

## Whole of Syria Joint Statement

### Protecting Maternal, Infant and Young Child Nutrition during the Earthquake response in Syria 12<sup>th</sup> of February 2023

*UNICEF, WHO Whole of Syria Nutrition, Cluster, the Global Nutrition Cluster, the IFE Core Group, and partners call for ALL involved in the response to the earthquakes in Syria to protect, promote, and support the feeding and care of infants and young children, their caregivers, especially pregnant, postpartum, and breastfeeding women. This is critical to support maternal and child survival, growth and development, and to prevent malnutrition, illness and death.*

*This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) to support and provide care for infants and their caregivers during the emergency response of the Earthquake in Syria.*

The recent earthquakes have increased humanitarian needs for the areas directly affected by the earthquake, with echoed indirect effects on other people living in Syria specially in Aleppo, Idlib, Raqqqa, Lattakia, Tartous, Hama and Homs Governorates. The region where 14.6 million people already depend on humanitarian assistance, a majority of which are women and children. The earthquake has heavily impacted north-west Syria, a region where 4.1 million people depend on humanitarian assistance today. At this time, Syrian communities are simultaneously hit with an on-going cholera outbreak, significantly overwhelmed health facilities, harsh winter events including heavy rain and snow. Death tolls in Türkiye and north-west Syria are climbing by the hour, reaching more than 11,000 people as of 8 February 2023. Syrian women and children are subjected to physical injuries, lack of health-care services, lack of shelter, food shortages, unsanitary conditions, risk of communicable diseases, protection threats and high levels of stress and uncertainty.

Women and children, especially pregnant girls and women, infants and young children and postpartum women, are populations that are extremely vulnerable in Syria. During such emergencies, the importance of breastfeeding and increase of the morbidity and mortality risks associated with not breastfeeding are more pronounced. Breastfeeding provides children with hydration, comfort, connection, high quality nutrition and protection against disease, shielding them from the worst of emergency conditions. This ability has been described as empowering and healing by some breastfeeding women. Breastfeeding also has important consequences for maternal mental health, physical health, and caregiving capacity, as well as long-term child development and educational attainment.

#### Globally Recommended Maternal Infant and Young Child Feeding Practices

- 1) **Early initiation of breastfeeding** (uninterrupted skin-to-skin contact immediately after birth and putting baby to the breast within 1 hour of birth)
- 2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated)
- 3) Introduction of **age-appropriate, safe, and nutritionally adequate complementary feeding** from 6 months of age onwards; and
- 4) **Continued breastfeeding** for 2 years or beyond.
- 5) **Ensure pregnant and breastfeeding women, have priority access to food and non-food items**

In all emergencies, the youngest children are at the highest risk of illness and mortality. Infants who are not breastfed are especially vulnerable, as the normal environment for accessing and hygienically preparing commercial infant formula (sometimes referred to as breast-milk substitute) is disrupted. This is a concern in Syria where the rate of exclusive breastfeeding ranges from 19% - 29% and a high percentage of children are partially or fully dependent on commercial infant formula. Sub-optimal complementary feeding practices for children 6-23 months remain a critical driver of high childhood malnutrition --only 24% of children aged 6-23 months have a minimum acceptable diet and 23% of children 6-59 months are anaemic<sup>1</sup>. With 39% of pregnant

<sup>1</sup> 2022 NWS SMART, and 2019 Syria SMART

and lactating women (PLW) have minimum dietary diversity, maternal nutrition is also a concern. In women 15-49 years, it is reported that 460,000 suffer from anaemia and 595,091 are acutely malnourished<sup>2</sup>, further fuelling the intergenerational cycle of malnutrition.

**Interventions to support mothers, caregivers and their children should consider:**

1. **Support mothers to initiate and continue breastfeeding** as a priority to help protect their health and well-being and that of their infants. Although stress can temporarily interfere with the flow of breast milk in some women, it is not likely to inhibit breast milk production, provided mothers and infants remain together and are supported to initiate and continue frequent breastfeeding. This support entails practical support with attachment and positioning for breastfeeding, confidence building, facilitating skin-to-skin contact and keeping mother and infant together (e.g., provide baby carriers/slings). It is recommended to draw upon existing breastfeeding support organisations and individual lactation specialists from Syria and surrounding countries in the region.
2. **Keep mothers and babies together, even if one becomes ill** - Mothers should continue breastfeed even if they are pregnant or become sick. Antibodies in the milk of the mother, even if she is sick, will help protect their babies from any diseases. If a sick mother is holding or feeding a baby (whether breastfeeding or using commercial infant formula), she must follow hygiene practices, wear a mask and wash her hands before and after feeding the child.
3. **Support and protect nutritional needs of children during Cholera Outbreaks** - Referral of suspected cholera case to cholera treatment centre (CTC) is vital because of high risk of cross infection with other children and the need of correct rehydration of the child with AWD. A strong referral system to be established and maintained between ORC/DTC and OTP/TFC. **ReSoMal Should not be given if children are suspected of having AWD or have profuse watery diarrhoea<sup>3</sup>**. Such children should be given standard WHO low osmolarity oral rehydration solution that is normally made, i.e. further diluted/standard rehydration solution. Therapeutic foods already contain adequate zinc, therefore children with severe acute malnutrition and profuse AWD/Cholera receiving F-75, F-100 or RUTF should not receive any additional zinc supplement. Breastmilk feeding should continue by ensuring the areola, breast, and the mother's hands are cleaned with soap/water or disinfectant. Rubbing some breastmilk on the nipple will remove the taste of soap from the breast.
4. **Support and protect the nutritional needs of infants and young children who are not breastfed and minimise the risks they are exposed to.** Infants who are exclusively dependent on infant formula are highly vulnerable in the current situations and should be urgently identified, assessed, and **supplied with a package of essential support**. This package should include adequate Breast Milk Substitute (powdered infant formula or ready to use infant formula - RUIF) supplies, equipment and supplies for hygienic storage, preparation and cup feeding, practical training on hygienic preparation and storage, and counselling on responsive feeding. **The support should also provide for regular follow up at designated shelter and reception areas and within other service provision in Syria.** Mothers who are not doing exclusive breastfeeding should be encouraged and supported to increase their confidence on supporting their infants and return to exclusive breastfeeding. Orphaned infants and other vulnerable infants who are not being breastfed need to be supported with re-lactation and wet-nursing support.
5. In accordance with the Whole of Syria Nutrition Sector Standard Operating Procedure (SOP) on Donations, Targeted Distribution and Procurement of Breastmilk Substitute (2017)<sup>4</sup> and international standards and guidance<sup>5</sup>, **do not call for, support, accept or distribute donations of Breastmilk Substitutes, including commercial infant formula, other milk products, commercial complementary foods, and feeding equipment (such as bottles, teats, and breast pumps).** However, If the procurement of Breast milk substitute is

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<sup>2</sup> 2022 FSLNA, and 2022 NWS SMART

<sup>3</sup> ReSoMal is not adapted to provide the amount of sodium needed to correct losses in AWD`

<sup>4</sup> Standard Operating Procedure (SOP) on Donations, Targeted Distribution and Procurement of Breastmilk Substitutes. Whole of Syria Nutrition Sector, 2017

<sup>5</sup> World Health Organization, International Code of Marketing and Breast-milk Substitutes, Geneva 1981 & IFE Core Group, Operational Guidance on Infant Feeding in Emergencies V3 2017

needed<sup>6</sup>, the required commercial infant formula (RUIF), procured by UNICEF or other partners should be in line with the WHO International Code of Marketing and Breast Milk Substitutes, 'the Code', [UNICEF Guidance on the Procurement and Use of Breastmilk Substitutes in Humanitarian Settings](#) and subsequent WHA resolutions) and provided as part of a **sustained package of coordinated care based on assessed need and should be Code-compliant. All partners must report the code violations to the nutrition cluster coordinators, immediately necessary action, and support. All code violations must be recorded and responded to adequately, in the best capacity available in the response.** For infants 6-23 months of age, acceptable milk sources include full-cream animal milk (cow, goat, buffalo, sheep, camel), Ultra High Temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, fermented milk, or yogurt, and expressed breast milk. Any animal milk given to infants <12 months should be boiled and left to cool before giving the milk.

6. **Ensure the availability and continuity of nutritious, appropriate and fresh food for children, pregnant, post-partum and breastfeeding women, and families.** Where there are identified shortfalls in local access and availability of foods, **facilitate access to age-appropriate and safe, complementary foods for children 6-23 months.** Facilitate access of nutritious foods for older children, and for their caregivers, with particular attention to pregnant, post-partum and breastfeeding women. All partners must promote access to food and shelter through coordinated support from other sector agencies and partners. Women and children must be included in as vulnerable groups within all national and partner supported social safety nets. Direct cash support must be considered in hard-to-reach and affected populations by the earthquake.
7. **Ensure pregnant and breastfeeding women, and other caretakers of young children have priority access to non-food items including appropriate accommodation, clothing, water, protection, psychosocial support and other interventions to meet their essential needs.** Consider how women in transit can be supported to minimise distress during their journey. **At all service points, provide safe and comfortable spaces for mothers to feed and care for their infants and young children.**
8. **Identify higher risk infants, children, and mothers and respond to their needs.** These include (but are not limited to) pregnant and post-partum women; new-borns; low birth weight infants; malnourished children, including infants under 6 months of age; children with disabilities; children experiencing issues with feeding children, 0-23 months and unaccompanied; maternal orphans; institutionalised; maternal orphans, mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children. All vulnerable infants, young children and mothers identified must be supported with adequate care services or linked with care-providers through strong referral systems.

It is the collective responsibility of all nutrition cluster partners, other sectors, and stakeholders to report any randomly distributed commercial infant formula. We encourage you to report. We encourage you to orientate your staff to raise awareness of the contents of this position statement.

Please contact Whole of Syria – Nutrition Cluster teams for more information. Contacts below:

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*An Arabic version of this document will be available shortly.*

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## Annex 1: IYCF-E Resources (Syria)

- [Standard Operating Procedure \(SOP\) on Donations, Targeted Distribution and Procurement of Breastmilk Substitutes. Whole of Syria Nutrition Sector, 2017 \[ARABIC\]](#)

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<sup>6</sup> As per BMS need assessment results

- [Standard Operating Procedure \(SOP\) on Donations, Targeted Distribution and Procurement of Breastmilk Substitutes. Whole of Syria Nutrition Sector, 2017 \[ENGLISH\]](#)
- [Syria BMS Code Violation Form \[ARABIC\]](#)
- [Syria BMS Code Violation Form \[ENGLISH\]](#)
- [Syria Nutrition Cluster website](#)
- [Northwest Syria SMART Survey – Idleb and Aleppo Governorates, July 2022](#)
- [Barrier Analysis of Infant & Young Child Feeding and Maternal Nutrition Behaviours among IDPs in Northern and Southern Syria September 2017](#)

#### Annex 2: IYCF-E Resources (Global)

- [Operational Guidance on Infant Feeding in Emergencies V3](#)
- [IYCF-E infographic series | ENN \(ennonline.net\)](#)
- [BMS-Procurement-Guidance-Final-June-2021.pdf \(unicef.org\)](#)
- [Breastfeeding-counselling-in-Emergencies-2021.pdf \(globalbreastfeedingcollective.org\)](#)
- [Community based infant and young child feeding | Global Breastfeeding Collective](#)
- [Breastfeeding in emergency situations | Global Breastfeeding Collective](#)
- [Call to Action: Breastfeeding Counselling in Emergencies](#)
- [Supportive Spaces for IYCF-E](#)
- <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/ten-steps-to-successful-breastfeeding>
- <https://apo.who.int/publications/i/item/9241593431-Guiding-principles-for-the-feeding-of-the-non-breastfed-children-6-24-months-of-age>

#### ENDORISING AGENCIES: