

CONNECTING INCLUSIVE FEEDING & DISABILITY RESOURCES TO NUTRITION PRACTICES IN HUMANITARIAN SETTINGS











Online Decision Tool



Offline Twin

If you have any questions about the tool, please contact
the GNC at gnc@unicef.org

	<p>Who should use this tool? Frontline and Community Health Workers who work in nutrition or counsel caregivers of infants and children</p>
	<p>Who will benefit from It? Infants and children with feeding difficulties/disabilities</p>
	<p>Purpose of this tool To improve nutrition status of infants and children with feeding difficulties/disabilities and to boost inclusiveness of nutrition practices</p>
	<p>What does it do? It points Frontline and Community Health Workers to step by step feeding action plans to support infants and children with feeding difficulties or disabilities</p>
	<p>Where can I find it? https://www.nutritioncluster.net/ and search by the title of this document. The tool is accessible ONLINE and has an OFFLINE TWIN as a searchable pdf you can download and print, if needed</p>
	<p>How is it structured? Start by selecting the age range of the child, then the tool drives the user through four (4) stages of the patient journey, with specific advice & actions at each stage:</p> <p>Stage 1: ASSESS the health and nutrition status and oral structure of the child Stage 2: ANALYSE functional feeding concerns and ACT giving advice to caregivers Stage 3: APRAISE the response to the feeding strategy Stage 4: ASSIGN to complementary programs</p>



How to use this searchable PDF?

- Using a computer, tablet or smartphone, scroll to the *Table of Contents* below.
- Press the "Control" key and click on any section in the *Table of Contents* you want to explore, and you will jump directly into it.
- In the course document, when you see "go to...", press the "Control" key, click on the link and you will jump to this section.
- Finally, weblinks to the full reference material, resources and image banks have been inserted to the left of each section where you can access them online.

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START: Select the age range of the child

[0 to 5 Completed Months](#)

[6 to 11 Completed Months](#)

[12 to 23 Completed Months](#)

[24 to 59 Completed Months and Above](#)

0-5 Completed Months



ASSESS Health and Nutrition Status



Always refer to local protocols or other existing tools to complete your assessment of infant's health and nutrition (example: Management of Small & Nutritionally At-risk Infants - MAMI).



Health and Nutrition Status Options

What is the status of the infant?



Very Severe Disease/Wasting



- **STOP** - Do not use this tool. Follow national nutrition protocols and refer to the nearest hospital.



If infant has Uncomplicated, Severe Acute Malnutrition or Moderate Acute Malnutrition /Wasting - USE THIS TOOL.



Go to [ASSESS Oral Structures: 0-5 completed months](#) section



No acute malnutrition/wasting



Do not use this tool. Follow local nutrition protocols.

ASSESS Oral Structures 0-5 completed months

Step 1

Observe the infant during feeding or at rest

Look for weakness in the tongue, lips, or jaw muscles.

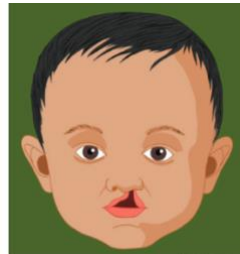
[UNICEF IYCF Image Bank](#)



Step 2

Observe the structure of the lips

Look for holes (clefts) in the lip



Step 3

Use a light to look inside of mouth

Look for holes (clefts) inside of the top of mouth.



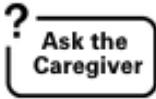
[Smile Train](#)





If No Cleft, go to [ANALYZE Functional Feeding Concerns and ACT](#) and select option that describes functional feeding difficulties.

If there is a cleft, go to [ACT Action Plan "Liquid Comes Out of Nose"](#)


ANALYZE Functional Feeding Concerns and ACT


 What feeding concerns do you have?

 Click on the link that describes feeding concern

 Functional Feeding Concerns Options and Action Plans:
["No Concerns"](#)
["Not Gaining Weight"](#)
["Liquid Comes Out of Nose"](#)
["Coughing or Choking"](#)


ACT: Feeding Action Plan to Address **"No Concerns"** 0 to 5 Completed Months

 **"No Concerns"**

 Continue to monitor growth and health

ACT: Feeding Action Plan to Address **"Not Gaining Weight"** 0 to 5 Completed Months

Step 1 Try different positions



[UNICEF IYCF Image Bank](#)

Step 2

Use strategies that encourage attachment

Skin To Skin

Skin to Skin



Holding an infant against bare skin can calm them before eating

UNICEF IYCF Image Bank

Lip Stimulation



Touching nipple to infant's lips can prepare them to eat

UNICEF IYCF Image Bank

Drip Drop

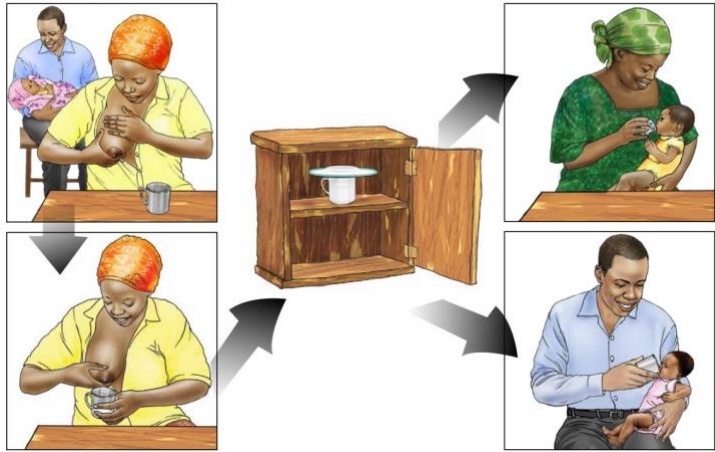


Dripping breastmilk from a clean spoon, down breast, to nipple, can help infant breastfeed

Step 3

Offer breast for each feed, if infant cannot attach, express milk and feed from a cup

[UNICEF IYCF Image Bank](#)



Step 4

Feed often, when infant shows signs they are ready to eat

[Signs Infant is Ready to Eat](#)

[UNICEF IYCF Image Bank](#)

- Fists moving to mouth.
- Head turning to look for the breast.
- Becoming more alert and active.
- Sucking on hands or lip smacking.
- Opening and closing mouth.



Go to [APPRAISE Response to Feeding Strategies](#)

ACT: Feeding Action Plan to Address “*Liquid Comes Out of Nose*” 0-5 Completed Months

Step 1

Try different breastfeeding strategies

**NOTE: you might observe liquid coming out of the nose*

It is important for a child to be well nourished so that they can receive surgery.

Mother must be committed to trying different feeding strategies to see what works for her and her baby. It is best to feed the child directly from the breast, if possible. Some strategies are:



Have the child feed sitting upright

Position the nipple to the side of the mouth that is not cut

Gently squeeze the breast to increase the flow of milk

Feed and burp children more often than normal

[Smile Train](#)

Step 2

Use strategies that encourage attachment

Skin To Skin

Skin to Skin



Holding an infant against bare skin can calm them before eating

UNICEF IYCF Image Bank

Lip Stimulation



Touching nipple to infant's lips can prepare them to eat

UNICEF IYCF Image Bank

Drip Drop



Dripping breastmilk from a clean spoon, down breast, to nipple, can help infant breastfeed

Step 3

If infant cannot attach, express milk and feed from a cup or spoon

Smile Train



Step 4

Watch for signs that infant is ready to eat and feed often

Signs Infant is Ready to Eat

UNICEF IYCF Image Bank

- Fists moving to mouth.
- Head turning to look for the breast.
- Becoming more alert and active.
- Sucking on hands or lip smacking.
- Opening and closing mouth.



Step 5

Find an organization that specializes in cleft lip and palate repair

Operation Smile
www.operationssmile.org

 CLAPA
<https://www.clapa.com>

 smiletrain.org
<https://www.smiletrain.org>



Go to APPRAISE Response to Feeding Strategies.

ACT: Feeding Action Plan to Address ***“Coughing or Choking”*** 0 to 5 Completed Months

Step 1

Position infant with hips below head during feeding

[UNICEF IYCF Image Bank](#)



Step 2

After adjusting position, watch for common signs that infant may not be safe to take nutrition by mouth

[Feeding Matters](#)

- labored breathing with **and** without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with **and** without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking

Step 3

If infant continues to cough or choke during feeds, a formal feeding assessment with a specialist may be needed. Follow local protocols to refer to hospital.

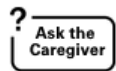


Go to [APPRAISE Response to Feeding Strategies 0 to 5 completed months](#).

APPRAISE Response to Feeding Strategies



During growth and nutrition monitoring or counselling sessions, ask caregiver about feeding.



“Did feeding improve?”



YES, feeding improved.



Continue to follow feeding action plan and local/ICMI recommendations for ongoing health, growth, and nutrition monitoring.



Go to [ASSIGN Next Steps 0 to 5 completed months](#).



NO, infant has complicated, severe acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to determine if supplemental feeding or referral to hospital is needed.



No, infant still has uncomplicated, severe acute malnutrition or moderate acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to provide supplemental nutrition and continue to follow guidance in [ACT: Feeding Action Plan to Address “Not Gaining Weight”](#) 0 to 5 completed months. Refer to signs of swallowing difficulties in [ACT: Feeding Action Plan to Address “Coughing or Choking”](#) 0 to 5 completed months.



It's too soon to tell



Continue to follow Feeding Action Plan and APPRAISE Response to Feeding Strategies at next nutrition monitoring session.

ASSIGN Next Steps 0 to 5 Completed Months

Access to existing community programs and assistive technology is a priority for malnourished children with feeding difficulties, and those with disabilities.

Seek access to Assistive Technology/Devices/Products



[WHO Assistive Product Specification 26](#)
[UNICEF Supply Catalogue](#)

Coordinate with Country Officers to link humanitarian and development efforts

Follow UNICEF guidance on disability inclusion in the Core Commitments to Children

- Community Engagement
- Cash Transfers
- Food Security
- ECD
- WASH
- Psychosocial Support

6-11 Completed Months

ASSESS Health and Nutrition Status



Always refer to local protocols or other existing tools such as the Integrated Management of Childhood Illness (ICMI) to complete your assessment of infant's health and nutrition. [WHO Guidance on Wasting](#)



Health and Nutrition Status Options
What is the status of the infant?



Complicated, Severe Acute Malnutrition/Wasting



- **STOP**- Do not use this tool. Follow national nutrition protocols and refer to the nearest hospital.



If infant has Uncomplicated, Severe Acute Malnutrition or Moderate Acute Malnutrition / Wasting - USE THIS TOOL.



Go to [ASSESS Oral Structures 6 to 11 completed months.](#)



No Acute Malnutrition/Wasting



Do not use this tool. Follow local nutrition protocols.

ASSESS Oral Structures 6 to 11 Completed Months

Step 1

Observe the infant during feeding or at rest

Look for weakness in the tongue, lips, or jaw muscles.

[UNICEF IYCF Image Bank](#)



Step 2

Observe the structure of the lips

Look for holes (clefts) in the lip



Step 3

Use a light to look inside of mouth

Look for holes (clefts) inside of the top of mouth.

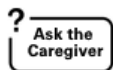
Smile Train



If No Cleft, go to [ANALYZE Functional Feeding Concerns and ACT 6 to 11 months](#) and select option that describes functional feeding difficulties.

If there is a cleft, go to [ACT Action Plan "Liquid Comes Out of Nose" 6 to 11 months](#).

ANALYZE Functional Feeding Concerns and ACT 6 to 11 Completed Months



What feeding concerns do you have?



Click on the link that describes the functional feeding concern:

["No Concerns"](#)

["Not Gaining Weight"](#)

["Liquid Comes Out of Nose"](#)

“Coughing or Choking”
“Only Drinks Liquids”

ACT: Feeding Action Plan to Address **“No Concerns”** 6 to 11 Completed Months



“No Concerns”



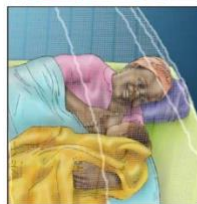
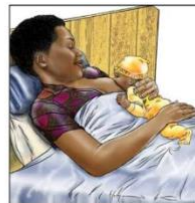
Stop here, follow local nutrition protocols.

ACT: Feeding Action Plan to Address **“Not Gaining Weight”** 6-11 Completed Months

Step 1

Follow breastfeeding strategies

[UNICEF IYCF Image Bank](#)



Step 2

Use strategies that encourage attachment

Skin to Skin



Holding an infant against bare skin can calm them before eating

Lip Stimulation



Touching nipple to infant's lips can prepare them to eat

Drip Drop



Dripping breastmilk from a clean spoon, down breast, to nipple, can help infant breastfeed

[Skin To Skin](#)

[UNICEF IYCF Image Bank](#)

Step 3

Introduce Complimentary Foods using UNICEF/WHO Guidance

[UNICEF Complimentary Feeding Guidance](#)

- Two meals a day of solid, semi-solid or soft foods for breastfed infants aged 6–8 months
- Three meals a day of solid, semi-solid or soft foods for breastfed children aged 9–23 months
- Four meals a day of solid, semi-solid or soft foods (or milk feeds) for non-breastfed children aged 6–23 months, of which at least one meal must include solid, semi-solid or soft food

Step 4

Follow strategies for safe feeding by matching the texture of the food to the skills of the child and introducing the spoon

[Match Food Texture to Skills](#)

Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



Matching Texture



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



Matching Texture



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵



Matching Texture

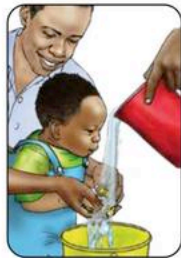


[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



(2024, UNICEF)

Practice good hand hygiene



(2024, UNICEF)

Continue to breastfeed



(2024, UNICEF)

Support infant on lap or seat



Go to [APPRaise Response to Feeding Strategies 6 to 11 completed months](#).

ACT: Feeding Action Plan to Address *“Liquid Comes Out Of Nose”* 6-11 Completed Months

Step 1

Continue breastfeeding using strategies.

**NOTE: you might observe liquid coming out of the nose*

It is important for a child to be well nourished so that they can receive surgery.

Mother must be committed to trying different feeding strategies to see what works for her and her baby. It is best to feed the child directly from the breast, if possible. Some strategies are:

[Smile Train](#)



Have the child feed sitting upright

Position the nipple to the side of the mouth that is not cut

Gently squeeze the breast to increase the flow of milk

Feed and burp children more often than normal

Step 2

If infant cannot attach, express milk and feed from a cup or spoon

Smile Train



Step 3 Introduce solid, semi-solid, or soft foods (pureed). Use spoon or fingers. Place food away from cleft

Baby Ubuntu Resources

UNICEF IYCF Image Bank

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Step 4 Introduce infant to drinking and feeding from cup. Place cup away from cleft

Baby Ubuntu Resources

UNICEF IYCF Image Bank

Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 5 Watch for signs that infant is ready to eat and feed often

Signs Infant is Ready to Eat

UNICEF IYCF Image Bank

- Fists moving to mouth.
- Head turning to look for the breast.
- Becoming more alert and active.
- Sucking on hands or lip smacking.
- Opening and closing mouth.



Step 6 Find an organization that specializes in cleft lip and palate repair.


www.operationsmile.org

 CLAPA
https://www.clapa.com

 smiletrain.org
https://www.smiletrain.org



Go to [APPRAISE Response to Feeding Strategies 6 to 11](#) completed months.

ACT: Feeding Action Plan to Address **“Coughing or Choking”** 6-11 Completed Months

Step 1 Position infant with hips below head during feeding

[UNICEF IYCF Image Bank](#)



Step 2 Introduce complimentary foods and match the texture of the food to chewing skills

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



(2024, UNICEF)

(2024, Ubuntu)

Match Food Texture to Skills

Note: Start with the smoothest texture. As skills develop, add more texture.

Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵



Step 3 Introduce small sips of liquid from a cup

Baby Ubuntu Resources

UNICEF IYCF Image Bank

Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 4 If toddler continues to cough or choke during feeds, a formal feeding assessment with a specialist may be needed. Follow local protocols to refer to hospital.

Feeding Matters Infant Signs of swallowing problems:

- labored breathing with **and** without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with **and** without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking



Go to [APPRAISE Response to Feeding Strategies 6 to 11 completed months](#).

ACT: Feeding Action Plan to Address *“Only Drinks Liquids”* 6-11 Completed Months

Step 1

Check that caregiver is comfortable and child is well supported in lap or seat

[UNICEF IYCF Image Bank](#)



Step 2

Introduce complimentary foods and match the texture of the food to the skills of the child

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



Matching Texture



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



Matching Texture



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵



Matching Texture



[Match Food Texture to Skills](#)

Note: Start with the smoothest texture. As skills develop, add more texture.

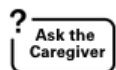


Go to [APPRAISE Response to Feeding Strategies](#).









APPRAISE Response to Feeding Strategies 6-11 Months.



During growth and nutrition monitoring or counselling sessions, ask caregiver about feeding.



"Did feeding improve?"

	YES, feeding is improving.
	Continue to follow feeding action plan and local/ICMI recommendations for ongoing health, growth, and nutrition monitoring.
	Go to ASSIGN Next Steps 6 to 11 completed months.
	NO, young child has complicated, severe acute malnutrition.
	Follow ICMI Guidance or national nutrition protocol to determine if supplemental feeding is needed, and refer to the nearest hospital.
	No, young child has uncomplicated, severe acute malnutrition or moderate acute malnutrition.
	Follow ICMI Guidance or national nutrition protocol to provide supplemental nutrition and continue to follow guidance in ACT: Feeding Action Plan to Address “Not Gaining Weight” 6 to 11 completed months.
	Refer to signs of swallowing difficulties in ACT: Feeding Action Plan to Address “Coughing or Choking” 6 to 11 completed months.

ASSIGN Next Steps 6 to 11 Completed Months

Access to existing community programs and assistive technology is a priority for malnourished children with feeding difficulties, and those with disabilities.

[WHO Assistive Product Specification 26](#)

[UNICEF Supply Catalogue](#)



Coordinate with Country Officers to link humanitarian and development efforts

Follow UNICEF guidance on disability inclusion in the Core Commitments to Children

- Community Engagement
- Cash Transfers
- Food Security
- ECD
- WASH
- Psychosocial Support

12-23 Completed Months

ASSESS Health and Nutrition Status



Always refer to local protocols or other existing tools such as the Integrated Management of Childhood Illness (ICMI) to complete your assessment of infant's health and nutrition. [WHO Guidance on Wasting](#)



Health and Nutrition Status Options

What is the status of the toddler?



Complicated, severe acute malnutrition/wasting



- **STOP** - Do not use this tool. Follow national nutrition protocols and refer to the nearest hospital.



If infant has Uncomplicated, Severe Acute Malnutrition or Moderate Acute Malnutrition / Wasting - USE THIS TOOL



Go to [ASSESS Oral Structures 12 to 23 Completed Months.](#)



No Acute Malnutrition



- **STOP** - Do not use this tool. Follow local nutrition protocols.

ASSESS Oral Structures 12 to 23 Completed Months

Step 1

Observe the infant during feeding or at rest

Look for weakness in the tongue, lips, or jaw muscles.

[UNICEF IYCF Image Bank](#)

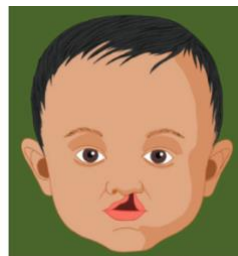


Step 2

Observe the structure of the lips

Look for holes (clefts) in the lip

[Smile Train](#)



Step 3

Use a light to look inside of mouth

Look for holes (clefts) inside of the top of mouth.

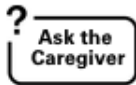
Smile Train



If No Cleft, go to [ANALYZE Functional Feeding Concerns and ACT](#) and select option that describes functional feeding difficulties.

If there is a cleft, go to [ACT Action Plan to Address “Liquid Comes Out of Nose” 12 to 23 completed months.](#)

ANALYZE Functional Feeding Concerns and ACT



What feeding concerns do you have?



Click on the link that describes the functional feeding concern.



Options:

[“No Concerns”](#)

[“Not Gaining Weight”](#)

[“Liquid Comes Out of Nose”](#)

[“Coughing or Choking”](#)

[“Only Drinks Liquids”](#)

ACT: Feeding Action Plan to Address **“No Concerns”** 12 to 23 Completed Months



“No Concerns”



STOP here. Follow local nutrition protocols.

ACT: Feeding Action Plan to Address **“Not Gaining Weight”** 12-23 Completed Months

Step 1

Check that caregiver is comfortable and toddler is well-supported

[UNICEF IYCF Image Bank](#)



Step 2

Follow strategies for efficient drinking

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

.....
Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 3

Follow strategies for efficient feeding by matching the texture of the food to the skills of the toddler

Match Food Texture to Skills

Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴

Matching
Texture



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴

Matching
Texture



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵

Matching
Texture



Baby Ubuntu Resources

UNICEF IYCF Image Bank

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



*Note: If toddler does not have chewing skills expected for age, provide food with a smoother texture.



Go to [APPRAISE Response to Feeding Strategies 12 to 23 Completed Months.](#)

ACT: Feeding Action Plan to Address *"Liquid Comes Out Of Nose"* 12 to 23 Completed Months

Step 1

Check that caregiver is comfortable and child is well supported in lap or seat

[UNICEF IYCF Image Bank](#)



Step 2

Introduce solid, semi-solid, or soft foods (pureed). Use spoon or fingers. Place food away from cleft.

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Step 3

Offer toddler smooth foods and liquids from cup. Place cup away from cleft and offer small sips

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 4

Watch for signs that toddler is ready to eat and feed often.

Signs Infant is Ready to Eat

UNICEF IYCF Image Bank

- Fists moving to mouth.
- Head turning to look for the breast.
- Becoming more alert and active.
- Sucking on hands or lip smacking.
- Opening and closing mouth.



Step 5

Find an organization that specializes in cleft lip and palate.

 **Operation Smile**
www.operationssmile.org

 **CLAPA**
<https://www.clapa.com>

 **smiletrain.org**
<https://www.smiletrain.org>



Go to APPRAISE Response to Feeding Strategies 12 to 23 completed months.

ACT: Feeding Action Plan to Address **“Coughing Or Choking”** 12 to 23 Completed Months

Step 1

Position toddler with hips below head during feeding

UNICEF IYCF Image Bank



Step 2

Offer toddler complimentary foods with a texture that matches their skills.

Match Food Texture to Skills

Texture and Skills

Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



**Matching
Texture**



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



**Matching
Texture**



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵



**Matching
Texture**



Spoon Feeding

Baby Ubuntu Resources

UNICEF IYCF Image Bank

*Note: If toddler does not have chewing skills expected for age, provide food with a smoother texture.

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Step 3

Introduce small sips of liquid from a cup

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

.....
Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 4

Watch for signs that toddler may not be safe to eat food or drink liquid by mouth

[Feeding Matters](#)

- o labored breathing with **and** without feeding
- o color changes in lips or face when eating or drinking
- o sweating when eating or drinking
- o gurgle or squeaking sounds with **and** without feeding
- o reoccurring upper respiratory infections
- o crying, arching, coughing, grimacing when eating or drinking

Step 5

If toddler continues to cough or choke, a formal feeding assessment with a specialist may be needed. Follow local protocols to refer to hospital.

[Feeding Matters](#)

- o excessively short mealtimes (< 5 minutes)
- o excessively long mealtimes (> 30 minutes)
- o need for thickened liquids
- o need for special food or modified food texture
- o need for special strategies, positioning or equipment



Go to [APPRAISE Response to Feeding Strategies 12 to 23 Completed Months.](#)

ACT: Feeding Action Plan to Address *“Only Drinks Liquids”*

Step 1

Check that caregiver is comfortable and child is well supported in lap or seat.

[UNICEF IYCF Image Bank](#)



Step 2

Present food using a spoon

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Match Food Texture to Skills

*Note: Start with the smoothest texture. As skills develop, add more texture.



Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵

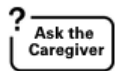


Go to [APPRAISE Response to Feeding Strategies 12 to 23 Completed Months.](#)

APPRAISE Response to Feeding Strategies 12 to 23 Completed Months



During growth and nutrition monitoring or counselling sessions, ask caregiver about feeding.



"Did feeding improve?"



YES, feeding is improving.



Continue to follow feeding action plan and local/ICMI recommendations for ongoing health, growth, and nutrition monitoring.



Go to [ASSIGN Next Steps 12 to 23 Completed Months.](#)



NO, infant has complicated, severe acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to determine if supplemental feeding is needed, and refer to the nearest hospital.



No, infant has uncomplicated, severe acute malnutrition or moderate acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to provide supplemental nutrition and continue to follow guidance in [ACT: Feeding Action Plan to Address “Not Gaining Weight” 12 to 23 completed months](#)

Refer to signs of swallowing difficulties in [ACT: Feeding Action Plan to Address “Coughing or Choking” 12 to 23 completed months.](#)

ASSIGN Next Steps

Access to existing community programs and assistive technology is a priority for malnourished children with feeding difficulties, and those with disabilities.

[WHO Assistive Product Specification 26](#)

[UNICEF Supply Catalogue](#)



Follow UNICEF guidance on disability inclusion in the Core Commitments to Children

Coordinate with Country Officers to link humanitarian and development efforts

- Community Engagement
- Cash Transfers
- Food Security
- ECD
- WASH
- Psychosocial Support

24-59 Completed Months and Above

ASSESS Health and Nutrition Status



Always refer to local protocols or other existing tools such as the Integrated Management of Childhood Illness (ICMI) to complete your assessment of infant's health and nutrition. [WHO Guidance on Wasting](#)



Health and Nutrition Status Options

What is the status of the young child?



Complicated, Severe Acute Malnutrition/wasting



- **STOP**- No need to use this tool. Follow national nutrition protocols and refer to the nearest hospital.



If young child has Uncomplicated, Severe Acute Malnutrition or Moderate Acute Malnutrition / Wasting - USE THIS TOOL.



Go to [ASSESS Oral Structures 24 to 59 completed months.](#)



No Acute Malnutrition



Follow local nutrition protocols.



Not able to assess growth and nutrition using traditional measures.



Go to [Alternative Assessment 24 to 59 months.](#)

Alternative Assessment 24-59 completed months (and older)



Under UNICEF's Disability Inclusion Guidance, Alternative Assessments can be used to ASSESS Nutrition Status.

[UNICEF Disability Inclusive Toolkit](#)

- ✓ For children who use their upper bodies to aid mobility (e.g., use a wheelchair), use a visual assessment, skin fold, length, arm span, demispan or lower leg length measurements as an alternative to common malnutrition measurement as mid-upper arm circumference (MUAC) measurements may be misleading.

Example: Weight Estimate by Circumference



Arm Circumference (AC)



Waist Circumference (WC)



Calf Circumference (CC)


Body Weight Estimate= $0.5759 * (AC) + 0.5263 *(WC) + 12452 * (CC) - 4.8689 * (\text{Sex: Male}=1, \text{Female}=2) - 32.9241$.

(Citation: Fuente: Rabito E.I., Vannucchi G.B., v cols (2006) Weight and Height Predictions of Immobilized Patients. Rev Nutr. Vol 19(6). (pp.655-661). [Reference](#)


Body Weight with a fraction missing = Estimated weight - Estimated weight of the body fraction not present.


Table of percentage per absent member.


Absent Fraction	Percentage
Hand	0.7%*
Forearm with hand	2.3%*
Arm from the shoulder	6.6%*
Foot	1.7%*
Leg with foot (below the knee)	5.9%
Full leg	18.6%*
Complete upper and lower extremities	50%


 To ASSESS Health and Nutrition Status, Refer to IMCI and Management of acute malnutrition/wasting admission criteria.


*If the absent fraction is bilateral, the percentages are doubled.


 **Health and Nutrition Status Options**
What is the status of the young child?

 Complicated, Severe Acute Malnutrition/Wasting

 - **STOP**- Do not use this tool. Follow local nutrition protocols.

 Uncomplicated, Severe Malnutrition/Wasting or Moderate Acute Malnutrition- **USE THIS TOOL.**

 Go to [ASSESS Oral Structures 24 to 59 completed months.](#)

 No Acute Malnutrition



- **STOP** - Do not use this tool. Follow local nutrition protocols.

ASSESS Oral Structures 24 to 59 Completed Months

Step 1 Observe the infant during feeding or at rest

Look for weakness in the tongue, lips, or jaw muscles.

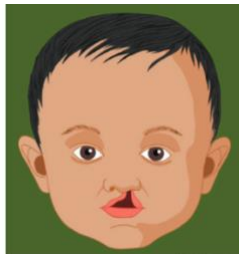
[UNICEF IYCF
Image Bank](#)



Step 2 Observe the structure of the lips

Look for holes (clefts) in the lip

[Smile Train](#)



Step 3 Use a light to look inside of mouth

Look for holes (clefts) inside of the top of mouth.

[Smile Train](#)

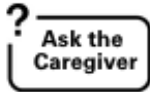




If no cleft, go to [ANALYZE Functional Feeding Concerns and ACT](#) and select option that describes functional feeding difficulties.

If there is a cleft, go to [ACT Action Plan to Address “Liquid Comes Out of Nose” 24 to 59 completed months.](#)

ANALYZE Functional Feeding Concerns and ACT



What feeding concerns do you have?



Click on the link that describes the functional feeding concern

Options:

[“No Concerns”](#)

[“Not Gaining Weight”](#)

[“Liquid Comes Out of Nose”](#)

[“Coughing or Choking”](#)

[“Only Drinks Liquids”](#)

[“Can’t Sit Up”](#)

[“Food or Liquids Spill Out of Mouth”](#)

ACT: Feeding Action Plan to Address **“No Concerns”** 24 to 59 Completed Months



“No Concerns”



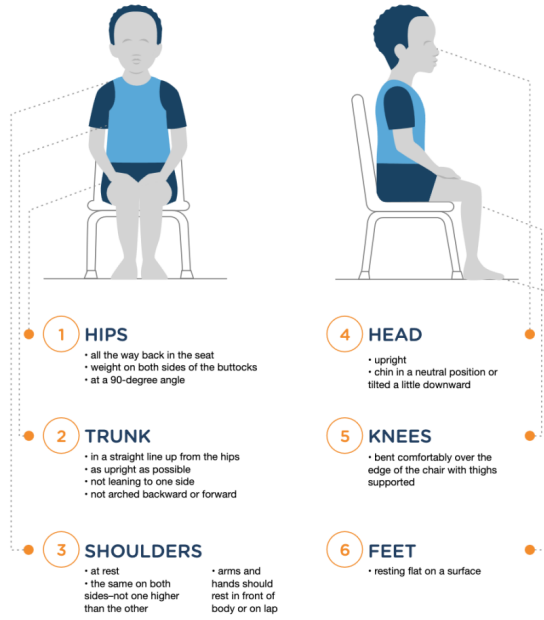
Do not use this tool. Follow local nutrition protocols.

ACT: Feeding Action Plan to Address **“Not Gaining Weight”** 24 to 59 Completed Months

Step 1	Check that caregiver is comfortable and young child is well-supported.
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SPOON Positioning PDF

POSITIONING FOR MEALTIME



- 1 HIPS**
 - all the way back in the seat
 - weight on both sides of the buttocks
 - at a 90-degree angle
- 2 TRUNK**
 - in a straight line up from the hips
 - as upright as possible
 - not leaning to one side
 - not arched backward or forward
- 3 SHOULDERS**
 - at rest
 - the same on both sides—not one higher than the other
 - arms and hands should rest in front of body or on lap
- 4 HEAD**
 - upright
 - chin in a neutral position or tilted a little downward
- 5 KNEES**
 - bent comfortably over the edge of the chair with thighs supported
- 6 FEET**
 - resting flat on a surface

SPOON

Positioning for Mealtime Handout en-v1.0
© SPOON | spoonfoundation.org



A scarf around the hips can be used as a seatbelt



A blanket tucked on each side of the child can be used to support arms or help a child sit upright









Books stacked under feet can provide stability while sitting in a chair

Adapted in Canva

Step 2

Follow strategies for efficient drinking

<p>Baby Ubuntu Resources</p> <p>UNICEF IYCF Image Bank</p>	<p>Demonstrate cup feeding:</p> <ul style="list-style-type: none"> • Your child needs to be alert and able to suck / sip • Position your child upright. • Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth. • If your child's mouth is too open, help him by placing your finger under the jaw for support. • Give single sips and observe the swallow. • If your child is sucking and swallowing, lower the cup after every 3 sips for a short break. 
<p>Step 3</p>	<p>Follow strategies for efficient feeding</p>
<p>Match Food Texture to Skills</p> <p>*Note: If child does not have jaw and lip skills expected for age, provide food with a smoother texture</p>	<p>Skills</p> <ul style="list-style-type: none"> ✓ Opens mouth for spoon.¹⁴ ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴ <p>↳ Matching Texture </p> <p>Skills</p> <ul style="list-style-type: none"> ✓ Takes a small bite from a larger piece of food.⁹ ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹ ✓ Closes lips during swallow.¹⁴ <p>↳ Matching Texture </p> <p>Skills</p> <ul style="list-style-type: none"> ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹² ✓ Drools less.¹⁴ ✓ Moves food around mouth using tongue.¹⁴ ✓ Munches.¹⁵ <p>↳ Matching Texture </p>
<p>Baby Ubuntu Resources</p> <p>UNICEF IYCF Image Bank</p>	<p>The best way to feed using a spoon is:</p> <ul style="list-style-type: none"> • To give food from the front and straight • Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon. • He will suck on the spoon like he did on the breast/bottle at first. • Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support. 
	<p>Go to APPRAISE Response to Feeding Strategies 24 to 59 completed months.</p>

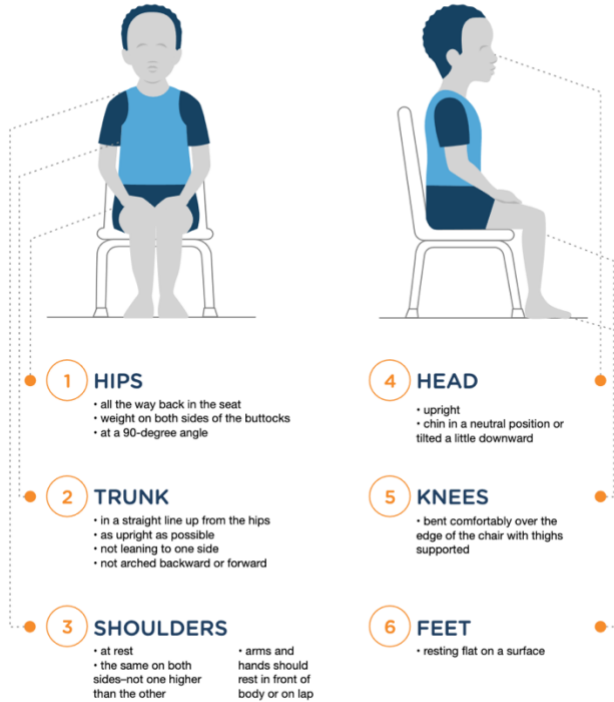
ACT: Feeding Action Plan to Address **“Food and Liquid Coming Out Of Nose”** 24 to 59 Completed Months

Step 1

Check that child is well supported in seat

[SPOON Positioning PDF](#)

POSITIONING FOR MEALTIME



SPOON

Positioning for Mealtime Handout en-v1.0
© SPOON | spoonfoundation.org



A scarf around the hips can be used as a seatbelt



A blanket tucked on each side of the child can be used to support arms or help a child sit upright



Books stacked under feet can provide stability while sitting in a chair

Adapted in Canva

Step 2

Introduce solid, semi-solid, or soft foods (pureed). Use spoon or fingers. Place food away from cleft.

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Step 3

Offer young child smooth foods and liquids from cup. Place cup away from cleft and offer small sips.

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 4

Find an organization that specializes in cleft lip and palate repair.


www.operationssmile.org

 CLAPA
<https://www.clapa.com>

 [smiletrain.org](https://www.smiletrain.org)
<https://www.smiletrain.org>



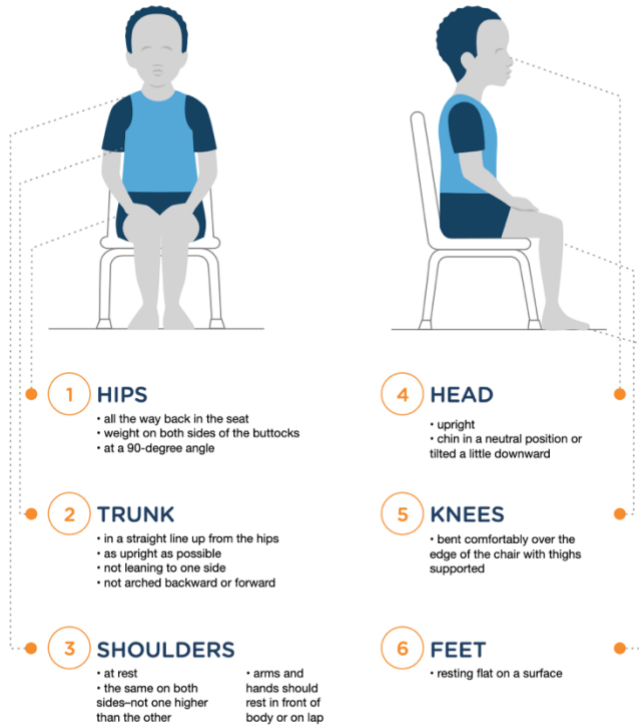
Go to [APPRAISE Response to Feeding Strategies 24 to 59 completed months.](#)

ACT: Feeding Action Plan to Address **“Coughing Or Choking”** 24 to 59 Completed Months

Step 1

Position young child in a seat.

POSITIONING FOR MEALTIME



- 1 HIPS**
 - all the way back in the seat
 - weight on both sides of the buttocks
 - at a 90-degree angle
- 2 TRUNK**
 - in a straight line up from the hips
 - as upright as possible
 - not leaning to one side
 - not arched backward or forward
- 3 SHOULDERS**
 - at rest
 - the same on both sides—not one higher than the other
 - arms and hands should rest in front of body or on lap

- 4 HEAD**
 - upright
 - chin in a neutral position or tilted a little downward
- 5 KNEES**
 - bent comfortably over the edge of the chair with thighs supported
- 6 FEET**
 - resting flat on a surface

SPOON

Positioning for Mealtime Handout en-v1.0
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SPOON Positioning PDF

Step 2

If child does not have supportive seating, provide support using alternative items.



A scarf around the hips can be used as a seatbelt



A blanket tucked on each side of the child can be used to support arms or help a child sit upright



Books stacked under feet can provide stability while sitting in a chair

Adapted in Canva

Step 3

Introduce complimentary foods from a spoon and match the texture of the food to the skills of the child.

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴

Matching
Texture



Match Food Texture to Skills

Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴

Matching
Texture



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵

Matching
Texture



Step 4

Introduce small sips of liquid from a cup.

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

Demonstrate cup feeding:

- Your child needs to be alert and able to suck / sip
- Position your child upright.
- Present the cup at your child's lips and tilt a little allowing the milk to touch the upper lip then wait. Do not pour milk into the mouth.
- If your child's mouth is too open, help him by placing your finger under the jaw for support.
- Give single sips and observe the swallow.
- If your child is sucking and swallowing, lower the cup after every 3 sips for a short break.



Step 5

If young child continues to cough or choke during feeds, a formal feeding assessment with a specialist may be needed. Follow local protocols to refer to hospital.

Signs that young child may not be safe to swallow food or liquids by mouth:

[Feeding Matters](#)

- labored breathing with **and** without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with **and** without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking



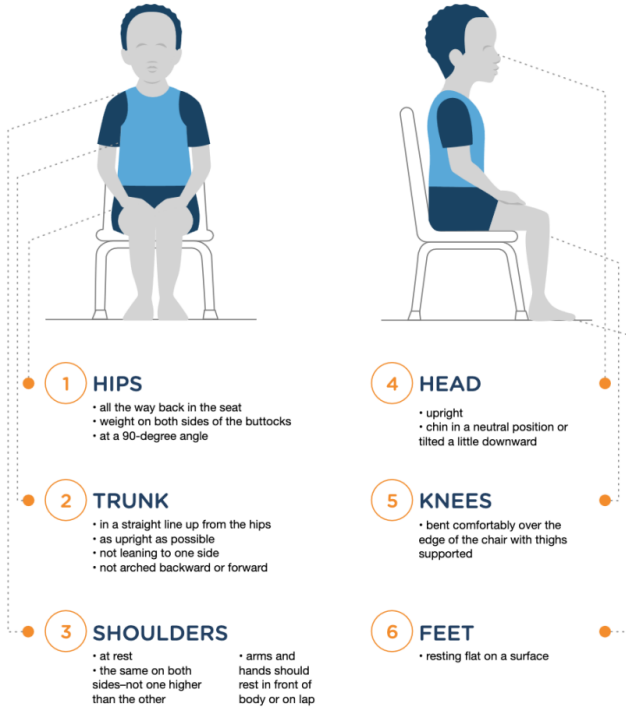
Go to [APPRAISE Response to Feeding Strategies 24 to 59 completed months.](#)

ACT: Feeding Action Plan to Address **“Only Drinks Liquids”** 24 to 59 Completed Months and Older

Step 1

Support young child to sit upright

POSITIONING FOR MEALTIME



SPOON

Positioning for Mealtime Handout en-v1.0
© SPOON | spoonfoundation.org

SPOON Positioning PDF

Step 2

If child does not have supportive seating, provide support using alternative items



A scarf around the hips can be used as a seatbelt



A blanket tucked on each side of the child can be used to support arms or help a child sit upright



Books stacked under feet can provide stability while sitting in a chair

Adapted in Canva

Step 3

Introduce child to food with smooth texture. As they develop chewing skills, gradually add texture to the smooth foods.

Present food using a spoon

[Baby Ubuntu Resources](#)

[UNICEF IYCF Image Bank](#)

The best way to feed using a spoon is:

- To give food from the front and straight
- Place the spoon with the food touching the top lip so that your child can feel it and use his top lip to remove the food from the spoon.
- He will suck on the spoon like he did on the breast/bottle at first.
- Your child should bring his jaw up, but if he doesn't, place your finger under the jaw and give some support.



Skills

- ✓ Opens mouth for spoon.¹⁴
- ✓ Uses tongue to move food to back of mouth for swallowing.¹⁴



**Matching
Texture**



Skills

- ✓ Takes a small bite from a larger piece of food.⁹
- ✓ Begins chewing food on both sides of mouth (called "rotary chewing").⁹
- ✓ Closes lips during swallow.¹⁴



**Matching
Texture**



Skills

- ✓ Starts to drink from a cup, but may bite cup edge or straw; some liquid spills out of mouth.¹²
- ✓ Drools less.¹⁴
- ✓ Moves food around mouth using tongue.¹⁴
- ✓ Munches.¹⁵



**Matching
Texture**



[Match Food Texture to Skills](#)



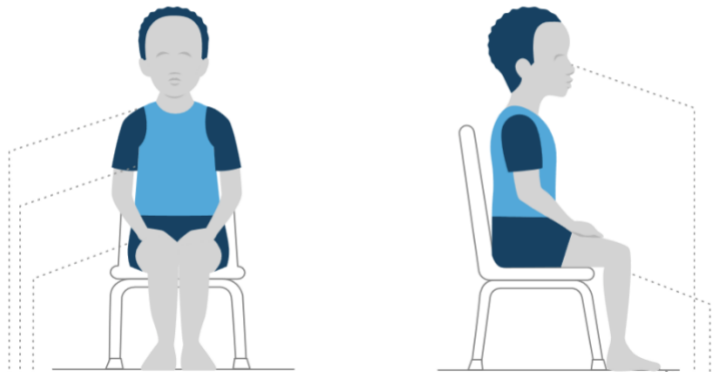
Go to [APPRAISE Response to Feeding Strategies 24 to 59 completed months.](#)

ACT: Feeding Action Plan to Address **"Can't Sit Up"** 24 to 59 Completed Months and Above

Step 1

Position young child in a seat

POSITIONING FOR MEALTIME



[SPOON Positioning PDF](#)

- 1 HIPS**
 - all the way back in the seat
 - weight on both sides of the buttocks
 - at a 90-degree angle
- 2 TRUNK**
 - in a straight line up from the hips
 - as upright as possible
 - not leaning to one side
 - not arched backward or forward
- 3 SHOULDERS**
 - at rest
 - the same on both sides—not one higher than the other
 - arms and hands should rest in front of body or on lap
- 4 HEAD**
 - upright
 - chin in a neutral position or tilted a little downward
- 5 KNEES**
 - bent comfortably over the edge of the chair with thighs supported
- 6 FEET**
 - resting flat on a surface



Positioning for Mealtime Handout en-v1.0
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Step 2

If child does not have supportive seating, provide support using alternative items.



A scarf around the hips can be used as a seatbelt



A blanket tucked on each side of the child can be used to support arms or help a child sit upright



Books stacked under feet can provide stability while sitting in a chair

Adapted in Canva



Go to [APPRAISE Response to Feeding Strategies 24 to 59 completed months.](#)

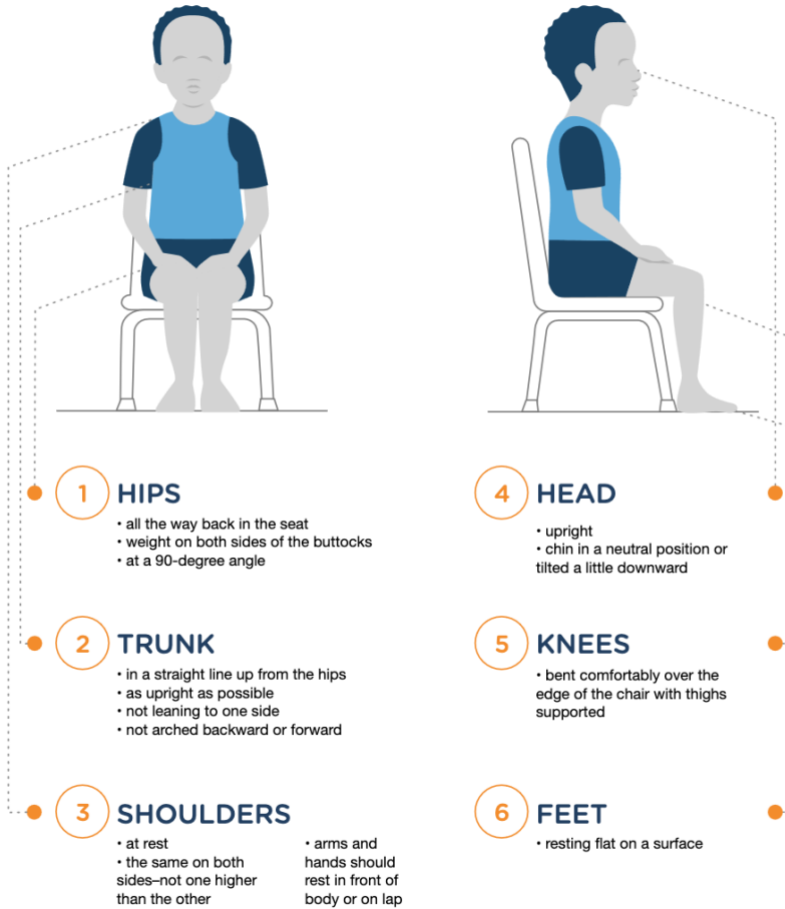
ACT: Feeding Action Plan to Address **“Food or Liquid Spill Out of Mouth”** 24 to 59 Completed Months

Step 1

Position young child in a seat

POSITIONING FOR MEALTIME

[SPOON Positioning PDF](#)



SPOON

Positioning for Mealtime Handout e
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Step 2

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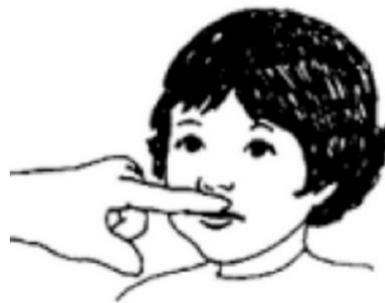
Adapted in Canva

Step 3

Support child to take food from spoon and chew.

Use finger to help young child to close upper lip to take food from spoon.

Physio-pedia



Use finger and thumb to support jaw and lower lip to take food from spoon.

[Physio-pedia](#)

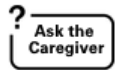


Go to [APPRAISE Response to Feeding Strategies 24 to 59 completed months.](#)

APPRAISE Response to Feeding Strategies 24 to 59 Completed Months



During growth and nutrition monitoring or counselling sessions, ask caregiver about feeding.



“Did feeding improve?”



YES, feeding is improving.



Continue to follow feeding action plan and local/ICMI recommendations for ongoing health, growth, and nutrition monitoring.



Go to [ASSIGN Next Steps 24 to 59 completed months.](#)



NO, young child has complicated, severe acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to determine if supplemental feeding is needed, and refer to the nearest hospital.



No, young child has uncomplicated, severe acute malnutrition or moderate acute malnutrition.



Follow ICMI Guidance or national nutrition protocol to provide supplemental nutrition and continue to follow guidance in [ACT: Feeding Action Plan to Address “Not Gaining Weight” 24 to 59 completed months.](#)

Refer to signs of swallowing difficulties in [ACT:Feeding Action Plan to Address “Coughing or Choking”.](#)

ASSIGN Next Steps

Access to existing community programs and assistive technology is a priority for malnourished children with feeding difficulties, and those with disabilities.

Seek access to Assistive Technology/Devices/ Products

[WHO Assistive Product Specification 26](#)

[UNICEF Supply Catalogue](#)



Coordinate with Country Officers to link humanitarian and development efforts

Follow UNICEF guidance on disability inclusion in the Core Commitments to Children

- Community Engagement
- Cash Transfers
- Food Security
- ECD
- WASH
- Psychosocial Support