

DRAFT - Infant and young child feeding briefing for Zimbabwe during the present situation.

During this time in Zimbabwe when there is cholera, flooding and food shortages infants and young children are at a great risk of illness and death. Examples from emergencies worldwide clearly show that children under 5 are generally the most vulnerable to disease and death in emergencies when child mortality can soar from 2 to 70 times¹ higher than average due mainly to diarrhoea, respiratory illness and malnutrition. The younger the infant the higher the risk.

Infants and young children should be fed optimally (see box). This means that an infant should be only given breastmilk until 6 months of age, where after along with breastmilk safe and appropriate complementary foods should be provided.

Breastfeeding protects infants and young children, especially in emergencies while not breastfeeding increases the risks. For example, in Botswana following flooding (2005-6) infants who were not breastfed were 50 times more likely to be admitted to hospital with diarrhoea. This was by far the largest risk factor, much more than others such as storing drinking water (OR 3.7), caregivers not washing hands (OR 2.5), overflowing latrines (OR 3.0) and standing water near home (OR 2.6)². Overall in unhygienic conditions, common at this time in Zimbabwe, a non-breastfed child is 6-25 times more likely to die of diarrhoea than a breastfed child³. Mixed feeding (an infant under 6 months of age is given other foods/fluids in addition to breastmilk), common in Zimbabwe, also carries a very high risk of illness and death.

Although breastfeeding is known to help protect breastfed infants from cholera^{4,5} many infants in Zimbabwe are mixed fed, or not breastfed and so the cholera risks remain. It is critical that exclusive breastfeeding for the first 6 months, together with continued sustained breastfeeding thereafter is actively promoted and supported in order to ensure that infants and young children get the optimum protection from breastmilk. In addition appropriate complementary foods (foods given in addition to breastmilk after 6 months of age) prepared and stored safely are needed to ensure the health of infants and young children. This will require the active participation and work of all organisations and clusters working in Zimbabwe.

During an emergency a mother may have extra burdens on her e.g. boiling water for the family, looking after sick family members, etc. In order that a mother can optimally feed her infant it is vital that she has a supportive enabling environment around her and additional technical support when needed. **At this time in Zimbabwe all organisations and clusters are called upon to determine and fulfil their role in providing mothers with this enabling environment so that they can optimally feed their infant/child.** This may entail provision of goods and/or may mean helping to reduce their burdens / time constraints so that they can spend more time feeding and caring for their children.

The Operational Guidance on Infant and Young Child Feeding in Emergencies sets out the 'dos and don'ts' to protect infants and young children in emergencies. In particular, at this time, the following actions need to be undertaken:

- To determine priorities for action and response all assessments should include key information on infants and young child feeding and health (This is especially important for assessments undertaken by WASH, Health (including Reproductive Health) and Nutrition Cluster members as well as Child Protection as this will provide information on problems that the mother might be having as well as whether she has a supportive feeding environment)

¹ WHO (personal communications)

² Creek, T., et al., Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children, Botswana, 2006, in 14th Conference on Retroviruses and Opportunistic Infections. 2007: Los Angeles.

³ www.unicef.org

⁴ Ardythe L. Morrow, PhD, and Josefa M. Rangel, MD Human Milk Protection Against Infectious Diarrhea: Implications for Prevention and Clinical Care. *Semin Pediatr Infect Dis.*2004;15:221-228.

⁵ Qureshi K, Molbak, K, Sandstrom A et al. Breast milk reduces the risk of illness in children of mothers with cholera Observations from an epidemic of cholera in Guinea-Bissau. *The Pediatric Infectious Disease Journal* 2006;25(12):1163-1166

- Data from all sources should be disaggregated into 0-<6 months, 6-<12 months, 12-<24 months, children aged 24-<60 months (2-5 years) and pregnant and lactating women so that a clear picture of the situation on the ground is obtained.
- Mothers should be given priority in queues for water, food and other resources. Drinking water should be available and if possible shelter from the sun/rain.
- After 6 months of age infants require safe and appropriate complementary foods. A lack of such foods at present is of great concern and requires urgent attention and action.
- Mothers should be given key messages and correct facts about breastfeeding (see box)

The importance of breastfeeding in the current situation – cholera, flooding and lack of food

Breastmilk is like medicine

- ***Breastfeeding and breastmilk specifically helps protect a baby against cholera*** (It contains glycans that act as decoy (bait) for the cholera causing bacteria and contains cholera fighting antibodies). **A mother with cholera should still breastfeed while being treated and receiving rehydration.**
- *Breastfeeding protects infants and young children from getting other common but potentially life-threatening illnesses such as diarrhoea. If they do get diarrhoea breastfeeding reduces its severity and the length of the episode.*

Breastmilk is a safe source of water for a breastfed child

Breastmilk provides food security for a child

- *Exclusive breastfeeding from birth provides ALL the food (and fluid) that a child needs until 6 months of age.*
- *After 6 months breastmilk can provide half of the baby's food needs until a year old and a third up to 2 years of age.*

(Note: Unless severely malnourished all mothers can adequately breastfeed their babies. Severely malnourished mothers need nutritional support. Feed the mother and let her feed her child)

Optimal Infant and Young Child Feeding:

- ***Exclusive breastfeeding from the moment the baby is born until the baby is 6 months old. Exclusive breastfeeding means giving BREAST MILK ONLY.***
- ***When the baby is 6 months old mothers should continue to breastfeed but after breastfeeds give other nutritious foods***

Artificial feeding (Infant formula)

As described above non-breastfed infants are at great risk of illness and death in emergencies. Artificial feeding exposes babies to infections such as diarrhoea through the contamination of the formula powder (including intrinsic contamination), the water used to make up the formula and the feeding container. In addition breastmilk substitutes do not have the protective properties of breastmilk. For these reason breastfeeding must be actively supported. If mothers have stopped breastfeeding they should be supported to start again (relactate). If artificial feeding is necessary strict guidelines must be followed in order to try to minimise the risk (see Operational Guidance on IFE) including:

- **Donated (free) or subsidised supplies of breastmilk substitutes (e.g. infant formula) should be avoided**
- Breastmilk substitutes and other milk products should only be distributed according to recognized strict criteria to targeted mothers or caregivers. (In addition to these products they must be given a special package of support and skilled assistance)
- Bottles and teats should NEVER be used, cups without spouts are safer.

Available material on Infant and young child feeding in emergencies (IFE):

- Operational Guidance on IFE. www.enonline.net/ife
- IFE Media Briefing www.enonline.net/ife
- IFE training Module 2 for health and nutrition workers in emergency situations www.enonline.net/ife
- Cluster's Harmonised Training Package contains a module on IFE www.humanitarianreform.org
- Zimbabwe (Contact UNICEF):**
- Infant and young child feeding during diarrhoea and cholera. Guide for Health Workers at CTCs.
- PREVENTION of dehydration and malnutrition in infants and young children with diarrhoea – including cholera (for the community)
- Breastfeeding mothers in cholera treatment centres

CONTACTS: Dianne Stevens Nutrition Cluster Co-ordinator: dstevens@unicef.org; Thoko Neube, Infant and young child feeding, UNICEF: tncube@unicef.org; Ali Maclaine, IYCF consultant, UNICEF: alimaclaine@btinternet.com
Mrs Chigumira, National Nutrition Unit
Dr F. Zerbo, WHO: ZerboF@zw.afro.who.int