




JOINT STATEMENT

INFANT AND YOUNG CHILD FEEDING in EMERGENCIES



***Global Nutrition Cluster Partners** call for ALL humanitarian actors involved in the response for the State of Palestine to provide appropriate, prompt support for the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth, and development.*

In any emergency, children from birth up to two years are particularly vulnerable to malnutrition, illness and even death. **Globally recommended infant and young child feeding (IYCF)** practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices**¹ include:

-  **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth);
-  **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water);
-  Introduction of safe and nutritionally adequate **complementary foods** (suitable solid and semi-solid foods) from 6 months of age; and
- Continued breastfeeding** for 2 years and beyond.

We urge all responders to support and champion the six points below:

1. **Breastfeeding saves lives** – Identify the needs of breastfeeding mothers early on and provide adequate protection and support by creating a supportive environment (e.g. mother and baby areas, protection from inappropriate distributions) and providing skilled breastfeeding support, including for new mothers. **This is critical for child survival.** Continuously promote and support the globally recommended practices above.
2. **Ensure pregnant and lactating women (PLW) have access** to food, water, shelter, health care, protection, psychosocial support and other interventions to meet essential needs.
3. ***Breastmilk substitutes (BMS) – when distributed without proper control – increase the risk of illness, malnutrition and even death for infants and children who cannot be breastfed.** Infants who are dependent on infant formula should be urgently identified, assessed, and targeted with a package of essential support (including sustained BMS supply, equipment, supplies and training for safe preparation, individual counselling, and regular follow up), to minimise risks to both breastfed and non-breastfed children.

Key areas for action

- ☞ Actively support breastfeeding
- ☞ Responsibly provide assistance to non-breastfed infants
- ☞ Enable appropriate complementary feeding
- ☞ Prevent donations and uncontrolled distribution of breastmilk substitutes² (BMS) and other inappropriate products
- ☞ Support maternal wellbeing
- ☞ Target support to higher risk infants, children, and their caregivers.

***UNICEF as Provider of First resort** - This means that if there is a need to procure BMS in an emergency, the responsibility lies with UNICEF, whether the cluster has been activated or not.

JOINT STATEMENT

4. In accordance with internationally accepted guidelines and relevant government policies, **all stakeholders are advised NOT to call for, support, accept or distribute donations of BMS (including infant formula), other milk products, complementary foods, and feeding equipment (such as bottles and teats).** Such donations are difficult to manage, are commonly inappropriate or improperly used and result in increased infectious disease, placing the lives of both breastfed and non-breastfed infants at risk. Necessary BMS supplies must be provided as part of a sustained package of coordinated care based on assessed need and should be Code-compliant.
5. **Ensure access to adequate amounts of appropriate, safe, complementary foods³ alongside the information and means required to safely feed older infants and young children.**
6. **Identify where high-risk infants, children and mothers reside, what is the risk and respond to their needs.** These include (but are not limited to) acutely malnourished children, including infants under 6 months of age; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children.

We encourage all actors responding to this emergency to orient themselves, their staff, and partners to the contents of this statement.

Contact

Global Nutrition
Cluster Coordinator,
Stefano Fedele,
sfedele@unicef.org

The Global Nutrition Cluster (GNC) exists to collectively strengthen the technical and coordination capacities for nutrition in countries, based on the needs of affected populations. This is to enable countries to forecast nutrition trends and prepare for, respond to, and recover from shocks during humanitarian emergencies.

Request support

Resources

[Operational Guidance on Infant and Young Child Feeding in Emergencies](#). IFE Core Group, 2017.

[Sphere Standards in Humanitarian Action](#).

[International Code on the Marketing of Breastmilk Substitutes](#) (WHO, 1981) and subsequent relevant World Health Assembly Resolutions ([The Code](#)) and

[Resolution: Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children](#). 69th WHA A69/7 Add.1. 2016. English.

[HIV and Infant Feeding in Emergencies. Operational Guidance](#). WHO, 2018

[IYCF-E Toolkit](#). Save the Children, 2022

[IYCF Framework](#). UNHCR and Save the Children, 2017.

[EN-NET \(online technical forum\)](#)

¹ As recommended by WHO, UNICEF.

² Any milks that are specifically marketed for feeding children up to 3 years of age (including infant formula, follow-up formula and growing-up milks) as well as other foods and beverages (such as baby teas, juices and waters) promoted for feeding a baby during the first 6 months of life.

³ Any food, industrially produced or locally-prepared, suitable as a complement to breastmilk or to a BMS, introduced after 6 completed months of age.