State of Palestine Joint Statement

Protecting Maternal, Infant and Young Child Nutrition during the ongoing emergency response

23rd October 2023

Ministry of Health, UNICEF, WHO, WFP, UNRWA and nutrition working group partners in State of Palestine call for ALL involved in the emergency response in the Gaza Strip and the West Bank to protect, promote, and support the feeding and care of infants and young children, their caregivers, especially pregnant, postpartum, and breastfeeding women. This is critical to support maternal and child survival, growth, and development, and to prevent 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) to support and provide care for infants and their caregivers during the ongoing emergency response in the State of Palestine.

The 2023 Humanitarian Response Plan (HRP) identifies 2.1 million Palestinians as requiring urgent assistance in the State of Palestine (SoP). With the current rapid escalation of conflict, hundreds of children have reportedly been killed and thousands more injured. Children and families in the Gaza Strip have practically run out of food, water, electricity, medicine, and safe access to hospitals, following days of hostilities and cuts to all supply routes. By 20 October, the reported death toll stands at over 5,000, with 40 per cent are children among the dead, and 20 per cent women. The conflict directly threatens the lives and well-being of over 2.3 million people in the Gaza Strip, half of whom are children.

Palestinian women and children are subjected to physical injuries, lack of health-care services, water, lack of shelter, food shortages, unsanitary conditions, risk of communicable diseases, protection threats and high levels of stress and uncertainty. Women and children, especially pregnant girls and women, infants and young children and postpartum women, are populations that are extremely vulnerable in the State of Palestine. During such emergencies, the importance of breastfeeding and increase of the morbidity and mortality risks associated with not breastfeeding are more pronounced. Breastfeeding provides children with hydration, comfort, connection, high quality nutrition and protection against disease, shielding them from the worst of emergency conditions. This ability has been described as empowering and healing by some breastfeeding women. Breastfeeding also has important consequences for maternal mental health, physical health, and caregiving capacity, as well as long-term child development and educational attainment.

Globally Recommended Maternal Infant and Young Child Feeding Practices

1) **Early initiation of breastfeeding** (uninterrupted skin-to-skin contact immediately after birth and putting baby to the breast within 1 hour of birth)
2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated)
3) Introduction of **age-appropriate, safe, and nutritionally adequate complementary feeding** from 6 months of age onwards; and
4) **Continued breastfeeding** for 2 years or beyond.
5) **Ensure pregnant and breastfeeding women, have priority access to food and non-food items**

In all emergencies, the youngest children are at the highest risk of illness and mortality. Infants who are not breastfed are especially vulnerable, as the normal environment for accessing and hygienically preparing commercial infant formula (sometimes referred to as breast-milk substitute) is disrupted. This is a concern in the State of Palestine where the rate of exclusive breastfeeding is 43.3%, hence, around 56% percentage of children are partially or fully dependent on commercial infant formula, percentage of continued breast feeding at 1 year is 50%, while the percentage of continued breast feeding at 2 years is 11%[1]

Interventions to support mothers, caregivers and their children should consider:

[1] 2019 MICS

1. **Support mothers to initiate and continue breastfeeding** as a priority to help protect their health and well-being and that of their infants**.** Although stress can temporarily interfere with the flow of breast milk in some women, it is not likely to inhibit breast milk production, provided mothers and infants remain together and are supported to initiate and continue frequent breastfeeding. This support entails practical support with attachment and positioning for breastfeeding, confidence building, facilitating skin-to-skin contact and keeping mother and infant together (e.g., provide baby carriers/slings). It is recommended to draw upon existing breastfeeding support organisations and individual lactation specialists from SoP and surrounding countries in the region.

2. **Keep mothers and babies together, even if one becomes ill -** Mothers should continue breastfeed even if they are pregnant or become sick. Antibodies in the milk of the mother, even if she is sick, will help protect their babies from any diseases. If a sick mother is holding or feeding a baby (whether breastfeeding or using commercial infant formula), she must follow hygiene practices, wear a mask, and wash her hands before and after feeding the child.

3. **Support and protect nutritional needs of children during Acute Watery Diarrhoea and the risk of Cholera Outbreaks -** Referral of suspected cholera case to cholera treatment centre (CTC) is vital because of high risk of cross infection with other children and the need of correct rehydration of the child with AWD. A strong referral system to be established and maintained between ORC/DTC and OTP/TFC. **ReSoMal Should not be given if children are suspected of having AWD or have profuse watery diarrhoea[2].** Such children should be given standard WHO low osmolarity oral rehydration solution that is normally made, i.e. further diluted/standard rehydration solution. Therapeutic foods already contain adequate zinc, therefore children with acute malnutrition and profuse AWD receiving RUTF should not receive any additional zinc supplement. Breastmilk contains properties that protect breastfeeding infants/children from getting AWD. Breastfeeding should continue by ensuring the mother's hands are cleaned with soap/water or disinfectant. Breast washing should only be recommended if there is reason to believe that the breast has been in contact with stool or vomit[3] . In this case, consider asking the mother to clean her breast with soap and water and expressing some small amount of breast milk on her nipple and areola before putting the neonate to feed. Do not use chlorine or other antiseptic solutions.

4. **Support and protect the nutritional needs of infants and young children who are not breastfed and minimise the risks they are exposed to.** Infants who are exclusively dependent on infant formula are highly vulnerable in the current situations and should be urgently identified, assessed, and **supplied with a package of essential support.** This package should include adequate Breast Milk Substitute (powdered infant formula or ready to use infant formula - RUIF) supplies, equipment and supplies for hygienic storage, preparation and cup feeding, practical training on hygienic preparation and storage, and counselling on responsive feeding. **The support should also provide for regular follow up at designated shelter and reception areas and within other service provision in SOP and neighbouring countries in the region.** Mothers who are not doing exclusive breastfeeding should be encouraged and supported to increase their confidence on supporting their infants and return to exclusive breastfeeding. Orphaned infants and other vulnerable infants who are not being breastfed need to be supported with re-lactation and wet-nursing support.

5. In accordance with the international standards and guidance on Donations, Targeted Distribution and Procurement of Breastmilk Substitute[4], **do not call for, support, accept or distribute donations of Breastmilk Substitutes, including commercial infant formula, other milk products, commercial complementary foods, and feeding equipment (such as bottles, teats, and breast pumps).** However, If the procurement of Breast milk substitute is needed[5], the required commercial infant formula (RUIF), procured by UNICEF or other partners should be in line with the WHO International Code of Marketing and Breast Milk Substitutes, 'the Code', UNICEF Guidance on the Procurement and Use of Breastmilk Substitutes in Humanitarian Settings

[2] ReSoMal is not adapted to provide the amount of sodium needed to correct losses in AWD`

[3] https://www.gtfcc.org/wp-content/uploads/2020/11/gtfcc-interim-technical-note-treatment-of-cholera-in-pregnant-woment-1.pdf

[4] World Health Organization, International Code of Marketing and Breast-milk Substitutes, Geneva 1981 & IFE Core Group, Operational Guidance on Infant Feeding in Emergencies V3 2017

[5] As per BMS need assessment results

and subsequent WHA resolutions) and provided as part of a **sustained package of coordinated care based on assessed need and should be Code-compliant**. **All partners must report the code violations to the nutrition cluster coordinators, immediately necessary action, and support. All code violations must be recorded and responded to adequately, in the best capacity available in the response.** For infants 6-23 months of age, acceptable milk sources include full-cream animal milk (cow, goat, buffalo, sheep, camel), Ultra High Temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, fermented milk, or yogurt, and expressed breast milk. Any animal milk given to infants <12 months should be boiled and left to cool before giving the milk.

6. **Ensure the availability and continuity of nutritious, appropriate, and fresh food for children, pregnant, post-partum and breastfeeding women, and families.** Where there are identified shortfalls in local access and availability of foods, **facilitate access to age-appropriate and safe, complementary foods for children 6-23 months**. Facilitate access of nutritious foods for older children, and for their caregivers, with particular attention to pregnant, post-partum and breastfeeding women. All partners must promote access to food and shelter through coordinated support from other sector agencies and partners. Women and children must be included in as vulnerable groups within all national and partner supported social safety nets. Direct cash support must be considered in hard-to-reach and affected populations.

7. **Ensure pregnant and breastfeeding women, and other caretakers of young children have priority access to non-food items including appropriate accommodation, clothing, water, protection, psychosocial support, and other interventions to meet their essential needs.** Consider how women in transit can be supported to minimise distress during their journey. **At all service points, provide safe and comfortable spaces for mothers to feed and care for their infants and young children**.

8. **Identify higher risk infants, children, and mothers and respond to their needs.** These include (but are not limited to) pregnant and post-partum women; new-borns; low birth weight infants; malnourished children, including infants under 6 months of age; children with disabilities; children experiencing issues with feeding, children 0-23 months and unaccompanied; maternal orphans; institutionalised; maternal orphans, mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children. All vulnerable infants, young children and mothers identified must be supported with adequate care services or linked with care-providers through strong referral systems.

It is the collective responsibility of all nutrition working group partners, other sectors, and stakeholders to report any randomly distributed commercial infant formula. We encourage you to report. We encourage you to orientate your staff to raise awareness of the contents of this position statement.

Please contact State of Platine – Nutrition Working group for more information. Contacts below:

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An Arabic version of this document is available.

Annex 1: IYCF-E Resources (SOP)

- MICS 2019 survey report
- Maternal and Child National Nutrition Protocol 2021

Annex 2: IYCF-E Resources (Global)

- Operational Guidance on Infant Feeding in Emergencies V3
- IYCF-E infographic series | ENN (ennonline.net)
- BMS-Procurement-Guidance-Final-June-2021.pdf (unicef.org)
- Breastfeeding-counselling-in-Emergencies-2021.pdf (globalbreastfeedingcollective.org)
- Community based infant and young child feeding | Global Breastfeeding Collective
- Breastfeeding in emergency situations | Global Breastfeeding Collective

- Call to Action: Breastfeeding Counselling in Emergencies.
- Supportive Spaces for IYCF-E
- https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding
- https://apo.who.int/publications/i/item/9241593431-Guiding principles for the feeding of the non-breastfed children 6-24 months of age
- Sphere Standards in Humanitarian Action. Sphere | A global community committed to humanitarian quality and accountability. (spherestandards.org)
- International Code on the Marketing of Breastmilk Substitutes (WHO, 1981) and subsequent relevant World Health Assembly Resolutions (The Code) http://ibfan.org/the-full-code and Resolution: Guidance on Ending the Inappropriate EB Document Format (who.int)