Connecting About IYCF-E Emergency Response

How to Approach Emergency Managers and Response Orgs

Core Collaboration Principles

- Move from awareness to action — without taking on work that belongs to someone else. Everyone stays in their lane.
- You are not asking to run the response or write the plans.
- Your goal is to surface gaps and identify the support needed.
- Use supportive questions — not demands.

Keep In Mind

- Only promise staffing or response you can actually deliver.
- Respect existing plans and the effort that went into them.
- Don't assume public health leads emergency response.
- Understand operations before requesting policy changes.

Common Concerns & Misperceptions to Anticipate

They May Think...	Reality
Not accepting donations = not distributing formula.	IYCF-E is about managing supplies safely — not withholding them.
Receiving and storing formula is the primary IYCF-E request.	The main request is coordination to support all feeding methods — not only formula storage logistics.
We want to keep formula from babies or are militant about breastfeeding.	IYCF-E addresses all feeding methods. The goal is safety, not forcing a specific option.
Infant feeding has only two options (breast or formula)	Infant feeding exists on a spectrum. Support must be individualized.

Conversation Starters

Lead with understanding — not solutions. Frame questions around their role and current gaps:

Suggested Opening Lines
"We're trying to understand how infant feeding is handled during emergencies in our county."
"Who is usually responsible for guidance when shelters serve families with infants?"
"What support would you need if this came up during a real event?"

Tip: If your county has met mandates for pet care in emergencies, congratulate them and ask whether there is a parallel provision for infants and young children and their caregivers.

They don't have to become an infant feeding expert.

This work is about preventing harm and knowing when to pause and call the right people.

Role-Specific Key Questions & Critical Actions

For all of these, if the answers are unclear — that is the point. The conversation starts there.

UNIVERSAL QUESTION — applies to every role in an emergency

Are there infants or young children here — and do their caregivers have what they need to feed them safely right now?

Role-Specific Reference

County Emergency Management

KEY QUESTION

When infants and young children are affected by a disaster, do we have a clearly designated coordination function with the authority and expertise to guide safe feeding practices?

KEY CONCEPT: When responsibility isn't designated, unsafe feeding practices spread faster than accurate guidance — and impact life safety.

CRITICAL ACTIONS

- Designate an IYCF-E coordination function within EOC operations.
- Document who to call during activation.
- Ensure shelters and partners know to pause and route, not improvise.
- Include IYCF-E in EOC situational awareness.

Public Health Preparedness

KEY QUESTION

Are we identifying infant feeding risks in affected communities — in clinics, shelters, temporary housing, and informal settings? When we identify needs, how can we help them?

KEY CONCEPT: Most infant feeding harm happens outside healthcare settings.

CRITICAL ACTIONS

- Integrate infant feeding risk into rapid needs assessments.
- Share emerging risks with Emergency Management and shelters.
- Coordinate with trained IYCF-E experts.
- Track feeding-related illness and concerns.

Healthcare Systems

KEY QUESTION

Are we discharging families with infants into environments where safe feeding may no longer be possible — and do we have a way to flag that risk? How do we mitigate it?

KEY CONCEPT: A medically stable infant can still be at serious risk if feeding becomes unsafe.

CRITICAL ACTIONS

- Include feeding safety in disaster-related discharge planning.
- Do not assume access to clean water, power, or supplies.
- Flag families with feeding vulnerabilities.
- Route concerns to IYCF-E coordination.

Shelters / Mass Care / NGOs

KEY QUESTION

When serving families with children ages 0–3, do we have the training, guidance, and systems needed to prevent harm related to infant feeding?

KEY CONCEPT: Well-intentioned distribution of infant feeding supplies is a leading cause of harm.

CRITICAL ACTIONS

- Manage distribution of feeding supplies with a package of supports (education and sanitation — for staff and families).
- Procure infant formula and feeding supplies through official channels to mitigate risks from donations.
- Pause distribution and contact the IYCF-E coordinator when unsure.
- Individualize support — there is no one-size-fits-all solution.

Volunteers / Workforce / Students

KEY QUESTION

Does everyone deployed into a disaster-affected setting receive guidance on infant feeding safety?

KEY CONCEPT: Untrained helpers can unintentionally create dangerous feeding situations.

CRITICAL ACTIONS

- Provide a brief, mandatory IYCF-E orientation before deployment.
- Teach volunteers to pause and refer, not advise.
- Ensure everyone knows the IYCF-E coordination contact.

Remember — regardless of role:

Pause. Don't improvise. Route to expertise.

Contact the designated IYCF-E coordination resource.