



Guidance Note on Infant and Young Child Feeding in Emergencies

MoHP, UNICEF and WHO have received information from various sources that the situation of infant and child feeding, as well as of pregnant and lactating women is precarious. It has also been informed that various organizations are very actively providing support to the flood affected and are working to provide nutritious food to prevent malnutrition, morbidity and mortality especially in these very vulnerable groups of flood victims.

MoHP, UNICEF and WHO highly appreciate all efforts made towards the prevention of malnutrition and its associated ill-effects, and herewith express their commitment to support and provide technical guidance in these areas.

Therefore, with this guidance note, MoHP, UNICEF and WHO, would like to give some recommendations on the most appropriate nutrition interventions for infants, under-five children as well as pregnant and lactating women.

Background for the recommendations

During emergency situations disease and death rates among under-five children are generally higher than for any other age group. The fundamental means of preventing malnutrition and mortality among infants and young children is to ensure their appropriate feeding and care. The aim should be to create and sustain an environment that encourages early initiation (within one hour) and continued frequent breastfeeding for children at least up to 2 years of age; eg. through establishing safe 'corners' for mothers and infants, one-to-one counselling, and mother-to-mother support. Adequate fluids and extra food for the mother will further help to protect health and well-being of both mother and child and support breast milk production.

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding. Complementary feeding for children after completing 6 months up to 24 months should be addressed with nutritionally adequate locally available foods, like litho and jaulo. As for the provision of supplementary feeding, fortified foods for young children represent a much more appropriate form of assistance than giving milk products. In rations for general food distribution programmes, pulses and fortified blended foods are preferable to powdered milk. It is recommended that relatively expensive commercial infant and young child foods are less preferred in emergency relief as they create the risk of undermining traditional complementary feeding practices. Organisations or individuals intending to distribute complementary food are kindly requested to coordinate with and get recommendations from CHD/DoHS.

Recommendations

- Provide fortified foods to all families with under-five children and/or pregnant and lactating women, based on needs assessments.
- Strive to provide cooking facilities and fuel to all displaced families for food preparation, including preparation of complementary foods.
- Only where individual cooking facilities are not available joint cooking facilities should be considered to ensure appropriate complementary feeding for infants in a hygienic manner.
- High-energy biscuits can be provided as supplementary feeding to children aged 2-5 years.
- Every effort should be made to ensure early initiation and continuation of breastfeeding of infants and young children up to the age of 24 months.
- Those responsible for the care of mothers and children should be provided with adequate information to support breastfeeding and appropriate complementary infant and young child feeding.
- For those infants and young children whose mothers are absent or incapacitated, as much as possible, ways should be identified to breastfeed.
- There should be no distribution of breast-milk substitutes, even to infants whose mothers are absent or incapacitated; in order to feed orphans, or infants separated from their mothers, please refer to the contact persons at DHO for the current guidance from CHD/MoHP.(see also joint statement on protection of breastfeeding in emergencies)
- Special attention should be given to feeding pregnant and lactating mothers (supplementary and nutritional balanced rations) in order to encourage success breastfeeding.



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आपतकालिन स्थितिमा स्तनपान संरक्षण गर्ने गराउने सम्बन्धमा स्वास्थ्य तथा जनसंख्या मन्त्रालय, विश्व स्वास्थ्य संगठन र यूनिसेफको संयुक्त विज्ञप्ति

आपतकालिन अवस्थामा विशेषरूपले ५ वर्ष मुनिका बालबालिकाहरु विभिन्न संक्रामक रोगहरु जस्तै भ्रूणपछाला र श्वास प्रश्वास एवं न्यून पोषणको कारणले छिट्टै विरामी हुने र मृत्यु समेत हुने सम्भावना हुन्छ । तसर्थ, यस्तो बेलामा शिशु तथा बालबालिकाको उचित स्याहार सम्भार र खानपान सुनिश्चित गरिनु पर्छ । शिशुको जन्मेको एक घण्टा भित्र स्तनपान गराउनु, ६ महिनासम्म स्तनपान मात्र गराउनु, र त्यसपछि स्तनपानलाई जारी राखी पूरक आहार प्रदान गर्ने प्रोत्साहित गर्ने खालको बातावरण बनाउने र यसलाई सुदृढ गर्ने कार्यमा सबै क्षेत्रले ध्यान दिनु जरुरी छ । साथै, यस्तो अवस्थामा नबशिशुको आमा र स्तनपान गराउने महिलालाई सामाजिक मनोवैज्ञानिक परामर्श एवं सहयोग पुऱ्याउनु पनि अत्यन्त जरुरी छ ।

आपतकालिन अवस्थामा कार्यबोझ एवं मानसिक तनावले आमाहरुलाई स्तनपान गराउनु कठिनाई हुन्छ भने स्तनमा दूध बन्ने प्रक्रियामा समेत अस्वायी रूपले अवरोध हुनसक्छ । तर, आमा र शिशुलाई सँगै राखी स्तनपानलाई निरन्तरता दिन पर्याप्त सहयोग गरेमा स्तनमा दूध उत्पादन हुने प्रक्रिया पुनः शुरु हुन्छ र आमाहरु स्तनपान गराउनु समर्थ हुन्छन् । कुपोषित आमाहरुले पनि पर्याप्त मात्रामा स्तनपान गराउनु सक्छन् र यसको लागि आमालाई पर्याप्त भोल पदार्थ र थप खाना दिनु पर्छ ।

शिशु जन्मेको एक घण्टा भित्र स्तनपान शुरु गराउनु र ६ महिनासम्म शिशुलाई आमाको दूध मात्र खुवाउनु स्वास्थ्य तथा जनसंख्या मन्त्रालय, विश्व स्वास्थ्य संगठन र यूनिसेफ हार्दिक अपील गर्दछ । निरन्तर स्तनपान गराउने हो भने ६ महिनासम्म शिशुलाई पानी वा कुनै खानेकुराको आवश्यकता पर्दैन । ६ महिना पछि शिशुलाई दुई वर्ष वा सो भन्दा बढी स्तनपान गराइरहनुका साथै उपयुक्त पूरक आहार दिनुपर्छ । साधारण अवस्थामा ६ महिनासम्म स्तनपान मात्र गरेका शिशुहरुको तुलनामा स्तनपान गर्न नपाएका शिशुहरु निमोनियाबाट मर्ने सम्भावना ५ गुणाले बढी हुन्छ भने भ्रूणपछालाले मर्ने सम्भावना १४ गुणाले बढी हुन्छ । बाढी आएका बेला खानेपानीका छोट प्रदूषित भई भ्रूणपछाला जस्ता रोग लाग्न सक्छ । शिशुलाई भ्रूणपछाला लागेको बेला त भन्नु उसलाई पटक पटक स्तनपान गराइराख्नुपर्छ जसले गर्दा शरीरमा पानीको कमी हुन दिदैन, रोगसँग लड्ने शक्ति समेत प्रदान गर्छ र थप संक्रमणबाट बचाउँछ ।

आपतकालिन अवस्थामा शिशु तथा बालबालिकालाई खुवाउनुका लागि विभिन्न संघ संस्थाले आमाको दूध प्रतिस्थापन गर्ने किसिमका दुधजन्य पदार्थ वितरण गर्ने सम्भावना हुन्छ । तर, त्यसबाट बालबालिकालाई फाइदा गर्नुको सट्टा बेफाइदा नै बढी हुन्छ । हालको अवस्थामा पनि आमाको दूधलाई प्रतिस्थापन गर्ने शिशु आहार, अन्य दुधजन्य पदार्थ, बोटलबाट खुवाइने थप आहार जस्ता वस्तुहरु र यी खानेकुरा खुवाउनुका लागि प्रयोग गरिने बोटल र निप्पलहरु पनि वितरण गर्नु हुँदैन । साथै, ६ महिनासम्मका शिशुहरुलाई खुवाउनुका लागि फलफूलका रसहरु र चिया वितरण गर्नु हुँदैन ।

आपतकालिन बेलामा स्तनपान कार्यलाई सहयोग पुऱ्याउने बातावरण सिर्जना गर्ने कार्यमा सबैले ध्यान केन्द्रित गर्नु पर्छ । जस्तै आमा र शिशुको निमित्त स्तनपान गराउने स्थानको स्थापना गर्ने, शिशु तथा बालबालिकाको आहार सम्बन्धी तालिम प्राप्त व्यक्ति वा स्वास्थ्यकर्मीबाट आमाहरुलाई परामर्श दिने र परामर्श गरिएका आमाबाट अन्य आमालाई सहयोग पुऱ्याउने जस्ता कार्य गरिएमा स्तनपान संरक्षण तथा प्रवर्धन हुन्छ ।

स्वास्थ्य तथा जनसंख्या मन्त्रालय, विश्व स्वास्थ्य संगठन र यूनिसेफ आपतकालिन उद्धार कार्यमा आर्थिक तथा भौतिक सहयोग पुऱ्याउने, योजना बनाउने र योजना कार्यान्वयन गर्ने सबैसँग स्तनपानमा कमी ल्याउने सामाग्रीहरु जस्तै आमाको दूधलाई प्रतिस्थापन गर्ने बस्तु, दूध खुवाउने बोटल वा निप्पल आदि वितरण गर्न नहुने व्यहोरा जानकारी गराउनु चाहन्छ । अनाथ हुन पुगेका बालबालिका वा आमासँग छुट्टिन पुगेका शिशुहरुको लागि बाल स्वास्थ्य महाशाखा / स्वास्थ्य सेवा विभागले दिने निर्देशन प्राप्त गर्न नजिकको जिल्ला स्वास्थ्य कार्यालयमा सम्पर्क गर्न हुन अनुरोध गर्दछ । साथै, स्वास्थ्य कार्यकर्ता, उद्धार कार्यमा संलग्न संस्था र समुदायका नेतृत्वकर्ताहरुलाई स्तनपानमा कमी ल्याउने सामाग्रीहरु वितरण वा प्रयोग भइरहेको भए त्यसको अनुगमन गरी सो को जानकारी जिल्ला स्वास्थ्य कार्यालय मार्फत बाल स्वास्थ्य महाशाखा / स्वास्थ्य सेवा विभागमा गराउनुहुनका लागि पनि अनुरोध छ ।

सम्पर्क कार्यालय :

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फोन नं. : ०१-४२६१६६०, ४२२५५५०



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२०६९/०५/१३
२०६९/०५/१३
२०६९/०५/१३

गणेशी टाक
काठमाडौं, नेपाल

च.न. ४७४

मिति: २०६९/०५/१३

विषय :- आपतकालिन स्थितिमा स्तनपान संरक्षण र सम्बर्धन सम्बन्धमा ।

- श्री क्षेत्रिय निर्देशकज्यू, क्षेत्रिय स्वास्थ्य निर्देशनालय, पूर्वाञ्चल ।
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उपर्युक्त सम्बन्धमा आपतकालिन अवस्थामा विशेषरूपले ५ वर्ष मुनिका बालबालिकाहरु विभिन्न संक्रामक रोगहरु जस्तै फाडापखाला र श्वास प्रश्वास एवं न्यून पोषणको कारणले छिट्टै विरामी हुने र मृत्यु समेत हुने सम्भावना हुने हुँदा यस्तो अवस्थामा शिशु तथा बालबालिकाको उचित स्याहार सम्भार र खानपान सुनिश्चित गराउनका लागि शिशुको जन्मेको एक घण्टा भित्रै स्तनपान गराउने, ६ महिनासम्म स्तनपान मात्र गराउने, र त्यसपछि स्तनपानलाई जारी राखी पूरक आहार प्रदान गर्न प्रोत्साहित गर्ने खालको वातावरण बनाउने र यसलाई सुदृढ गर्ने कार्य अति महत्वपूर्ण भएको सन्दर्भमा यहाँहरुबाट स्तनपान संरक्षण र सम्बर्धनका लागि चालिएका कदमहरु अति प्रशंसनीय छ, जसलाई स्वास्थ्य सेवा विभाग, स्वास्थ्य मन्त्रालयले अति उच्च मूल्याङ्कन गरेको जानकारी गराउन चाहन्छु ।

यसै परिपेच्छमा हालै स्वास्थ्य तथा जनसंख्या मन्त्रालय, विश्व स्वास्थ्य संगठन र यूनिसेफले आपतकालिन स्थितिमा स्तनपान संरक्षण गर्ने गराउने सम्बन्धमा संयुक्त विज्ञप्ति एवं नीति निर्देशन जारी गरेकोले सो अनुरूप गर्न गराउनका लागि मातहतका निकाय, उद्धार कार्यमा खटिएका सरकारी एवं गैह- सरकारी संघ संस्था, व्यवसायिक संघ संस्था एवं घराना, सामाजिक कार्यकर्ता र सहयोगी सहृदयी स्वयंसेवक महानुभावहरुलाई निर्देशन गरिदिनुहुनका लागि अनुरोध छ । साथै, उक्त विज्ञप्ति एवं नीति निर्देशनको प्रतिलिपि थान - १ यसै पत्रका साथ संलग्न गरिएको व्यवहारा पनि जानकारी गराउन चाहन्छु ।

सहयोगको लागि धन्यवाद ।

डा. गोविन्द प्रसाद ओझा
महा-निर्देशक

डा. गोविन्द प्रसाद ओझा
महा-निर्देशक



MOHP, WHO and UNICEF Joint Statement on Protection of Breastfeeding during Emergency Situation

During emergency situations disease and death rates among under-five children are generally higher than for any other age group. Mortality may be particularly high due to the combined impact of a greatly increased prevalence of communicable diseases and diarrhoea and very high rates of under-nutrition. The fundamental means of preventing malnutrition and mortality among infants and young children is to ensure their appropriate feeding and care. The aim should be to create and sustain an environment that encourages early initiation and continued frequent breastfeeding for children at least up to 2 years of age. Therefore, creation of a protective environment and provision of skilled support to mothers of newborn infants and breastfeeding women are essential and are priority interventions.

There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition. A desire to help may result in the inappropriate distribution of infant formula, other milk products, bottles and teats. Even though stress can temporarily interfere with the flow of breast milk, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are adequately supported to initiate and continue breastfeeding. Mothers who lack food or who are malnourished can still breastfeed adequately. Adequate fluids and extra food for the mother will help to protect the health and well-being of both mother and child and support breast milk production.

MOHP, WHO and UNICEF reiterate that infants should start breastfeeding within one hour of birth and continue breastfeeding exclusively (with no food or liquid other than breast milk, not even water) until six months of age. After this period, infants should begin to receive a variety of foods, while breastfeeding continues up to two years of age or beyond. Under normal circumstances, infants who are not breastfed are five times more likely to die from pneumonia and 14 times more likely to die from diarrhoea, than infants who are exclusively breastfed for the first six months. The valuable protection from infection that breast milk confers is all the more important in environments without safe water supply and sanitation.

MOHP, WHO and UNICEF note that during emergencies distribution of milk products for feeding infants and young children are often provided, thereby endangering the lives of young children. **There should be no distribution of breast milk substitutes (BMS), such as infant formula, other milk products, bottled complementary foods, nor bottles and teats.** Also, no juices or teas for use in infants under six months should be distributed.

In emergencies the focus needs to be on creating conditions that will facilitate breastfeeding, such as establishing safe 'corners' for mothers and infants, one-to-one counselling, and mother-to-mother support. Traumatized and depressed women may have difficulty responding to their infants and require particular mental and emotional support in addition to the nutritional support, for adequately feeding their children.

MOHP, UNICEF, and WHO urge all who are involved in funding, planning and implementing an emergency response not to distribute breastmilk substitutes, bottles or teats that can undermine breastfeeding. In order to feed orphans, or infants separated from their mothers, please refer to the contact persons at DHO for the current guidance from CHD/MOHP. Health Staff, relief organisations and community leaders are called upon to monitor and report any distribution or use of products that could undermine breastfeeding.

Contact office:
Child Health Division, Department of Health Services
Phone number: 01 – 4261660, 4225558



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