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***The International Committee of Red Cross and the International Federation of Red Cross and Red Crescent Societies call for support for appropriate infant and young child feeding in the current emergencies in Asia-Pacific and Africa, and caution about unnecessary use of milk products***

During emergency situations, such as the recent cyclone, tidal surge, earthquake and droughts in Asia-Pacific and Africa, 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 incidence of communicable diseases and diarrhoea and soaring rates of under-nutrition. The fundamental means of preventing malnutrition and mortality among infants and young children is to ensure their optimal feeding and care.

The International Committee of Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (the International Federation) note that donations of infant formula and other powdered milk products are often made in times of disaster. However, experience with past emergencies has shown that without proper assessment of needs, excessive quantities of milk products for feeding infants and young children are often provided, to the detriment of their well-being.

It is important to note that no food or liquid other than breast milk, not even water, is normally needed to meet an infant's nutritional requirements during the first six months of life. After this period, infants should begin to receive a variety of foods, while breastfeeding continues up to two years of age or beyond.

Breast milk supplies not only the necessary nutrients and energy, but also a big variety of factors protecting them from falling ill in many childhood diseases, including diarrhoea and acute respiratory infections, which are the two worst killers in emergencies. Infant formulas and powdered milk are made from cow's milk and therefore, the absorption is different and they do not contain the protective factors.

There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition, and hence the need to provide infant formula and other milk products. Stress can temporarily interfere with the flow of breast milk; however, 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, hence extra fluids and foods for them will help to protect their health and well-being.

If supplies of infant formula and or powdered milks are widely available, mothers who might otherwise breastfeed might needlessly start giving artificial feeds. Use of infant formulas and powdered milk inevitably exposes infants and young children to an increased risk of disease and death, especially from diarrhoea when clean water is scarce. The use of feeding bottles only adds further to the risk of infection as they are difficult to clean properly.

In exceptionally difficult circumstances therefore, the focus needs to be on creating conditions that will facilitate breastfeeding, such as establishing safe havens for mothers and infants and providing for the needs of the mothers. If infants and young children are separated from their mothers, every effort should be made to identify ways to breastfeed them, for example by a wet-nurse (if culturally acceptable), otherwise, they must be fed infant formula under careful medical supervision.



The International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies and the National Societies, form the International Red Cross and Red Crescent Movement.

The ICRC, which gave rise to the Movement, is an independent humanitarian institution. As a neutral intermediary in the event of armed conflict or unrest, it endeavours, on its own initiative or on the basis of the Geneva Conventions, to bring protection and assistance to the victims of international and non-international armed conflict and internal disturbances and tension.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people. By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.


For these reasons, any provision of breast-milk substitutes for feeding infants and young children should be based on careful assessment of needs compared with possibilities to provide safe and controlled use i.e. only under strict medical control and monitoring and in hygienic conditions. in accordance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, as well as humanitarian agencies policies and guidelines.

**On this basis, the ICRC and the International Federation stress that there should be no general distribution of breast-milk substitutes.** If donations have been given, they should be mixed with a milled fortified staple for distribution as a complementary food to make porridge for children over 6 months of age, provided clean water is used.

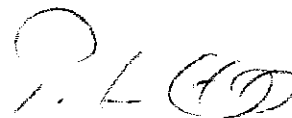
For treatment of children who are severely malnourished, special, milk-based therapeutic foods are needed to be used by specialized groups and trained personnel following strict protocols and insuring close supervision. Standard commercial infant formulas are not suitable for this purpose.

Children from the age of six months require nutrient-rich complementary foods in addition to breast milk. Provision of fortified foods or micronutrient supplements such as vitamin A or zinc in supervised programmes for young children represent a much more appropriate form of food aid than sending milk products. In rations for general food distribution programmes, protein sources such as pulses, meat, or fish are preferred to powdered milk.

The ICRC and the International Federation urge all who are involved in the provision of emergency supplies to refer to the extensive guidance available on this topic. Questions should be addressed to Mija Ververs ([mija.ververs@ifrc.org](mailto:mija.ververs@ifrc.org)) or Ana Gerfin Hernandez Bonilla ([ahernandezbonilla@icrc.org](mailto:ahernandezbonilla@icrc.org))



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#### ***Related publications and documents***

Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1, Feb 2007  
<http://www.enonline.net/ife/view.aspx?resid=6>

Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007. For health and nutrition workers in emergency situations. Includes breastfeeding support (core manual), supporting infants who are not breastfed and managing malnutrition in infants under six months of age. Available from:  
<http://www.enonline.net/ife/view.aspx?resid=4>

Sphere standards, chapter 3, page 136  
<http://www.sphereproject.org>

Policy on Food security and nutrition from IFRC  
<http://www.ifrc.org/Docs/pubs/policies/food-security-en.pdf>