

Briefing on How to Manage Unsolicited and Unwanted Donation of Breastmilk Substitutes, Milk Products, and Infant Feeding Bottles/Teats

Background

During emergencies there are often donations of breastmilk substitutes (BMS)¹, milk products² and infant feeding bottles/teats. Frequently these come from organisations and individuals who are reacting to the perceived rather than actual need and misguidedly believe that they are helping infants and young children. They may also come from the infant feeding industry who may view the emergency as an 'opportunity' to enter into or strengthen markets or as a public relations exercise. Unfortunately there are many problems with these donations – they often violate the International Code of Marketing of Breast-milk Substitutes (the Code), they may be past or near their expiry date, may be inappropriate for the needs, be unrecognizable because they are labelled in a foreign language or may have been sent in unwanted quantities e.g. during the crisis in FYR Macedonia 1999, WFP stored 18.62MT of donated infant formula, while 6,000 baby bottles and 80,400 teats were stored by UNHCR (to prevent distribution). Donations of BMS can lead to breastfeeding being undermined and an increase in morbidity and mortality, for example, following the earthquake in Indonesia in 2006, distribution of donated infant formula and milks to children under two years led to its increased use among breastfeeding infants and diarrhoea prevalence doubled in those who received these donations (25%) as compared to those who did not (12%). Bottles and teats are dangerous in emergencies as they cannot be sterilised (cup feeding is recommended). It should be noted that the effect of the donations lasts much longer than the emergency with the undermining of breastfeeding leading to increased infant morbidity and mortality for years to come.

Guidelines

In order to protect infants and young children during emergencies international guidelines have been developed. These aim to support breastfeeding as the safest way for infants and young children to be fed during emergencies while ensuring that a suitable BMS is provided to those infants who require it according to set criteria. These guidelines set out that:

Operational Guidance on IYCF-E³. Section 6

Donated (free) or subsidised supplies of BMS (e.g. infant formula) should be avoided. Donations of bottles and teats should be refused in emergency situations. *Any donations of BMS, milk products, bottles and teats that have not been prevented should be collected by a designated agency, preferably from points of entry to the emergency area, under the guidance of the co-ordinating body. These should be stored until UNICEF or the designated nutrition co-ordinating agency, together with the government if functional, develops a plan for their safe use or their eventual destruction.* (Find Operational Guidance on IYCF-E at References, 7 Policy, C. Operational Guidance on IYCF-E)

Sphere Standards⁴

¹ Breastmilk substitute (BMS) – any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

² Milk products – dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya milks, evaporated or condensed milk, fermented milk or yogurt.

³ IFE Core Group. Operational Guidance on Infant and Young Child Feeding in Emergencies. Version 2.1. 2007

⁴ The Sphere Project. Humanitarian Charter Minimum Standards in Humanitarian Response, 2011

Key points: Avoid soliciting or accepting donations of breastmilk substitutes (BMS), other milk products, bottles and teats. A national and/or agency policy is in place that addresses IYCF and reflects the Operational Guidance on IFE. A lead coordinating body on IYCF is designated in every emergency. A body to deal with any donations of BMS, milk products, bottles and teats is designated. There is no general distribution of powdered or liquid milk or milk products as single commodities (Find IYCF-E sections of Sphere in References, 7. Policy)

The following steps and considerations are based on Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies, WHO, 1999 (Available in References, 2. Programme Planning, C. Minimising the risk of artificial feeding; a. Donations, WHO unwantedpharm 1999)

Note: Setting up these systems may take time and so determining how to deal with donations should be determined pre-emergency whenever possible.

Taskforce

A local taskforce / advisory committee on donations should be set up at the earliest opportunity to address, analyse and monitor the process. This should consist of approximately 5 members including the relevant government ministries (Nutrition/Food, Health), audit section of the MOH (or relevant ministry), UNICEF (as Nutrition Cluster and IFE Lead), representative of the likely designated agency that will store the donated supplies.

Determine administrative and regulatory procedures concerning the product

- Need to clarify if there is a difference in procedure for food/goods donated to NGOs and those donated to the government (see next point).
- Need to clarify if donated food/goods are part of 'government inventory' and therefore the government have control over its use or, if necessary, eventual destruction. If so then have to follow national guidelines, which may be problematic, unless an 'exception' made.
- It is usually easier if the government state that the donated goods (BMS, milk products, bottles/teats) are not included in state inventory or considered state property unless they are accepted as then it is likely that there are fewer restrictions and items destroyed if necessary.
- A further solution would be to establish special, simplified, administrative procedures for writing-off unwanted donations (if necessary).

STEPS:

a) Decision

The government and Nutrition Cluster (and others?) decide that action needs to be taken in relation to donations. Ensure agreement as to which donations are to be covered: BMS, milks products, bottles and teats, others?

b) Approval

Approval must be obtained from the appropriate authority (MOH, Food, Nutrition, Agriculture?) to collect and then 'dispose' of the donations (Note: 'Dispose' in this instance refers to using the product in another (safer) way or its destruction depending on the situation)

c) Planning

Handling of unwanted donations requires (i) Funding (ii) expertise (iii) human resources (iv) time (v) equipment (vi) material (vii) determining available disposal options. A single designated agency needs to be established to collect the donations (preferably from points of entry to the emergency area) and store them before disposal. The designated agency is responsible to ensure that records are kept

as to where the donations came from, type, amount, etc. They will provide a weekly(?) report to the Taskforce. Agencies that have already received donations should deliver them to the designated agency for storage. Any reports of donations should be given to UNICEF who will coordinate collection with the designated agency.

- See ***Stopping and collecting donations at source below***

d) Forming of working teams

Used for sorting and disposal (see below) the health and safety of these teams and the products (if they are to be reused) needs to be assured with e.g. overalls, gloves, mask, cap

e) Sorting

The stock of donations is likely to consist of different types of BMS and milk products, with various expiry dates. In addition there will be bottles and teats. Depending on how the donations are to be disposed of it is necessary to sort these donations into categories – ‘Suitable’ (can be reused if part of the plan) and ‘Unsuitable’. The requirements for each category need to be determined e.g. ‘Suitable’- product identifiable and in date. ‘Unsuitable’ - expired / within 6 months of expiry date, tin/package not sealed.

f) Disposal

Strategies to use unwanted donations of infant formula and milk products include:

- Return to donor/manufacture (at the donors cost) (but often difficult to determine source)
- Reusing ‘suitable’ milk:
 - Premix centrally with a fortified blended food (FBF) such as corn soy blend, wheat soy blend or other for use as complementary food for infants >6 months or targeted supplementary feeding programmes or blanket supplementary feeding programmes⁵. Adding whey or skimmed milk powder to FBF improves the protein quality, allowing a reduction in total amount of protein, which could have potential metabolic advantages also milk proteins improve flavour, which is important for acceptability in vulnerable groups. Powdered infant formula can also be used for this purpose. *However, one must take into consideration the following aspects:*
 - *Premixing milk and cereal flour must happen in a central premixing site, away from the distribution site and not done at home*
 - *Premixing milk and cereal flour together with oil reduces the expiry date of the ration to one week after mixing. Therefore, rations premixed with oil can only be premixed with milk powder if weekly rations are distributed and the premix is done the day before distribution. For rations premixed with oil for two-weekly distributions, or weekly rations premixed more than one day before distribution; milk powder cannot be used*
 - *It is not sufficiently known how moisture affects the expiry date of a premixed ration with milk. It is therefore recommended to ensure watertight storage of the ration by beneficiaries in rainy season or other situations where moisture can be an issue*
 - *The beneficiaries must be made aware of the milk content of the ration, which will alter the flavour of the ration they are used to; although in most*

⁵ This is an action endorsed by UNHCR: Policy related to the acceptance, distribution and use of milk products in refugee settings (2006) and WFP: Food Aid in Emergencies” Annex 6C use of Milk Products

cases, children will like the flavour better. However, beneficiaries must be made aware that the ration is still for children more than 6 months only. The milk content does not make it suitable for children < 6 months

Note: There are no standard recommendations as to the amount of powdered milk that should be mixed into the ration. Reports of experience vary from 10-15% to 30% of the full ration.

- In institutional nutrition support e.g. for the elderly or other vulnerable groups such as hospital inpatients.
 - Used for school feeding
 - Used in animal feed (liaise with animal health and welfare organisations)
 - Use in preparation of bread, biscuits and cakes that can be distributed
- Relabeling of donated BMS with generic labels and distributing to targeted infants that meet the criteria for use is not recommended. It sets up a demand for donated formula that may be hard to control. Further the Code states free (donated) supplies of infant formula should not be in any part of the health care system (WHA resolution 47.5) meaning that it cannot be used or distributed through this means.
 - Destruction – All ‘unsuitable’ products need to be destroyed. Depending on the strategy ‘suitable’ milks may also be destroyed but destroying food items, especially when there is a food shortage must be done sensitively (see Media, below). Milk products can be burnt but need to be removed from packaging as chemicals may be released from these. It can be put on landfill but security is important to ensure it is not collected and used (see below), it can be encapsulated in large drums but this is problematic with larger amounts, small amounts only can be flushed into sewers
 - Bottles and teats cannot be distributed and so they either need recycling (unlikely in emergencies) or destruction that makes them useless e.g. put holes in bottles, cut off tops of teats. Burning is not recommended due to the release of chemicals.

Note: In order to ensure that it is fit for consumption it is recommended that the milk is left in the packaging until it is used – however, this can cause additional issues e.g. it is more likely that it may be stolen and end up on the market. End users e.g. the elderly may not be willing to use a product intended for infants. One option is to relabel the tins but this has funding and man-power implications. In addition at the end site tins would have to be opened by the receiver and depending on the amount provided this could be a considerable task, also packaging would have to be disposed of appropriately.

g) Security

Security is important to ensure that collected donated items are not stolen during sorting or scavenged from landfill sites (tins containing formula/milk should not be dumped onto landfill sites). Immobilisation e.g. putting holes in bottles, or making food unusable, is best. Supervision is required to ensure that items cannot be reused.

Media

It is important to keep the media and public informed as otherwise storage and destruction of food items and donated goods can become politicized and sensationalised by uninformed journalists and politicians.

ADDITIONAL INFORMATION:

Using the Logistics Cluster

The logistics cluster helps various agencies with shipment and importation of their goods in emergencies. Consequently the logistics cluster can be approached to help manage in the influx the BMS, other milk

products, bottles and teats along with the nutrition cluster and/or IYCF-E working group. This way, shipments containing those items can be prevented, returned or dealt with to use the contents in a responsible way before or as soon as they enter the country.

Specific way to engage: Ensuring wording on the shipment and storage of BMS, etc., is included in the operational procedures for the Logistic Cluster is critical in emergencies. Example of previous wording used:

- *The IASC Logistics Cluster [in Myanmar] will not accept milk powder or infant formula into its warehouses or deliver it as cargo with its assets (trucks, boats, planes and helicopters) if it is not part of Nutrition Cluster approved supplementary feeding programs. This is in line with international policy as agreed among WHO, UNICEF, UNHCR and major NGOs.*
<http://www.reliefweb.int/rw/rwb.nsf/db900SID/EGUA-7GLQR8?OpenDocument>
- *'In accordance with internationally accepted guidelines, donations and distribution of infant formula, bottles and teats and other powdered or liquid milk and milk products are not be made. Any procurement of breast milk substitutes should be based on careful needs assessment and in coordination with MSPP and UNICEF. All queries and any donations that do appear should be directed to UNICEF, the designated nutrition coordinating agency in Haiti. Human milk donations while safe when processed and pasteurized in a human milk bank also require fully functioning cold chains. Such conditions are not currently met in Haiti and human milk donations cannot be used at present. The uncontrolled use of these products could endanger infants' lives.'*
Logistics Cluster. Briefing Paper: Unsolicited Donations. Haiti 2010.

Also advise other UN agencies, authorities, NGOs, other sectors (e.g. protection, food security) to be alert to the arrival of donations and who to contact in this instance.

Stopping and collecting donations at source: Alert administrators at borders / entry points for the arrival of donations of BMS and feeding equipment etc and who to contact in his instance. Having someone based at the airport and/or central port and/or main border crossing 24 hours a day to preferably send back donations of BMS, other milks and bottles/teats to their origin, or to seize the donations can be very beneficial. This helps stop the donations 'getting into the system' and being distributed and likely the transporters will feedback to the source about the block on these commodities and may prevent more coming through. It is important that the IYCF-E representatives have a copy of the authorisation detailing the use of donations of BMS, milk products, bottles/teats in the emergency (e.g. a copy of the Joint Statement signed by the government). It is also important that any arrival of donations of such products, their amount and source are recorded and the information is given to the IYCF-E working group (for an example of a donations recording form see- References, 2. Programme Planning, C Minimising the Risks of Artificial Feeding, a. Donations, Example BMS Donations Mapping Report Haiti 2010)

Note:

- Experience has shown that due to a high turnover in cluster coordination staff as well as NGO and humanitarian actor staff in emergencies, it is important to repeat awareness raising and distribution of key documents on a regular basis.
- Having an 'IYCF-E advocate' in each Cluster, who is aware of the key IYCF-E issues, attends all the Cluster meetings and speaks in the 'right' language for that sector can be invaluable in ensuring that IYCF-E issues are addressed in that cluster and/or reported back to the Nutrition Cluster (and IYCF-E working group)

The other clusters are also important when dealing with donations (for guide see Key Implementation Resources, 8. Coordination and Communications, IYCF-E Engaging with Other Clusters)

Mapping

Mapping of donations is important in terms of knowing the extent of the problem and can help to try and prevent future donations. (For an example of a donations recording form and a report where donations mapping was undertaken see- References, 2. Programme Planning, C. Minimise the Risks of Artificial Feeding, a. Donations, Example BMS Donations Mapping Report Haiti 2010)

[Acknowledgement, section on FBF taken from: ACF. Holistic Approach for Pregnant, Lactating Women and their children in Emergency (Baby Friendly Spaces). 2013. (DRAFT)]