UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings

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Please send any comments and questions to nutrition@unicef.org.

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Artificial feeding: Feeding with breastmilk substitutes

Breastmilk substitutes: Any food (solid or liquid) being marketed, otherwise represented or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In terms of milk products, recent WHO guidance has clarified that a BMS includes any milks that are specifically marketed for feeding infants and young children up to the age of 3 years.

Code: The International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions.

Follow-on/follow-up formula: Specifically formulated milk products defined as "a food intended for use as a liquid part of the weaning diet for the infant from the sixth month on and for young children" (Codex Alimentarius Standard 156-19871). Follow-on formulae are breastmilk substitutes (see definition of breastmilk substitutes).

Infant feeding: Feeding of children under the age of one year.

Infant formula: breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to 6 months of age, and adapted to their physiological characteristics.

Relactation: Restarting lactation after it has stopped (for a short or long period of time).

Replacement feeding: Feeding a child who is not receiving any breastmilk with a nutritionally adequate diet until the age at which they can be fully fed on family foods.

Mixed feeding: Feeding infants under the age of six months a combination of breastfeeding plus other liquids and/or foods.

To wet-nurse (verb): When an infant is breastfed by a woman who is not the infant's biological mother.

Wet-nurse (noun): Woman who breastfeeds an infant who is not her biological child.

List of abbreviations

BMS	breastmilk substitute
CCC	Core Commitments for Children in Humanitarian Action
CIK	contribution in-kind
CO	Country Office (UNICEF)
DD	due diligence
HQ	Headquarters (UNICEF)
IYCF	infant and young child feeding
IYCF-E	infant and young child feeding in emergencies
IFE	infant and young child feeding in emergencies
LPA	local procurement authorization
MNC	Medicines and Nutrition Centre
NGO	non-governmental organisation
PD	Programme Division (UNICEF)
PFP	Division of Private Fundraising and Partnerships (UNICEF)
PPD	Public Partnerships Division (UNICEF)
PIF	powdered infant formula
RO	regional office (UNICEF)
RUIF	ready-to-use infant formula
SD	Supply Division (UNICEF)
UHT	ultra-high temperature
UNHCR	United Nations High Commission for Refugees
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

This guidance document is intended for internal use by UNICEF staff working in humanitarian settings, who are requested to support the procurement and/or distribution of breastmilk substitutes (BMS). This guidance is not intended to provide comprehensive programming guidance on infant feeding in emergencies but focuses on the procurement and use of BMS. It was developed in tandem with Supply Directive CF/SD/2018-01.

Breastfeeding is the biological norm and the best way to feed infants under six months of age. After six months, breastfeeding should be continued together with complementary feeding up to the age of two years or beyond. UNICEF is committed, as per the Core Commitments for Children in humanitarian action, to protect, promote and support breastfeeding in emergencies.

However, there are infants and young children who cannot be breastfed, or are partially breastfed, for a longer or shorter period of time. These include:

1) Infants and young children who were orphaned or whose mother has been absent for a long period of time either before the humanitarian situation or in the course of the humanitarian situation and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
2) Infants and young children whose mother is present and who were not breastfed before the time the humanitarian situation or in the course of the humanitarian situation regardless of the reason, and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
3) Situations where the mother and/or infant has a medical condition for which breastfeeding is not possible, and for whom wet-nursing, relactation or receiving donor human milk is not feasible; and
4) Infants under the age of 6 months who are mixed fed (breastfeeding plus BMS) and whose mother is being supported to transition to exclusive breastfeeding.

These infants and young children need to be fed an appropriate BMS in a safe and sustainable way, without jeopardising breastfeeding in the remainder of the population. The BMS that carries the lowest risk for contamination in humanitarian settings is ready-to-use infant formula (RUIF), which should be provided with a feeding cup.

The decision to accept, procure, use or distribute BMS in a humanitarian emergency must be made by informed, technical personnel in consultation with the agency responsible for cluster or sector coordination, lead technical agencies involved in the response, and governed by strict criteria. When resources are limited, infants under six months of age should receive priority for support.

If there is a need to procure BMS, UNICEF will act as the provider of last resort, whether or not the Cluster has been activated. The procurement needs to be done in accordance with global and UNICEF guidelines. Offices that are considering the procurement and distribution of BMS need to seek agreement from UNICEF Headquarters in New York (Nutrition Section, Programme Division) and Copenhagen (Medicines and Nutrition Center (MNC), Supply Division (SD)). This document provides a template for such a request. It also includes key messages for donors, fundraisers and the media.

BMS Guidance Flow Chart

Flow chart with summary of actions to be undertaken by UNICEF staff for the procurement and use of breastmilk substitutes in humanitarian settings

Legend

Decisions / Actions

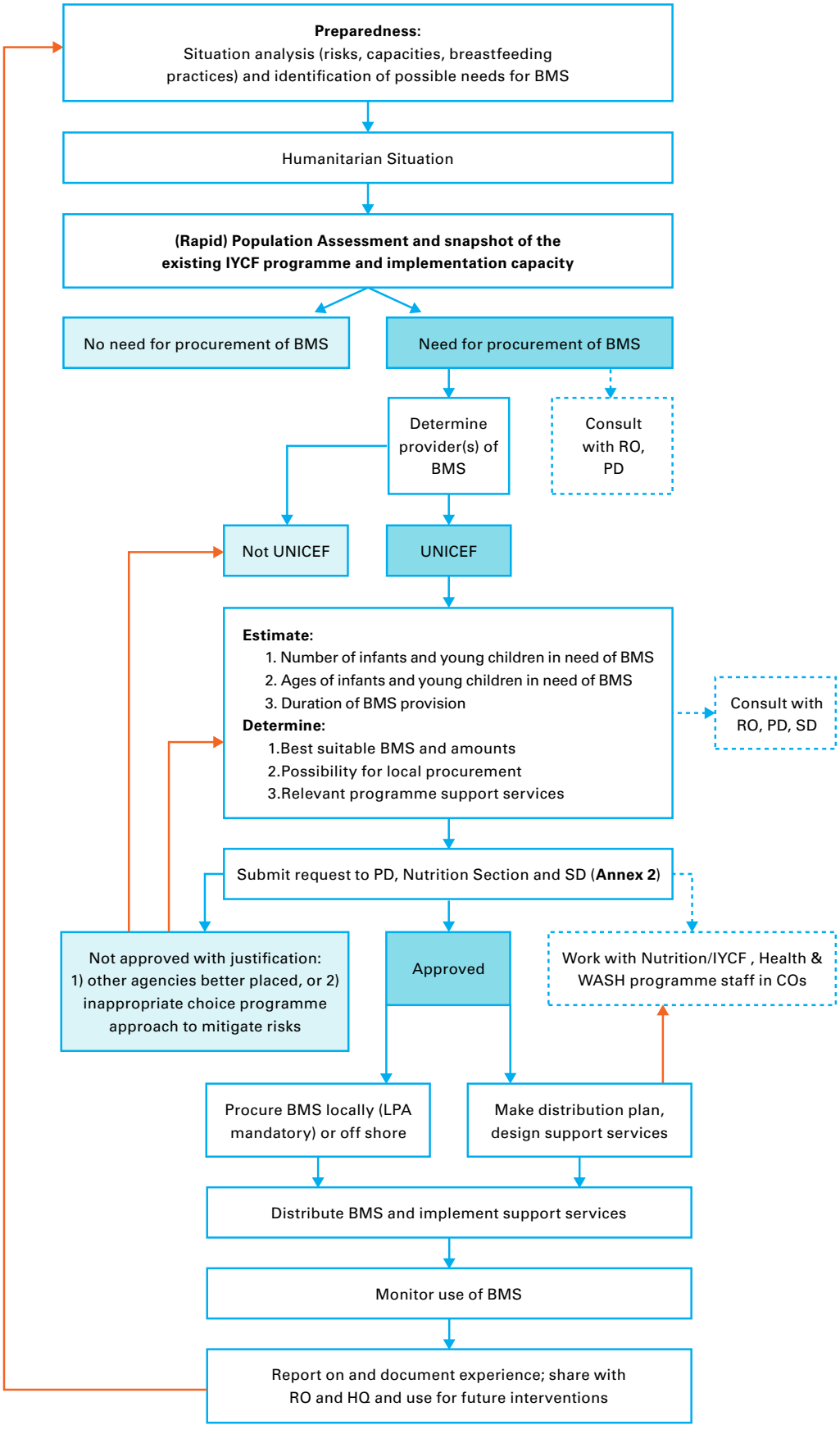
Consultations

Go to Previous Step

Decision for Actions

Decision for No Action or Modified Actions

BMS: breastmilk substitutes
CO: UNICEF Country Office(s)
HQ: UNICEF Headquarters
IYCF: Infant and Young Child Feeding
LPA: Local Procurement Authorization
PD: Programme Division
SD: Supply Division
RO: UNICEF Regional Office(s)
WASH: Water, Sanitation and Hygiene



1. Introduction

Breastfeeding is the biological norm and the best way to feed an infant from birth to the age of 6 months (180 days).[1,2] Breastfeeding remains an important part of children's diets in the first two years of life or beyond. The recommended in the first two years of life are described in the text box below.

Recommended infant and young child feeding practices:

- **Early initiation of breastfeeding:** place newborns skin-to-skin with their mother immediately after birth, and support mothers to initiate breastfeeding within the newborn's first hour of life.
- **Exclusive breastfeeding:** provide only breastmilk to infants from birth until 6 months of age, without other food or liquids, not even water.
- **Continued breastfeeding:** breastfeeding until age 2 or longer, in addition

As documented in the Operational Guidance on Infant and Young Child Feeding in Emergencies endorsed by the World Health Assembly in 2010,[3] the recommendations for optimal infant and young child feeding practices remain valid in humanitarian situations and become even more important, given the often-limited access to safe water, compromised hygiene and sanitation, increased risk of disease and food insecurity, and lack of access to healthcare. Nevertheless, implementation faces constraints in complex and protracted emergencies and in middle- and upper-income countries where mixed feeding or artificial feeding might be the social norm.

First, there are many myths and misconceptions about the inability of mothers to breastfeed and produce milk under stress, despite evidence and experience to the contrary. In addition, adequate breastfeeding support might be insufficient at times.

Everything possible should be done to protect, promote and support breastfeeding in emergencies. This is the reason for prioritizing IYCF support in UNICEF's Core Commitments for Children in Humanitarian Action (CCC).[4]

Second, there are children who cannot be breastfed, or are partially breastfed, for a longer or shorter period of time, for specific reasons described further in the document. The proportion of infants that cannot be breastfed is usually relatively small.

In specific situations, the proportion and the caseload of children who cannot breastfeed or who are partially breastfed may be significant. Examples of such situations include the refugee and migrant situation in Europe in 2013-2016 and the Ebola crisis in Western Africa in 2014-2015.

While reinforcing the need to prioritize the protection, promotion and support for breastfeeding in humanitarian situations, this document aims to provide guidance to UNICEF staff for decision making and actions for addressing the nutritional needs of the non-breastfed infant as part of the overall nutrition response.

Newborn baby whose mother died in the first earthquake in Nepal in April 2015 treated in UNICEF tent, with grandmother – Sindhupalchowk
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2. Support for breastfeeding and care of non-breastfed infants in humanitarian settings: policy commitments and global standards

2.1. Core Commitments for Children in Humanitarian Action

UNICEF's CCCs outline the commitments, benchmarks and programme actions in humanitarian settings in the phases of preparedness, response and early recovery. **While all six nutrition related commitments and related benchmarks and actions are also relevant for IYCF, the specific references are:**

- **Commitment 3** "Support for appropriate infant and young child feeding (IYCF) is accessed by affected women and children."
- **Benchmark 3:** "All emergency-affected areas have an adequate number of skilled IYCF counsellors and/or functioning support groups."
- **Programme Actions:** "Preparedness: Advocate for and provide guidance on appropriate quantities of quality complementary foods to add to the food basket[a]; define essential infant and young child feeding (IYCF) interventions in emergency scenarios; develop, translate and pre-position appropriate materials for IYCF; and include emergency IYCF in ongoing training of health workers and lay counsellors."
- **Response:** "Monitor donations, distribution and use of breast milk substitutes or milk powder, and take corrective action." and "Protect, support and promote early initiation and exclusive breastfeeding of infants, including establishment of 'safe spaces' with counselling for pregnant and lactating women; support safe and adequate feeding for non-breastfed infants less than 6 months old, while minimizing the risks of artificial feeding; ensure appropriate counselling regarding infant feeding options and follow-up and support for HIV-positive mothers; and, with the World Food Programme and partners, ensure availability of safe, adequate and acceptable complementary foods for children."
- **Early Recovery:** "Ensure that IYCF activities build on and support existing national networks for infant feeding counselling and support."

[a] While complementary foods are included in the CCC programme actions, they are not described in this document.

2.2 Operational Guidance on Infant and Young Child Feeding in Emergencies

UNICEF has reached consensus about infant feeding in emergencies with its main partners (WHO, WFP, UNHCR and several non-governmental organisations (NGOs)). This consensus is reflected in the Operational Guidance on infant and young child feeding in emergencies developed by an interagency group under the coordination of the Infant and Young Child Feeding in Emergencies (IFE) Core Group. The first version was published in 2001, and an updated version in 2007. This version was endorsed at the World Health Assembly in 2010. An addendum was added in 2010.[5] The Operational Guidance was updated again in 2017.[6]

The Operational Guidance concerns **the protection and support of safe and appropriate feeding support to breastfed and non-breastfed infants and young children in emergencies, focused on children under 2 years of age and their caregivers**. This global guidance provides direction to maximise the benefits and minimise the risks of different feeding options. It includes specific recommendation on breastfeeding protection, promotion and support, complementary feeding, inter-sectoral collaboration, and how to minimize the risks of artificial feeding in emergencies.

2.3. International Code of Marketing of Breastmilk Substitutes and WHA Resolutions

The International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions are collectively referred to as "the Code." The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and teats, aiming to stop the aggressive and inappropriate marketing of breast-milk substitutes. The Code itself does not mention emergency situations, but subsequent WHA resolutions have dealt with its application in this context. In 1994, WHA 47.5 urged Member States:

"(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants and children, and ensuring that donated supplies of breastmilk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply:

a) Infants have to be fed on breastmilk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes (Document WHA39/1986/REC/1, Annex 6, part 2);
b) The supply is continued for as long as the infants concerned need it;
c) The supply is not used as a sales inducement;"

Donations of BMS have continued to occur since 1994, which led to the development of the Operational Guidance (see section 2.2) and WHA Resolution 63.23 in 2010. This resolution endorses the Operational Guidance and makes it clear that there should be no donations of BMS. Resolution 63.23 urges Member States: "to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes" … "the need to minimize the risks of artificial feeding, by ensuring that any required breastmilk substitutes are purchased, distributed and used according to strict criteria."

There is often a lack of understanding around the application of the Code in emergency situations. It is important to point out that the Code:

- Is intended to protect breastfed infants by ensuring BMS will not be distributed in an untargeted way or on the basis of inaccurate or biased information, which will interfere with breastfeeding.
- Is intended to protect artificially fed infants by ensuring BMS will be used as safely as possible on the basis of impartial, accurate information.
- Does not restrict the availability of BMS, feeding bottles or teats, but only restricts marketing and promotion. This includes promotion in the form of humanitarian donations. It, does not prohibit the use of BMS by non-breastfed infants during emergencies, only the way in which they are procured and targeted for distribution.

2.4. Sphere standards

The SPHERE project lays out Minimum Standards for IYCF-E in the 2011 version of its handbook.[7] These standards are:

- **Standard 1: Policy guidance and coordination:** "Safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance and strong coordination"
- **Standard 2: Basic and skilled support:** "Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimizes risks and optimizes nutrition, health and survival outcomes."

The Handbook also describes key actions, indicators and guidance for each of the standards. The SPHERE Handbook is being updated; a new version is expected by 2018.

3. Guiding principles for the provision of BMS by UNICEF in response to humanitarian situations

UNICEF will:

1. Advocate and provide support for the recommended infant and young child feeding (IYCF) practices in line with the CCCs before, during and after an emergency. UNICEF works in partnership with governments, national and international NGOs and other key actors.
2. Only procure BMS when the need has been clearly established by a population-level assessment of the needs for artificial feeding and a systems-level assessment of the implementation capacity of the IYCF programme are undertaken. This BMS needs assessment can include a nutrition survey, community assessment, household survey and/or reports from skilled health workers based on individual assessments.
3. Adhere to the principle of 'do no harm' related to IYCF practices.
4. Advocate for and enable the assessment, targeted support and supervision of infants who are not breastfed and/or who are using BMS exclusively or non-exclusively.
5. Act to prevent and limit the risks of the promotion to and inappropriate use of BMS by breastfeeding mothers, mothers who could breastfeed, and their family members.
6. Ensure that BMS are only distributed to infants for whom the need to use BMS has been established by an individual assessment.

The need for the provision of BMS needs to be identified by informed, technical personnel such as UNICEF programme staff and/or consultants in consultation with Cluster/Sector partners and the agency responsible for Cluster/Sector Coordination, once the need for BMS is identified, it is preferred that another partner, or the host country government, takes the lead in procuring BMS. UNICEF can offer technical support in the procurement of BMS by partners. UNICEF, as the cluster lead agency is the provider of last resort for the procurement and distribution of BMS.

If UNICEF is requested to provide BMS in a humanitarian situation, UNICEF will support the provision and management of the appropriate use of BMS with partners in accordance with the provisions of this document and the corresponding Supply Directive (CF/SD/2018-01, see Annex 1). The UNICEF Country Office involved in the response needs to seek agreement by the Nutrition Section, Programme Division, at New York Headquarters and the MNC, SD. A template for an e-mail to seek this agreement is provided in Annex 2.

4. Assessing the need for BMS and criteria for its use

4.3. Community and individual assessments of feeding practices

A community assessment, either as a standalone assessment or as part of a larger assessment of the affected population, is an important first step to determine the feeding practices in the community. In addition, and where possible, it is advisable to do a household survey to determine current infant feeding practices.

In the absence of a household survey, information about (a sample of) infants can be obtained at sectoral service delivery points other than nutrition services (child protection, health, or WASH services for example), distribution points, or other places where the affected population comes together. Information can be obtained directly from caregivers, or alternatively via service providers. Annex 3 shows a template for a rapid individual assessment that can be used as part of the survey to determine the level of support needed for non-breastfed infants in the population. The template can also be used as part of individual screening for service needs on a case by case basis.

Evidence from surveys in the affected population that were undertaken before the onset of the humanitarian situation can also help inform the situation when an assessment is not feasible.

Findings that could indicate inadequate infant feeding practices in the affected population and a need for further exploration and the potential need to manage support for artificial feeding include:

- A high rate of non-breastfed children prior to the humanitarian situation;
- Infants under six months of age with acute malnutrition (because acute malnutrition is usually extremely rare in exclusively breastfed infants who are adequately fed);
- Requests for BMS from mothers or local leaders which might indicate an existing pattern of BMS use; or
- A history of BMS donations in the population, either before the humanitarian situation occurred or as part of the response to the humanitarian situation.

4.4. Criteria and eligibility to receive BMS

Infants and young children under the age of two years who, after an in depth individual assessment, are confirmed as children who cannot be breastfed, or are partially breastfed for a short or long period of time, as per one of the categories below, are eligible for BMS:

1) Infants and young children who were orphaned or whose mother has been absent for a long period of time either before the humanitarian situation or in the course of the humanitarian situation and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
2) Infants and young children whose mother is present and who were not breastfed before the time the humanitarian situation or in the course of the humanitarian situation regardless of the reason, and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
3) Situations where the mother and/or infant has a medical condition for which breastfeeding is not possible, and for whom wet-nursing, relactation or receiving donor human milk is not feasible; and
4) Infants under the age of 6 months who are mixed fed (breastfeeding plus BMS) and whose mother is being supported to transition to exclusive breastfeeding.

Before providing BMS to an infant, an in-depth individual IYCF assessment needs to be done.

When resources are limited, the most vulnerable groups should be prioritized: younger age groups (e.g.,0-6 months of age, 0-12 months of age) or infants attending health clinics, for example. Given the risks and costs of supplying and managing BMS, it is preferable that children over 6 months of age, especially children over 1 year of age, use alternative, appropriate milks (see 5.5.2).

5. Selection of appropriate BMS

5.3. General guidance

All BMS used need to be compliant with relevant Codex Alimentarius standards.[8] Close liaison with SD is recommended to ensure this compliance for local and off-shore procurements. SD has pre-identified potential suppliers as part of organizational preparedness. As part of country preparedness, country teams can consider pre-identifying potential sources of BMS and relabelling needs, where required.

Products with generic labelling are preferred, followed by commercial (branded) products. However, given the relatively small quantity of BMS usually required, a manufacturer might not be able to change the labels of a BMS for UNICEF. Also, producing different packaging will significantly increase the delivery time. Therefore, until products with generic labelling are available for use in emergency settings, UNICEF will allow the procurement of branded products. **The labels need to meet the requirements of the Code meaning that any products in violation of the Code will need to be relabelled in accordance with the guidance in the paragraph below. SD will select the most appropriate product to procure.**

To comply with the Code, each individual container should be labelled in the local language. Where this is not possible, stickers should be prepared in a language that can be easily understood by the target population and stuck to BMS containers before they are distributed. The stickers should include: (a) the words “Important Notice” or their equivalent; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate and safe preparation, and a warning against the health hazards of inappropriate preparation.”

Considering that many manufacturers of BMS are involved in marketing practices that violate the Code, there is little opportunity for selection of sources that do not break the Code. Therefore, and until such sources can be identified and availability can meet demand, UNICEF will allow purchase of products manufactured by companies that break the Code. To minimize any implied association with such manufacturers and in order to obtain products that are already in the supply chain, UNICEF will aim at working through distributors or traders to the extent possible.

5.4. Selection of appropriate BMS (type and amount) and feeding equipment

5.4.1. Infants under 6 months of age

Ready-to-use infant formula

For infants under six months eligible for BMS, UNICEF, in line with the Operational Guidance, recommends the use of ready to use infant formula (RUIF) even if it is more expensive than powdered infant formula (PIF). RUIF is a sterile product until it is opened, does not require reconstitution with water (unlike PIF), and would therefore be the safest option for this most vulnerable group.

For forecasting and quantification purposes, it is suggested to use an amount of 750ml of RUIF per infant per day, which translates into 135 litres per infant for a six-month period.[9] The size of the individual RUIF package needs to be taken into account in calculating amounts to procure, in view of the fact that unused RUIF should be discarded after 2 hours.

On the international market, RUIF is normally packaged in a plasticised cardboard carton for milk and other drinks in units of 200 ml. The amount of 135 litres per infant for a six-month period translates into 675 units per child. In some cases, smaller units are available as well.

For use at the individual level, manufacturer's instructions on the label should be followed. The actual weight of an infant should be used to calculate feed amounts, even if
the infant´s weight is very different to what is expected for their age.

The shelf life of most RUIF procured by UNICEF is generally nine months. The plasticised cardboard carton packaging keeps the product stable even in high temperatures (above 40°C) and in temperatures below zero, but direct sunlight needs to be avoided.

Powdered Infant Formula

Powdered infant formula is a non-sterile product. Besides the known risks related to unsafe preparation, it also carries the risk of intrinsic contamination. Therefore, in emergency situations where conditions are often unhygienic, PIF needs to be reconstituted with water that has been boiled and cooled off slightly, but not below 70° C to avoid bacterial contamination. See detailed instructions below. Where safe preparation and use of infant formula cannot be assured, on-site reconstitution and consumption ('wet' feeding) should be considered.

PIF might need to be procured for infants under 6 months of age for a shorter or longer period of time, when RUIF is not (yet) available or accessible.

For forecasting and quantification purposes, the average amount of PIF required is 3.5 kg of powdered infant formula per child per month. For individual amounts, see the instructions on the container.

Other specialized milk products for infants

Concentrated liquid infant formula (which is available in some countries) is not recommended as a suitable BMS, because of the risk of errors with diluting the product and the higher risk of contamination once a unit has been opened. Therapeutic milks like F75 and F100 are not appropriate BMS, and should only be used in the treatment of severe acute malnutrition (SAM), including for infants under 6 months.[10] All infants with SAM require urgent treatment and should be referred immediately to appropriate treatment services.

5.4.2. Infants and young children 6-23 months of age

Infants and young children older than six months of age who do not receive breastmilk can use RUIF if available and affordable. However, whole fat milk that has undergone ultra-heat treatment (UHT) can also be used for this age-group and will be cheaper. Both are safer than PIF. There is no need for specialised follow-up formulas or toddler formulas and it is therefore not recommended that UNICEF procures these products.[11]

If the children regularly consume adequate amounts of other animal-source foods, the amount of milk needed is about 200-400 mL per day; otherwise, the amount of milk needed is about 300-500 mL per day (higher amounts with increased age).[12]

Infants and young children in this age group also need to receive safe and adequate complementary feeding, in line with WHO guidelines.[13,14,15] **The complementary feeding options will depend on the context and should be part of the overall IYCF programming and coordination with relevant sectors and actors including the Food Security Cluster or Sector.** If there is a risk of micronutrient deficiencies, fortified foods need to be provided, or micronutrient supplements, such as multiple micronutrient powders (MNPs[c]) or ferrous sulphate iron solution (iron drops) whilst ensuring public health measures to prevent, diagnose and treat diseases are in place.

5.4.3. Feeding equipment

Cup-feeding is the preferred feeding method of administering BMS since they are easier to clean. Thus, caregivers receiving BMS, also need to be provided with cups for feeding. These can be procured locally. When PIF is used, families need to receive a tool for measuring the amounts of water and PIF. Even though bottle feeding is common in some humanitarian settings, it is not recommended that UNICEF procure feeding bottles. Where feeding bottles are used, UNICEF should ensure that space and facilities to clean them are available.

[c] See the UNICEF supply catalogue, under the 'Nutrition and Pharmaceuticals' tabs for more details https://supply.unicef.org/unicef_b2c/app/displayApp/(layout=7.0-12_1_66_67_115&carea=%24ROOT)/.do?rf=y

6. Artificial feeding support services

6.1. Individual support services

The distribution of any kind of BMS should be accompanied by provision of safe water and sanitation supplies and services, and promotion of critical water, sanitation and hygiene practices, and one-to-one education and demonstrations about safe preparation and storage of BMS.

Caregivers might not be familiar with RUIF so it might be useful to develop information leaflets about its use *(see Table 1)*.

For information and education about PIF, the *FAO/WHO guidelines on safe preparation, storage and handling of powdered infant formula* is a useful reference.[16] Where demonstrations are not possible, clear illustrative instructions should be provided along with the powdered infant formula.

Step	Ready-to-use infant formula	Powdered infant formula
1	Wash hands thoroughly with water and soap.	
2	Ensure the bottle, teat, cup and other utensils are thoroughly cleaned and sterilized. Following the guidelines in *FAO/WHO guidelines on safe preparation, storage and handling of powdered infant formula,* pages 15-20.[15]	
3		Boil water and let it cool off to around 70˚C (for a full kettle wait no more than 30 minutes); then add the hot water to the powder.
4		Measure the amount of water and PIF according to the manufacturer's directions.
5	Pour the RUIF in a cup and offer it to the infant.	Cool the prepared formula to room temperature, pour in a cup and offer it to the child.
6	Discard any leftover formula that is not used within two hours.	Discard any prepared formula that is not used within two hours.

Table 1. Preparation of ready-to-use and powdered infant formula

It is preferable that individual feeds for each infant be prepared as needed, rather than bulk batches of PIF for several recipients. Large volumes of prepared PIF (for example in case of 'wet' feeding) may take a long time to cool down. Formula that remains at room temperature for extended periods attracts the growth of harmful bacteria. If there is a need to make up a large amount of PIF, it must be cooled in smaller containers to reduce this risk. For specific instructions see *FAO/WHO guidelines on safe preparation, storage and handling of powdered infant formula, pages 8-14.*[15]

Caregivers receiving BMS also need to be counselled on how to cup feed. Regular follow up is required to monitor infant growth and overall health.

In the home setting as well as in group settings, such as a crèche, camp, community clinic or hospital, feeding cups need to be cleaned with soap and hot water and also be sterilized.[15]

6.2. Key interventions in the community

In addition to the communication about the importance of breastfeeding, it is important to promote optimal hygiene practices in the community (in particular hand washing before handling BMS and before feeding the child and, in the case of PIF, safe water handling and treatment), to promote a culture of support to breastfeeding mothers, to dispel any myths about the ability of mothers to breastfeed successfully and to ensure that infants and young children born after or during the humanitarian situation, are breastfed. This might be of particular importance in settings where breastfeeding was not the norm prior to the emergency. In settings where BMS and related support services are provided, it is important to ensure that adequate support is also provided to breastfeeding mothers (which is part of the CCCs in general).

6.3. Avoiding the promotion of BMS

All efforts need to be made to avoid the promotion of BMS to mothers who are breastfeeding or could be breastfeeding and their family members. **This includes ensuring ongoing protection, promotion and support for breastfeeding, supporting Code enforcement, avoiding and managing donations of BMS and any other milk products, and clear communication.** Collaboration with government, implementing partners and Cluster/Sector partners for this is crucial. It might be necessary to write down the actions each partner will undertake.

7. Acquisition of BMS

7.1. Donations versus procurement

UNICEF will not seek or accept donations of BMS. When it has been determined that UNICEF will acquire BMS, they need to be procured through normal procurement channels and procedures.

Within UNICEF, product donations are referred to as contributions in-kind (CIK). CIK are guided by a dedicated policy document (PFP-PARMO/2013/01). In line with the CIK policy, potential private sector contributors need to undergo a corporate screening by the Division of Private Fundraising and Partnerships (PFP) as part of the due diligence (DD) process. BMS producers that violate the Code do not pass the due diligence process.

UNICEF's policies and practices are guided by the Code and specifically WHA Resolution 63.23, according to which, Governments are: "to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes" … "the need to minimize the risks of artificial feeding, by ensuring that any required breastmilk substitutes are purchased, distributed and used according to strict criteria." Experience in past emergencies has shown that excessive quantities of poorly targeted donated products endanger infants' lives.[17]

For these reasons, the information that UNICEF will not seek or accept BMS donations should be provided to potential donors (including governments and the military) and the media, both in emergency preparedness and particularly during the early phase of an emergency response. (see Annex 4).

When a Country Office is approached about a possible CIK of BMS, they need to liaise with PFP for private donations or PPD (for donations from public donors to share information about specific offers and ensure coherence in the response among offices.

7.2. Local versus off shore procurement

In principle, all food items procured by UNICEF, including RUIF and BMS need to be procured by SD. In this way, it can be guaranteed that the products are of the right quality (including compliance with Codex Alimentarius and the Code) and that batches can be traced if needed.

However, in exceptional cases, country offices may receive a local procurement authorization (LPA) for local procurement of BMS (specifically powdered infant formula and UHT milk). Local products already in the supply chain in the local market can be purchased after approval from SD following the procedure set out in Supply Manual Chapter 6, Section 2, paragraph 4.1 – an ad hoc local procurement authorisation (LPA) is accessible on the UNICEF intranet here.

SD will assess that the product has been manufactured following Codex Alimentarius standards by requesting information on the product and manufacturer. RUIF is not included in UNICEF's Supply Catalogue because it is a non-standard product. Close liaison with SD about sizes and unit costs is therefore important.

In the absence of RUIF or until RUIF can be procured, powdered infant formula (PIF) can be purchased and distributed locally (SD does not procure PIF), only after having sought and met the agreement of SD and the Nutrition Section (also see above under *Local versus off shore procurement*).

8. Management of BMS in humanitarian settings

8.1. Procured BMS

8.1.1. Storage

BMS needs to be stored in line with the manufacturer's guidelines. It is best to store RUIF and PIF out of direct sunlight, in a secure and supervised area. Room temperature is preferable, but the product can resist temperatures up to 40°Cs as well as below 0°C. BMS might be in high demand and adequate security measures might be required to prevent theft. At point of distribution, BMS should be discretely stored out of sight to avoid that they may be interpreted as a promotion of artificial feeding.

8.1.2. Distribution of BMS

Prior to procuring BMS, the distribution system needs to be agreed upon with the government and implementing partners. The distribution system will depend on factors like access of the caregivers to the distribution point, the distance between families and the distribution point, security concerns and the level of follow up of individual families that is possible. The distribution of BMS should be targeted, following an assessment of need as described above in chapter 4, and should never be distributed in a blanket fashion. All efforts need to be made to prevent the promotion of BMS to mothers who are breastfeeding or could be breastfeeding, and their family members.

In general terms, it is best to distribute small amounts of BMS each time the caregiver visits the distribution point. This reduces the chances of promotion of BMS use to breastfeeding mothers, mothers who could breastfeeding and their families. To reduce the risk of BMS selling, caregivers may be requested to return empty containers or the foil lid of a tin.

The distribution of BMS to individual children needs to be monitored and documented in a detailed manner.

8.2. Management of BMS donations

In accordance with internationally accepted standards and guidelines, UNICEF will not accept donations of infant formula, other powdered or liquid milk and milk products, bottles and teats. In some situations, BMS donations do arrive in an emergency situation in the field. In these situations, UNICEF should comply with the Operational Guidance.

In general terms, UNICEF offices are not likely to have the conditions necessary to store and manage inappropriate donations of milk products. It is therefore recommended that the government coordinate these tasks, or that another partner is appointed for this. UNICEF can provide coordination (in its role as the Nutrition Cluster lead agency) and technical support.

9. General aspects related to the procurement and distribution of BMS in humanitarian settings

9.1. Preparedness

Important preparedness actions related to the procurement and distribution of BMS in humanitarian settings include:

- Ensuring and providing support for the implementation of the Code through legally enforceable regulations, monitoring and enforcement mechanisms, and the adoption of policies and regulations about infant and young child feeding in emergencies;
- Considering the nature and scale of support likely required for artificial feeding in an emergency, taking into account any previous response experiences;
- Verifying national procedures and registration of BMS options and verify the viability of generic (unbranded) products;
- Identify and draft a possible supply chain for BMS;
- Developing terms of reference for implementing partners in the event of requiring artificial feeding support in an emergency response; and
- Identifying and training relevant institutions and community based health and social workers; the production of relevant training and communication materials; preparing of draft early communication, and media messaging for rapid release in the event of an emergency.

Since a BMS needs assessment is required prior to procuring BMS, it is not recommended to stockpile BMS before the onset of an emergency. When a Country Office is considering to stockpile BMS as a preparedness measure, it is recommended that they contact SD and the Nutrition Section.

9.2. Public communication, social mobilization and advocacy

Communication and social mobilisation about the importance of breastfeeding and places where breastfeeding women can find support, are crucial in emergencies. Equally, context specific information on where the carers of infants requiring BMS can quickly access support is needed.

In addition, potential donors/well-wishers will need to be informed why donations of BMS should not be sent and what programmes are in place to assess and support children who have a defined need. For those wishing to donate, guidance on alternative items that would promote the infant's wellbeing should be shared for consideration. Timely, targeted and informed communication in the first hours and days of an emergency response is critical.

It is recommended that Country Offices that procure BMS prepare a document with "key facts" and a "question and answer" section outlining the specific engagement of the BMS procurement to use on a needs basis to answer any questions about this procurement that might arise from partners and/or the media.

9.3. Coordination across partners and sectors

Country offices are recommended to collaborate closely with the relevant government entities and consider developing Programme Cooperation Agreements (PCAs) with local organisations for implementing specific tasks described in this document like needs assessments, distribution of BMS and support for families receiving BMS.

UNICEF has a coordinating role as the Nutrition Cluster Lead.It can be useful to set up a dedicated IYCF Working Group as a part of the Cluster or the Sector coordination for a period of time. Coordination with other sectors, like food security, health, WASH and social protection is also important.

9.4. Capacity building

To the extent that this has not been done in the preparedness phase, capacity building of UNICEF staff and partners might be required to ensure optimal support for adequate infant and young child feeding practices and to ensure quality assessments of feeding practices. If BMS are distributed, it needs to be ensured that the staff involved has sufficient capacity for the assessments, supply chain management, and counselling and support to families on both IYCF, health and WASH.

10. Monitoring & evaluation and knowledge management

The following issues are important to keep in mind when a monitoring and evaluation system IYCF interventions in emergencies is established, specifically in settings with relatively high numbers of non-breastfed children.

The responsibility for each of the actions listed below needs to be clearly defined. Depending on the situation, the responsibility can be with the national authorities, the Nutrition Sector Coordinator, with the Nutrition Cluster and therefore with UNICEF as the Cluster Lead Agency, with a designated partner or with UNICEF as the implementer of specific actions.

1) Monitor feeding practices and situations in which the needs of non-breastfed infants are not being met regularly, for example, via community based assessments.
2) Monitor any unintended consequences, like increased use of BMS in the affected population.
3) Continued monitoring for donations of BMS.
4) Document information about the recipients of BMS in as much detail possible (including age and gender of child, type and amounts of BMS provided, reason for BMS provision, morbidity).
5) Where possible, track distribution and use of BMS by individual recipients.
6) For infants receiving BMS, a tracking system needs to be set up to ensure they receive the required supplies until they have reached the agreed age of discharge.
7) If possible, establish or strengthen systems for follow-up of all infants and young children under 2 years of age, specifically aimed at identifying breastfeeding challenges as well as increased morbidity in non-breastfed infants.
8) To the extent possible, monitor and document the experience in each humanitarian setting for further learning and updating of guidance where relevant. This can include monitoring of prescriptions to ensure proper criteria are followed, post distribution monitoring, monitoring of use of the provided BMS by families outside the target group and sales of the product in the market, etc.

Useful reference documents/websites

- Save the Children IYCF-E Toolkit: http://www.savethechildren.org.uk/resources/online-library/infant-and-young-child-feeding-emergencies-why-are-we-not-delivering-scale
- UNHCR – Save the Children *IYCF Friendly Framework in Refugee Situations: A Multi-Sectoral Framework for Action*: http://fscluster.org/sites/default/files/documents/iycf_framework_-_final_28_july_2017_0.pdf
- UNHCR – I*nfant and young child feeding practices, Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months*, August 2015 (Version 1.0): http://www.unhcr.org/55c474859.pdf

Annex 1. Supply Directive CF/SD/2018-01

Supply Directive

Executive Summary:

This Supply Directive lays out the procedures for Country Offices who plan to procure breastmilk substitutes. It complements programme guidance document *UNICEF Guidance on the Provision and Use of Breastmilk Substitutes in Humanitarian Settings*. Country offices need to seek agreement from the Nutrition Section, Programme Division and the Medicines and Nutrition Centre, Supply Division before procuring breastmilk substitutes.

Any queries or comments regarding the contents of this Supply Directive should be directed to the following email address: sd.nutritionsupplies@unicef.org

CF/SD/2018-01
05 05 2018

TO: The Supply Community

CC: All SD staff in Copenhagen and New York
All Supply contacts in the field

From: Director, Supply Division

SUBJECT: Procurement of breastmilk substitutes

Purpose

Provide guidance to country offices which have identified the need to procure breastmilk substitutes (BMS). UNICEF is bound by global guidance on the procurement and distribution of BMS, which is usually undertaken in the context of a humanitarian response. Compliance with this guidance is crucial to avoid unintended consequences of this procurement and distribution and to avoid reputational risk.

This SD and the accompanying programme guidance/nutrition guidance document aim to translate the global guidance into practical and UNICEF specific steps.

Background

Breastfeeding is the biological norm and the best way to feed infants under six months of age. After six months, breastfeeding remains an important part of children's diets up to the age of two years or beyond. UNICEF is committed, as per the Core Commitments for Children in humanitarian action, to protect, promote and support breastfeeding in emergencies.

However, there are children who cannot be breastfed, or are partially breastfed, for a longer or shorter period of time. These include:

1) infants and young children who were orphaned or whose mother has been absent for a long period of time either before the humanitarian situation or in the course of the humanitarian situation and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
2) infants and young children whose mother is present and who were not breastfed before the time the humanitarian situation or in the course of the humanitarian situation regardless of the reason, and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
3) situations where the mother and/or infant has a medical condition during which breastfeeding is not possible, and for whom wet-nursing, relactation or receiving donor human milk is not feasible; and
4) infants under the age of 6 months who are mixed fed (breastfeeding plus BMS) and whose mother is supported to transition to exclusive breastfeeding.

These children need to be fed an appropriate BMS in a safe and sustainable way, without jeopardising breastfeeding in the remainder of the population.

The decision to accept, procure, use or distribute infant formula in an emergency must be made by informed, technical personnel in consultation with the agency responsible for cluster or sector coordination, lead technical agencies involved in the response, and governed by strict criteria. UNICEF is bound to adhere to the Infant Feeding in Emergencies Operational Guidance[1] which was endorsed by the World Health Assembly in 2010. The programme guidance document "*UNICEF Guidance on the Provision and Use of Breastmilk Substitutes in Humanitarian Settings*" on the procurement and distribution of BMS provides more details, including the guiding principles for the provision of BMS by UNICEF.

Procurement of breastmilk substitutes

Action

If there is a need to procure BMS, UNICEF will act as the provider of last resort, whether or not the Cluster has been activated. The procurement needs to be done in accordance with global and UNICEF guidelines. If an office is considering the procurement and distribution of BMS, it needs to obtain the following:

1. Confirmation that UNICEF is the provider of last resort
2. Information about the need for BMS and the reasons for this need, preferably obtained from an assessment in the affected population
3. Information about the amount of BMS required
4. Recommendation for the type of BMS to be procured

Country offices need to provide the information mentioned above to and seek agreement from UNICEF Headquarters in New York (Nutrition Section, Programme Division) and Copenhagen (Supply Division) for the procurement of BMS. A template for an e-mail for seeking agreement for the procurement of BMS is attached.

As explained in the programme guidance, the BMS that carries the lowest risks in humanitarian settings is ready-to-use infant formula (RUIF), provided with a cup for feeding the infant. In the absence of RUIF or until RUIF can be procured powdered infant formula can be purchased locally after having obtained the above-mentioned agreement and a Local Procurement Authorization (LPA).

More information

The SD contact for all queries related to this Supply Directive is sd.nutritionsupplies@unicef.org.
With best regards.

Approved by Director:	**Date:**
p/c Clair Jones Deputy Director - Operations Unicef Supply Division 	

[1] IFE Core Group, Infant Feeding in Emergencies Operational Guidance for emergency relief staff and programme managers, IFE Core Group C/O ENN 2007. https://www.ennonline.net/operationalguidance-v3-2017.

Annex 2. Template for e-mail to request approval for procurement of BMS

Below is a template for country offices who have identified the need for the procurement of BMS by UNICEF. The template can be modified as long as key aspects from the template are included in the communication.

It is recommended to engage first with the Regional Nutrition Adviser and then the Nutrition Section in NYHQ (Nutrition in Emergencies and IYCN Unit Heads) in an informal manner, to brief colleagues about the situation and determine possible actions and alternatives before the decision to procure BMS is made.

To: [*Chief, Nutrition Section, UNICEF NYHQ*],
Cc: [*Chief, Medicines and Nutrition Centre, Supply Division*]
Cc: [*Regional Nutrition Adviser*]

In [country], we are facing a humanitarian situation because of [*describe the situation*]. The total population affected is estimated at [*number of population, including number of children under the age of 2 if available*].

UNICEF is undertaking the following actions to protect, promote and support breastfeeding: [*describe these actions and their coverage (if possible) as well as implementing partnerships*].

An assessment done by [*describe*] shows that a significant number of infants and young children are not breastfed and do not have the possibility to be breastfed. [describe the findings of the assessment]

The findings have been discussed within the Nutrition Cluster/Sector and with the Government [*adjust as relevant*] and it has been agreed that BMS need to be procured for infants that cannot be breastfed, or are not breastfed, which includes infants in the following situations: [describe]. The needs are estimated to be for [*xx*] infants under 6 months (and where applicable [*yy*] children aged 6 to b months) for a duration of [*zz*]. The type of BMS proposed is [describe].

Because of [*describe*], the Government is not able to procure the BMS and no other partner is able to procure the BMS either. UNICEF, as Cluster Lead Agency/Sector Lead/other is therefore asked to procure BMS as a last resort.

The following measures are/will be [*use the relevant option*] put in place to avoid spill over of the use of breastmilk substitutes: [*describe*]

We kindly ask for your approval of this procurement.

Best regards,
[*Representative/OIC*]

Annex 3. Template for a simple rapid assessment

Example of a Simple Rapid Assessment[d]

Mother's/Caregiver's name:
Ask:

- How old is the baby?
  _____ (months)

- How is the baby being fed? Please list all liquids and foods the baby received since yesterday?

- Note if baby is breastfed
  (yes) (no)

- If not:
  a. Has the baby ever been breastfed?
  (yes) (no)

  b. Is the baby able to suckle the breast?
  (yes) (no)

- If yes:
  Have you had any difficulties with breastfeeding?
  (yes) (no)
  _____
  _____ (indicate)

Reasons to refer for full assessment:

☐ Not breastfed

☐ Breastfed but feeding not age-appropriate: under 6 months not exclusively breastfed; over 6 months, and given no complementary foods

☐ Baby unable to suckle the breast

☐ Mother has difficulties with breastfeeding

☐ Mother requests breastmilk substitutes

☐ Baby visibly thin, lethargic or ill; mother visibly thin or ill.

[d] This is based on: Infant Feeding in Emergencies for health and nutrition workers in emergency situations – for training, practice and reference. Module 2, Version 1.1. December 2007.

Annex 4. Key messages for fundraisers, donors and media

UNICEF's experience with humanitarian settings has shown that as a first response, potential donors and fundraisers often assume that BMS donations are required as art of the relief efforts. Below are some suggestions that can be used in verbal and written statements and in interviews to clarify misconceptions and direct fundraising efforts. These can be adapted to be context specific. ENN and the Nutrition Cluster have developed a media flyer which might also be of use.[18]

- In emergencies, as in regular situations, exclusive breastfeeding is the safest way to feed infants under the age of 6 months. For infants and young children from 6-23 months of age, breastfeeding remains a key component of their diet until two years of age or older while complementary foods should be given as well.
- In emergencies, women may experience temporary challenges with breastfeeding due to stress. The production of breastmilk is not affected by stress, however. With adequate psychological and practical support, virtually all mothers can breastfeed. The nutrition status of lactating women should also receive priority attention.
- In emergencies, UNICEF will prioritise support for the protection, promotion and support for breastfeeding in its response, while also assuring that the nutritional needs of non-breastfed infants are met.
- In a given emergency setting, there might be situations in which infants and young children cannot be breastfed, or are partially breastfed, for a longer or shorter period of time.

These situations can be grouped into the following categories:

1) Infants and young children who were orphaned or whose mother has been absent for a long period of time either before the humanitarian situation or in the course of the humanitarian situation and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
2) Infants and young children whose mother is present and who were not breastfed before the time the humanitarian situation or in the course of the humanitarian situation regardless of the reason, and for whom wet-nursing, relactation or receiving donor human milk is not feasible;
3) Situations where the mother and/or infant has a medical condition for which breastfeeding is not possible, and for whom wet-nursing, relactation or receiving donor human milk is not feasible; and
4) Infants under the age of 6 months who are mixed fed (breastfeeding plus BMS) and whose mother is being supported to transition to exclusive breastfeeding.

- Infants and young children who belong to one of the four categories above need to receive a breastmilk substitute. The breastmilk substitutes required for an emergency response need to be procured in line with normal procurement channels and in line with global guidance on this issue. UNICEF will not accept donations of breastmilk substitutes.
- The Code must be followed at all times, in development and emergency settings, by producers and distributers of breastmilk substitutes, health workers, actors in the emergency response and others.

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