

Title	Joint Statement on Infant and Young Child Feeding in Emergencies – Template								
Type	Position Statement								
Audience	<p><i>The audience is not limited to nutrition and includes:</i></p> <p>Government/authorities – <i>national, sub-national and embassies</i></p> <p>Cluster/Sector leads, <i>including Nutrition, Health, Mental Health and Psychosocial Services (MHPSS), Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods (FSL), Shelter, Child Protection, Education, Early Recovery, Logistics and Camp Management</i></p> <p>Donors/funders – <i>institutional, private sector, civil groups, individuals</i></p> <p>Local, national and international non-governmental organisations (all sectors, humanitarian and development)</p> <table border="0"> <tr> <td>Academic institutions</td> <td>Cluster/Sector Partners</td> </tr> <tr> <td>Community leaders</td> <td>Civil society organisations</td> </tr> <tr> <td>Media – agency communications, public media</td> <td>Military – national and international</td> </tr> <tr> <td>United Nations (UN) agencies</td> <td>Volunteer groups</td> </tr> </table>	Academic institutions	Cluster/Sector Partners	Community leaders	Civil society organisations	Media – agency communications, public media	Military – national and international	United Nations (UN) agencies	Volunteer groups
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Objective	Stakeholders support measures that create an enabling environment for caregivers to maintain or improve recommended infant and young child feeding (IYCF) practices and to minimise feeding related risks during emergencies								
Instructions	<ol style="list-style-type: none"> 1. Identify and agree upon who will be the immediate issuing agencies and named signatories for the joint statement. These are usually relevant government and UN agencies, including the Nutrition Cluster Lead Agency (CLA) where the Nutrition Cluster is activated. All signatories should be of a comparable (senior) level. It is recommended to initially limit this to 3 – 4 key agencies to facilitate rapid release (within one week of emergency onset). 2. Contextualise the joint statement, using the <i><suggestions in blue italics></i> as guidance. (Issuing agencies).* For guidance on identifying the <IFE coordination authority> refer to Section 3.1 of the Operational Guidance on IFE. 3. Rapidly review the content (e.g. Nutrition Cluster partners/ working group). 4. Issue the statement and disseminate as widely as possible (see Audience) in line with a dissemination and monitoring plan. This plan should ideally be drafted in preparedness and can be part of the cluster/sector advocacy strategy. 5. Seek wider endorsement of the statement (e.g. addition of agencies and sectors to the original signatories). <p><i>*This template has been reviewed and agreed upon by UNICEF, WHO, WFP and UNHCR at headquarters level. To avoid delays and ensure that the statement remains in line with global guidance and policy, it is therefore recommended to keep changes to the suggested text to a minimum and focus efforts on contextualisation of the statement only.</i></p> <p>It is recommended to limit the length of the document to a maximum of 3 pages (including contacts and references). In the interest of timeliness, consider issuing a rapid joint statement using this template which can be followed up by more in-depth, contextualized information in the weeks that follow.</p> <p>Development of a draft joint statement is an important preparedness action. If this has not been done pre-crisis, <i>timely</i> development and release during the first phase of emergency response is crucial. A joint statement should be issued within the first week of an acute emergency. During protracted crises, the joint statement should be reissued on a yearly basis and at key moments, e.g. significant change in context, guidance or additional agencies added to signatories.</p> <p>This generic template is applicable to most humanitarian contexts. For exceptional circumstances where specific feeding guidelines may be required (e.g. disease outbreak), contact UNICEF and WHO for support and guidance.</p>								

JOINT STATEMENT: INFANT AND YOUNG CHILD FEEDING in EMERGENCIES

<Joint Signatories> call for ALL involved in the response to *<crisis>* 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 substitutes¹ (BMS) and other inappropriate products; 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 1 hour of birth); **exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water); introduction of safe and nutritionally adequate **complementary foods** (suitable solid and semi-solid foods) from 6 months of age; and **continued breastfeeding** for 2 years and beyond

The context

In *<XXX>*, **pre-emergency IYCF practices** were *<comment on pre-emergency IYCF practices (strengths, weaknesses) and the implication of this. Comment on whether pre-emergency breastfeeding and artificial feeding rates were high and implications of this> <Include referenced IYCF indicators, if available, e.g. Demographic Health Survey (DHS) national data> <Include pre-emergency nutrition indicators incl. pre-emergency prevalence of global acute malnutrition (GAM), severe acute malnutrition (SAM), stunting and anaemia and comment on how this impacts the population's vulnerability to the emergency>*.

Particular **concerns in this current emergency** relate to *<insert any identified ALERTS and THREATS to IYCF practices e.g. elevated infant, child and maternal mortality rates, mother reporting breastfeeding difficulties, impact of the emergency on maternal mental and physical wellbeing, reports of non-breastfed infants < 6 months of age, requests for infant formula, poor availability of appropriate complementary foods, food scarcity, infants < 6 months of age presenting with acute malnutrition, orphaned or separated infants, reports of BMS donations or untargeted distributions on BMS, >. Recommended IYCF practices may be negatively impacted in this emergency due to <spread of existing/new myths and misconceptions, untargeted/blanket BMS distributions, maternal stress or trauma, false beliefs that stress or trauma impacts milk production, loss of social support structures for pregnant and lactating women (PLWs), lack of privacy for breastfeeding, lack of caregiver time, poor access to services, lack of adequate food, loss of livelihoods, loss of cooking and feeding utensils, poor sanitation>*.

Coordination

This IYCF in emergencies (IYCF-E) response will be coordinated through the *<nutrition/health coordination mechanism e.g. cluster>* with *<XXXX>* as the coordination authority. 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^{3,4} have a key role to play in response, including *< Nutrition, Health, MHPSS, WASH, FSL, Shelter, Child Protection, Education, Early Recovery, Logistics and Camp Management as well as development programmes>*. Contact *<the IYCF-E coordination authority>* to identify key sectoral actions and opportunities for collaboration to protect affected infants and young children and jointly achieve shared objectives.

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 *<national IYCF policy>*

³ IYCF Framework. UNHCR and Save the Children, 2017.

⁴ Operational Guidance on IFE V3.0, 2017 – Annexe 1 on p. 49

Interventions should be in accordance with relevant and appropriate provisions of <[national/sub-national legislation / policy guidance/ preparedness plans, where these exist](#)> (See: Resources). Interventions should also meet the provisions of the *Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE 2017)*⁵ 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)*.

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 as it <[insert relevant links between breastfeeding and current crisis e.g. provides a safe, sustained source of nutrition / critical protection against infection in unsanitary conditions or where immunization coverage is low](#)>. 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, 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 BMS such as infant formula are at increased risk of illness, malnutrition and even death. (*Even in populations accustomed to using BMS such as infant formula*), their use carries additional risks in this emergency environment due to <[infectious disease environment / poor access to supplies / lack of fuel / lack of equipment / WASH conditions / poor access to healthcare/unsustainability](#)>. Infants who are dependent on infant formula should be urgently identified, assessed and targeted with a package of essential support (including sustained BMS supply, equipment and supplies for safe preparation, individual-level, context specific advice, practical training on safe preparation and regular follow up), to minimise risks to both breastfed and non-breastfed children. Consult with <[IFE coordination mechanism](#)> for further guidance.
- 3. We call for prompt, collective action to ensure access to adequate amounts of appropriate, safe, complementary foods⁶ alongside the information and means required to safely feed older infants and young children.** Consult <[the coordination authority](#)> and UNICEF for guidance on appropriate complementary food provisions and essential interventions, including WASH, FSL and health sector support, and on indications for micronutrient supplementation.
- 4. In accordance with internationally accepted guidelines and <[government policy](#)>, 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 <XXX>; 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 <[the IFE coordination authority](#)> and part of a coordinated, managed intervention. Seek advice from <[the IFE coordination authority](#)> 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.** <[Milk is commonly used/ milk is in circulation in the disaster affected area. Provide guidance to the population on appropriate use to minimise risks regarding infant feeding. Contact <<the IFE coordination authority>> for context specific guidance](#)> To report offers of donations, untargeted distributions or obtain guidance on appropriate procedures for handling confiscated products, contact <[the IFE coordination authority](#)>

⁵ Operational Guidance on IFE V3.01, 2017

⁶ 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.

6. **We call upon responders to ensure pregnant and lactating women (PLW) have access to food, water, shelter, health care, 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 determinant of her ability to feed and care for her children. Consult [<the IFE coordination authority>](#) for further 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 6 months of age; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children. Consult with [<the IFE coordination authority>](#) and 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 cease breastfeeding⁷ 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 [<IFE coordination mechanism / WHO>](#) for guidance on appropriate feeding recommendations, including risk minimisation where bottle feeding is common, and interventions in the context of illness including disease outbreaks.

We encourage you to orientate your staff to raise awareness of the contents of this position statement.

Contact Information

[<Nutrition Cluster / Working Group Contact Information>](#)

[<IFE Coordination authority>](#)

[< Contact information and instructions for donations and blanket distributions >](#)

[<WHO /UNICEF / CDC contact information for infectious disease and IFE guidance, if relevant>](#)

[< Media contact >](#)

Resources

[< National Policy, Strategy and Legislation>](#)

Operational Guidance on Infant and Young Child Feeding in Emergencies. IFE Core Group, 2017. <http://www.enonline.net/operationalguidance-v3-2017>

Sphere Standards in Humanitarian Action. <http://www.sphereproject.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 Promotion of Foods for Infants and Young Children.** 69th WHA A69/7 Add.1. 2016. English. http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

HIV and Infant Feeding in Emergencies. Operational Guidance. WHO, 2018

IYCF-E Toolkit. Save the Children, 2017. <https://sites.google.com/site/stcehn/documents/iycf-e-toolkit-v3/iycf-e-toolkit-english>

IYCF Framework. UNHCR and Save the Children, 2017. <http://www.unhcr.org/nutrition-and-food-security>

EN-NET (online technical forum) <http://www.en-net.org/>

⁷ Acceptable medical reasons for use of breastmilk substitutes. WHO, 2009.

CONTEXT SPECIFIC ADDITIONS

Human Immunodeficiency Virus (HIV)

<Insert HIV prevalence rates and any emergency related factors e.g. sexual gender based violence (SGBV) that could cause an escalation>. Responders are requested to refer to national policy and global guidance⁸ on HIV and infant feeding and to consult with *<the coordination authority and WHO>* for context-specific guidance updates.

<select the relevant paragraph from the two below>

< The national/sub-national HIV and infant feeding policy in XXX is breastfeeding plus the use of antiretroviral drugs (ARVs). Support breastfeeding mothers living with HIV to breastfeed for at least 12 months (early initiation and exclusive breastfeeding for the first 6 months) and to continue breastfeeding for up to 24 months or longer while being fully supported for adherence to anti-retroviral treatment (ART). Where ARVs are unavailable, breastfeeding of HIV-exposed infants is recommended in the interests of child survival. Advocate for urgent access to ARVs. Breastfeeding should only stop once a nutritionally adequate and safe diet without breastmilk can be provided>

<The national HIV and infant feeding policy in XXX is to avoid all breastfeeding and provide replacement feeding. Therefore, it is expected that infants born before the start of the crisis to mothers known to be living with HIV are dependent on replacement feeding. These infants should be urgently identified for artificial feeding support (see 2 above). Consult the IYCF-E Coordination Authority for guidance on case management and updated feeding recommendations in the current context>

⁸ Guideline: Updates on HIV and infant feeding. WHO and UNICEF, 2016.