive, which impacts with such severity that the affected community has to respond by taking exceptional measures!

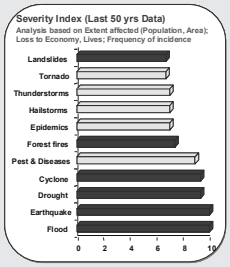
Disasters in India - Vulnerability

Key Vulnerability:

- 5700 Km Long Coastline - Cyclone-prone
- 40 Mha - Flood-prone
- 68% of Net Sown Area (116 Districts) - Drought-prone
- 55% Total Area - Seismic Zones III - V
- Sub-Himalayan/ Western Ghats - Landslide-prone

The Indian Sub-Continent is among the World's Most Disaster-prone Areas

Severity Index (Last 50 yrs Data)
Analysis based on Extent affected (Population, Area); Loss to Economy, Lives; Frequency of incidence



Hazard Vulnerability in India

56% of land vulnerable to Earthquakes
28% of land vulnerable to Drought
12% of land vulnerable to Floods(37% in 1998)
8% of land vulnerable to Cyclones
Different types of manmade Hazards
1 million houses damaged annually + human, economic, social, other losses

VULNERABILITY OF STATES

Types of Disaster *	Name & No of States/UTs	
5	Gujarat	1
4	Maharashtra, AP, Orissa & A&N Islands	4
3	NE States, W Bengal, Bihar, TN- - -	10
2	Delhi, UP - - - -	17
1	*Rajasthan,- - -	3

*Even though affected only by Drought but suffers heavy Financial Losses averaging Rs. 3 to 8 Thousand Crores, Annually.

*Types: Earthquake, Cyclone, Tsunami, Flood, Drought & Landslide.

FATE OF RURAL POOR WOMEN

- No access to ownership to productive resources, as land, labour & credit.
- Access to employment & other income generating opportunities denied.
- Lack of education/training
- Mental & physical health status (freedom from all forms of violence, food access & health care).
- Access to external social support (network of kinship, patronage and friendship i.e. moral economy).
- Girls receive less, incl, edn, nutrition, exploitative marriage practices, dowry & son preference.
- Contribution to household undervalued
- Harbour negative images. Not used to perceiving themselves strong & effective.
- Women denied land rights, less wages in agriculture, low status of women.

EFFECT OF DISASTER ON WOMEN

Direct

Injury, death, property damage.

Indirect

Consequence direct by men; as death, disability, migration. Incidence of burden falls on women.

DIRECT EFFECT ON WOMEN

Women vul in disaster sit determined by following factors:

- Status
- Education and training
- Patriarchal values & stereotyped rules
- Inclusion and exclusion

Women Status

- Less female than male ratio 933:1000 (female feticide, female infanticide, dowry deaths, violence)
- Larger neglect of women impact on lives of women – socio cultural reality.

Contt..

DIRECT EFFECT ON WOMEN

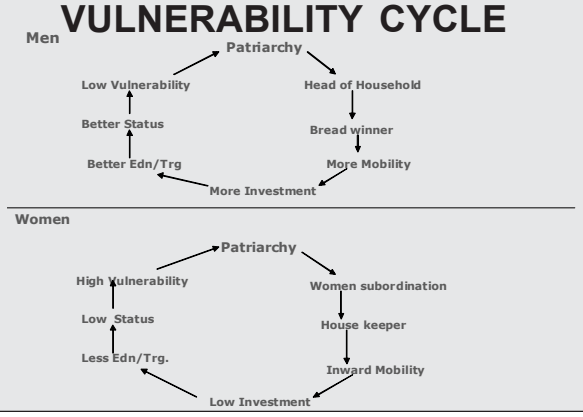
Education & Training

- Literacy rate gap 64.13 % : 39:19%
- Drop out after primary education
- Education gives better understanding of problems and increases one's accessibility to different tangible and intangible resources. Old customs. Grooming change their thinking process.

Patriarchal Values & Stereotyped Roles

- Biological differences; conceive, menstruate and breast feed. Similarities more, like emotional, reactive, rational thinking.
- Grooming as breadwinner and housekeeper, "male box" and "female box" separate rules, norms & practices.
- Women reproductive role but also productive like agricultural labour. As wives and mothers involved in community management.

VULNERABILITY CYCLE



Inclusion and Exclusion

- Gender Intensified Disadvantages
- Any disaster situation women suffer more. Poorer than men in quality of life. Many programs, women excluded, men included.
- Gender Specific Disadvantages
- Disadvantages women suffer being born as women. Do & don'ts during upbringing. Not develop as they want Women excluded.
- Bureaucratically Imposed Gender Disadvantages Ignorance, biases and prejudices about men & women.

INDIRECT IMPACT

- Men breadwinner women housekeeper
  - More investment in men and outward mobility.
  - If breadwinner affected, women expected to become breadwinner – not trained hence becomes miser able. During illness of man loss of earnings.
  - Women have to take final burden of dealing in poverty and vulnerability

WHAT TO DO

- **Gender Segregation Data** : Death, loss, disability, homelessness etc. help Govts/NGOs formulate future strategies for disaster mitigation.
- **Convergence of Disaster Management Plan with Development Plans** : DM Plan not in isolation of other development plans. Plan for empowerment of women. All programes on edn, training, income generation, converge at one point.
- **Gender Concern** : Gender concern should be made of DM cycle preparedness, response, recovery and mitigation.
- **Gender Sensitization Training** : Difference between acknowledging importance of gender issues and being able to put them in practice Gender training for policy planners in addition to Disaster managers.

Cont..

WHAT TO DO

- **Gender Awareness Policy** : Gender Blind to gender aware development intervention.
  - **Gender Neutral Policy** : Seek to target appropriate development actors to realize predetermined goals & Objectives but leave existing division of resources, responsibilities and capacity intact.
  - **Gender Specific Policy** : Benefit gender specific needs more effectively. Based on accurate analysis of prevailing division of labour, responsibilities and needs rather than on planners biases & preconceptions.
  - **Gender Transformative Policy** : Transform existing gender relation through redistribution of resources & responsibilities Men to give up certain privileges and takecertain responsibilities for greater equityin development process.

ROAD MAP

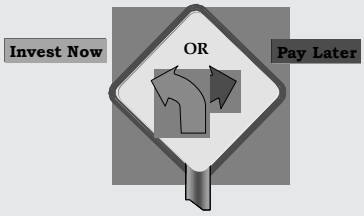
- National Disaster Management Policy being formulated children alongwith women recognised as vulnerable groups. The recommendations of BPNI will help in Policy formulation.
- Women & Child relationship – Physical proximity and reliance on mother.

3. Child - Mother alive
   - Normal
   - Mother under trauma
4. Child - Mother dead
   - Near Relations
   - No close Relations

- Instant milk in family kit.
- Instant milk in relief with food & water
- Policy formulation – Under Discussion with Stake holders – media – community
- To States for comments & feedback
- Issue Policy next 5-6 members.

DM PREPAREDNESS

- Reduction of Risk
  - Warning: *Choose Correctly*



Thank You
for patient hearing

Infant and Young Child Feeding in Emergency Situations

CARE, India

Context

- Following a disaster the attention and focus of any relief/development agency is to provide food, clothing and shelter to the affected communities
- When food is provisioned, while the family is kept in mind as a unit, there is no focus on other vulnerable individuals particularly lactating mothers or infants in the family

Context

- Hence emergencies present a significant challenge for infant and young child feeding
- The challenge varies by the type of emergency; more complex in cyclones and earthquakes when most family and community resources are lost
- Mothers and caregivers are stressed therefore unable to adequately feed and care for the young child ; trauma often results in lactating mothers unable to adequately breastfeed

Approach and Efforts

- Focussed on providing :
  - RTE foods e.g. high energy biscuits
  - Safe drinking water
- Advocated with state governments to give due attention to infants
- Rapid assessment of current infant and young child feeding practices — conducted in recent emergencies e.g. tsunami

Approach and Efforts

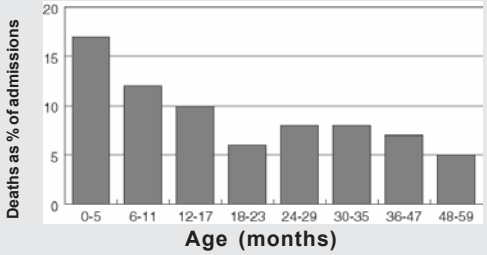
- Awareness building through community meetings to restore and promote appropriate breastfeeding and complementary feeding practices ; linking with the invisible danger of malnutrition
- Building understanding on when use of breastmilk substitutes is warranted (mother has died ; lactational failure)
- Women brought together through groups activities and livelihood options so that their routine behaviours are resumed

Infant and Young Child Feeding in Emergency Situations- Role of IAP/Pediatrician

Professor Sangeeta Yadav
Dept.of Pediatrics
Maulana Azad Medical College
& Coordinator
Dr. Swati Y Bhave Chairperson
Disaster Management Committee

Risks of death highest for the youngest

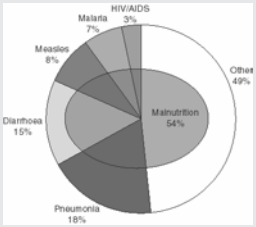
at therapeutic feeding centres in Afghanistan, 1999



Golden M. Comment on including infants in nutrition surveys: experiences of ACF in Kabul City. Field Exchange 2000;9:16-17

Risk of death higher for malnourished children

Distribution of 10.5 million deaths among children under 5 years old in all developing countries, 1999



EIP / WHO Geneva, 1999

Identification of Infants and Young Children

A) Age Newborns
Early infancy
Late Infancy
2-3 Years
> 3 Years
- With mother/Without Care taker

B) Nutritional Status
Any Vitamin Deficiency

C) Concurrent Illness

D) Take Orally or Not

Nutrition needs in emergencies

- Calorific needs
- Care needs
- Health needs
- Psychosocial needs
- Need for Micronutrients
- Need for Water
- Need for Hygiene

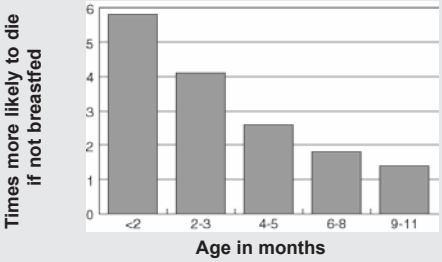
n Needs contd.

- Rescue Phase- 48 Hrs. Survival
  Non – Perishable items
  Recovery Phase- Provisions of Food
  Rehabilitation Phase-
  Establishment of support networks
  Programs for feeding of
  Infants/ Orphans

Newborns & Early Infancy

- With Mother – BREAST FEEDING
- Without Mother – Expressed Breast Milk
  Surrogate Mother
  Replacement feeding

Protection by breastfeeding is greatest for the youngest infants



Risk of death if breastfed is equivalent to one.

WHO Collaborative Study Team. Effects of breastfeeding on infant and child mortality due to infectious disease in less developed countries: a pooled analysis. The Lancet 2000;355:451-5

Points of Agreement

Protect, Promote & Support Breast Feeding

1 Emphasize that Breast milk is the best
2 Actively support women to breast feed
3 Avoid inappropriate distribution of Breast milk substitutes
4. Infant formula only if necessary

More points of agreement

protect, promote and support breastfeeding

5. Do not distribute feeding bottles/teats; promote cup feeding.
6. Do not distribute dried skim milk unless mixed with cereal.
7. Add complementary foods to breastfeeding at 6 months.
8. Avoid commercial complementary foods.
9. Include pregnant and lactating women in supplementary feeding when general ration is insufficient.

Conditions to support breastfeeding

- recognition of vulnerable groups
- Baby-Friendly maternity care
- shelter and privacy
- reduction of demands on time
- increased security adequate food and nutrients
- skilled help
- community support
- adequate health services

Example of agreed criteria

For use of alternatives to mother's milk

- Mother has died or is unavoidably absent.
- Mother is very ill. (temporary use may be all that is necessary)
- Mother is relactating. (temporary use)
- Mother tests HIV positive and chooses to use a breastmilk substitute.
- Mother rejects infant. (temporary use may be all that is necessary)
- Infant dependent on artificial feeding.* (use to at least six months or use temporarily until achievement of relactation)

* Babies born after start of emergency should be exclusively breastfed from birth.

Conditions to reduce dangers of artificial feeding:

the breastmilk substitutes

- Infant formula with directions in users' language
- Alternatively, ingredients and knowledge for home-prepared formula
- Supply of breastmilk substitutes until at least six months or until relactation achieved. For six months, 20 kg of powdered formula is required, or equivalent in other breastmilk substitutes
- Milk and other ingredients used within expiry date

However, caregivers need more than milk.

Conditions to reduce dangers of artificial feeding:

additional requirements

- Easily cleaned cups, and soap for cleaning them
- A clean surface and safe storage for home preparation
- Means of measuring water and milk powder (not a feeding bottle)
- Adequate fuel and water
- Home visits to lessen difficulties preparing feeds
- Follow-up with extra health care and supportive counselling
- Monitoring and correction of spillover

Problems of artificial feeding in emergencies

- lack of water
- poor sanitation
- inadequate cooking utensils
- shortage of fuel
- daily survival activities take more time and energy
- uncertain, unsustainable supplies of breastmilk substitutes
- lack of knowledge on preparation and use of artificial feeding

Improving conditions

to make breastfeeding easier

Mothers' difficulties	Staff should ensure
• time constraints long time to fetch water, queue for food	*priority access*
• lack of protection, security, and (where valued) privacy	*shelters*
• lack of social support and of a familiar social network	*groups of women who support each other*
• free availability of breast milk substitutes, undermining mothers' confidence in breastfeeding	*effective controls on availability*

Late Infancy

- Breast Feeding
- Replacement Feeding
- Complementary Feeding

What is not appreciated

Inappropriate donations of infant feeding products

McGrath M. Infant feeding in emergencies: recurring challenges. Paper for Save the Children UK and Centre for International Child Health, 1999

Some important points from the International Code of Marketing of Breastmilk Substitutes

- no advertising or promotion to the public
- no free samples to mothers or families
- no donation of free supplies to the health care system
- health care system obtains breastmilk substitutes through normal procurement channels, not through free or subsidised supplies
- labels in appropriate language, with specified information and warnings

Code violation — promotion of bottle-fed tea

Tetovo Government Hospital, Macedonia

from McGrath M. The reality of research in emergencies. Field Exchange 9, March 2000

Supporting people in their own efforts

First, do no harm

- Learn customary good practices.
- Avoid disturbing these practices.

Then, provide active support for breastfeeding

General support

establishes the conditions that will make breastfeeding easy

Individual support

is given to mothers and families through breastfeeding counselling, help with difficulties, appropriate health car

Operational Guidance: what to do

1. Endorse or develop policies on infant feeding.
2. Train staff to support breastfeeding and to identify infants truly needing artificial feeding.
3. Coordinate operations to manage infant feeding.
4. Assess and monitor infant feeding practices and health outcomes.
5. Protect, promote and support breastfeeding with integrated multi-sectoral interventions.
6. Reduce the risks of artificial feeding as much as possible.

2-3 Years

Replacement Feeding
Complementary Feeding

>3Years
Family Diet
Ensure Quantity

NUTRITION GUIDELINES

- Malnutrition is an important contributor to child morbidity and mortality in both emergency and non-emergency situations.
- Malnutrition weakens children's ability to resist common childhood infectious diseases.
- The course and outcome of these diseases are more severe and often more fatal in malnourished children.
- Emergencies frequently result in dramatically increased rates of malnutrition, which has a negative impact on children's cognitive development.
- Emergency nutrition programmes should be directed towards ensuring the right to nutrition and freedom from hunger.

AIM

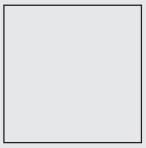
- To prevent catastrophe-related deaths and malnutrition;
- To reduce malnutrition and to protect the nutritional status of the most vulnerable groups, like young children and pregnant and lactating women;
- To promote sustainable and self-reliant means of livelihood and household food security as quickly as possible;
- To restore and provide access to health, water supply, education and other basic services for all; and
- To reduce vulnerability and thereby to increase the capacity to cope with and recover from future crises.

Underlying causes of malnutrition

- Access to food : Break down in an emergency when households are very vulnerable.
- Food is available, people may not have the means to prepare it
- They may find it unacceptable due to the trauma and anxiety.

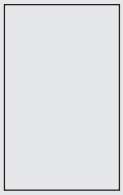
Why do disasters lead to malnutrition in young children?

- Previous borderline malnutrition
- Lack of food
- Contaminated food
- Unfamiliar food
- Measles epidemics
- Diarrhea illnesses
- Depression in mother, father, & children
- Loss of caretakers



Previously well nourished children under 5 years who fled Rwanda and Kurdish areas of Iraq became severely malnourished within three weeks.

Many Central American children became severely malnourished after Hurricane Mitch



What do child health professionals do to prevent / treat malnutrition in disasters?

#1 ASSESS

You know what malnutrition looks like.

You recognize subtle signs.

NGO and UN Relief Workers do not unless They are child health professionals.

#2 Investigate food supplies, preparation methods, times of feeding, and stress levels of nursing mothers

#3 If you see antecedents of malnutrition or actual malnutrition, become a loud advocate for interventions to prevent / treat malnutrition

#4 If necessary, do a nutritional survey rapidly.

#5 Make sure refeeding programs are practical and include appropriate family evaluations as well as food for breast feeding mothers.

#6 Prevent / Treat Infectious Diseases

#7 Assess for micronutrient deficiencies, including Vitamin A, Vitamin B, Vitamin C, Vitamin D, iron, and zinc.

High Energy Formula:

Ingredient	Amount	CHO (g)	Protein (g)	(g)	Fat (kcal)	Energy (mOsm/1)
Osmolarity						
Milk (whole)	1000 ml	49	35	37	670	260
Oil (emulsified)	67 ml			45	405	0
CHO (dextrins)	68 g		68		272	72
Total:	1070 ml	(35%)	(9%)	(55%)	1340	332

(40 kcal/oz, 9-10% energy as protein, low osmolarity)
(Requires supplementation with iron, potassium, magnesium, and zinc)

Conclusions.....

Emergencies adversely affect care factors directly linked to nutrition that may be disrupted.

These include:

- infant feeding practices (i.e. breastfeeding practices, the use of breast milk substitutes);
- complementary feeding practices;
- feeding practices during illness, food hygiene, etc.

Equally important are factors less directly linked to nutrition, like:

- the degree to which a child is protected from trauma and abuse, and
- the affection and physical stimulation received by the child.

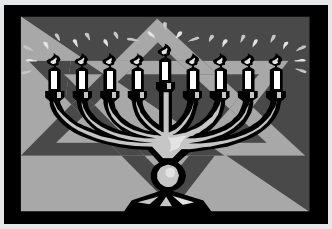
Rehabilitation Phase

Supporting strategies aim to:

- promote the re-establishment of a stable family life;
- help re-establish a sense of normalcy in the child's life;
- promote opportunities for expression of feelings;
- protect children from further harm;
- mobilize the child's existing care system;
- train relief personnel on dealing with psycho-social issues;
- help to lessen the psychological impact of emergencies; and
- enable children to be active agents in rebuilding communities and a positive future.

Finally be prepared with

- Integrated planning annually at district and sub district levels with active community participation
- Assessment of immediate and long term needs
- Decentralized provisioning
- Empowering the local community institutions to access and utilize the resources available
- Monitoring and analysis of lessons learnt



Thank You

Infant and Young Child Feeding in Emergencies -Role of stake holders

Dr. J. Ganthimathi
Joint Secretary
Indian Red Cross Society

Most vulnerable

- Pregnant and lactating women
- Children
- Older people
- PLWHA
- Malnourished
- Ethnic, religious or political affiliation

What to give?

- Culturally acceptable
- Raw food material & cooking facilities
- Cooked

DON'T FORGET ABOUT BREAST FEEDING

Promotion of breast feeding

- Promotion of breast feeding during Disaster & inter disaster phase
- Support the breast feeding mothers during disaster
- Encourage wet nursing if appropriate

Milk powder in emergencies

- Contamination
- Misused for coffee and tea
- Problems of transportation and storage

RC principle on use of milk in emergencies

- Under strictly controlled and hygienic conditions
- No for general distribution & take away supplementary food
- Advise to donors to withdraw or safe disposal
- No for dried skimmed milk without Vit A fortification
- No for liquid/semi liquid tinned milk

Role of Red Cross in IYCF

- Address the issue in DM & Health programs
- Training of volunteers at different level
- Identify suitable, culturally acceptable, easily available food in that region for IYCF that can be used in Emergencies

Thank You

BREAST FEEDING PROMOTION NETWORK OF INDIA
JAMMU AND KASHMIR BRANCH
SRINAGAR.

Presented By: - Khalida Jabeen
State Coordinator BPNI JK Branch

Earthquake of J&K on 8th of Oct 2005 at 9.20am

Section 1

1.1 Name of the State: *Jammu & Kashmir*

1.2 Name of the District: *Barramulla, Kupwara*

1.3 No. of blocks affected Barramulla
1. Uri 2. Boonyar 3. Salamabad 4. Kamal kot 5. Nawshera.

1.4 No. of blocks in kupwara affected *Tungdar, Karan, Karna & Teetwal*

1.5 No. of main villages affected
Saki madian, Nagraz Handi Mori, Kanari, Bandi Sarai, Kulfi Brijara, Sultan Dikki, Jabda

1.6 Total Orphans reported by the govt. department of social welfare is in
1 District Kupwara, karan 78, Tungdhar 6 under 5 orphans reported in district Baramulla 76 under 5 orphans by reported

1.7 By NGO AMAN 231 orphans under 5 was reported out of it 115 boys and 116 girls.

Section 1 *Generalization regarding nodal agency*

1. There are nodal agencies responsible for coordination of relief work with various agencies as stated above.
2. Nodal agencies are not aware of WHO policy on IYCF during emergencies.
3. Nodal agencies are not aware of IMS ACT
4. There is no policy to ensure exclusive breast-feeding during emergences in the state.

Section 2 NGOs

1. No NGOs is aware of WHO policy on IYCF during emergency.
2. No NGO is aware of about IMS ACT. Some how VHAI NGO, Doctors without Borders, CRS, St Joseph's Hospital, Baramulla have some knowledge about Ban Imposed on infant milk.
3. They have no policy to ensure exclusive breast feeding during emergency in the state, however, some of the NGOs were taking care of under-5 nutrition e.g. CRS, Action Aid, KERRCC and VAN
4. NGOs were promoting IYCF guidelines through AWWS, MPHW from 3rd week of October onwards.

Section 3 Health Workers

1. Health workers have no clear-cut guidelines on IYCF during emergencies, but they are taking care of under 5 nutrition.
2. They are not aware of IMS ACT.
3. There is no policy to ensure exclusive breast-feeding during emergencies in the state.
4. Health Workers in coordination with NGOs and Govt. relief officials were distributing biscuits, milk

food kit to the families and mothers.

5. Yes health workers have witnessed the distribution of " Kit Milk food" by congress (Mrs. Sonia Gandhi)

Section 4 Mothers of Babies less than 2 years of age

1 Mothers faced the difficulty of having less breast milk supply during the recent emergency, as mother did not get food to eat for 24 hours in remote area of emergency during earthquake.

On 9th of October, 2005 " Kit milk food" along with other relief food was distributed to them.

No information of animal milk received during emergency was reported because whole area was affected with earthquake.

No information about powered milk distribution except "kit milk food" and unicef high energy biscuits.

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National Convention of BPNI 2005
9th & 10th December, 2005
Gulmohar Hall, India Habitat Centre, Lodi Road, New Delhi
Themes: HIV & Infant Feeding
Infant and Young Child Feeding in Emergency Situations
Organised by: Breastfeeding Promotion Network of India (BPNI) HQ
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