



Save the Children  
إنقاذ الطفل



UNFPA  
United Nations Population Fund  
Jordan Office



UNHCR  
The UN  
Refugee Agency



# **Standard Operating Procedures on Donations, Distribution and Procurement of Infant Formula and Infant Feeding Equipment**

**26<sup>th</sup> November 2012**  
**Jordan Emergency**

Past experience has shown that when there is an emergency, massive amount of infant formula and powdered milk are commonly donated. In emergencies, donations of BMS are not needed and may put infants' lives at risk. In the confusion that surrounds emergencies, these products are often distributed in an uncontrolled way and used by mothers who would otherwise breastfeed their babies. This results in unnecessary illness and even death for infants.

## **Guiding principles**

- A general distribution should NEVER include breast-milk substitutes or any other milk products.
- Neonatal or baby kits should never contain infant formula or bottles or teats
- Organizations must NEVER accept unsolicited donations of ANY milk products (infant formula or other powdered milk products, long life milk, dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya milks, evaporated or condensed milk or fermented milk)
- Instead, 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.
- Solicited donations or sourcing of infant formula will only be accepted if based on infant feeding needs assessment by trained personnel using established and agreed criteria.

## **1. Management of unsolicited donations**

In the context of the current refugee emergency in Jordan 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 to UNHCR (Rana Tannous [tannous@unhcr.org](mailto:tannous@unhcr.org) 0799436653) and/or UNICEF (ButhyanaBalkhatib [balkhatib@unicef.org](mailto:balkhatib@unicef.org) 0799060498).
2. All unsolicited donations should be collected and stored under the control of either UNICEF or UNHCR.
3. In such cases a plan will be developed by the Nutrition Working Group in coordination with the Ministry of Health for the safe use or disposal of the product in order to prevent indiscriminate distribution.

## **2. Distribution of breast milk substitutes**

1. 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)

2. Infant formula should only be targeted to infants requiring it, as determined from assessment by a qualified health or nutrition worker at the JHAS clinic trained in breastfeeding and infant feeding issues and based on established criteria. Criteria for temporary or longer term use of infant formula include:
  - absent or dead mother, very ill mother, re-lactating mother until lactation is re-established, HIV positive mother who has chosen not to breastfeed and where AFASS criteria are met, infant rejected by mother, mother who was artificially feeding her infant prior to the emergency, rape victim not wishing to breastfeed, and a child with an inborn error of metabolism, that is made worse by breastfeeding. Also see<sup>1</sup>
3. 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 JHAS clinic at the time of distribution (no less than twice a month).
4. Distribution will be carried out in a discrete manner through the JHAS clinic. There will be no promotional materials on artificial feeding distributed or displayed.
5. 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 accompanied by demonstration.

### 3. Control of procurement

1. UNHCR will be the agency responsible for procuring breast milk substitutes in Za'atri Camp
2. Generic (unbranded) infant formula will be the first choice, followed by locally purchased infant formula.
3. Infant formula should be manufactured and packaged in accordance with the Codex Alimentarius standards and have a shelf-life of at least 6 months on receipt of supply.
4. Labels of procured infant formula should be in an appropriate language and should adhere to the specific labeling requirements of the International Code (21). These include: products should state the superiority of breastfeeding, indicate that the product should be used only on health worker advice, and warn about health hazards; there should be no pictures of infants or other pictures idealizing the use of infant formula.
5. Procurement will be managed so that infant formula supply is always adequate and continued for as long as the targeted infants need it – until breastfeeding is re-established or until at least 12 months of age, and formula or some other source of milk and/or animal source food after that during the complementary feeding period (6-24 months of age).

**For further information please contact:** Sura Al Samman, Save the Children Jordan ([salsamman@savethechildren.org.jo](mailto:salsamman@savethechildren.org.jo)), Rana Tannous UNHCR ([tannous@unhcr.org](mailto:tannous@unhcr.org)); Buthyana Al-Khalib UNICEF ([balkhatib@unicef.org](mailto:balkhatib@unicef.org)) or Shannon Patty WFP ([shannon.patty@wfp.org](mailto:shannon.patty@wfp.org))

<sup>1</sup>Acceptable Medical Reasons for use of Breast-Milk Substitutes. World Health Organization/UNICEF 2009

[http://www.who.int/nutrition/publications/infantfeeding/WHO\\_NMH\\_NHD\\_09.01/en/index.html](http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/index.html)