



No. 2.6 Infant Feeding in Emergencies: Oxfam GB's Policy Position

What happens to infant feeding during emergencies?

Babies have specific nutritional needs and have an undeveloped immune system. Infants caught in emergencies are vulnerable to malnutrition and death. If possible, breast-feeding should restart. If not possible, they should be given infant formula in the safest possible way.

Infants who are breastfed are protected from the worst of emergency conditions because breast-milk provides both food and immune support.

The situation is very different for babies who are not breastfed. In emergencies:

- Food supplies are disrupted;
- Clean water, and fuel to make up infant formula or to clean feeding bottles and cups, can be scarce; and,
- Health care services are often inadequate.

This means that babies who are not breastfed are more vulnerable to infection and diarrhoea, and so become malnourished, dehydrated, and consequently are at real risk of dying.

In an emergency, it is **extremely important that babies who are being breastfed should continue to be**. And for babies that are not breastfed, where

There are **no** circumstances under which OGB would distribute infant formula, as we do not have the core skills and competencies necessary, and organisations such as MSF, ACF, Concern and UNICEF are better placed to manage this.



Fig. 1: Infants have specific nutritional needs that can be compromised in emergency situations
(Credit: Jane Beesley/OXFAM)

What does Oxfam do in relation to infant feeding during emergencies?

Oxfam has an important role in helping to protect infants in emergencies, by:

- Informing about the risks of artificial feeding (with infant formula, cows milk, dried skimmed milk etc) and to advocate against inappropriate donations; and,
- Providing clean water and sanitation, access to food and income sources, and protecting mothers so that they can breast feed and prepare safe food for themselves and their infants.

What has been the problem with emergency responses to infant feeding to date?

Box 1: What's the problem with artificial feeding in emergencies?

In emergencies, artificial feeding can cause health problems for infants. For instance,

- A UNICEF audit after the 2006 Yogyakarta earthquake in Indonesia found that although breastfeeding rates were initially very high, 70% of children under six months had been given donated infant formula. **Diarrhoea prevalence doubled in those who received donations of infant formula (25%) as compared to those who did not (12%).¹**
- A Centre for Disease Classification (CDC) investigation of the post-flood deaths of more than 500 children in Botswana in 2005–06, found that nearly all of the babies who died were formula fed. Here the **risk of hospitalisation for babies who were not breastfed was 50 times greater than that of breastfed infants.²**

Past experience has shown that during an emergency, a large amount of infant formula, powdered milk, and cartons of cow's milk are commonly donated. In many instances, this can create more problems than it solves (e.g., Box 1).

Unfortunately, Oxfam GB and other affiliates have accepted these donations, and/or have directly purchased them for use in emergencies. Box 2 provides some randomly-selected examples of this, chosen to demonstrate the internal organisational challenges Oxfam faces.

In the confusion that surrounds emergencies, these products are often distributed in an uncontrolled and unsupported way and used by mothers who would otherwise breastfeed their babies. This results in unnecessary illness and death.

Box 2: Has Oxfam ever promoted artificial feeding in emergencies?

Unfortunately, across Oxfam International affiliates, there have been numerous instances where artificial feeding was promoted, in violation of the International Code of Marketing of Breast Substitutes. For instance:

- Baby emergency kits in Oxfam Unwrapped (Dec 2008, Oxfam NZ) contained baby bottles. This was highlighted immediately by IBFAN³ but the bottle was not removed from the package as the bottle was described as one option for feeding infants.
- 'In My Name' campaign (Sep 2008, Oxfam GB) used a baby bottle to represent motherhood. The issue was highlighted by the media and public. Oxfam communicated directly with complainants but no public message released.
- Lebanon conflict (July 2006, Oxfam Canada). Distribution of infant formula, highlighted in an infant feeding paper released by SC UK post-emergency.
- Yemen (Aug 2008, Oxfam GB). Distribution of milk powder. It was justified as targeted at adults despite concerns being highlighted.
- China, Sichuan earthquake (May 2008, Oxfam Hong Kong). Infant formula and cartons of cow's milk distributed for infant earthquake survivors. Items were described as being a 'normal' part of the diet for this population, but no measures were put in place to facilitate safe use of items, which required clean boiled water and cold storage. After three weeks of discussions and distributions, the products were no longer distributed.
- India flood and earthquake responses (2004, Oxfam GB). Local teams included liquid and dried cow's milk into the general food ration to reflect normal foodstuffs consumed by local population. No measures were put in place to facilitate safe use of the items, which required clean boiled water and cold storage. After discussion with the team the milk powder was mixed with the local staple cereal prior to distribution so it could not be used as a breast milk substitute, and liquid milk distribution was stopped.



Credit: Robin Hammond/OXFAM

How can Oxfam GB support appropriate infant feeding practices during emergencies?

The EFSL team and all Oxfam GB departments have an important role to play in protecting babies in emergency situations.

The key messages that all teams should be aware of and actively communicate to others are:

- Supporting mothers to continue breastfeeding is the surest way of protecting infants in emergencies.⁴
- Breastfeeding is not fragile and women who are physically and emotionally stressed are able to make enough milk for their babies.
- Indiscriminate use of infant formula in an emergency is extremely dangerous to babies, causing illness and death.
- Artificial feeding in emergencies is extremely difficult and dangerous and so infant formula should be used only as a last resort and accompanied by intensive medical support.
- Providing clean water and sanitation, access to food and income sources, and protecting mothers so that they can breast feed and prepare safe food for themselves and their infants is a priority.

We *do not* procure or distribute any milk, infant formula or baby products otherwise we are in direct violation of the following important agreements on infant feeding in emergencies that we have signed up to:

1. The Global Strategy for Infant and Young Child Feeding (2003⁵).
'Infants and children are among the most vulnerable victims of natural or human-induced emergencies. Interrupted breastfeeding and inappropriate complementary feeding heighten the risk of malnutrition, illness and mortality. Uncontrolled distribution of breast milk substitutes (BMS), for example in refugee settings, can lead to early and unnecessary cessation of breastfeeding. For the vast majority of infants, emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding.'
(Available at: www.who.int/nutrition/topics/global_strategy/en/index.html)
2. The International Code of Marketing of Breast milk Substitutes,
Adopted by the World Health Assembly (WHA) in 1981, this and all subsequent relevant WHA Resolutions (collectively known as 'the *Code*'), aim to protect mothers/carers of both breastfed and non-breastfed infants and young children from commercial influence on their infant feeding choices. All provisions of the *Code* apply in emergencies. Resolution 47.5 (1994) specifically highlights the issue of donations of BMS, bottles and teats in emergencies.
(Available at: www.who.int/nutrition/publications/code_english.pdf)
3. The Operational Guidance on Infant and Young Child Feeding in Emergencies (v2.1, Feb 2007)
This provides key policy guidance for emergency preparedness and response. The *Operational Guidance on IFE* reflects the *WHO Guiding Principles for feeding infants and young children during emergencies* and has integrated and built upon the *Code* to respond to the particular challenges that emergencies pose to *Code* implementation.
(Available at: www.enonline.net)

Where can I find further reading and more detailed information?

<p>Oxfam EFSL Rough Guides for nutrition</p> <ul style="list-style-type: none"> – 2.1 Understanding Malnutrition in Emergencies – 2.2 Interpreting Malnutrition in Emergencies – 2.3 Feeding Programmes In Emergencies – 2.4 Micronutrients In Emergencies – 2.5 Nutrition Surveys – 2.7 Nutrition in Programming and Policy 	<p>Emergency Nutrition Network (Information and resources on infant and young child feeding in emergencies): www.enonline.net</p>
<p>WHO (<i>Global Strategy for Infant and Young Child Feeding</i> plus other related WHO documents): www.who.int</p>	<p>The Sphere Project 2004. <i>Humanitarian Charter and Minimum Standards in Disaster Response</i> (Chapter 3) www.sphereproject.org</p>

Who can I contact for more information and guidance?

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Notes:

1. In: Assefa F et al. *Increased diarrhoea following infant formula distribution in 2006 earthquake response in Indonesia: evidence and actions*. Field Exchange, 2006. 34:30–35.
2. Ibid.
3. International Baby Food Action Network: www.ibfan.org.
4. Protecting Infants in Emergencies—Information for the media. IFE Core Group, 2010
5. Adopted at the World Health Assembly in 2002.