

Final Report

Policy and Training Initiative
in the Regional Municipality of Wood Buffalo

SafelyFed Canada
and the Women and Baby Care Association of Wood Buffalo

SafelyFed
Canada



Executive Summary	3
Background	4
Evacuation impact on infant feeding	6
Who are the project stakeholders and partners?	7
Wood Buffalo Woman Baby Care	7
Emergency Social Services	7
Fort McMurray Community Health Services	7
Stories from parents and helpers	8
Parents	8
Helpers	9
Overview of project activities	10
Key Achievements	10
Timing of project activities	10
Orientation (June 2017)	10
Stakeholder consultations (September 2017)	10
Needs Assessment (September 2017 - January 2018)	11
Training Sessions (February 2018)	11
Evaluation and final report (May 2018)	11
WBTi Score	12
Sustainability Plans	14
Emergency Social Services	14
Fort McMurray Community Health	15
Wood Buffalo Woman and Baby Care Association	15
Recommendations	16
Thank you	17

Executive Summary

This report outlines the rationale, planning and evaluation of the Infant and Young Child Feeding in Emergencies (IYCF-E) Policy and Training Initiative in the Regional Municipality of Wood Buffalo. During the evacuation of Fort McMurray in May 2016, a coalition was formed to provide feeding support to the approximately 3,000 children under the age of two, including breastfeeding support for the 900 breastfed infants among them.

Following re-entry, parents and the volunteers and professionals who support them identified a need to create IYCF-E policy, procedures and training to ensure that babies and their families would better served in future emergencies and create a best practice model from experience and expertise that could serve as a example for other communities in Alberta and across Canada.

The Wood Buffalo Woman and Baby Care Association partnered with SafelyFed Canada, and with the support of a Alberta Wildfires Recovery Fund grant from the Canadian Red Cross, worked closely with the municipality's Emergency Social Services and Alberta Health Services Community Health to assess the community's needs, develop and deliver training, and create policy and programs to

improve emergencies preparedness for families with infants and young children.

Recommendations include:

- Support ongoing work through an interagency steering committee and framework
- Community-wide adoption of the Baby-Friendly Initiative
- Update the regional emergency plan to incorporate IYCF-E policy and procedures
- Integrate IYCF-E orientation into existing training
- Engage with cultural groups and Indigenous communities
- Support parents and caregivers to build their preparedness and response capacity

Background

On May 3, 2016, the largest wildfire evacuation in Canadian history began, with 90,000 Albertans leaving homes and businesses behind. An estimated 3,000 children aged 0-24 months were among the evacuees, requiring special supports to ensure their well-being and safe feeding during the emergency, with about 900 breastfeeding infants among them.

In the hours following the first evacuations, members of maternal-child health organizations in the area recognized Fort McMurray evacuees would require support to breastfeed and to safely feed infants who were not breastfed, and formed an ad hoc coalition to mount a response.

The ad hoc humanitarian coalition partners were the Canadian Lactation Consultants Association, INFACT Canada, the Alberta Breastfeeding Committee, La Leche League Canada and the Breastfeeding Action Committee of Edmonton.

The coalition used a variety of tools to support families to ensure safe feeding including launching a 1-888 helpline, providing guidance and resources for families, emergency response workers and other helpers. At the outset of the recovery period, the coalition issued a key recommendation that IYCF-E experts be engaged in emergency planning to ensure adequate provision for families with infants and young children future emergencies.

Alberta IYCF-E volunteers conducted site assessments at reception centres in Edmonton and Lac La Biche, two Edmonton Emergency Relief Agency distribution centres, and temporary accommodation in eight dormitories and hotels in Edmonton and Calgary.

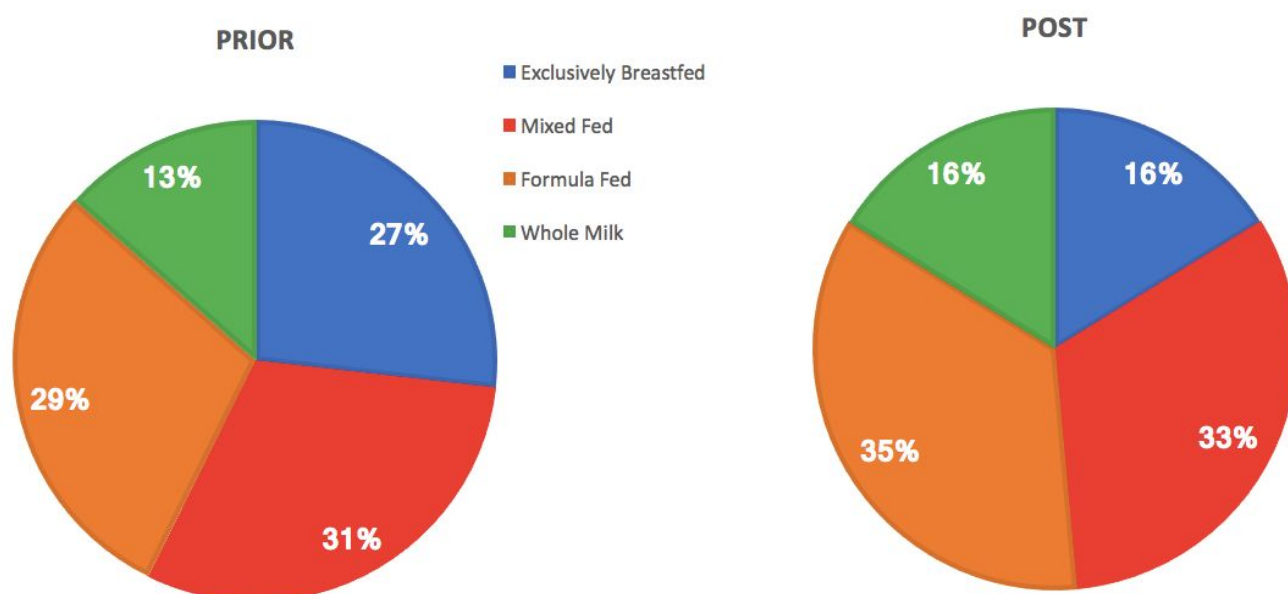
Shelter and reception centres were briefed on the need to distribute sterile, ready-to-feed infant formula due to unsafe conditions for preparation of unsterile, powdered infant formula. For example, many shelters lack access to clean preparation areas with no way to boil water or sterilize feeding equipment.

We conducted detailed interviews with caregivers of almost 100 infants aged 0-24 months, asking how children were fed before the evacuation, and how they were being fed post-evacuation. The majority of the caregivers assessed required additional onsite support or referral. Supports included:

- Instruction for safe formula preparation and feeding
- Provision of supplies such as breast pumps
- Skilled lactation support and referrals
- Referrals for various health care-related services including prenatal care
- Advocacy for access to services
- Reassurance and encouragement
- Ongoing follow-up to support or resolve feeding concerns

Evacuation impact on infant feeding:

The majority of children were breastfed exclusively or partially, prior to the evacuation, but after evacuation the majority of children were not breastfed - 57 per cent prior to evacuation and only 49 per cent afterwards. Of the 27 per cent exclusively breastfed infants prior to evacuation, only 16 per cent were still being breastfed exclusively after evacuation – the rest were either mixed feeding or were no longer breastfed at all. The number of children and infants fed formula or whole milk increased from just over 42 per cent prior to evacuation to 51.5 per cent after evacuation.



Recovery in action:

An interim report on the IYCF-E response was published June 16th, 2016, and included six immediate/short term recommendations to support safe re-entry. Recognizing the need to continue to support family resilience, four medium term recommendations were also made:

- Engage IYCF-E experts in emergency planning to ensure adequate provision for breastfeeding and non-breastfeeding families in future emergencies
- Create an infant and young child feeding emergency plan in collaboration with all stakeholders
- Strengthen existing breastfeeding supports in the paid and volunteer sector to maximize infant safety and minimize operational demands in future emergencies
- Support expansion of the Baby-Friendly Initiative, in place at Wood Buffalo Public Health, to include Northern Lights Regional Health Centre to better support families

During evacuation in ongoing recovery, a need was identified in the Regional Municipality of Wood Buffalo for better preparation to promote good practices in infant and young child feeding during emergencies. In September 2016, SafelyFed Canada was formed as a national, non-profit, non-partisan organization dedicated to the protection of infants and young children in emergency through safe and appropriate feeding. SafelyFed Canada advocates for improved infant feeding policy federally, provincially and locally, designs and deliver training, and coordinates direct aid to

families in emergencies through our staff, volunteers and partner organizations. Funding was sought to implement the key recommendations issued by the ad hoc coalition. Wood Buffalo Women & Baby Care, as a local organization, worked collaboration with experts from SafelyFed Canada to build on lessons learned during evacuation and increase capacity and preparedness for future disasters

The project would build resiliency by developing capacity for emergency responders, health care staff and community services to respond appropriately to the feeding needs of infants and young children in emergencies in the Regional Municipality of Wood Buffalo. It would also provide a model for other Alberta communities. Training front-line health workers and emergency responders in ICYF-E principles increase infant food security and community resilience in response to the 2016 wildfires.

In June 2017, the Infant and Young Child Feeding in Emergencies in the Municipality of Wood Buffalo Policy & Training Initiative was launched with the support of an Alberta Wildfires Recovery Fund grant from the Canadian Red Cross.

Our key stakeholders are the Emergency Social Services Team of the Regional Municipality of Wood Buffalo Emergency Management Branch, and Alberta Health Services Fort McMurray Public Health.

Who are the project stakeholders and partners?

Wood Buffalo Woman Baby Care

The Wood Buffalo Woman Baby Care Association (WBWBCA) is a non-profit organization in the Regional Municipality of Wood Buffalo, aiming to improve maternity and infant care in the community, including supporting midwifery and the creation of a value-based woman and baby care centre.



Emergency Social Services

Emergency Social Services (ESS) are those services required to preserve the well-being of people affected by a disaster. The goal of ESS in Wood Buffalo is to help people begin to re-establish themselves as quickly as possible after a disaster. ESS plays an important role in Emergency Management in the Regional Municipality of Wood Buffalo by helping people meet their immediate, basic needs during a disaster, reuniting families separated by a disaster and providing people affected by a disaster with accurate and up-to-date information.



Fort McMurray Community Health Services

Fort McMurray Community Health Services provide people with information to make healthy choices, and opportunities to learn from and support each other to improve their quality of life. Services include new parent supports, the Fort McMurray Baby Cafe which provides free drop-in support for families with babies, a breastfeeding clinic, Healthy Families, and the Baby-Friendly initiative.



Stories from parents and helpers

Parents

“We were nursing twice a day (15 months) and solids throughout the day with water to drink. During the evacuation I had to nurse several times in the car because I didn't have enough food for her. It has also helped us cope with poor sleeping while traveling from house to house.” ~ D.R.

“ My son was 5 weeks old, and bottle fed. I was terrified when we evacuated, as I only had about 2 days worth of formula left, and couldn't get to a store here before leaving. ... ” ~ C.N.

“On the third night we slept in the car awaiting the drive from camp to Edmonton. Tandem nursing saved us as I sat in the driver's seat with my 4 month old on my left and my 2 and a half year old nursing on my right, they were asleep in minutes and slept and nursed all night!” ~ A.H.

“Although I'd like to continue breastfeeding until at least 6 months, it seems weaning her has occurred sooner than expected for both of us. ” ~ C.D.

“Since the evacuation, during the first two weeks, I was supplementing baby daily due to low supply. ” ~ J.

“I was so glad that my son was breast fed. I never once worried about running out of formula or cleaning bottles. He was 7 months at the time so we were just introducing solids to him. ...Besides having him sleep in a suitcase or in pillows on the floor I was able to keep his routine pretty common to what it was before we left home.” ~ D.L.

Helpers

“... [the parents] worry was palpable...just how to get the practical stuff done in a day. It’s been as much about social work as breastfeeding help...”

“Those dads [of former preemies] were such advocates for their babies at the reception centre. They had been taught how to use bottles more safely and they weren’t going to compromise. It took courage for them to do that. I am glad we were there to back them up”

“Once we got in there and explained what we were doing, the staff was more than just accepting, they were kind of mad that we hadn’t been there from the beginning.”

Overview of project activities

Key Achievements

- Orientation of Alberta Health Services (AHS) community health and Emergency Social Services (ESS) staff to Infant and Young Child Feeding in Emergencies (IYCF-E) foundations
- Comprehensive needs assessment for IYCF-E training and policy within the Regional Municipality of Wood Buffalo, with community and stakeholder participation
- Training of staff, community volunteers and managers in IYCF-E
- Updates to ESS and AHS resources and training
- Creation of Baby-Child Unit and prep kits for reception centres and group lodging

Timing of project activities

June 2017	September 2017	February 2018	May 2018
Orientation & Document Gathering	Stakeholder Meetings & Emergency Exercise	Training Sessions for AHS, ESS & Community	Final Report & Recommendation
AHS ESS WBWBCA	AHS ESS Community Groups Public	AHS ESS Community Helpers	Red Cross WBWBCA AHS ESS Public

Orientation (June 2017)

SafelyFed Canada conducted a series of orientations to the project to gather key documents and interview key stakeholder staff to identify broad areas of interest and provide a framework for detailed consultations.

Stakeholder consultations (September 2017)

Following the document review, SafelyFed Canada hosted a series of consultations with community groups, AHS staff and ESS staff and volunteers. A session for members of the public was offered, but not attended by any parents, however feedback from parents was received online.

In addition to consultation sessions, the SafelyFed Canada team attended a full-day training in Anzac on group lodging and reception centres, which permitted additional feedback and identification of improvement points in existing procedures.

Needs Assessment (September 2017 - January 2018)

Based on the key competencies identified from the Operational Guidance on Infant and Young Child Feeding in Emergencies within ESS structure and in consultation with stakeholders on staff and organizational needs, SafelyFed Canada staff identified the following needs:

- Core IYCF-E practices for all ESS volunteers and staff with front-line or management responsibility for group lodging and evacuation, with a focus on food safety and referral pathways
- Core IYCF-E principles and practices throughout the emergency cycle for all AHS Public Health staff
- High-level IYCFE principles and practices for management with ESS and AHS

Training Sessions (February 2018)

Training sessions were conducted for ESS volunteers and interested community members, hosted by ESS, while AHS hosted the training for their staff, which also included health inspectors who have responsibility for inspecting reception centres and group lodging.

The training sessions ran for 4 hours and were evaluated using pre- and post-training

quizzes as well as post-training online evaluations.

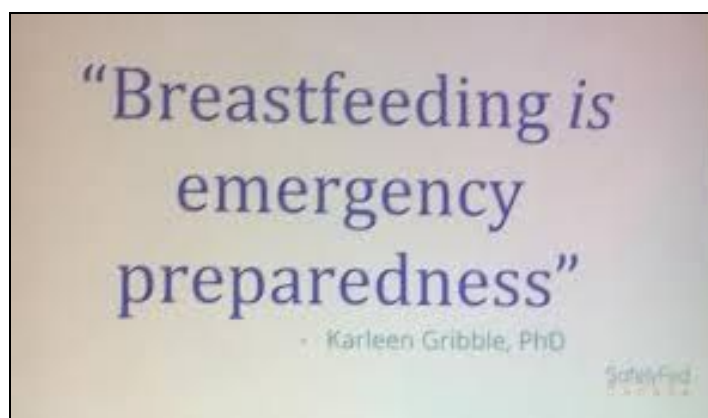
“...I never really considered before how much of a risk it might be”

“ it was valuable to take away messaging to share with the community”

“visual representation of emergency kits for a breastfed baby compared to a formula fed baby”

Evaluation and final report (May 2018)

Following training in February 2018, the SafelyFed Canada team reviewed the evaluations and pre- and post-training as well as the Baby-Child Unit documentation prepared by ESS. In addition, semi-structured interviews were conducted with each stakeholder and the community partner to receive feedback on their priorities and gaps as well as review the primary recommendations presented in the final report.



Photo, slide from SafelyFed Canada's IYCF-E training and orientation materials.

Research from Infant and Young Child Feeding expert Dr. Karleen Gribble informs this work

WBTi Score

The World Breastfeeding Trends Initiative (WBTi) is a global, evidence-based assessment of breastfeeding policies, programs and practices at the national level. The WBTi process is intended to provide comprehensive national level data in order to close gaps in policy, programs and practices and improve breastfeeding and complementary feeding practices to support improved maternal and infant health.

Each of 15 indicators that are each assessed by participatory, multi-stakeholder team is scored out of ten possible points. Indicator 9 “Infant Feeding in Emergencies” measures the policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies. Canada has not yet undertaken a WBTi process, but reports for the 91 countries with complete scorecards can accessed at the [WBTi website](#).

While the WBTi process is intended to be conducted at the national level, we found that the measures associated with indicator 9 were readily adapted as a measure of IYCF-E policies and practice within RMWB.

Indicator 9 is the lowest average scoring indicator in full WBTi assessments globally and the RMWB score of 0 at the outset of the project is reflective of gaps in IYCF-E preparedness in Canada generally. The most significant improvement in the score during the 11 month project arises from the identification of Cathy Steeves, ESS Coordinator, as the IYCF-E lead and liaison. The new Baby-Child Unit within ESS includes many of the key requirements and recommendations of the Operational Guidance. Finally, newly implemented procurement processes for infant formula and complementary foods reflect now both local needs and best practices.

Regional Municipality of Wood Buffalo - Modified WTBi Score¹

Criteria	June 2017	May 2018
The city has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all the basic elements of the Operational Guidance.	0	0.5
Person(s) tasked with overall coordination of IYCF-E, including all relevant partners (AHS, ESS, community organizations) has been appointed.	0	2
An emergency preparedness and response plan based on the practical steps listed on the Operational Guidelines has been developed and put into effect in most recent emergency situations and covers: <ul style="list-style-type: none"> a. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately trained counsellors, supports for re-lactation and shared nursing and protected spaces for breastfeeding (1 point) b. measures to minimize the risks of artificial feeding, including an endorsed statement on the avoidance of donations of breastmilk substitutes, bottles and teats and standard procedures for handling unsolicited donations and procurement management and use of infant formula and other breastmilk substitutes, in accordance with clear criteria including the Operational Guidance (1 point) 	0	0.5
Resources have been allocated to emergency preparedness and response plan	0	0
Appropriate training materials on infant and young child feeding in emergencies have integrated into pre-service and in-service training for emergency and relevant health personnel (1 point)	0	0
Orientation and training is taking place as per the local emergency preparedness and response plan (1 point)	0	0.5
Total	0	4

0= Not yet true 1=Partly Achieved 2=Achieved

¹ Working with our funder, we modified the World Breastfeeding Trends Initiative national assessment system in order to apply it to the local authority.

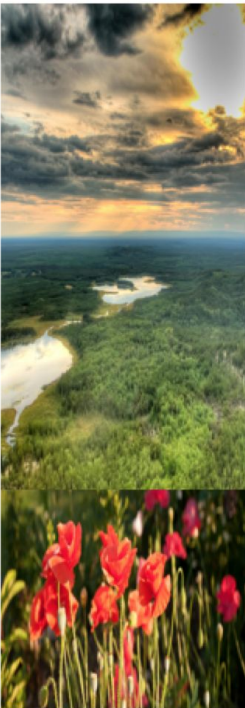
Sustainability Plans

Emergency Social Services

Emergency Social Services has created a Baby-Child Unit which will be activated for reception centres and group lodging activations. The Baby-Child Unit is now integrated to the ESS structure and requires ongoing training of volunteers.

- Volunteer ESS
- On-going training for volunteers
- Semi-annual outreach to include IYCF-E

A core roster of volunteers have been training IYCF-E and the first training on the Baby-Child Unit specifically is planned for May 29 2018. Liaisons at AHS and ESS have been established for further collaboration and information sharing, including to build the Baby-Child Unit.



3.1.5
Baby/Child
Unit
Supervisor

Usual Lead Agency: ESS Volunteer
Team members
Reports to: Specialized Services
Branch Coordinator
Vest Colour: Orange

Fort McMurray Community Health

Fort McMurray Community Health maternal/child health staff have now received an orientation to IYCF-E as well as to the Regional Municipality of Wood Buffalo's preparedness plans for IYCF-E within ESS and Alberta Health Services. Environmental health inspectors within AHS have also received training.

The Baby-Friendly Initiative (BFI), as a comprehensive framework for quality improvement in maternal-child health in the community, is a key contributor to ensuring sustainability of the improvements made in IYCF-E by:

- Aiming to increase rates of exclusive and total breastfeeding in the community through evidence-based practice
- Requiring accurate, standardized data collection that can be used for

planning and rapid assessment during an incident

- Encouraging collaboration across settings and functional areas, as well as requiring comprehensive training for all staff
- Inclusion of IYCF-E to regular training as part of the BFI process for AHS staff will ensure ongoing maintenance of this knowledge within RMWB.

Wood Buffalo Woman and Baby Care Association

WBWBCA has, with its partners at SafelyFed Canada, three areas with opportunities to build upon the achievements of this project.

- Build resilience in the maternity care
- Support organizations during the recovery period

WBWBCA will continue to support these projects in alignment with their broader mandate to improve maternity care in RMWB.

Recommendations

- 1) Form Inter-Agency Steering Committee, chaired by the ESS Coordinator and attended by AHS Community Health, AHS Environmental Health and Wood Buffalo Woman and Baby Care Association to create an on-going IYCF-E framework and inter-agency liaison.
- 2) Support the Baby-Friendly Initiative accreditation for AHS Community Health, including a breastfeeding policy which references IYCF-E, and explore initiating the process for the Northern Lights Regional Health.
- 3) Update the Wood Buffalo Regional Municipality Emergency Plan to fully integrate and resource the Baby-Child Unit, ensuring adequate space and staffing as well as policy to target distribution of breastmilk substitutes.
- 4) Integrate IYCF-E orientation to ESS mandatory training and full IYCF-E curriculum to Baby-Child Unit training, as well as AHS in-service training.
- 5) Engage with cultural groups within RMWB and Indigenous communities to identify opportunities for IYCF-E services.
- 6) Support parents and caregivers to build their IYCF-E preparedness and response capacity, including the creation of health promotion messages and resources.

Thank you

SafelyFed Canada would like to thank:

- All those who supported families during the evacuation
- And all those who welcomed them back
- The families, who shared their stories of vulnerability and resilience and the wisdom gained through nurturing their babies

The Canadian Red Cross staff for their support and assistance.

Kayla Lushman and Jennifer Stephenson with the Wood Buffalo Women and Baby Care Association for leaning into this project, offering generously of their passion and expertise about the needs of women and families in the community and guiding us to keep the parents and babies of Fort McMurray always at the centre.

Cathy Steeves and Jennifer Splaine for enthusiastically acknowledging the importance of this project in the face of endless other priorities and trusting that the resources invested in this work would make a difference to those they serve.

Lucie Lapierre, whose leadership and vision were the genesis of this project and who continues to cheer on the professionals, volunteers and parents of this community.