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Nurturing Care

Pakistan Flood Response



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Photos: Dr. Magdalena Whoolery has consent for use of photos

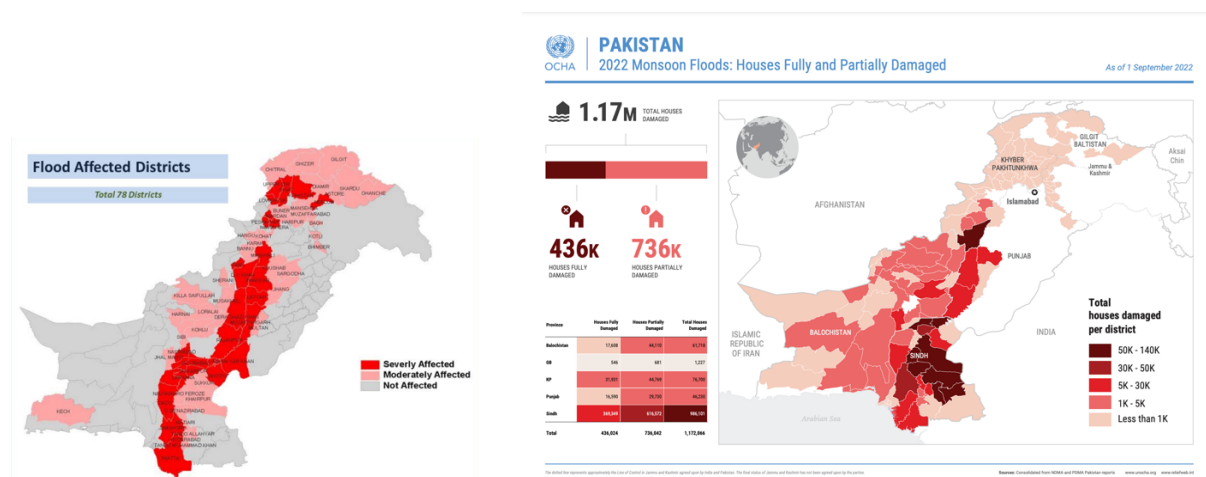
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Pakistan Flood Emergency

Over the last few months, Pakistan has felt the impact of climate change. Heavy rainfall led to horrific flooding, covering 80 districts, with the Government of Pakistan declaring a national emergency. Enormous areas affected from Balochistan and Sindh in the south, to Gilgit and Khyber Pakhtunkhwa (KP) in the north. One third the country of Pakistan remains underwater; 1,200 people died and close to 5000 injured according to UN agency reports¹. Over 1.1 million homes have been damaged of which, over 400 thousand have been totally demolished, with many washed away in the floods. 33 million Pakistani's affected and living in camps with poor sanitation, food shortages and little, if any access to health care²³.

The 2022 floods are unprecedented in its mammoth scale of destruction (see comparison images below). Even as I'm writing this report from Pakistan, it is hard for me to comprehend that one third of the country is underwater.



Above images illustrate the magnitude of climate crisis, showing the flood comparison from 2010 (Relief Web 2010⁴), to the floods of 2022 (right image from Reliefweb 2022⁵).

¹ <https://www.unocha.org/story/daily-noon-briefing-highlights-pakistan-and-ukraine>

² <https://www.unocha.org/story/daily-noon-briefing-highlights-pakistan-and-ukraine>

³ <https://www.aljazeera.com/features/2022/9/13/pakistan-floods-health-crisis-of-epic-proportions>

⁴ <https://reliefweb.int/map/pakistan/pakistan-flood-affected-districts-23-sep-2010>

⁵ <https://reliefweb.int/map/pakistan/pakistan-2022-monsoon-floods-houses-fully-and-partially-damaged-1-september-2022>

Maternal Child Health & Nutrition

Before the 2022 floods, the health and nutrition status of women and children in Pakistan was already dire. Pakistani women experience some of the poorest pregnancy outcomes worldwide⁶⁷, and are significantly worse off compared to other low-resource countries (LRC)⁸. A 2020 study⁹ compared pregnancy outcomes in Pakistan to LRC, the findings show some of the worst in poor education, malnutrition, anemia, and high preterm births in settings where maternal and newborn care services are inadequate.

According to the Pakistan Research Repository (PRR), an initiative of the Higher Education Commission in Islamabad, “Pakistan is a patriarchal society where men dominate women in all aspects of social life. The social, political, economic and religious structures and processes serve as the main sources to strengthen and consolidate the authority of Pakistani men in larger part of the society”¹⁰. As a highly patriarchal country, Pakistan faces frightening issues in women and children’s human rights¹¹. At every level of society, and especially in health care, women face immense systemic sexism, contributing to poor health outcomes. Women in rural areas, do not have freedom of movement, which is a significant factor in accessing vital maternal child health (MCH) and nutrition services¹².

Child survival is also dependent on the child’s gender. In rural communities where education is especially poor and misogyny especially high, being a newborn baby girl heightens vulnerability and risk of death in “man-made” mortality statistics in the form of Female Infanticide. Reported regularly in national newspapers are the horrific murders of newborn baby girls, with the majority having their throats slit^{13 14 15 16 17}. Global Human Rights Defence, recent report from April 12 2022 stated that “The Edhi Foundation (a large social welfare NGO that fosters abandoned babies, buries victims of infanticide and looks after women and elderly people) says the number of dead infants its ambulances pick up has increased by almost 20 percent each year since 2010” and they reported that 90 percent of the victims of infanticide were female”. In just three months (Jan-Apr 2017) Edhi foundation and Chhipa Welfare organisation found 345 newborn babies “dumped in garbage in Karachi... 99 percent of them were girls”¹⁸.

⁶ <https://www.intechopen.com/chapters/76143>

⁷ <https://d-nb.info/1225659191/34>

⁸ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-01023-5>

⁹ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-01023-5>

¹⁰

<http://pr.hec.gov.pk/jspui/handle/123456789/28#:~:text=Pakistan%20is%20a%20patriarchal%20society,large%20part%20of%20the%20society.>

¹¹ <https://ghrd.org/gender-equality-in-pakistan-the-dark-truth-about-womens-rights/>

¹² <https://ghrd.org/gender-equality-in-pakistan-the-dark-truth-about-womens-rights/>

¹³ <https://tribune.com.pk/story/2367972/newborn-girl-dumped-to-die-but-survives>

¹⁴ <https://www.thenews.com.pk/print/940356-22-day-old-girl-found-with-throat-slit-at-house-in-liaquatabad>

¹⁵ <https://mmnews.tv/father-cuts-his-24-day-daughters-throat-in-karachi/>

¹⁶ <https://blog.siasat.pk/throats-slit-found-garbage-heaps-karachi-tops-list-newborn-girls-murders/>

¹⁷ <https://www.dawn.com/news/1678825>

¹⁸ Karachi becoming a killing field for newborn girls - https://www.thenews.com.pk/amp/309162-karachi-becoming-a-killing-field-for-newborn-girls?fbclid=IwAR11n5U5ZlIDH4PFsnM45odEfDmWZXWUpT0GQcNlpgA_cmYnrS2ap2Mld_A

In Ministry of Health's (MoH) Maternal Nutrition Strategy 2022-2027, it recognizes three problematic areas: *inadequate diets*, *inadequate services* and *inadequate care practices*. MoH identified the rise in consumption of ultra-processed products and the unequal food distribution and unequal access to food for women and girls. According to MoH, gender-based issues within extended family households impact maternal and child nutrition; stating that "intra-household dynamics of household food and resources also do not benefit women and girls"¹⁹. MoH also note service gaps in the dual coverage of maternal health interventions and nutrition interventions. Furthermore, MoH describe abject poverty, gender inequality, poor education and constraints to women's ability to access health services and make life decisions, all factors that contribute to maternal malnutrition²⁰.

UNICEF warns that malnutrition and anaemia among women and children, especially in rural Pakistan, has been extremely high for decades and exclusive breastfeeding alarmingly low, leading to high rates of stunting and wasting, jeopardizing maternal and child survival. Accurate data on MCH and infant-young child feeding (IYCF) in Pakistan is problematic, but UNICEF estimates 2.5 million children suffer from Severe Acute Malnutrition (SAM) and close to 12 million Pakistani children are stunted. More than half of teenage girls and approximately 40 per cent of women of childbearing age are anaemic. Malnourished pregnant women risk dying while giving birth and risk giving birth prematurely²¹. World Health Organization (WHO), states that Pakistan stands at only 18% for initiation of breastfeeding in the first hour of life, while only 37.7% of babies are exclusively breastfed for 6 months. WHO's statistics affirm that "44 per cent of Pakistani children are stunted (lower height for age, having poor cognition and other development milestones). Compliance to early initiation of breastfeeding; exclusive breastfeeding and complimentary breastfeeding for 2 years could significantly reduce stunting in Pakistan"²².

¹⁹<https://www.unicef.org/pakistan/media/4356/file/Pakistan%20Maternal%20Nutrition%20Strategy%202022-27.pdf>

²⁰<https://www.unicef.org/pakistan/media/4356/file/Pakistan%20Maternal%20Nutrition%20Strategy%202022-27.pdf>

²¹<https://www.unicef.org/pakistan/stories/tackling-malnutrition-during-covid-19>

²²<https://www.emro.who.int/pak/pakistan-news/breastfeeding-gives-babies-the-best-possible-start-in-life-and-breastmilk-works-like-a-babys-first-vaccine.html>

Monitoring & Violations of Pakistan Breastfeeding Laws

In WHO's most recent Marketing of Breastmilk Substitutes: National Implementation of the International Code, Status report 2022, Pakistan's Breastfeeding Protection laws are stated to be only "moderately aligned with the Code"²³. The issue few are brave enough to talk about in Pakistan, is the grip that the Western multinational companies have on Pakistani society and their persistent violations of the nation's Breastfeeding Laws. MoH have attempted to close loopholes in the laws and to increase the protection, promotion and support of breastfeeding and women and children's lives. However, as other governments have found, corporate marketing strategies are highly sophisticated and continually evolving and governments need national as well as global multi-partner, multi-sector support and solidarity if they are to understand and counter them

(see <https://www.babymilkaction.org/archives/34098>).

Western companies make multi-billions from unethical and predatory marketing of baby and child feeding products. Decades of monitoring reports from International Baby Food Action Network (IBFAN), has shown how companies target mothers and health workers and use emergencies as "opportunities" to increase market share - all under the guise of "partnership" and "humanitarian help". This is both cunning public relations, as well as unethical business strategy. Using such dishonest tactics during emergencies is not unique to Pakistan. WHO and UNICEF have recently released several multi-country reports - describing baby food company marketing as pervasive and predatory – including during the COVID-19 Pandemic²⁴. Well-known Western companies, such as Nestlé have convinced many Pakistanis that they are "trustworthy" and a "good" company. But evidence of Nestlé's violations of the code and national laws, show otherwise. A true story, turned Hollywood Movie called **'Tigers'**, of Nestlé Pakistani Whistleblower, Mr. Syed Aamir Raza Hussain, received international film festival acclaims, but few Pakistani's even know about the Nestlé scandals or the #BoycottNestle campaign, because of Nestlé's effective public relations strategies, including youth engagement in schools through "nutrition" programs and the development of school curriculums^{25 26}.

During the COVID-19 Pandemic, Nestlé and many companies exploited and manipulated the global crisis to spread fear among parents. Monitoring from IBFAN member Dr Magdalena Whoolery found that Nestlé Pakistan used anxiety of COVID-19 and made unsubstantiated "immunity" health claims to promote the sales of their toddler formulas, through promotional posts and videos on Facebook²⁷. In addition, the Nestlé whistleblower, Mr. Syed Aamir Raza Hussain also reported his monitoring on social media of Nestlé's donations of Lactogrow (toddler formula), ultra-processed products and baby foods to the Provincial Disaster

²³ <https://www.who.int/publications/i/item/9789240048799>

²⁴ <https://www.who.int/news/item/28-04-2022-who-reveals-shocking-extent-of-exploitative-formula-milk-marketing>

²⁵ <https://www.globalvillagespace.com/nestle-invests-in-pakistans-youth-and-environment/>

²⁶ <https://www.nestle.pk/media/pressreleases/nhk-signs-mou-with-pef>

²⁷ <https://www.facebook.com/magdalena.whoolery/posts/10164580695910497>

Management Authority (PDMA) in Pakistan²⁸. The monitoring that was reported above (images below), was published a year later by Ching et al (2021)²⁹.



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Nestlé Pakistan monitoring screenshots from Dr. Magdalena Whoolery's Facebook post (above).

@nestlepakistan has stepped up to help families whose income has been impacted due to #lockdown Nestle has donated water, juices, Nido, Milk Pack, Lactogrow and Cerelac which will be distributed by PDMA.



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Nestlé collaboration with PDMA reported on Facebook by Mr. Syed Aamir Raza Hussain (above).

²⁸ <https://www.facebook.com/aamir.s.raza/posts/10220646917901844>

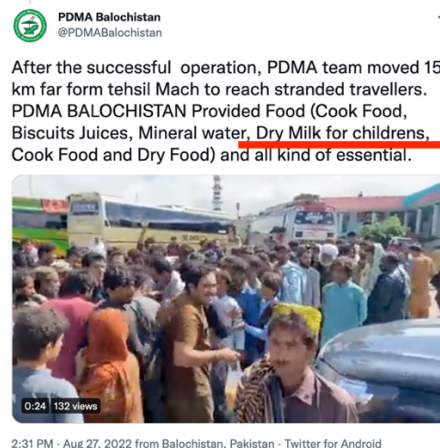
²⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967752/>

³⁰ <https://www.facebook.com/magdalena.woolery/posts/10164580695910497>

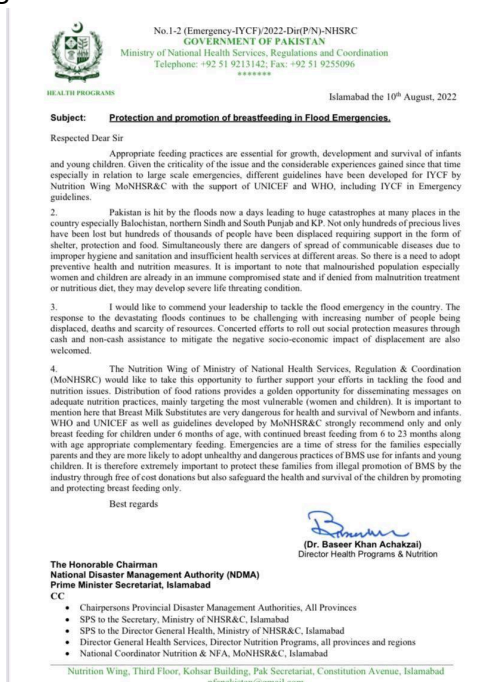
³¹ https://m.facebook.com/story.php?story_fbid=10164591801285497&id=759775496

³² <https://www.facebook.com/aamir.s.raza/posts/10220646917901844>

The effective Nestlé lobbying and relationship building, has progressed with PDMA and other government agencies forming strong partnerships with Nestlé to “help” in the flood response. Nestlé donated 10,000 liters of milk³³, and it is still unclear what type of milk products were distributed: “Nestlé Pakistan will be working closely with national and provincial disaster management authorities to support them in relief work for the people and the communities affected by natural calamities. The company is working tirelessly to ensure that much-needed food and beverage products are available for our consumers across Pakistan.”³⁴ On 27th August 2022, PDMA Balochistan tweeted about the donation of milk powder for children. See image below³⁵.



On 28th August 2022 MoH publicly released their strong breastfeeding protection, IYCFE statement (see below). One day later IBFAN published their Press Release in support of MoH’s protection of breastfeeding³⁶.



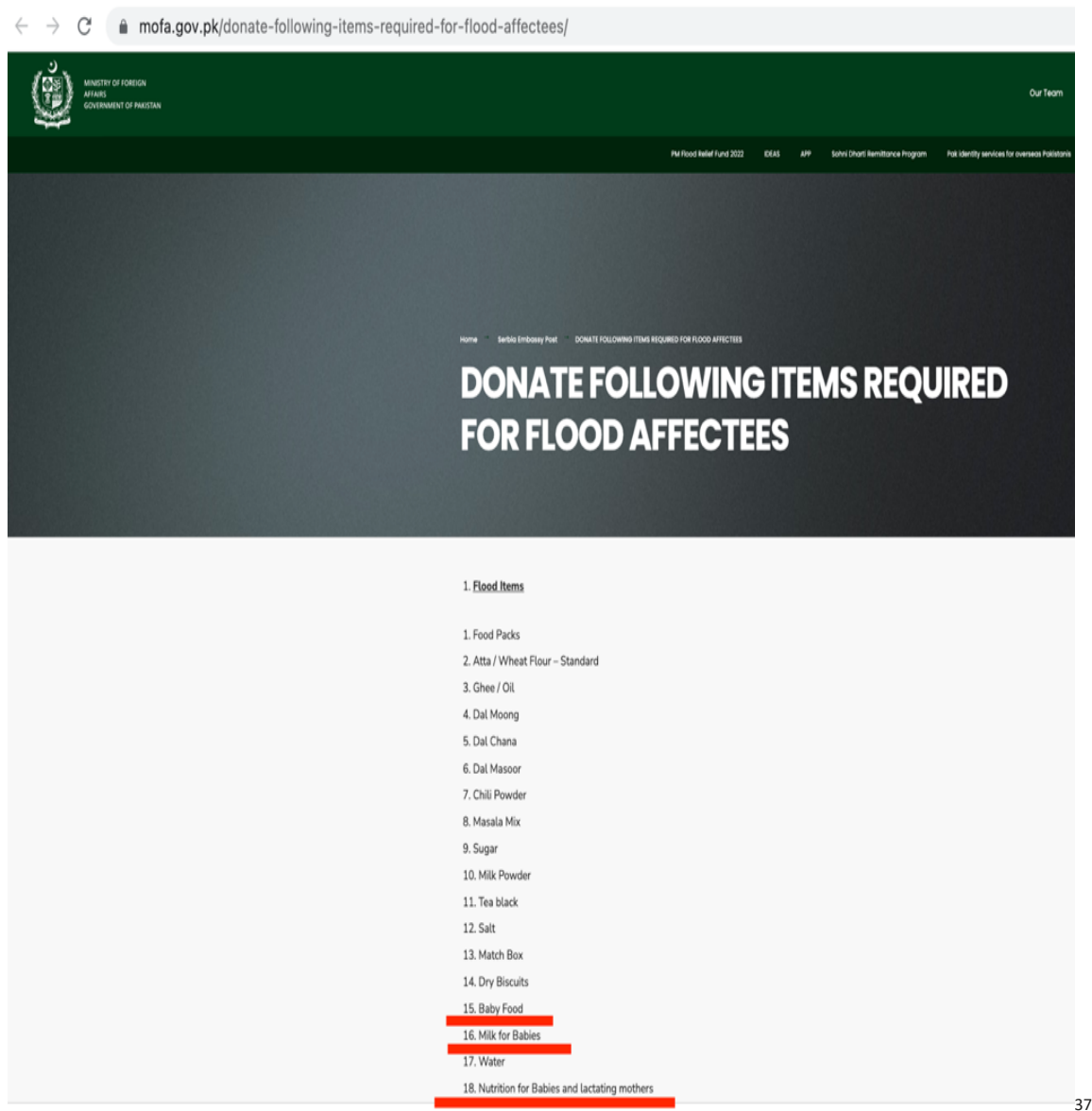
³³ <https://dailytimes.com.pk/989390/nestle-pakistan-donates-250000-liters-of-water-10000-liters-of-milk-donations-for-flood-displaced-communities/>

³⁴ <https://dailytimes.com.pk/989390/nestle-pakistan-donates-250000-liters-of-water-10000-liters-of-milk-donations-for-flood-displaced-communities/>

³⁵ https://twitter.com/PDMABalochistan/status/1563459124821905408?s=20&t=4j_9Uw7hly0JquTRVlajkg

³⁶ <https://www.babymilkaction.org/archives/34767>

It is interesting to note, that a few days after MoH’s public release of their IYCFE statement (code monitoring on the 3rd September 2022), Code monitors reported to Nutrition Cluster Group, that the Ministry of Foreign Affairs produced a **“DONATE FOLLOWING ITEMS REQUIRED FOR FLOOD AFFECTEES”** page, which included requests for “Baby food”, “Milk for Babies” and “Nutrition for Babies and Lactating Mothers”. See screenshot below:



Verbal reports from Pakistani Code monitors raise further concerns about inappropriate requests made for infant formula and bottles in the emergency, by some government agencies, without consultation from MoH.

³⁷ <https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmofa.gov.pk%2Fdonate-following-items-required-for-flood-affectees%2F&data=05%7C01%7C%7C8d5afd7f797d4c72bca408da9983ac50%7C84df9e7fe9f640afb435aAAAAAAAA%7C1%7C0%7C637991088050578571%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjojV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=i72tO0BOswv9sfy5MWRrAG%2B75LQRE1BxBagZCxrkg%3D&reserved=0>

Furthermore, on the 16th of September, a Chinese-Malaysian Lobby Group was reported to IBFAN, in their attempt to distribute inappropriate milk products to flood victims. It is unclear whether the milk products are for babies or adults. Either way, this inappropriate donation violates Operational Guidelines for IYCFE and is concerning, for if it is infant formula, it would be a serious violation of Pakistan's breastfeeding laws³⁸.

"The Associated Chinese Chambers of Commerce and Industry of Malaysia (ACCCIM) president Tan Sri Low Kian Chuan urged ACCCIM members in all states in Malaysia to provide timely assistance to flood victims in Pakistan. The assistance could be in the form of financial donations or donations in-kind, including items like food (biscuits, **milk powder**), shelter, ready-made clothing, hygiene items and medicines"³⁹.



by JAY SHEILA / pics JAY SHEILA

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The Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE)⁴⁰, aim to ensure appropriate feeding. See details below why formula, milk donations and other products are problematic in emergencies.

6 Minimise the risks of artificial feeding

Donations in emergencies

- 6.1** Do not donate or accept donations of BMS, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies. Donated BMS are typically of variable quality; of the wrong type; supplied disproportionate to need; labelled in the wrong language; not accompanied by an essential package of care; distributed indiscriminately; not targeted to those who need them; do not provide a sustained supply; and take excessive time and resources to manage to mitigate risks.
- 6.2** For considerations regarding complementary food donations, see 5.28.
- 6.3** Do not send supplies of donor human milk to emergencies that are not based on identified need and a part of a coordinated, managed intervention. Safe use of donor human milk requires needs assessment, targeting, a cold chain and strong management systems (see 5.14).

38 Pakistan Breastfeeding Laws:

2002 The Protection of Breast-feeding and Child Nutrition Ordinance, 2002

2012 The Protection of Breast-feeding and Child Nutrition Ordinance, as amended 2012,

2018 Punjab Food Authority (Baby Food) Regulations.

³⁹<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fthemalaysianreserve.com%2F2022%2F09%2F06%2Faccim-urges-members-to-assist-flood-victims-in-pakistan%2F&data=05%7C01%7C%7Cc7d6c5cb9a1241c6d75108da9991c546%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637991148608160249%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwbMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C7C&sd=r29zXRa7r%2B%7C%7C&reserved=0>

⁴⁰ <https://www.enonline.net/operationalguidance-v3-2017>



Components of NC model (above).

Nurturing Care (NC) is an evidence-based framework, developed by WHO and UNICEF to help children survive and thrive⁴¹. For children to reach their full potential, the research indicates that children need five inter-related components of NC; good health (component 1), adequate nutrition (component 2), responsive caregiving (component 3), security/safety (component 4), and opportunities for early learning (component 5).

These nurturing conditions enable governments, communities, families, health professionals, and Mother Support Groups (MSG) to ensure for children (and mothers) optimal health and nutrition, and protect them from detrimental threats. NC also refers to giving children opportunities for early learning, through interactions that are responsive and emotionally supportive for optimal development⁴².

The bespoke NC program that Dr Magdalena Whoolery developed is an innovative, ultra-compact package of care, established for emergencies and beyond, that fit in a small space for easy transportation. It was first piloted in the Timor-Leste 2021 flood response, then MoH Timor-Leste, requested UNICEF support for its replication in all 20 evacuation centers. Today it is part of the national Mother Support Group programs directive. WHO will be featuring NCCE in their upcoming Nurturing Care Brief as an example to use in emergencies. On 4th September 2022, IBFAN Pakistan with technical support from Dr. Magdalena piloted Nurturing Care activities in Nowshera for the emergency response.

⁴¹ https://nurturing-care.org/about/why-nurturing-care/?page_id=1331

⁴² <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

Piloting Nurturing Care in Pakistan's Flood Response in Nowshera KP Province

A Government report found that the floods in Nowshera have left 250,000 people homeless and destroyed 89 schools⁴³. Fortunately, the citizens of Nowshera received local early warning from local government to evacuate families and saved their lives⁴⁴. But what was left after the waters receded, was destruction of homes and livelihoods, and now the spread of diseases.

Images below from Nowshera in KP Province, of the flood affected areas. Bottom right image of Mr Abid Ali IBFAN Pakistan representative, showing water level.



⁴³ <https://www.samaaenglish.tv/news/40016378>

⁴⁴ <https://propakistani.pk/2022/08/27/residents-of-nowshera-told-to-leave-their-homes-due-to-massive-flood-warning/>

IBFAN Action

IBFAN Pakistan organized a rapid response to Nowshera on the 4th September 2022. According to a cross sectional study of 305 babies under six months old, looking at the factors causing formula feeding in Nowshera, the study found that the causes of non-breastfeeding were the “perception of having insufficient milk, working women and twin babies”⁴⁵. With that in mind, and very little available data on IYCF, Dr. Magdalena Whoolery headed out in solidarity for the flood victims, and to support IBFAN Pakistan build capacity for emergency preparedness and response, providing technical, as well as Nurturing Care logistical support. Flood victims from three sites in Nowshera, benefited from the actions of IBFAN in implementing Nurturing Care activities, including delivery of nutrition support, counseling, relactation, promotion of traditional nutritious foods, responsive feeding, responsive care and rapid nutrition education. Nurturing Care support included, sensitization on appropriate Infant and Young Child Feeding and Maternal Child Health, including protection of breastfeeding.

- 50 mothers benefited from health, nutrition and breastfeeding counseling.
- 120 children received rapid education on avoiding ultra processed products and eating healthy local foods.
- 35 families benefited from nutritious food packages and essential hygiene and comfort kits.
- 35 mothers received locally made baby carriers.
- 40 families received 1000 Rupees each, from IBFAN Pakistan.

IBFAN Pakistan’s Nurturing Care response also included:

- * Education for mothers and children on nutrition, micronutrients and the importance of eating natural colorful foods and dissemination of IYCF-E messages including dangers of artificial feeding
- * MoH and UNICEF breastfeeding film screenings
- * Counseling and education on breastfeeding and increasing breastmilk supply
- * Breastfeeding Rescue and Relactation support
- * Bottle Amnesty
- * Promotion of Skin-to-Skin Contact for psychosocial care, prevention of child trafficking and increasing milk supply

⁴⁵ <https://pubmed.ncbi.nlm.nih.gov/21067036/>

Nurturing Care - Life Saving - Low Cost - High Impact Interventions

Nurturing Care activities undertaken in Nowshera were lifesaving, low cost and high impact interventions. High risk groups, including mixed and formula feeders were quickly identified, counseled, and supported to re-establish full breastfeeding to avert malnutrition. Possibly for the first time, mothers were able to access life-saving “Breastfeeding Rescue⁴⁶” support, including relactation to re-establish breastfeeding for mixed/formula feeding infants and young children. The activities included a “Bottle Amnesty”, whereby families who are bottle feeding were sensitized about the risks, taught safe cup feeding and with consent, removal of the bottles and pacifiers, in exchange for a cup and where needed, began the process of relactation. Two mothers were supported to relactate, thus, avoiding the need for formula (*NC component 2 - adequate nutrition*). These best practices help prevent maternal child morbidity and mortality (*NC component 1 - good health*).

Sick babies and children that were picked up by Dr Magdalena Whoolery, were referred to the health facility by the lady health worker and IBFAN Pakistan did follow up with the families.

Nutritious food packages distributed to 35 households

Families were sensitized on MCH and nutrition with provision of local nutritious fresh foods. Harmful ultra-processed products were discouraged. Even children had an opportunity to learn about micronutrient dense foods in simple, fun and engaging ways (*NC component 2 - adequate nutrition & Nurturing Care component 5 - opportunities for early learning*).



⁴⁶ Applied learning on Gold Standard, best practices from Arugaan Mother Support Group, Philippine's Emergency Responses. Mentor Ma Ines Av. Fernandez.

Support was provided in the education of mothers on eating traditional, affordable, nutritious foods, as well as the distribution of healthy foods. Fresh traditional food packages were bought from the local markets and distributed to 35 flood affected families.



Above photos show the preparation of nutritious food packages before distribution.



Image above of the transportation of nutritious food for the flood victims in Nowshera

Essential hygiene, sanitary products and comfort kits distributed to 35 households



Mr. Abid Ali (IBFAN Pakistan Representative) in the above photo, handing families 1000 Rupees each from IBFAN Pakistan (40 families).

Dissemination of IYCF-E messages, including sensitization on the dangers of artificial feeding. Dirty bottles and pacifiers risk spreading diseases. Therefore, a Bottle Amnesty was conducted to prevent outbreaks of diarrhea, respiratory infection and further malnutrition.



As well as breastfeeding counseling and education on increasing breastmilk supply, we supported MoH and UNICEF by providing film screenings of their social behavior change videos. See image below at one of the Nowshera sites.



Many of the women and children were malnourished. Of most concern was a 2-week-old baby that had been living off tea and in a critical state (see image of baby below). Baby was referred for health support by Lady Health Worker.



Mothers reported that doctors had discouraged them from breastfeeding their newborns. Interviewing these mothers, it was clear that they had wanted to breastfeed. The mothers live in poverty, not able to afford the formula doctors prescribed, and conditions prior to the emergency not safe for formula feeding. The mothers are poor and illiterate, starting out on formula, then diluting the formula to make it last longer, so they end up giving water, tea, or cows milk. With the flood disaster their situation has far worsened. Their babies now risk getting anemic from cow milk feeding (if they are not already anemic), which was a common practice observed. Many of the children have diarrhea and respiratory infections, exacerbating their malnutrition. Sick children were referred for health care followed up by IBFAN Pakistan.

Breastfeeding and Relactation support



Above image of mother of 7 month old twins, supported to breastfeed and transition away from mixed feeding.

Dirty water and formula bottles were found, filling children's stomachs, contributing to a cycle of infections and malnutrition. We taught safe Cup Feeding and as mentioned earlier a Bottle Amnesty. Support and counseling included rapidly increasing maternal milk supply and the stopping of unsafe feeding.



Above image (right) mother of twins of seven month old. The twins were suffering from diarrhea and respiratory infection, as the mother was mixed feeding with dirty bottles of cow's milk and one of the twins was sucking on a dirty pacifier. Mother were taught safe cup feeding, bottles exchanged for cups, and mother supported to relactate.

35 families received locally made baby carriers to help in the promotion and support of Skin to Skin Contact for psychosocial care, prevention of child trafficking, as well as support in increasing maternal milk supply (Image below of locally made baby carriers).



Recommendations

- Funding to support the establishment of Nurturing Care Safe Spaces for mothers and their children at the most affected provinces of Sindh and Balochistan's evacuation sites, and to include the full package of Nurturing Care (in full collaboration and coordination with MoH).
- Breastfeeding International to provide off site and later onsite capacity building trainings for Lady Health Workers/Mother Support Groups/Peer Counselors, to turn basic Nurturing Care Safe Spaces into Nurturing Care Centers of Excellence.
- Breastfeeding International to provide supportive supervision, including basic support for Nurturing Care monitoring and reporting, empower communities, and local health workers to strengthen services, monitor their progress and use their data to improve care for mothers and children.
- IBFAN Pakistan to establish creative collaboration with local partners for sustained provision of local nutritious fresh foods and if culturally appropriate, the development of a locally made "plumpy-nut".
- Integrate provision of fresh fruits and clean drinking water into mother-child counseling sessions, with opportunities to provide children with early learning on micronutrient dense local foods (fun nutrition games, including development of Breastfeeding International, culturally appropriate breastfeeding doll for Pakistan).
- Identify passionate peer counsellors to cascade peer learning in their communities and continue Nurturing Care practices post emergency response.