



# Addendum to Operational Guidance on IFE (v2.1, 2007) 2010

Note the **addition and substitution** marked in bold to 6.3.2 of the Operational Guidance on IFE, v2.1 and further clarification of the same:

## 6.3.2 The type and source of BMS to purchase should be considered:

- Generic (unbranded) infant formula is recommended as first choice, followed by locally purchased infant formula. Home modified animal milk should only be used as temporary measure and as a last resort in infants under 6 months of age<sup>a</sup>.
- 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.
- The type of infant formula should be appropriate for the infant, including their age. Specially formulated milks, so called 'follow-up' or 'follow-on' milks, are not necessary'. 'Growing up milks', often marketed for children over the age of 12 months, are also not necessary.
- **In the early stage of an emergency, ready to use infant formula (RUIF) has the advantage that it does not require reconstitution with water. Its use may minimise health risks while support services for use of powdered infant formula are established. RUIF is not a guarantee of safety - appropriate use, hygiene of feeding utensils and storage considerations remain essential. RUIF supply has considerable cost and storage implications that need careful consideration in every context. Where indicated, RUIF supplies should be prioritised for infants <6 months.**

In refugee settings and in accordance with UNHCR policies and this Operational Guidance, UNHCR will only procure BMS after review and approval by its HQ technical units. Similarly, UNICEF will only procure BMS after approval by UNICEF HQ technical units.

## Further Clarification

The designated IFE coordination body in the affected country/territory should assess Government capacity to provide BMS and monitor its use and where capacity is lacking, identify an appropriate alternative provider of supplies. The government/alternative body role is to assess, procure and monitor the use of BMS in an efficient and rapid manner according to defined criteria and in consultation with the IFE coordinating body. Ideally, government capacity/designated responsible body and terms of reference should be established as part of emergency preparedness, in agreement with all relevant stakeholders. Both UNICEF and WHO have lead roles to play in supporting the government capacity in this as UN lead nutrition/health agencies.

Where such a responsible body is not established pre-emergency or is not functional in an emergency, the Nutrition Emergency Cluster and member agencies shall apply all efforts to ensure coordinated provision of BMS supplies, with clear terms of reference, technical support and close monitoring of use. At country level, the coordinating effort of the response should consider the need for provision and monitoring of BMS supplies and associated supports.

IFE Core Group, June, 2010

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