

World Breastfeeding Trends Initiative (WBTi)

Indicator: Infant Feeding during Emergencies

Name: Dr Ludin

Country: Afghanistan



Ministry of Public Health

Gaps detected for the indicator Infant Feeding during Emergencies from the last assessment



1. Lack of training module/package for nutrition training sessions on Infant feeding during emergencies.
2. Lack of nutrition emergency preparedness and response unit in Nutrition department
3. Lack of data collection system in emergency situations



Ministry of Public Health

Recommendations for the indicator Infant Feeding during Emergencies



1. IFE packages and support its implementation and adaptation (Encourage Nutrition partners(Nutrition cluster, UNCEF, IBFAN, and BPHS NGOs)
2. Advocate to link nutrition emergency in early warning and response system



Ministry of Public Health

Action Taken for the indicator Infant Feeding during Emergencies/Plan of Action



1. Integrated Plan for infant feeding in emergency
2. Infant feeding in emergency added to Nutrition cluster agenda and program
3. IYCF all indicators including IFE added to national Nutrition database,
4. UNICEF accepted to adopt infant feeding training package to context of Afghanistan and train all health staff on it



Ministry of Public Health

Action Taken for the indicator Infant Feeding during Emergencies/Plan of Action



1. IYCF Counselling sessions to health staff and IYCF IEC campaign during emergency in 2013
2. Statement of infant feeding in emergency has been signed by Minister of Public health and circulated to all nutrition partners, embassies, donors and NGOs



Ministry of Public Health

Action Taken for the indicator IFE

Statement of MoPH for emergencies



Statement of the Ministry of Public Health of Islamic Republic of Afghanistan

Call for support for appropriate infant and young child feeding

The Ministry of Public Health (MoPH) call on all those who supports victims during emergency situations to avoid distribution of milk powder, infant formula and other milk products (powder/liquid). Distribution of any kind of breast milk substitutes is in violation to the national legislation on "Regulation on protection and strengthening of child feeding by breast milk" issued no 974 on 28th February, 2009.

Infant formulas, other powdered milk products or soya milk products often discourages mothers to continue breast feeding. This exposes infants and young children to increased risk of diseases and death, especially from diarrhea when clean water is scarce. The use of feeding bottles only adds further to the risk of infections as they are difficult to clean properly.

In emergencies, the health and nutrition of infants and young children are particularly threatened. Disease and death rates among these children are higher than for any other age group. The risk of mortality is particularly high because of the combined impact of a greatly increased prevalence of communicable diseases - diarrhea, and the possible increase in rates of malnutrition. Breastfeeding provides critical protection from infection in emergency environments. In accordance with international guidance, donations and procurement of infant formula, or any other milk products (powdered or liquid) milk, including soya milk liquid/powder, and bottles and teats should not be made to either health facilities or the community. Distribution of it is critical to encourage and support mothers to initiate breastfeeding immediately after delivering their child and to continue exclusively breastfeeding the infant up to six months of age. Basic interventions to facilitate breastfeeding include prioritizing mothers with young children for shelter, food, security, and water and sanitation, enabling mother-to-mother peer support, providing specific space for skilled breastfeeding counseling, and support to maintain or re-establish lactation. A mother is able to produce breast-milk under all circumstances; what is important is that she does not interrupt her breastfeeding.

MoPH, UNICEF, WHO, WFP and FAO and all nutrition cluster members strongly urge all who are involved in funding, planning and implementing this emergency response in Afghanistan to avoid the unnecessary disease and endangers lives-illness infants and young children associated with artificial feeding; by promoting, protecting and supporting breastfeeding and appropriate complementary feeding and by preventing the uncontrolled distribution and use of any form of milk, powder or liquid. All queries and any information about donations should be directed to the Public Nutrition Department of the Ministry of Public Health.

95/4/r.
Dr. Suraya Daili
Minister of Public Health

Contact: Dr. Bashir Hamid, Director Public Nutrition Department of MoPH, pnd.moph@gmail.com



Ministry of Public Health



IBFAN
defending breastfeeding

Nutrition in Emergencies

Infant and Young Child Feeding in Emergencies

Covers following messages:

1. Early initiation of breastfeeding, exclusive breastfeeding for six months, with timely and appropriate complementary feeding from six months, and continued breastfeeding until two years of age and beyond optimizes survival, nutrition, health, growth and development of children in all situations, including emergencies.
2. In emergencies, infants and young children in exceptionally difficult circumstances, such as HIV-affected populations, orphans, low birth weight (LBW) infants, non-breastfed infants, and those severely malnourished, warrant particular attention.
3. The nutritional, physical and mental health of pregnant women and of breastfeeding mothers is central to the well-being of their children.

Participants Handbook on Nutrition in Emergencies



Ministry of Public Health

Nutrition in Emergencies

1. : Infant and Young Child Feeding in Emergencies

Covers following messages:

- 1. The prevailing IYCF practices of an emergency affected population should inform the IYCF-E response.**
- 2. Relevant policy guidance includes the Operational Guidance on IYCF-E and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (collectively known as ‘the Code’). Both are endorsed in World Health Assembly Resolutions.**
- 3. A timely, appropriate response on IYCF relies on policy development and implementation, coordination, strong communication and advocacy, assessment and monitoring, technical capacity and resources. Emergency preparedness is essential strategy and adherence of implementation.**

Nutrition in Emergencies

1. **: Infant and Young Child Feeding in Emergencies**
2. Covers following messages:
3. IYFC-E involves implementing basic measures (such as providing shelter, security, access to adequate household food and water, non-food items), integrating IYFC support into services that target mothers (such as breastfeeding corners), infants and young children and providing appropriate frontline assistance to mothers and caregivers with young children in the early response.
- 4.
5. Basic breastfeeding assistance and more skilled breastfeeding counselling support may be needed as an intervention.
- 6.
7. Appropriate complementary foods should be included in the general food ration in food assistance dependent populations, and access enabled to populations in receipt of food security/livelihood support.

Nutrition in Emergencies

1. : Infant and Young Child Feeding in Emergencies

Covers following messages:

Any artificial feeding in an emergency requires skilled management to minimize the risks in accordance with provisions of the Operational Guidance on IYCF-E and the Code. Non-breastfed infants are especially at risk and need early identification and targeted support.

Afghanistan has a multisectoral nutrition framework and policy documents and guidelines that have to be consulted for conformity in strategy and adherence of implementation.



Thank you Manana (like banana)

