Guiding principles for feeding infant and young children in emergency **(IYCF)**

Beyond the provision of foods, strategies to reduce malnutrition and mortality and to improve child growth through the promotion of appropriate infant and young children feeding practices are often overlooked. The guiding principles for infant and young child feeding practices include:

1. **Breastfeeding**: In food emergencies, breastfeeding can be life-saving. Outbreaks of diseases such as diarrhoeal diseases and malaria with conditions of poor sanitation and inadequate access to water make breastfeeding the safest and only practical choice for feeding infants and young children. Health care workers who lack basic breastfeeding information and management skills need to be trained.
2. **Complementary feeding**: Complementary foodsare solid and non-breast-milk foods are which include cereals, cereal-milk or cereal preparations, well cooked potato or yam; egg yolk (can be given at 6th month) while white of the egg is given only by the end of first year, as some babies are allergic to it; cooked and strained fish can also be given Appropriate complementary feeding should be
* Timely: Complementary foods are introduced at about six months of age.
* Adequate - Complementary foods provide adequate energy, protein and micronutrients to meet the growing child's needs.
1. **Psychosocial care**: This means that the caregiver actively helps her child to eat while

remaining sensitive to the demands of the child; she is patient and allows the child to eat

at his/her own pace, verbally encourages the child to eat without force feeding and allows the child to try different foods if he/she refuses to eat.

1. **Nutritional care of the sick and malnourished children:** These include assessment and treatment of children illness, continued feeding during illness; increased variety, frequency and amounts of food during convalescence.
2. **Personal hygiene and food safety:** These mean the foods are stored, prepared and fed with clean hands; baby bottles are not used. Caregivers should receive sound information and counselling at health, therapeutic and supplementary feeding centres about breastfeeding and appropriate complementary foods including fortified foods. Mother-to-mother support groups and peer counselling should be promoted for community outreach.

Breastfeeding of infants and HIV status

In many emergencies, the majority of women do not know their HIV status. WHO policy

on breastfeeding and infant feeding are:

* Exclusive breastfeeding should be protected, promoted and supported for six months. This applies to women who are known not to be infected with HIV. However, for infants born to known HIV-positive mothers, adequate replacement feeding is recommended. Replacement feeding however, which includes infant formula for young infants, must be acceptable (likely to please the person who receives it), feasible (possible/ capable of being achieved), affordable (be able to meet the cost), sustainable (able to be maintained)and safe ( not injurious to health).
* When replacement feeding is acceptable ( likely to please the person who receives it), feasible (possible/ capable of being achieved), affordable ( be able to meet the cost), sustainable (able to be maintained)and safe ( not injurious to health),the avoidance of breastfeeding by HIV-infected mothers is recommended otherwise, exclusive breastfeeding is recommended during the first months of life.
* To minimise HIV transmission risk, breastfeeding should be discontinued as soon as feasible, taking into account the individual mother's situation and the risks of replacement feeding, including malnutrition and other infections.

It is important that replacement feeding, advised as one option for feeding infants of HIVinfected

mothers, does not 'spill over' to the general population as an option for all infants