JOINT STATEMENT: INFANT AND YOUNG CHILD FEEDING in EMERGENCIES

Mozambique, March 27, 2019

UNICEF, World Health Organization (WHO), World Food Programme (WFP), Save the Children and World Vision International call for ALL involved in the response to Tropical Cyclone Idai in Mozambique 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 and to avoid 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 this emergency.

Key areas for action are to actively support breastfeeding and responsibly provide assistance to non-breastfed infants; to enable appropriate complementary feeding; to prevent donations and uncontrolled distribution of breastmilk substitutes\(^1\) (BMS) and other inappropriate products to reduce risks to infants; to support maternal wellbeing; and to target support to higher risk infants, children and their caregivers.

In this emergency, children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. Recommended practices\(^2\) include early initiation of breastfeeding (putting baby to the breast within one hour of birth); exclusive breastfeeding for the first six 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 six months of age; and continued breastfeeding for two years and beyond. This guidance also applies for women living with HIV who need support to adhere to their antiretroviral treatment as they continue to breastfeed their infants according to national protocols.

Calls for Attention:

1. The joint signatories of this statement urge all responders to identify the needs of breastfeeding mothers as soon as possible and provide adequate protection and support

2. Responders are called upon to help protect the needs of infant and young children who are not breastfed and to minimize the risks they are exposed to

3. We call for prompt, collective action to ensure access to sufficient amounts of appropriate, safe, complementary foods\(^3\) alongside the information and means required to safely feed older infants and young children

4. In accordance with internationally accepted guidelines and the National Breast Milk Substitutes Marketing Code Mozambique 2005, 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).

5. Do not include purchased or donated supplies of breastmilk substitutes (such as infant formula), milk products (such as powdered milk), bottles and teats as part of a general or blanket distribution to the emergency affected population

6. We call upon responders to ensure pregnant and lactating women (PLW) have access to nutritious food, water, shelter, health care, and antiretroviral medicines for those living with HIV, protection, psychosocial support and other interventions to meet essential needs.

7. We urge responders to identify the nature and location of higher risk infants, children and mothers and to respond to their needs.

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\(^1\) 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.

\(^2\) As recommended by WHO, UNICEF and the National Strategy on IYCF, MISAU Mozambique, 2019-2024

\(^3\) Any food, whether industrially produced or locally-prepared, suitable as a complement to breastmilk or to a BMS, introduced after 6 completed months of age.
8. It is crucial that breastfeeding is not unnecessarily disrupted by disease outbreaks or illness affecting mothers or children and that IYCF support for breastfed and non-breastfed children is integrated within disease management protocols.

9. Care for breastfeeding mothers living with HIV needs to be a priority

The context

In Mozambique, prior to the cyclone emergency, nutrition indicators were of concern: 43 percent of children under five years of age are stunted (MDHS 2011), with no improvement in prevalence over the last 10 years. Six percent of children under 5 are wasted and only 55 percent of children under six months of age are exclusively breastfed, representing an increase from 43 percent in 2011 (IMASIDA 2015). Complementary feeding practices are also of concern: only 28 percent of children consume from four food groups each day, and just 15 percent of children 6-23 months have a minimum acceptable diet. Despite improvements in infant mortality rates and significant improvements in breastfeeding rates, nutrition indicators remain far from achieving the World Health Assembly targets by 2025, 64 percent of children 6-59 months have anemia, 69 percent of children aged 6-59 months have vitamin A deficiency, and only 54 percent of children under 5 years of age live in households that consume iodized salt.

Specific concerns in this current emergency that will likely exacerbate these indicators, relate to the fact that nearly 400,000 people are displaced with 129,000 people sheltering in 143 collective temporary accommodation centres. These shelters are still being established and do not yet have adequate supplies of safe water, sanitation, clean food and safe spaces for breastfeeding. Communities have lost their household assets, cooking materials and food stores and are now reliant on aid from the Government of Mozambique and partners to meet their immediate needs, resulting in elevated levels of vulnerability, especially in populations where access is still limited. Further, due to the displacement, authorities have also identified thousands of vulnerable people, including the elderly, disabled, sick, orphaned and separated children; tracing is ongoing to reunify separated families. Of great concern also are reports of increasing cases of Acute Watery Diarrhoea (AWD) and confirmed cholera which, given the populations are living in cramped unsanitary conditions, can spread quickly putting lives at risk. Subsequently, IYCF practices will likely be negatively impacted in this emergency due to the above-listed factors. Urgent efforts are needed to promote, protect and support exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding for young children from 6-23 months of age, and good maternal nutrition. Further a sustained supply of antiretroviral treatment for breastfeeding women who are living with HIV is key and requires close monitoring.

Coordination

This IYCF in emergencies (IYCF-E) response is being coordinated through the national and provincial nutrition coordination mechanism with MISAU (Ministry of Health) as the coordination authority supported by UNICEF. Responders are urged to actively engage with coordination efforts. This extends to all parties to the humanitarian effort, including UN agencies, NGOs, press/media outlets, civil society, volunteer groups, the military, governments and donors. Multiple sectors have a key role to play in response, including Nutrition, Health, WASH, Food Security and Livelihoods, Shelter and Non-Food Items, Child Protection, Education, Camp coordination and Management and Logistics, as well as ongoing development programmes. Contact the national Technical Working Group on Infant Feeding, which is chaired by MISAU in Maputo, to identify key sectoral actions and opportunities for collaboration to protect affected infants and young children and jointly achieve shared objectives.

Interventions should be in accordance with relevant and appropriate provisions of the National Multisectoral Plan for Stunting Plan Mozambique (2010-2019); the National Strategy on IYCF, Mozambique, 2019-2024; National Breast Milk Substitutes Marketing Code, Mozambique 2005; Training Package on IYCF 2015 and the National Nutrition Interventions in Emergency Situations, Fact Sheet (MISAU 2013). Interventions should also meet the provisions of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE 2017) and be compliant with the International Code on the Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions (the Code) as well as WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children (2017).

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4 IYCF Framework. UNHCR and Save the Children, 2017.
5 Operational Guidance on IFE V3.0, 2017 – Annexe 1 on p. 49
6 Operational Guidance on IFE V3.01, 2017
Calls for attention

1. **The joint signatories of this statement urge all responders to identify the needs of breastfeeding mothers early on and provide adequate protection and support.** 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, supports loving relationships and increases educational attainment. Breastfeeding is especially critical in the current situation, where increasing cases of diarrhea are being reported as well as confirmed cases of cholera, as it provides a safe, sustained source of nutrition / critical protection against infection in unsanitary conditions as is the case in many of these temporary accommodation centers where affected populations are now residing, and where access to safe water is restricted. Breastfeeding is even more critical given increasing cases of diarrhoea being reported as well as confirmed cases of cholera. The creation of a supportive environment (e.g. creation of mother and baby areas, protection from inappropriate distributions) and the provision of skilled breastfeeding support, including for new mothers in these accommodation shelters, is critical for child survival.

2. **Responders are called upon to help protect the needs of infant and young children who are not breastfed and to minimize the risks they are exposed to.** Infants who are fed with Breast Milk Substitutes (BMS), such as infant formula, are at increased risk of illness, malnutrition and even death especially in the current environments to which populations are now exposed in these shelters. Even in populations accustomed to using BMS, their use carries additional risks in this emergency due to the infectious disease environment with increasing numbers of cases of AWD, confirmed cases of cholera, limited access to safe water and sanitation facilities, a lack of fuel and cooking utensils as well as restricted access to health services. Infants who are dependent on infant formula should be urgently identified, assessed and targeted with a package of essential support by MISAU experts, including a sustained BMS supply, no branding on the BMS container, equipment and supplies for continued safe preparation, practical training on safe preparation and regular follow up to minimise risks to both breastfed and non-breastfed children. Consult with The Technical Working Group on Infant Feeding, which is chaired by MISAU in Maputo and UNICEF, for further guidance.

3. **We call for prompt, collective action to ensure access to adequate amounts of appropriate, safe, complementary foods** alongside the information and means required to safely feed older infants and young children. Consult The Technical Working Group on Infant Feeding, which is chaired by MISAU and UNICEF for guidance on appropriate complementary food provisions and essential interventions, including WASH, Food Security and Livelihoods, and Health sector support, and on indications for micronutrient supplementation.

4. **In accordance with internationally accepted guidelines and the National Breast Milk Substitutes Marketing Code Mozambique 2005, 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. They place 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, in consultation with MISAU, and should be Code-compliant. **Donor human milk** should not be sent to emergencies unless based on an identified need which has been agreed upon with MISAU and part of a coordinated, managed intervention. Seek advice from The Technical Working Group on Infant Feeding, chaired by MISAU regarding any food or equipment donations that could be used for feeding children.

5. **Do not include purchased or donated supplies of breastmilk substitutes (such as infant formula), milk products (such as powdered milk), bottles and teats as part of a general or blanket distribution to the emergency affected population.** To report offers of donations, untargeted distributions or obtain guidance on appropriate procedures for handling confiscated products, contact The Technical Working Group on Infant Feeding, chaired by MISAU.

6. **We call upon responders to ensure pregnant and lactating women (PLW) have access to nutritious food, water, shelter, health care, and antiretroviral medicines for those living with HIV, protection, psychosocial support and other interventions to meet essential needs.** The joint signatories of this statement recognise PLWs have heightened nutritional needs and that maternal undernutrition during pregnancy puts both the woman and her unborn child at risk and is a risk factor for infant malnutrition. A mother’s physical and mental wellbeing is also an important

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Any food, whether industrially produced or locally-prepared, suitable as a complement to breastmilk or to a BMS, introduced after 6 completed months of age.
determinant of her ability to feed and care for her children. Consult The Technical Working Group on Infant Feeding, chaired by MISAU for more information and guidance.

7. We urge responders to identify the nature and location of higher risk infants, children and mothers and to respond to their needs. These include (but are not limited to) acutely malnourished children, including infants under six 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. Consult with The Technical Working Group on Infant Feeding, chaired by MISAU with key sectors, such as health and protection, for guidance on appropriate interventions.

8. It is crucial that breastfeeding is not unnecessarily disrupted by disease outbreaks or illness affecting mothers or children and that IYCF support for breastfed and non-breastfed children is integrated within disease management protocols. Breastfed children who are ill will benefit from continued breastfeeding. It is rarely in the best interests of the mother or the child to stop breastfeeding or separate breastfed children from mothers who are ill; instead mothers should be adequately supported to access treatment and to continue breastfeeding. Sick non-breastfed children will need targeted feeding support and follow up (see below). 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 Technical Working Group on Infant Feeding, chaired by MISAU for guidance on appropriate feeding recommendations, including risk minimisation where bottle feeding is common, and interventions in the context of illness including disease outbreaks.

9. Care for Breastfeeding mothers living with HIV needs to be a priority
Fifteen per cent of reproductive age women in Mozambique are living with HIV. They form a priority subgroup of the breastfeeding population. Women living with HIV can breastfeed without negative consequences for their own health and the health of their children. When these mothers take antiretroviral medicine consistently throughout the breastfeeding period, the risk of transmitting HIV to their children is extremely low. The national/sub-national HIV and infant feeding policy in Mozambique of “Option B+” is to promote breastfeeding plus the use of antiretroviral drugs (ARVs). Support therefore, should be provided to breastfeeding mothers living with HIV to breastfeed for at least 24 months (early initiation and exclusive breastfeeding for the first 6 months), while being fully supported to adhere to anti-retroviral treatment (ART).

10. In summary we strongly urge all the emergency response actors in Mozambique to prevent unnecessary illness and death by:
- Supporting community volunteers, breastfeeding promotion, advocacy, capacity-building activities and skilled counselling.
- Establishing spaces where women can breastfeed their children and receive skilled support in the shelters.
- Preventing uncontrolled distribution and unnecessary use of breastmilk substitutes.
- Preventing donations and distributions of nutritionally inadequate or inappropriate foods.
- Close monitoring of ARV availability and adherence for breastfeeding mothers living with HIV.
- Implementing / supporting interventions and programs to improve IYCF practices in the affected areas.
- Integrating IYCF within all relevant sectors (Health, WASH, Protection, Food Security and Livelihoods).

Contact Information

UNICEF:
Nutrition Manager, Maputo, Mozambique:
Dorothy Foote, - dfoote@unicef.org or Julia Nhacule – jnhacule@unicef.org

Regional Nutrition Advisor - Eastern and Southern Africa Region
Joan Matji - jmatji@unicef.org

WHO:
Nutrition Officer, Maputo, Mozambique:
Dr Nelila Mutisse - mutissen@who.int

Regional Nutrition Advisor – Eastern and Southern Africa Region

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Hana Bekele - bekeleh@who.int

WFP:
Nutrition Advisor, Maputo, Mozambique:
Lindsey Wise - lindsey.wise@wfp.org
Regional Nutrition Advisor – Southern Africa Region
Rose Craigue - rose.craigue@wfp.org

Save the Children:
Interim Regional Humanitarian Nutrition Advisor– Eastern and Southern Africa
Getinet Babu - Getinet.Babu@savethechildren.org

World Vision:
Nutrition specialist, Maputo, Mozambique
Claire Beck - claire.beck@wvi.org
Global partnership leader - Health, nutrition and WASH)
Tom Davis email - tom_davis@wvi.org

Resources
Mozambique national polices, guidelines and training guides are available through MISAU, Maputo
EN-NET (online technical forum) http://www.en-net.org/