



**IBFAN Africa**

**Dar-Es-Salaam**

**Declaration**

**November**

**1999**



# DAR ES SALAAM DECLARATION ON FEEDING OF INFANTS AND YOUNG CHILDREN IN EMERGENCY SITUATIONS IN AFRICA, November 1999

## PREMISE:

At the Africa Regional Meeting on Feeding of Infants and Young Children in Emergency Situations held in Dar es Salaam, Tanzania, 22-26 November 1999, participants from 18 African countries, UNHCR, UNICEF, international and humanitarian organizations reviewed the current situation regarding emergencies in Africa and made this declaration.

## PURPOSE:

The purpose of this declaration is to facilitate the development of harmonized policies, guidelines and strategies that will increase the capacity to respond effectively to infant feeding in emergency situations, taking advantage of experiences and lessons learned to promote survival and development of infants and young children.

## TARGET:

The declaration targets all players involved in the management of emergencies including governments, UN agencies, humanitarian and international organizations and other partners, including the military.

## BACKGROUND:

Since the end of the Cold War, Africa has become the continent with the highest number of conflicts and is a home to more than 60% of the world's refugee population. The world's estimated number of refugees is about 50 million and this number is expected to increase by 12% annually. Women of reproductive age account for 10 million of Africa's refugees and of these about 20% are pregnant at any one time. This makes approximately 2 million mothers and 2 million babies who should benefit from appropriate infant feeding practices as a result of this initiative. With increasing internal conflicts in the region Internal Displaced Persons (IDPs) have become another problem. Families with children move away from familiar environment, support systems, culture and means of living resulting in suffering, stress and food insecurity. Natural disasters like floods, drought and famine also contribute significantly to the occurrence of emergency situations in the continent. Emergencies present public health, social, political and economic challenges.

Policies and/or guidelines on the feeding of infants and young children in emergencies have been developed by various organisations, (1,2,3). However these may not be specific for Africa or not harmonised for use in all emergencies.



## THE DECLARATION

### Recognising

.....that mothers have the right to make decisions regarding infant feeding even in emergency situation.

### Taking

.....cognisance of the support systems, resources and programmes already available and the need to build upon these existing resources and integrate efforts to achieve optimal infant feeding practices wherever possible into existing programmes, networks, initiatives and strategies.

### Acknowledging

.....the need to implement the International Code of Marketing of Breastmilk Substitute and subsequent relevant WHA resolutions and related declarations and other available policies.

### Understanding

.....the superiority of breastfeeding over artificial feeding in situations where poor sanitation and poor health is rampant.

We, the participants of the Infant Feeding in Emergency Meeting, in Dar-es-Salaam, Tanzania, recommend:

1. *In all emergency situations all women should be enabled to exclusively breastfeed for about 6 months and thereafter to continue breastfeeding while providing appropriate complementary food for up to 2 years and beyond.*
2. *Use of existing nutritional assessment techniques to identify children who are at risk and need immediate attention with particular emphasis on children < 6 months should be supported and improved.*  
*Standardized guidelines on the assessment of infant feeding practices, and on the nutritional status of infant < 6 months are strongly required in order to develop an appropriate intervention or strategy. Clear guidelines for the treatment of severely malnourished infants need to be developed.*
3. *Separate interventions to promote, protect and support breastfeeding in emergencies are needed, and establishment of breastfeeding corners should be considered.*
4. *The use of local foods (recipes) as complementary foods is strongly recommended. Holistic programmes, including income generation activities should be developed for mothers of pre-school children (6-59 months) to supplement and improve their capacity to meet the needs of their children.*
5. *There is need to develop integrated programmes for psycho-social support for traumatized families, orphans and unaccompanied minors in emergency situations.*  
*The integration should be strengthened through the inclusion of child survival services and health care for infants and young children.*  
*-Strengthen the integration of services including the provision of health care for infants and young children.*
6. *A comprehensive strategy should include an integrated approach to improve the health and nutrition status of pregnant women and lactating mothers.*



7. Emergency situations often create conditions that may increase the risk of HIV transmission. The first priority should be primary prevention of HIV. Where feasible, women and their partners should have access to VCT and should be counselled on infant feeding options.  
However, even where testing is possible and the mother has the option to artificially feed, exclusive breastfeeding is likely to remain the safest choice, as the risk of mortality from artificial feeding will, in most emergency situations, far exceed the risk of mortality from HIV transmission. The risks of spillover to the general population and problems of ensuring sustainable supplies of Baby Milk Substitutes (BMS) in the long term must always be borne in mind.
8. The principles and aims of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions apply in all situations, and especially in emergency situations. Great care should be taken to ensure that emergency situations are not exploited by those with a vested interest in the HIV or infant feeding market.  
**In view of the risks, donations of breast-milk substitutes, commercial baby foods, bottles and teats, should not be accepted in emergency settings, however well meaning.** Safe use and preparation of breastmilk substitutes is almost always impossible in such circumstances, and their routine use and endorsement as the healthy option can interfere with breastfeeding traditions in both emergency-affected and local host populations
9. There is urgent need for research regarding infant feeding in emergencies. All agencies, bodies and professional organisations and individuals conducting research in infant feeding in emergencies should work in the best interest of children's health and ensure that their funding does not create conflicts of interest.
10. An appropriate monitoring and evaluation plan should be developed and implemented by all actors and at all levels. Violations of the International Code of Marketing of Breast-milk Substitutes and relevant subsequent WHA resolutions should be reported to the national and regional authorities and the IBFAN network.
11. The national and local capacity to respond to emergencies should be strengthened. All service providers in emergency situations should be trained in protection, promotion and support for breastfeeding and sound young child feeding. National breastfeeding experts should be called upon to provide training.
12. All countries should develop and strengthen disaster management policies and strategies which include feeding of infants and young children in emergencies.

#### REFERENCES:

1. UNHCR / WFP Guidelines for selective feeding programmes in emergency situations, Feb. 1999.
2. Infant Feeding in Emergencies: Policy, Strategy and Practice. A report of IAGIFE; Oct. 1998.
3. Resolution WHA 49.15 (1996)
4. Massawe S: HIV Situation and Infant Feeding. Paper presented at the 4th IBFAN Africa Regional Meeting at Amanzi, Johannesburg, South Africa.
5. IBFAN Africa Statement on HIV and Infant Feeding, The 4th IBFAN Africa Regional Meeting 29 September to October 1997, Mount Amanzi, South Africa.

