

Review of Guidance on Infant and Young Child Feeding in Emergencies

By Margie Ferris-Morris

In November 2001 an operational guidance for **emergency** programs entitled “**Infant and Young Child Feeding in Emergencies**” was issued and endorsed by 30 international agencies, NGOs and other organizations.ⁱ This interagency working group arose out of the misuse of BMS (Breast Milk Substitutes) in Kosovo. For all the agencies who endorsed this guidance, the points below supersede all other policies on infant feeding and use of BMS as they relate to emergencies.ⁱⁱ

1. Every agency should develop or endorse a policy relating to infant and young child feeding in emergencies (that should be institutionalized); the policy should be widely disseminated to all staff and agency procedures adapted accordingly (Section 1).
2. Agencies need to ensure the training and orientation of their technical and non-technical staff, using available training materials (Section 2).
3. There must be a designated body responsible for co-ordination of infant and young child feeding for each emergency; that body must be resourced and supported in order to carry out specific tasks (Section 3).
4. Key information on infant and young child feeding needs to be integrated into routine rapid assessment procedures; if necessary, more systematic assessment using recommended methodologies can be conducted (Section 4).
5. Simple measures should be put in place to ensure the needs of mothers and infants are addressed in the early stages of an emergency (Section 5).
6. Breastfeeding and infant and young child feeding support should be integrated into other services for mothers, infants, and young children (Section 5).
7. Foods suitable to meet the nutrient needs of older infants and young children must be included in the general ration for food aid dependent populations (Section 5).
8. Donations of breast-milk substitutes, bottles and teats should be refused in emergency situations (Section 6).
9. Any well-meant but ill-advised donations should be under the control of a single designated agency (Section 6).
10. Breast-milk substitutes, other milks, bottles or teats must never be included in a general ration distribution; these products must only be distributed according to recognized strict criteria and only provided to mothers or caregivers for those infants who need them (Section 6).

During the Kosovo crisis in 1999–2000, significant controversy arose over the use of milk products for internally displaced persons and refugees. In June 1999, UNHCR, UNICEF, WFP, and WHO endorsed a **Joint Policy Statement (JPS) on Infant feeding for the Balkan Region**. The summary recommendations of this policy statement are as follows:

- Exclusive breastfeeding is protected, supported and promoted for all infants until about 6 months and continued breastfeeding through the second year of life.
- Donations of infant formula displaying brand names are not accepted.
- In very exceptional circumstances infant formula provided in generic, non-brand formula might be used.
- If artificial feeding is required as a last resort, cups and not feeding bottles should be used.
- Local produce (e.g., fruit and vegetables) and basic food aid commodities (e.g., rice, beans and lentils) are recommended as complementary infant foods. The use of specialized manufactured complementary products, which may create a dependency, is discouraged.
- (In reference to the distribution of supplementary food commodities such as dried milk powder and biscuits to children ages 0–5 years): Dried milk must not be used to feed infants.
- An education component should be an integral part of every project where supplementary food commodities (especially infant formula and commercial complementary foods) are distributed.

The JPS also endorsed the International Code of Marketing of Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly setting out the responsibilities of national governments, companies, health workers, and concerned organizations to ensure appropriate practice in the marketing of breastmilk substitutes, feeding bottles and teats. This endorsement includes the statement, “The Code has the following aim: *to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes when these are necessary on the basis of adequate information and through appropriate marketing and distribution.*”ⁱⁱⁱ

ⁱ Organizations endorsing this policy as of November 2001 include: ACC/SCN, Action against Hunger UK and Spain, Australian Breastfeeding Association, CAFOD, CARE, CRS-USCCB, Concern Worldwide, Emergency Nutrition Network, Geneva Infant Feeding Association, GOAL, IBFAN/ICDC, Institute for Child Health, International Lactation Consultant Association, IRC, LINKAGES, MSF-Holland, Oxfam, SCF-USA and UK, Fondation Terre des hommes, Trocaire, UNHCR, UNICEF, USAID, Vereniging Borstvoeding Natuurlijk, Women’s Commission for Refugees Women and Children, WFP, WHO, World Vision International.

ⁱⁱ The guidelines are based on the Infant and young child feeding in emergencies: Operational guidance for emergency relief staff and programme managers of the Interagency Working Group on Infant and Young Child Feeding in Emergencies, July 2001. The full set of guidelines can be found online at <http://www.enonline.net/ife/ifeops.html>.

ⁱⁱⁱ Joint Policy Statement (JPS) on Infant feeding for the Balkan Region, UNHCR, UNICEF, WFP, and WHO, June 1999.