



**F. No. 009/9-NW/Emergencies  
NUTRITION WING  
MINISTRY OF HEALTH  
GOVERNMENT OF PAKISTAN**

Islamabad, August 18, 2010

**Subject: GUIDELINES FOR “PROMOTING AND PROTECTING INFANT AND YOUNG CHILD FEEDING” AND “PREVENTION, CONTROL AND TREATMENT OF WATERY DIARRHEA” FOR THE POPULATION AFFECTED BY FLOODS**

Recent storm, heavy rainfall and flooding almost 15 Million people all over the country have been affected, millions have been displaced and almost 1500 people have lost their lives. Displaced populations all over the country are forced to live in temporary accommodations, either in tented camps or crowded together at relatives or acquaintances places. This displaced population is faced with all the consequences faced by population during emergencies caused by natural disasters.

2. In such emergencies, infants and young children are the most vulnerable to disease and since their needs for growth as well as maintenance can be higher than adult needs for maintenance alone, they suffer more severely from poor availability of appropriate food and water. Under these circumstances continuing breastfeeding can be a critical life saving intervention. In contrast, powdered milks, use of feeding bottles and powdered formulas can drastically increase these risks and disrupt the protection provided by breastfeeding.

3. Similarly general population suffers from water borne communicable diseases and specially diarrhoea because of un-safe drinking water and poor sanitary conditions.

4. Please find attached herewith guidelines for “Promoting and Protecting Infant and Young Child Feeding” and “Prevention, Control and Treatment of Watery Diarrhea”. The suggested action in these guidelines are vital for the health and especially for survival of the children and hence suggests that whoever operating any emergency response program, would abide by these guidelines.

5. For further information and guidance, please contact Dr. Sherbaz Khan, Assistant Director General (Nutrition Wing) Phone 051-9202445 or 051-9214976.

Thanks and regards.

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1. PS to Minister for Health
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**GUIDELINES FOR PROMOTING AND PROTECTING  
INFANT AND YOUNG CHILD FEEDING  
FOR THE INTERNALLY DISPLACED PERSONS (IDPS)  
AND DURING OTHER EMERGENCIES IN PAKISTAN**

The following actions are vital for the health and survival of the children and hence it is suggested that whoever, operating any emergency response program, would abide by the following guidelines:

**1. PROTECT BREASTFEEDING:**

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

**2. RESTORE BREASTFEEDING:**

- a. Help mothers return to exclusive breastfeeding by increasing frequency of feeds and ensuring “emptying” of breasts.
- b. Return to breastfeeding: re-lactation support includes increasing frequency of breastfeeds, offering alternative foods only after a full breastfeed, and,
- c. Use (if needed) a re-lactation device (such as a supplementary or lactation-aid generally Breast-Milk Substitutes (BMS) delivered by naso-gastric tubing fed into the baby’s mouth during suckling) until breastfeeding is re-established.

**3. REPLACEMENT FEEDING (IN EXCEPTIONAL CIRCUMSTANCES)**

- a. There are some situations when breastfeeding is not possible, these include:
  - i. Orphans who have lost their mothers, and where wet-nursing is not possible or acceptable.
  - ii. Children temporarily or permanently separated from their mother.
  - iii. Mothers who are very sick
  - iv. When mothers have stopped breastfeeding for some time and re-lactation efforts have failed.
  - v. An HIV positive mother who has elected not to breastfeed.

In these situations, for children under 12 months, the most appropriate food is high quality Breast-Milk Substitutes (BMS) prepared under hygienic conditions, and stored and given safely. When it is considered necessary for mothers to use BMS, the following will help reduce the risks:

- BMS or other powdered milks should **never** be part of a general distribution. They should only be used when breastfeeding is not possible. Clear assessments of the numbers of infants needing BMS should be quickly established in order to ensure adequate supplies and no over-supply.
- All BMS provided should be labeled in accordance with the International Code of Marketing of Breast Milk Substitutes (i.e. with easily understood health messages and instructions printed using local languages).
- BMS should be provided to caregivers who need it through separate distribution channel to that of other food aid and be under the close supervision of trained health worker. Responsible person / organization or

local authority should ensure the use of BMS only by those who need it and to prevent it from ‘spilling over’ to breastfeeding mother-baby pairs.

- Practical and educational support should be provided so that BMS are:
  - Stored in proper conditions.
  - Used by expiration dates.
  - Prepared appropriately and safely – clean surface and safe storage for preparation, means of measuring water and milk powder (not a feeding bottle), adequate fuel and potable water, home visits to lessen difficulties in preparing feeds, washing and sterilization facilities for cleaning the materials and containers and counseling and education support and follow up visits.
- If these are not possible, only central provision through the Ministry of Health should be considered.
- Bottles and teats should never be distributed and their use should be discouraged.
- Easily cleaned cups should be provided and used for giving the BMS to the child.
- BMS should be provided for as long as it is needed in adequate quantities.
- Use of BMS and their health and nutrition impact should be carefully monitored including logistics, preparation / storage, and health and nutrition impacts of recipients.
- Sweetened condensed milk and UHT milk are not considered BMS and should not be used to feed children below 12 months.

4. **PREVENT DONATIONS OF BREASTMILK SUBSTITUTES (BMS) AND POWDERED MILKS:** [NB. Limited amounts may be appropriate in the hands of hospitals and orphanages and should be purchased locally, however, wet-nursing, is more likely to result in survival.]

- a. MoH strongly urges all sectors **not to ask or accept** any donations of BMS or other powdered milks as part of general ration. Donations are easily mis-used and could undermine breastfeeding leading to infant morbidity and mortality.
- b. However, all such donations (if offered by any agency or country or organization) should be channeled through or according to the advice of MoH.
- c. Requirements of BMS are likely to be small and are better managed if they are purchased to fulfill recognized or established needs. Do not purchase or distribute BMS products that do not meet applicable standards recommended by the Codex Alimentarius Commission or that are not labeled in accordance with the Code.<sup>1</sup>
- d. Any unsolicited donations should be collected from all points of donation and stored centrally under the control of a single agency. A plan for their safe use, combination with other foods or destruction should be developed to prevent indiscriminate use.
- e. Powdered milks should only be used for older children and should only be provided when mixed with a milled, preferably fortified, staple or emergency rice-soy or other blends for use as a complementary or supplementary food,. The milk product should not exceed 15% by weight.

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<sup>1</sup> Most large, well-known brands of infant formula meet Codex standards and the International Requirements that labels provide necessary information about the appropriate use of the product and do not discourage breastfeeding, state the superiority of breastfeeding, state that the product should be used only on the advice of a health worker, be in the local language, provide instructions for appropriate preparation and not have pictures of infants.

**5. ENSURE AVAILABILITY AND USE OF AGE APPROPRIATE COMPLEMENTARY FOODS AND SUPPLEMENTS:**

- a. In emergency situations, appropriate foods and / or cooking facilities may not be easily available. It is therefore often necessary to provide special foods for infants and young children – usually blended foods, e.g. rice soy blends. These should have a high nutrient content and be an appropriate texture for infants when prepared.
- b. Use any fortified staple or “blends”, and prepare them as a dense mash, with a bit of oil as available.
- c. MoH suggest and encourages use of SPRINKLES sprayed over the complementary food prepared at home for the children of 6-59 months.
- d. **NEVER** prepare thin gruels for complementary feeding and **NEVER** use a baby bottle for feeding.

## **GUIDELINES FOR PREVENTION, CONTROL AND TREATMENT OF WATERY DIARRHEA FOR THE INTERNALLY DISPLACED PERSONS**

**Prevention of Large-Scale Diarrheal Epidemics:** Water and sanitation are vital elements in the transmission of communicable disease, where diarrheal diseases constitute a major cause of epidemics resulting from the lack of safe water, inadequate excreta disposal facilities and poor hygiene. The disease is usually transmitted by faecally contaminated water or food. In emergency situations the minimum safe drinking water requirements is 20 liters person per day, while at least 20 liters are required per person per day for cooking, laundry, bathing and activities essential to preventing the transmission of water-borne disease. The proper supply of safe drinking water, control of excreta and the improvement of general sanitary conditions and individual hygiene are important prerequisites for the prevention of large-scale epidemics. The development and implementation of acute watery diarrhea preventive action and effective response to outbreaks require a close coordination between communities, the government, UN agencies, NGOs and civil society organization.

**Ensuring the Drinking Water Quality:** Water supply systems are not fit for human consumption if the density of total Faecal coliforms is up to or greater than 10 per 100 ml.

**Water Disinfection:** Chlorination is the best possible mean for drinking water disinfection. To treat water before drinking, the following methods are applied: a) Add the contents of a chlorine “sachet” to 10 liters (40 glasses) of water, stir it vigorously for 30 seconds, and let the water stand for 30 minutes to allow for complete disinfection. Throw away the separated floc by filtering the water through a clean cotton cloth or transferring it directly to another clean container. B) Add one chlorine tablet to five liters of water; let the treated water stand for 30 minutes. C) Boil your drinking water for 10 minutes, when chlorination facilities are not available.

**Early Warning and Preparedness for Containment of Diarrheal Disease Outbreak:** a) Find and treat the source of transmission as soon as possible; b) reinforcing the use of safe drinking-water during outbreaks; c) Set up a proper sanitary environment to prevent the spread of diarrheal diseases; d) promote personal hygiene behavior change through strong community involvement and e) ensure disinfection and proper hygiene during funerals.

**Public Water Points:** Water supply points have to be sufficiently close to shelters to allow use of the minimum water requirements. Protect water supply source and their surrounding areas from human and natural contamination and construct them keeping at a distance of 100 meters or more from latrines.

**Sanitation in Emergencies:** a) Promote the setting up of *ventilated improved pit latrines* for individual households, schools, health facilities and for people living in camps to ensure proper disposal of excreta. b) Provide hand-washing facilities in the vicinity of these latrines. c) Set up latrines that have doors at a reasonable distance from the kitchen to minimize problems with flies and odor. d) In tented village, establish separate latrines for male and females.

**Food Safety: Cook it, Peel it or Leave it:**

Contaminated food is a major cause of diarrhea and associated malnutrition among infants and children. To ensure food safety a) hands are washed thoroughly with soap before preparing or eating foods and when feeding children; b) Cook food thoroughly and keep it away from raw food; c) Cover stored leftover food as soon as possible to protect it from contamination; d) Use chlorinated water for washing fruits and vegetable.

**Management of Diarrheal Infections: Ensuring Sufficient Supply Stock at Health Facilities.**

**Household:** Providing five Sachet ORS in every household, Lady Health Workers and Community volunteer have a vital role in implementing this strategy.

**Lady Health Workers / Community Health Workers:** At least 100 ORS packets.

**Basic Health Units:** 1000 ORS Sachets; 50 ringer solutions of 500 ml with I/v set; Butterfly (g24)20; I/V Canula (G18, G22, G24) 10 each; Spirit swap; Sticking Plaster 2; Cotton Wool; Capsules of Doxycycline 40; Tablets Ciprofloxacin 250mg 40; establish small ORT corner.

**Rural Health Centers:** ORS 3000; Ringer solution of 500ml each 150 with I/V set; Butterfly (g24)60; I/v Canula (G,18, G22, G24 ) each; Spirit swap; Sticking Plaster 10; Cotton Wool; Capsules of Doxycycline 120; Tablets Ciprofloxacin 250 mg 120, establish small ORT corner.

**Tehsil Headquarter Hospital:** ORS 9000; Ringer solutions of 500 ml each 450 with I/V set; Butterfly (g24) 180; I/V Canula (G18, G22, G24) 120 each; Spirit swap; Sticking Plaster 18; Cotton wool; Capsules of Doxycycline 500; Tablets Ciprofloxacin 250 mg 500; Inj. Ciprofloxacin 250mg 500; establish ORT and referral corner.

**District Headquarter Hospital:** ORS 18000; Ringer solutions of 500 ml each 1000 with I/V set; Butterfly (g24)400; I/V Canula (G18, G22, G24) 200 each; Spirit swap; Sticking Plaster 40; Cotton Wool; Capsules of Doxycycline 1500; Tablets Ciprofloxacin 250mg 1500; Inj Ciprofloxacin 250mg 500; establish ORT and referral corner.