



Joint Statement from the Nutrition Cluster

Call for support for appropriate infant and young child feeding in Pakistan

UNICEF, WHO and WFP call for support for appropriate infant and young child feeding in the current emergency, and caution about unnecessary and potentially harmful donations and use of breast-milk substitutes

During emergency situations such as the current Floods Emergency, disease and death rates among under-five children are higher than for any other age group; the younger the infant the higher the risk. Mortality risk is particularly high because of the combined impact of a greatly increased incidence of communicable diseases, diarrhea and malnutrition. Damage caused by the flooding to the water and sanitation systems has created a major risk of water borne diseases for millions of people. **Breastfeeding provides critical protection from infection in environments without safe water supply and sanitation.**

Donations and procurement of breast-milk substitutes and other milk products

In accordance with internationally accepted guidelines, **donations of infant formula, bottles and teats and other powdered or liquid milk and milk products should not be made.** Experience with past emergencies has shown an excessive quantity of products, which are poorly targeted, endangering infants' lives. Any *procurement* of breast milk substitutes (BMS) should be based on careful needs assessment and in coordination with UNICEF. Breast-milk substitutes should adhere to Codex Alimentarius Standards. The preferred type of breast-milk substitute is ready-to-use formula. Any distribution and use of breast-milk substitutes should be carefully monitored to ensure that only the designated infants receive the product.

Misconception: During emergencies, mothers can no longer breastfeed adequately because of stress or inadequate nutrition: Although stress can temporarily interfere with the flow of breast-milk, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are supported to initiate and continue breastfeeding. Mothers who lack food or who are malnourished can still breastfeed. Provision of adequate fluids and food for mothers must be a priority to help to protect their health and well-being as well as that of their young children.

Most mothers initiate breastfeeding in Pakistan. During this emergency it is critical to encourage and support mothers to initiate breastfeeding immediately after the delivery, exclusively breastfeed up to six months and for those with infants below six months who 'mix feed' to revert back to exclusive breastfeeding if possible. Non-breastfed infants are at especially high risk and need early identification and targeted skilled support, including re-establishing breastfeeding (re-lactation). ***No food or liquid other than breast milk, not even water, is needed to meet an infant's nutritional and fluid requirements during the first six months of life.***

Basic interventions to facilitate breastfeeding include prioritizing mothers with young children for shelter, food, security, and water and sanitation, enabling mother-to-mother support, providing specific space for skilled breastfeeding counseling and support to maintain or re-establish lactation. Traumatized and depressed mothers may have difficulty responding to their infants and require particular mental and emotional support. UNICEF, WHO and other organizations involved in infant feeding in emergencies will support training of staff on individual assessment of the best options for feeding infants, as well as education and support of caregivers on optimal infant feeding in these emergency circumstances.

Feeding of the non-breastfed child less than six months of age

The priority to feed infants less than six months of age who are not breastfed should be *relactation*. If this is not possible or when artificial feeding is indicated by skilled staff such as health providers or infant feeding counselors, BMS are necessary and must be accompanied by training on hygiene, preparation and use to minimize their associated risks. When breast-milk substitutes are used skilled support by appropriately trained staff should be provided to caregivers on how to use the breast-milk substitute safely and how to feed with a cup and spoon. Bottles and teats should not be provided as they are more difficult to clean. All labels should be removed from BMS before providing to mothers. ***Artificial feeding in an emergency carries high risks of malnutrition, illness and death and is a last resort only when other safer options have been ruled out.***

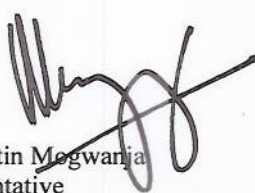
Complementary feeding of children above six months of age

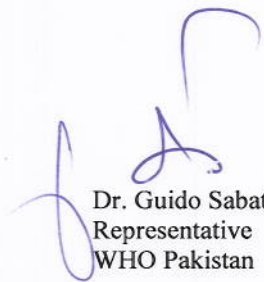
Children from the age of six months require nutrient-rich, age-appropriate and safe complementary foods in addition to breast milk. Priority should be placed on locally available, culturally acceptable, nutritionally adequate and age-appropriate foods. When cooking facilities and clean water are non-existent or severely limited, ready-to-use fortified foods, fortified blended foods and micronutrient powders that can be added to local foods, emergency rations or blended foods are a good option. Once there is clean water and cooking facilities, provision of fortified blended food is recommended. A monitoring system to ensure the appropriate targeting, distribution and use of food and food products for infants and young children should be established.

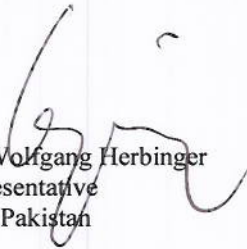
Treatment of severe acute malnutrition

Treatment of severely malnourished children, whether facility or community based, should be implemented in accordance with international standards and best practice and closely monitored. Specially formulated therapeutic milks F75 and F100 and ready to use therapeutic food are required.

UNICEF, WHO and WFP strongly urge all who are involved in funding, planning and implementing the emergency response in Pakistan to avoid unnecessary illness and death by promoting, protecting and supporting breastfeeding and appropriate complementary feeding and by preventing uncontrolled distribution and use of breast-milk substitutes.


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All queries and any information about donations should be directed to UNICEF, the designated nutrition coordinating agency in Pakistan.

For more information please contact:

UNICEF office in Pakistan:

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Dr. Khizer Ashraf, Nutrition Officer, ashrafk@pak.emro.who.int

References:

Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1, Feb 2007

<http://www.enonline.net/ife/view.aspx?resid=6>

Guide for the media on infant and young child feeding in emergencies:

[http://www.enonline.net/pool/files/ife/ife-media-guide-french\(1\).pdf](http://www.enonline.net/pool/files/ife/ife-media-guide-french(1).pdf)

Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007, for health and nutrition workers in emergency situations. <http://www.enonline.net/ife/view.aspx?resid=4>

International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions. WHO (1981): http://www.unicef.org/nutrition/files/nutrition_code_english.pdf

and: http://www.ibfan.org/site2005/Pages/list2.php?iui=1&cat_id=46

Global Nutrition Cluster Toolkit on Nutrition in Emergencies :

http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Nutrition/Global_Nutrition_Cluster_Nutrition_Emergencies_Toolkit_June_2008.pdf