

Annex 1: BMS Code Violation Form in Whole of Syria

Name: Organization:
 Address: Email:

The above information is necessary to enable Coordinators to double-check the information you have given, if necessary.
 Your identity will be kept confidential

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Type of emergency: *(please answer all questions, especially the when, where, who, what and how)*

1. Short description of violation *(name of emergency relief programme, circumstances around the violation (e.g. blanket/unsolicited donations, misleading heading or slogan, use of images, free marketing materials))*
2. **When** was the violation observed? (dd/mm/yyyy)
3. **Where?** (place, city and country)
4. Describe **Who** is violating the Code¹ and **how** by completing the table below:

<i>Company/organization</i>	<i>Brand name of product</i>	<i>Type of product¹</i>	<i>Type of violation²</i>

¹ **Type of product**

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Infant formula including special formula B. Follow-up formula C. Growing-up milk D. Cereal E. Fruit/vegetables/meat puree | <ul style="list-style-type: none"> E. Juice/tea/mineral water F. Bottle G. Teat H. Therapeutic milk I. Animal milk, soya milk, fermented milk L. Other (write under 'type of product' in box above) |
|--|---|

² **Type of violation**

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Untargeted donations of breastmilk substitutes from manufacturers or distributors, agencies, government, donors, etc; B. Distribution of formula that has been properly procured other than to mothers and babies that have been professionally assessed as requiring formula C. Inappropriate food distributions to infants under 6 completed months; D. Distribution of milk products (incl. dried) that can be potentially used as BMS to general population; | <ul style="list-style-type: none"> E. Distribution of infant formula with less than 6 months shelf life; F. Soliciting for BMS donations G. Inadequate labelling (such as no health hazard warning, inappropriate language, no statement on BF superiority, no info on safe preparation, etc.) H. Promotion of BMS at the distribution point (displays, logos, etc.); I. Other (specify) |
|--|---|

If photo or image is attached to this form, tick here

5. Details: For e.g. describe how products are distributed to affected communities/nature of the relief programme
(please use another sheet of paper if necessary)

ⁱ The term "Code" refers to the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions. This includes Resolution 63.23 (May, 2010) which Urges Member States "to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria.

Annex 2: Outline of the Role of Each Sector in Breast milk Substitute Management

SECTOR	ROLE
NUTRITION	<ul style="list-style-type: none"> • Lead development, implementation and monitoring of this SOP, in collaboration with partners. • Liaise with relevant sectors for effective implementation of this SOP. • Mobilize partners and other sectors to collect and store the unsolicited donation of BMS once notified. • Lead the development of a plan for the safe re-use or disposal of the collected BMS. • Train/orient partners on the SOPs for BMS. • Advocate with the donors / other stakeholders to prevent unsolicited donations of BMS. • Coordinate procurement and targeted distribution of BMS together with relevant sectors.
HEALTH	<ul style="list-style-type: none"> • Integrate this SOP in the essential primary healthcare package. • Monitor WHO shipments and coordinate procurement and distribution of BMS together with OCHA, nutrition and logistics sectors when needed. • Circulate this SOP to relevant partners and health directorate and encourage its adoption. • Share any relevant documentation when available for any unsolicited/untargeted distribution through the health system and notify the nutrition working group accordingly. • Support the development of plan for the safe re-use or disposal of the collected BMS.
FOOD SECURITY	<ul style="list-style-type: none"> • Document any untargeted distribution of BMS through food distribution, if any to the nutrition working group. • Coordinate procurement and targeted distribution of BMS together with the nutrition sector. • Establish a mechanism to ensure adherence of sector partners to this SOP.
WASH	<ul style="list-style-type: none"> • Provide support and produce guidelines on safe water and sanitation when administering artificial feeding and to mitigate risk in the controlled use of BMS for non-breastfed infants. • Circulate this SOP along with relevant updates to WASH partners.
PROTECTION	<ul style="list-style-type: none"> • Whenever possible, provide appropriate space for women and girls to breastfeed within and near spaces where child protection activities are taking place. • Whenever possible, run joint programs with the nutrition sector in terms of community mobilization and prevention messages that include socially and culturally appropriate, technical accurate, messages on breastfeeding and nutrition. • Include child protection messages, including on prevention and response as well as referral mechanisms (where available), in activities related to nutrition, community outreach and raising awareness. • Include discussions related to protection, including psychosocial support and gender-based violence, in mother-to-mother nutrition activities. • Choose at least one trained staff member to act as a child protection focal point in nutrition programs, and make sure the focal point is trained on identifying and referring children or families in need of additional services, as well as basic psychosocial support related to, for example, coping with stress. • Ensure that those working in nutrition have signed up to and been trained in a code of conduct or other policy which covers child safeguarding.
LOGISTICS	<ul style="list-style-type: none"> • Coordinate shipments in collaboration with OCHA, UNICEF and WHO. • Support the collection and storage of unsolicited shipments.
UNOCHA	<ul style="list-style-type: none"> • Coordinate shipments (BMS) under UNSC resolution 2165/2191/2258/2393, in collaboration with logistic cluster, Nutrition Sector and UNICEF. • Circulate this SOP to relevant OCHA staff and partners who are involved with shipments. • Coordinate with authorities to encourage them to notify OCHA and the Nutrition Sector when informal shipments containing BMS are planned / organized.

according to the World Health Organization

Source: WHO, Acceptable medical reasons for use of breast-milk substitutes, WHO 2009. Retrieved from http://apps.who.int/iris/bitstream/10665/69938/1/WHO_FCH_CAH_09.01_eng.pdf

1. Infants' conditions: Infants who should not receive breastmilk or any other milk except specialized formula include:

- Infants with classic galactosemia: a special galactose-free formula is needed.
- Infants with maple syrup urine disease: a special formula free of leucine, isoleucine and valine is needed.
- Infants with phenylketonuria: a special phenylalanine-free formula is needed (some breastfeeding is possible, under careful monitoring).

2. Maternal condition: Maternal conditions that may justify permanent avoidance of breastfeeding include:

- HIV infection: if replacement feeding is acceptable, feasible, affordable, sustainable and safe.

3. Maternal condition: Maternal conditions that may justify temporary avoidance of breastfeeding include:

- Severe illness that prevents a mother from caring for her infant, for example sepsis.
- Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved.
- Maternal medications, including:
 - Sedating psychotherapeutic drugs, anti-epileptic drugs and opioids and their combinations may cause side effects such as drowsiness and respiratory depression and are better avoided if a safer alternative is available.
 - Radioactive iodine-131 is better avoided given that safer alternatives are available – a mother can resume breastfeeding about two months after receiving this substance.
 - Excessive use of topical iodine or iodophors (e.g., povidone-iodine), especially on open wounds or mucous membranes, can result in thyroid suppression or electrolyte abnormalities in the breastfed infant and should be avoided.
 - Cytotoxic chemotherapy requires that a mother stops breastfeeding during therapy.