

# JOINT STATEMENT NUTRITION SECTOR



## Call to protect, promote and support breastfeeding and avoid donations and distribution of breast milk substitutes, including infant formulas, follow-up formulas, and powdered milk, and feeding bottles.

Children from birth to two years of age are particularly vulnerable to malnutrition, disease and death. Breastfeeding is crucial for the survival of children, especially the younger ones. In addition to supporting their growth and development, breastfeeding prevents malnutrition, ensures infant food security, protects maternal and child health, and reduces financial pressure on families, among other things.

Partners of the R4V Nutrition Sector urge all response teams / staff of the R4V platform to identify the needs of breastfeeding mothers and to **provide them adequate protection and support to continue breastfeeding**. The sector calls **not to request donations of breast milk substitutes, including infant formulas, follow-up formulas, powdered milk, and not to distribute these products in the refugee and migrant population** for the following reasons:

- During distribution, **these products can be donated to breastfeeding mothers, and interrupt breastfeeding**. These mothers see their milk production decrease and, once the donation ends, breastfeeding again will be difficult and they will have to continue to buy the donated product, which is often a challenge due to its high cost.
- These products can be **potential vectors of infection**. Once opened there is a high risk that their handling and use will be inappropriate, especially if personnel have not been trained. For example, **in preparing these products water that is not suitable for consumption may be used** (e.g. contaminated water) or inadequate hygiene practices could be followed, such as not cleaning adequately feeding utensils, including baby bottles (which are not recommended, and which are not easy to clean).
- Donated breast milk substitutes **may be outdated, may be inappropriate for the age of children** (for example, powdered cow's milk is not recommended for children under 1 year of age), and/or may not come with guidelines on their preparation and the hygiene measures to take.
- **In summary, non-breastfed children are highly vulnerable to infectious diseases and malnutrition. In emergencies they are even more vulnerable. They are more likely to get an infection, become malnourished, and suffer from serious illnesses that could lead to death.**

### We recommend that:

- every effort is made to promote, protect and support the practice of breastfeeding, including the provision of qualified support from trained staff and the establishment of safe spaces for mothers to breastfeed in a quiet place.
- infants under 1 year of age who are not breastfed (infants under 6 months with urgency) are identified referred to a health professional aware of adequate practices of infant and young child feeding for evaluation, prescription of the type of feeding most appropriate to their situation and monitoring of their health and nutrition status.
- Donated breast milk substitutes are not distributed to affected refugee and migrant families.
- Donated breast milk substitutes are transferred to an organization that can use them in the preparation of hot meals for adults or older children.
- Donations of breast milk substitutes and feeding equipment are not requested or accepted
- Avoid agreements with companies that produce breast milk substitutes or unhealthy foods in exchange for financial or in-kind contributions.
- The R4V Nutrition Sectors is contacted for further guidance to adequately support the needs of non-breastfed children without affecting breastfeeding practices.