Protecting babies in emergencies: the role of the public

The harsh reality

Every year, natural and man-made disasters and emergencies affect hundreds of thousands of people. Whenever there is an emergency, we think of the children who have been affected and want to do something to help them. In particular, those of us who are parents, imagine ourselves in the emergency and envisage the desperation of struggling to care for a baby or young child under such circumstances. We give generously to appeals to help children affected by disasters. However, the sort of aid that will assist babies and young children is of a very specific type. It's very important to make sure that our donations help children and do not harm them and to ensure that governments and aid agencies do the same.

Unfortunately, it is relatively common for well-meaning aid to harm babies and young children. The following story is not unusual

> Yani was the mother of a two month old baby called Dara when an earthquake struck her town. Along with many others, her home was destroyed and she and her husband and two other children found shelter in a refugee camp. They lived in emergency tented housing and were given basic necessities like clothing, cooking implements and food rations from aid agencies working in the area. The food aid given to them included infant formula and even though Yani had been providing Dara with all of her food via breastfeeding prior to the earthquake, she started to feed her the infant formula. She used the formula because she thought that it would be good for her baby and, given the stress she was under, better than her breastmilk. Unfortunately, a short time after she started using the formula Dara became ill with diarrhoea and within a few days, severely dehydrated, she died from this illness. Had Yani not been given infant formula Dara most likely would not have died. Aid in the form of infant formula had resulted in her death.

When there is an emergency, the biggest danger to babies is the risk of dying as a result of diarrhoeal illness. Babies who are breastfed have a secure and safe food supply, they are not exposed to disease causing bacteria and parasites that can contaminate water supplies and they receive antibodies and other disease fighting factors that help to prevent and treat illness. They are protected from the worst of the emergency conditions.

However, babies who are not breastfed are at great risk. In an emergency, food supplies are disrupted, there may be no clean water, overcrowding is often a problem and the health care system is likely to be stretched beyond breaking point. Outbreaks of diarrhoea are very common and spread easily in these circumstances. Babies who are not breastfed are very likely to contract diarrhoea-causing illnesses from unclean water and, with a weakened immune system and limited treatment, many will die **(**for more information on how the use of infant formula contributes to diarrhoea see www. ennonline.net/ife). A recent flood in Botswana (2005/06), during which many hundreds of babies died due to diarrhoea, demonstrated the vulnerability of babies. It was observed that babies who were

not breastfed were fifty times more likely to be hospitalised with diarrhoea and then seven times more likely to die after hospitalisation than babies who were breastfed. Hundreds of formula fed babies died in this emergency compared with only a handful of breastfed babies...

What should happen in emergencies?

There is agreement amongst the major health and aid agencies on how to help babies survive an emergency.

1. Women breastfeeding their babies and young children should be actively supported. This involves giving them appropriate information, practical assistance and encouragement to continue breastfeeding, especially if they are experiencing difficulties. The World Health Organization recommendation that mothers should exclusively breastfeed their babies for six months and then continue to breastfeed for up to two years or more also applies in emergency situations. Breastfeeding women should never be given infant formula or powdered milk.
2. Mothers who have stopped breastfeeding, should be encouraged and provided with assistance to start breastfeeding again (i.e. to relactate). In cases where there are babies whose mothers have died or cannot be located, the option of wet nursing, where another woman breastfeeds the baby, should be explored. In such situations babies may be breastfed by a woman who is already breastfeeding, or a friend or relative may relactate.
3. Only in instances where a baby cannot receive breastmilk, should formula feeding be supported. For example, if a baby has been orphaned and there are no women willing to act as wet nurse or if the mother does not want to relactate. In addition, while undergoing the process of relactation, infant formula may be needed as a supplement. In such circumstances, formula feeding can be life saving but it is essential that assistance is provided to minimise the risk to the baby. Such assistance should include ensuring the carer has access to a constant supply of infant formula and the necessary resources for preparation. It should also include education on preparation and close monitoring of the use of the formula and the health of the baby.
4. Babies continue to be born in emergencies and no matter what country or type of emergency, all mothers should be supported to breastfeed their babies within half an hour of giving birth and encouraged to not give their baby any other food or liquid until they are six months of age. Research has shown that delaying starting breastfeeding or giving babies food or liquid other than breastmilk, significantly increases the chances of babies becoming ill and dying.

How does this look on the ground?

It's all very well to describe the theory of what should happen, but how does this look on the ground at the emergency site? In order to protect both breastfed babies and babies who cannot be breastfed, targeted humanitarian aid is necessary.

Safe spaces

Experience has shown that providing breastfeeding mothers with *safe spaces* where they can receive encouragement, be in contact with health workers and meet with other breastfeeding women is helpful. In these *safe spaces* women who are relactating can be supported. Aid agencies have also found that training peer counsellors who support and

provide assistance to breastfeeding mothers and warn them of the dangers of artificial feeding is incredibly successful in maximising child survival in emergency situations. Breastfeeding women can be provided with additional rations of food as an encouragement to continue breastfeeding.

Dangers of milk powder

Protecting all babies by ensuring that powdered milk is not freely available is very important. Past experience suggests that if powdered milk is distributed as a part of general rations that much of it may be used to feed babies. Such milk is nutritionally deficient as a food for non-breastfed babies, placing them at even greater risk than normal. If powdered milk is used to feed babies who would otherwise be breastfed, it increases the risk of death because it replaces breastmilk, it introduces a source of infection and because it is nutritionally deficient. In order to protect babies, any powdered milk that is to be distributed should be mixed with the local milled staple cereal before delivery so that it cannot be used as a breastmilk substitute (a cereal/milk powder mix can make porridge for young children and infants over six months).

Minimising risk for babies who cannot be breastfed and controlling the supply of infant formula

As discussed, babies who cannot be breastfed are at great risk in emergency situations and special attention must be given to protect them. This includes:

- Assessment of the need for infant formula on a case-by-case basis by a qualified health professional to ensure that it is only provided when there is no other option.
- Providing the carers of such babies with not just infant formula but also feeding implements, clean water, fuel to boil water for cleaning and education about how to use infant formula.
- Providing health care and monitoring of formula-fed babies.
- Ensuring that infant formula containers are labelled with instructions in the local language and if possible non-branded so that a particular brand of infant formula is not promoted.
- Avoiding the use of baby bottles, which are difficult to adequately clean meaning that bacterial contamination poses an unacceptable risk. Formula-fed babies should be fed using a cup, which can be a very effective way of feeding even young babies and can be used long-term.

Preventing ‘spill-over’ of the use of infant formula to breastfed babies may be achieved by providing only a small amount of formula at a time or even by providing only made up formula direct to babies at a central distribution point. In the latter instance, this method of distribution ensures that the infant formula is correctly constituted, that the feeding implements are clean and that the baby is monitored.

Some may suggest that many of the problems associated with the use of infant formula could be avoided by the use of ‘ready-to-feed’ infant formula since it does not require the addition of water before use. However, the use of “ready-to-feed” infant formula does not completely remove the risks associated with contaminated water because feeding utensils must still be cleaned. In addition, “ready-to-feed” infant formula is packaged so it provides more than a single feed for an infant and once opened it must be refrigerated to

suppress bacterial growth, this alone makes it unsuitable for use in emergencies. 'Ready-to-feed' formula is often unavailable in areas affected by emergencies (and if obtained elsewhere may be labelled in the wrong language), are expensive to purchase and difficult to transport. For these reasons, 'ready-to-feed' formulas are not considered appropriate for use in emergency situations.

Myths that put babies at risk

There are several common beliefs about infant feeding in emergencies that contribute to problems in the field.

Myth: Stressed or malnourished women cannot breastfeed

That milk supply is adversely impacted by stress or that trauma will cause a mother's milk to 'dry up' are common myths. These beliefs may be held by health professionals, aid workers, individuals affected by the emergency, by individuals in donor countries and by mothers themselves, and their peers. These beliefs can result in mothers requesting infant formula from relief staff and in donors' wanting to supply infant formula. The truth is that psychological stress does not impact milk supply but there are other factors associated with emergency conditions that may lead to the conclusion that it does. Milk let-down (the release of milk from the breast) may be slower than usual when a mother is acutely stressed, which can result in her saying that she has 'less milk than usual.' Reassuring such mothers that they are only experiencing a delay in let-down and that they are still capable of making enough milk for their baby will help them to regain confidence in their milk supply and continue breastfeeding. In addition, in the upheaval of an acute emergency, babies may be fed less frequently than usual, which can have a negative impact on mothers' milk production. However, this need only be temporary and with more frequent breastfeeds the milk supply will quickly increase.

Mothers who are concerned about their ability to breastfeed their babies need encouragement and reassurance which can be provided via the *safe spaces* and peer counselling already described. Breastfeeding can actually help mothers to cope better with the stress they are experiencing because it suppresses the release of stress hormones and involves close physical contact and the release of relaxant hormones that promote mothering behaviours. Thus, breastfeeding can not only assist mothers in their care-giving but also help to limit the emotional damage of trauma.

It is also commonly believed that women who are malnourished are unable to make enough milk for their babies. However, in all but the most extreme cases, malnourished women continue to make milk. If a mother's condition is limiting her milk supply, ensuring the quality and quantity of her food rations as well as ensuring that she has enough to drink will help her to recover and enable her to feed her baby. *By feeding the mother, you also feed the baby.*

Myth: Large amounts of donated infant formula are required in emergencies

Governments, community groups or individuals may send uninvited donations of infant formula. They do this because they want to help and they think that large amounts of infant formula will be required at the site of the emergency. Unsolicited donations often arrive in enormous quantities in emergency areas. However well-meaning, these

uninvited donations of infant formula are problematic for several reasons. Firstly, controlling the distribution of these donations is often very difficult since they can simply arrive without being under the control of any particular organisation. Secondly, they can end up in the hands of agencies who do not understand the critical need to tightly control their distribution. Thirdly, these donations may not even be suitable for use if they are of the wrong sort, labelled in the wrong language or close to their 'use by' date. The management of unsolicited donations and disposal of inappropriate donations of infant formula can be very difficult and expensive for aid agencies and take away resources from the relief effort. The experience of past emergencies has shown that there is usually only a relatively small amount of infant formula that is required and that supplies are best procured locally by the agencies on the ground. It is much better to prevent unsolicited donations of infant formula from happening than to attempt to deal with donations when they arrive at the site of the emergency. *Expending efforts preventing unsolicited donations of infant formula and encouraging donations of money rather than supplies in-kind are the best way to assist aid agencies to help all babies, including those who cannot be breastfed.* It is important to note that donations of infant formula may not always be well intended. Infant formula manufacturers may consider donations of infant formula as a way of marketing their product to large numbers of people and as a way to increase market share in the area affected by the emergency.

Myth: Infant formula is safe and is the best food for babies if it can be afforded

A belief in the safety, and even superiority, of infant formula contributes to the problem of its inappropriate use in emergency situations. Western aid staff may come from places where infants are predominantly bottle fed and where infant mortality rates are very low and extrapolate their western experience to the emergency situation. They may consider infant formula as essential for babies and be oblivious of the risk in which non-breastfed infants are placed in an emergency situation. Therefore, they may be unaware of the need for great care in the distribution of infant formula. The high value of infant formula may make rejection and destruction of unsolicited donations very difficult for local aid workers and non-government organisations. It is also the case that in many parts of the developing world (where most humanitarian emergencies occur) that the persuasive marketing of infant formula manufacturers has convinced members of the public that infant formula is a superior food for babies. This may be particularly true in middle-income countries, where mothers may consider breastfeeding the 'poor woman's option' and aspire to feed their babies infant formula like mothers do in wealthy nations. Under normal circumstances formula feeding is not an option for many women because of its expense. In an emergency, mothers who are breastfeeding (but who might choose to formula feed if they had the finances) will seek donated infant formula from aid agencies because they believe that formula would be best for their babies. As one aid worker said in a past emergency, *"(this disaster took) infant formula off the shelves where it was too expensive to buy and put it into the clinics and food distributions centres where it is free."* Breastfeeding mothers who request infant formula, need support and education to ensure that they do not place their baby at risk by using donated infant formula.

Myth: Babies are only at risk from formula feeding in the most underdeveloped contexts

It's easy to understand why formula feeding may be dangerous in the most underdeveloped situations where clean water and good medical care are absent even

before the emergency. However, babies and young children are at risk even where the pre-emergency situation is relatively developed; an emergency can change the conditions very quickly. For instance, before the war in Kosovo (1996-1999) and the conflict in Lebanon (2006), formula feeding was not uncommon. Under these circumstances, use of infant formula was relatively safe because many in the population were affluent, infant formula was affordable, the water supply was clean and medical care was available. However, the devastation and destruction of war meant that pre-conflict acceptable standards of water and sanitation, storage facilities and supplies of infant formula suddenly no longer existed. In these circumstances, appropriate support for both breastfed and non-breastfed infants was critically important. Such examples demonstrate that regardless of the context, it is important to ensure that the accepted guidelines for infant and young child feeding in emergencies are followed.

What is the scale of the problem?

Harmful aid in the form of poorly targeted distribution of powdered milk and infant formula has been a huge problem in many humanitarian emergencies for the last 20 years. The scale of the problem is such that emergency areas can become awash with donations of infant formula and powdered milk. For instance, after the earthquake in Yogyakarta, Indonesia (2006) 70-80% of babies in the affected area were given donated infant formula despite low levels of formula use pre-emergency. As the Indonesian health minister described, "*Diarrheal disease outbreak was a concern because babies were frequently given instant formula milk by their mothers instead of being breast fed…because survivors had received a large amount of donated supplies of breast milk substitutes.*" Although it is the breastfed babies who may be most harmed by such untargeted distribution of infant formula, poorly managed donations also harm babies who cannot be breastfed because their carers do not receive the necessary practical and educational support to minimise risk.

Inappropriate distribution of powdered milk and infant formula can continue to adversely impact babies for years. For example, the humanitarian response to the 1988 earthquake in Armenia included the widespread distribution of infant formula by aid agencies resulting in a drastic drop in breastfeeding rates. More than a decade after the earthquake, health authorities recognised that the repercussions of this aid were continuing to be felt and were still harming babies in Armenia. The post-earthquake aid had changed the norms of feeding practice and introduced routine formula feeding. One paediatrician stated that, "*Mothers who were able to feed their children with breastmilk gave artificial food to their children without even understanding what they did*." In developing countries, health and sanitation services are often poor, infant mortality rates are high and even in non-emergency situations, formula feeding remains a risky proposition. Since untargeted distribution of infant formula during an emergency can have a sustained negative impact on breastfeeding rates, it can continue to contribute to the deaths of babies for many years.

But wouldn't aid agencies and health authorities make sure that babies aren't harmed?

Unfortunately, emergencies are chaotic by nature and this makes controlling the aid response complex and difficult; a multitude of factors can result in undesirable practice in relation to infant and young child feeding. For example, logisticians, whose job it is to

transport goods, may be unaware of the potential for harm and transport unsolicited donations of infant formula or powdered milk to the emergency area where it will be difficult to control distribution. Aid agency staff who respond first to a disaster are likely to be those who happen to work close by, they may be experienced in development work but have no training in emergency response or infant and young child feeding. Because of their inexperience, they may believe that extensive distribution of infant formula is desirable in case some babies need it and they may interpret the large quantities of infant formula arriving in relief aid as confirmation of this belief.

Competing priorities in emergency management contribute to the inappropriate distribution of powdered milk and infant formula and lack of support for breastfeeding. Emergency work is an area in which there is a high turnover of staff and maintaining training for incoming staff members is difficult. The urgent need for aid workers when an emergency occurs can result in the deployment of staff with incomplete training. Inadequately trained staff may unknowingly harm babies by inappropriately distributing infant formula. In addition, relief staff are specialised in different areas of response and those without expertise in infant feeding may unintentionally place babies at risk. For instance, those concerned with adult nutrition may not consider that when they provide powdered milk for adults that there will be a spill-over to infants. When considering the competing interests of different areas of aid, the special needs of infants may be overlooked unless protecting babies is mandated as a priority.

Pressure to supply infant formula may exist. Media appeals to supply infant formula can pressure governments to supply it. Alternatively, mothers may directly ask for infant formula believing that stress has dried up their milk and relief workers who are inexperienced in infant nutrition may accept this at face value and so unnecessarily provide infant formula.

Do YOU want to help infants in emergencies? There is a lot you can do

You can become part of an international effort to improve practice

Since 1999, an international collaboration of organisations involved in emergency work has been developing practical guidelines and training materials to assist agencies to support infants and young children in emergencies and to ensure aid operations do no harm. The Infant and Young Child Feeding in Emergency (IFE) Core Group, as it is known, has developed an *Operational Guidance on Infant and Young Child Feeding in Emergencies* (http://www.ennonline.net/ife/ops.html) that spell out in a very practical way the best practice in this area. An increasing number of agencies are signing up to support the *Operational Guidance*, to show that they are working towards good practice within their agency. The IFE Core Group has also produced materials for aid agencies to use in training staff (http://www.ennonline.net/ife/category.aspx?catid=5). You can help to spread the word about the *Operational Guidance*, provide encouragement for aid agencies to appropriately train staff and help to keep aid agencies, infant formula manufacturers, governments and members of the public accountable for their actions.

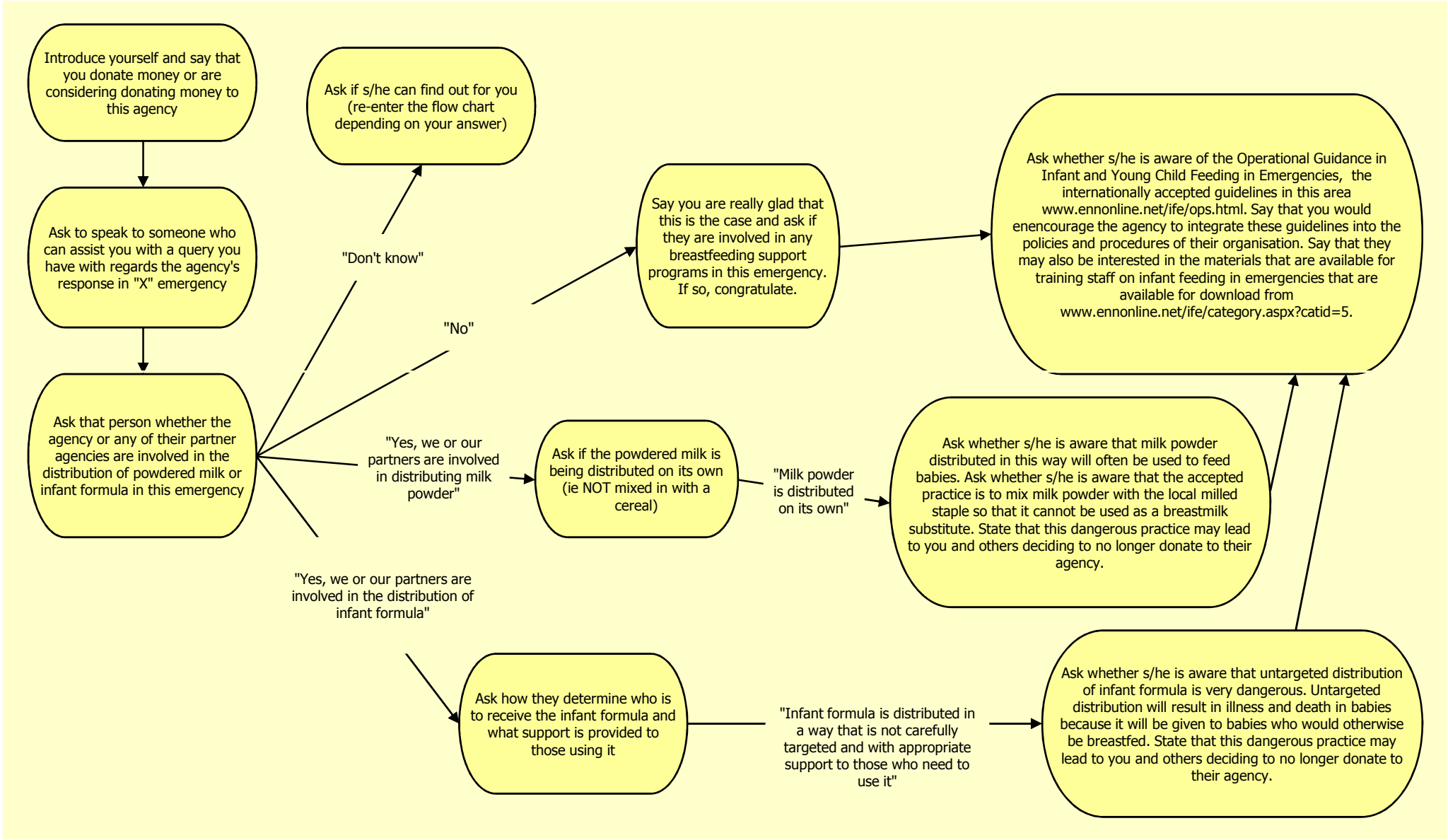
Make aid agencies accountable

Aid agencies are responsible for ensuring that their staff act appropriately and protect babies in emergencies via support for breastfeeding and targeted distribution of infant formula. They are also responsible for ensuring that organisations with whom they partner act appropriately. The issue of partner organisations is an important one. Often aid agencies do not have their own staff on the site of an emergency and so partner with local organisations to facilitate the provision of aid. They may provide funds and/or supplies to the partner organisation. These local organisations can be responsible for problematic distribution of infant formula and powdered milk, however, it is not uncommon for aid agencies to be unaware of the details of the activities of their partners. In addition, aid agencies may deny responsibility for the actions of their partners and state that their partners are best placed to make decisions about what needs to be done with funds or supplies. However, the situation is clear, aid agencies or donor groups *are* responsible for the actions of their partners and for *ensuring* that they act in an appropriate way.

Ordinary people, like you, can help to protect babies who are affected by emergencies by making sure that the aid agencies to whom you donate act in a proper manner. In fact, your donation is at the beginning of the chain of action and you are in a very good position to impact the activities and priorities of aid agencies. Aid agencies want to keep those who donate to them happy.

Ask some questions

Agencies understand that it is important for people to know that their donations are being well spent and so are usually very happy for members of the public to contact them about their work. A good time to contact aid agencies is when they are actually involved in an emergency but it is possible to contact them at any time. You may wish to call aid agencies and ask about their activities in relation to the distribution of infant formula or powdered milk and breastfeeding support. The following question guide may assist you in the process of stopping the harm of the inappropriate distribution of powdered milk and infant formula. Be aware that aid agencies will wish to reassure you that you can trust them and that they are doing a good job and may attempt to do that without providing much detail. You may need to be assertive and persistent to get your questions answered satisfactorily. If aid agencies get enough calls about this issue, they will make sure that best practice is followed by developing good policies on the management of powdered milk and infant formula and ensuring that staff are adequately trained.


Introduce yourself and say that you donate money or are considering donating money to this agency
Ask to speak to someone who can assist you with a query you have with regards the agency's response in "X" emergency
Ask that person whether the agency or any of their partner agencies are involved in the distribution of powdered milk or infant formula in this emergency
"Don't know"
Ask if s/he can find out for you (re-enter the flow chart depending on your answer)
"No"
Say you are really glad that this is the case and ask if they are involved in any breastfeeding support programs in this emergency. If so, congratulate.
Ask whether s/he is aware of the Operational Guidance in Infant and Young Child Feeding in Emergencies, the internationally accepted guidelines in this area www.ennonline.net/ife/ops.html. Say that you would enencourage the agency to integrate these guidelines into the policies and procedures of their organisation. Say that they may also be interested in the materials that are available for training staff on infant feeding in emergencies that are available for download from www.ennonline.net/ife/category.aspx?catid=5.
"Yes, we or our partners are involved in distributing milk powder"
Ask if the powdered milk is being distributed on its own (ie NOT mixed in with a cereal)
"Milk powder is distributed on its own"
Ask whether s/he is aware that milk powder distributed in this way will often be used to feed babies. Ask whether s/he is aware that the accepted practice is to mix milk powder with the local milled staple so that it cannot be used as a breastmilk substitute. State that this dangerous practice may lead to you and others deciding to no longer donate to their agency.
"Yes, we or our partners are involved in the distribution of infant formula"
Ask how they determine who is to receive the infant formula and what support is provided to those using it
"Infant formula is distributed in a way that is not carefully targeted and with appropriate support to those who need to use it"
Ask whether s/he is aware that untargeted distribution of infant formula is very dangerous. Untargeted distribution will result in illness and death in babies because it will be given to babies who would otherwise be breastfed. State that this dangerous practice may lead to you and others deciding to no longer donate to their agency.

In addition to calling aid agencies, you may wish to write a letter to the director of aid agencies stating your concerns and advising that as someone who donates (or considering donating) to their organisation you wish to ensure that the agency is protecting babies during emergencies through appropriate policies and practices. Ask for a response. Sample letter 1 (below) is an example of the sort of letter you could send. You may wish to modify this letter to suit your own circumstances.

Sample letter 1: Inquiry about aid agency's action in relation to infant feeding in emergencies

Dear Director,

I am writing to you as a person that donates/is considering donating to 'Y' aid agency. I am a firm believer in humanitarian aid but also know that it is extremely important that the aid that is provided is helpful and not harmful. I have become aware that the inappropriate distribution of powdered milk and infant formula in emergency situations is a common problem that results in unnecessary illness and death for many babies.

It is my understanding that in order to protect babies in emergencies, it is very important that mothers who are breastfeeding continue to do so, and that non-breastfed infants are provided with appropriate nutrition and supported and monitored very closely by experienced and trained personnel. However, if milk powder or infant formula is distributed without careful targeting (for example, if it is included in general food distributions) there is a high chance it will be used to feed babies who would otherwise breastfeed. I am aware that the consensus is that it is essential that infant formula only be given to babies who cannot be breastfed because the risk of a baby becoming ill with diarrhoea and dying in an emergency is tens of times greater when the baby is formula fed. I want to make sure that my donations to 'Y' aid agency helps to protect babies and does not contribute to infant mortality.

I was wondering if you could answer the following questions for me.

1) In emergency or refugee situations, what support does 'Y' aid agency or partners to 'Y' aid agency provide to the mothers of breastfed babies to ensure that they can continue breastfeeding?
2) Does 'Y' aid agency or partners to 'Y' aid agency ever distribute powdered milk as a single commodity for example, as a part of general food rations or in baby kits or hygiene packs?
3) Does 'Y' aid agency or partners to 'Y' aid agency ever distribute infant formula during emergencies? If so, how is the distribution managed and how does 'Y 'aid agency make sure that only babies who cannot be breastfed are given infant formula? What support is

provided to carers of babies who need infant formula to ensure that they are using it as safely as possible?

4) Does 'Y' aid agency have an infant feeding in emergencies policy and if it does how does 'Y' aid agency ensure that their partners also act in line with this policy?
5) There are established guidelines for infant and young child feeding in emergencies that are supported by organisations such as UNICEF, UNHCR, WHO and the International Federation of Red Cross and Red Crescent Societies – *the Operational Guidance on Infant and Young Child Feeding in Emergencies* (http://www.ennonline.net/ife/ops.html). Would 'Y 'aid agency consider adding their support to these guidelines?
6) How does 'Y' aid agency ensure that all staff are trained in protecting babies in emergencies through provision of appropriate nutrition? Are you aware of the training materials on infant feeding in emergencies that are available for download from the following website: http://www.ennonline.net/ife/category.aspx?catid=5

Thank you very much for considering my letter. I look forward to hearing from you on this matter.

Yours faithfully,

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You may find that the response to your first telephone call or letter does not provide satisfactory answers to all of the questions you asked. It is appropriate to follow up with further telephone calls or letters. The agency may also refer you to resources of policy documents that they say show that they act appropriately. It is important to check these resources and policies because it is not uncommon for there to be a difference between what they say they do and what their policies/resources indicate they do. They may also state that they are confident that they are doing the right thing and that they do not feel that they need to have a policy. However, the absence of appropriate policies leaves decision making in this area to individuals who may not be aware of the issues. Agencies who do not have appropriate infant feeding in emergency policies are often those who are involved in poorly targeted distribution of infant formula. If the response to your telephone call or letter or your investigation of policies and resources reveals that the agency has not been acting appropriately in relation to infant feeding in emergencies or that they do not have an appropriate policy in this area and you decide not to donate to this aid agency because of this, then you may wish to send a letter informing the agency of your decision. Conversely, if the aid agency has been acting appropriately and this influences you to donate to this agency you may also wish to write to the agency

informing them of this. Sample letters 2 and 3 (below) may assist you in writing to aid agencies about their practices.

Sample letter 2: Response to knowledge of inappropriate action in relation to infant and young child feeding in emergencies

Dear Director,

I was considering donating your aid agency/I am a past donor to your aid agency. I rang/wrote to your aid agency on ?/?/0? and inquired about your policy and practice in relation to infant and young child feeding in emergencies. I found that your aid agency or organisations with whom you partner inappropriately distributes milk powder/infant formula in emergency situations and does not support breastfeeding. Since I do not wish for my donations to contribute to child mortality, I have decided not to donate/donate any longer to your aid agency.

I know that your aid agency does lots of good work in other areas and I would ask that you consider changing your practice and implement policies that will maximise the survival of infants and young children in emergencies. There are established guidelines for infant and young child feeding in emergencies, which are supported by organisations such as UNICEF, UNHCR, WHO and the International Federation of Red Cross and Red Crescent Societies – the *Operational Guidance on Infant and Young Child Feeding in Emergencies* (http://www.ennonline.net/ife/ops.html). I would encourage you to integrate these guidelines into your organisations policies and procedures. If you decide to practice in line with these guidelines, I would reconsider donating to you/donating to you again. You may also be interested in the materials that are available for training staff on infant feeding in emergencies that are available for download from (http://www.ennonline.net/ife/category.aspx?catid=5).

Yours faithfully,

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Sample letter 3: Response to knowledge of appropriate action in relation to infant and young child feeding in emergencies

Dear Director,

I was considering donating your aid agency/I am a past donor to your aid agency. I rang/wrote to your aid agency on ?/?/0? and inquired about your policy and practice in relation to infant and young child feeding in emergencies. I was delighted to find that it appears that your aid agency supports breastfeeding mothers and acts appropriately in its distribution of milk powder/infant formula in emergency situations. Because of your response I have decided to donate/continue donating to your aid agency.

I would like to congratulate you on your practice in this area. I wondered if you were aware that there are established guidelines for infant and young child feeding in emergencies, which are supported by organisations such as UNICEF, UNHCR, WHO and the International Federation of Red Cross and Red Crescent Societies – the *Operational Guidance on Infant and Young Child Feeding in Emergencies* (http://www.ennonline.net/ife/ops.html). I would encourage you to integrate these guidelines into the policies and procedures of your organisation. You may also be interested in the materials that are available for training staff on infant feeding in emergencies that are available for download from (http://www.ennonline.net/ife/category.aspx?catid=5).
I would encourage you to give greater publicity to your activities in protecting babies in emergencies because I am sure that other supporters/donors would be interested in this.

Yours faithfully,

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What to look for

Sometimes aid agency newsletters, websites or press releases or newspaper articles will contain information that can alert you to the possibility that an aid agency is not acting appropriately. In descriptions of relief items you can look out for any mention of 'baby kits' or 'hygiene packs' in which powdered milk, infant formula and/or baby bottles might be included. You can also look for descriptions of women not being able to breastfeed because of stress or malnutrition as an indication that there may be a problem. Press releases that include infant formula or powdered milk in their publicised list of 'priority relief items required' are particularly problematic because they contribute to the problem of unsolicited donations of these commodities. Some examples from past emergencies include:

From a website, an example of untargeted distribution of infant formula: *"[Our partner] has already distributed emergency supplies in various camps in Dili since the early days of unrest in the country. Displaced East Timorese families…in camps…have receive 17.5 kg of rice, two pieces of noodle per person, two bottles of oil per family, 10 pieces klien per family, 1 tent per family, two bars of soap/person,* ***three boxes of milk per baby*** *and firewood."*

From an aid agency newsletter, the distribution of large amounts of powdered milk, *"Summary of relief items sent: food packets= 234 249, dry rations = 79 088 kg,* ***packets of milk=23 505****, bottles of water =12 617 litres*"

From a press release, a plan to distribute infant formula in the short term, with the use of baby bottles and the repetition of the myth that stress adversely impacts milk supply, *"The team is planning to return with…* ***enough infant formula for 100 babies for 1 month (many mothers have been unable to breastfeed as a result of trauma and shock)… enough feeding bottles for 100 babies (2 for each baby).****"*

And, again from a press release, baby milk noted as a priority item required, *"Continued delivery of urgent relief supplies is required...* ***Priority relief items*** *are emergency shelter items, food (canned goods,* ***infant milk,*** *children's milk), potable water, paediatric medicines."*

From a newspaper article, an aid agency that provided infant formula to a baby because the mother was 'malnourished' instead of supplying food to the mother, *"Born on September 23, Angi is the first known baby conceived and born after the December 26th tsunami…* ***Angi, who is being bottle-fed because her mother's tsunami rations do not give her the strength to breastfeed, owes her robust health, at least in part, to a health clinic [a children's aid group]…set up in her village.****"*

If you see indications of inappropriate activity on behalf of aid agencies, take action. Contact the agency involved to ask about their activities (as described earlier), and if you suspect that the agency is not acting appropriately, report their actions to the IFE Core Group and UNICEF (see contacts details at the end of this document).

Make infant formula manufacturers accountable

Inappropriate action on behalf of infant formula manufacturers can also be revealed in press releases or media reports. For example, one company press release said: "*Bright Beginnings Nutritionals, announced today that it* ***is donating infant formula…****to the victims of the Indian Ocean tsunami disaster...many babies and children in the areas affected by the tsunami will benefit from this type of donation."* Infant formula manufacturers send donations to emergency areas in an attempt to increase their market share in the region affected by the emergency and also to garner positive publicity for their actions as a public relations exercise. The latter motivation relies upon the public being unaware that their unsolicited donations are likely to harm babies. Members of the public may influence manufacturers to desist in providing such donations by informing them that members of the public recognise their activities as exploitative and harmful.

Reports of such donations should also be made to the IFE Core Group, UNICEF and the International Baby Food Action Network (IBFAN)(see contact details at the end of this document).

Keep governments accountable

Governments can be a direct source of unsolicited donations of infant formula and powdered milk. In addition, some governments have their own aid agencies that take part in emergency work or their armed forces may be involved in relief work during emergencies. They may also play a role in educating and funding the work of aid agencies through government agencies or departments. Therefore, it is important that governments, their aid agencies and military be aware of how to protect babies in emergencies.

In order to ensure that governments are acting appropriately, members of the public can write to their government representatives and ask whether the military or government agencies/departments are ever involved in emergency relief work and if so, what their policy is on infant and young child feeding in emergencies. Governments can also be asked what government agencies/departments are doing to ensure that non-government aid agencies based within that country are acting appropriately. Government agencies/departments can also be encouraged to indicate support for the *Operational Guidance on Infant and Young Child Feeding in Emergencies*. Sample letter 4 (below) provides an example of the sort of letter that could be written to government representatives.

Sample letter 4: A letter similar to this could be sent to your elected government representative (eg Member of Parliament or Congressperson) or your government officer in charge of overseas aid and/or the military.

Insert the name of your government aid agency if you know what it is called (for example, in the UK it is DFID, in Australia AusAID, in Canada CIDA and in the US USAID)

Dear Government representative,

I am a firm believer in humanitarian aid but I also know that it is extremely important that the aid that is provided is helpful and not harmful. I have become aware that the inappropriate distribution of powdered milk and infant formula in emergency situations is a common problem that results in unnecessary illness and death in many babies.

It is my understanding that in order to protect babies in emergencies it is very important that mothers who are breastfeeding continue to do so, and that non-breastfed infants are provided with appropriate nutrition and supported and monitored closely by experienced and trained personnel. However, if milk powder or infant formula is distributed without careful targeting (for example

if it is included in general food distributions) there is a high chance it will be used to feed babies who would otherwise breastfeed. I am aware that the consensus is that it is essential that infant formula only be given to babies who cannot be breastfed because the risk of a baby becoming ill with diarrhoea and dying in an emergency is tens of times greater when the baby is formula fed.

I believe that our government may be involved in providing overseas emergency aid via our government aid agency and/or via our military. I was wondering if you could answer the following questions for me in relation to the emergency work of our aid agency and/or military:
1) Does our aid agency or military ever distribute milk powder or infant formula in emergency situations?
2) Has our aid agency or military ever been involved in breastfeeding support programmes in emergency situations?
3) Could you please tell me what our government aid agency and military policies are on infant and young child feeding in emergencies?
4) Are our aid agency and military aware of the internationally accepted guidelines that have been established for infant and young child feeding in emergencies – the *Operational Guidance on Infant and Young Child Feeding in Emergencies* (http://www.ennonline.net/ife/ops.html)? These guidelines are supported by organisations such as UNICEF, UNHCR, WHO and the International Federation of Red Cross and Red Crescent Societies and by the Department for International Development (DFID) and USAID.
(5) Would our aid agency and military consider supporting these guidelines?

I was also wondering whether our government plays any regulatory, monitoring or training role in relation to aid agencies based in our country. I am concerned that aid agencies based in our country may be involved in the inappropriate distribution of infant formula or powdered milk in emergencies. I believe that our government should seek to ensure that aid agencies based in our country help children and not contribute to infant mortality.

Yours faithfully,

…….

Many countries have emergency preparedness plans that are designed to assist health and emergency professionals and members of the public to prepare for emergencies. Plans may exist for emergencies such as: flu pandemic, floods, bush/forest fires, storms or earthquakes. Since formula fed babies are at risk in emergencies wherever they are located, emergency preparedness plans in every country should include a recommendation to encourage women to breastfeed and detail the risks in which non-breastfed babies are placed in emergencies. Some may feel that recommendations about

infant feeding are unnecessary in developed countries however, this is not the case. For example, in the population affected by Hurricane Katrina in the US, some bottle-fed babies became seriously ill and died because infant formula and clean water were suddenly unavailable. While some mothers did turn to breastfeeding as it was safe and secure food for their infants (there were reports of women breastfeeding multiple babies, mothers breastfeeding their long-weaned toddlers) others did not get the information and support that they needed. The situation after Hurricane Katrina demonstrated that regardless of the context, infants and young children are vulnerable in emergencies and all emergency preparedness plans should take account of this with appropriate infant feeding guidelines. Sample letter 5 (below) provides an example of the type of letter that could be sent to government representatives about emergency preparedness plans.

Sample letter 5: Emergency preparedness plans: a letter similar to this could be sent to your elected representative or your government officer in charge of health

Dear Government representative,

I am someone who has an interest in the well-being of babies and young children. I know that whenever there is an emergency of any kind, our youngest citizens are the most vulnerable. I am also aware that disaster specialists consider that in emergency situations babies can often be protected from the worst of the conditions if they are breastfed. Conversely, in an emergency, babies who are formula fed are at great risk because food security cannot be assured, water supplies may be contaminated and because medical care may be difficult to obtain.

I believe that our government may have emergency preparedness plans for situations such as flu pandemic, floods, bush/forest fires, earthquakes or storms. Can you tell me whether these plans include the promotion of breastfeeding as a protective action and detail the risks associated with the use of infant formula in emergency situations?

You may feel that recommendations about infant feeding are unnecessary in emergency preparedness plans in developed countries. However, in the population affected by Hurricane Katrina in the US, many babies became seriously ill and some became dehydrated and died because infant formula and clean water were suddenly unavailable. In contrast, breastfed babies had a safe and secure food supply and were protected. This demonstrated that regardless of the context, infants and young children are vulnerable in emergencies. I believe that our emergency preparedness plans should take account of this with appropriate infant feeding guidelines.

Yours faithfully,

…….

Alert other members of the general public
Opportunities exist to educate other members of the general public on how to protect babies in emergency situations. Emergencies can attract a lot of media attention and letters to the editor and talkback radio are channels through which information about appropriate infant feeding in emergencies can be transmitted. Service Clubs (eg Rotary) and religious organisations may like to take up the protection of infants in emergencies as a social justice issue. Please pass on this website to people whom you believe may be interested in protecting babies in emergencies.

Your feedback
Thank you for taking the time to read this guide. Organisations involved in emergency work need the support of the public and so you can play an important role in protecting infants and young children in emergencies. The IFE Core Group are keen to hear about your experiences related to the topics we have shared in this guide and particularly any influence that this guide has had on you or actions you have taken as a result of reading the guide. Please let us know if you have used this guide and contacted aid agencies or other organisations as a result. We would be very interested in hearing of responses you have had from organisations you have contacted. Please also let us know if you have found the guide helpful and if you have any suggestions for change for future versions. Share your experience with us via our coordinating agency, the Emergency Nutrition Network (ENN).

Key Contacts
The Infant and Young Child Feeding in Emergencies Core Group (IFE Core Group) is an international, interagency collaboration concerned with the development of training materials and related policy guidance on IFE.

Current IFE Core Group members: UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, CARE USA, Fondation Terre des hommes, Action Contre le Faim (ACF) and the Emergency Nutrition Network (ENN), coordinated by the ENN. The ENN is a UK registered charity (reg no. 1115156).

Contact: IFE Core Group, c/o Emergency Nutrition Network, 32, Leopold Street, Oxford, OX4 1TW, UK
Tel: +44 (0)1865 324996/249745
Fax: +44 (0)1865 324997
Email: ife@ennonline.net
Web: http://www.ennonline.net/ife

Suspected violations of the International Code of Marketing of Breastmilk Substitutes should be reported to the International Code Documentation Centre (ICDC) in Malaysia, email: ibfanpg@tm.net.my, or Fundacion LACMAT in Argentina, email: fundacion@lacmat.org.ar or Italian Code Monitoring Coalition (ICMC) in Milan, email: icmc@ibfanitalia.ie

To address issues regarding infant and young child feeding in emergencies to UNICEF, email: pdpimas@unicef.org

Further reading and resources

Operational Guidance on Infant and Young Child Feeding in Emergencies.
Available in English, French, Spanish, Portuguese, Arabic. Translation into Russian, Chinese, Japanese, Kiswahilli, Bahasa (Indonesia) soon available.
Donwload pdf at http://www.ennonline.net/ife
Request print copies and check latest translations at ENN (contacts above).

IBFAN Flyer, **More harm than good,**
http://www.ibfan.org/site2005/Pages/article.php?art_id=335&iui=1

The International Code of Marketing of Breast-milk Substitutes. WHO,1981. Full Code and relevant WHA resolutions are at:
http://www.ibfan.org/English/resource/who/fullcode.html
http://www.who.int/nut/documents/code_english.PDF

Technical documents and guidance materials available in the **IFE Resource Library** of the IFE Core Group online at http://www.ennonline.net/ife

Prepared by the IFE Core Group and collaborators, September 2007.