A CALL FOR PROTECTION OF APPROPRIATE INFANT AND YOUNG CHILD FEEDING IN SOUTH SUDAN

The current crisis has led to a large number of displaced people in protection of civilian (POC) areas within UNMISS bases where living conditions are deplorable. As well, there are many more people not particularly in POC areas but integrated in the community and in other small camps all over the country whose needs are unmet and vulnerability to malnutrition is high. In any emergency situations like this, disease and death rates among under-five children are higher than for any other age group; the younger the infant the higher the risk. Mortality risk is particularly high because of the combined impact of a greatly increased prevalence of communicable diseases and diarrhea resulting from poor access to clean water and sanitation; and usually very high rates of under-nutrition.

Appropriate Feeding and care of Infants and Young Children is Key in Preventing Malnutrition, Morbidity and Mortality

Major health problems among the children in South Sudan, which have been exacerbated by this crisis, are acute and chronic malnutrition and communicable diseases. Given the huge numbers of people displaced in the country and most of them living in poor conditions, meeting the daily water requirement for all may not be sustained in the long term (despite the commendable effort by WASH Cluster colleagues so far) and should there be any gap, there will be most likely an additional risk of water borne diseases affecting the displaced population.

Reports from Child Protection Sub-cluster have persistently indicated that many infants and young children have been orphaned and some separated from their mothers. The risk of children in South Sudan to suboptimal infant and young child feeding practices is compounded by high prevalence of malnutrition before the crisis in the states (Jonglei, Upper Nile, Unity, Lakes and parts of Warrap) that are most affected by the current crisis. Nutrition survey conducted in most of these locations prior to the crisis found persistently low rates exclusive breastfeeding (<40%) and global acute malnutrition that ranged between 6.9% to 35.6%.

In this emergency situation, the lifeline offered by exclusive breastfeeding to children for the first six months of life and continued breastfeeding for two years or more is of utmost importance and must be protected, promoted and supported.

While breastfeeding is a common practice in South Sudan and while most mothers are likely to have initiated breastfeeding before the conflict broke out and the majority of infants less than six months of age were partially breastfed, it is very important now to encourage and support mothers to initiate breastfeeding immediately after delivery, exclusively breastfeed up to six months and for those with infants below six months who ‘mix feed’ to revert to exclusive breastfeeding. Infants not breastfed are at high risk of morbidity and mortality and need early identification and targeted skilled support, including re-establishing breastfeeding (re-lactation).

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1 Pre-harvest Nutrition Surveys in South Sudan, Nutrition Cluster, 2013
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Protection and Support of Breastfeeding Women

No food or liquid other than breast milk, not even water, is needed to meet an infant’s nutritional and fluid requirements during the first six months of life. The valuable protection from infection that breastfeeding confers is all the more important in environments without safe water supply and sanitation. Therefore, creation of a protective environment and provision of skilled support to pregnant and breastfeeding women are essential interventions. There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately because of stress or inadequate nutrition. Concern for these mothers and their infants can fuel donations of breastmilk substitutes (BMS) such as infant formula and follow-up formula. Although stress can temporarily interfere with the flow of breastmilk, it is not likely to inhibit breastmilk production, provided mothers and infants remain together and are supported to initiate and continue breastfeeding. Mothers who lack food or who are malnourished can still breastfeed.

Protection of adequate fluids and food for mothers must be a priority as it will help to protect their health and well-being as well as that of their young children. Basic interventions by all clusters to facilitate breastfeeding will include prioritising mothers with young children for shelter, food, protection/security, water and sanitation, enabling environment for mother-to-mother support, providing specific space for skilled breastfeeding counselling and support to maintain or re-establish lactation. Traumatised and depressed mothers may have difficulty responding to their infants and require particular mental and emotional support. The Nutrition Cluster, in close collaboration with key partners involved in infant feeding in emergencies will support training of staff on individual assessment of the best options for feeding infants, as well as nutrition information on optimal infant feeding to the population in the POC areas, particularly in Juba, Bor, Malakal, Bentiu, Awerial/Minkamman and Twic.

Feeding of Non-breastfed Children less than Six Months old
Cases of infants whose mothers have died have been reported as have cases of mothers whose illness or injuries make breastfeeding impossible. In these cases, breastfeeding becomes difficult and infants less than six months of age in this category who are not breastfed need urgent identification and targeted skilled support. The first choice for feeding these infants should be re-lactation. If this is not possible or when artificial feeding is indicated by skilled staff such as health providers or infant feeding counsellors, breast-milk substitutes are necessary and must be accompanied by training on hygiene, preparation and use to minimise their associated risks. Artificial feeding in an emergency carries high risks of malnutrition, illness and death and is a last resort only when other safer options have first been fully explored.

Any needed breast-milk substitutes should adhere to Codex Alimentarius Standards. Any distribution and use of breast-milk substitutes should be carefully monitored to ensure that only the designated infants receive the product. Because infants’ receiving breast-milk substitutes are at increased risk for illness, a mechanism to monitor their health should be established.
Donations and Procurement of Breast-Milk Substitutes and other Milk Products

In accordance with internationally accepted guidelines, **donations of infant formula, bottles and teats and other powdered or liquid milk and milk products should not be made**. Experience with past emergencies has shown an excessive quantity of products, which are poorly targeted, endangering their lives. The required breast milk substitutes should be procured based on a careful needs assessment and in coordination with the Nutrition Cluster. Human milk donations while safe when processed and pasteurized in a human milk bank also require fully functioning cold chains. Such conditions do not exist in the current situation and context.

Complementary feeding of children above six months of age

Children from the age of six months require nutrient-rich, age-appropriate and safe complementary foods in addition to breast milk. Priority should be placed on locally available (possible for the host community and those integrated within), culturally acceptable, nutritionally adequate and age-appropriate foods. In the POC areas where cooking facilities are non-existent or limited, ready-to-use fortified foods are a good option. Micronutrient powders that can be added to local foods, emergency rations or blended foods can improve dietary quality. In addition, once cooking facilities have been set up or available, provision of fortified blended food is recommended. The Nutrition Cluster through the partners especially in the POC bases has undertaken to monitor and ensure that appropriate targeting, distribution and use of food and food products for infants and young children is followed.

Treatment of severe acute malnutrition

Though in draft form, guidelines for treatment of severe and moderate acute malnutrition exist in South Sudan. Whether facility or community based, the treatment of acute malnutrition should be implemented in accordance with the guidelines that heavily borrow from international standards and best practices. The link of this with support to optimal infant and young child feeding should be emphasized. Specially formulated therapeutic milks F75 and F100 and ready to use therapeutic food as well as supplementary foods are currently being used and their pipelines are managed by UNICEF and WFP.

Conclusion

The Nutrition Cluster in South Sudan strongly urge all who are involved in funding, planning and implementing the emergency response to avoid unnecessary illness and death to children by promoting, protecting and supporting breastfeeding and appropriate complementary feeding and by preventing uncontrolled distribution and use of breast-milk substitutes. This has happened in other emergencies similar to the current situation in South Sudan making it extremely important for all stakeholders to be careful.
Public and private sector partners and individuals who wish to support infants and young children and their mothers and caregivers in the current crisis are encouraged to donate funds rather than send goods. We further urge government and partners to include capacity-building for breastfeeding and infant and young child feeding as part of emergency preparedness and planning, and to commit financial and human resources for appropriate and timely protection, promotion and support of optimal infant and young child feeding in the present and post-crisis period.

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