Lebanon NUTRITON Taskforce

LEBANON FOOD SECURITY SECTOR

Call for action on Infant and Young Child Feeding and Nutrition in the response to the Beirut port explosion

Nutrition Task Force

September 2020

العمل ضد الجوع ACTION AGAINST HUNGER

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Call for action
on Infant and Young Child Feeding and Nutrition in the response to the Beirut port explosion

This call targets donors, embassies, international organizations, NGOs and grassroot organisations.

Widespread violations of national and international health regulations are occurring as part of the response to the Beirut explosion, putting the health of vulnerable children at risk. Breast-milk substitutes (so-called powder-milk), therapeutic and supplementary foods can only be distributed following specific health protocols and by specialised actors.

Donors wishing to donate such items should reach out to the Nutrition Task Force for guidance. NGOs who have already received such items also urgently need to contact the taskforce.

Furthermore, nutrition needs to be better integrated in the response to the explosion, including by other sectors and working groups. Donors should support increased attention to nutrition surveillance and support programming for nutrition and IYCF, as part of the response to the explosion and the current socio-economic crisis, to avoid any future increase of malnutrition.

Nutrition Task Force
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Context

Emergencies put children at risk.
"Emergency situations pose significant threats to children. Child mortality rates can increase twenty-fold in as little as two weeks, reaching up to 70 times higher than in non-emergency times. The youngest children are most vulnerable in emergencies, particularly when feeding practices are poor to begin with". [1] Living in overcrowded shelters, or with insufficient access to quality food or clean water, lack of access to sanitation services and difficulty accessing an overloaded health system are major dangers for infants and young children. During emergencies and displacements, the protection, promotion, and support of optimal infant and young child feeding practices is a priority lifesaving intervention.

Infant feeding practices in Lebanon fall short of recommendations.
In Lebanon, there's a lack of national-level data on nutrition among the Lebanese population **routine infant and young child feeding practices in Lebanon fall short of international recommendations** with exclusive breastfeeding rates are 40% in 1-month old infants[2] and only 2% in 4-5 months old infants with the Global Nutrition Report in 2020 stating that Lebanon is off-course to meet all its nutrition targets[3].

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[1] Breastfeeding Collective. Breastfeeding in emergencies situations a policy brief. [Accessed online; September 2020: https://www.unicef.org/nutrition/files/8_Advocacy_Brief_on_BF_in_Emergencies.pdf

[2] Akik et al. 2015. K2P Briefing Note. Protecting breastfeeding in Lebanon [Accessed Online; August 2020: https://www.aub.edu.lb/k2p/Documents/Final%20K2P%20BN%20Breastfeeding%20English%20August%2025%202015.pdf]

[3] Global Nutrition Report. Action on equity to end malnutrition [Accessed Online; August 2020: https://globalnutritionreport.org/reports/2020-global-nutrition-report/]

Context

Previous emergencies showed IYCF is not supported during emergencies. During the 2006 crisis in Lebanon, partners raised concerns over the widespread uncontrolled distribution of breast-milk substitutes. A rapid assessment of breastfeeding practices showed that exclusive breastfeeding practices decreased from 59.6% (pre-crisis) to 7.7%. On the other hand, mixed feeding and full formula feeding increased from 31.9% and 2.1% (pre-crisis) to 53.9% and 38.5% respectively[4], with gaps in IYCF programming in emergencies documented in the refugee context as well[5]. As such, we cannot allow that history repeats now.

Breastfeeding practices are at risk during emergencies, including through well-intended, unsolicited donations at any time, but even more when access to drinkable water and sanitation may also be challenged.

The current crisis in Lebanon.
Lebanon has been experiencing a multifaceted crisis with major civil unrest since October 2019, dramatic political and financial challenges, severe economic crisis, ongoing depreciation of the Lebanese currency, in addition to the COVID-19 public health crisis – all exacerbating the already existing vulnerabilities, especially in relation to food security status. As such, **concerns regarding the increase in malnutrition rates are rising**[6].

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[4] ENN. Infant Feeding in Emergencies: Experiences from Indonesia and Lebanon. [Accessed Online; September 2020; http://www.ennonline.net/fex/29/infantfeeding]

[5] Berbari et al. 2018. Infant and young child feeding in emergencies: Organisational policies and activities during the refugee crisis in Lebanon. Maternal & Child Nutrition. Volume 14, Issue 3

[6] Inter-Agency Coordination Lebanon. Health Mid-Year 2020 Dashboard [Access Online; September 2020: https://data2.unhcr.org/en/documents/details/78648]

Context

The problem of donations.

With the Beirut explosion on August 4th, the displacement of more than 300,000 households, and the destruction of the port and grain silos, the country is witnessing a surge in in-kind donations, with some focusing on breast-milk substitutes, therapeutic foods and commercial complementary foods. Breastfeeding and optimal introduction of complementary food are both considered lifesaving practices, especially for children under the age of 2 who may be severely affected by nutrition and food insecurity. In the rush to provide what has been perceived as life-saving assistance, not all of these donations are being provided with relevant coordination mechanisms or following proper needs assessments and international standards, which may contribute to major public health problems, compromising breastfeeding rates and proper complementary food introduction, thus putting the health of vulnerable children at higher risks of infection, exposure to bacteria, non-optimal nutrition intake, hence increasing their morbidity and mortality risks. Such donations can be a violation of national and international health and nutrition protocols and recommendations as well as national law. More so, they compromise the health status of infants and young children over the short or long term and create an additional financial burden for vulnerable households. As such, protecting, supporting and promoting optimal Infant and Young Child Feeding (IYCF) is key in responding to the Beirut explosion, as included in the **Joint Statement** and **Operational Guidance on IYCF in emergencies.**

KEY MESSAGE 1: Concerns regarding violations of the International Code of Marketing of Breast-Milk Substitutes[7] and subsequent resolutions (the Code), the Law 47/2008 and the associated risks for child health and nutrition.

Untargeted and uncontrolled distribution of breast-milk substitutes (BMS) can pose a risk for vulnerable children

Unsolicited distribution of Breast-Milk Substitutes (BMS) is likely to have a dramatic effect on infants' health and, hence, are prohibited. The uncontrolled and untargeted distribution of BMS and/or milk in all its forms can lead women to stop breastfeeding. It creates a heavy financial dependence for vulnerable households. When families cannot afford BMS anymore, they may start over-diluting it or may even have to stop purchasing it and replace it with cheaper, inadequate, or even dangerous substitutes. This is associated with increased risks of malnutrition.
In any case, BMS are all inferior to breastmilk as they lack the precise balance of nutrients; they do not protect against illnesses, and they may be wrongly prepared. If contaminated with unclean water or bottles - a risk which increases in emergencies - they may expose children to disease, thus, exacerbating child morbidity and mortality rates.

Provision of BMS (with infant formula being the most appropriate option) can only take place under specific conditions, including orphaned children, mother too ill to breastfeed, mother reluctant to re-lactate or medical conditions. They must be made following an individual assessment by trained specialists, following UNICEF and WHO standards as well as the newly developed Standard Operating Procedures (SOPs) for Infant and Young Child Feeding in Emergency in Lebanon. BMS should not be included in the general distribution and or food parcels.

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[7] Breast Milk Substitutes include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including infant formula, follow-up formula and growing-up milks).

In the response to the Beirut explosion, the practices of some actors are against national and international laws and guidelines

BMS, powdered/UHT milk, feeding bottles and teats are frequently listed among the in-kind donations stocked up or called for by States, NGOs, volunteer groups, nurseries, and individuals to help cover the needs of vulnerable children. **This is presently the case in Beirut, with various non-specialised actors currently distributing BMS.**

In addition to the health risk, these practices violate national and international laws and guidelines:
- The Code, which prohibits the inclusion of BMS in relief packs and/or food parcels as part of the response and well as the promotion of BMS to pregnant women and caregivers of young children.
- The Lebanese law 47/2008, which is based on the above Code
- The Infant Feeding in Emergencies Operational Guidance (OG-IFE) and recommendations by the IFE Core Group – an international coordination group bringing together the United Nations, national and international humanitarian organizations, academics and researchers around the world
- The Joint Statement issued by MOPH, WHO, UNICEF following the Beirut explosion on the importance of promoting and supporting breastfeeding and against the unethical promotion of BMS, which could include infant formula, follow-up formula and growing-up milks.

It is, therefore, important to prevent the emergency response from being as an opportunity to create a market for specific foods/brands. Donations to non-specialised actors carrying out food distributions pose a significant health threat as volunteers or NGO employees, though well-intended, may not be aware of the risks associated with BMS and their inappropriate use, and it can endanger the lives of vulnerable infants and children.

We urge:

- **Donors, embassies, private institutions, and individuals to refrain from donating unsolicited BMS, follow-up and growing-up milk, bottles, and teats.**
- **Organizations carrying out donations of food parcels and in-kind donations should not include breastmilk substitutes and milk in their parcels[8].**
- **Organizations not to seek or accept unsolicited donations of BMS, milk in any form, or feeding equipment such as bottles and teats.**
- **Organizations which have already received quantities of these products should contact the National Hotline hosted by International Orthodox Christian Charities (IOCC) [Hotline: 70-231739] to discuss the best course of action with the provided stocks before distribution to ensure that right assessments and processes are followed, abiding by the SOP for IYCF in Emergency in Lebanon.**
- **All actors willing to support infant and young child nutrition to explore ways of supporting breastfeeding mothers and their infants, and to adequately train the volunteers or workers interacting with women and their children, to ensure the promotion and protection of breastfeeding, and the referral to lactation specialists in case of need.**

[8] Based on international guidance animal/cow milk may be provided only to non-breastfed children over six months of age and to breastfeeding mothers to drink in controlled environments, such as where milk is provided and consumed on site (wet feeding) or can be provided to kitchens currently providing wet rations.

KEY MESSAGE 2: Concerns regarding donations of commercial complementary feeding products and the need to ensure that distribution is done in line with national and international guidance.

International recommendations as per IFE Operational Guidance on IYCF in Emergencies also recommend not to send or accept donations of commercial complementary foods[9] in an emergency. Risks include donated complementary foods may not meet minimum nutritional profiles and safety standards, Code labelling requirements, maybe in languages not understood by the families, may include food labels that recommend introduction of food earlier than when recommended, and may undermine local, familiar complementary food use or may even require preparations that can't be done safely in the current conditions. It is, therefore, important to prevent the emergency response from being used to create a potential market for specific foods/brands.

Such donations need to be handed directly to the Nutrition Task Force: **coordination.lebanon.nut@humanitarianresponse.info**

- **We urge donors, embassies, and private institutions to refrain from donating commercial complementary food items to NGOs and to hand them directly to UNICEF.**
- **Agencies which have already received stocks of such commercial complementary food should contact UNICEF to discuss the best course of action with the provided stocks before distribution to ensure that right assessments and processes are followed.**

[9] Commercially complementary foods include ready-to-eat infant biscuits and desserts, ready-to-eat pureed fruits and vegetables, powdered infant cereals that require reconstitution with liquids, etc.

KEY MESSAGE 3: Concerns regarding donations of nutritional products and the need to ensure that their distribution is done in line with national and international guidance.

Nutrition-related therapeutic and supplementary products[10] (nutritional products) are commonly used in public health and clinical settings to address some forms of malnutrition, and particularly to prevent and treat undernutrition. Such products need to be distributed to people at risk/ suffering from malnutrition following specific protocols that require close monitoring and follow-up and are often included within the list of essential drugs. These products, therefore, should not be donated to non-specialised organizations for general distribution. The treatment of undernutrition is lead and carried out by the Ministry of Public Health (MoPH) in Lebanon. In some specific cases, these products may cause harm to the children consuming them when treatment protocols are not followed.

Such donations need to be handed directly to the Nutrition Task Force: **coordination.lebanon.nut@humanitarianresponse.info**

- **We urge donors, embassies, and private institutions to refrain from donating nutritional products to NGOs and to hand them directly to MoPH or UNICEF.**
- **Agencies which have already received stocks of such foods should contact MoPH and/or UNICEF to discuss the best course of action with the provided stocks before distribution to ensure that right assessments and processes are followed.**

[10] Such products include: Ready to Use Therapeutic Foods (RUTF), Ready to Use Complementary Foods (RUCF) and Ready to Use Supplementary Foods (RUSF), Micronutrient Supplements and High Energy Biscuits, among others.

KEY MESSAGE 4: Need to ensure that assessment capture nutritional and IYCF indicators.

Children under 5 (U5), pregnant and lactating women (PLW), older people and people with special needs (PwSN) are particularly vulnerable to malnutrition. The humanitarian response needs to capture their specific needs adequately to inform planned interventions accordingly. This information is relevant for assessment on nutrition but also for water and sanitation, food security and health purposes. While most actors have already completed rapid/ primary needs assessments, upcoming needs assessments should ensure that information on nutrition and IYCF needs of the target populations are collected.

- For this reason, all sectors and partners, are encouraged to reach out to the Nutrition Task Force to ensure the inclusion of concise nutrition sections/questions in the planned assessments.
- Upcoming assessments to include questions able to capture nutrition and IYCF needs of PLW, children U5, older people and PwSN.

KEY MESSAGE 5: Other sectors are encouraged to mainstream nutrition in their response.

Preventing malnutrition and improving nutrition outcomes is an inter-sectoral concern and priority as it may affect various aspects in the response. To ensure that nutrition is mainstreamed and addressed across all sectors we strongly encourage the:

- **Health sector WG to:**
  - Ensure PLW, caregivers of children under 5, older people and PwSN have access to the needed Mental Health and Psycho-Social support to care for themselves and their families, mainly under MHPSS taskforce in addition to training of health care providers on offer basic mental health and psychosocial support.

  - Ensure PLW and caregivers of children have access to health services, especially antenatal care, prenatal care, sexual and reproductive health as well as immunization services.

  - Ensure that older people and PwSN have access to adapted health services, including care for chronic diseases.

  - Include IYCF counseling/lactation specialists as part of the minimum package of public health services and in the immediate response model.

- **Food Security WG to:**
  - Ensure that PLW, caregivers of children under 2, older people and PwSN are prioritized/targeted where needed for assistance, services, especially cash and food.

  - Complement cash and food interventions with nutrition counseling/awareness to support beneficiaries in food utilization, breastfeeding and complementary feeding practices, and guidance to use BMS.

- **WASH WG to:**
  - Ensure that interventions targeting households including PLW and infants have sufficient access to clean water and proper latrines, coupled with provision of hygiene kits and COVID-19 hygiene education.

Recommendations for nutrition interventions to be included in the emergency response.

As such, below are recommendations for nutrition interventions to be included in the emergency response, where donors are encouraged to direct funds towards nutrition-specific interventions that are based on needs assessments to fill observed and expressed gaps, in order to:

- **Restore and expand capacity of life-saving nutrition interventions, taking into account COVID-19 infection prevention and control measures**, for PLW, caregivers of children under 5, older people, and PwSN (including chronically ill, people living with disabilities, etc.) suffering from any form of malnutrition, including micronutrient deficiencies, by ensuring that affected primary health care centers have the equipment and supplies needed. Services at primary care need to consider COVID-19 preventive measures in light of the rising case numbers in Lebanon.

- **Promote, protect, and support recommended breastfeeding practices and address unethical breach of the Code in promotion of unsolicited and uncontrolled BMS as well as donations of therapeutic, supplementary and complementary products** by increasing the capacity of donors, responders and actors on handling these donations through developing and implementing needed protocols and training actors, while creating support systems for PLW on breastfeeding through mobilizing lactation/IYCF specialists, taking into account COVID-19 measures when providing support at the community level.

- **Promote and sustain complementary feeding practices**, including COVID-19 sensitive recommendations, especially for caregivers of children under the age of 2 in affected areas, at points of contact at health care centers, areas where other services are provided and at the community level, ensuring that affected families with children under the age of 2 years are targeted for relevant food security, livelihood and WASH interventions.

The Nutrition taskforce was created by the EOC as part of the response to the Beirut explosion. It includes UN agencies and NGOs.

List of working group members endorsing this advocacy brief by alphabetical order:
Action Against Hunger, American University of Beirut, International Orthodox Christian Charities, Lactica, Save the Children, United Nations Children's Fund, World Food Programme, World Health Organization

Contact:
coordination.lebanon.nut@humanitarianresponse.info

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