

JOINT STATEMENT ON UNTARGETED DISTRIBUTION OF INFANT FORMULA AND BREAST MILK SUBSTITUTES IN EMERGENCIES

Child Health Division, Ministry of Health and Population, UNICEF and the nutrition cluster call for support for appropriate infant and young child feeding in the current emergency, and caution about unnecessary and potentially harmful donations and use of breast-milk substitute
April 30, 2015

During emergency situations, whether manmade or natural disasters, disease and death rates among children under two years of age are generally higher than for any other age group. The younger the infant, the higher the risk of mortality and undernutrition. Mortality or undernutrition in this age group soars due to the combined impact of infectious diseases and diarrhea. The fundamental means of preventing malnutrition and mortality among infants and young children below 2 years of age is to ensure promotion of age-appropriate breastfeeding. Breastfeeding confers critical protection from infection in environments without safe water supply and sanitation.

There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition. A desire to help may result in the inappropriate donations of infant formula, other milk products and baby food. Stress can temporarily interfere with the flow of breast milk; however, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are adequately supported and encouraged to initiate and continue breastfeeding. Mothers who lack food or who are malnourished can still breastfeed adequately. Adequate fluids and extra food for the mother will help to protect their health and well-being as well as the health and well being of their children.


During an emergency situation donations of infant formula, other milk products and baby food are often made and are distributed to feed infants and young children without proper assessment of needs which endangers their lives. In accordance with internationally accepted guidelines, there should be no donation or distribution of

- (1) Breast milk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age,
- (2) Infant formula, complementary foods, juices, teas represented for use in infants under six months.
- (3) Products designed for feeding children under 24 months from bottles, including bottles and teats

Any unsolicited donations and distribution of especially Breast Milk Substitute (BMS) must be reported to Mr. Giri Raj Subedi, Sr. Public Health Administrator/ Chief, Nutrition Section; Email: subedi.giriraj@gmail.com; Office Desk No.: +977-01-4225558; Cell No.: 9841391267.

Experience from other emergencies has shown an excessive quantity of products, which are poorly targeted, endangering infants' lives Any provision of BMS for feeding infants and young children above 6 months of age should be based on careful needs assessment by qualified medical doctors or nurses to inform purchase of supplies and the package of nutritional and medical care needed. Therefore, all donor agencies, non-governmental organisations (NGOs), media or individuals wishing to help should avoid calls for and sending donations of BMS, baby food, bottles and teats and refuse any unsolicited donations of these products.

Artificial feeding should be recommended only in an exceptional situation where the infant cannot be or should not be breastfed; and under strict control and monitoring and in hygienic conditions, and in accordance with the relevant World Health Assembly resolutions, as well as humanitarian agencies' policies and guidelines like **International Code of Marketing of Breast-Milk Substitutes, Milk Code, Mother's**


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Milk Substitutes (control of sale and distribution) Regulation 1994 (2051) and Substitute For The Breastmilk (Sale, Distribution And Control) Act 2049. There should be no general distribution of BMS and/or powdered milk.

No free samples of breastmilk substitutes, other milk products, bottles and teats should be distributed to mothers, their families or health workers in general ration distribution. ('Sample' means 'single or small quantities of a product provided without cost.')

Further, 'Health workers should not be given gifts, sample or any incentives that promote the distribution of infant formula samples to pregnant women, mothers of infants and young children, or members of their families.'

The decision to accept, procure, use or distribute infant formula and any type of baby food donations in an emergency must be made by the Nutrition cluster in consultation with the co-Government of Nepal after a careful needs assessment. All queries and any donations that do appear should be directed to Government of Nepal, the designated nutrition coordinating agency in Nepal.

If supplies of infant formula and/or powdered milks and baby food are widely available as free donation, mothers who might otherwise breastfeed might needlessly start giving artificial feeds. This exposes many infants and young children to increased risk of infectious disease, malnutrition and death, especially from diarrhoea when clean water is scarce. The use of feeding bottles only adds further to the risk of infection as they are difficult to clean properly and safe water may not be available.

In addition, there should be no promotion of products, i.e., no product displays, posters or distribution of promotional material at the camps, temporary shelters or health facilities. If infants need to be fed with infant formula; trained health workers, or other community workers (if necessary) can guide mothers or family members who need to use it. The information should include a clear explanation of the hazards of improper use'. 'There should be no free or subsidized supplies of breast-milk substitute, infant formula, milk products, complementary food or bottles/teats for children under 24 months of age or other products covered by the Code in any part of the health care system.'

Therefore during emergencies mothers need a protective environment which includes (1) Establish separate "safe corner" for breastfeeding (2) skilled staff or volunteer or peer counsellor to provide psycho-social care to traumatized and depressed women and provide IYCF counselling to mothers to encourage them to breastfeed; and (3) skilled staff trained in IYCF to counsel mothers to breastfeed and manage breastfeeding problems or lactation failure. Every effort should be made to identify ways to breastfeed infants and young children who are separated from their mothers, for example by a wet-nurse.

The Nutrition cluster and the Government of Nepal strongly urge all who are involved in funding, planning and implementing the emergency response in Nepal to avoid unnecessary illness and death by promoting, protecting and supporting breastfeeding and appropriate complementary feeding and by preventing uncontrolled distribution and use of breast-milk substitutes.

