Session F: Donation Debate

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| Duration | 30 minutes |
| Activity Type | Debate |
| Purpose | Participants list arguments **FOR** or **AGAINST** the destruction of donated infant formula. |
| Materials | Optional: Donation Management Plan Template (Handout) |

# DEBATE INSTRUCTIONS

1. Explain that we will need 12 volunteers split into 2 groups who want to debate (2 members of each team will speak, the rest will help to prepare arguments).    
   The remaining participants will serve as the AUDIENCE.
2. Split them into 2 groups of 6 and ask the participants to read the slide content and the following statement: **THE DONATED INFANT FORMULA SHOULD BE DESTROYED**

* Group 1 – will argue **FOR** the statement
* Group 2 – will argue **AGAINST** the statement

1. Each group has 15 minutes to research the issue and prepare their arguments FOR or AGAINST the statement.

**Alternative activity for AUDIENCE members**  
*Contextualising the Donation Management Plan Template handout.*  
**Instructions:** read through the donation management plan and adapt it to your context e.g. identifying members for the task team, appropriate ways to handle donations in line with national policy and regulations etc. Participants will be asked to present the contextualised donation management plan later on in the session.

1. Debate:
   * 1. Group 1 (**FOR**) has 3 minutes to present their case
     2. Group 2 (**AGAINST**) has 3 minutes to present their case
     3. Both teams have 2 minutes to prepare their rebuttal (“you are wrong and this is why”) and summary
     4. Group 2 (**AGAINST**) has 2 minutes to present their rebuttal and summary (different speaker)
     5. Group 1 (**FOR**) has 2 minutes to present their rebuttal and summary (different speaker)
2. The AUDIENCE will determine which team won through a VOTE

# POSSIBLE ANSWERS

## Possible arguments **FOR**

* Market exploitation by BMS manufacturer
* Code violation
* Amount versus need
* Not free! Costs of sorting, storing, distributing (huge quantity expiring in 12 months)
* Risk of overspill to breastfed infants and subsequent dire consequences
* Only BMS has been donated – we need to pay for other supplies, equipment, counselling/education etc.
* Sets a precedent for more donations / sends the wrong message
* The need is lower than the media is reporting (breastfeeding mothers ask for formula donations during emergencies for reasons other than absolute need)
* Labelling and information constraints: in many cases, goods donated from abroad are unknown to locals. They often arrive unsorted and labelled in a foreign language.
* Logistical constraints: the overabundance of inappropriate relief items is one of the major reasons for material destruction in the field, requiring extensive and nonpriority logistical efforts. Additional bottlenecks may be created by the fact that sufficient local logistics capacity for storage and final distribution is not always available at destination.
* Proper artificial feeding programs that include purchased infant formula will better protect non-breastfed and BMS-dependent infants (ie the destruction will result in better outcomes)- this is where resources need to be put, not on managing this large donation
* Acceptance puts pressure on organisations to distribute because infant formula is really difficult to throw out/destroy. There is evidence from BFHI that even in hospitals, donated formula is distributed more liberally than purchased infant formula
* Lack of accountability of individuals to their organisations for distribution as the product has not been purchased or budgeted for
* Compare infant formula to medication, rather than food. Consider the dangers that might be caused by a large donation of a medication for which they might be a genuine need by a small number of people, but instead it is distributed freely and indiscriminately.
* Donations such as these do not meet OG-IFE requirements e.g. sustainably providing BMS for as long as the infant needs it.
* Possible rebuttals to point on informed choice (autonomy):
* It is contradictory to say that we should support mothers to make an informed choice but then also to say that providing information on breastfeeding is pushy / judgemental.
* Do you always support mother’s choices? For example, if she asks for sugar to add to the infant formula that is provided, would you provide it?
* Considering the decades of effective BMS marketing practices and lack of breastfeeding support, can you confidently say that a mother requesting access to the donated BMS is making an “informed” choice?
* Providing infant formula to facilitate maternal choice when it is likely to cause significant harm is not kind or ethical
* The ethical principle of autonomy (maternal choice) must be weighed up against other ethical principles, including non-maleficence (do no harm), beneficence (do good), justice (fair use of resources) and health maximisation (population health).

## Possible arguments **AGAINST**

* Public perception / anger
* Don’t want to strain relations with neighbouring government (relationship implications)
* No BMS programming: this donation is needed (mothers are asking for it)
* Destruction is expensive
* Destruction may damage the environment
* We can REUSE the infant formula to minimize the risk
* Mothers know best what they need – we should listen to them and support maternal choice (ethical principle of autonomy). Not respecting maternal choice shows a lack of respect for women and a judgemental attitude.
* Aid agencies are too slow to respond – we cannot wait for them and should use the donation that is already available.
* False statements that are often used to justify donations: breastfeeding is fragile and not possible when mothers are stressed / traumatised / exhausted.
* Withholding donations from mothers who want them is harmful (e.g. causes stress).
* Having **choices** and a **sense of control/agency** is a fundamental psychological need, particularly essential for people exposed to adversities who might have experienced a condition of loss of control and helplessness (traumatic experiences)