

Questions and Answers

'Learning and Sharing Café' on Infant and Young Child Feeding in Emergencies webinar: "Preventing and managing inappropriate donations - breastmilk substitutes products"

Date: October 7, 2021

1. **Q:** Can you speak to how non traditional BMS (i.e. dried milk powder) was factored in when developing the tools/infographic? There are times when either dried milk powder (in theory not a BMS) is donated or provided, but some communities may use as a BMS.

A: The infographic is based on the Operational Guidance on Infant Feeding in Emergencies which states that "Dried milk products and liquid milk should not be distributed as a single commodity in general or blanket distributions". The reason this is not recommended is exactly because of what you state - there is a high risk that these products will be used as a BMS, placing both breastfed and non-breastfed infants at risk. There are also food handling and safety concerns e.g. using unsafe water to mix the milk powder. The infographic provides some suggestions on how products such as dried milk powder can be "repurposed" in a way that minimises risk. Donations of milk powder can certainly be tricky to handle, so they are best prevented!

2. **Q:** Have there been any instances of use of restricted cash or vouchers as part of a BMS management program where the markets can support it?

A: Answer not provided as there was no time.

3. **Q:** How did IBFAN do the international denunciations? Where was the information sent?

A: Los grupos IBFAN de cada país de América Latina y El Caribe tienen experiencia en monitoreo y se hace monitoreo continuo, las denuncias son reportadas a la coordinación de IBFAN LAC.

4. **Q:** Beyond the emphasis on how important breastfeeding/breastmilk is for infants to survive and thrive, HOW can we prevent/discourage facilities in LMICs that manage infants with birth defects (I am specifically thinking of babies born with a cleft in the mouth) who often reach hospitals late when mothers do no longer produce breastmilk (or refuse to breastfeed/feed their babies) - from accepting donations of BMS and feeding tools? And WHAT to advise them when they have no way to afford the costs of BMS to feed these babies? This is a big concern because orofacial clefts are COMMON conditions and there is a need to guide health workers in LMICs. THANKS!?

A: Important question. I would think of the importance of having policies and SOPs at the facility level that would ensure that breastfeeding counselling and assessment is ensured so that we

work through options emphasized by the Operational Guidance on IYCF-E (i.e. if breastfeeding is not possible then donor milk or wet-nursing is the next option) and then off course to ensure that infants who really need BMS are provided with it in alignment with the Code. This also means that there needs to be good BMS management programmes in place for infants who really need it and this is an effective way to prevent donations.

5. **Q:** Are there other translations in progress? Certainly need translations for all of the countries that presented case studies today. Are there volunteers to do these translations?

A: This infographic is already available in French and Japanese. Anyone interested in supporting a translation can contact the IFE Core Group for the design file and further guidance and support on the process. It is also possible contextualise these infographics to the local context - as long as there is a small note that the infographic is based on the IFE Core Group infographic, this tool is available for all to use and adapt!

6. **Q:** Some states in India are distributing dried or liquid milk in standard rations.

A: N/A