

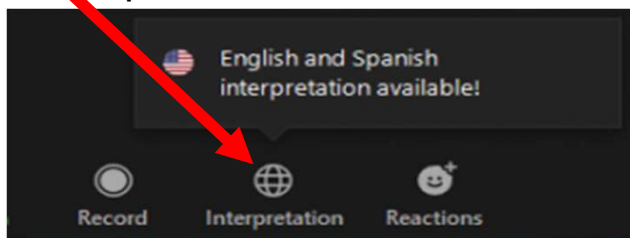
## A Learning and Sharing Café:

### Preventing and managing inappropriate donations - breastmilk substitutes products

Translation is accessible by clicking the globe icon on the bottom of your screen.

La traduction est accessible en cliquant sur l'icône du globe terrestre au bas de votre écran.

Se puede acceder a la traducción haciendo clic en el icono del globo en la parte inferior de la pantalla.



يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق  
رمز الكرة الأرضية أسفل الشاشة.

# A Learning and Sharing Café: Preventing and managing inappropriate donations - breastmilk substitutes products

**7 October 2021**

**2-3.30PM CET**



## Members of the IFE Core Group Webinar Working Group



## Supporting Donors



**Note:** This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.

## Objectives - Sharing and Learning!

- Launching of infographic on preventing and managing inappropriate donations
- Introduce the new UNICEF BMS procurement guidance
- Share country experiences on preventing and managing inappropriate donations!



## Webinar Agenda

- Introduction
- Launch of infographic
- Audience Question #1 (Mentimeter)
- UNICEF BMS procurement guidance
- Case studies from Latin America and the Caribbean, Cambodia, Slovenia, Myanmar and Timor Leste
- Audience Question #2 (Mentimeter)
- Q&A
- Closing



## Today's Presenters



**Brooke Bauer**  
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GNC Technical Alliance



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Network (ENN) / Global IYCF-E  
Adviser Save the Children



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Nutrition Specialist,  
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UNICEF HQ



**Her Excellency Dr Prak Sophonneary**  
Undersecretary of State,  
Cambodia Ministry of Health



**Sanjay Kumar Das**  
Nutrition Manager (interim Nutrition  
Cluster Coordinator, UNICEF, Myanmar



**Dr Marcos Arana Cedeño**  
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**Dra. Clavel Sánchez**  
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**Dr Magdalena Whoolery**  
Maternal-Child Health & Infant-Young  
Child Feeding Consultant



**Ana Kristovic**  
Project Manager,  
ADRA Slovenia



**Linda Shaker Berbari**  
IFE Core Group Facilitator /  
Consultant  
Emergency Nutrition Network (ENN)

## PREVENTING AND MANAGING INAPPROPRIATE DONATIONS

### BREASTMILK SUBSTITUTES AND OTHER PROHIBITED PRODUCTS

A guide for emergency relief staff, donors, and governments

**During emergencies: Do not solicit, donate, accept, or distribute donations of breastmilk substitutes (BMS) and other products\***

#### 1. Prohibited donations

**Donations and unrestricted distributions of the following products put infants at risk:**

- **Breastmilk substitutes**, including infant formula, follow-on formula and growing-up milks.
- **Other milk products**, e.g. dried or liquid cow's milk, goat milk, evaporated or condensed milk, UHT-treated milk or yoghurt.
- **Baby teas, baby and water** marketed as suitable for infants under six months.
- **Breastfed, baby, breast pumps**.
- **Any commercial complementary food** marketed for use for infants under six months.

#### What's the risk?

Donated products are often:

- In violation of the WHO Code.
- Usually (but not always) of unreliable quality etc.
- Available in quantity.
- Labeled in the wrong language.
- Not supplied in a reliable manner.
- Not possible to hygienically use in an emergency context.
- Used by inexperienced mothers, increasing their milk supply.
- Lacking the information, supplies and support that caregivers of formula-dependent infants need to feed safely.

**2. Prevent donations**  
Do you know your role?

#### Government, health and nutrition cluster coordinators and partners

- Inform and document **publicly** using the channels set up for this purpose.
- Issue **dissemination lists** and **advising letters** to those who are likely to be involved in the distribution of prohibited products.
- **Supportively share information** (including reports of violations, for action (e.g. enforcement) in a national level and global level (e.g. technical).
- **Support a disaster prevention and management taskforce**.
- Develop and widely circulate a **joint statement** in key languages, including media, communication, logistics, donor and partner agencies.

#### Food security sector

- Screen donors to **include safe and appropriate complementary foods**.
- **Check food aid** against the WHO Code and the prohibited products and their point of intended distribution.

#### Customs

- **Put in place systems and preparation** (including inspection and enforcement) to **prevent entry**.
- **Engage other members and communities** (including NGOs and community health workers) to **report** (e.g. via WhatsApp).

#### Health

- **Do not call for donations** of these products.
- **Question** (donors and the emergency response) and **advise** (health workers).

#### Disaster

- **Food sharing services** are **not** to be used for food sharing services.
- **Food sharing services** are **not** to be used for food sharing services.
- **Food sharing services** are **not** to be used for food sharing services.

#### Early protection and social welfare sector

- **Never include** BMS in a disaster relief kit.
- **Coordinate** with the national and/or donors' emergency response.
- **Offer** feeding support for separated and orphaned children.

#### Legal, logistics and camp management

- **Apply policy** to conditions and distribution.
- **Identify** members of the program (including intermediaries and distributors) of prohibited products.

**3. Detect and manage unprevented donations**  
Donations can arrive early in an emergency. Preparedness is critical! It saves money, time and lives.

#### 1. Detect and report

- **Include a representative** from the cluster (e.g. a community health worker) in the distribution of donations as early and as often as possible.
- **Coordinate** distribution and delivery of prohibited products.
- **Engage** the national and/or donor's emergency response.
- **Engage** the national and/or donor's emergency response.

#### 2. Intercept, transport and securely store

- **Intercept** the prohibited products as early as possible.
- **Intercept** the prohibited products as early as possible.
- **Intercept** the prohibited products as early as possible.

#### 3. Sort and handle

- **Establish a **dedicated** storage area** for the prohibited products.
- **Secure** the area to **prevent** the products from being distributed.
- **Secure** the area to **prevent** the products from being distributed.

#### 4. Donation Management Plan

Can the product be returned? → Yes → Consider making parties holding the product aware of the situation.

Can the product be used? → Yes → Consider making parties holding the product aware of the situation.

Can the product be sold? → Yes → Consider making parties holding the product aware of the situation.

Can the product be destroyed? → Yes → Consider making parties holding the product aware of the situation.

Part of the Infant Feeding in Emergencies Core Group infographic series. Find out more at [www.ennonline.net/ife](http://www.ennonline.net/ife)

USAID IFE CORE GROUP

### PREVENTING AND MANAGING INAPPROPRIATE DONATIONS

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 Do not solicit, donate, accept, or distribute donations of breastmilk substitutes (BMS) and other products\*

**1. Prohibited donations**

Donations and uncontrolled distributions of the following products put infants at risk:

- Breastmilk substitutes, including infant formula, follow-on formula and growing-up milk.
- Other milk products, e.g. dried or liquid cow's milk, case, the concentrate or condensed milk, fermented milk or yogurt.
- Baby teas, juices and waters marketed as suitable for infants under six months.
- Bottles, teats, breast pumps.
- Any commercial complementary feed marketed for use for infants under six months.

**What's the risk?**

Donated products are often:

- In violation of the WHO Code.
- Unably inspected, the wrong type, unreliable quality etc.
- Expired or in quantity.
- Labeled in the wrong language.
- Not supplied in a reliable manner.
- Not possible to appropriately use in an emergency context.
- Used by breastfeeding mothers, disrupting their milk supply.
- Lacking the nutrients, additives and support that caregivers of formula-dependent infants need to feed safely.

**2. Prevent donations**  
 Do you know your role?

**1. Never call for donations of these products.**

**2. Be aware of relevant policies.**

**3. Report any calls for offers of or actual donations (including online media) to the designated authority.**

**4. Research, health and nutrition cluster coordinators and partners:**

- Review and coordinate policy, including the WHO Code, to be adopted.
- Review national policies and marketing systems in place.
- Identify possible donors, including private and not-for-profit, across all the regions of operation to better distribute.
- Incorporate clear information on policy aspects of national, for action (e.g. enforcement) in national law and global level (e.g. treaties).
- Develop a Donator Registration and Management Toolkits.
- Develop and widely communicate a joint statement to key stakeholders, including media, communication, legislators and partner agencies.

**5. Donors:**

- Only offering services or supplies to children through regulated channels.
- Ensuring quality of all equipment, including infant feeding support services.

**6. Local providers and social welfare actors:**

- Assess needs and coordinate supply.
- Coordinate all the various actors to ensure distribution.
- Offer feeding support for separated and orphaned children.

**7. Media, logistics and camp management:**

- Assess policy on donations and distributions.
- Assess capacity of emergency storage.
- Investigate and coordinate all members' products without official approval.

**8. Customs:**

- For all goods control and registration.
- Provide emergency or emergency relief.
- For all other imports and customs.
- Provide information that emergency relief staff should have (Donor, type, quantity).

**9. Results:**

- The need for donations of these products is decreasing or eliminated.
- Supply of all emergency relief staff is met.

**3. Detect and manage unreported donations**  
 Donations can arrive early in an emergency. Preparedness is critical: it saves money, time and lives.

**1. Detect and report**

- Activate a detection system (e.g. hotline, reporting form).
- Identify and coordinate all the various actors to ensure distribution.
- Identify the existing gaps with the WHO Code (Donation Authority, Donator Registration and Management Toolkits).

**2. Intercept, transport and securely store**

- Activate a detection system (e.g. hotline, reporting form).
- Identify and coordinate all the various actors to ensure distribution.
- Identify the existing gaps with the WHO Code (Donation Authority, Donator Registration and Management Toolkits).

**3. Sort and handle**

- Establish a Donator Registration and Management Toolkits.
- Activate a detection system (e.g. hotline, reporting form).
- Identify and coordinate all the various actors to ensure distribution.
- Identify the existing gaps with the WHO Code (Donation Authority, Donator Registration and Management Toolkits).

**4. Donation Management Plan**

Can the product be returned?

- Yes
- No

Can the product be used for relief?

- Yes
- No

Can the product be used for relief?

- Yes
- No

Can the product be used for relief?

- Yes
- No

**5. Return**

- Return the product to the donor or the manufacturer.
- Make sure the product is safe for use.
- Make sure the product is safe for use.

**6. Results**

- Use as appropriate of local, national and global level.
- Make sure the product is safe for use.
- Make sure the product is safe for use.

- Currently available in French and Japanese
- Contact [ife@enonline.net](mailto:ife@enonline.net) if interested in translating
- Feel free to adopt and contextualise this infographic!

## Audience Question #1

Go to [www.menti.com](http://www.menti.com) and enter this code: 25404349

Your initial impressions: How will you use this infographic?

# Procurement and Use of Breastmilk Substitutes in Humanitarian Settings



unicef  | for every child

**FATMATA FATIMA  
SESAY**  
Nutrition Specialist,  
Infant Feeding  
UNICEF HQ



# Background

- UNICEF 2020-2030 nutrition strategy is committed to [protecting, promoting, and supporting breastfeeding](#)
  - There are circumstances where infants cannot be breastfed
- [2018: Provider of last resort for BMS](#), in line with its Cluster Lead Agency (CLA) accountabilities
- [2020: Provider of first resort](#) for BMS where procurement is warranted; as well as the [provider of last resort for BMS](#)
- Guidance outlines UNICEF's commitments, guiding principles, and procedures for managing the procurement and use of breastmilk substitutes



# Policy commitments and global standards

- [Core Commitments for Children in Humanitarian Action](#)
- [Operational Guidance on Infant and Young Child Feeding in Emergencies](#)
- [International Code on Marketing of Breastmilk Substitutes and WHA Resolutions](#)
- [Sphere Standards](#)





# Guiding principles for procurement

## UNICEF will:

- Advocate and provide support for the recommended IYCF practices before, during and after a humanitarian crisis
- Adhere to the principle of 'do no harm'
- Advocate for and enable the individual assessment, targeted support, and supervision and monitoring
- Act to prevent and limit the risks of the promotion and inappropriate use of BMS
- Ensure that BMS are only distributed to infants for whom the need has been established



3.

*Guiding principles for UNICEF procurement of BMS in response to humanitarian situations*

# Acquisition of BMS

- UNICEF will **not seek or accept donations of BMS**
- All procurement must be approved by Nutrition Section, Programme Division, at New York Headquarters, and the Medicines and Nutrition Centre of SD
- Ideally, procured by UNICEF SD
  - The **right quality (including compliance with the Codex Alimentarius Standards and the Code)**
  - Exceptional cases, **local procurement authorization**



# General aspects of BMS procurement

- Preparedness
- Public communication, social mobilization and advocacy
- Coordination across other sectors
- Capacity building
- Monitoring, Evaluation and Knowledge management







10.

Monitoring,  
evaluation and  
knowledge  
management

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**Designer:** Nona Reuter

Please send any comments and questions to [nutrition@unicef.org](mailto:nutrition@unicef.org)



# Challenges for Infant and Young Child Feeding in Emergencies in Latin America and the Caribbean

**Marcos Arana, Clavel Sanchez and Vilma Pop de Chávez**  
**IBFAN Latin America and the Caribbean**



## IBFAN LAC

- 

This report presents some of the violations of the International Code on Marketing of Breastmilk Substitutes found during the first year of the COVID-19 pandemic in Latin America.

**Monitoring was undertaken by IBFAN members in the region.** These evidences do not exhaust the actions of the infant food industry, that took advantage of the vulnerability of mothers, children and their families during the emergency.







La industria de fórmula confronta la lactancia materna durante la pandemia

The formula industry confronts breastfeeding during the pandemic

<https://ojo-publico.com/1898/industria-de-formulas-para-bebes-confronta-la-lactancia?fbclid=IwAR2ZyKouVCm9DxjQScmdHJcCG5SMZJF1keNeUtjKdG-boIORQxEgIX6j02A>



VIOLACIONES AL CODIGO INTERNACIONAL DE SUCEDANEOS DE LA LECHE MATERNA

# PANDEMIA COVID 19

VIOLATIONS OF THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

# COVID 19 PANDEMIC





# BMS donations in Mexico, promoted by Nestlé and FEMSA (Coca-Cola)

**Juntos podemos  
nutrir sus vidas**

Súmate a Farmacias YZA, Fundación FEMSA y Nestlé donando **\$195.00** para apoyar con latas de leche a bebés y niños en comunidades vulnerables de Veracruz y el Sureste de México.



**Por cada lata Farmacias YZA, Fundación FEMSA y Nestlé donaremos 3 latas más\***

*\*Aplicable a las primeras mil latas de leche*

**ALTO EN MALDAD**

Además, incluiremos contenidos para fomentar la crianza positiva en la familia durante la contingencia. Tú también puedes encontrarlos en [fundacionfemsa.org](http://fundacionfemsa.org)

**¡Realiza tu donativo ahora!**

Directamente en tu sucursal de Farmacias YZA más cercana o vía transferencia bancaria.

Transferencia bancaria en Banco BBVA  
Nombre de beneficiario: **Farmacon SA de CV**  
Cuenta: **0192657864**  
Clabe: **012744001926578642**  
Monto: **\$195.00**

 Medical Mission Network México  Caritas Veracruz A.C. La entrega en especie se realizará con el apoyo de Medical Mission Network México y Caritas Veracruz.

**En tiempos difíciles, apoyemos a quien más lo necesita.**

Campaña del 15 de mayo al 16 de junio 2020. Para solicitar recibo deducible de impuestos, envía un correo con tus datos fiscales y el comprobante de transferencia o ticket a [karlae.ramirez@yza.mx](mailto:karlae.ramirez@yza.mx)



# Causing fear of COVID-19 infection among breastfeeding mothers in Paraguay

<https://www.bbc.com/>

Suggesting that babies may get COVID-19 if breastfed



¿Puede transmitirse el COVID-19 a través de la leche materna?



NUTRICIA

Solo para profesionales de salud, no para distribuir al público.

Más información >

\*Basado en recomendaciones de OMS



En estudios sobre mujeres con COVID-19 y SARS-CoV, **el virus no se ha detectado en la leche materna.** Sin embargo, no se sabe si el COVID-19 puede transmitirse a través de ella.

NUTRICIA

Solo para profesionales de salud, no para distribuir al público.



# DONATIONS of Nestum in Honduras

119,420 servings of Nestum donated by Nestlé



<https://iconomag.com/categoria-actualidad/categoria-honduras-504/donativo-nestle-honduras-119400-porciones-de-cereales-nestum/>



# Donations of food, money and medical equipment by infant food companies, Central America



# Donations in South America

Publicado hace 2 meses on 15/07/2020  
Por Forbes Staff



COLOMBIA



ECUADOR



BOLIVIA



PERU



URUGUAY



CHILE





# Public appeals for of the donation BMS and feeding bottles (Mexico)



## MÉXICO NOS NECESITA

Trae tus donaciones al **Centro de Acopio de la UNAM**. Instalado frente al **Estadio Olímpico Universitario**

De 9:00 a 17:00 hrs

Artículos que puedes traer:

Atún	Azúcar	Galletas
Frijoles	Café	Alimento para bebé
Sardina	Aceite	Pañales para bebé y adulto
Verduras Enlatadas	Leche en polvo	Alimento para mascota
Sal	Sopa de Pasta	Papel Sanitario
		Artículos de higiene personal

No son necesarios agua, ropa y medicamentos

Fundación UNAM se solidariza con la población afectada por este fenómeno natural



hace 3 días



EN **DIF Nacional** ABRIMOS CENTROS DE ACOPIO

## MÉXICO TE NECESITA

**AYÚDANOS CON:**

- Alimentos enlatados y empaquetados
- Agua embotellada
- Alimentos para bebé
- Artículos de aseo personal
- Artículos de limpieza
- Medicamentos

**CIUDAD DE MÉXICO:**

- **Centro de acopio No. 1**  
Oficinas Centrales DIF Nacional,  
Av. Emiliano Zapata No. 340, primer piso,  
Col. Santa Cruz Atoyac, Del. Benito Juárez.
- **Centro de acopio No. 2**  
Almacén General DIF, Av. México Coyoacán No. 278,  
Col. Santa Cruz Atoyac, Del. Benito Juárez.
- **Centro de acopio No. 3**  
Casa Hogar para Niñas "Graciela Zubirán Villarreal"  
Av. Insurgentes Sur No. 3700A, Col. Cuicuilco,  
Delegación Coyoacán, C.P 14410.

hace 2 días



## Centros de Acopio para Damnificados

Estarán instalados de **lunes a viernes de 8:00 a 15:00 horas**, en los módulos del DIF, en el Palacio Municipal de Veracruz (oficina de discapacidad).

- DIF Módulo Matamoros**  
Matamoros entre Palacios y Bustamante, fraccionamiento Los Pinos.  
Teléfono 200-10-04
- DIF Módulo Negrete**  
Negrete casi esquina Bolívar, colonia Zaragoza. Teléfono 200-10-78
- DIF Módulo Ruiz Cortines**  
Calle Oriente 2 s/n entre Sur 4, colonia Adolfo Ruiz Cortines

**Estaremos recibiendo:**

- Alimentos enlatados
- Leche en polvo
- Sopas instantáneas
- Agua
- Pañales
- Toallas femeninas
- Papel higiénico
- Pasta de dientes
- Medicinas no caducas
- Ropa y zapatos en buen estado
- Materiales de curación como:  
gasas, vendas, desinfectantes, suero, alcohol, gel antibacterial.

f DIF Municipal Veracruz @DIFVer @difVer hace 3 días

# Near to expire BMC unsolicited donations



**BMS unsolicited donations by Mead Johnson  
In Juchitán,Oaxaca (3,700 tins) October 2017**



Photograph: Marcos Arana, 2017

# Repackaging BMS donations





# Conclusions

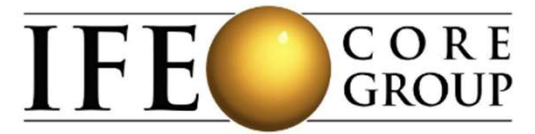
- 

Although many countries have national norms or codes based in the International Code on the Marketing of Breastmilk Substitutes, violations continue.

There is an urgent need to review the existing regulations country by country in aim to assure that all the provision of the International Code are considered. It is also crucial that every country in the region counts on national guidelines to protect Infant and Young Child Feeding in Emergencies.

Many regions of Latin America are prone to disasters. Due to climate change, emergency situations will intensify .

The Operational Guidance on Infant and Young Child Feeding in Emergencies will be a valuable instrument to adapt and promote resilience against the incoming climate crisis.



Cambodia video

# Preventing and Managing Donations in Emergencies

An example from **ADRA** Slovenia

# European refugee crisis – Western Balkans route, Slovenia

- Duration: September 2015 – March 2016
- Slovenia was a transitional country on the route to northern Europe
- More than 360.000 people crossed the country during the emergency
- October 2015 more than 12.000 in one day
- Approx. 25% of refugees were women and small children (Nov 2015)
- Unprecedented, large emergency





## First stage of emergency: Beti – registration center entry point

- 8,000 – 12,000 people entered daily
- Lack of response capacity
- No facilities
- Lack of food
- Overcrowded center
- No space for mothers and children
- No policy or management of infant feeding
- Time in the country 24h-48h (from entry to exit)



## Second stage of emergency: Train station - Dobova

- 3000 people entering daily.
- Only entry point into the country
- No facilities
- Registration process and waiting on the train to move to exist point
- Infant feeding: breastfeeding, assistance with formula, use of bottles
- Training of volunteers on breastfeeding practices
- Advocacy for observance of lactating mothers and infants is in full force
- Complementary feeding for mothers and infants over 6 months begins
- Time in the country: few hours to 24h



### **Third stage of emergency: Reception center Dobova**

- 3000 – 1000 people entering daily
- Facilities: WAHA container, Child friendly space, doctors tent
- Infant feeding: breastfeeding, assistance with formula feeding is limited and administered either by personnel in WAHA container or by a doctor
- Complementary feeding for women and children
- Night arrivals – child friendly space operated only during the day
- Time in country: few hours to 72h – depends on border closures



# IYCF data in the context



## Practices:

- Pre-crisis infant feeding, exclusive 0-5 months: Afghanistan (2015/2016 – 43,1% , Syria 2009/2010 - 42,6% and Iraq 2011 – 19,1%)
- On the field 2015/2016 – prevalent form of infant feeding remained breastfeeding; specific cases of assistance with BMS;

## Policy environment:

- No policy in place for management of the crisis by the government – *ad hoc* adapting to the situation. Nutrition policy was based on natural disasters in the country adapted to meet *halal* standards (calorie value). No national policy was in place that would address IYCF
- No body was established to deal with any donations of BMS, milk products, bottle and teats
- Coordination meetings with NGOs on the field, UNHCR – trying to address the issues of camp managements, layout, need for designated space for infants and mothers, paediatrician and addressing the issues of infant feeding by actors on the field – slow addressing of the issues of infant feeding and lactating mothers

# The Challenges

- Limitations to breastfeeding on the field:
  - Unprecedented, large emergency, *ad hoc* coordination, no cluster system
  - Food shortages at the first stage of emergency (September – October 2015)
  - Overcrowded reception centers (1.500 people in a center for 300 people, 1.500 waiting outside the center)
  - Stress and fatigue, poor nutrition, lack of breastmilk, respiratory diseases, gastrointestinal problems of lactating women
  - Lack of breastfeeding facilities at entry point reception centers (train station until December 2015)
  - Overcrowded coaches, cultural practices limited women who could breastfeed
  - Lack of counseling services for mothers in transition

# The Problem

- Uncontrolled Infant formula donations were widespread and was provided by Civil Protection and other NGOs in the field
- ADRA Slovenia was offered a donation of baby bottles (360 pcs, 15 boxes)
  - Despite existing SOP, donation was accepted in the field
  - Due to the need in the field to administer infant formula in a safe and proper way



## How did we solve it?

- Donation was reported by ADRA Slovenia to the Network and donor (ADRA-I) and explained why it was used in limited quantity
- Donation was also reported at coordination meetings with civil protection and other NGOs
- Educating volunteers on best practices for encouragement of breastfeeding
- Allocating more funds for additional food rations for mothers and children above 6 months:
  - upon informing the donor (ADRA-I) on the issues of infant feeding remaining funds for the intervention were restructured to ensure purchase of additional food rations for vulnerable beneficiaries.
  - at that stage food packages for beneficiaries were provided by the Government in full (food shortages were resolved).
  - donors of in-kind donations were called upon to donate foods to go to mothers for additional rations and supplementary feeding.
- Donation of baby bottles was used in specific cases – lack of breastmilk, cultural reasons, doctor's recommendation (malnutrition of a child)

## How did we solve it?

- Advocating for adequate and safe space for breastfeeding at coordination meetings
- Advocating for provision of additional foods for pregnant and lactating women
  - Result was lower distribution of infant formula
- When the new transitional camp was established in Dobova with the layout that permitted child friendly space, separate WAHA container for breastfeeding, changing and rest, separate medical tent ADRA volunteers supported IYCF-E within the camp.
  - Informing and accompanying lactating women to child friendly space and WAHA container or medical tent by volunteers of ADRA Slovenia
  - ADRA Slovenia with the establishment of WAHA container continued to monitor and report donations within the camp





# Lessons learnt



- More efforts need to be dedicated to needs of pregnant and lactating women from the start of the emergency parallel with other crucial needs
- Joint efforts from all actors on the field are crucial – advocating for facilities, doctors and nutrition led to establishment of facilities where lactating mothers were given attention to (WAHA container, medical tent, child friendly space)
- Progress was made on nutrition of infants and pregnant and lactating mothers through communication with the donor, restructuring intervention to ensure additional food aid was provided (ADRA SI)
- Educating volunteers and sensitizing actors on the field assisted with efforts to improve breastfeeding practices on the field
- Debrief meeting with Civil Protection – recognized need for additional food aid for vulnerable groups from the start (not planned before in the management of emergencies)
  - Civil Protection saw and recognised the need

# Preventing and Managing Donations in Emergencies

An example from Myanmar



Presented by Sanjay Kumar Das  
Nutrition Manager/Interim Nutrition Cluster Coordinator

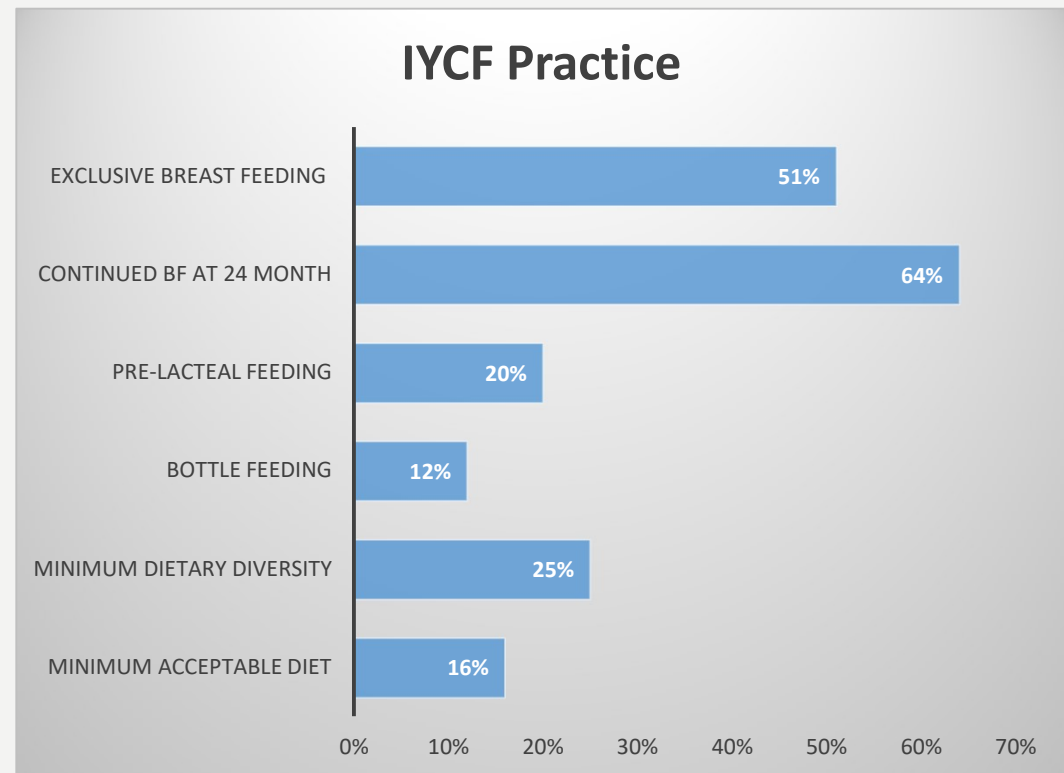
## The context / the emergency

- Total Population: 54 Million
- Triple burden of Malnutrition (Stunting: 29%; Wasting 7% Anemia: more than 57% among U5 and PLW; & increasing trend of overweight (WRA: 25% & U5: 1%)
- Protracted armed conflict, Flood, Cyclone and landslides
- Since 1<sup>st</sup> February 2021, increased displacement due to armed conflict and ongoing Civil Disobedience Movement (CDM)
- UN and partner have limited engagement with de-facto authorities

# IYCF situation

## Policy environment:

- BFHI promotion, IYCF strategy 2011-2016
- BMS order launched in 2014 and its enforcement has been affected due to current political crisis
- MICN implementation Plan 2021-2025



**Our experience...**

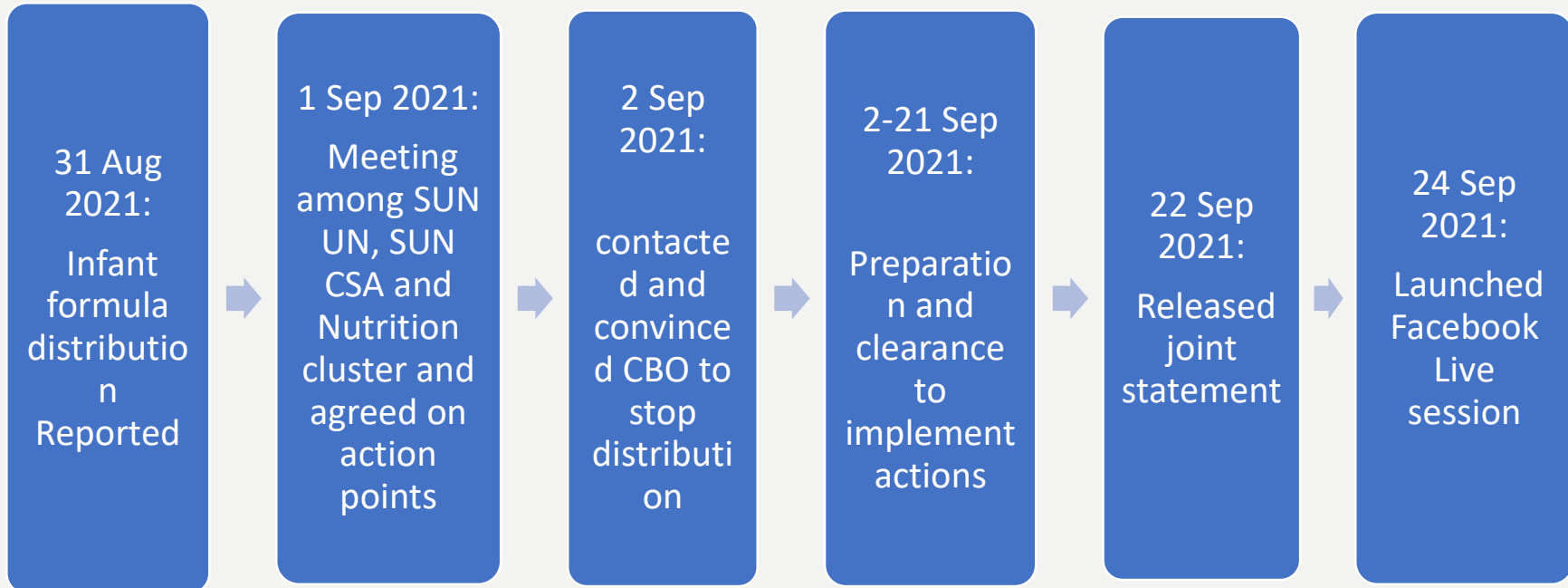


## The problem

- Nutrition cluster got the report of donation of infant formula in some hard-to-reach conflict affected areas
- There was advert on social media (Facebook) requesting to donate infant formula for distribution in conflict affected areas



# The Timeline



## How did we solve it?



- Set up monitoring and reporting system for unsolicited distribution and violation of BMS code
- As we do not have engagement with MOHS and due to ongoing CDM in Myanmar, a quick meeting among UNICEF (as NCC), WFP (UN Nutrition) and SCI (SUN CSA Chair) was organized and agreed on following action points as way forward:

Action points	Results
Reach out to CBOs and counsel them on BMS code and harmful affect of infant formula distribution	UNICEF and SCI reached out and convinced CBO to stop distribution immediately
Release a joint statement from nutrition clusters to sensitize stakeholders on importance of breastfeeding and reporting of infant formula distribution	UNICEF as NC lead agency released joint statement “Nutrition partners caution against unnecessary use of BMS”. 30,467 people viewed, 23 shares and 257 reactions
Organize facebook live session on the topic “Human Milk is the Best for Human Babies, It is TIMELESS”	WFP moderator and UNICEF and SCI panel members. 28,059 viewed and 171 reactions
Scale up nutrition program in those hard-to-reach areas	UNICEF provided nutrition supplies and SCI with other local partners scaling up NIE

## Our lessons learned to share with you

- As most of the staffs are on CDM and limited engagement with de-facto government, challenges to take necessary actions against BMS code violators
- Strong coordination and better understanding among nutrition cluster and SUN networks members have ensured to monitor, reports and control unsolicited distribution of infant formula and violation of BMS
- Use social media, existing platform and partnership for better impact
- Next step: Coordination with regional level networks to provide oversight supports and advocacy to have better impact specially to control advertisement for promotion of BMS

**Thank you for kind attention !**

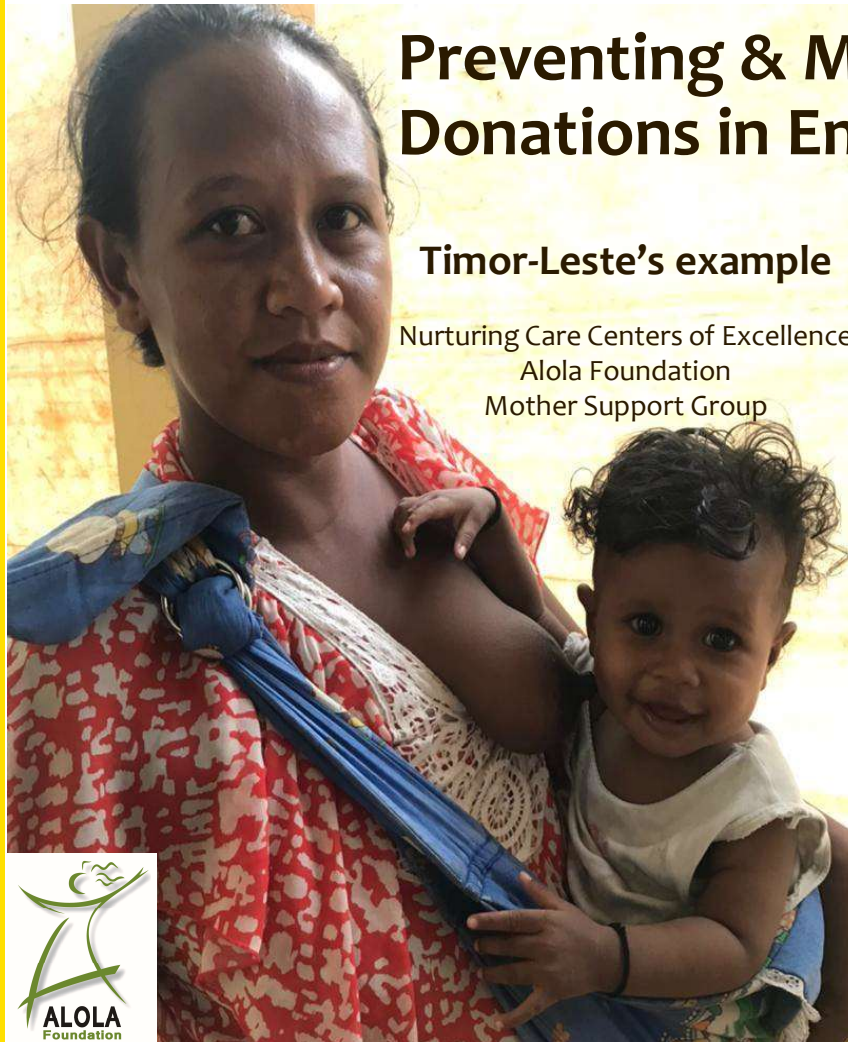




# Preventing & Managing Inappropriate Donations in Emergencies

## Timor-Leste's example

Nurturing Care Centers of Excellence  
Aloia Foundation  
Mother Support Group



Dr. Magdalena Whoolery  
Maternal-Child Health & Infant-Young Child Feeding Consultant

# Timor-Leste (TL) Floods

- Island nation (South East Asia), with a population of 1.3 million (World Bank 2021).
- Heavy rains across TL from 29 March to 4 April 2021, resulted in flash floods & landslides affecting all 13 municipalities (UN RC 2021).
- 41 deaths (including 9 missing, presumed dead). Total 30,367 households across the country affected; of those, 24,674 households in Dili municipality (UN RC 2021).
- Influx of formulas, bottles, milks & inappropriate ultra-processed products from Indonesia, distributed across evacuation centers (IBFAN Member reported to IBFAN SEA, April 2021).





# The context / IYCF situation

## Practice:

- Exclusive breastfeeding 64.2% (MoH/UNICEF 2020).
- Under 5 mortality rate 44.2 per 1,000 live births (UNICEF 2019)
- 1 in 2 children under 5 yrs stunted (UNICEF 2018).
- 1 in 24 children under 5 yrs will not live to experience their 5<sup>th</sup> birthday (UNICEF 2018).



## Policy environment:

- Decree Code of Marketing drafted in 2003 & updated 2019 – 18 yrs “on the desk” (hindered by industry lobbying).
- Breastfeeding Promotion Policy was drafted in 2009 & has since remained in draft form.
- In 2020, TL became “SUN Country”.



## Our experience...



Since 2018, a pattern of behavior from Industry proxies in undermining BF, has been documented, culminating in the refusal to release Standard IYCF-E Statement (**Section 1 Infographics - Prevent donations**). What was to follow was Government Agencies mass distribution of milk & other ultra-processed products to the malnourished. The spill over effect immense.



Nurturing Care  
Centers of Excellence

Timor-Leste  
Emergency Response & Beyond

BEFORE  
&  
AFTER



**Case study: Attempts by Industry proxies to shut down Nurturing Care Safe Space.**

# The problem – Predatory Marketing at every level

- Shops intensified violations like no other time.
- Intense company lobbying (NSW Australian registered business – Industry group) & Indonesian Mandiri Bank.
- Evacuation centers all received Indomilk from government agencies (including MoH’s Nutrition Team).
- High level distributions of infant formula, inappropriate milk products, ultra-processed products, meant children were living off instant noodles (Indofood) & Dancow processed milk (Nestle).
- Suspected Industry proxy at government spreading mis-information that “The WHO Code doesn’t matter” (TL is a WHA Member State).

Section 2 Infographics - Detecting & managing donations.

VIII GOVERNO CONSTITUCIONAL  
MINISTÉRIO DA SAÚDE  
DIRECÇÃO NACIONAL SAÚDE PÚBLICA  
DEPARTAMENTO NUTRISAUN

TERMU DE ENTREGA

Assunto: Termo de Entrega

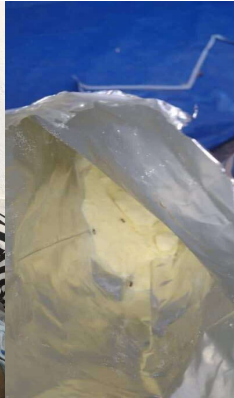
Direcção Nacional Saúde Pública liu hosi Departamentu Nutrisaun fo Ajuda Emergencia ba Inan Ioln Rua, Inan fo Susu no Labarik ho idade Menus Husi Tinan 5, ne' ebe afeitadus ba Inmudasaun, no wain hira Emergencia remata Departamentu Nutrisaun sei rekoha fila fali equipamentus sira banasan deskreve iha tabela.

No	Diskripsaun Item	Quantidade	Observasaun
1	Kobo	25kg	
2	Feremingu	30kg	
3	Mandichon	12 Bala	
4	Masin	10 Sachets	
5	Susuban <u>Intanall 12ml</u>	10 Bazar	
6	Virgin Coconut Oil	530 ml	
7	Cooking Utensils Pad	1	
8	bucket	1	
9	Big Spoon	2	

Dia: 14 / 4 de 2021  
Entrega Husi: Simu Husi







IFE CORE GROUP logo at the top. Below it, a screenshot of the website 'bms.ms.gov.tl' showing the 'International Code of Marketing of Breast-milk Substitutes' monitoring and reporting tool. The tool is available in Tetum and English and has an app version. A red box highlights the text: 'Code tool server was cut in Indonesia on the 40<sup>th</sup> Anniversary of the Code (Section 2 Infographics - Detect & Report)'.

Red Cross distributed not only condensed milk in evacuation centers, but made social media & televised requests for infant formula. Handing formula to \*Exclusive BF Mothers\* at their evacuation center.

On a site visit to worst affected camp, Minister of Health encouraged us to continue our work. But 5 days later returned privately to distribute Indomilk (Indofood).

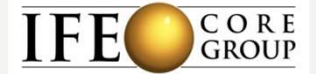


Prime Minister's wife & President's wife signed agreements with lobby group, distributing their products...



# How did we solve it?

## Nurturing Care - Centers of Excellence



## Our lessons learned to share with you...

- Target the most vulnerable.
- Skin-to-Skin Contact - Zero-separation.
- BF Protection, Promotion & Support, including BF doll, Wet Nurse Database, Relactation, Bottle Amnesty & Cup Feeding.
- Community Empowerment
  - Mass socialization - education/peer training.
  - Simple messaging based on WHO recommendations



- Advocated, helped develop & draft the Standard Joint IYCF-E Statement ([Section 1 Infographic](#))
- Advocated for deployment of Alola BF Mother Support Counsellors.
- Piloted Nurturing Safe Space with “TEN Steps to Centers of Excellence”. MoH replicated in 20 evacuation centers with UNICEF support.
- Alola volunteers prevented, intercepted & managed donations ([Section 2 Infographic](#)).
- Cooking traditional nutritious local foods & provision of fresh fruits. Avoiding Ultra-processed products & emphasizing rainbow foods.
- Locally made version of “Plumpy Nut”.
- Community became #CodeHeroes.





## Audience Question #2 (Mentimeter)

Go to [www.menti.com](http://www.menti.com) and enter this code: 25404349

**How did you prevent or manage donations? Tell us your experience?**

## Q&A





Your feedback on the infographic --> please fill out this form <https://forms.gle/ZT2LLoSRbnaRtsKm8>

Please fill out the brief webinar evaluation  
it will take less than 5 minutes  
*(it will pop up when you close the webinar)*

## Looking for support in Nutrition in Emergencies?

	<b>Type of supported needed</b>	<b>Provider</b>
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	<a href="http://www.en-net.org">www.en-net.org</a>

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"