

Guideline on feeding infants and young children during emergencies ActionAid International

Background

Research over recent decades has shown that breastfeeding can help reduce child mortality and has health benefits that extend into adulthood. The [World Health Organisation](#) advocates exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate *complementary foods* for up to two years or beyond. Breast milk provides all necessary nutrients to the baby, including water, and it contains properties that protect babies from infections.

In emergency situations, where sanitary conditions may be poor and food supply compromised, the need to ensure proper feeding of infants and babies is greater than ever. Children under five are particularly vulnerable to illness and disease, and their specific nutritional needs require different support to that which may be provided to older children and adults.

In addition, inappropriate handling of milk products and breast milk substitutes can negatively impact feeding practices (for both mother and child) and directly contribute to increased morbidity and mortality in infants and young children. In situations where clean drinking water is not available, milk products may become contaminated, and a lack of cooking fuel may make it difficult to properly sterilize bottles and cups used for infant feeding. Such issues may lead to increased morbidity and mortality in young children and babies.

This guideline outlines ActionAid International's policy on feeding children and infants in emergencies where ActionAid is responding. All ActionAid Country Programmes, as well as partner organisations, should adhere to these guidelines. All external documents mentioned in this briefing can be found in [Annex 1](#).

Key definitions of infant feeding substitutes¹

Milk Products: Dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya milk, evaporated or condensed milk, fermented milk or yogurt.

Infant Formula: A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius Standards (developed by the joint FAO/WHO Food Standards Program), to satisfy the normal nutritional requirements of infants to six months of age, and adapted to their physiological characteristics. Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer and may be available for purchase in local markets. Generic infant formula is unbranded and is not available on the open market, thus requiring a separate supply chain.

Breast Milk Substitute: Any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not it is suitable for that purpose.

Summary

Overarching aim: In emergency situations where ActionAid is responding, ActionAid will work to protect, promote and support the exclusive breastfeeding of children under six months of age, and to protect, promote and support breastfeeding in conjunction with additional appropriate feeding for children up to 2 years of age.

¹ As defined in *Operational Guidance for Emergency Relief Staff and Program Managers on Infant and Young Child Feeding in Emergencies, version 2.1, February 2007* – see <http://www.enonline.net/pool/files/ife/ops-guidance-2-1-english-010307.pdf>



Key points

- ActionAid endorses the *Operational Guidance for Emergency Relief Staff and Program Managers on Infant and Young Child Feeding in Emergencies, version 2.1, February 2007* and adheres to other international standards set for the feeding of infants and children during emergencies, such as *General nutrition support standard 2: at-risk groups* (from the Sphere Standards) and the *Guiding principles for feeding infants and young children during emergencies* (WHO, 2004).
- ActionAid will not accept unsolicited donations of breast milk substitutes, commercial baby foods, baby bottles and teats, nor monetary donations restricted to purchasing such goods.
- ActionAid is not a specialist nutrition organization. As such, we commit to referring any cases requiring specialist nutrition support (for example, where infants cannot or should not be breastfed) to specialist agencies with the expertise and capacity to respond appropriately.

Guidance for ActionAid and partner staff

- ActionAid and its partners should strive towards creating and sustaining an environment that encourages frequent breastfeeding for children up to two years or beyond. This may include the provision of supplementary dietary support for lactating women.
- From 6 months onwards, hygienically prepared, easy-to-eat and digest, foods that are locally available, culturally appropriate and nutritionally complement breast milk may be provided to sustain growth, development and health. These may comprise:
 - basic food-aid commodities from general ration with supplements of inexpensive locally available foods
 - micronutrient fortified blended foods, e.g. corn soya blend, wheat soya blend, (as part of general ration, blanket or supplementary feeding)
 - additional nutrient-rich foods in supplementary feeding programmes.
- Only under special circumstances, such as for orphan infants and children of HIV positive or critically ill mothers, where breast milk substitutes are absolutely necessary, ActionAid and its partners must ensure that, with support from specialists:
 - the quantity, distribution and use of breast-milk substitutes during 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.
 - Those responsible for feeding a breast-milk substitute should be adequately informed and equipped to ensure its safe preparation and use.
 - Feeding a breast-milk substitute to a minority of children should not interfere with protecting and promoting breastfeeding for the majority.
 - The use of infant-feeding bottles and artificial teats during emergencies should be actively discouraged.
- Individual cases where the need for specialist support exceeds the expertise of ActionAid and partner staff should be referred to specialist agencies with the technical expertise and capacity to respond appropriately.



Annex 1**References and useful reading**

Operational Guidance for Emergency Relief Staff and Program Managers on Infant and Young Child Feeding in Emergencies, version 2.1, February 2007 – see <http://www.enonline.net/pool/files/ife/ops-guidance-2-1-english-010307.pdf>

General nutrition support standard 2: at-risk groups – see http://www.sphereproject.org/component/option,com_docman/task,doc_download/gid,8/Itemid,203/lang,english/

Guiding principles for feeding infants and young children during emergencies (WHO, 2004) – see <http://www.enonline.net/pool/files/ife/who-guiding-principles-iyfc-in-emergencies-who-2004.pdf>

2005 Innocenti Declaration on Infant and Young Child Feeding – see http://www.unicef.org/nutrition/files/innocenti2005m_FINAL_ARTWORK_3_MAR.pdf

Global Strategy on Infant and Young Child Feeding – see http://www.unicef.org/nutrition/files/Global_Strategy_Infant_and_Young_Child_Feeding.pdf

International Code of Marketing of Breast-milk Substitutes – see http://www.unicef.org/nutrition/files/nutrition_code_english.pdf

