



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



Ministry of Social affairs
Lebanese Republic

**Ensuring Optimal Feeding of Infants & Young Children in
Normal Situations & during
the Crisis in Lebanon**

**A Joint Statement
[MOPH, MOSA, WHO, UNICEF, WFP and UNFPA]**

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During emergencies, disease and death rates among infants and young children are generally higher than any other group. Children under five are most affected by poor availability of appropriate food and water due to their nutritional needs for growth and maintenance. The fundamental means of preventing malnutrition among infants and young children is to ensure their optimal feeding and care.

Usually, no other food or drink other than breast milk, not even water, is needed to meet nutritional requirements of infants during the first six months of life. After this period, infants should begin to receive adequate and safe complementary foods, in addition to breast milk, to meet their changing nutritional requirements. Breast milk confers valuable protection from infection and its consequences, which is all the more important in environments with inadequate water supply and sanitation.

Recommendations

1. BREASTFEEDING

Rationale

Protecting, promoting and supporting breastfeeding, **especially exclusive breastfeeding**, in both normal and emergency situations is particularly important because:

- The risks of illness are higher. Exclusive breastfeeding is therefore even more important as a protective measure.
- Breastfeeding must be protected and encouraged in emergencies, which may temporarily disrupt breastfeeding or make it more difficult because of stress, lack of privacy and over crowding.
- Breast-milk substitutes carry risks of increased illness and mortality in the best of circumstances. ***Where there is poor hygiene; lack of access to clean water; and uncertain supplies of substitutes, the use becomes even more dangerous.***

Therefore,

To Protect Breastfeeding:

- Encourage and support mothers to continue breastfeeding.
- Provide “safe havens” for pregnant and lactating women to help reduce stress and provide them with special rations, water and supplements, and provide re-lactation support if needed.
- Identify, if culturally acceptable, willing wet-nurses within the community for orphans or unaccompanied children.

To Restore Breastfeeding:

- Help mothers return to exclusive breastfeeding by increasing frequency of feeds.
- Return to breastfeeding: re-lactation support includes increasing the frequency of breastfeeds, and offering alternative foods only after a full breastfeed.

Replacement Feeding (in exceptional circumstances):

There are a few situations when breastfeeding is not possible. These include:

- Orphans who have lost their mothers, and where wet-nursing is not possible or culturally is unacceptable.
- Children who are temporarily or permanently separated from their mothers.
- Mothers who are very sick.
- When mothers have stopped breastfeeding for some time and re-lactation efforts have failed.

In Replacement Feeding Situations:

- There should be **NO GENERAL DISTRIBUTION OF BREAST-MILK SUBSTITUTES:** Breast-milk substitutes or other powdered milks should never be part of a general distribution. They should be used only when breastfeeding is not possible. Careful assessment of the number of infants needing breast-milk substitutes should be quickly made in order to ensure adequate supplies and no over-supply.
- A nutritionally adequate breast-milk substitutes (BMS) should be made available for as long as the infants concerned need it.
- The product should conform to relevant Codex Alimentarius standards, and bear only a generic label that includes all labeling provisions of the International Code of Marketing of Breast-milk Substitutes.
- Those who are responsible for feeding a breast-milk substitutes should be adequately informed and equipped to ensure its safe preparation and use.
- Feeding a BMS to a minority of children should in no way interfere with protecting and promoting breastfeeding to the majority.
- The use of infant feeding bottles and artificial teats in emergency settings should be actively discouraged.

2. COMPLEMENTARY FOODS

Rationale

To meet infants' changing nutritional requirements at six months of age, infants should start to receive complementary foods in addition to breast milk. These foods should be safely prepared from locally available foods that are rich in energy and micronutrients.

In an emergency, appropriate foods and/or cooking facilities may not be readily available. Available foods may be difficult to prepare in soft, semi-solid form. Environmental conditions may hinder safe food preparation and feeding. Traditional ingredients that were normally used to prepare complementary foods may not be available. Furthermore, basic food aid commodities – cereals, pulses and oil – do not by themselves readily meet the nutritional needs of young children. Fortified blended food, animal protein (meat, chicken, fish, egg) or supplements should be considered. These should be appropriate texture for infants when prepared.

Dependence on commercial foods should be avoided. Under emergency/post-conflict conditions, supplies may be unreliable and as food aid is phased out, local people will be unable to afford costly manufactured items.

SUMMARY

- Infants older than six months need hygienically prepared foods that are easy to eat and digest and that nutritionally complement breast milk.
- Caregivers need secure uninterrupted access to appropriate ingredients with which to prepare and feed nutrient-dense foods to older infants and young children.
- **All agencies should encourage the use of local products, suitability prepared for infants older than six months rather than creating a dependency on expensive specialized manufactured complementary feeding products.**