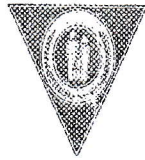


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**FAMILY HEALTH BUREAU
MINISTRY OF HEALTH**

25.01.2009

All Provincial Directors of Health Services
Regional Directors of Health Services
Heads of Institutions

Guideline for Feeding Infants and Preschool Children (1 – 5 years)
including orphans and those not living with mothers during an
Emergency situation

Emergencies such as floods, earth slips, tsunami and war, result in the displacement of a large number of people including infants and preschool children (1 – 5 years) and sometimes they have to take shelter in various camps either on a short-term or long-term basis. As a result of such emergency situations the nutritional status of infants and preschool children could be affected due to various reasons such as non-availability/irregularity in the supply of food, stress among parents/caregivers, poor care practices, inappropriate messages etc. Past experience during emergencies especially the tsunami has seen various private companies, NGOs and well wishers distributing milk powder and bottles indiscriminately contrary to the guidelines which has seriously threatened the nutritional status of the infants and young children in Sri Lanka.

Emergency situations may also result in the loss of the mother / father/ both parents of some children. The numbers of such infants and children may be very small.

While giving priority to the nutritional status of orphans and under five year old children without the mother it is also important to provide guidelines on feeding infants and young children living with the mothers in difficult situations. Therefore the following provisional guidelines are recommended to give clear and uniform instructions to the health care providers and policy makers to improve the health status and minimize the adverse impact on the nutritional status of all infants and young children (including orphans and children separated from the mother) affected by the emergency situation.

Feeding infants and young children living with mothers

Infants up to 6 months:-

Protect, promote and support Exclusive Breastfeeding up to six months of age for those infants who are on breast milk already. Give demand feeding at all times including at night.

Those infants who are on both breast milk and artificial milk should be encouraged to continue only breast milk as far as possible. It is the responsibility of the health workers to support the mothers on this issue.

Infants less than six months who are only on formula milk should follow the same instructions as given in pages 7 and 8 of this document.

6 months to 1 year:-

Those infants who have completed six months and older, the continuation of breast feeding should be protected, promoted and supported while giving complementary food.

Infants on both breast milk and artificial milk should be encouraged to continue only breast milk as much as possible while introducing complementary foods. Those who are

only on formula milk should receive complementary foods in addition to the milk as detailed out in the section on feeding orphans.

Why is Breast Feeding important in Disaster/Emergency situations?

Breastfeeding is important during emergencies to ensure the essential nutrition and protection from communicable diseases. In this sort of a situation most of the affected people would be living in temporary settlements/camps and therefore may be prone to communicable diseases such as diarrhea due to;

- poor sanitation
- Inadequate access to safe water
- Lack of facilities for refuse disposal
- Depressed immunity status due to the psychological trauma

Infants and young children may be more vulnerable to develop diarrhea especially if they are on formula milk. Inadequate/lack of facilities to sterilize bottles and teats may aggravate this problem further. Therefore breast feeding is very important to ensure adequate nutrition, prevention of infections as well as rapid recovery from ill health. Even though people think that under problematic and stressful situations, with inadequate food supply, secretion of breast milk gets reduced, it is not so. It is scientifically proven that mothers can produce adequate breast milk for their babies even with minimum nutrition when there is adequate suckling.

In emergency situations, if artificial infant milk formulae are supplied to camps on a mass scale without any control, the nutritional status of children and their survival will be affected in an adverse manner. There is strong scientific evidence from some countries to support this. Further the psychological trauma experienced by these children could be aggravated by weaning off the child from the breast.

Indications for introducing formula milk to Infants:

1. Orphans or those not living with mother

2. Infants who had been weaned off the breast before the emergency

Complementary foods for infants completing 6 months to nine months of age:

It is best to introduce locally prepared complementary foods to all infants from the age of six months (on completion) onwards in addition to breast milk. However during the acute phase (immediately after the emergency situation) until things are sorted out the infants could be given accepted / recommended commercial preparations of cereal, Thriposha or Corn Soya Blend (which is a food similar to Thriposha in appearance) provided by the World food Programme. If Corn Soya Blend is used it should be cooked before consumption. Commercially available baby rusks also could be used to feed infants during this period. It is recommended to use boiled cool water to soften and mix biscuits. Two to three main meals should be given with breast milk in between.

Once the acute phase is over the MO/MCH, MOH, PHI, PHM and trained health volunteers should take steps to ensure that arrangements are made as soon as possible to prepare the complementary foods centrally within camp premises in a hygienic manner with the help of the mothers. This is important to ensure nutrient adequacy of the food and minimize risk of infection. Any assistance regarding the preparation should be provided by the Public Health Midwife of the area.

In addition to the main meals and breast milk they should also be fed locally available fruits (such as ripe banana, papaw, avocado) which should be scraped and fed using a clean spoon.

Giving fruit juices or cunjee water is not advised as they are poor in nutrition.

Method of preparing complementary food (age completed 6 – 9 months):

Keep the rice to boil. When the rice is boiling add some dhal, vegetables like sweet pumpkin, potato, carrot, ash plantain to the same pot. Green leaves which have been washed well can be added last. Whenever possible add powdered sprats/ fish/meat to the pot. Either coconut milk or some oil could be added during preparation to improve the quality and the taste of the food. Avoid adding salt. Add lime or tamarind juice to taste.

It is preferable to include at least two types of vegetables, a green leafy vegetable and a pulse like dhal, green gram or cowpea respectively when preparing a meal. It is better if the pulses are soaked overnight. Introduce a variety of locally available vegetables gradually.

On completing six months well mashed food can be fed but when the child is around seven months fine particles should be introduced. Thereafter increase the particle size gradually to help the child get used to adult food by one year.

Complementary foods for infants 9 + months to 1 year of age:

They can be provided the adult type of energy rich food prepared with less spices. Soft rice together with dhal, vegetables including green leaves and meat/fish/dried fish/eggs (same as adult foods) prepared in curry form could be given. Breast milk can be given in between. It is important to give them a minimum of three main meals with two snacks such as baby rusks /biscuits/fruits/Cereals/Thripasha/Corn Soya Blend in between. The preparation should be done centrally as soon as possible under the guidance of the health care staff or a trained health volunteer.

1-5 year old children:

Children above one year should receive the same food as adults. Breastfeeding should be continued as long as possible. Those children not on breast milk should be given full cream milk or fresh cow/ goat milk twice a day using a cup. Energy dense adult type of food is more important for children than milk at this stage. Milk should be given in between main meals and should not replace a meal. Low fat/fat free milk and condensed milk is not recommended for children under five years

Children in this age group should be provided with sufficient nutrients and energy in appropriate proportions to enable optimal growth and development. Combinations of adult foods as mentioned below could be given during a meal time. They need to have three main meals plus two snacks like biscuits, thripasha, cereals, Corn Soya Blend, fruits, yams, kadala etc daily. Either breast milk or full cream milk could be given in between. Locally available, low cost vegetables and fruits are recommended.

What is more important is the number of times a child gets the recommended food daily than the amount given at each meal.

Recommended no. of daily servings/frequencies for children 1-5 years:

Food types	Frequency per day
Rice/ bread/ string hoppers/Roti/Pittu Hoppers/ Thosai/ Masala Vade/ Noodles Manioc/Bathala/Boiled Jak/ Cereals	4 times or more (depending on appetite)
Banana/Papaw/Avacado/Mango	1-2
Dhal/Cowpea/Kadala/Mung beans	1
Any type of Vegetables – other vegetables - green leafy vegetables	1-2
Fish/Meat/Egg/Dried fish	2 small pieces
Milk or Milk products	200 – 300ml
Fatty foods in moderate amounts	Grated coconut, coconut milk, oil, butter, margarine

A list of meals that could be given to children aged 1 – 5 years is attached as an annexure.

How to ensure adequate supply of food for people living in camps:

The government should ensure that food is available adequately and regularly for all members residing in camps (either temporarily or permanently). The supply should be through the available infrastructure of the Divisional Secretary system. It is the responsibility of the MOH to coordinate with relevant authorities to ensure regular and adequate supply of food to all segments of population living in temporary settlements and camps with special emphasis on pregnant and lactating mothers, infants and young children.

**Guideline for Feeding Infants and Young Children (1 – 5 years) without
both Parents / Mother in the affected areas**

Breastfeeding by surrogate mother:

Even for orphaned infants, it is best if arrangements could be made to breastfeed them by a surrogate mother or a close relative.

However this may not be possible under these circumstances. Therefore the following feeding guidelines are recommended.

Feeding infants with formula milk:

- | | |
|------------------------------------|---|
| Infants up to 6 (completed) months | - formula I |
| 7 (beginning) months to 1 year | - formula II together with complementary food |
| 1 – 5 years | - full cream milk together with adult food |

If formula II is not available, full cream milk and even fresh cow/goat milk can be used to feed infants above 6 months of age.

Preparation:

As regards the dilution (number of scoops per ounce/30ml) follow the instructions given in the packet of milk powder. Boiled water which is warm can be used for the preparation of milk.

Frequency and amount to be fed for infants:

Up to 6 (completed) months – 150- 200ml / kg / day i:e around 600-800 ml daily. Three hourly feeds (approximately 8 feeds per day).

Beginning of 7 months and over – 5-6 feeds (500 ml daily).

Around 9 months – Four feeds daily.

One year and after – Two feeds daily.

This is a general recommendation. The amount to be fed at a given meal could vary from one child to another and even in the same child from one meal to another. Do not force feed or over feed any child.