

Infant and Young Child Feeding in Emergencies: TEN YEARS OF PROGRESS—IN BRIEF

Findings from the first stock take of Member State adoption of measures to maximize child nutrition, health, and development by protecting infant and young child feeding in emergencies in line with the *World Health Assembly Resolution 63.23*

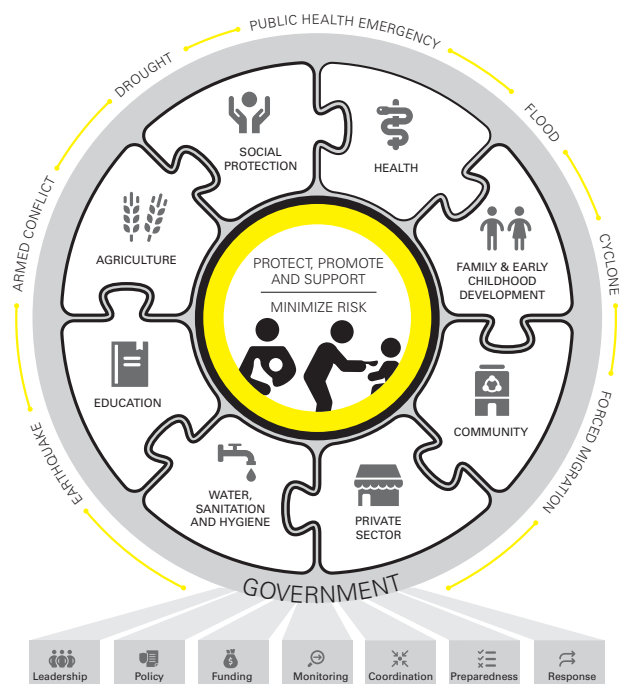
INTRODUCTION

Global statistics confirm that too few children benefit from the recommended breastfeeding practices and nutrient-rich foods they require to grow and develop properly.¹ This situation occurs despite international nutrition commitments by national governments as well as humanitarian and development actors. Emergencies can make fulfilling recommended Infant and Young Child Feeding (IYCF) practices exceedingly difficult. Therefore, further action is necessary to realize infant and young children’s fundamental human right to nutrition, especially in the face of emergencies.

The Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE),² introduced

in 1999, outlines evidence-based actions to safeguard the health of infants and young children during emergencies (Figure 1). The OG-IFE has been revised to reflect updated evidence and operational issues. The importance of applying these evidence-based actions for preparedness and response by Member States was affirmed by the *WHA Resolution 63.23³* in 2010 and reaffirmed in 2018 by *WHA resolution 71.9.⁴*

Figure 1: Illustration of the OG-IFE in relation to a systems-based approach to protecting IYCF-E





THE GLOBAL CONTEXT

Global trends in feeding practices and the nutritional situation of infants and young children reflect that:

- The prevalence of **exclusive breastfeeding** has improved over the last ten years but currently, at 44%, falls well below the 70% target for 2030.
- While 95% of babies were **breastfed at some point in their lives**, more infants in high-income countries than in low- and middle-income countries were never breastfed.⁵
- More than one in four infants aged **6–8 months** (27%) were not fed any **solid, semi-solid, or soft foods** during this crucial period.⁶ Infants and young children in poorer countries were worse off in terms of accessing a diverse diet than other children.⁷

Protecting, promoting, and supporting breastfeeding is increasingly recognized as a critical global issue. However, the urgent need to sustain and encourage **infants dependent on artificial feeding** often receives less attention. Global standards are clear; these infants require attention as part of an overall IYCF program as they are at high risk for poor health, growth, and development.

The ability of country-level systems to support recommended IYCF practices alongside support to infants who cannot be breastfed is foundational for progress towards the *Sustainable Development Goals* and *World Health Assembly* goals. In emergencies,⁸ lack of access to nutritious food, disruption of essential nutrition and healthcare services and practices, limited access to clean water and sanitation, trauma, injury, displacement, and the disruption of social support systems all affect the ability of caregivers to meet the nutritional needs of infants and young children. Emergencies are also too often exploited through the uncontrolled distribution of breastmilk substitutes and donations of infant formula, which can undermine how infants and young children are fed and cared for during the emergency and beyond.

THE METHODOLOGY

The IFE Core Group conducted the first comprehensive analysis of progress made by Member States, and the humanitarian and development communities supporting Member States, to deliver on their commitments to take up evidence-based actions of the OG-IFE in their national preparedness plans and emergency responses. Such a review was urgently needed as the timing, scope and severity of emergencies continues to evolve. The six actions of the OG-IFE provided the framework to analyze country-level uptake and application of measures to protect, promote, and support recommended IYCF practices while also taking steps to support the health and wellbeing of non-breastfed infants.⁹

Six actions of the OG-IFE:

Action 1. Endorse or develop policies.

Action 2. Train staff.

Action 3. Coordinate operations.

Action 4. Assess and monitor

Action 5. Protect, promote, and support optimal infant and young child feeding through integrated multi-sector interventions.

Action 6. Minimize the risks of artificial feeding.

The *Infant and Young Child Feeding in Emergencies: Ten Years of Progress* report drew quantitative and qualitative data¹⁰ from UNICEF's *NutriDash database*¹¹ of nutrition programs at the country level and the International Baby Food Action Network (IBFAN) *World Breastfeeding Trends Initiative Database (WBTi)*.¹² Additional contextual information was drawn from several sources: *Humanitarian Response Plans*,¹³ analytic reports on IYCF-E relevant actions, case studies from the Emergency Nutrition Network (ENN) *Field Exchange publications*¹⁴ from 2010–2022, and peer-reviewed articles published between 2017–2022.

THE FINDINGS

The report examined the degree to which the Member States have incorporated actions outlined in the OG-IFE in the ten years since resolution WHA 63.23 was passed. The findings paint a mixed picture of progress, with some areas progressing and others lagging.

- **Progress has been made in the number of Member States with specific policies aligned with the OG-IFE despite a lack of globally coordinated, strategic, and sustained advocacy for policy uptake by Member States.** More action is needed to accelerate uptake and understand enforcement and the resulting impact of these policies.
- Available data suggest **significant gaps in the availability of IYCF-E activities to support caregivers in nourishing their infants and young children in emergencies.** These gaps exist despite the evidence that these behaviors and services supporting them are life-saving. Current global data is inadequate to gauge the number of caregivers, infants, and young children needing action to support appropriate

IYCF-E, track unmet needs, and assess how IYCF-E practices are impacted during an emergency and beyond. There is currently no consensus around methodologies for analyzing data in global databases to distinguish between IYCF-relevant data in emergency versus non-emergency contexts.



- At the same time, **governance and accountability mechanisms for multi-sectoral IYCF-E action across humanitarian and development contexts at country and global levels are inconsistent.** Limiting factors include gaps between technical expertise in nutrition and disaster response agencies, the low profile of nutrition in humanitarian preparedness and response, and the low prioritization IYCF-E actions often have within nutrition compared to other measures, e.g., the treatment of wasting. Further examination of the factors driving policy and programming uptake and country-level emergency preparedness and response could support a more rapid uptake of IYCF-E relevant actions. In addition:
 - Member States have no formal mechanism to measure their progress concerning the actions outlined in the OG-IFE.¹⁵
 - There are no formal Inter-Agency Standing Committees (IASC) Cluster commitments related to IYCF-E for Nutrition or other sectors. However, there is evidence of ad hoc collaboration at the level of Humanitarian Response Plans.
 - Tracking IYCF-E actions in preparedness and response planning is challenging due to its multi-sectoral nature and the current formulation of IYCF-E relevant action in terminology and indicators.

- **Serious gaps remain in the collective understanding of coverage, quality, and impact of IYCF-E actions outlined in the OG-IFE.** There is significant variation in the methodologies and indicators used to evaluate IYCF-E and IYCF-relevant activities. Global data sources identified for this report cover only 65%¹⁶ of the 194 WHA Member States, with the exception of monitoring the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA Resolutions (referred to hereafter as “the Code”) and the WHO’s *Global Nutrition Policy Review*. More can be done to understand the accessibility of IYCF-E relevant programming, e.g., refugees, IDPs, the needs of minorities including indigenous groups, and infants and young children with disabilities.
- **IYCF-E lacks an overarching framework, accountability, or process to consolidate and benchmark global progress.** In global databases, granularity on outcome and impact data is absent in emergency versus non-emergency contexts. The needs of artificially fed infants are not well documented, and data to track this action beyond the Code monitoring is limited.

In the coming ten years, emergent issues need to be addressed alongside increased investment in IYCF-E action to galvanize progress for the protection of infant and young children’s feeding during emergencies.

Ongoing, protracted, and new emergencies created by the COVID-19 pandemic, climate change, and conflict increase the urgency:

- **For a shift from “WHAT to do” for IYCF-E** (as described in the **OG-IFE**) **to an expansion of tools and operational guidance on “HOW to deliver” on IYCF-E at scale.**
- **To develop more options supporting complementary feeding** and education and to rebalance the emphasis on protecting, promoting, and supporting breastfeeding in emergencies.²⁰
- **To build evidence-based solutions** for IYCF-E policy and programming in areas requiring more significant evidence to accelerate improvement. These include **women’s and adolescent nutrition, managing infant wasting, and improved mental health and psychosocial support** at the advocacy, policy, programming, and research levels.

- Awareness raising and evidence generation for IYCF-E interventions and the continued expansion of consistent technical support for appropriate IYCF-E through the Global Nutrition Cluster Technical Alliance, the IFE Core Group, and partner agencies demonstrate **the growing commitment of the global community to IYCF-E.** However, further collaboration with the development community is needed, including defining and enhancing IYCF-E capacity through preparedness actions and practical linkages between IYCF and IYCF-E programming at scale.
- Sufficient **funding and human resource capacity for IYCF-E**, in the form of pre-service or in-service training, and post-training support, remain significant obstacles for the Member States and the many humanitarian and development agencies to fulfill their policy commitments.

RECOMMENDATIONS

Governments must take the lead in protecting infants' and young children's survival, health, and wellbeing through the support of IYCF in emergencies through preparedness and response actions. Six recommendations are made to the Member States, complemented by six recommendations for the humanitarian and development communities.

RECOMMENDATIONS TO MEMBER STATES:

- 1 Fulfill their commitments under WHA Resolution 62.23** and ensure that national and international preparedness plans and emergency responses, such as national development plans and humanitarian response plans, include the actions outlined in the OG-IFE and also include adequate funding to implement those actions.
- 2 Strengthen emergency response by addressing governance and capacity gaps** between nutrition and disaster management structures and between cluster and sectoral coordination platforms.
- 3 Invest in raising awareness, training, and institutionalizing IYCF-E capacity** by defining IYCF-E competencies based on the OG-IFE. In addition, embed IYCF-E in training curricula for health and nutrition cadres and other sectoral outreach workers.
- 4 Promote and fund IYCF-E interventions described in the OG-IFE** as a minimum package for health and nutrition preparedness and response plans, including national governments' disaster risk management plans.
- 5 Close data gaps by investing in routine data systems and capacity for data-driven action.** For example, by including relevant IYCF and IYCF-E indicators in routine monitoring and assessments. Strengthen national accountability and contribute to progress reporting on measures outlined in the OG-IFE and WHA resolutions on IYCF and IYCF-E.
- 6 Continue to invest in implementing the Code,** including monitoring Code violations, and adopt legislation to prevent BMS donations in emergencies.

RECOMMENDATIONS FOR HUMANITARIAN AND DEVELOPMENT PARTNERS:

- 1 Develop and deliver a policy advocacy plan to promote the uptake of actions outlined in the OG-IFE.**¹⁷ Strengthen linkages between sector and cluster coordination platforms to identify, support, and document country-level efforts to implement preparedness and response actions outlined in the OG-IFE.
- 2 Define individual agency commitments to IYCF-E** and ensure that respective agency policies, processes, competencies, capacity development, and resources reflect these commitments.
- 3 Revise humanitarian and development guidance documents and define inter-cluster commitments to support multi-sectoral collaboration for IYCF-E, whether or not the cluster system is activated.** In addition, support the inclusion of IYCF-E indicators in Humanitarian Needs Overviews, Humanitarian Response Plans, and geographic targeting of sectoral responses.
- 4 Support the sharing of research and lessons learned to improve IYCF-E programming,** focusing on emerging areas identified in the findings section and increasing documentation of these findings beyond the “gray literature” into formal publication channels.
- 5 Support the development of robust country-level nutrition information systems** and capacities to track risks to recommended feeding practices for infants and young children and apply these data in policy, programming, advocacy, and research decisions.
- 6 Develop a complementary monitoring framework to support tracking progress at the county level in delivering on actions outlined in the OG-IFE.** This process could include reviewing existing frameworks, establishing a minimum set of indicators to track national action, and adding new indicators or capacity to disaggregate existing IYCF data between emergency and non-emergency contexts meaningfully. Opportunities include the WHO’s 2022 *Global Nutrition Policy Review*, the biannual WHO/UNICEF/IBFAN status report on *Marketing of Breast-milk Substitutes: National implementation of the International Code*, and the annual *Global Nutrition Report*.

ACKNOWLEDGEMENTS

This report is the product of the Infant Feeding in Emergencies (IFE) Core Group, a global collaboration of agencies and individuals working to provide policy guidance, knowledge management, and training materials to address the needs of infants and young children in emergencies. The report was developed by Save the Children with the input of members of an Advisory Group, which supported the report's inception, initial analysis, update, and finalization. Agency affiliations of individuals are noted at the time of their contribution.

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Save the Children gratefully acknowledges and expresses our gratitude to the following individuals who provided strategic advice and technical expertise through the Advisory Group: Miski Abdi (Save the Children), France Begin (UNICEF), Jodine Chase (ENN/IFE Core Group), David Clark (UNICEF), Nicki Connell (ENN/IFE Core Group), Kirrily de Polnay (WHO), Karleen Gribble (Western Sydney University), Marlene Hebie (GOAL), Diane Holland (UNICEF), Alessandro Iellamo (FHI360), Marie McGrath (ENN), Sarah O'Flynn (Save the Children, Chair), Fatmata Fatima Sesay (UNICEF), Linda Shaker Berbari (ENN/IFE Core Group), Ruth Situma (UNICEF), Hannah Stephenson (Save the Children), Brigitte Tonon (ACF), Zita Weise Prinzo (WHO), Terry Njeri Theuri (UNHCR), Caroline Wilkinson (UNHCR), and Deborah Joy Wilson (WFP).

The report was made possible by the generous support of the American people through funding from the United States Agency for International Development (USAID). The contents are the responsibility of Save the Children and the IFE Core Group and do not necessarily reflect the views of USAID or the United States Government.



The Infant Feeding in Emergencies (IFE) Core Group¹⁸ is a global collaboration of agencies and individuals formed in 1999 to address policy guidance and training resource gaps hampering programming on infant and young child feeding support in emergencies.

The IFE Core Group does not directly implement programs; instead, it develops guidance and resource materials, documents lessons learned and builds capacity for effective Infant and Young Child Feeding (IYCF) support in emergencies. The IFE Core Group is the Global Thematic Working Group on Infant and Young Child Feeding in Emergencies¹⁹ as part of the Global Nutrition Cluster Technical Alliance (GNC-TA).

ENDNOTES

- 1 UNICEF. (2021, September). *Breastfeeding*. UNICEF Data. <https://data.unicef.org/topic/nutrition/breastfeeding/>
- 2 IFE Core Group (2017). *Operational guidance on infant feeding in emergencies (OG-IFE) version 3.0*. ENN Online. www.ennonline.net/operationalguidance-v3-2017
- 3 World Health Assembly. (2010, May 21). *Infant and young child nutrition*. WHA 63.23. https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf
- 4 World Health Assembly. (2018, May 26). *Infant and young child feeding*. WHA 71.9. https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R9-en.pdf?ua=1
- 5 UNICEF. (2018, May). *Breastfeeding: A mother's gift, for every child*. UNICEF Data. <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>
- 6 UNICEF. (2021, September). *Diets*. UNICEF Data. <https://data.unicef.org/topic/nutrition/diets/>
- 7 UNICEF. (2021). *Fed to fail? The crisis of children's diets in early life. 2021 child nutrition report*. <https://www.unicef.org/reports/fed-to-fail-child-nutrition>
- 8 Emergencies in this document refer to “an event or series of events involving widespread human, material, economic, or environmental losses and impacts that exceed the ability of the affected community or society to cope using its resources and therefore requires urgent action to save lives and prevent additional mortality and morbidity. The term encompasses natural disasters and man-made and complex emergencies. Emergencies can be slow- or rapid-onset, chronic or acute.” From IFE Core Group (2017). *Operational guidance on infant feeding in emergencies (OG-IFE) version 3.0*. ENN Online. www.ennonline.net/operationalguidance-v3-2017
- 9 a) Dissemination of the OG-IYCF-E is being tracked by the [Global Nutrition Cluster Technical Alliance](#), and b) establishing attribution of action at the country level to the OG-IYCF-E is beyond the scope of this report.
- 10 Data limitations were presented in the report where relevant. It was neither possible nor intended to define a baseline status of policy, programming, advocacy, and research for IYCF-E in 2010. Data systems were not designed to do so. Datasets used in the report analysis differed in geographic coverage, frequency of data collection, and quality assurance measures, reducing the capacity to triangulate findings.
- 11 UNICEF. *NutriDash 3.0*. <https://www.unicefnutridash.org/login>
- 12 World Breastfeeding Trends Initiative (n.d.) *Country reports*. <https://www.worldbreastfeedingtrends.org/wbti-country-report.php>
- 13 The United Nations Office for the Coordination of Humanitarian Affairs. (2021). *Global humanitarian overview 2021*. Humanitarian Insight. <https://hum-insight.info/overview/2021>
- 14 Emergency Nutrition Network. *Field Exchange*. ENN Online. <https://www.ennonline.net/fex>
- 15 There is no comprehensive data source beyond Code status. The data sources cover different countries. NutriDash covers the UNICEF program countries, so it does not represent HIC countries where UNICEF may not have a presence or a National Committee. The WBTi countries are self-selected. The WHO Code reporting is globally comprehensive but does not cover the range of actions. Where NutriDash and WBTi cover the same country, a check of responses for policy and funding components found a lack of concurrence due to different respondents, processes, or timeframes of the data point.
- 16 The figure of 65% is based on the number of countries that reported to NutriDash in 2019 (127), divided by 194 Member States.

- 17 For example, see the seven points of the Global Breastfeeding Collective. (n.d.). *A global breastfeeding call to action*. <https://www.globalbreastfeedingcollective.org/global-breastfeeding-call-action>
- 18 Emergency Nutrition Network. (n.d.). *Infant Feeding in Emergencies Core Group*. <https://www.enonline.net/ife>
- 19 Global Nutrition Cluster Technical Alliance. (n.d.). *Nutrition for infants and young children*. <https://ta.nutritioncluster.net/node/29>
- 20 UNICEF. (2021). *Fed to fail? The crisis of children's diets in early life. 2021 child nutrition report*. <https://www.unicef.org/reports/fed-to-fail-child-nutrition>