

UNICEF
PROGRAMMING
GUIDANCE

Procurement and use of breastmilk substitutes in humanitarian settings



NUTRITION GUIDANCE SERIES

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Acknowledgements

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Version 2.0

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List of definitions

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 World Health Organization guidance has clarified that a breastmilk substitute includes any milks that are specifically marketed for feeding infants and young children up to the age of 3 years.

Code, the: The International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions.

Codex Alimentarius Standards: Standards adopted by the Codex Alimentarius Commission (the central part of the Joint Food and Agriculture Organization/World Health Organization Food Standard Programme) to protect consumer health and promote fair practices in food trade.

Follow-on/follow-up milk/formula: A milk or milk-like product of animal or vegetable origin formulated industrially in accordance with the Codex Alimentarius Standard for Follow-up Formula and marketed or otherwise represented as suitable for feeding infants and young children 6–36 months of age. These products are not necessary for child nutrition and fall under the remit of the Code.

Infant feeding: Feeding of children under the age of 1 year.

Infant formula: A milk or milk-like product of animal or vegetable origin industrially formulated in accordance with national standards or the Codex Alimentarius Standard for infant formula, and intended to satisfy the nutritional requirements of infants during the first 6 months of life.

Commercial infant formula is branded by a manufacturer. Generic infant formula is unbranded. Powdered Infant Formula is an infant formula product that needs to be reconstituted with safe water before feeding. Ready-to-use infant formula is a type of infant formula product that is packaged as a ready-to-feed liquid and does not need to be reconstituted with water.

Mixed feeding: Feeding an infant younger than six months of age other liquids and/or foods together with breastmilk, i.e. they are not exclusively breastfed.

Relactation: The resumption of breastmilk production (lactation) in a woman who has stopped lactating recently or in the past, in order to breastfeed her own infant or another infant.

Replacement feeding: Feeding a child who is not receiving any breastmilk with a nutritionally adequate diet until the age at which he or she can be fully fed with family foods. This term is used in the context of HIV.

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

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

List of abbreviations

BMS	Breast Milk Substitute
CCCs	Core Commitments for Children in Humanitarian Action
CIK	contribution in-kind
CLA	Cluster Lead Agency
IYCF	Infant and Young Child Feeding
IFE	Infant and Young Child Feeding in Emergencies
MNC	Medicines and Nutrition Centre
OG-IFE	Operational Guidance on Infant and Young Child Feeding in Emergencies
PIF	Powdered Infant Formula
POLR	Provider of last resort
RUIF	ready-to-use infant formula
SD	Supply Division (UNICEF)
UHT	Ultra-High Temperature
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

UNICEF is committed to supporting mothers to exclusively breastfeed their infants to 6 months of age and to continue breastfeeding to age 2 and beyond with appropriate complementary foods. Protection, promotion, and support for breastfeeding is central to all humanitarian programmes that include infant and young child feeding (IYCF) support. However, there are circumstances where infants cannot be breastfed. This guidance document outlines UNICEF's commitments, guiding principles, and procedures for managing the procurement and use of breastmilk substitutes (BMS) for UNICEF staff working in humanitarian settings, where BMS are one component of humanitarian programmes to protect, promote and support infant feeding. This guidance is not intended to provide comprehensive programming guidance on infant feeding in emergencies.

This guidance confirms that UNICEF can act as the **provider of first resort** for BMS where procurement is warranted as part of an overall humanitarian response that supports optimal IYCF; as well as the provider of last resort for BMS, in line with its Cluster Lead Agency (CLA) accountabilities.

In every emergency, there will be infants who are not breastfed or who are partially breastfed. These infants are highly vulnerable and require urgent and targeted protection and support given their increased risk of morbidity and mortality.

Groups of concern 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 (e.g., medical conditions where it is recommended that a mother not breastfeed

temporarily or permanently), and for whom wet-nursing, relactation or receiving donor human milk is not feasible

- 4) As a temporary measure, infants under 6 months of age who are mixed fed (breastfeeding plus BMS) while their mothers are supported to transition to exclusive breastfeeding.

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

As part of the UNICEF Core Commitments for Children in Humanitarian Action (CCCs), UNICEF has a key role to play in providing support in the preparedness and response efforts. As such, the procurement of breastmilk substitutes for infants in need is aligned with our commitments.

The decision to 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 6 months of age should be prioritized for support.

If there is a need to procure BMS in humanitarian contexts, UNICEF can act as the provider of first resort and procure BMS 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 Centre, Supply Division (SD)). This document provides a template for such a request. It also includes key messages for donors, fundraisers and the media.

BMS Procurement Flow Chart

Legend

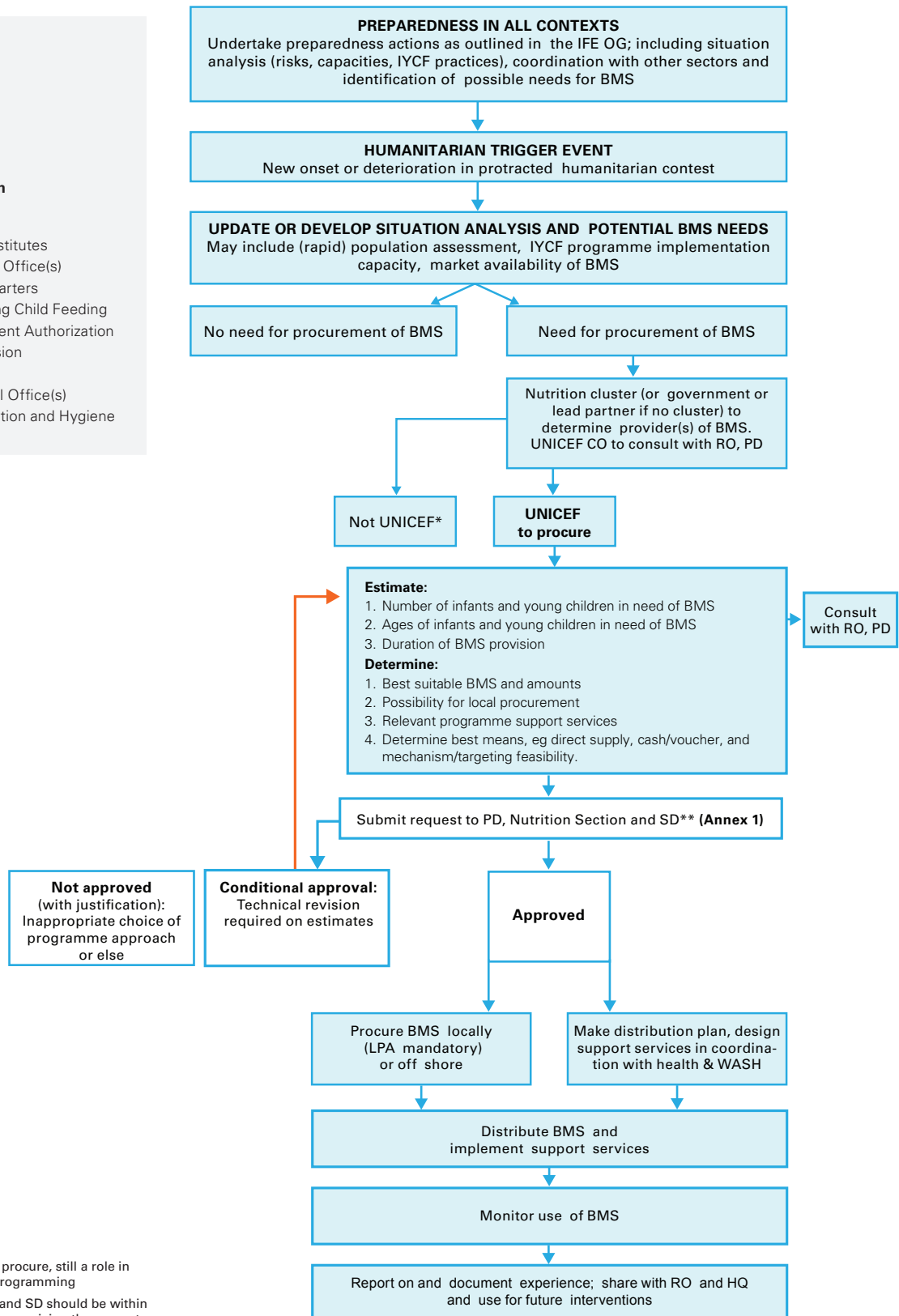
Decisions/Actions

Go to previous step



Country-level action

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



* While UNICEF may not procure, still a role in supporting quality of programming

** Feedback from RO, PD and SD should be within 24 to 72 hours max after receiving the request

1.

Introduction



Breastfeeding is vital to child health and infants should only be breastfed from birth until 6 months of age. Exclusive breastfeeding for the first six months of life is the healthiest way to feed an infant for these first 180 days.^{1,2} Breastmilk contains antibodies and other components that protect children against deadly infections, no matter where they live. This life-saving protection is especially vital in emergency contexts. Breastfeeding remains an important part of children’s diets in the first two years of life and beyond.

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 exclusive and continued breastfeeding in humanitarian situations remain applicable. Breastfeeding becomes even more important in humanitarian contexts given the often-limited access to safe water, compromised hygiene and sanitation, increased risk of disease and food insecurity, and lack of access to health care. Supporting breastfeeding is often challenging in complex and protracted emergencies and in middle- and upper-income countries where mixed feeding or artificial feeding may be the social norm.

Strong and skilled support for breastfeeding must be provided in emergencies. Although stress and moderate malnutrition have no biological impact on milk production, they can still make breastfeeding challenging for mothers.

Donations and inappropriate distributions of BMS also undermine breastfeeding in emergencies.

With adequate social, psychological, and nutritional support, virtually all mothers can breastfeed, even in emergency situations. As well as protecting from infections, breastfeeding reduces maternal stress and reduces infant abandonment.⁴

During humanitarian crises, some children are not breastfed or are mixed fed for reasons described further in this document. The proportion of infants under 6 months of age that are often not breastfed is usually relatively small. However, in specific situations, the proportion may be much higher. Examples of such situations include the refugee and migrant crisis in Europe from 2013–2016 and the Ebola crisis in West Africa in 2014–2015 where a significant proportion of children were only partially breastfed or not breastfed at all.

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 and wider humanitarian partners for decision-making and actions to address the nutritional needs of the non-breastfed infant and other formula-dependent infants as part of the overall nutrition response.

Recommended infant and young child feeding practices for the first two years of life and beyond



2.

*Support for
breastfeeding and
care of non-breastfed
and other formula-
dependent infants in
humanitarian settings*

***Policy commitments and
global standards***



2.1. Core Commitments for Children in Humanitarian Action

UNICEF's CCCs⁵ outline the commitments, benchmarks and key considerations for preparedness and response to humanitarian crises. As of 2020, specific nutrition commitments include IYCF (see Box 1).

BOX 1

Core Commitments for Children in Humanitarian Action

Commitment 3:

Prevention of stunting,⁶ wasting,⁷ micronutrient deficiencies and overweight⁸ in children aged under 5 years

Children aged under 5 years benefit from diets, services and practices that prevent stunting, wasting, micronutrient deficiencies and overweight.

Benchmarks

- Caregivers of children aged 0–23 months are supported to adopt recommended infant and young child feeding practices, including both breastfeeding and complementary feeding.⁹
- Children aged 0–59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming prophylaxis, as appropriate to context.

Key considerations:

- Advocate for the **protection of breastfeeding from unethical marketing practices** in line with the International Code on the Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions and international guidance. **Discourage the donation of breastmilk substitutes or feeding equipment.**
- **Establish safe spaces for feeding** and responsive care and promote linkages with child protection.
- Procure **ready-to-use infant formula for infants who cannot be breastfed, or are mixed fed**, with priority given to infants under 6 months of age in line with this guideline.

2.2 UNICEF Supply Division commitments

In humanitarian contexts where BMS is needed and cannot be supplied within 48 hours, UNICEF commits to act as the provider of first resort. This will include

procurement of BMS in circumstances where the need for BMS to feed non-breastfed and other formula-dependent infants is required as part of a life-saving response in humanitarian contexts. UNICEF can act as the provider of first resort, even if other agencies are able to procure BMS where it is warranted and part of an overall humanitarian response in line with the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE).

Provider of first resort

This means that if there is a need to procure BMS in humanitarian contexts, UNICEF can procure BMS whether or not the cluster has been activated. In humanitarian contexts where BMS is needed and cannot be supplied within 48 hours, UNICEF commits to act as the provider of first resort. This will include procurement of BMS in circumstances where the need for BMS to feed non-breastfed and other formula-dependent infants is required as part of a life-saving response in humanitarian contexts. 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 Centre, Supply Division (SD)). UNICEF can act as the provider of first resort, even if other agencies are able to procure BMS where it is warranted and part of the overall humanitarian response in line with the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE).

To date, UNICEF Supply Division (SD) has supported the procurement of BMS in humanitarian contexts through local procurement authorization and offshore purchase of ready-to-use infant formula (RUIF) or powdered infant formula (PIF). In 2019, RUIF was introduced into UNICEF's Supply Catalogue (S0000832¹⁰) and incorporated into UNICEF's Emergency Supply List, which carries with it the commitment to supply this commodity within 48 hours to 10 days.

SD will follow normal quality assurance procedures.

2.3 Provider of last resort as Cluster Lead

Agency

UNICEF is the Cluster Lead Agency (CLA) for Nutrition. As outlined in the Cluster Coordination Guidance for Country Offices,¹¹ this means that it is the provider of last resort (POLR):

Provider of last resort:

This means that UNICEF commits to ensuring that affected populations get required services in the clusters and Areas of Responsibility that UNICEF leads or co-leads, and that UNICEF is obligated to provide these services: **i)** where they are identified by the cluster(s) as priority gaps within the context of the cluster Strategic Response Plans; **ii)** where there are no other partners in a position to provide the services; and **iii)** where access, security and funding allows. The POLR obligation would be activated only if advocacy with the government and other partners to provide services proves to be unsuccessful. Where a CLA is unsuccessful in fulfilling its role as POLR, the CLA will be expected to continue with advocacy efforts, to explain to the various stakeholders the constraints and justify why it is not performing as POLR.

2.4 Operational Guidance on Infant and Young Child Feeding in Emergencies

UNICEF has reached consensus about infant feeding in emergencies with its main partners (World Health Organization (WHO), World Food Programme (WFP), United Nations High Commissioner for Refugees (UNHCR) and several non-governmental organizations). This consensus is reflected in the OG-IFE developed 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 (WHA) in 2010. An addendum was added in 2010.¹² The Operational Guidance was updated again in 2017.¹³

The OG-IFE concerns the protection and support of safe and appropriate feeding to breastfed and non-breastfed infants and young children in humanitarian contexts, focused on children under 2 years of age and their caregivers. The OG-IFE applies to emergency

preparedness, response and recovery worldwide to minimize infant and young child morbidity and/or mortality risks associated with feeding practices and to maximize child nutrition, health and development. (See Box 2)

The OG-IFE also outlines specific commitments of UNICEF to support breastfeeding, and care of non-breastfed and other formula-dependent infants in humanitarian settings.

2.5 International Code of Marketing of Breast-milk Substitutes and World Health Assembly Resolutions

The International Code of Marketing of Breast-milk Substitutes and relevant WHA resolutions are collectively referred to as 'the Code'. The Code is a set of recommendations to regulate the marketing of breastmilk substitutes, feeding bottles and teats, and aims to stop the aggressive and inappropriate marketing of breastmilk substitutes, including prohibiting all forms of promotion. The Code itself does not mention emergency situations, but subsequent WHA resolutions 47.5 in 1994 have dealt with its application in this context.

Donations of BMS continued to occur after 1994, which led to the development of the OG-IFE (see section 2.4) and WHA Resolution 63.23 in 2010. This resolution endorses the OG-IFE 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 IFEs, 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 based on impartial, accurate information.
- Does not restrict the availability of BMS, feeding bottles or teats, but prohibits all forms of promotion. This includes promotion in the form of humanitarian donations. It does not prohibit the use of BMS by non-breastfed and other formula-dependent infants during emergencies, only the way in which they are procured and targeted for

distribution. Donations of BMS are not acceptable under any circumstances, but the purchase of BMS to support the needs of infant formula-dependent infants is supported and necessary to meet the requirements of the OG-IFE where there are infants who do not and cannot have access to breastmilk.

BOX 2

Extracts from the OG-IFE

3.1 The government is the **lead coordination authority on infant and child feeding in emergencies (IFE)**. Where this is not possible or support is needed, among United Nations agencies and in accordance with mandates, IFE coordination is the responsibility of UNICEF or UNHCR, whereby:

- UNICEF's coordination authority may be as Cluster Lead Agency within the Inter-Agency Standing Committee (IASC) cluster approach to humanitarian response where a country cluster is activated, or as the UN agency with mandated responsibility for infant and young child feeding in humanitarian situations.
- In emergency responses related to internal displacement, UNICEF is responsible for IFE coordination.
- In refugee responses, UNHCR is the UN agency responsible for IFE coordination.
- In all settings, UNICEF and UNHCR will maximize synergies between their respective technical and management

capacities, availability of resources and response capacities. WFP is responsible for mobilizing food assistance in emergencies in a manner that upholds the provisions of the OG-IFE. WHO is responsible for supporting Member States to prepare for, respond to and recover from emergencies with public health consequences.

3.8 In some emergencies, it may not be possible to meet all the provisions of the OG-IFE immediately, such as where access to those affected is limited or impossible, or where capacity is lacking to deliver necessary support. In such circumstances, critical analysis by the IFE coordination authority, government, UNICEF, WHO and, where applicable, UNHCR is essential to provide context-specific guidance on **appropriate actions and acceptable compromises**.

6.7 Plan appropriate procurement, distribution, targeting and use of BMS and associated support (artificial feeding management) in close consultation with the **IFE coordination authority and**

UNICEF (where UNICEF is not acting as the IFE coordination authority). In accordance with mandates, **WHO** and **UNHCR** also have key responsibilities. Establish terms of reference, responsibilities and roles for artificial feeding management for use by the IFE coordination authority, in preparedness.

6.9 The IFE coordination authority and/or UNICEF should determine if and where **capacity to manage artificial feeding** exists in government and among humanitarian providers. Where capacity is limited, the IFE coordination authority and/or UNICEF should identify appropriate BMS provider(s), including a BMS supply chain and associated support services. In the absence of an appropriate provider, the IFE coordination authority and/or UNICEF will ensure coordinated provision of BMS supplies. The IFE coordination authority and/or UNICEF will provide clear terms of reference, technical support and close oversight of procurement, monitoring and use.

2.6.Sphere standards

The Sphere Handbook outlines the Humanitarian Charter and Minimum Standards in Humanitarian Response. The 2018 revision sets two standards and key actions for IYCF, with accompanying key indicators and guidance notes.¹⁴ (see Box 3)

BOX 3

Sphere standards

Infant and young child feeding standard 4.1: Policy guidance and coordination

Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.

Key action 4: Ensure strict targeting and use, procurement, management and distribution of breastmilk substitutes. This must be based on needs and risk assessment, data analysis and technical guidance.

Infant and young child feeding standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies

Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimizes risks, is culturally sensitive and optimizes nutrition, health and survival outcomes.

Key action 4: Provide appropriate breastmilk substitutes, feeding equipment and associated support to mothers and caregivers whose infants require artificial feeding.

- Explore the safety and viability of relactation and wet-nursing where infants are not breastfed by their mother. Consider the cultural context and service availability in such situations.
 - If breastmilk substitutes are the only acceptable options, include an essential package of support with cooking and feeding equipment, water, sanitation and hygiene support and access to health care services.
-



3.

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

The need for the provision of BMS must 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.

UNICEF will:

- 1) Support programming to enable mothers to breastfeed exclusively in the first six months of life, including supporting mothers who were mixed feeding before the emergency and would like to transition to exclusive breastfeeding, and supporting mothers and other caregivers of non-breastfed infants to relactate to exclusively breastfeed where possible.
- 2) Advocate and provide support for the recommended IYCF practices in line with the CCCs before, during and after a humanitarian crisis. This includes support to national/subnational preparedness in policy, coordination, preparedness planning, capacity, and acting as the IFE Coordination Body in line with the OG-IFE.
- 3) Adhere to the principle of 'do no harm' related to IYCF practices.
Proactively assess the need for support of infant formula-dependent infants in humanitarian contexts. Where needed, UNICEF should prioritize provision of infant formula to infants under 6 months of age. Children 6–11 months still depend on a breastmilk substitute to meet the majority of their nutritional needs, but infant formula is no longer the only appropriate BMS; they can consume other milk products too such as Ultra Heat Treated (UHT) animal milk.
- 4) Act as **provider of first resort**, whether or not the cluster has been activated, and procure BMS when the need has been clearly established as a vital part of the humanitarian response
- 5) Advocate for and enable the individual assessment, targeted support, and supervision and monitoring of infants who are not breastfed and/or who are partially or mixed fed or BMS-dependent.
- 6) Act to prevent and limit the risks of the promotion and inappropriate use of BMS by breastfeeding mothers, mothers who could breastfeed, and their family members.

- 7) Ensure that BMS are only distributed to infants for whom the need to use infant formula has been established by an individual assessment.
- 8) Support evidence and knowledge generation on care for non-breastfed infants and young children in humanitarian contexts in order to contribute to the continuous improvement of the response and programming guidance.

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. The UNICEF country office involved in the response needs to seek agreement by the Nutrition Section, Programme Division, at New York Headquarters, and the Medicines and Nutrition Centre of SD. A template for an email to seek this agreement is provided in Annex 1.

UNICEF can offer technical support in the procurement of BMS by partners.

UNICEF will not:

- 1) Seek or accept donations of BMS
- 2) Procure follow-up formulas or toddler formulas

4.

*Assessing the need
for BMS and criteria
for its use*



4.1. Community and individual assessments of feeding practices

A community assessment, either as a stand-alone 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 (e.g., child protection, health, or water, sanitation and hygiene (WASH) services), distribution points, or other places where the affected population comes together. Information can be obtained directly from caregivers, or alternatively via service providers. 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 and other formula-dependent infants in the population is included in this document (*see Annex 2*). 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 support for artificial feeding include:¹⁵

- A high rate of non-breastfed and other formula-dependent children prior to the humanitarian situation
- Infants under 6 months of age with wasting (because wasting is usually extremely rare in exclusively breastfed infants)
- Requests for BMS from mothers or local leaders, which might indicate an existing pattern of BMS use
- A history of BMS donations in the population, either before the humanitarian situation occurred or as part of the response to the humanitarian situation

4.2. Criteria and eligibility to receive BMS

Infants and young children under the age of 2 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
- 4) Infants under 6 months of age 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 (*see Annex 2*).

When resources are limited, the most vulnerable groups should be prioritized: for example, younger age groups (e.g., 0–6 months of age, 0–12 months of age) or infants attending health clinics. 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 section 5.2.2*).

In circumstances where individual-level assessment, support and follow-up are not possible, such as where population access is compromised, consult with the IFE coordination authority for advice on adapted assessment and targeting criteria and programming options. In such contexts, cash transfer may be required if access is compromised. Where unrestricted cash transfer programmes are implemented and BMS is available, BMS should not be excluded as an option for purchase by households. In such instances, cash transfer programmes should be paired with strong messaging on the value of breastfeeding, on recommended IYCF practices, and provide information on where all infants and mothers can access IYCF support.



5.

*Selection of
appropriate BMS*

5.1. General guidance

It is important that provision of BMS be adequate in terms of quantity and quality throughout the duration of the programme response for the needs of infants who require artificial feeding, and for as long as they need it (and prioritizing infants aged 0–6 months if resources are limited). Identification of the supply chain, including tactics of using local procurement authorization for immediate response while awaiting offshore procurement of BMS, is an important part of preparedness and response. Supply Division (SD) can provide technical support in reviewing supply chain options with the UNICEF team and partners. In effect, SD will advise on what is available for local procurement authorization, support and procure BMS offshore and provide technical advice to partners in procurement. Remember that supply chain planning needs to include both the BMS and required feeding equipment.

All BMS used needs to be **compliant with the Codex Alimentarius Standards**.¹⁶ Close liaison with SD is recommended to ensure this compliance for local and offshore 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 added 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; (d) instructions for appropriate and safe preparation and a warning against the health hazards of inappropriate preparation. Labels should not use the terms ‘maternalized’, ‘humanized’ or other terms comparing the product with breastmilk. If over-stickering is implemented, the batch number, date of manufacture and expiry date should not be occluded or covered. There should be no text or images that might discourage breastfeeding or idealize the product; they should not contain any health or nutrition claims suggesting that a relationship exists between the product or one of its ingredients and health, growth, development and normal functions of the body.

In the case of Powdered Infant Formula (PIF), labels should state that preparing PIF appropriately reduces the food safety risks. Preparation should follow the WHO guidance, noting that there are different steps in preparation depending on the setting (e.g., home or care settings). See the *Food and Agriculture Organization (FAO)/WHO guidelines on safe preparation, storage and handling of powdered infant formula*.¹⁷

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 violate 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 to work through distributors or traders to the extent possible.

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

5.2.1. Infants under 6 months of age

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 such as F75 and F100 are not appropriate BMS and should only be used in the treatment wasting, including for infants under 6 months of age.¹⁸ All infants with severe acute malnutrition require urgent treatment and should be referred immediately to appropriate treatment services.

5.2.2. Infants and young children 6–23 months of age

Infants and young children older than 6 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. Alternative milks, including pasteurized full-cream milk from a cow, goat, sheep, camel or buffalo; ultra-high temperature liquid milk; fermented liquid milk; or yogurt could also be used. These alternatives are all safer than PIF.

There is no need for specialized follow-up formulas or toddler formulas (growing up milks) and it is therefore not recommended that UNICEF procure these products.¹⁹

When 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).²⁰

Infants and young children in this age group also need to receive safe and adequate complementary foods, in line with WHO guidelines.^{21,22,23} 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 or micronutrient supplements need to be provided, such as multiple micronutrient powders²⁴ or ferrous sulphate iron solution (iron drops) while ensuring that public health measures to prevent, diagnose and treat diseases are in place.

5.2.3. Feeding equipment

Cup-feeding is the preferred method of administering BMS since cups are easier to clean. Thus, caregivers receiving BMS also need to be provided with cups for feeding. These can be procured locally and should include one cup and spoon per infant/child. Cups should not have a spout and should be shallow to allow fingers to reach the bottom for easy cleaning.

When PIF is used, families need to receive a tool for measuring the amounts of water and PIF.

While bottle feeding is common in some humanitarian settings, **it is not recommended that UNICEF procure feeding bottles.** Where feeding bottles are used against recommendations, UNICEF should ensure that space and facilities to clean them are available, in close collaboration with WASH colleagues, as a risk management strategy.

Table 1: Ready-to-use infant formula (RUIF) forecasting and supply planning

Description	RUIF is a product that can be fed directly to infants once the container is opened. RUIF is a sterile product until it is opened, does not require reconstitution with water (unlike PIF), and is therefore the safest option and recommended for this vulnerable group. However, PIF may be considered on a case-by-case basis in certain contexts.
Forecasting and supply planning	<p>The suggestion is to forecast 750 ml of RUIF per infant per day.²⁵ On the international market, RUIF is normally packaged in a plasticized cardboard carton for milk and other drinks in units of 200 ml. The size of the individual RUIF package needs to be considered in calculating the amount to procure, given that unused RUIF should be discarded after two hours.</p> <p style="text-align: center;">In the case of 200 ml RUIF units, use 800 ml of RUIF (4 units) per day per infant.</p> <p style="text-align: center;">Calculate the number of units per day (4 x 200 ml x number of days x number of infants).</p> <p>In some cases, where smaller units are available as well, the calculation should be adjusted to ensure the number of units required to provide 750 ml total with the least wastage possible.</p>
Use at the individual level	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 his or her age.
Shelf life and storage	The shelf life of most RUIF procured by UNICEF is generally 9 to 12 months. The plasticized 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.

Table 2: Powdered infant formula (PIF) forecasting and supply planning

Description	PIF is a non-sterile product. Besides the known risks related to unsafe preparation, it also carries the risk of intrinsic contamination. Therefore, in settings 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.		
Forecasting and supply planning	The average amount of PIF required is 3.5 kg per child per month. Products are available in either 400 g or large size canisters of 800 g or 900 g.		
	Powder per month	Number of tins 400 g	Number of tins 800 g
	3.5 kg	9 tins	4.4 tins
	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.		
Use at the individual level	Preparation should be in line with the FAO/WHO guidelines on safe preparation, storage and handling of powdered infant formula.		
Shelf life and storage	Most PIF have a shelf life of 18 months unopened and 1 month once opened. The storage instructions on the label of each product should be followed carefully. PIF should be stored under 30°C and protected from direct light, heat and moisture.		

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, the promotion of critical WASH practices, and one-to-one counselling and demonstrations about safe preparation and storage of BMS.

Caregivers might not be familiar with RUIF or PIF so it is important that they have access to information and education on how to use these products and minimize risks. Some key information for preparation is noted below (see Table 3).

UNICEF does not procure bottles and teats but recognizes that these may be used in practice. In this case, where feeding bottles are used, clean bottle and teat brushes should be used to scrub the inside and outside of bottles and teats using clean water to ensure that all remaining formula is removed. 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 sterilized.¹⁷

Where demonstrations are not possible, clear illustrative instructions should be provided along with the PIF.

It is preferable that individual feeds for each infant be prepared as needed, rather than prepared in advance

in bulk batches of PIF for several recipients. Large volumes of prepared PIF (e.g., in cases of ‘wet’ feeding) may take a long time to cool down. Formula that remains at room temperature for extended periods of time attracts the growth of harmful bacteria. If there is a need to prepare 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 8–14.¹⁷

Caregivers receiving BMS for their children also need to be counselled on how to cup feed.^{26,27} Regular follow-up is required to monitor infant growth and overall health.

6.2. Key interventions in the community

In addition to communicating with mothers about the importance of breastfeeding, it is important to promote a culture of support to breastfeeding mothers. This includes dispelling any myths about the ability of mothers to breastfeed successfully and providing them with the required psychosocial and practical support to ensure that infants and young children born during or after a humanitarian crisis are breastfed. Such support includes communicating the risks of feeding infants under 6 months of age with any other foods or liquids and the dangers of infant formula in the community; and promoting optimal hygiene practices in the community (in particular, hand washing before

Table 3. Preparation of ready-to-use and powdered infant formula

Steps	Ready-to-use infant formula (RUIF)	Powdered infant formula (PIF)
1	Wash hands thoroughly with water and soap.	
2	Ensure the feeding preparation equipment and cup and other utensils are thoroughly cleaned and sterilized (<i>FAO/WHO guidelines on safe preparation, storage and handling of powdered infant formula</i> , pages 15–20). ¹⁷	
3	Not applicable	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	Not applicable	Measure the amount of water and PIF according to the manufacturer’s directions.
5	Pour the RUIF into a cup and offer it to the infant.	Cool the prepared formula to room temperature, pour into 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.

handling BMS and before feeding the child, and in the case of PIF, safe water handling and treatment). 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 delivered to breastfeeding mothers in line with UNICEF's commitments to IYCF in humanitarian contexts.

6.3.Avoiding the promotion and use of BMS

All efforts need to be made to avoid the promotion and use of BMS to mothers who are breastfeeding (or could be breastfeeding) and their family members, as well as contextually relevant influencers of social norms. This includes ensuring ongoing protection, promotion and support for breastfeeding; supporting Code adherence and enforcement; avoiding and managing donations of BMS and any other milk products; and providing clear communication. Collaboration with government, implementing partners and cluster/sector partners for this is crucial. It is important that agencies document the measures taken to prevent the undermining of existing positive IYCF practices, in particular breastfeeding practices.

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, these products 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). The recent guidance by UNICEF, Global Nutrition Cluster (GNC) and the GNC Technical Alliance on financial and in-kind contributions from the food and beverage industry in emergency contexts²⁸ indicates that companies that manufacture or distribute BMS should be excluded from any CIK.

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 IFE, 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 infant lives.²⁹

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 3).

Country offices that are approached about a possible CIK of BMS should liaise with UNICEF Programme Division or the Division of Private Fundraising and Partnerships (for private donations) or the Public Partnerships Division (for donations from public donors) to share information about specific offers and ensure coherence in the response among offices.

7.2. Local versus offshore procurement

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

However, in exceptional cases, country offices may receive a local procurement authorization for the local procurement of BMS (specifically, PIF 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 4.1³⁰ – an ad hoc local procurement authorization

SD will assess that the product has been manufactured following the Codex Alimentarius Standards by requesting information on the product and the manufacturer. RUIF and PIF are now included in UNICEF's Supply Catalogue as standard products. Close liaison with SD about sizes and unit costs is therefore important.

In the absence of RUIF, or until RUIF can be procured, PIF can be purchased and distributed from local sources or procured through SD on a case-by-case basis. **PIF will only be procured after having sought and achieved the agreement of SD and Nutrition Section, Programme Division.**

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°C as well as below 0°C. BMS is a high value product and often subject to theft for use or resale. Security measures should be implemented to prevent theft. BMS should be discretely stored out of sight to avoid being interpreted as a promotion for 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, ensuring that partners have the capacity and are distributing infant formula in line with the OG-IFE, including or ensuring all the necessary support is provided. The distribution system will depend on factors such as caregiver access 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 Section 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 promoting BMS use to breastfeeding mothers, mothers who could breastfeed, and their families. To reduce the risk of recipients reselling the BMS, 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. The specific monitoring parameters should be discussed as part of the overall plan for the use of BMS in the humanitarian response.

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, and breast pumps. In some situations, however BMS donations are provided during emergencies. In these situations, UNICEF should comply with the OG-IFE Section 6.1–6.6.

In general terms, UNICEF offices are not likely to have the conditions necessary to store and manage inappropriate donations of milk products. If UNICEF is the IFE coordination authority, the country office will need to devise a plan in response to donations, as well as store and destroy donated BMS in line with national guidance.

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 IYCF in emergencies.
- Considering the nature and scale of support likely required for artificial feeding in an emergency and taking into account any previous response experiences.
- Verifying national procedures and registration of BMS options and the viability of generic (unbranded) products.
- Identifying and drafting 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.
- Identifying and training relevant institutions and community-based health and social workers including producing 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 stockpiling BMS as a preparedness measure, such as in the case of public health emergencies, it is recommended that they contact SD and the Nutrition Section.

9.2. Public communication, social mobilization and advocacy

Communication and social mobilization about the importance of breastfeeding, the risks of formula feeding and the places where breastfeeding women can find support, is crucial in emergencies. Equally, context-specific information is needed on where infant caregivers requiring BMS can quickly access support.

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 BMS. For those wishing to donate, guidance on alternative items that would promote the infant's well-being 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 procuring BMS prepare a document with 'key facts' and a 'question and answer' section that outlines the specific engagement of the BMS procurement. These can be used on a needs basis to answer any questions about the procurement that might arise from partners and/or the media.

9.3. Coordination across partners and sectors

It is recommended that country offices collaborate closely with the relevant government entities and consider developing Programme Cooperation Agreements with local organizations for implementing specific tasks described in this document (e.g., the needs assessments, distribution of BMS and support for families receiving BMS).

UNICEF has a coordinating role as the Nutrition Cluster Lead Agency. 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, such as 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 IYCF practices and to ensure quality assessments of feeding practices. If BMS are distributed the staff involved must have sufficient capacity for the assessments, supply chain management, and counselling and support to families on 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 of IYCF interventions in emergencies is established, specifically in settings with relatively high numbers of non-breastfed and other formula-dependent children.

The individual or organization responsible 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, the Nutrition Cluster (and therefore with UNICEF as the Cluster Lead Agency), a designated partner or UNICEF as the implementer of specific actions. These actions are:

- 1) Monitor feeding practices and situations in which the needs of non-breastfed and other formula-dependent infants are not being regularly met (e.g., via community-based assessments).
- 2) Monitor any unintended consequences, such as 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 as 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 and other formula-dependent 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 the 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*: <https://resourcecentre.savethechildren.net/library/infant-and-young-child-feeding-emergencies-iycf-e-toolkit-rapid-start-emergency-nutrition>
- UNHCR – Save the Children *IYCF Friendly Framework in Refugee Situations: A Multi-Sectoral Framework for Action*: https://www.unhcr.org/publications/operations/5c0643d74/infant-young-child-feeding-refugee-situations-multi-sectoral-framework.html_0.pdf
- UNHCR – *Infant 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.

Template for email to request approval for procurement of BMS

Below is a template for country offices that 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 New York Headquarters (Nutrition in Emergencies and Infant and Young Child Nutrition Unit Heads) in an informal manner, to brief colleagues about the situation and determine possible actions and alternatives before the decision is made to procure BMS.

Upon receipt of the request, an email from the Associate Director of Nutrition will be sent, with Supply Division and Regional Office in copy, within 24–72 hours of receipt of this request.

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 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**].

UNICEF is being requested to procure BMS to support these children.

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/Officer in charge**]

Annex 2.

Template for a simple rapid assessment

Example of a simple rapid assessment³¹

Mother/Caregiver 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:
 - c. Have you had any difficulties with breastfeeding?
 yes _____ no _____ (indicate)

Look:

- Does the baby look very thin? yes no
- Is the baby lethargic, perhaps ill? yes no

Reasons to refer for full assessment:

- Not breastfed
- Breastfed but feeding is not age-appropriate (*e.g., under 6 months and 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.
- Baby lethargic, perhaps ill

Annex 3.

Key messages for fundraisers, donors and media

The overarching message is that donations of infant formula and other milks in emergencies are dangerous and increase infant morbidity and mortality. 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 part 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. The Global Breastfeeding Collective has developed an advocacy brief on Breastfeeding in Emergency Situations³² while the Emergency Nutrition Network and the Global Nutrition Cluster have developed a media flyer which might also be of use.³³

- In emergencies, as in regular situations, exclusive breastfeeding is the safest way to feed infants under the age of 6 months. Breastfeeding remains a key component of children's diets from 6 months until 2 years of age or older while complementary foods should be given as well.
- In emergencies, women may experience temporary challenges with breastfeeding. The production of breastmilk is not affected by stress. With adequate psychological and practical support, virtually all mothers can breastfeed. The nutrition status of breastfeeding women should also receive priority attention.

In emergencies, UNICEF will prioritize support for the protection, promotion and support for breastfeeding in its response, while also assuring that the nutritional needs of non-breastfed and other formula-dependent infants are met. Women can restart breastfeeding or consider wet-nursing. Every effort should be taken to ensure that infants are breastfed because formula feeding is so risky in emergencies.

- In an 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 of 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.
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 BMS. The BMS 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. Provision of artificial feeding should be accompanied by other activities such as counselling and provision of clean water.
 - The Code must be followed at all times, in development and emergency settings, by producers and distributors of BMS, health workers, actors in the emergency response and others. In response to donor enquiries, the following are suggested items for donation that benefit mothers, infants and young children:
 - a. Other nutritious foods, e.g., animal-source foods such as tinned fish or meat
 - b. Other products, e.g., clothes, toiletries for children, baby blankets, water, nappies
 - c. Funds to support infant feeding programmes

Endnotes

- 1 Victora, Cesar G., et al, for The Lancet Breastfeeding Series Group. 'Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect', *Lancet* 2016; vol. 387: pp. 475–90.
- 2 World Health Organization and United Nations Children's Fund, *Global Strategy for Infant and Young Child Feeding*, WHO 2003.
- 3 World Health Organization, World Health Assembly Resolution 63.23, WHO 2010.
- 4 Global Breastfeeding Collective, *Breastfeeding in emergency situations – Advocacy brief*, April 2018, <<https://www.globalbreastfeedingcollective.org/reports/breastfeeding-emergency-situations>> >
- 5 United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF 2020.
- 6 Stunting in children aged 0–59 months is defined as a height-for-age below -2 SD (standard deviation) from the WHO Child Growth Standards median for a child of the same age and sex. Moderate stunting is defined as below -2 SD and greater than or equal to -3 SD. Severe stunting is defined as below -3 SD.
- 7 Wasting in children aged 0–59 months is defined as a weight-for-height below -2 SD from the WHO Child Growth Standards median for a child of the same height and sex. Moderate acute malnutrition is defined by moderate wasting (weight-for-height below -2 and above or equal to -3 SD) and/or (in the case of children 6–59 months) mid-upper-arm-circumference (MUAC) of less than 125mm and above or equal to 115mm. Severe acute malnutrition is defined by the presence of severe wasting (weight-for-height below -3 SD) bilateral pitting oedema (kwashiorkor) and/or (in the case of children aged 6–59 months) a MUAC of less than 115mm.
- 8 Overweight in children aged 0–59 months is defined as a weight-for-height above +2 SD from the WHO Child Growth Standards median for a child of the same height and sex. Severe overweight (above +3 SD) is referred to as obesity.
- 9 Infant and young child feeding (IYCF) refers to the feeding of infants and young children aged 0–23 months. IYCF programmes focus on the protection, promotion and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, timely introduction of diverse complementary foods and age-appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.
- 10 UNICEF Supply Catalogue <https://supply.unicef.org/all-materials/nutrition/infant-weaning-food.html> accessed 8 March 2021
- 11 UNICEF, *Cluster Coordination Guidance for Country Offices*, <http://nutritioncluster.net/wp-content/uploads/sites/4/2015/05/Cluster-Coordination-Guidance-for-Country-Offices-Final-Report-2015.pdf> accessed 8 March 2021
- 12 Infant Feeding in Emergencies Core Group, *Infant Feeding in Emergencies Operational Guidance for emergency relief staff and programme managers*, Emergency Nutrition Network, 2007, <<http://files.enonline.net/attachments/1001/ops-guidance-2-1-english-010307-with-addendum.pdf>>.
- 13 Infant Feeding in Emergencies Core Group, *Infant Feeding in Emergencies Operational Guidance for emergency relief staff and programme managers Version 3.0 - October 2017*, Emergency Nutrition Network, 2017. <http://www.enonline.net/operationalguidance-v3-2017>
- 14 Sphere Association. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, fourth edition, Geneva, Switzerland, 2018. www.spherestandards.org/handbook
- 15 See Section 4.10 in OG-IFE for more information.
- 16 See Food and Agriculture Organization of the United Nations /World Health Organization Codex Alimentarius Standards, <https://www.who.int/foodsafety/areas_work/food-standard/en/> accessed 8 March 2021.
- 17 World Health Organization, *Safe preparation, storage and handling of powdered infant formula guidelines*, FAO/WHO 2007, <<http://www.who.int/foodsafety/publications/powdered-infant-formula/en/>>.
- 18 World Health Organization, *Guideline: updates on the management of severe acute malnutrition in infants and children*, WHO 2013.
- 19 World Health Organization, *World Health Assembly Resolution 39.28*, WHO 1986
- 20 World Health Organization, *Guiding principles for feeding non-breastfed children 6–24 months of age*, WHO 2005, <http://www.who.int/maternal_child_adolescent/documents/9241593431/en/>
- 21 Pan American Health Organization, *Guiding principles for complementary feeding of the breastfed child*, PAHO 2003, <http://www.who.int/maternal_child_adolescent/documents/a85622/en/>
- 22 World Health Organization, *Complementary feeding: family foods for breastfed children*, WHO 2000, <http://www.who.int/maternal_child_adolescent/documents/nhd_00_1/en/>.
- 23 World Health Organization, *Guiding principles for feeding non-breastfed children 6–24 months of age*, WHO 2005, http://www.who.int/maternal_child_adolescent/documents/9241593431/en/
- 24 See the UNICEF supply catalogue, under the 'Nutrition and Pharmaceuticals' tabs for more details [https://supply.unicef.org/unicef_b2c/app/displayApp/cpgsize=5&layout=7.0-12_1_66_68_115_2&uiarea=2&care=4F0BD76AA0B90688E1000009E711453&cpgnum=1\)/.do?rf=y](https://supply.unicef.org/unicef_b2c/app/displayApp/cpgsize=5&layout=7.0-12_1_66_68_115_2&uiarea=2&care=4F0BD76AA0B90688E1000009E711453&cpgnum=1)/.do?rf=y)
- 25 Emergency Nutrition Network, *Infant feeding in emergencies Module 2-vol. 1*, Annexes p. 124 <<http://files.enonline.net/attachments/142/module-2-v1-1-annexes-english.pdf>, accessed 8 March 2021>

- 26 World Health Organization and the United Nations Children's Fund, Baby-friendly Hospital Initiative training course for maternity staff: participant's manual, 2020.
- 27 World Health Organization and the United Nations Children's Fund, Protecting, promoting and supporting breastfeeding: Baby-friendly Hospital Initiative for small, sick and preterm newborns, 2020.
- 28 UNICEF, Global Nutrition Cluster (GNC) and GNC Technical Alliance Guidance on financial and in-kind contributions from the food and beverage industry in emergency context 2020_ final.pdf (nutritioncluster.net)
- 29 Hipgrave, D. et al, 'Donated breast milk substitutes and incidence of diarrhea among infants and young children after the May 2006 earthquake in Yogyakarta and Central Java', Public Health Nutrition, 2012, Feb; 15(2): pp. 307-15, doi:10.1017/S1368980010003423.
- 30 UNICEF Supply Division Manual.pdf (sharepoint.com)– accessed 8 March 2021
- 31 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.
- 32 Idem, 4.
- 33 Emergency Nutrition Network, Protecting infants in emergencies: Information for the Media, [http://files.enonline.net/attachments/854/ife-media-flyer-final\(1\).pdf](http://files.enonline.net/attachments/854/ife-media-flyer-final(1).pdf) accessed 8 March 2021

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