

Guidelines for Handling and Management of Breastmilk Substitute and Milk
Products in Puntland and Central South Somalia

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Introduction

Breast milk substitutes (BMS), milk and milk based products in emergencies have the potential to be more dangerous than in normal situations. This is due to lack of hygiene in storage, preparation and administration and lack of longer term availability of age and language appropriate products. In addition, the loss of the benefits provided by breastmilk such as immunological protection, optimal nutritional value and emotional well-being puts already vulnerable infants at an increased risk during emergencies. There is proof that unsolicited and unmonitored distributions of BMS leads to an increase in morbidity and mortality¹.

These guidelines serve as a resource for Somalia to ensure safe and appropriate infant and young child feeding for the population is protected through implementation of key policy guidance.

Overall Goals:

- Uphold the provisions of the Operational Guidance on infant feeding in emergencies (IYCF-E) and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (collectively known as the Code).
- Avoid soliciting or accepting donations of BMS, other milk products, bottles, and teats.
- Ensure proper management of BMS donations and code violations

Definitions

Breastmilk Substitute: Any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether suitable or not for that purpose

Milk and milk based products: include a wide variety of products such as dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya milks, evaporated or condensed milk, fermented milk or yogurt or industrial milk derivatives e.g. 'creamers'. These products are often used as BMS or given to breastfed infants, even if they are intended for older children or adults.

The International Code of Marketing of Breastmilk Substitutes

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and teats, formulated in response to the realization that poor infant feeding practices were negatively affecting the growth, health and development of children, and were a major cause of mortality in infants and young children.

The main points of the Code are¹:

¹ WHO (2008). International Code for Marketing of BMS - Frequently Asked Questions.

- No advertising of breast milk substitutes to the public
- No free samples to mothers
- No promotions in shops
- No gifts to mothers
- No free or low cost supplies in health facilities
- No promotion in health care facilities
- No gifts or personal samples to health workers; health workers should not pass samples on to mothers
- No pictures of infants, or other words or pictures idealizing artificial feeding, on labels
- Information on artificial feeding should explain benefits and superiority of breastfeeding, costs and dangers of artificial feeding
- Information to health workers should be restricted to scientific and factual information

The following 5 guidelines should be adhered to at all times:

1. Soliciting or accepting donations of BMS and Milk/Milk products must be avoided
2. Any donations of BMS, milk products, bottles and teats that have not been prevented should be collected by a designated agency and stored until the agency and government develop a plan for safe use or disposal
3. BMS, milk products, bottles and teats should never be part of a general or blanket distribution
4. There should be no promotion of BMS including displays of products, or items with milk company logos and BMS supplies should not be used as a sales inducement
5. Infant formula should only be targeted to infants requiring it, as determined from assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues

Key Indicators

Implementation of the guidelines will be upheld by the below indicators. This will be updated along with any national legislation that is passed. Until then, these guidelines must be upheld to protect infant and young child feeding practices.

Key indicators include:

1. A national and/or agency policy/joint statement is in place that addresses IYCF and reflects the Operational Guidance on IYCF-E
2. The nutrition cluster acting as the lead coordinating body on IYCF and will manage code violations and any donations of breastmilk substitutes, milk products, bottles and teats
3. Code violations are monitored and reported

Management of unsolicited donations/violation of the code

In the context of the current situation in Somalia, the key coordinating body managing BMS donations and use is the nutrition cluster. The following steps should be taken to avert

unnecessary illness and death in infants:

1. Any unsolicited donation of infant formula or bottles and teats should be reported Somalia Nutrition Cluster at somalia.nut@humanitarianresponse.info (see reporting form in Annex XX)
2. All unsolicited donations should be collected and stored under the control of the nutrition cluster
3. In such cases of intercepted donations, a plan will be developed by the Nutrition cluster in coordination with the Ministry of Health for the safe use or disposal of the product to prevent indiscriminate distribution

*Note: Once legislation is approved for the Somali Code of Marketing of BMS, those reporting lines should be followed.

Prevention and appropriate handling of BMS, milk and milk based products

BMS donations

All BMS donations including bottles and teats, should be refused and returned to the organization, government, etc. who donated them

Milk and milk based products

A key concern is that dried or liquid milk or milk products will be used as a breastmilk substitute in infants and young children. Any reconstituted dried milk or liquid milk product risks being used as a BMS. To this effect, any milk or milk based products should be:

- Destroyed as per Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies (cite)
- Dried milk or milk based products must never be included in a general ration distribution
- Used in an acceptable fashion as determined by the Nutrition Cluster and the MoH.

Possible examples include:

- Dried milk products should be distributed only when pre-mixed with a milled staple food and should not be distributed as a single commodity. Dried milk powder may only be supplied as a single commodity to prepare therapeutic milk (using a vitamin mineral premix such as therapeutic CMV) for on-site therapeutic feeding.
- In institutional nutrition support e.g. for the elderly, older orphans
- In animal feed
- In preparation of biscuits and cakes that can be distributed

At community level, it is important to promote alternatives to mothers and caregivers who believe they need BMS. Some alternatives to BMS include:

- **Relactation**-Starting lactation again after a period of not breastfeeding.

- **Wet Nursing**-The practice where a breastfeeding woman breastfeeds a child that is not hers. This is the best and safest solution for children who can't be breastfed by their mother
- **Donated Breastmilk**-Women from the community willing to manually express breastmilk and give to the infant without having to breastfeed

Alternative items to donate

When inquiries come in, below are some suggested items for donation that benefit mothers, infants and young children:

- Other foods e.g. animal source foods such as tinned fish or meat
- Other products e.g. Clothes, toiletries for children, baby blankets
- Water
- Nappies

Annex

Though it is not indicated in Somalia at this time, if an organization should start distributing BMS, the below guidelines should be observed:

Distribution of breast milk substitutes

In the event that the MOH decides to initiate a program using breastmilk substitutes, the below guidelines must be adhered to at all times:

- i. Interventions to support artificial feeding should budget for the purchase of BMS supplies along with other essential needs to support artificial feeding, such as fuel, cooking equipment, safe water and sanitation, staff training, and skilled personnel.
- ii. An agency should only supply another agency with BMS if both are working as part of the nutrition and health emergency response and the provisions of the Operational Guidance and Code are met (see below) Infant formula should only be targeted to infants requiring it, as determined from assessment by a qualified health worker at a clinic trained in breastfeeding and infant feeding issues and based on established medically acceptable criteria (Annex 1).
- iii. Use of infant formula by an individual caregiver will be linked to education, one-to-one demonstrations and practical training about safe preparation and to follow-up at the distribution site and at home by skilled health workers. Follow-up should include regular monitoring of infant weight at the clinic at the time of prescription (no less than twice a month).
- iv. Distribution will be carried out in a discrete manner through a clinic setting. There will be no promotional materials on artificial feeding distributed or displayed.

- v. The use of bottles and teats will be actively discouraged due to the high risk of contamination and difficulty with cleaning. Bottles and teats will not be distributed with infant formula. Use of cups (without spouts) will be actively promoted and accompanied by demonstration.
- vi. Labels of procured infant formula should be in an appropriate language and should adhere to the specific labelling requirements of the International Code.
- vii. Provision of single tins (samples) of BMS to mothers should not occur, unless that tin is part of an assured continuous supply of formula.