

JOINT STATEMENT ON INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES ETHIOPIA

July 2021



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MINISTRY OF HEALTH - ETHIOPIA
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ETHIOPIA

The Federal Ministry of Health of Ethiopia (FMOH), the National Disaster Risk Management Commission (NDRMC) and other government actors together with UN agencies (UNICEF, UNHCR, WHO and WFP) and nutrition development partners call for all parties involved in the response to emergencies in Ethiopia to provide appropriate, prompt support for the feeding and care of infants, young children and their mothers. This is a critical for supporting child survival, growth and development and preventing malnutrition, illness and death. **This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in emergencies.**

During emergencies, infants and children up to two years old are particularly vulnerable to malnutrition, illness and death. Implementing IYFC best practices helps to ensure their health and wellbeing.¹ **Recommended IYCF practices** include **early initiation of breastfeeding** (putting the baby to the breast within the first hour of birth); **exclusive breastfeeding** for the first six months (no food or liquid other than breastmilk, not even water, unless medically indicated); introduction of age-appropriate, safe and nutritionally adequate **complementary feeding** from six months of age; and **continued breastfeeding** for two years and beyond.

Context

Ethiopia is facing several natural and human-made disasters, such as drought, floods, earthquakes, conflicts, internal displacement and communicable disease outbreaks, with a significant impact on the health and nutrition of the affected populations. Malnutrition remains a critical public health concern, with approximately 38 percent of children under five years of age stunted, and 10 percent wasted². Only 58 percent of children under six months are exclusively breastfed. Particularly during emergencies, these levels of malnutrition are likely to significantly increase, resulting in unacceptably high levels of morbidity and death among children under five. IYFC practices in emergencies protect and save lives during the early years of life and prevents malnutrition.

The benefits of breast feeding are even more vital during emergencies, when mothers are stressed, exhausted, dehydrated, hungry or sick. Without appropriate advice and support to mothers or caregivers during emergencies, the risk of inappropriate and unsafe feeding practices, such as introducing breast milk substitutes, are high. Factors which negatively impact the promotion, protection and support of IYCF practices are frequently observed during emergencies. These include poor mental health of the mother/caregivers,

1. WHO, Guiding principles for feeding infants and young children during emergencies, 2004

2. Ethiopian demographic health survey 2016, <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>

the lack of adequate food for the mother/ caregiver, lack of social support structures for pregnant and lactating mothers, inappropriate promotion and distribution of breast milk substitutes, loss of livelihoods, or harmful, unfounded myths (e.g. that it is better to give an infant formula if a mother is not eating well; that babies under six months need water especially when it is hot, and so on). Interventions should be in accordance with the relevant national guidelines³ and provisions for infant and young child feeding in emergencies⁴, as well as with national and regional level emergency preparedness and response plans. Interventions should be compliant with the International Code on the Marketing of Breastmilk Substitutes⁵ and the National Infant Formula and Follow-up Formula Regulatory Directive⁶. Coordinating mechanisms should facilitate multi-sectoral operations for IYCF in emergencies. All stakeholders are encouraged to promote awareness of this joint statement.

Call to Action

The signatories to this joint statement request the federal and regional governments, UN agencies, international and national humanitarian NGOs and civil society in Ethiopia to take urgent action to ensure

appropriate, timely and safe IYCF. We call on all relevant actors to support families with pregnant and lactating women and children under two years of age during emergencies in Ethiopia by undertaking the following actions:

Identify the needs of breastfeeding mothers and provide adequate and timely protection, promotion and support for breastfeeding. Breastfeeding saves children’s lives, supports their growth and development, prevents malnutrition, ensures food security for infants, protects maternal and child health, reduces financial pressure on families and supports loving relationships. Breastfeeding is especially critical during emergencies to reduce the risk of acute malnutrition and protect against infection in unsanitary conditions. The creation of a supportive environment and the provision of skilled breastfeeding support, including for new mothers, is critical for child survival during emergencies. All mothers should have accurate information, and support from their families and communities and from the health care system. Measures include encouraging mother-and-baby bonding and reassurance, and providing practical support to improve maternal confidence, such as designated comfortable, safe and private spaces where mothers can receive support to care for and feed their infants.



3. Ministry of Health [Ethiopia]. National Guideline on Adolescent, Maternal, Infant and Young Child Nutrition 2016
4. National Operational Guideline on Infant and Young Child Feeding in Emergencies for Ethiopia, 2021

5. International Code on the Marketing of Breastmilk Substitutes (WHO, 1981) and subsequent relevant World Health Assembly Resolutions (The Code) https://www.who.int/nutrition/publications/code_english.pdf
6. Ethiopian Food, Medicine and Health Care Administration and Control Authority Infant Formula and Follow-up Formula regulatory Directive; March, 2016



- Breast Milk Substitutes (BMS), milk products (such as powered milk), bottles and teats should never be included in general or blanket distribution of goods to emergency-affected populations.** Do not include purchased or donated BMS or milk products during general distribution in emergencies. The use of BMS (such as infant formula) increases vulnerability to illness and malnutrition, creates dependence, is costly, and requires considerable resources, including safe water. Stakeholders are encouraged to follow the guidance on appropriate use for the needs of non-breastfed infants outlined in the Operational Guideline on Infant Feeding and Young Child Feeding in Emergencies for Ethiopia, to minimize risks from infant feeding.
- In accordance with internationally accepted guidelines and the Ethiopian code of BMS marketing, all stakeholders are urged NOT to call for, support, accept or distribute donations of BMS (including infant formula), other milk products (such as milk powder), complementary foods and feeding equipment (including bottles and teats).** Never accept donations of breast milk substitutes. Donations of infant formula and other breastmilk substitutes (BMS) are often made during humanitarian crises. This is dangerous and unnecessary. If needed, BMS should

be bought and handled by health and nutrition experts. Appropriate infant formula should only be distributed after being assessed by a skilled professional. Any violations to the international code of BMS marketing should be reported to the Ministry of Health, local health authorities and the Ethiopian Food and Drug Administration.

- Ensure access to adequate amounts of appropriate and safe complementary foods⁷, alongside information and means required to safely feed older infants and young children.** Children aged six months and older 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. contributing to a diversified, acceptable and affordable diet for even the most vulnerable households. When cooking facilities are nonexistent or limited, ready-to-use fortified foods are an option. Micronutrient powders that can be added to local foods, emergency rations or blended foods will also improve dietary quality. In addition, once cooking facilities have been set up, 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.



- Any food, whether industrially produced or locally prepared, suitable as a complement to breastmilk or BMS, and introduced after six months of age.



4. Protect and support Pregnant and Lactating Women (PLWs) by ensuring access to shelter, food, water, health care, psychosocial support and other interventions to meet essential needs. The joint signatories of this statement recognize that PLWs have heightened nutritional needs. Inadequate support to PLWs increases the risk of malnutrition to the mother, the breastfeeding child and the unborn child. A mother's or caregiver's physical and mental wellbeing is an important determinant of her ability to feed and care for her children. Physical and emotional stress can reduce women's confidence in their ability to breastfeed, and diminish the capacity of other family members to support them. Lactating women need adequate amounts of fluids to support breastmilk production, as well as skilled breastfeeding support and adequate nutrition support to protect their own nutritional status while continuing to breastfeed.

5. Breastfeeding should not be unnecessarily disrupted by disease outbreaks or illness affecting mothers or children. IYCF support for breastfed and non-breastfed children should be integrated with disease management protocols. Breastfed children who are ill will benefit from continued breastfeeding. During disease outbreaks such as cholera, measles or COVID-19⁸, mothers should be adequately supported to access treatment and to continue breastfeeding.

The use of feeding bottles and teats is strongly discouraged, as they are difficult to clean and can introduce disease-causing pathogens. Consult with the Ethiopian Public Health Institute (EPHI) and Ministry of Health for guidance on interventions in the context of illness, including disease outbreaks.

6. Stakeholders should identify higher risk infants, children and mothers and respond to their needs. Vulnerable groups include (but are not limited to) acutely malnourished children, including infants under six months of age; infants which are not breastfed; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised, and instances where mothers are separated from their children. Treatment of acutely malnourished children should be implemented in accordance with national standards. Consult with key sectors, such as health and protection, for guidance on appropriate interventions, including mental health and psychosocial support services. Infants younger than six months of age who are not breastfed need urgent identification and targeted, skilled support. Artificial feeding in an emergency context carries a high risk of malnutrition, illness and death, and should only be used as a last resort once other, safer options have been fully explored.



8. Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed: Recommended Practices Booklet 2020.



7. **Support breastfeeding mothers living with HIV to exclusively breastfeed their infants for the first six months of life, to introduce appropriate complementary foods thereafter, and to continue breastfeeding for the first 12 months, along with the provision of ARVs,** as per the current WHO recommendations on HIV and infant feeding. If an HIV-positive mother is already giving her child commercial infant formula, she should receive an adequate supply of ready-to-use formula and support.

In line with the National Operational Guideline for Infant and Young Child Feeding in Emergencies for Ethiopia, and **in consideration of the above recommendations, the signatories to this statement call on all relevant agencies** to ensure support to programmes, plans and initiatives aimed at protecting, promoting and supporting recommended IYCF practices during emergencies, including the early initiation of breastfeeding (within one hour of birth), exclusive breastfeeding for the first six months of life (no food or liquid other than breastmilk, not even water), and continued breastfeeding for two years and beyond in emergency contexts.



For any further questions, please contact the respective agencies using the following contact:

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