



Joint Statement

Call for support for Appropriate Infant and Young Child Feeding in Yemen

Sana'a Yemen, 11 April 2017, Nutrition Cluster partners, including the Ministry of Public Health, UN Agencies, and National and International NGOs call for support for appropriate infant and young child feeding in the current emergency in Yemen to avoid unnecessary illness and death in children. This can be achieved by promoting, protecting, and supporting breastfeeding and appropriate complementary feeding and caution about unnecessary and potentially harmful donations and use of breastmilk substitutes.

Infant and Young Child Feeding in Emergencies (IYCF-E) is a lifesaving intervention for children in the vulnerable life stage of infancy up to two years of age. IYCF-E encompasses a range of multisectoral actions to support safe and appropriate feeding practices during emergencies. The activities focus on infants, young children up to 24 months, pregnant and breastfeeding women, and other caretakers of young children in a humanitarian setting.

During emergency situations, such as the current crisis in Yemen, disease and death rates among children under five are generally higher than for any other age group. The younger the infant, the higher the risk. Mortality may be particularly high due to the combined impact of poor sanitation, disease outbreaks, infant formula donations, lack of access to healthcare and high rates of malnutrition. The fundamental means of preventing malnutrition, morbidity and mortality among infants and young children is to ensure appropriate feeding and care. Therefore, with the ongoing conflict in Yemen along with poor IYCF indicators, a renewed commitment by all stakeholders is needed to support child survival, growth and development and avoid unnecessary illness and death in children.

During humanitarian crises donations of infant formula and other powdered milk products are often made, this is life endangering. Experience with past emergencies has shown that such donations are mostly inappropriate, are in violation of the [International Code of Marketing of Breastmilk Substitutes](#) and the [Yemen Breastfeeding Legislation](#) and can result in increased rates of disease, malnutrition and death through undermining the lifesaving practice of breastfeeding. The use of feeding bottles and teats only adds further to the risk of infection as they are difficult to clean properly. In accordance with internationally and nationally accepted guidelines and legislation **there should be no donations of breastmilk substitutes (BMS), such as infant formula, powdered or liquid milk or other milk products, and bottles and teats.** Prevention of untargeted distribution of BMS is defined by the Yemen Breastfeeding Legislation. Any unsolicited donations should be reported to UNICEF and the MoPHP via the use of the BMS Code Violations Reporting Form.

Feeding of children less than six months of age

No food or liquid other than breastmilk, not even water, is needed to meet an infant's nutritional requirements during the first six months of life. Mothers should be supported to initiate breastfeeding within the first hour after birth and to continue exclusive breastfeeding during the first six months of the child's life. The valuable protection from infection and its consequences that breastmilk confers is all the more important in environments without safe water supply and sanitation, **"Breastfeeding saves lives"**.

Any provision of BMS for feeding infants and young children should be based on careful case by case needs assessment by qualified health staff. Therefore, all donor agencies, non-governmental



organisations (NGOs), media, individuals wishing to help and other partners, should avoid calls for and sending donations of BMS, bottles and teats and refuse any unsolicited donations of these products. BMS should be used only under strict control and monitoring and in hygienic conditions, and in accordance with the [Operational Guidance on Infant Feeding in Emergencies](#) and the National Legislation on Breastfeeding. **There should be no general distribution of BMS.** It is worth noting that even though the Yemen population is accustomed to using infant formula, the use of any BMS carries additional risks, particularly in emergency environment.

There is a common **misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition.** Stress can temporarily interfere with the flow of breast milk; however, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are adequately supported to initiate and continue breastfeeding. This can include the provision of psychosocial support. Mothers who lack food or who are malnourished can still breastfeed adequately, but may require additional support such as nutritional support, therapeutic feeding and care, and adequate IYCF counselling with a special focus on skilled breastfeeding support. Prioritising access to adequate fluids and extra food for mothers will help to protect their health and well-being as well as that of their young children. If an infant less than six months age is mix-fed (receiving both breastmilk and a BMS) the mother should be encouraged and supported to switch to exclusive breastfeeding.

In exceptionally difficult circumstances, therefore, the focus needs to be on creating conditions that will facilitate breastfeeding, such as establishing safe 'corners' for mothers and infants, one-to-one counselling, and mother-to-mother support. Mothers' psychosocial wellbeing can impact how they interact with, feed and care for their children and should be supported as much as possible. Every effort should be made to identify ways to breastfeed infants and young children who are separated from their mothers, for example by a wet-nurse (another woman breastfeeding the child).

Feeding of the non-breastfed child less than six months of age

The priority to feed infants less than six months of age who are not breastfed should be re-lactation or the use of a wet nurse. If this is not possible, or when artificial feeding is indicated after careful assessment by qualified health staff, the provision of Code-compliant infant formula is necessary and must always be accompanied by education, one-to-one demonstrations and practical training on the quantity (measurement) of mixing a feed, frequency of feeds, hygienic practices, safe preparation, and cup feeding. Use of feeding bottles and teats is highly discouraged due to the increased risk of infection. Regular visits of non-breastfed children, weight monitoring, and provision of equipment for safe preparation must accompany any BMS programme. Programmes supporting non-breastfed children with BMS should adequately budget for its procurement based on a calculation of need, rather than accepting donations. **Plans for BMS programming must be coordinated with the Nutrition Cluster.**

Treatment of severe acute malnutrition

Severely malnourished children, whether facility or community based, should be treated in accordance with international standards and best practice and closely monitored. Standard commercial infant formulas are not meant for this purpose. Specially formulated therapeutic milk F75 and F100 and ready to use therapeutic food are required, together with skilled breastfeeding support.

Complementary feeding of children above six months old

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding, which should continue up to two years of age or beyond. Complementary feeding should be addressed with priority for locally available, culturally acceptable, nutritionally adequate



family foods. Provision of fortified foods or micronutrient supplements such as vitamin A or zinc in supervised programmes for young children represent a much more appropriate form of assistance than sending milk products. In rations for general food distribution programmes, pulses, meat, or fish are preferable to powdered milk. Dried milk products should be distributed only when pre-mixed with a milled staple food and should not be distributed as a single commodity.

The objective of IYCF-E is to improve child survival, optimal nutritional status, growth and development. The protection of infants and young children is the concern to all sectors, not only nutrition. Supporting IYCF-E should also be integrated into the sectoral responses of protection, food security and livelihoods, health, water, Communication for development (health education), sanitation and hygiene, shelter, and education. Integration with other sectors and coordination are key enabling factors to ensuring the success of IYCF-E programming.

Nutrition Cluster partners including the Ministry of Public Health, UN Agencies, and National and International NGOs strongly urge all who are involved in funding, planning and implementing the emergency response in Yemen to avoid unnecessary illness and death by i) promoting, protecting, and supporting breastfeeding and appropriate complementary feeding; and ii) preventing uncontrolled distribution and use of breastmilk substitutes.

All technical queries and any information about donations should be directed to UNICEF the designated nutrition in emergencies coordinating agency in Yemen. National and sub-national Nutrition Cluster in Yemen

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