

# Supporting, Protecting, and Sustaining Breastfeeding in Conflict Zones

A presentation by Gaza Infant Nutrition  
Alliance (GINA)



## **Speaker's Individual Declaration of Competing Interest or Affiliation**

We have no actual or potential conflicts of interest to declare,  
and no sponsorship, grants, funding, or affiliations that could  
influence the content of this presentation.

# Workshop Objectives

**Part 1:** Why Breastfeeding in Emergencies

**Part 2:** GINA: A Circle of Love

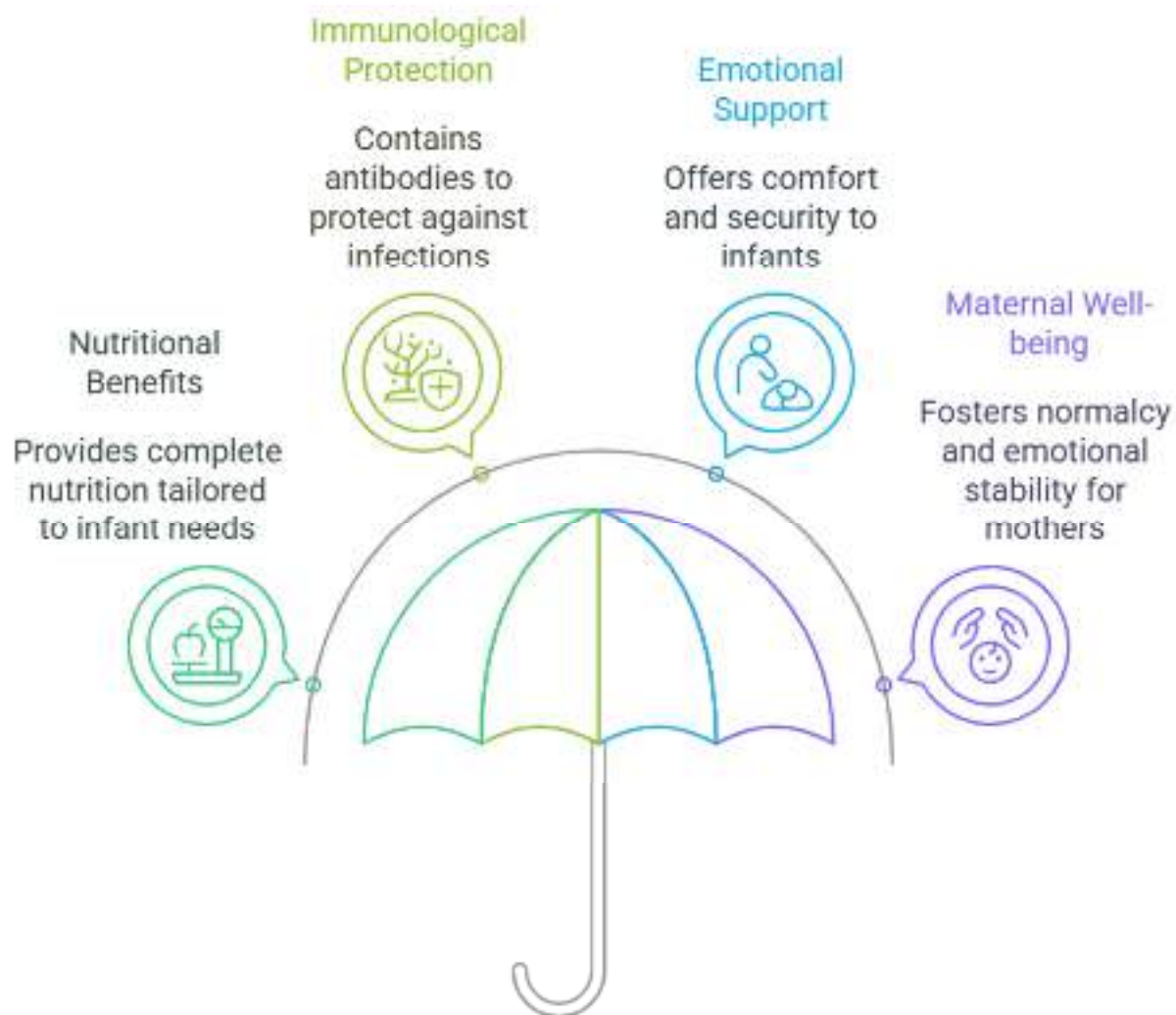
**Part 3:** BFHI in Emergency

**Part 4:** Global Preparedness

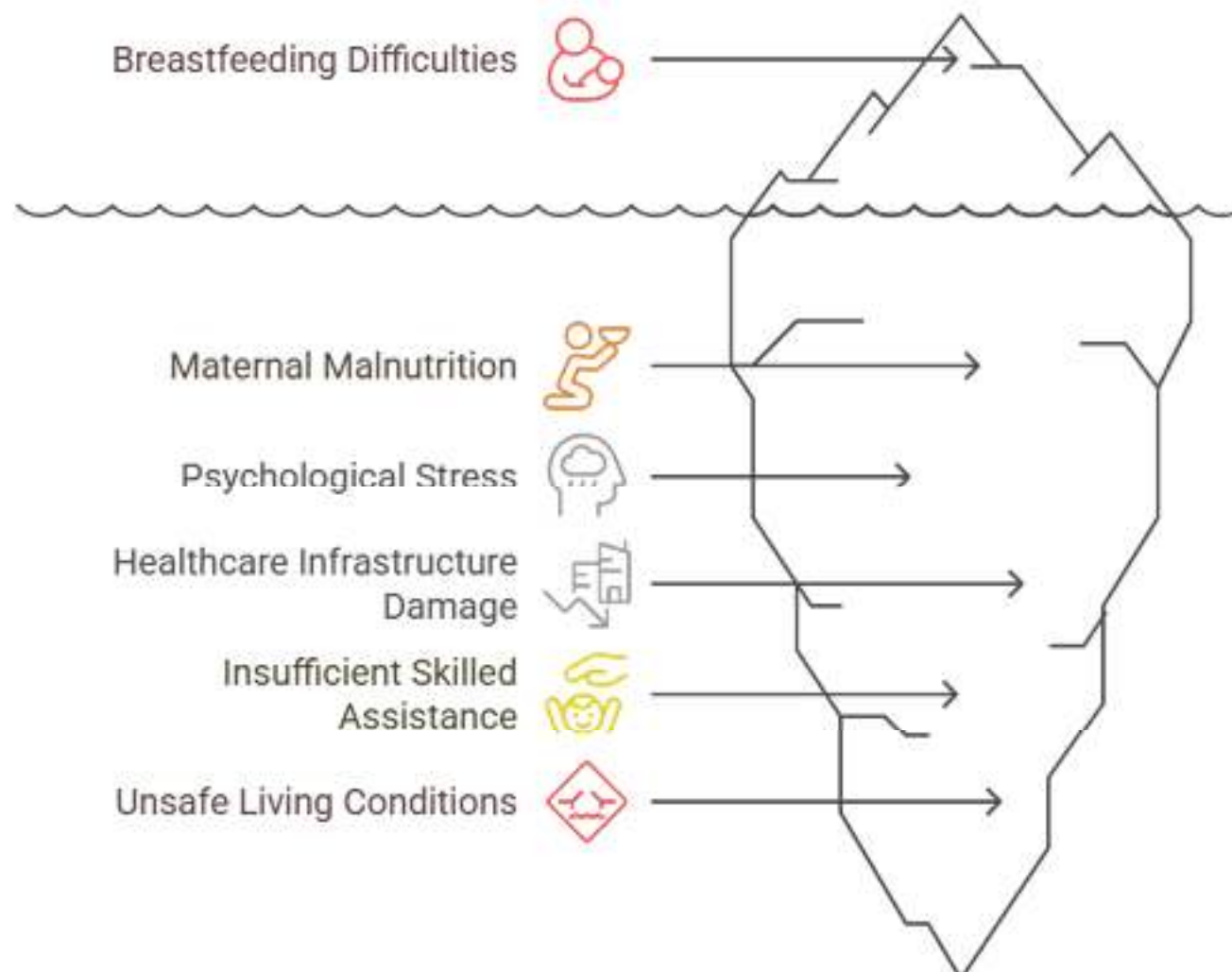
**Part 5:** Testimony from Mothers



# Why Breastfeeding Matters in Crisis



# Complexities of Breastfeeding in War Zones





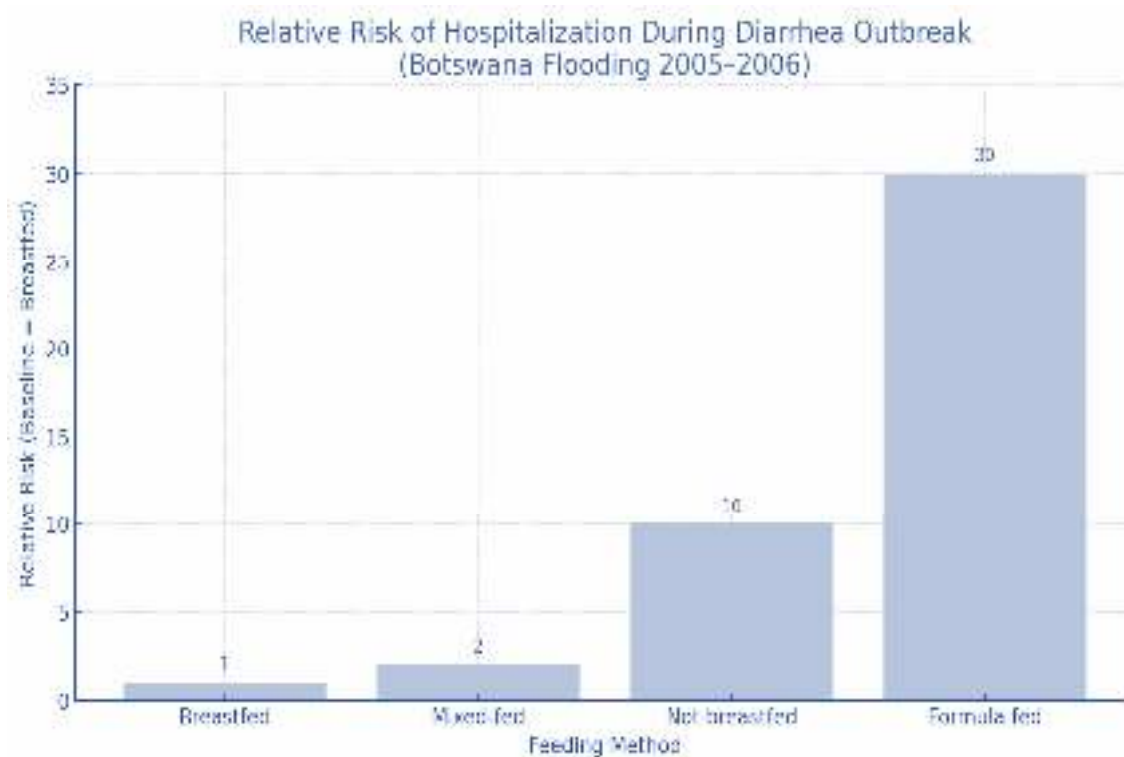
# Challenges of Breastfeeding Alternatives



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## Risk of Diarrhea by feeding method

- **Formula-fed babies were 30 times more likely** to need hospital treatment.
- In one village, **30% of formula-fed babies died, none of the breastfed babies died.**
- This is not about nutrition it is about **survival/ public health.**
- Breastfeeding must be treated as an **emergency intervention.**



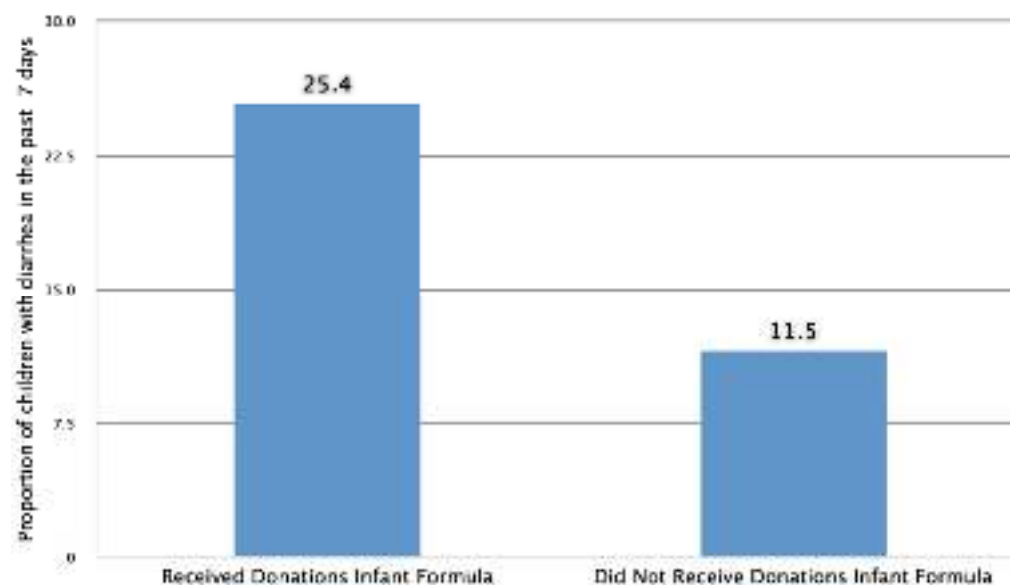
# Challenges of Breastfeeding Alternatives

## Risks of untargeted distribution fuelled by donations

Donations can quietly turn into a silent emergency of their own.

When we protect breastfeeding in an emergency, we're not just feeding babies, we're saving lives.

Relation between prevalence of diarrhea and receipt of donated infant formula, Yogyakarta Indonesia post-2006 earthquake.



Source: Hipgrave, et al: Accepted Public Health Nutrition Journal, 2010



# The Gaza Context

1M+

Displaced People

Families forced from homes with minimal possessions.

92%

Residential Buildings Destroyed

Most families have lost their homes and live in overcrowded shelters or tents.

70%

Hospitals Damaged

At least 125 health facilities, including 34 of Gaza's 36 hospitals, have been destroyed or rendered non-functional.

95%

Food Insecure

Limited access to adequate nutrition and safe formula.

100%

Areas Without Clean Water

No reliable access to water or electricity.



# GINA: A Circle of love

## BFHI Principles

The standards that align with the model



## Community

The social fabric that supports the model



GINA Model



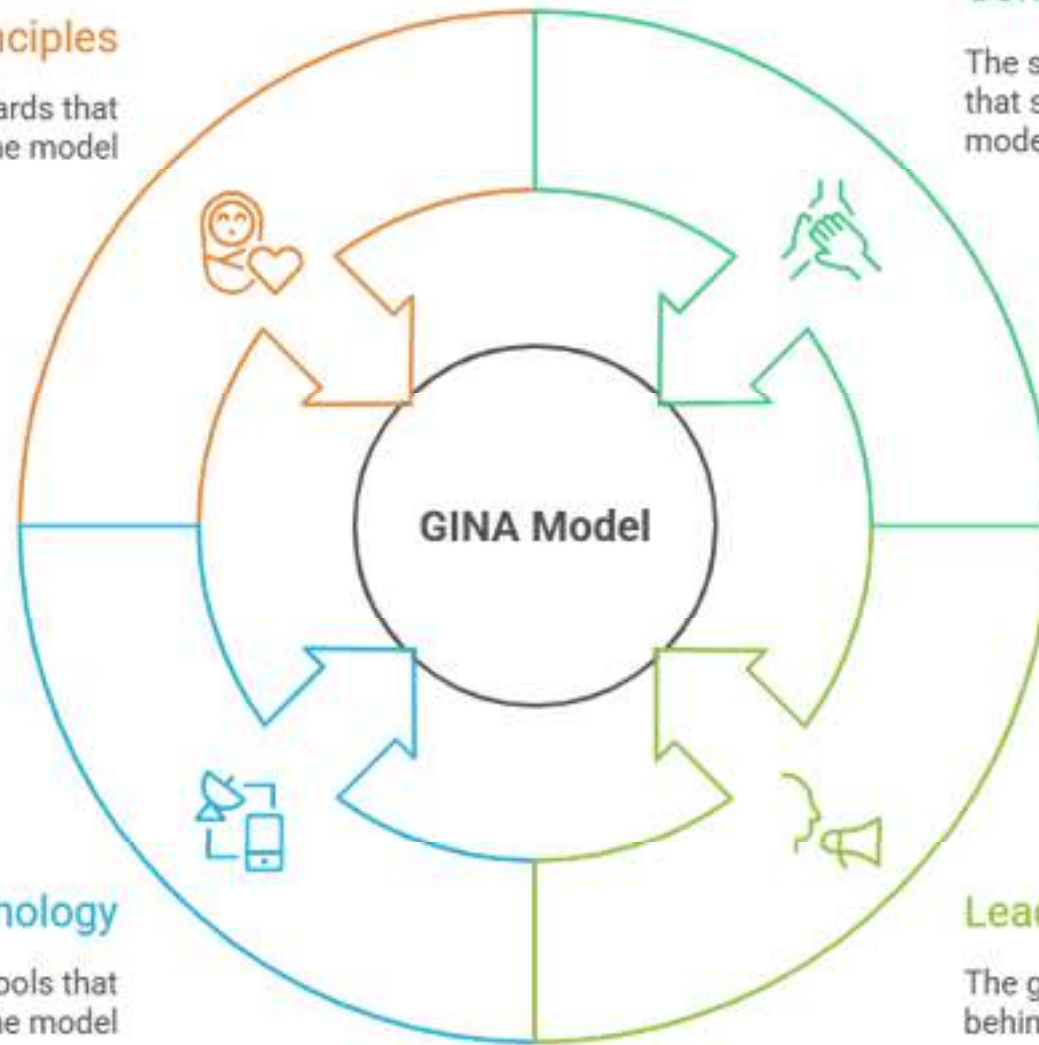
## Technology

The tools that enable the model



## Leadership

The guiding force behind the model







# Data & Impact Snapshot

231+



Trained  
Local staff

50+



Global volunteers

120



Capacity-building  
sessions for partners and  
MoH teams

3000+



Mothers in our peer-to-  
peer support group



19000+

Face-to-Face  
Sessions



600+

Virtual Sessions

# **Applying the Baby Friendly Hospital Initiative in Emergency Contexts: The GINA Experience**



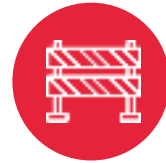


# Step 1

## Embedding Policy in Practice and Code Protection Under Pressure



Breastfeeding Committee in Nasser Hospital (Ministry of Health, MSF Spain and GINA).



### Challenges Before & During the War

- Infant feeding culture in Gaza before the war
- Uncontrolled distribution of formula
- Unsafe water, limited fuel for boiling water, cleaning equipment



### System and Policy Response

- Policies were lost, but practice kept them alive
- Worked with MOH (formula can only be given via pharmacy)
- BMS assessment of need required



### Community and Behavioural Change

- Training for NGO staff and advocacy about formula distribution
- Information to mothers, partners, and families on the value of breastmilk and the dangers of formula



## Step 2

### Staff Training and Mentorship



## 01

### Starting Point

- Limited equipment, unstable internet connections
- Training began via WhatsApp, applying small PDSA cycles

## 02

### Building the System (Training and Infrastructure)

- Integrated BFHI + IYCF-E principles into one curriculum
- Short training films recorded and stored on YouTube
- Resources translated into Arabic
- Tablets, screens, phones, and internet packages provided to enable access

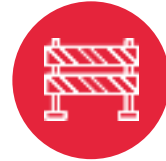
## 03

### Scaling Up and Sustaining Growth

- 18 enrolled in the IBCLC pathway
- QI projects initiated by local staff with international mentorship
- CPD tailored to staff needs and the emergency

# Step 4

## Skin-to-skin and Early Initiation



### Challenges Before & During the War

- Importance of supporting SSC
- Privacy
- Shortage of staff



### Barriers and Adaptations in the Field

- Supporting SSC in crowded tents/facilities through creative positioning, privacy screens, and community awareness



### Implementing SSC in Hospitals and NICU

- Supporting preterm babies in NICU
- Barriers encountered – access/transport/cleanliness perceptions

# Step 5 & 6

Managing Lactation and Preventing  
Unnecessary Formula Use



## Prescription & Control System

- Formula treated like medicine
- The formula is prescribed only by doctors
- Dispensed via hospital pharmacy
- Trained doctors, midwives & NGO counsellors
- Mothers referred to GINA clinic for evaluation
- Staff trained to assess and support breastfeeding



## Teaching Safe Feeding Practices

- Mothers taught bottle sterilising with limited water/fuel
- Demonstrated hand-washing & safe preparation
- Promoted cup-feeding as safer alternative

# Step 8 & 9

No Bottles, Teats, or  
Pacifiers and responsive  
feeding



## 01

### Barriers

- Bottles are unsafe – no sterilisation or clean water
- Lack of staff experience with alternatives
- Donated teats and bottles disrupted suckling.

## 02

### GINA Adaptations

- Replaced bottles with cup, syringe, or spoon feeding
- Standardised drip-drop and SNS for relactation
- Created visual guides in Arabic for safe alternative feeding.
- Trained staff to teach responsive feeding and comfort through skin-to-skin instead.
- Taught responsive feeding and comfort through skin-to-skin instead of teats



# Step 10

## Ongoing Support After Discharge



### Challenges Before & During the War

- No post-discharge follow-up or referral system
- Limited mental-health services for postpartum women
- Loss of family and community support due to displacement



### Identifying Dyads Needing Continued Support

- Preterm or low birth-weight infants (< 2.5 kg)
- Multiples (twins/triplets)
- Cleft lip / palate cases
- Fostered a social support network—mothers supporting mothers through shared groups
- Significant maternal mental health concerns



### GINA Telehealth Pathway

- Referral from ward → remote team → 1:1 virtual follow-up → return to face-to-face when feasible
- Multidisciplinary support — lactation advisors, doctors & translators
- Warm, continuous contact through calls, voice notes & videos



## What This Means for the Baby Friendly Movement

**‘Baby Friendly’ must go beyond hospitals, it must survive emergencies.**

- Conflict and climate crises are rising
- Most countries remain unprepared for IYCF-E
- Investing in local capacity + digital systems = resilience
- Every country needs a contingency plan for breastfeeding during emergencies
- Develop emergency-readiness protocols within BFHI hospitals



# From Gaza to Global Preparedness



# Testimonies from Mothers

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“I have malnutrition, but skin-to-skin at night changed my milk — so much blessing, even when everything else is scarce.”



“I thought I’d lose my milk after the bombing...  
but your voice made me believe again.”



“When my baby became fussy after meningitis, I thought I’d lose my milk.

But Omama’s voice calmed me. She said, ‘He’s still your baby, and your milk is still his medicine.’  
That moment gave me back hope.”



“Israa, Hanan, and Wissal — I love them with all my heart  
Their kindness, their calm voices, their gentle hands,  
In the hardest time of my life, they gave me peace.”



“Before GINA, I helped collect donations for formula.  
Now I teach other mothers to trust their milk.”



“When I open the WhatsApp group, I feel like I escape the war.”



“Sometimes, while I breastfeed, I forget it’s war outside.”

## Connect With GINA

Together, we can create a safer, more nurturing world for mothers and babies in EMERGENCY



### Email Us

[Contact@gina.org.uk](mailto:Contact@gina.org.uk)

Join our network supporting mothers in crisis worldwide.



### Website

[www.gina.org.uk](http://www.gina.org.uk)

Access resources and training materials.



### Facebook

@GINA: Gina infant nutrition alliance

Follow us for updates and community discussions.



### Instagram

[@gina.infant.nutrition.alliance](https://www.instagram.com/gina.infant.nutrition.alliance)

See our work in action through stories and posts.



Thank you



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