Infant and Young Child Feeding in Emergencies: **TEN YEARS OF PROGRESS**

July 2022

USAID FROM THE AMERICAN PEOPLE
Save the Children
IFE CORE GROUP

Suggested citation: Save the Children & The IFE Core Group. (2022). *Infant and Young Child Feeding in Emergencies: 10 Years of Progress.*

Infant and Young Child Feeding in Emergencies: **TEN YEARS OF PROGRESS**

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

ACKNOWLEDGMENTS

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.

The report was written by Diane Holland (Independent), Alessandro Iellamo (Save the Children), and Hannah Stephenson (Save the Children). Editing was facilitated by Aileen Gleizer (Save the Children). Document design and layout by Tessa Magnuson (Align Graphic Design).

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.

IFE CORE GROUP

The Infant Feeding in Emergencies (IFE) Core Group[1] 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 Emergencies [2] as part of the Global Nutrition Cluster Technical Alliance (GNC-TA).

CONTENTS

Photo Credit: © UNICEF/UN04258/Estey

ACRONYMS

BFHI	Baby-Friendly Hospital Initiative
BMS	Breastmilk substitute
BSFP	Blanket Supplementary Feeding Program
FSL	Food security and livelihoods
GNC	Global Nutrition Cluster
HRP	Humanitarian Response Plan
IBFAN	International Baby Food Action Network
IFE Core Group	Interagency working group on Infant Feeding in Emergencies
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
MOH	Ministry of Health
NutriDash	UNICEF's Nutrition Dashboard data collection system
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OG-IFE	Operational Guidance on Infant and Young Child Feeding in Emergencies
RRP	Regional Response Plan
RUIF	Ready-to-use infant formula
TWG	Technical working groups
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WBTi	World Breastfeeding Trends initiative
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

Photo Credit: Allison Joyce / Save the Children

FOREWORD

UNICEF and the WHO are committed to supporting Member States and national actors to fulfill their global maternal and child nutrition commitments, including the Sustainable Development Goals and World Health Assembly (WHA) resolutions. Our respective agency commitments include protecting, promoting, and supporting optimal infant and young child feeding practices in all countries, and delivering on this commitment in partnership with the broader humanitarian and development communities.

Although the trends in feeding practices and the nutritional situation of infants and young children have improved over the past decade, further action is needed to realize the fundamental human right to nutrition for the youngest children. In emergencies, lack of access to nutritious food, disruption of essential nutrition services and practices, limited access to clean water and sanitation, trauma, injury, and displacement 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 the how infants and young children are fed and cared for during the emergency and beyond.

The Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE) was introduced in 1999 to outline evidence-based actions to safeguard the health of infants and young children in emergencies. The OG-IFE has been revised to reflect updated evidence and operational experience. The importance of applying these evidence-based actions by Member States was affirmed in 2010 with the World Health

Assembly Resolution 63.23 recommendation that Member States develop national preparedness plans in line with the OG-IFE.

This report takes stock of the extent to which Member States have implemented the actions outlined in the OG-IFE to protect, promote, and support optimal infant and young child feeding in emergencies through preparedness and response. The report highlights that progress has been made at the policy level. At the same time, coordination, capacity, and clear systems for tracking progress across countries lag behind. The report also highlights critical gaps in the multi-sectoral systems needed to support recommended infant and young child feeding practices in emergencies.

The COVID-19 pandemic has made it clear that all countries are at risk of an emergency. Now is the time to consolidate the policy, programming, and knowledge gains from the global emergencies of the past decade to channel those gains into routine systems as well as preparedness and response capacities. An explicit knowledge management strategy and further development of a global monitoring framework are needed to track global progress in infant and young child feeding policies and programs in emergencies.

This report calls for a reinvigoration of collective action with the Member States and the humanitarian and development communities to protect, promote, and support optimal infant and young child feeding in emergencies through preparedness and response actions. Strategic policy and programmatic actions based on advocacy, research, and evidence are urgently needed. UNICEF and WHO remain committed to supporting the nutrition, growth, and development of infants and young children, in every country, at all times.

Dr Victor Aguayo
Director, Nutrition and Child Development
UNICEF, New York

Dr Francesco Branca
Director of the Department of Nutrition for Health and Development
World Health Organization, Geneva

EXECUTIVE SUMMARY

Global statistics show that too few children benefit from the recommended breastfeeding practices and nutrient-rich foods they need to grow and develop, despite commitments to progress on nutrition by national governments and humanitarian and development actors worldwide.[3] Less than half of all newborns (48%) were placed at the breast within one hour of birth as of 2020. In addition, two-fifths (44%) of infants were not exclusively breastfed, depriving them of the protective effects of breastfeeding on the infant's immune system. At six months of age, it is recommended to introduce solid foods and continue breastfeeding until two years of age or beyond. However, in 2020, 27% of children six to eight months of age were not fed any solid, semi-solid, or soft foods during this crucial period, meaning that one in four children are not reaching their growth potential. This also means that young children cannot access the critical nutrients and energy they need for growth and development during the critical 1,000-day window.[4]

Emergencies can exponentially complicate adherence to the recommended practices for Infant and Young Child Feeding (IYCF). Challenges include limited access to food, water, and shelter; displacement; and financial and physical insecurity that undermine the ability of caregivers to meet the unique nutritional needs of infants and young children. Therefore, the Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE) recognizes that additional support is needed to minimize the risks when infants are not fed as recommended.

Evidence-based actions to protect, promote, and support appropriate infant and young child feeding in emergencies (IYCF-E) were first consolidated in 2001 by The Infant Feeding in Emergencies Core Group (IFE Core Group).[5] The *Operational guidance for infant and young child feeding in emergencies* (OG-IFE) provides concise, practical guidance on how governments and other stakeholders should protect and support appropriate infant and young child feeding in emergencies. The OG-IFE builds on decades of global legal and normative standards and guidance for IYCF. The OG-IFE has been updated to reflect changes in the evidence base and operational lessons learned from implementation in different contexts and continents.

The development of the OG-IFE represented a critical step in protecting the health and wellbeing of infants and young children in emergencies (IYCF-E).[6] In 2010, the World Health Assembly (WHA) recognized the nutritional risks and needs of children in emergencies by calling on the Member States to adopt and implement OG-IFE in WHA Resolution 63.23:

> "(6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions;" and

> "(8) 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 protection, promotion and support for optimal breastfeeding, and 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."[7]

Ongoing, protracted emergencies and new emergencies created by the COVID-19 pandemic, climate change, and conflict increase the urgency of action to protect the nutrition and health of all infants and young children. The capacity of country-level systems to support recommended IYCF alongside support for infants who cannot be breastfed is essential for progress toward the Sustainable Development Goals and WHA targets.

More than a decade has passed since the Member States committed to protecting the lives of vulnerable infants and young children in crisis situations by adopting evidence-based actions as outlined in the OG-IFE. To date, however, there has been no comprehensive analysis of the progress made by the Member States and the humanitarian and development communities that supports the Member States in fulfilling this commitment. Such a review was urgently needed as emergencies' timing, scope, and severity continue evolving.

Photo Credit: Lucia Zoro / Save the Children

WHAT THIS REPORT AIMS TO CONTRIBUTE

Resolution 62.23 from WHA in 2010 represents the commitment of Member States to implement evidence-based actions outlined in the OG-IFE. The OG-IFE's six actions provide a framework for analyzing the uptake and application of measures to protect, promote, and support recommended IYCF practices at the country level. The scope of IYCF practices includes exclusive and continuous breastfeeding, appropriate complementary feeding, and measures to support the health and wellbeing of non-breastfed infants.[8] This report aims to:

1. Review the progress of Member States in fulfilling their commitments to recommended IYCF-E actions, as outlined in the WHA 63.23, in the ten years following the resolution.
2. Highlight the experience of Member States and the humanitarian and development communities in protecting the feeding of infants and young children in emergencies.
3. Galvanize the Member States and the humanitarian and development communities to deliver on their global commitments to protect the feeding of infants and young children in emergencies.

The report draws on **quantitative and qualitative data** from the UNICEF NutriDash online database[9] of nutrition programs at the country level and the International Baby Food Action Network (IBFAN) World Breastfeeding Trends Initiative (WBTi) database.[10] UNICEF regional classifications are used to represent NutriDash data, and WBTi regional classifications are used to present WBTI data. However, it should be noted that other agencies' regional classifications may differ.

Additional contextual information was drawn from several sources. ***Humanitarian Response Plans*** were reviewed to identify trends in strategic objectives and the scope of IYCF-E actions in humanitarian responses.[11] **Analytical reports** on IYCF-E relevant actions, such as the annual WHO report, *Marketing of breast-milk substitutes: National implementation of the International Code* were also reviewed.[12] These provided additional insight into the status of interventions supporting appropriate IYCF-E at the country level.[13] **Case studies** were identified to provide insights into implementation and contextualize quantitative data. Case studies were obtained from the Emergency Nutrition Network (ENN) **Field Exchange Publications** from 2010 to January 2022 and **peer-reviewed articles** published between 2017 and 2022.[14]

Data limitations are presented in the report where relevant. This report is neither able nor intended to define a baseline status of policy, programming, advocacy, and research related to IYCF-E in 2010. The data systems were not designed to do so. The data sets used for the report's analysis differed in geographic coverage, frequency of data collection, and quality assurance measures. These differences limited the ability to triangulate results. For example, with the exception of the monitoring of the *International*

Code on the Marketing of Breastmilk Substitutes and the WHO's *Global Nutrition Policy Review*, the global data sources identified for this report cover only 65%[15] of the 194 Member States of the World Health Assembly. In addition, few case studies and peer-reviewed literature were found from Latin America, the Caribbean, East Asia, and the Pacific compared with other regions. Critical data gaps related to IYCF-E are themselves an important finding. Further details on the data sources for the report and its limitations can be found in Annexes 1 and 2.

Photo Credit: Christophe Viseux / Save the Children

KEY FINDINGS

- **Progress has been made in the number of countries with policies aligned with the OG-IFE even in the absence of globally coordinated, strategic, and sustained advocacy for policy uptake by Member States.** Further action is necessary to identify the enabling factors and capacities needed to accelerate policy uptake and to translate policy commitments into implementation at scale.

- Available data suggest **significant gaps in the availability of IYCF-E activities to support caregivers in nourishing their infants and young children in emergencies**. Recommended breastfeeding practices and complementary feeding practices are lifesaving, and interventions to support the feeding and care of these highly vulnerable infants and young children are essential in emergencies. Unfortunately, current global data are insufficient to determine the number of mothers, caregivers, infants, and young children in need of IYCF-E interventions. There is currently no consensus around methodologies for analyzing data in global databases to distinguish between IYCF-E relevant data in emergency versus non-emergency contexts.
- At the same time, **governance and accountability mechanisms for multi-sectoral IYCF-E actions in humanitarian and development contexts are inconsistent at country and global levels**. 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 profile of IYCF-E actions within nutrition compared to other measures such as the treatment of wasting. Further examination of the factors driving policy and programming uptake and emergency preparedness and response at the country level could support a more rapid uptake of IYCF-E relevant actions.
- Serious **gaps remain in the collective understanding of coverage, quality, and impact of IYCF-E actions outlined in the OG-IFE**. In addition, there is significant variation in the methodologies and indicators used to evaluate IYCF-E and IYCF-relevant activities. There is currently no consensus around methodologies for analyzing data in global databases to distinguish between IYCF-E relevant data in emergency versus non-emergency contexts. Moreover, there is a lack of interoperability between agencies and national information systems, which undermines the ability to triangulate data relevant to IYCF-E. More can be done to understand how accessible IYCF-E relevant programming is and how/if it supports accountability to affected populations, refugees and IDPs, the needs of minorities, including indigenous groups, and infants and young children with disabilities.
- The available documentation on emergencies over the past decade highlights **emergent issues to be addressed**, including:
  - 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 to support complementary feeding** and education and address the **emphasis to date on protecting, promoting and supporting breastfeeding in emergencies**. Recent analyses, including UNICEF's 2021 report Fed to Fail?, highlight the importance of the food, health, and social protection systems as well as multi-system governance in supporting 10 key action areas to strengthen national capacity for young child nutrition.[16]

  - **To explore opportunities to create evidence-based links between** IYCF and IYCF-E policy and programming to more recent nutrition and emergency response developments. These include **maternal 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 GNC 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 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, remain significant obstacles for the many Member States and humanitarian and development agencies to fulfill their policy commitments.
- The humanitarian and development communities must galvanize action by adopting **a more coherent approach to IYCF-E in the broader IYCF enabling environment**. Opportunities include to:
  - Define IYCF-E policy commitments at the individual agency level and build the capacity to put these policy commitments into practice systematically.[17]
  - Leverage global advocacy initiatives and groups such as the Global Breastfeeding Collective and the IFE Core Group to coordinate policy, programming guidance, advocacy, and research between humanitarian and development contexts.
  - Identify a minimum set of IYCF-E indicators for inclusion in the third WHO *Global Nutrition Policy Review* in 2022 and other relevant global benchmarking and monitoring reports.
  - Establish minimum Inter-Agency Standing Committee (IASC) inter-cluster commitments to IYCF-E, update Global Nutrition Cluster (GNC) guidance documents, and update Humanitarian Programme Cycle guidance documents to better define actions across technical sectors in support of IYCF-E.
  - Explicitly consider crisis contexts in further analyses and global data sets to gain a collective understanding of the status, risks, and impact of emergencies on IYCF practice.
  - Facilitate discussions on country level data needs related to indicators and methodologies for data collection, which have been reignited by the 2021 UNICEF and WHO's *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*.[18]

RECOMMENDATIONS

Governments must take the lead in protecting infants' and young children's survival, health, and wellbeing through support 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 the implementation of the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA Resolutions (referred to hereafter as "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 on a policy advocacy agenda to promote the uptake of actions outlined in the OG-IFE[19] and strengthen linkages between sector and cluster coordination platforms to identify, support, and document country level action 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 would 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 *Global Nutrition Policy Review* in 2022, 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*.

WHAT WE KNOW

THE IMPORTANCE OF FEEDING INFANTS AND YOUNG CHILDREN

Infant and Young Child Feeding (IYCF) is a critical factor in child growth and development. Evidence-based recommendations for IYCF practices and feeding support healthy growth and development and apply to children in all contexts (Figure 1). Exclusive and continued breastfeeding and appropriate complementary feeding significantly and positively impact child survival. Recommended IYCF practices and support for infants who are not breastfed are lifesaving. Supporting mothers and caregivers to implement recommended practices is a critical component of preventing infectious diseases as well as malnutrition in all its forms. Action and services across a range of technical sectors, e.g., food security, health, water, sanitation, and hygiene (WASH), and social protection, are needed to help caregivers translate knowledge of recommended IYCF feeding practices into reality.

Breastfeeding support is the most cost-effective intervention to improve child survival.[20] Lack of exclusive and continuous breastfeeding causes half of all diarrheal diseases, one-third of all respiratory infections, increases the risk of maternal cancers and diabetes, and reduces IQ and subsequent adult earnings. In addition, it is estimated that every dollar spent on breastfeeding provides up to $35 in economic benefits. Based on available data, it is estimated that enabling all mothers to breastfeed as recommended would save the lives of over 820,000 children under the age of five each year.[21] As part of improved IYCF practices, improved breastfeeding practices have also been identified as one of the four priority pillars for action in the United Nations' *Global action plan on child wasting*.[22]

Continued breastfeeding and age-appropriate, safe **complementary foods** are part of the recommended diet for young children. The introduction of solid and semi-solid foods, recommended at six months of age, is closely related to the prevention of wasting and stunting. If scaled up as a package with optimal maternal nutrition during pregnancy, IYCF, micronutrient supplementation for at-risk children, and management of wasting, the Lancet estimated that "*appropriate complementary feeding education in food-secure populations and additional complementary food supplements in food-insecure populations*" could save 135,000 to 293,000 lives.[23]

The protection, promotion, and support of breastfeeding is increasingly recognized as a significant global issue and metric of progress toward the 2030 Sustainable Development Goals. Often, however, less attention is paid to the urgent need to protect and support **infants who rely on artificial feeding**. The global standards are clear: These infants

need attention as part of a comprehensive IYCF program because they are at high risk for poor health, growth, and development. The 2003 UNICEF and WHO *Global strategy for infant and young child feeding*[24] states, "*Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group*. Other global guidance documents outline specific support for infants who cannot be breastfed. For example, *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA Resolutions (referred to hereafter as "the Code"), is intended to protect all infants in all places and at all times from inappropriate promotion of BMS and states that the provided BMS must follow globally recognized quality and safety standards. The Code also indicates that caregivers should receive accurate and unbiased information on the proper use of infant formula when infants cannot be breastfed.

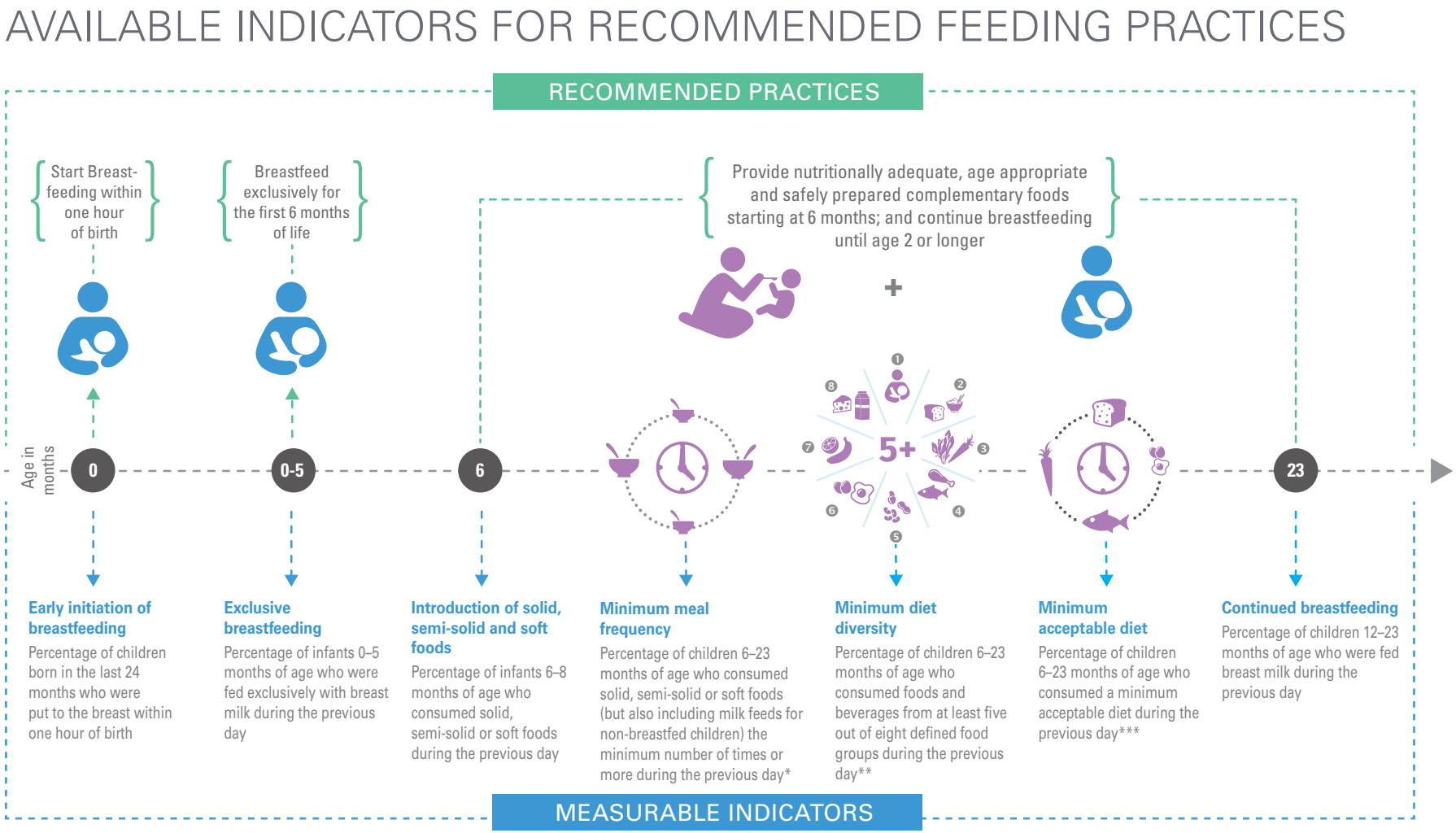
Available data show that **progress in creating environments that enable caregivers to follow recommended IYCF practices is mixed**. The global prevalence of exclusive breastfeeding has improved over the past decade but falls well below the 2030 target of 70%. Data from 2020 indicate that less than half of all newborns worldwide (48%) begin breastfeeding within one hour of birth. Regional differences show that a higher proportion of infants in Eastern Europe and Central Asia (70%) and Eastern and Southern Africa (64%) breastfeed within one hour of birth, in stark contrast to the Middle East and North Africa (34%).

A 2018 analysis found that 95% of babies were breastfed at some point in their lives, with significant differences between low- and middle-income countries in contrast to high-income countries. More than one in five babies in high-income countries have reportedly never been breastfed, in contrast to low- and middle-income countries, where nearly all babies have been breastfed.[25] Regarding complementary feeding, a 2021 analysis found that 27% of children aged six to eight months were not receiving solid foods and lacked the vitamins, minerals, and energy necessary for their growth. The analysis confirmed that the complementary feeding of young children had barely improved over the past decade and that young children in poorer countries and regions had less access to a varied diet than other children.[26]

However, available survey data do not provide insight into the situation of IYCF in emergency contexts. Global analyses based on international databases do not currently disaggregate IYCF findings by humanitarian and development contexts. Small-scale assessments of IYCF in emergencies among groups such as refugees or affected populations in specific geographic areas are conducted. Still, they are often not included in these global databases.

At the same time, conditions that support mothers and caregivers to breastfeed, adopt recommended complementary feeding behaviors, and minimize the risks of artificial feeding when infants are not breastfed can be seriously threatened in emergencies. Physical displacement, loss of income, trauma, injury, interruptions in availability, access,

Figure 1: Recommended practices and measurable indicators for feeding infants and young children (0-23 months)



* Minimum number of meals/snacks per day: 2-3x for breastfed infants 6–8 months; 3-4x for breastfed children 9–23 months with additional nutritious snacks offered 1–2 times per day; 4-5x times for non-breastfed children 6–23 months (and can include milk/formula feeds for non-breastfed children). ** Minimum diet diversity is based on 8 food groups of: 1. breast milk; 2. grains, roots, tubers and plantains; 3. pulses (beans, peas, lentils), nuts and seeds; 4. dairy products (milk, infant formula, yogurt, cheese); 5. flesh foods (meat, fish, poultry, organ meats); 6. eggs; 7. vitamin-A rich fruits and vegetables; and 8. other fruits and vegetables. *** For the composite indicator of Minimum Acceptable Diet, minimum meal frequency requires at least 2 milk feeds for non-breastfed children.

From the First Hour of Life

and use of essential services, and the unethical marketing and donation of BMS and other harmful supplies can affect the ability and confidence of mothers and caregivers to adopt or maintain recommended IYCF behaviors. In emergencies, resources such as access to clean water, fuel, and health care needed to minimize the risks of artificial feeding are more limited.[27] Emergencies can also bring additional stresses and risks, such as sexual and reproductive health issues, poor mental health and psychological distress, and sexual and gender-based violence against mothers, which must be addressed to support the recommended IYCF-E. Refugees and internally displaced persons (IDPs) can also face additional challenges, including displacement, lack of access to income-generating activities, and disrupted community structures.

Actions in other sectors can affect caregivers' ability to nourish their children. For example, the shelter sector response can influence access to appropriate and safe spaces where mothers can breastfeed their infants and young children in the privacy required in their specific cultural context. Disruptions in health services can prevent screening for feeding difficulties and referral for appropriate support. Refugees on the move may face different emergency response priorities and support packages as they cross borders, which can further undermine IYCF practices.

Photo Credit: Fredrik Lerneryd / Save the Children

While the additional vulnerabilities of emergency contexts are widely recognized in these analyses, **the global community cannot define the status of infant and young child feeding in emergencies (IYCF-E) with global survey data**. However, millions of children live in emergency contexts. Moreover, climate change, conflict, displacement, and the changing nature of emergencies suggest that emergency preparedness is no longer optional, even in countries with limited emergency experience.

HOW TO PROTECT THE FEEDING OF INFANTS AND YOUNG CHILDREN IN EMERGENCIES

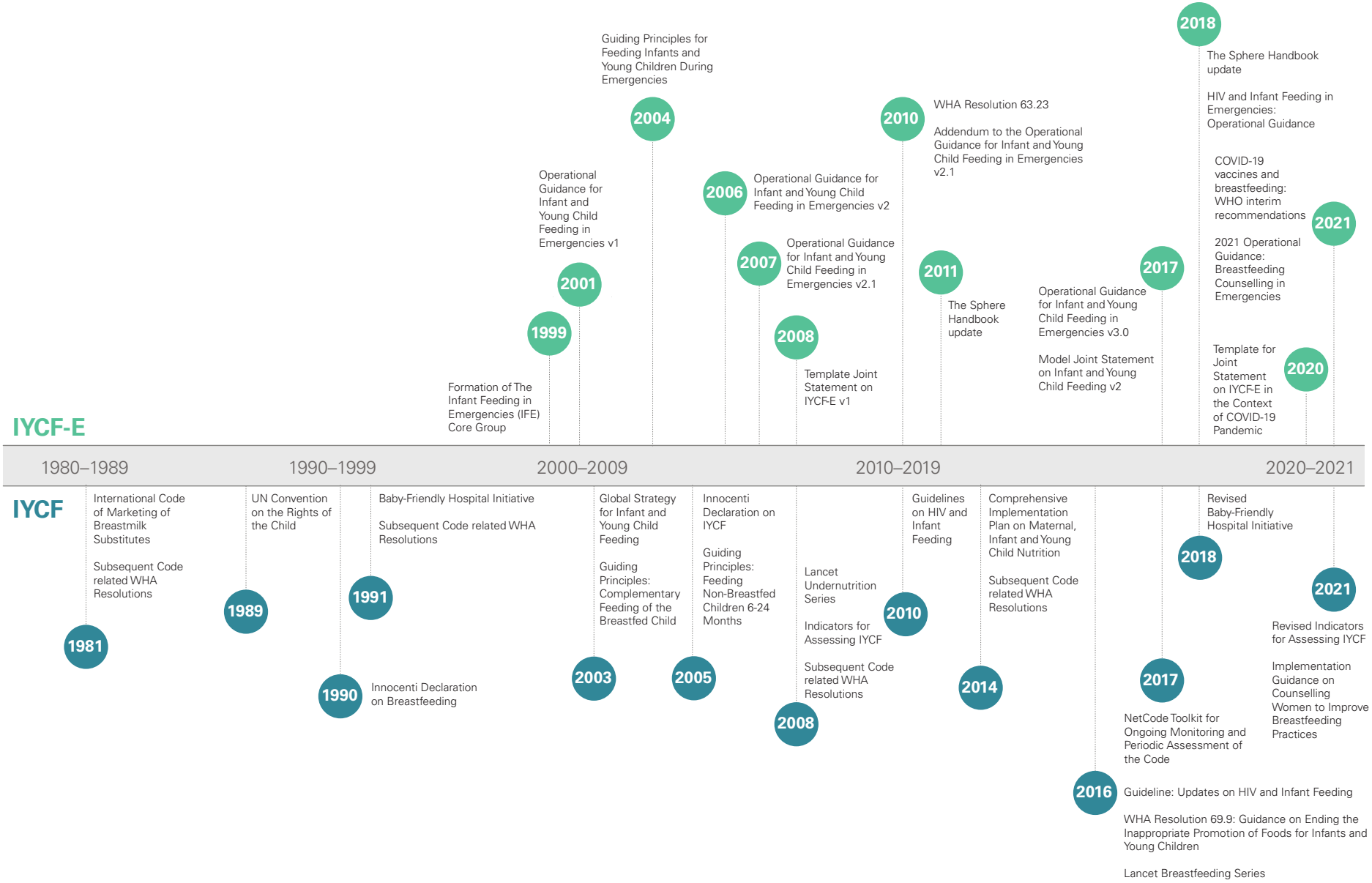
The World Health Assembly ratified the Code in 1981. **The Code was one of the first measures to protect IYCF in all contexts**. Over the past 40 years, significant progress has been made in the uptake of the Code at the country level, which is tracked annually by WHO, UNICEF, and IBFAN. As of March 2022, 144 (74%) of the 194 WHO Member States (countries) have adopted legislative measures to implement at least some provisions of the Code.[28] Of these, 32 countries have adopted measures substantially aligned with the Code. Another 41 countries have moderately aligned measures, 71 countries have included some provisions, and 50 countries have no legal measures.[29] However, these figures do not show how these legal provisions are implemented and monitored, nor do they indicate the quality or impact of the actions.

In 1989, Article 24 of **the Convention on the Rights of the Child**[30] **established a legal and normative framework for recommending IYCF in all contexts**.[31] Member State signatories to the Convention have duties and obligation to respect, protect and fulfil children's rights alongside parents and caregivers who are first-line duty-bearers Subsequent global commitments, standards, initiatives, and guidelines have built on this foundation for recommended IYCF as a child right and an evidence-based investment for child survival, growth, and development. Some have outlined actions to support recommended IYCF practices and non-breastfed infants without specifying context, and others have been developed with specific reference to addressing the challenges faced in emergencies. Many have been updated over time to reflect operational experience and new evidence, thanks to ongoing research and learning (Figure 2, Annex 4).

The Infant Feeding in Emergencies Core Group (IFE Core Group), a global collaboration of agencies and individuals, was established in 1999. The IFE Core group addresses critical gaps in policy and training that undermine consistent protection, promotion, and support of recommended IYCF practices and support for non-breastfed infants in emergencies.[32] The group, coordinated by the Emergency Nutrition Network, continues synthesizing operational experiences and lessons learned to address the evolving challenges to IYCF-E.[33]

The **first global guidance on IYCF-E, the *Infant and young child feeding in emergencies operational guidance for emergency relief staff and programme managers* (OG-IFE),**

Figure 2: Infant and young child feeding milestones: Foundations for IYCF-E



was developed in 2001 by the IFE Core Group. The OG-IFE outlined six actions to support mothers and caregivers in feeding infants and young children in emergencies to maximize health and minimize morbidity and mortality. Interventions were based on preparedness and investment in IYCF programs, including the Baby-Friendly Hospital Initiative (BFHI), nutrition counseling, and implementation of the Code, which could then be expanded as needed in response to changes in context.[34] The OG-IFE also outlined specific actions for government, NGOs, the UN, civil society, the private sector, and donors, including suggestions for entry points and supportive actions from multiple sectors as part of a multi-sector systems approach. The OG-IFE targeted emergency relief staff, policymakers, and donors. It has been updated several times to reflect operational learning, guidance, and evidence. The OG-IFE was a critical step forward in safeguarding the feeding of infants and young children in emergencies.

In 2010, **the World Health Assembly (WHA) recognized the importance of ensuring that emergency responses are promoted and do not compromise the survival, health, and wellbeing of infants and young children in emergencies**. Therefore, the WHA urged Member States to adopt and implement the OG-IFE through Resolution 63.23, which called upon the Member States to:

> "(6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions;" and
>
> "(8) 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 (OG-IFE), which includes the protection, promotion and support for optimal breastfeeding, and 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";

The recent 2017 update from the OG-IFE highlighted the importance of appropriate IYCF interventions for all breastfed and non-breastfed infants and young children. In addition, it emphasized the risks related to poor complementary feeding practices in emergencies.

In 2018, WHA Resolution 71.9 reiterated that the Member States should take all necessary measures to protect infant feeding in emergencies.[35] Specifically, the WHA called on the Member States to ensure that their preparedness and response plans include relevant actions to protect, promote, and support appropriate infant and young child feeding practices in emergencies. However, **progress in implementing the measures described at OG-IFE has not been systematically tracked at the country level. There is no global accountability in the form of a dedicated agency or process for reporting on the uptake of these actions**.

Additional actions are needed to **minimize the risks of artificial feeding in emergencies**. To safely prepare and use breastmilk substitutes (BMS), caregivers need access to safe water and fuel to heat water for the safe preparation and use of BMS. They may need assistance in obtaining these resources. Emergencies may also create opportunities for BMS companies to exploit weakened regulatory measures and engage in marketing and donations. The OG-IFE defines this marketing as "*any food (solid or liquid) being marketed, otherwise represented or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose.*" Well-intentioned but misdirected donations and inappropriate distributions by other actors are also common. Poorly targeted distributions of BMS undermine breastfeeding and expose populations to the increased risks associated with artificial feeding in emergencies. Food insecurity, access to fuel for food preparation, and cultural norms for IYCF regarding what solid, semi-solid, and liquid foods are appropriate for children to impact caregivers' ability to feed their infants and young children.

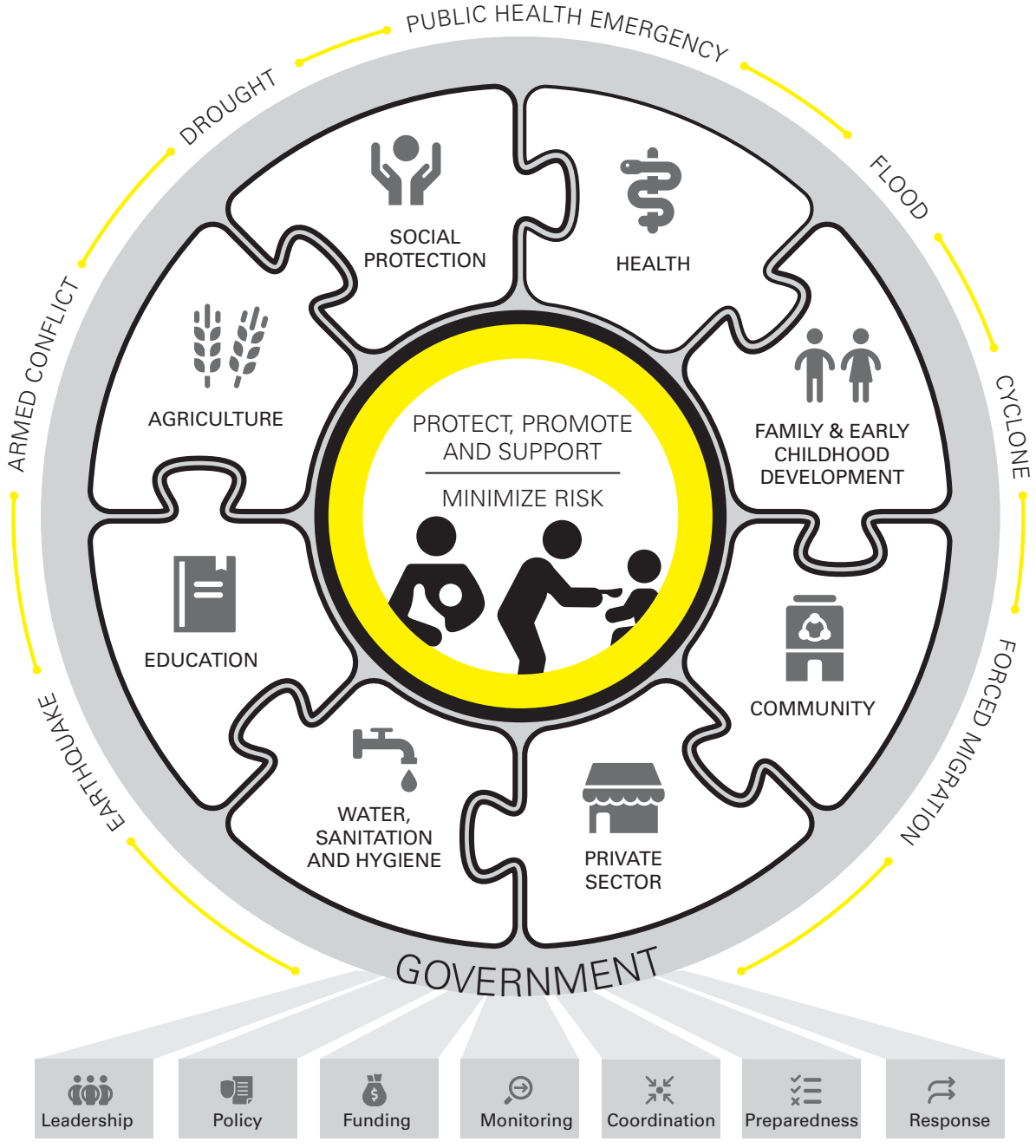
Figure 3 illustrates the OG-IFE's policy guidance and operational recommendations for government, national stakeholders, the humanitarian and development communities in different sectors, as well as mothers and caregivers in the protection of the feeding of infants and young children in emergencies. Caregivers and communities can face many threats, including drought, armed conflict, forced migration, cyclones, and public health emergencies. **Governments, as duty-bearers, play the lead role in supporting the survival, health, and wellbeing of infants and young children through multi-sectoral action for in a continuum between humanitarian and development contexts**.

A systems-level approach, with caregiver and child at the center, built on accountability to affected populations, enables the Member States to deliver these duties in all contexts. The role of the government encompasses leadership, policy setting, financing, monitoring capacity, coordination capacity, preparedness, and response actions to a range of shocks. Each sector makes a significant and synergistic contribution to creating environments where caregivers can nourish their infants and young children. The additional layer of support for these caregivers in times of crisis to address the specific needs of infants and young children in emergencies is symbolized by the yellow and black inner ring around the caregiver and the child in the center. During emergencies, infant's and young children's nutritional needs are met through protecting, promoting and supporting appropriate IYCF practices and minimizing the risks where these practices may not be possible.

Available data indicates that progress in the number of countries incorporating actions outlined in the OG-IFE into programs and policies has been mixed. However, a lack of policies and procedures to track progress and promote accountability has made comparability difficult over the past decade. There has been no country-level stock-take of uptake of actions outlined in the OG-IFE since the first WHA resolution in 2010. The first WHO *Global Nutrition Policy Review* (GNPR *2009-2010* provides a glimpse into the nutrition policy landscape at the time of the WHO 63.23 Resolution.[36] The report

indicated that less than one-third of countries (31%, *n* = 104) considered IYCF-E in their national policies. In addition, the presence of IYCF-E in national policy varied regionally, from 59% of countries in the WHO African region to none in the Eastern Mediterranean region. The second WHO *Global Nutrition Policy Review (2016-2017)* reported that more than one-third (37%, *n* = 157) had protocols for infant feeding in emergencies.[37] Of the 38 countries that provided information on this area, maternal counseling and support were the most common, followed by needs assessments for IYCF-E, a policy on using BMS in emergencies, and the establishment of mother-baby areas for breastfeeding.[38]

Figure 3: Illustration of the OG-IFE in relation to a systems-based approach to protecting IYCF-E



WHAT THIS REPORT AIMS TO CONTRIBUTE

The six actions outlined in the OG-IFE provide a critical framework to analyze the uptake and application of measures to protect, promote, and support recommended IYCF in all contexts at the country level and mitigate the risks of artificial feeding when infants are not breastfed.[39] This report aims to:

1. Review the progress of Member States in fulfilling their commitments to recommended IYCF-E actions, as outlined in the WHA 63.23, in the ten years following the resolution.
2. Highlight the experiences of the Member States and the humanitarian and development communities in supporting the protection of appropriate feeding for infants and young children in emergencies.
3. Galvanize the Member States and the humanitarian and development communities to deliver on their global commitments to protect the appropriate feeding of infants and young children in emergencies.

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 report is based on **quantitative and qualitative data** from the UNICEF NutriDash country-level nutrition program database[40] and the International Baby Food Action Network (IBFAN) World Breastfeeding Trends Initiative Database (WBTi).[41] UNICEF regional classifications represent NutriDash data, and WBTi regional classifications represent the WBTI data. However, it should be noted that other agencies' regional classifications may differ. Although several data sets were reviewed for inclusion, these two were selected for their granularity of country-level IYCF-E action data and their geographic breadth.

Several sources provided additional contextual information. First, ***Humanitarian Response Plans*** were reviewed to identify trends in strategic objectives and the scope of IYCF-E actions.[42] Next, **analytical reports** on IYCF-E relevant actions, such as the annual WHO report, *Marketing of breast-milk substitutes: National implementation of the international code*, were reviewed to provide additional insights on the status of actions supporting appropriate IYCF-E at the country level.[43] Finally, a thematic analysis of the

conclusions, gaps, and recommendations of the WBTi report was conducted to provide additional perspectives on gaps and areas of strength in implementing measures to support IYCF-E at the country level.

Case studies were identified to provide insight into the implementation and to learn to contextualize the quantitative data. Case studies were drawn from the Emergency Nutrition Network's (ENN) ***Field Exchange*** **publications** from 2010 to January 2022 and **peer-reviewed articles** published between 2017 and 2022.

Data limitations are presented in the report where relevant. This report is neither able nor intended to define a baseline status of policy, programming, advocacy, and research concerning IYCF-E in 2010. The data systems were not designed to do so. Datasets used for the report's analysis differed in geographic coverage, frequency of data collection, and quality assurance measures. These differences limited the ability to triangulate results. With the exception of Code monitoring and the WHO *Global Nutrition Policy Review*, global data sources identified for this report cover 65% of the 194 Member States of the World Health Assembly. Critical data gaps are an important finding. Further details on data sources and limitations can be found in Annexes 1 and 2.

Photo Credit: UNICEF/UN013612/Pappas-Capovska

WHAT WE FOUND: UPTAKE OF ACTIONS TO SUPPORT APPROPRIATE INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

ACTION 1: ENDORSE OR DEVELOP POLICIES[44]

The OG-IFE states that key provisions regarding IYCF-E should be reflected in government, multi-sector and agency policies and plans. The OG-IFE also states that policy guidelines, including an interagency joint statement on IYCF-E, should be developed, updated, and disseminated to all relevant responders.

The uptake of actions to support appropriate IYCF-E at the country level has increased in recent years, including translating the OG-IFE provisions into policies, strategies, and plans. Funding for IYCF-E beyond staff salaries has increased overall but remains well below the proportion of countries reporting actions for IYCF-E and policy-level implementation. The overall increase in countries taking action to support appropriate IYCF-E between 2019 and 2020, including policies, strategies, and operational plans, is likely due to the increased quality of reporting over time and the global pandemic. In addition, explicit support for the inclusion of IYCF-E activities in the context of COVID-19[45] is reflected in the 2020 Humanitarian Response Plans addendums.[46]

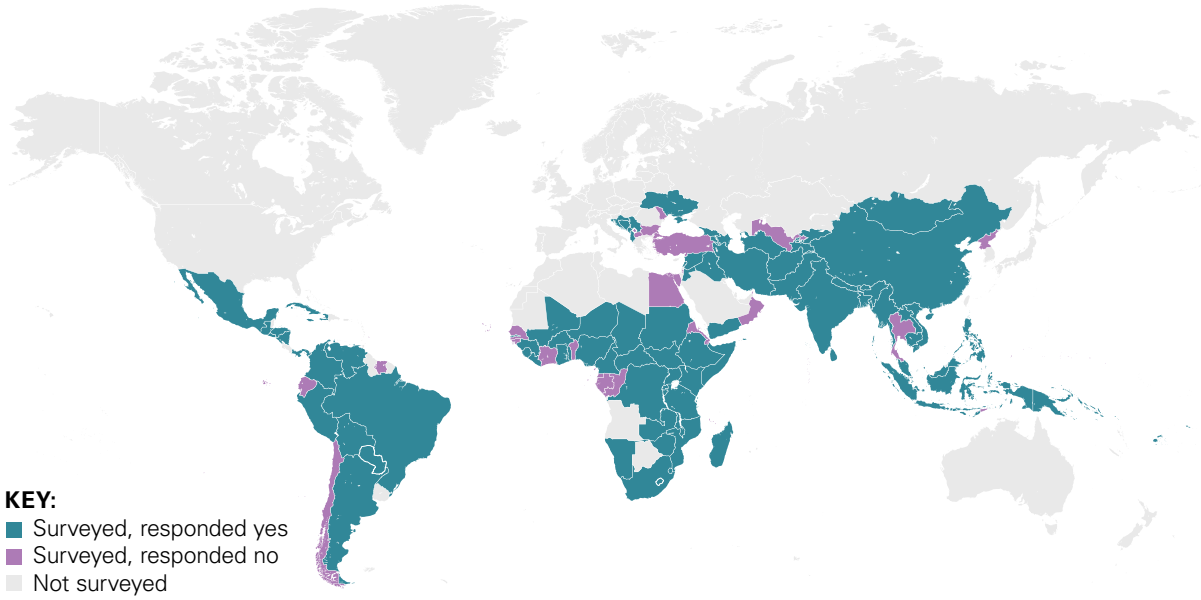
Between 2016 and 2020, an increasing proportion of countries in NutriDash reported that their country worked on programmes to support appropriate IYCF-E, from 62% in 2016 to 78% in 2020 (Table 1).[47] Taking into account the difference in the number of countries between regions, proportionally more countries in Eastern and Southern Africa as well as South Asia reported work on programmes to support appropriate IYCF during humanitarian situations between 2016-2020. Eastern Europe and Central Asia consistently reported the smallest proportion of countries working in this area over time, with a sharp rise in 2020 which may be due in large part to the pandemic (Annex 4). In addition to work on programmes to support IYCF-E, 74% of countries reporting to NutriDash indicated that IYCF activities were implemented as part of humanitarian response in 2020 (Figure 4).

Table 1: Surveyed countries that have worked on programmes to support appropriate IYCF-E (NutriDash 2016-2020)

	2016	2017	2018	2019	2020
	TOTAL (%) N = 107	TOTAL (%) N = 111	TOTAL (%) N = 114	TOTAL (%) N = 127	TOTAL (%) N = 125
Did the country support appropriate infant and young child feeding practices during humanitarian situations (Children under two years)?*	62%	60%	60%	63%	78%

**For more information on data source, see Annex 1.*

Figure 4: Surveyed countries that have implemented IYCF-E activities as part of a humanitarian response (NutriDash 2020)



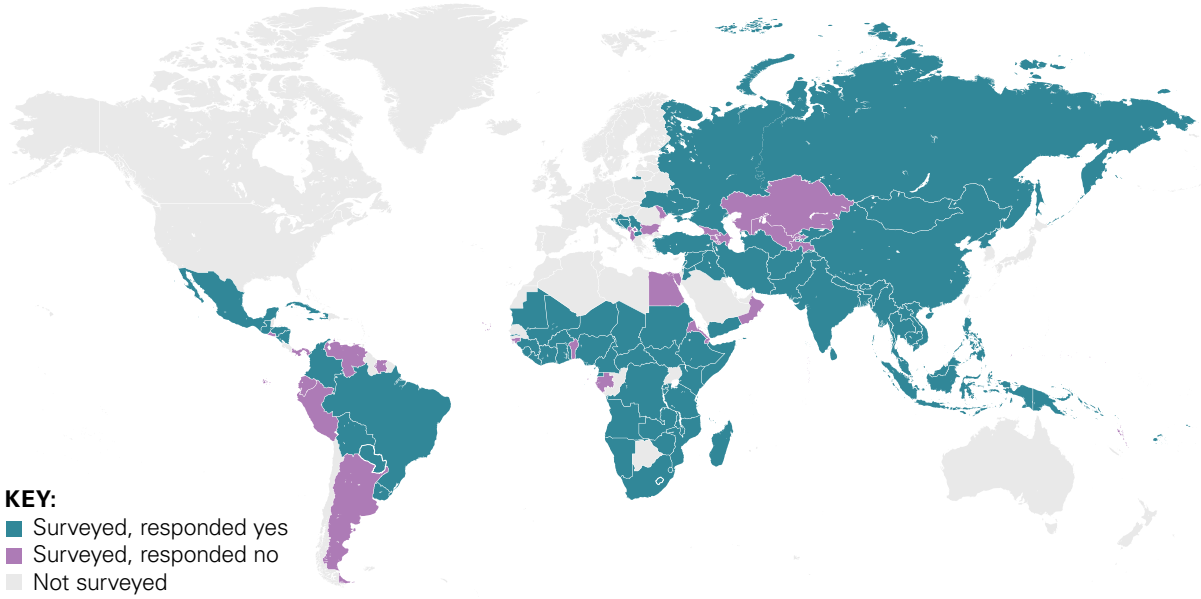
Further details on the regional distribution of specific IYCF-E activities reported to NutriDash in 2020 can be found in Annex 4.

The global trend in terms of **presence of IYCF-E policies, strategies, or plans of action** declined between 2017 to 2019 and increased in 2020 (Table 2). Progress was variable across all regions, with the exception of a steady increase in the proportion of countries with these in place in Eastern Europe and Central Asia. Eastern and Southern Africa, Latin America and the Caribbean and West and Central Africa regions reported net increases between 2016 to 2020. In 2020, 74% of countries participating in NutriDash 2020 reported having policies, strategies or action plans for IYCF-E (Figure 5). However, the survey data do not indicate whether the policies are in line with the OG-IFE.

Table 2: Surveyed countries with IYCF-E policies, strategies, or plans of action (NutriDash 2016- 2020)

	2016	2017	2018	2019	2020
	TOTAL (%) N = 101	TOTAL (%) N = 107	TOTAL (%) N = 107	TOTAL (%) N = 122	TOTAL (%) N = 119
Does the government have a policy, strategy, or action plan for IYCF in humanitarian situations?	67%	61%	61%	64%	74%

Figure 5: Surveyed countries with IYCF-E policies, strategies, or plans of action (NutriDash 2020)

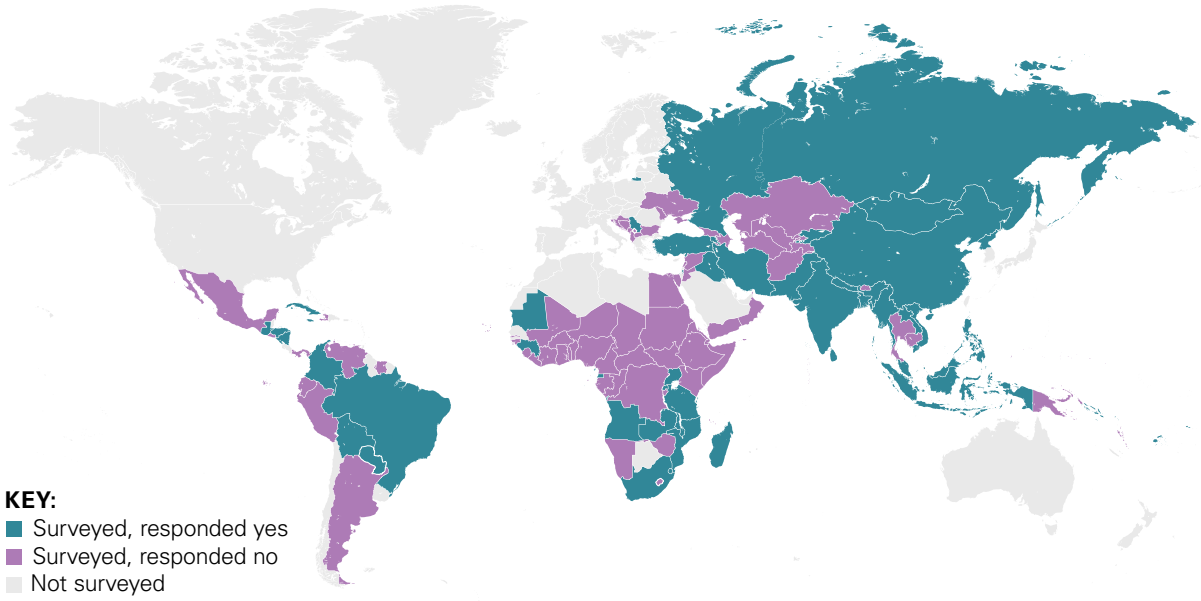


The global trend in government funding to support IYCF-E actions beyond staff salaries has for the most part increased over time (Table 3). Nevertheless, it remained well below the proportion of countries that reported work to support IYCF-E and the presence of IYCF-E policies, strategies, or action plans. Until 2019, no region had more than 40% of their countries reporting government funding for IYCF-E beyond staff salaries. Trends in funding for IYCF-E over time are also variable at regional level, with the exception of the Eastern and Southern Africa region which reported steady increases in the proportion of countries with this funding in place over time (Annex 4). Data from 2020 highlight the notable gap in funding across Eastern and Southern Africa as well Western and Central Africa regions (Figure 6) in relation to the presence of IYCF-E policies, strategies and plans of action in these regions (Figure 5).

Table 3: Surveyed countries with government funding for IYCF-E (besides salaries) (Nutridash 2016-2020)

	2016	2017	2018	2019	2020
	TOTAL (%) N = 99	TOTAL (%) N = 105	TOTAL (%) N = 102	TOTAL (%) N = 120	TOTAL (%) N = 119
Did the government provide funding (besides salaries) to support IYCF in humanitarian situations?	30%	30%	37%	35%	40%

Figure 6: Surveyed countries with funding for IYCF-E beyond salaries (NutriDash 2020)

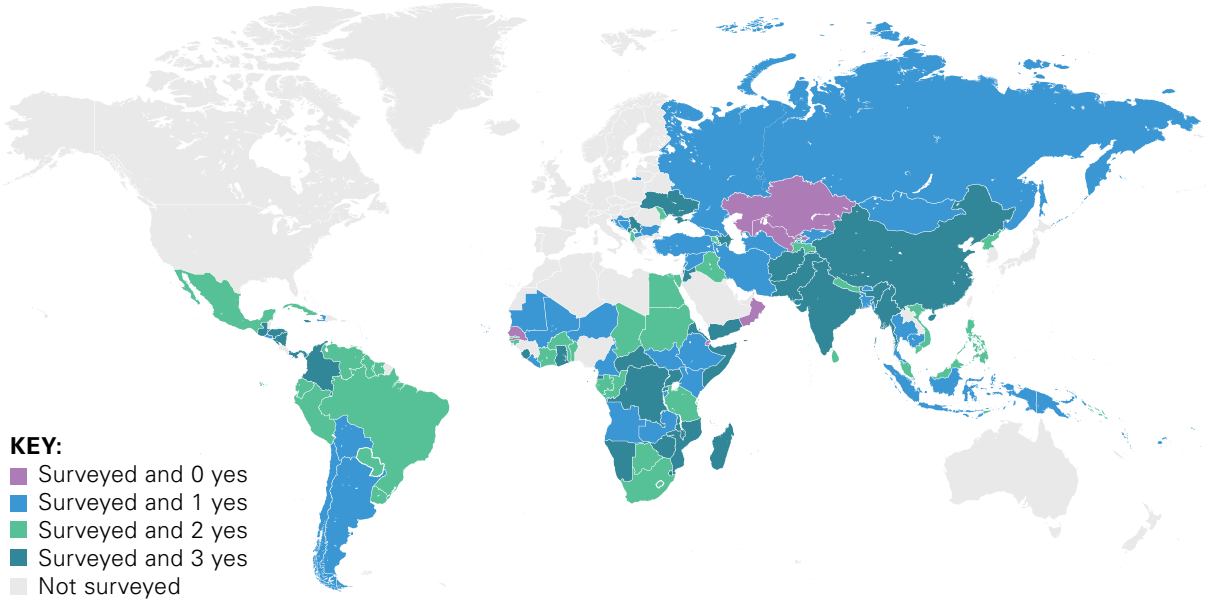


By 2020, less than one-third (28%) of countries responding to NutriDash reported having all three components for IYCF-E (programmes, policy/strategy/plan, funding beyond salaries) (Table 4). Slightly more than a third (35%) reported having two of these components, with 32% reported having only one component. Finally, 6% of countries reported having none of these components (Figure 7).

Table 4: Surveyed countries with work, policy, and funding (besides salaries) for IYCF-E (NutriDash 2020)

	NONE TOTAL (%) N = 127	ONE TOTAL (%) N = 127	TWO TOTAL (%) N = 127	THREE TOTAL (%) N = 127
Number of countries that reported "yes" to three indicators: support to programmes for IYCF-E; a policy, strategy, or plan of action for IYCF; and government funding (besides salaries) for IYCF-E	**6%**	**32%**	**35%**	**28%**

Figure 7: Surveyed countries with support for IYCF-E; the presence of policy, strategy, or action plan; and funding for salaries (NutriDash 2020)



Action 1.5 of the OG-IFE recommends, *"An **inter-agency joint statement**, issued and endorsed by relevant authorities, may be used to highlight relevant guidance, provide context-specific rapid guidance, and harmonize communication."* Nutridash data show that in 2017 and 2018, 9% of counties issued a joint statement on IYCF-E, increasing slightly to 12% in 2019 and 15% in 2020.[48] At the same time, the validity period for joint statements is determined on a case-by-case basis. Therefore, a joint declaration may be in force even if it has not yet been issued that year. However, the issuance of joint statements and their validity period are not centrally tracked at the time of writing this report.

The uptake of actions, policies, and budget allocations for IYCF-E in high- and upper-middle-income countries is less evident in the NutriDash data. This trend may be due partly to NutriDash's sampling frame for countries where UNICEF has programming, which often does not include high income countries At the same time, the available literature suggests an overall lack of preparedness for IYCF-E in the middle- and high-income countries.[49]

An analysis of the 2020 NutriDash data by World Bank income level classifications shows that:

- **Very few high-income countries reported investment in some IYCF-E activities compared to countries in other income-level classifications.** Of the 98 countries that responded that they had invested in some activities, 2% were classified as high-income countries, 32% as upper-middle-income countries, 38% as lower-middle-income, and 29% as low-income countries.
- **A more significant proportion of high-income countries reported not investing in IYCF-E action compared to the lowest-income countries.** For example, of the 27 countries that did not invest in IYCF-E activities, 19% were classified as high-income countries, 44% as upper-middle-income, 33% lower middle income, and 4% low income.[50]

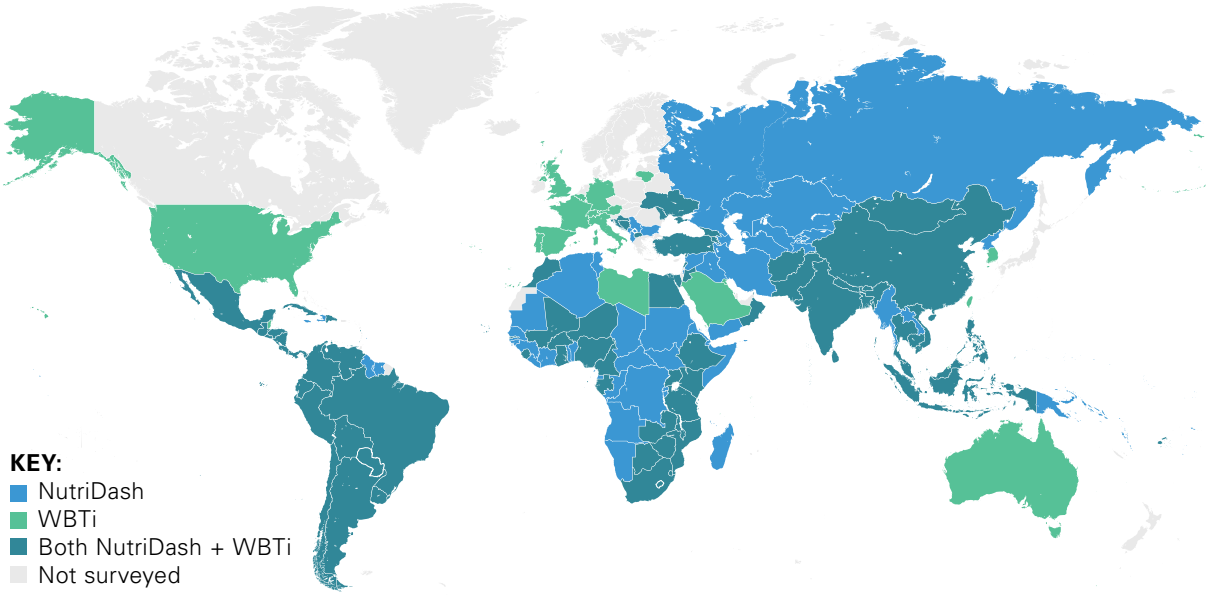
The 10-point INFORM Risk Index identifies countries at risk of emergencies that could overwhelm national response capacities.[51] The index comprises three components: i) hazards and exposure, ii) vulnerability and iii) lack of coping capacity. A lower number reflects lower risk relative while higher numbers reflect a higher risk. An analysis of the 2020 NutriDash data by the INFORM index shows that **a larger proportion of countries (93%) at higher risk levels (defined as five or more) invested in actions to support IYCF-E, while a smaller number of countries (76%) did so at lower risk levels (less than 5%)**[52]. This suggests that IYCF-E considerations may be more likely to be considered in higher-risk countries.

The World Breastfeeding Trends Initiative (WBTi)[53] helps countries benchmark their progress in implementing the *Global strategy for infant and young child feeding* through a self-assessment using a standardized process that can be repeated every three to five years.[54] The WBTi assessment framework consists of 10 policy indicators and five practice indicators. **A policy indicator covers five components of IYCF-E, specifically i) the status of IYCF-E policy, ii) the existence of an IYCF-E coordination focal point, iii) the existence of IYCF-E preparedness plans, iv) financial resources for IYCF-E, and v) IYCF-E training materials and implementation.** The questionnaire was revised twice so that specific measures supporting IYCF-E could be described in more detail. In addition, the second version included an explicit reference to the OG-IFE, which was changed to "global recommendations" in the third version.

Since the WBTi's inception in 2004, 98 countries have reported, with some going through multiple assessments over time. The WBTi data set includes countries that report NutriDash and others that do not (Figure 8).[55] There is a notable gap in WBTi implementation in Western, Central, and Southern Africa and Eastern Europe in terms of the proportion of countries per region that have undertaken a WBTi assessment. In addition, WBTi and NutriDash results do not fully match for similar questions (e.g., funding). The lack of consistency in responses from the same country in these two data sets may be partly due to differences in data collection methods and time periods.

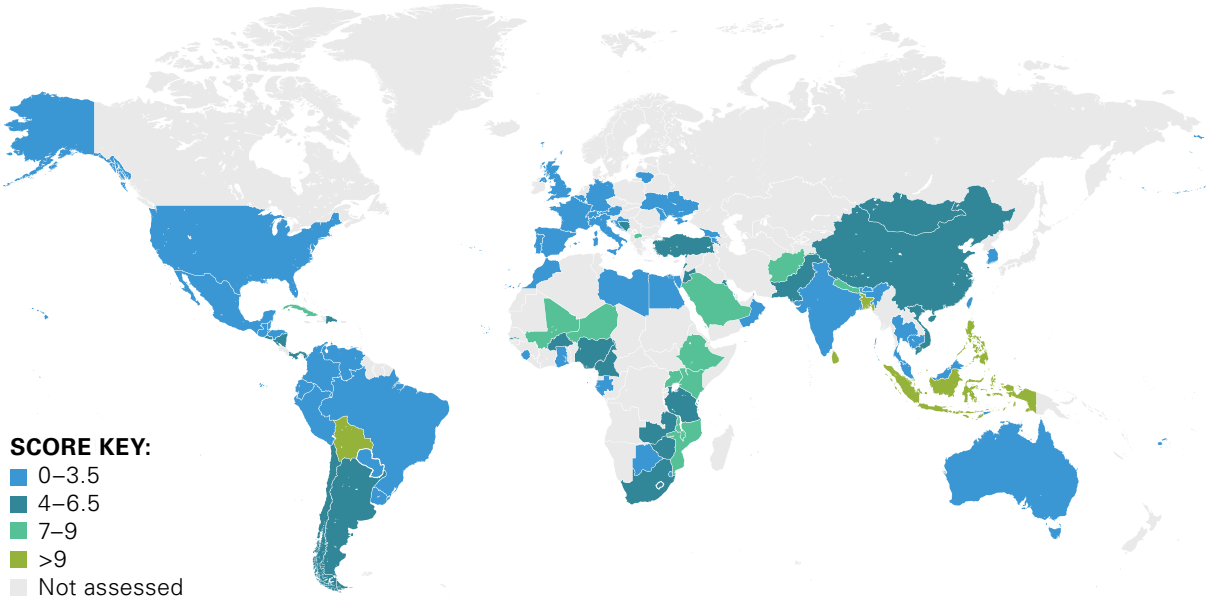
Nonetheless, the WBTi data can provide further perspective on IYCF-E actions at the country level, particularly from countries that did not report to NutriDash.

Figure 8: Map of overlap of WBTi and NutriDash reporting countries



WBTi data highlight the limited uptake of all five IYCF-E components based on their most recent data point.[56] For example, only 5% of countries had a complete score (10 out of 10), 12% scored between 7 and 9, 24% between 4 and 6.5, and slightly less than two-thirds (59%) scored less than 3.5 (Figure 8).

Figure 9: Overall score for IYCF-E indicator (WBTi using most recent data point)[57]



A review of WBTi reports **identified various levels of uptake and application of the actions described in the OG-IFE,** including:

- explicit adoption of all basic elements of the OG-IFE by Kuwait (2016) and Lebanon (2016);
- relevant IYCF-E actions undertaken in Bosnia and Herzegovina (2015), even in the absence of adoption of the OG-IFE;
- development of applicable IYCF-E guidelines in Pakistan (2005), Sri Lanka (2005, 2012), and Ukraine (2015) in response to an emergency;
- recognition of the need to take the actions described in the OG-IFE, but no progress in Armenia (2015) or India (2015);
- improvement in the WBTi IYCF-E indicator between assessment rounds (Nepal, Bolivia) without details on facilitating factors or processes;
- in one case, the discrepancy between WHO guidelines for powdered infant formula preparation and French regulations for powdered infant formula preparation was highlighted (France, 2017); and
- in another case, the OG-IFE was not adopted even though it was available in the local language (Italy, 2018).

In addition, IYCF-E was not consistently addressed in detail in preparedness and response plans, operational guidelines, and contingency plans. Specific examples from the report include:

- Policies and capacity were in place, but there was a lack of operational implementation in the response (Nigeria, 2016).
- The national contingency plan did not clearly define operational directives on IYCF-E (Gabon, 2016).
- Despite a high priority on preparedness, IYCF-E was not explicitly mentioned in the Health contingency plan (Bhutan, 2016).
- National guidelines for infant and young child feeding were not included in any contingency plan (India, 2008).
- Despite repeated emergencies and responses, there is no inclusion of IYCF-E in the response (Egypt, 2016).
- The comprehensive emergency policy did not include infant and young child feeding (Jordan, 2016).

Photo Credit: Mustafa Saeed / Save the Children

CASE STUDY 1

Enhancing infant and young child feeding in emergency preparedness and response in East Africa: Capacity mapping in Kenya, Somalia, and South Sudan[58]

UNICEF and Save the Children Regional Offices for Eastern and Southern Africa collaborated to develop, pilot, and update an IYCF-E capacity assessment tool to inform action plans to improve IYCF-E at the country level. The tool was created in 2016 based on a desk review and interviews with individuals involved in IYCF-E preparedness and response in Kenya, Somalia, and South Sudan. As a result, six pillars, key markers for capacity assessment, and a scoring system were identified.

PILLAR	KEY MARKERS
Policy and plans on IYCF/IYCF-E	The extent to which IYCF/IYCF-E is addressed in the country's policies, strategies, and plans
Human resources capacity on nutrition	The extent to which the country has IYCF/IYCF-E skilled personnel to meet its needs
Coordination mechanisms	The extent to which IYCF/IYCF-E actions are coordinated at the country level
Information system and knowledge management	The extent to which the progress for IYCF/IYCF-E actions can be tracked
Program delivery	The extent to which IYCF/IYCF-E actions can be effectively delivered in the country
Budgeting and financing	The extent to which IYCF/IYCF-E actions are budgeted and financed in the country

Various stakeholders reviewed and validated capacity assessment scores over time, including validation workshops facilitated in 2017 in the three countries.

Common gaps included:

- "lack of inclusion of IYCF-E in national policies and training curriculums: IYCF policies or strategies are in place in many of these countries, but do not encompass an emergency section, which would delay the inclusion of IYCF in any emergency response;
- limited dissemination of national policies, legislation on the BMS Code, etc. In countries where these strategies exist, the dissemination of such documents to the humanitarian community is limited and therefore not in use or endorsed;
- limited integration of IYCF-E with other sectors; very limited knowledge about IYCF by sectors other than Health and Nutrition;
- the inability of NGO and health workers to differentiate IYCF and IYCF-E leads to confusion on the IYCF priorities in emergencies;
- no or limited monitoring of BMS Code violations;
- limited budget allocation to IYCF-E programming;
- lack of awareness of IYCF-E indicators to be included in assessments;
- no system for data collection and monitoring specifically for IYCF-E; and
- IYCF-E is often not prioritized in cluster or coordination meetings."

The primary reasons identified for not undertaking IYCF-E activities were:

- "IYCF is not considered a lifesaving intervention during emergencies and is not prioritized by non-technical staff;
- competing priorities, poor sensitization across agencies, and lack of clear IYCF-E policy;
- limited funding for IYCF-E programming;
- context constraints include insecurity, poor access and lack of government leadership or guidance on IYCF-E;
- insufficient human resources or expertise in local and international staff members and the absence of technical staff on the ground; and
- capacity gaps among partners, government facilities and field teams."

The capacity mapping experience highlighted the importance of humanitarian and development stakeholders, and a range of sectors, working together to address specific gaps in policy, capacity, coordination, information management, programming and financing. The consultative approach to capacity assessment and the engagement of both health and nutrition stakeholders in identifying critical gaps and capacities to generate action plans were assessed to be valuable. UNICEF and Save the Children Regional Offices revised the assessment tool based on the pilot and continue to support engagement in IYCF and IYCF-E in the region.

CASE STUDY 2

Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): An Australian audit of emergency plans and guidance[59]

Australia experiences many natural emergencies, and the government has invested in emergency preparedness and response measures. The particular vulnerability of infants and young children and the need to incorporate IYCF-E into emergency preparedness plans was highlighted in Australian national infant feeding guidance in 2013, however progress was mixed.

In 2018, an audit of Australia's emergency management plans and related policies and guidelines was conducted to determine the extent to which the needs of infants and young children in emergencies have been addressed. In addition, national, state, territory, and local emergency plans, guidelines, and kits were reviewed for IYCF-E. For comparison, information was collected on the extent to which animal needs have recently been incorporated into emergency response.

The audit found that while the importance of including IYCF-E in the plans was evident, translating IYCF-E's supportive actions into the plans was very limited. No designated agency was responsible for IYCF-E or children at federal, state, or territory levels. The degree to which IYCF-E was considered in emergency plans contrasted sharply with the inclusion of animal needs. Animal needs were addressed in emergency plans at all levels of government and supported by clear organizational roles.

The discrepancy between recognition of needs and limited inclusion of actions to address infant and young child needs in emergency plans despite recognition of the importance of doing so puts infants and young children in a vulnerable situation. The audit findings highlighted the need for alignment of action and plans to support IYCF-E across all levels of Australia's government.

ACTION 2: TRAIN STAFF

The OG-IFE states that sensitization and training on appropriate IYCF-E are necessary at multiple levels and across sectors and are critical preparedness actions. Therefore, appropriate training content should be developed and disseminated to relevant personnel across all sectors, including those dealing directly with affected women and children, those in decision-making positions, those handling donations, and those mobilizing resources for the response.

Sufficient human resource capacity in numbers, distribution, and skills is needed to put policies and plans into practice. **Unfortunately, limited data are available describing the status of pre-service and in-service training of frontline workers across sectors and the level of awareness among policy makers and other stakeholders involved in emergency response.** This is a notable data gap given that a lack of understanding, skills, and capacity regarding IYCF-E among those involved in emergency preparedness and response is a common barrier to effective IYCF-E action.

As of 2020, **41% of the 97 countries reporting to WBTi between 2005 and 2020 said they had integrated some IYCF-E into pre-service training materials for emergency management and health personnel.**[60] A quarter of these countries were in the WBTi Africa region, followed by 20% in Latin America and the Caribbean and 14% in Europe (Table 5). On the other hand, none of the countries from the North America or Pacific/Oceania WBTi regions reported integrating any level of IYCF-E into pre-service training materials for emergency management and health personnel. Again, this reflects high-income country's general trend of limited investment in IYCF-E actions.

Table 5: Regional distribution of countries that reported to WBTi and have some training and orientation materials (n = 44)

WBTI REGIONS	
Africa region (n=20)	25%
Afrique Francophone region (n=3)	5%
South Asia region (n=10)	6%
Pacific/Oceania region (n=4)	0%
North America region (n=1)	0%
Arab World region (n=11)	9%
Latin America and Caribbean region (n=18)	20%
Europe region (n=17)	14%
East Asia region (n=4)	5%

NutriDash tracks the inclusion of IYCF counseling and support in pre-service curricula for medical doctors, nurses, or other health professionals. However, by 2020, **IYCF counseling and support were only marginally included in the pre-service curricula for these groups, with little change over time** (Table 6). It is not possible to determine whether those trained were involved in emergency response. Pre-service and in-service curricula should provide sufficient hands-on experience to develop critical competencies, skills, and knowledge. The extent to which individuals can apply their training depends on the context, such as how training is or is not linked to competencies, job descriptions, pre-service training, and human resources management. NutriDash does not capture the extent, duration, quality of training, or components of the enabling environment.

Further analysis of training targets (sectors and cadres), training aims (building knowledge and practical experience to develop competencies), and modalities (in-person vs. remote; pre-service vs. in-service) can help refine recommendations to improve IYCF-E capacity of staff at the facility and community levels.[61]

Photo Credit: UNICEF/UNI115926/Pirozzi

Table 6: Inclusion of IYCF counseling and support in pre-service curricula for selected health cadres (NutriDash 2013–2020)

Is IYCF counseling and support included in pre-service curricula for medical doctors?

	2013	2014	2015	2016	2017	2018	2019	2020
No	23%	22%	22%	37%	37%	26%	27%	27%
Minimally	53%	64%	63%	51%	52%	55%	54%	58%
Comprehensively	25%	14%	15%	12%	12%	18%	19%	16%

Is IYCF counseling and support included in pre-service curricula for nurses or other health professionals?

	2013	2014	2015	2016	2017	2018	2019	2020
No	28%	16%	10%	24%	19%	15%	15%	16%
Minimally	53%	63%	64%	57%	61%	56%	52%	58%
Comprehensively	19%	21%	26%	19%	20%	29%	33%	27%

The OG-IFE 2.1 highlights the need to *"sensitize relevant personnel across sectors to support IYCF-E, including those dealing directly with affected women and children; those in decision-making positions; those whose operations affect IYCF; those handling any donations; and those mobilizing resources for the response. Target groups for sensitization include government staff, sector/cluster leads, donors, rapid-response personnel, camp managers, communications teams, logisticians, the media, volunteers, among others."*

Unfortunately, no data sources that describe the extent and coverage of awareness-raising among policymakers and stakeholders in emergency preparedness or response could be identified. Some Humanitarian Response Plans indicated the promotion of IYCF/IYCF-E as an activity in emergency response. IYCF/IYCF-E promotion refers to messaging on about IYCF to the general public through broad communication platforms targeting caregivers and family members rather than awareness-raising for staff involved in decision-making or emergency preparedness and response.

Photo Credit: UNICEF/UNI322635/Hasen

CASE STUDY 3

Syria: Raising awareness and training for IYCF in a context with a low prevalence of wasting[62]

The nutrition situation in Syria before and after the onset of the crisis in 2011 was characterized by low to medium levels of wasting, high levels of stunting, and limited uptake of appropriate IYCF practices. The ongoing conflict, population displacement, collapse of services, periodic reports of drought, and disruption of people's livelihoods could drastically impact nutritional status and wellbeing. It was difficult to convince policymakers and humanitarian responders of the increased nutritional risk in the population and the importance of IYCF support to mitigate these risks, given that the prevalence of global acute malnutrition did not exceed 15%, nor was it 10–14% with aggravating factors. Without formally declaring a nutrition crisis, UNICEF and others advocated for nutrition risk and mitigation programs to be integrated into response planning.

In 2013, the first independent response plan for the nutrition sector was included in the Syrian Arab Republic's Humanitarian Assistance Response Plan. The Ministry of Health and UNICEF, co-led by the nutrition sector, was established in April 2013. This was followed in October 2013 by the approval of a nutrition strategy that included *"prevention of undernutrition through accelerated promotion of appropriate IYCF, ensuring improved coverage of appropriate micronutrient intervention and promotion of nutrition sensitive responses alongside positive behaviour change activities"* as a priority response strategy.

At the same time, the capacity to implement nutrition programs was limited, and competing priorities made it challenging to focus financial resources and attention on nutrition. Several actions helped keep IYCF-E on the response plan over time, including:

- continued policy advocacy for IYCF-E, including the generation and use of IYCF-E assessment data to support evidence-based decision-making;
- cascaded training on IYCF-E and nutrition in emergencies using training materials tailored to the OG-IFE in Syria and countries hosting Syrian refugees, and a focus on training frontline staff and partner agency staff in IYCF-E;[63]
- deployment of technical rapid response teams to support IYCF-E development, including assessment of IYCF-E capacity;
- an emphasis on preventive nutrition interventions, e.g., require applicants for Humanitarian Pool Funding in 2015 to include IYCF-related actions;[64]
- development of an operational strategy for IYCF-E in 2016;[65] and
- development of response documents to protect IYCF-E across borders, including a working strategy for cross-border programming, a joint IYCF-E statement from cross-border partners, and the development of standard operating procedures for targeted BMS distribution.[66]

ACTION 3: COORDINATE OPERATIONS TO SUPPORT IYCF-E

The OG-IFE recommends establishing the capacity to coordinate IYCF-E within the coordination mechanisms for each emergency response. The government is the lead IYCF-E coordination authority. Where this is not possible, or support is needed, IYCF-E coordination is the mandated responsibility of UNICEF or UNHCR, depending on the context, in close collaboration with the government, other UN agencies, and operational partners. If all provisions of the OG-IFE cannot be met immediately, the IYCF-E coordination authority and mandated UN agencies should provide context-specific guidance on appropriate actions and acceptable compromises. In addition, timely, accurate, and harmonized communication with the affected population, emergency responders, and the media is essential.

Coordination platforms bring together a broad network of actors, sectors, and expertise to prepare for, prevent, or mitigate IYCF-E threats during emergencies. Coordination supports the alignment of actions across various actors to promote resilience in systems, communities, and households to empower mothers and caregivers to nourish their infants and young children in all contexts. However, there is limited data on coordination structures for IYCF-E within the nutrition sector, between different sectors, technical and disaster management bodies, and humanitarian and development contexts.

It is a challenge to build a global picture of how IYCF-E is coordinated in the context of nutrition at the national and sub-national levels. Humanitarian Response Plans and reporting do not systematically identify agencies responsible for IYCF-E coordination. For example, UNICEF and UNHCR do not systematically report where and how they carry out their role as IYCF-E coordinating agencies (OG-IFE Action 3.1) in emergencies. Emergency coordination structures are not always based on the cluster system and may also be found in sectoral coordination structures.[67] It is also difficult to distinguish between the quality of the coordination function and that of IYCF-E activities resulting from the coordination.

Globally, UNICEF has the mandate as the Cluster Lead Agency for Nutrition. The Global Nutrition Cluster (GNC) was established to improve predictability, accountability, and partnership in the context of Humanitarian Reform. The GNC Coordination Team assists countries in coordinating the nutrition components of emergency responses, including in countries where the cluster system has not been formally activated. Country-level technical working groups (TWGs) are often created to facilitate response planning and implementation in specialized areas such as IYCF-E.

The GNC's annual global cluster report details agency leadership and the geographic structure of country-specific Nutrition Clusters but does not provide information on the presence or absence of TWGs. At the same time, the presence or absence of a TWG on

IYCF-E cannot reliably capture whether IYCF-E issues are being addressed. For example, IYCF-E may be a standing item within the Nutrition Cluster. Alternatively, there could be a TWG for IYCF-E, but a TWG is not a definitive indication that IYCF-E needs are being identified and addressed through relevant and quality programming. There is even less clarity on the sub-national and decentralized coordination of IYCF-E actions.

WBTi data show that **dedicated IYCF-E coordination** capacity, in terms of an individual appointed to coordinate IYCF-E activities, varies across countries (Table 7). Slightly less than half (46%) of the 96 countries reported to the WBTi indicated that one person was responsible for the national coordination of IYCF. The IYCF-E coordination focal point was embedded in various stakeholder agencies, including government structures and UN or NGO agencies. Nearly one-third (30%) of the countries that reported the presence of this coordination focal point were in the WBTi Africa region, followed by 20% in Latin America and the Caribbean, and 11% in both the Europe and South Asia regions, with the remainder spread across the other areas. None of the countries from the WBTi's North America or Pacific/Oceania regions reported taking steps or designating an IYCF-E coordinator. However, the presence of an IYCF-E coordination focal point does not necessarily translate into IYCF-E action. The low proportion of countries reporting dedicated IYCF-E coordinators from the Middle East and Asia regions, where the number of emergencies is high, is related to the low profile of IYCF-E in Humanitarian Response Plans for the Middle East.

Table 7: Regional distribution of countries that reported to WBTi that they have taken steps and/or filled the IYCF-E coordinator role (WBTi)

WBTI REGIONS	(N=44)
Africa region	30%
Afrique Francophone region	5%
South Asia region	11%
Pacific/Oceania region	0%
North America region	0%
Arab World region	9%
Latin America and Caribbean region	20%
Europe region	11%
East Asia region	14%

In practice, multi-sectoral coordination is poorly described in humanitarian coordination and response reporting, making it difficult to determine to what extent and how well these measures support appropriate IYCF-E. At the time of this report, there were no specific inter-cluster commitments to IYCF in the Inter-Agency Standing Committee

(IASC) cluster system.[68] However, at times joint statements regarding the need for an appropriate IYCF-E response have been issued between agencies and sectors. Examples of multi-sectoral work and intersectoral coordination are more often captured in specific case studies. These include inter-cluster coordination and action to prevent famine[69] and applying the UNHCR and Save the Children's *Infant and young child feeding (IYCF) in refugee situations: A multi-sectoral framework for action*.[70] A review of Humanitarian Response Plans also highlighted the challenge of articulating IYCF-E actions and supportive actions in other sectors. See Action 5 for further details.

Reviewing the WBTi reports, it became clear that **inadequate governance undermined implementing IYCF-E policies, strategies, and actions in many emergencies**.[71] A recurring theme was the lack of linkages between national disaster management agencies, emergency organizations such as the Red Cross and Red Crescent, and technical guidance from the Ministry of Health (MOH) and IYCF-supporting groups (e.g., national breastfeeding committees). IYCF and IYCF-E were not often part of national emergency preparedness or response plans. Disconnects between Health systems in support of breastfeeding practices, and challenges of aligning Food systems, in particular food safety and food aid stakeholders in support of complementary feeding, were noted.

Photo Credit: UNICEF/UN0556771/Htet

Examples of inconsistencies taken directly from WBTi reports:

"The Disaster Management and Mitigation Unit (DMMU) under the Office of the Vice President is responsible for the national emergency plan. However, issues of IYCF are not adequately addressed, and guidelines should be developed to this extent." (Zambia, 2008)

"The collaboration between different governmental and non-governmental parties that are involved in emergency response preparation (Ministry of Health, Ministry of Labor and Social Policy, National Nutrition Agency, the Center for Crisis Management), was not sufficient and synchronized." (Macedonia, 2017)

"The Government had put all the coordination structures in place, but there was no preparedness plan for IYCF-E and not enough coordination during emergencies to include nutrition experts." (Tanzania, 2015)

"Nutrition department, which falls under the Family Health Division, is not reflected in the organizational structure of National Contingency Plan for Emergencies for the Health Sector Chapter. The National Disaster Emergency stakeholder list omits Nutrition representatives from Ministry of Health and Social Welfare, Ministry of Agriculture and Food Security and Food and Nutrition Coordination Office." (Lesotho, 2012)

"The National Disaster Management Authority's current work plan on preparedness includes procuring baby foods but lacks action to ensure its safety or the promotion of breastfeeding in emergency situations. The National Disaster Management Authority has no policy to deal with infant and young child feeding during disasters even though 'National Guidelines on Infant and Young Child Feeding' do make a mention, thus demonstrating a lack of coordination." (India, 2018)

"State and local government area level structures for optimal IYCF implementation during emergencies have not been established." (Nigeria, 2016)

"In the absence of federal leadership, no agency has a designated responsibility for IYCF-E and IYCF-E emergency planning is absent at state/territory and local government level." (Australia, 2018)

"Some states do make mention of breastfeeding and human milk as important during disasters but it is inconsistent from state to state." (the United States, 2019)

Another challenge in accountability for IYCF-E actions at the country level was highlighted in the WBTi reports. Responsible stakeholders did not always fulfill their IYCF-E commitments, even when supporting IYCF-E policies, standards, emergency preparedness, and response plans were in place.

Examples of the disconnect between accountability and action directly from the WBTi reports: (call out box 3):

"Even the government officials, including Secretaries of Health and Social Welfare and Development, violated the Milk Code when it broadcasted plea for milk donations at the height of typhoon Yolanda/Haiyan." (the Philippines, 2015)

"Although there is a system for monitoring public health, there are no specific disaster related preparedness plans for monitoring specific programs (e.g., on reproductive health, nutrition and psychosocial support) that could be put into effect during a response." (Turkey, 2015)

"India has been scoring nil on this indicator because IYCF and breastfeeding has never been the priority of NDMA; it has not been recognized as an effective intervention that can save infant lives during emergencies." (India, 2018)

"A pesar que existe un órgano responsable de dirigir las actividades de emergencias, no se tiene claro las normas técnicas en relación a la alimentación de los lactantes, ya que en las situaciones de emergencia reciben donaciones de sucedáneos y biberones, esto es controversial ya que el MINSA como parte integrante del SINAPRED ha elaborado una política para la protección de la lactancia en situaciones de emergencia." [English translation: "Although there is a body responsible for directing emergency activities (SINAPED - National System for disaster prevention, mitigation and response), there are no clear technical standards regarding infant feeding, since in emergency situations they (SINAPRED) receive donations of substitutes and bottles. This is controversial since MINSA (MoH), as an integral part of SINAPRED, has developed a policy for the protection of breastfeeding in emergency situations."] (Nicaragua, 2017)

Photo Credit: UNICEF/UN0396640/Owoicho

CASE STUDY 4

Government leadership in coordinating effective emergency nutrition response in Borno State, Nigeria[72]

In 2017, mass population displacement related to internal conflict further exacerbated the chronic and severe problem of child undernutrition in Borno State in northeastern Nigeria. With 1.4 million people displaced, a coordinated and multi-sectoral emergency nutrition response was established. However, the cluster system was not activated. Instead, emergency nutrition coordination was established under the existing health sector coordination platforms, which were transferred to the state level.

In collaboration with the government, an emergency nutrition working group was established, building on ongoing development coordination mechanisms to ensure sector coordination of emergency assistance rather than the usual activation of a formal cluster. Linking the federal and state levels was essential because many agencies were underrepresented in the national capital, Abuja, and represented at the sub-national level.

Among the major achievements of the government-led coordination were:

- the development of the "Nutrition in Emergency Sector Response Plan 2017-2018" that linked emergency activities to existing policies and nutrition plans;
- the development of an IYCF-E statement and strategy, including a commitment to discontinue the use of powdered milk as an incentive for polio vaccination, an effort to draw the attention of the wider humanitarian community to the importance of controlling the use of BMS; and
- training MOH and partner teams on IYCF-E in 2017.

Key challenges included uncoordinated actions by agencies operating outside the Humanitarian Response Plan and competing government priorities between health and nutrition. On the other hand, strong political will and high-level buy-in to adequately equip coordination capacity were cited as critical enabling factors for government-led coordination.

ACTION 4: ASSESS AND MONITOR INFANT AND YOUNG CHILDREN'S FEEDING

The OG-IFE states that a needs assessment and critical analysis should determine a context-specific IYCF-E response. This response includes pre-crisis data, rapid decision-making and action, early needs assessment, in-depth assessment, and monitoring of interventions and IYCF practices. In addition, it is essential to monitor the impact of humanitarian actions and inaction on IYCF practices, child nutrition, and health, consult with the affected populations in planning and implementation, and document lessons learned to inform preparedness and future response.

The OG-IFE highlights the importance of understanding IYCF practices and using IYCF data to support the development of appropriate preparedness and response plans. The OG-IFE also emphasizes using data to monitor input, output, outcome, and impact of IYCF-E actions.

Global data on IYCF practices have improved since the 2010 WHA Resolution 62.23. At the same time, UNICEF's *Nutrition Data*[73] and the WHO's *Global Database on Malnutrition* do not distinguish between development and emergency contexts.[74] Furthermore, the inclusion criteria for these global databases mean that many IYCF data are not included and are only available at the country or agency level. In addition, countries with humanitarian contexts often do not have updated data in the global databases due to data collection issues.

The methodologies for collecting input, output, and impact data related to IYCF continue to be developed. The WHO and UNICEF's *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods* provide population-based data on IYCF practices and have recently been updated and expanded.[75] Some aspects of IYCF are also captured in the emergency modules for the District Health Information System (DHIS2) modules and Multiple Indicator Cluster Surveys (MICS). UNHCR Standardised Expanded Nutrition Surveys (SENS) also capture refugee nutrition in a standardized manner.[76]

At the same time, there are gaps in methodologies and tools for generating routine monitoring and assessment data for IYCF-E. In addition, there is a lack of consensus on IYCF indicators that can be used for program monitoring with smaller sample sizes. Global IYCF indicators are intended for large-scale surveys and may be imprecise due to the sample sizes required to monitor change.[77] The importance of bridging quantitative and qualitative data across sectors is emphasized, but limited tools and dedicated analytical capacity for qualitative analysis are needed. IYCF-E activities also require action across a range of sectors, which raises the challenge that data collection must be integrated rather than isolated, especially when access and resources are limited.

Multi-sector assessments may support a more holistic analysis of the individual but may also require different sampling frames for the various indicators of interest. For example, the current version of the IASC Multi-Cluster/Sector Initial Rapid Assessment captures information on changes in access to water and food intake. Still, it does not capture nutritional issues beyond wasting.[78] In addition, there are notable gaps in data collection for IYCF-E. For example, WHO/UNICEF/IBFAN reports on the status of the Code do not collect data on country-specific legislation or regulations on donations in emergency situations.

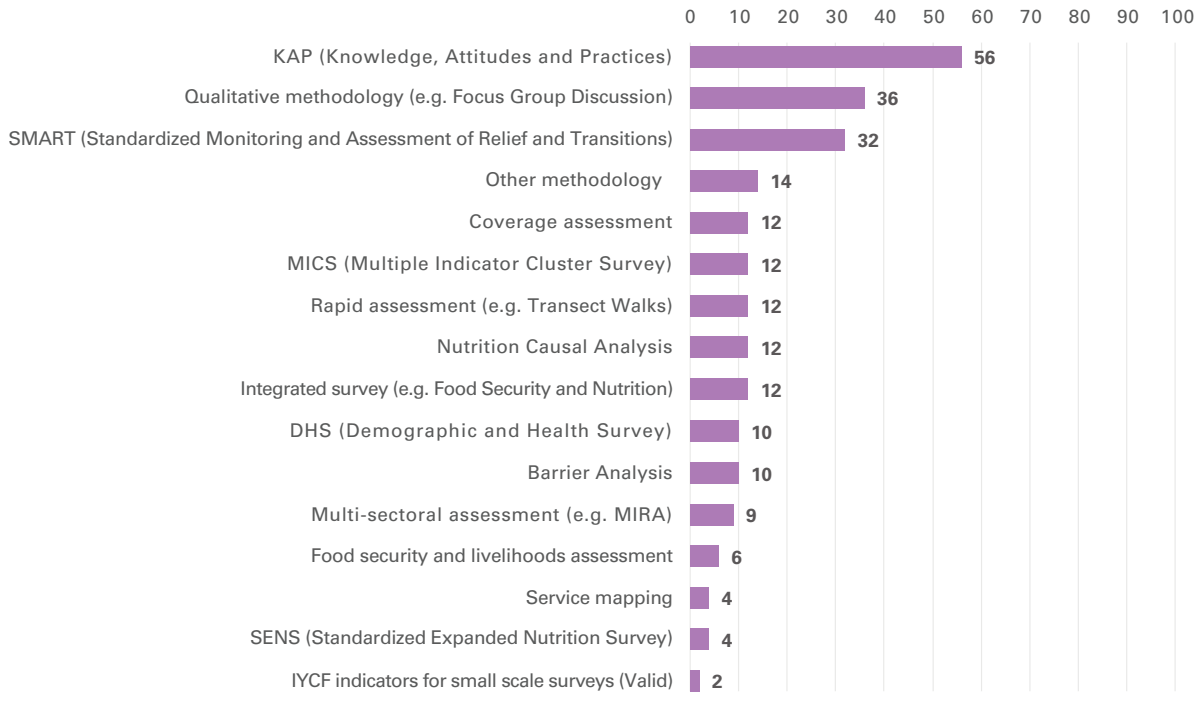
Photo Credit: Victoria Zegler / Save the Children

How IYCF data have supported the preparation, response, and monitoring of IYCF-E programs is less clear. A recent Save the Children review of IYCF-E assessments found that most were based on evaluations of knowledge, attitude, and practices, followed by SMART surveys and qualitative methods.[79] Assessments were generally conducted at

the local level rather than the national, sub-national, or camp level and used for routine monitoring and surveillance (34%), baseline data (24 percent), needs identification (20%), and end-line data (18%) (Figure 10). In addition, the review found that IYCF-E assessments were generally integrated into more extensive assessments (62%) rather than conducted as stand-alone assessments (38%). For example, IYCF-E was integrated into assessments with Health (71%), WASH (55%), Food Security and Livelihoods (FSL) (32%), Child Protection (32%), and Education (29%). These sectors mirror the results of Action 5 on multi-sectoral work. These results highlight the diversity of IYCF-E assessment methods and the tensions between standardization and contextualization. They also point to the differences between individual sectors and multi-sectoral assessments for IYCF-E. This report aims to highlight the available data related to the OG-IFE recommendation. Recommendations on technical tools or standards are beyond the scope of this report.

Dissemination and uptake of analytical findings can also be challenging. Data sensitivity in some contexts may hinder the timely sharing of analyses and conclusions between agencies to support rapid action. In other cases, data are collected and not published or shared outside of individual agencies. Save the Children's review confirmed that data dissemination was limited. While 90% of organizations shared their results, this was primarily through their own organization (70%), followed by the cluster (56%) and the government (40%). A small proportion (10%) reported sharing results internationally. In addition, few IYCF-E data are published in the peer-reviewed literature, undermining the possibility of meaningful exchange and learning over time.

Figure 10: Types of assessment methodologies for IYCF-E data (n=61) (2021)



There are also challenges in tracking IYCF-E activities in national strategy documents and Humanitarian Response Plans. There are no indicators agreed among IASC clusters to identify and track activities that support appropriate IYCF-E, although some can be identified ad hoc in humanitarian response documents. Tracking activities also requires a contextual analysis. A rapid assessment may not make a difference between whether it was necessary or not because solid understandings of IYCF and emergency-related risks were already in place. For example, in 2020, 21% of the 85 countries that responded to NutriDash reported that a rapid IYCF assessment was conducted compared to a higher proportion (34%) in 2017. Existing data systems cannot determine the adequacy of relevant IYCF-E data and whether the response incorporated that data. In addition, current IYCF-E indicators in the humanitarian indicator registry, created to streamline the preparation of humanitarian response documents, are not often used in Humanitarian Response Plans, suggesting that they would benefit from review and updating.[80]

The OG-IFE Action 4.18 also highlights the use of **Accountability to Affected Populations** (AAP) using participatory approaches and feedback mechanisms. In 2020, 41% of countries reporting to NutriDash (n = 116) noted that women, adolescents, and children affected by emergencies actively participated in crucial nutrition discussions and decisions affecting their lives (planning, implementation, and monitoring). In addition, more than half of countries (54%, n = 117) reported that the country supported some mechanism for affected people/communities' feedback on emergency nutrition assistance, whether among implementing partners or broader cluster and inter-cluster platforms. However, the AAP mechanisms can capture issues related to specific interventions, but there is no tool to consolidate problems reported. As a result, it is difficult to link the availability of these AAP mechanisms to nutrition programs in general and IYCF-E programming.

There is currently no clear monitoring framework to track and benchmark progress in the uptake of country-level actions outlined in the OG-IFE at the country level, with the exception of monitoring the Code. The datasets reviewed for this report have emphasized this critical gap. In addition, existing data streams are not necessarily comparable due to differences in methodologies, timeframes for data collection, and quality assurance processes. **These challenges underscore the importance of revisiting the IYCF and IYCF-E data space at the country and global level regarding people (capacity), processes and procedures, technology, and data.**[81]

CASE STUDY 5

Rapid assessments to guide IYCF-E actions during wildfires in Alberta, Canada[82]

In May 2016, the largest wildfire in Canada's history led to the evacuation of 90,000 Albertans. In this mass evacuation, an estimated 900 breastfeeding infants were among the 3,000 children aged 0-24 months. Some responders immediately recognized the need for support for safe feeding of non-breastfed infants and support for breastfed infants. As a result, a humanitarian coalition from the Canadian Lactation Consultants Association, La Leche League Canada, Breastfeeding Action Committee of Edmonton, Alberta Breastfeeding Committee, and INFACT Canada was formed. The coalition based its response on the actions described in the OG-IFE.

This response included developing and disseminating resources to provide lactation consultants, families, and emergency responders with information on actions to support IYCF-E. Support included:

- guidance on how to safely prepare and feed infant formula
- provision of supplies such as breast pumps
- skilled lactation support and referrals\Referral to various services, including prenatal care
- advocacy for access to services
- reassurance and encouragement
- ongoing care to support or resolve feeding problems

In addition, assessments were conducted in reception centers, emergency relief education centers, and temporary accommodation centers on how infants 0-24 months old were fed before and after the evacuation.

Despite the prioritization of IYCF-E by some actors in the response, the crisis negatively impacted IYCF practices. For example, further studies suggest that evacuation was associated with a reduction in breastfeeding and an increase in formula use. Moreover, "caregivers experienced stress during and after the evacuation due to moving from place to place, food insecurity associated with artificial feeding, warding off unhealthy food for older children, and managing family reunification. In addition, respondents reported that breastfeeding was a source of comfort for infants and contributed to a sense of empowerment.[83]

This experience underscores the importance of capturing data during the response to understand how the response does or does not support appropriate IYCF-E.

ACTION 5: PROTECT, PROMOTE AND SUPPORT OPTIMAL IYCF: INTEGRATED MULTI-SECTORAL INTERVENTIONS

The OG-IFE states that immediate actions are needed in the early stages of an emergency to protect IYCF-recommended feeding practices and minimize risk, with targeted support for higher-risk infants and children. These include general nutrition, breastfeeding support, support for non-breastfed infants, complementary feeding, micronutrient supplementation, HIV and infant feeding, and infectious disease outbreaks. The OG-IFE also states that in any emergency, assessing and supporting the nutritional needs and care of breastfed and non-breastfed infants and young children is necessary. Consideration of prevalent practices, the infectious disease environment, cultural sensitivities, and the expressed needs and concerns of mothers/caregivers should be taken into account when determining interventions. In addition, access to adequate amounts of appropriate, safe complementary foods and related support for children and provide proper nutrition for pregnant and breastfeeding women is crucial. Multi-sector collaboration is essential to facilitate and complement direct IYCF interventions. The development of multi-sector interventions should consider how they may enhance or undermine IYCF-E.

A policy environment, programming, capacity, networks, and coordination platforms among sectors for IYCF support can contribute to a faster and more appropriate response. The OG-IFE emphasizes adopting a range of policies and normative guidelines for IYCF-E as part of preparedness actions (OG-IFE Box 1). These include enacting legislation and policies in line with the WHO's *Guidance on ending the inappropriate promotion of foods for infants and young children* (OG-IFE 5.22), the Baby-Friendly Hospital Initiative (OG-IFE 5.7), and WHO recommendations for HIV and infant feeding (OG-IFE 5.33).[84]

Available NutriDash data suggest that the enabling environment for mothers and caregivers to feed their infants and young children are inconsistent. By 2020, two-thirds (65%) of countries reporting in NutriDash had adopted all 10 steps of BFHI, 56% had adopted the 2016 guidelines on HIV and infant feeding, and 69% had adopted the WHO guidelines on clinical management of COVID-19 and breastfeeding. These proportions remained similar whether or not the country had responded to an emergency in the same year. However, these data cannot characterize how the guidelines were adopted at the country level or whether they were used. For example, a more detailed analysis of the WHO'S *Guidance on clinical management of COVID-19 and breastfeeding* revealed significant inconsistencies between the country-level guidance and the WHO recommendations.

Regarding integration and multi-sectoral engagement, NutriDash reported that in 2020, 39 countries indicated that IYCF counseling had been integrated into service delivery by non-health sectors. Of these 39 countries, IYCF counseling was integrated into Social Protection (49%), Education (46%), WASH (38%), Social Welfare (36%), and Agriculture (36%). In addition, collaboration with similar sectors was highlighted in integrating IYCF-E in the Humanitarian Response Plans reviewed.

Photo Credit: UNICEF/UNI127628/Vishwanathan

IYCF-E counseling by health staff or community workers, followed by IYCF-E promotion, was the most common IYCF-E activity reported in NutriDash between 2017-2020. These findings are consistent with the 2016-2017 WHO *Global Nutrition Policy Review* and the Humanitarian Response Plan review conducted for this report. However, the quality and impact of IYCF-E counseling are less clear. IYCF-E counseling needs to be relevant to the context. Knowledge and information about appropriate IYCF-E practices must be supported by access to skilled services and age-appropriate foods to implement recommended IYCF-E practices, underscoring the significant contribution of other sectors in helping IYCF-E. No data were found on the needs of additionally vulnerable infants, such as those with disabilities, which could influence feeding behaviors.

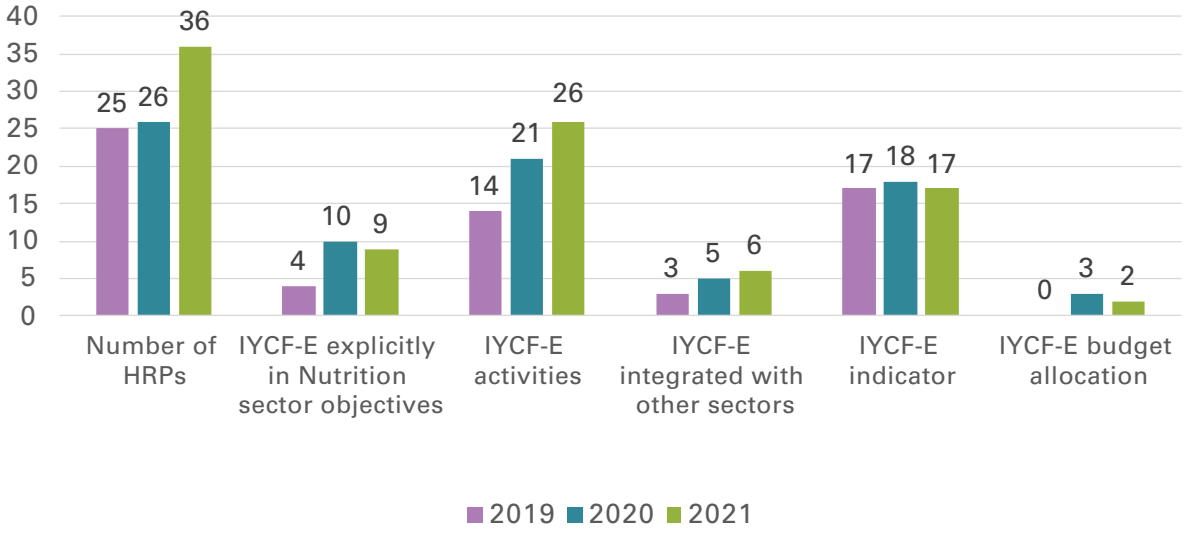
As of 2020, 79% of countries reported responding to a humanitarian crisis that year. Of the 74% of countries that indicated that IYCF-E activities had been implemented as part of the humanitarian response, 88% provided IYCF counseling in health services through

health staff, and 72% provided IYCF-E messaging. Furthermore, 68% of the countries offered IYCF counseling through community workers, 43% provided support groups for mothers, and 26% set up baby-friendly spaces. Finally, 22% provided cash or social transfers to households with children under two years, 22% offered complementary foods, and 20% provided micronutrient powders as part of emergency response.

The humanitarian and development communities support government preparedness and response plans. Humanitarian Response Plans (HRPs) are a core component of the Humanitarian Programme Cycle.[85] HRPs outline the plans and resources needed by the humanitarian community to address the needs of the affected populations in collaboration with government and national stakeholders. A review of 87 HRPs from 2019 to 2021 was conducted to identify more detailed information on implementing IYCF-E. In addition, Regional Response Plans (RRPs) with associated country-level actions during this period were also reviewed. Currently, there is no comparable review of government preparedness and response documents. Therefore, the linkages between IYCF programming and IYCF-E preparedness and response and between government and humanitarian processes cannot be adequately described.

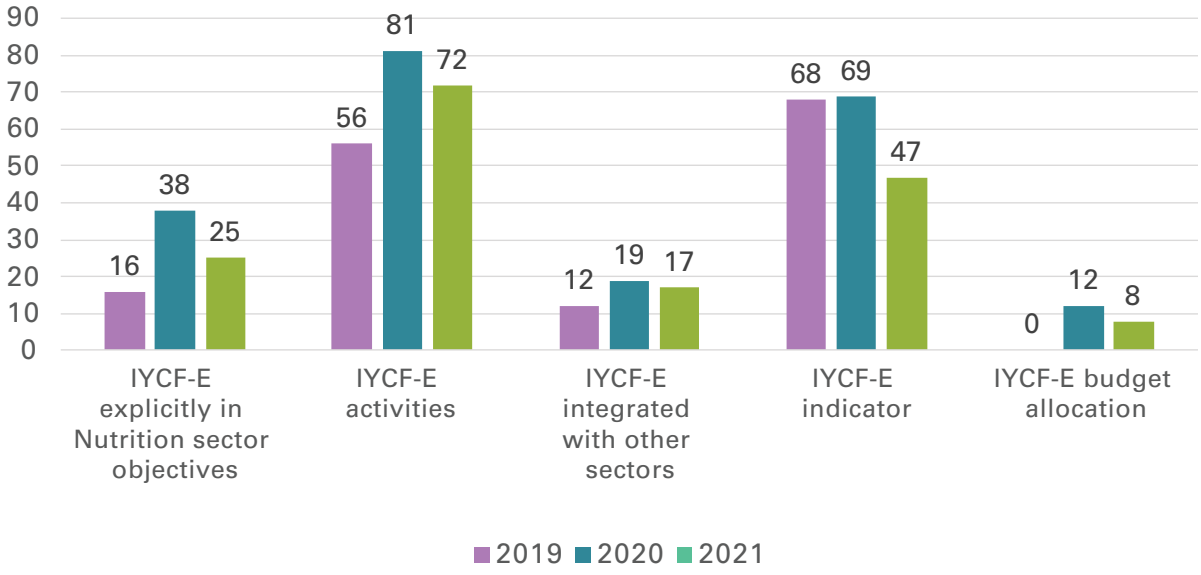
IYCF-E activities were increasingly identified in HRPs from 2019 to 2021 regarding the absolute number of nutrition responses that explicitly include IYCF-E in nutrition objectives, activities, integration with other sectors, monitoring indicators, and budget allocations (Figure 11). However, these numbers do not reflect whether existing institutions or initiatives were already adequately responding to IYCF-E needs and did not require additional input from the HRP.

Figure 11: Profile of IYCF-E in Humanitarian Response Plans (counts) (HRP/RRP 2019-2021)



Because the pandemic's magnitude exceeded existing capacities, the outbreak of COVID-19 in 2020 likely **contributed to an increase in the number of response plans**. As a result, the number of plans with IYCF-E activities was lower in 2021 than in 2020, while response plans increased from 26 in 2020 to 36 HRP/RRP in 2021 (Figure 12). In addition, seven 2020 HRPs/RRPs explicitly mentioned modifying IYCF-E activities in response to the pandemic and, in some cases, adding to IYCF-E activities in the COVID-19 addenda. These included Chad, Haiti, Myanmar, Somalia, Sudan, Zimbabwe, and the joint RRP for the Rohingya refugee crisis in Bangladesh.

Figure 12: Profile of IYCF-E in Humanitarian Response Plans (%) (HRP/RRP 2019-2021)

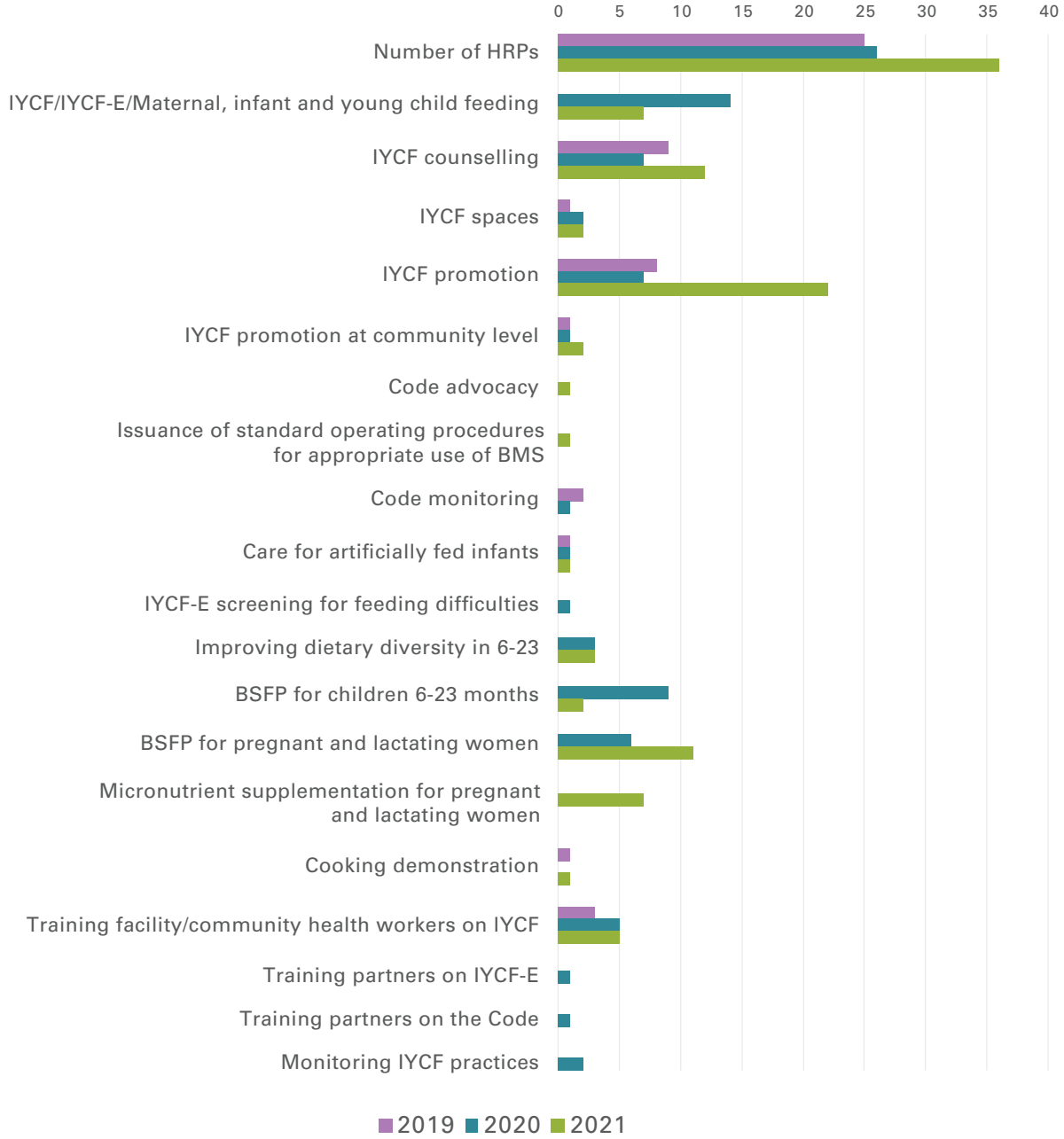


The absence of IYCF indicators in framing the response and informing geographic targeting is problematic in contexts where wasting may be low. As a result, IYCF issues may be overlooked in country and across borders within regional response plans. In 2020, 10 of 26 HRPs (38%) reported using at least one nutrition indicator to target nutrition interventions geographically. The most commonly used indicator was wasting prevalence. In 2021, 27 of 36 HRPs/RRPs (75%) reported using at least one nutrition indicator for geographic targeting of the response. Only three used an IYCF indicator to support geographic targeting. All three reported prevalence of exclusive breastfeeding, while one of the three reported using prevalence of minimum feeding for children 6-23 months of age and women. **The profile of IYCF-E was even lower in RRPs**, except for the 2021 Venezuelan RRP. The Venezuela RRP included an IYCF objective in the nutrition component and some of the country-level plans in the RRPs.

Identification of IYCF-E activities within HRPs was not straightforward. Sectoral activities were mentioned in different parts of the document (strategic objective, sub-objective, narrative, monitoring indicators). All IYCF-E relevant activities were identified, including those that may not have been labeled as IYCF-E activities. Clear parameters

were developed to define what was in and out of scope for relevance to IYCF-E to structure the analysis to address the various ways that IYCF and IYCF-E relevant activities were labeled. This labeling issue made it challenging to identify IYCF-E financial allocations in the HRPs (Figure 13).

Figure 13: Count of IYCF-E activities* in Humanitarian Response Plans & Regional Response Plans (HRP/RRP 2019-2021)



**Terminology classification: IYCF spaces include mother-baby spaces and safe spaces; IYCF promotion includes messages/sensitization/awareness/nutrition education, includes mention "in distribution site"; IYCF promotion at community level includes promotion, IYCF committee, community-based IYCF, nutrition support group; care of artificially fed infants includes safer BMS programming, managing risks related to artificial feeding; micronutrient supplementation for pregnant and breastfeeding women contains multiple micronutrient supplements, micronutrient supplementation, and iron folate.*

The analysis of HRPs and RRPs revealed the missed opportunities for cross-sectoral coordinated input to address the underlying risks faced by caregivers and families in the emergency and to help implement recommended IYCF-E practices. The most common activities identified in the HRPs were IYCF-E counseling, IYCF-E promotion, and blanket supplementary feeding for children 6-23 months of age and pregnant and breastfeeding women. However, mothers and caregivers often need additional emergency support to implement IYCF-E practices. This support includes additional food for the family through FSL, Health to prevent and quickly treat illness, and WASH for safe water to prepare food hygienically and to avoid disease from lack of sanitation.

The **integration of IYCF-E was explicitly mentioned in 16% of the 87 HRPs reviewed**. IYCF-E integration was primarily mentioned with Health, Protection, FSL, WASH and Child Protection. Additional analysis of the 2020 and 2021 HRPs/RRPs found the integration of nutrition activities in other sectors: FSL, Health, WASH, and Protection (Figure 14). The analysis suggests that there are opportunities to build on existing cross-sectoral work to expand coverage and quality and support nutrition outcomes in general and IYCF-E outcomes in particular. At the same time, there is no cross-sector engagement at the IASC cluster level on nutrition and IYCF-E specifically. For example, multiple sectors and agencies sometimes issue a joint statement during an emergency, but cross-sectoral collaboration for IYCF-E is not systematic.

Figure 14: Nutrition integration across sectors (%) (HRP/RRP 2020-2021)

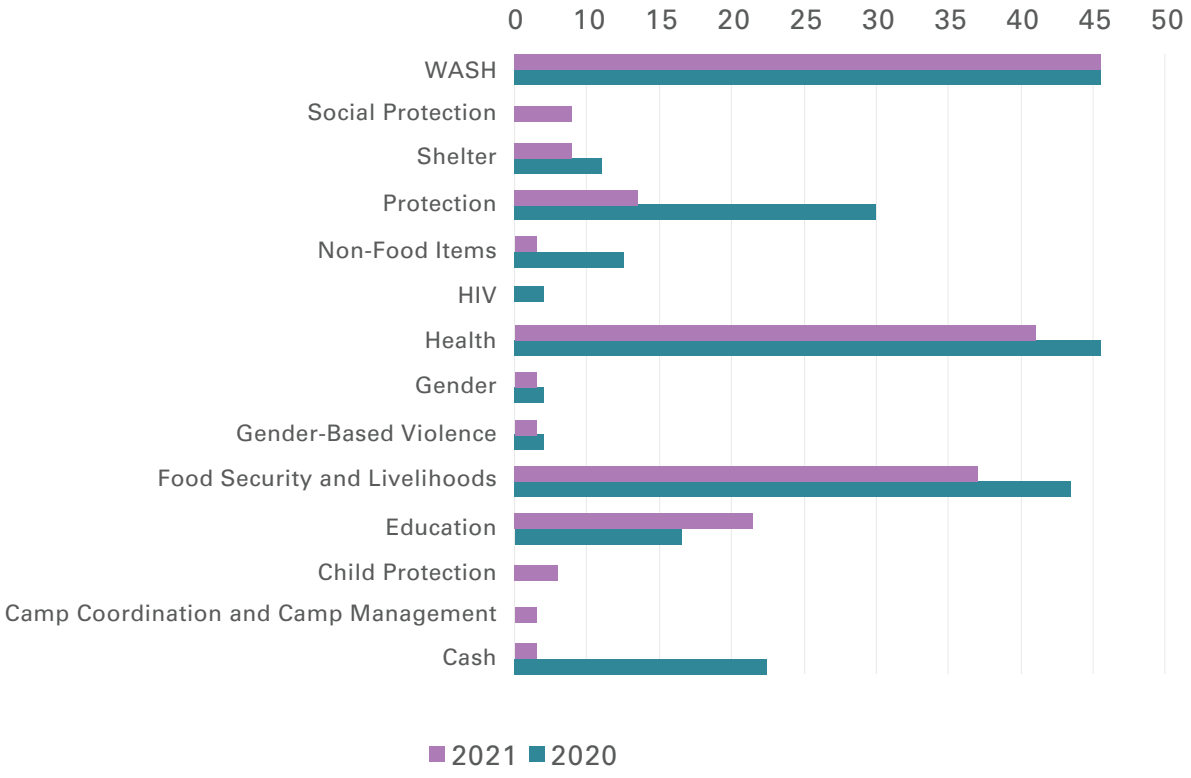


Photo Credit: Fredrik Lerneryd / Save the Children

Financial allocation for IYCF-E activities was reported in only 5% of plans. However, this may be complicated by the diversity of IYCF-E-related activities and the inconsistent identification of these activities across sectors. In addition, as multi-purpose inputs such as cash increase as part of emergency response, tracking financial allocations for IYCF-E may become even more complicated.

More is needed to understand the scope and quality of planned services versus actual implementation. While IYCF-E activities are captured in the HRP and RRP monitoring indicators, neither used the GNC Humanitarian Indicator Registry Indicators. The HRP and RRP indicators are based on counts, while the GNC indicators are based on percentages. Currently, there is a gap in understanding how the needs of people with additional vulnerabilities are addressed. Action is needed to understand the accessibility of programming more systematically and how or if it supports accountability to affected populations, including the needs of minorities, such as indigenous groups and people with disabilities. Further action should address navigating the complexity of social networks and influencers in designing IYCF-E advice within the family and community.[86]

There may be added value in improving or adapting the Humanitarian Programme Cycle documents to better address integration and cross-sectoral work. HRPs do not systematically capture integration across sectors. Collaboration, such as common delivery platforms, may be mentioned in respective sectoral chapters but not in a way that facilitates monitoring, accountability, and quality improvement. The HRP and RRP documents are also limited in terms of length. A review of GNC guidance on developing HRPs and the GNC Humanitarian Indicator Registry could be beneficial. There also appears to be a discrepancy in the nutrition component of the humanitarian indicator registry, as it focuses on proportions while HRPs focus on counts.

Photo Credit: Khalil Ashawi / Save the Children

CASE STUDY 6

"We make a mistake with shoes [that's no problem] but… not with baby milk": Facilitators of good and poor practice in the distribution of infant formula in the 2014–2016 refugee crisis in Europe[87]

The OG-IFE outlines actions to "protect and support infants and children who are not breastfed to meet nutritional needs and minimize risks" (Action 5.10). The 2014-2016 refugee crisis in Europe brought a more dynamic environment than the more stable contexts for which technical guidance was available at the onset of the crisis. A cross-sectional, interdisciplinary study using a qualitative research approach identified factors conducive to following or not following the OG-IFE regarding infant formula distribution in Croatia, France, Greece, and Syria.

Factors that supported following the OG-IFE regarding the distribution of infant formula included:

- the existence of appropriate support for both breastfed and non-breastfed infants,
- the understanding that mothers' desire to formula feed should be considered in the context of the risk posed by emergencies, and
- the positive personal breastfeeding experiences of emergency responders.

Factors associated with not following the OG-IFE included:

- the presence of infant formula donations,
- the absence of appropriate formula feeding programs,
- the belief that mothers' choice to formula feed is critical, even when there is no specific need for formula feeding, and
- the negative personal breastfeeding experiences of emergency responders.

When appropriate formula feeding support was available, it provided a referral pathway for responders unable to provide proper formula feeding. In addition, organizational leadership supported appropriate formula feeding through clear infant formula management policies and cooperation between organizations. The development of the *Interim operational considerations for the feeding support of infants and young children under 2 years of age in refugee and migrant transit settings in Europe* was noted as helpful by aid workers.[88]

The study suggests that not only are non-breastfed infants at risk in emergencies but that *"[b]reastfed infants are placed at increased risk where properly implemented artificial feeding program[m]s are absent."* The influence of the personal experiences of those involved in supporting infant feeding underscores the importance of clear and consistent approaches to IYCF-E across agencies and sectors. Government and agency actions should include IYCF-E preparedness, rapid IYCF-E programming, and empowerment of emergency responders to support appropriate IYCF-E for all infants and young children.

Photo Credit: Save the Children

CASE STUDY 7

Multi-sectoral engagement with IYCF-E[89]

UNHCR and Save the Children developed an IYCF-friendly Framework through a consultative process to support developing and implementing IYCF programs in refugee settings.[90] The Framework facilitates the application of policies, standards, and guidance aligned with IYCF-E, including the Code. In addition, raising awareness of IYCF-E among stakeholders supports multi-sectoral collaboration. The following are the Framework's seven action points:

- Action 1: Advocate for relevant stakeholders to consider IYCF.
- Action 2: Mobilize resources for IYCF.
- Action 3: Endorse key policies and adhere to operational standards.
- Action 4: Select appropriate IYCF activities.
- Action 5: Integrate IYCF with other sectors.
- Action 6: Coordinate IYCF-sensitive activities.
- Action 7: Implement monitoring, evaluation, accountability, and learning.

The Framework was piloted in Jordan, Bangladesh, and Kenya and completed in 2018. The piloting showed that "examples of progress include impact on labor law to facilitate breastfeeding (Jordan), IYCF referrals via child protection teams (Jordan), integration of IYCF messaging in food ration distribution (Bangladesh) and IYCF criteria used to target livelihood programs (Kenya). In addition, identification of sectoral IYCF champions has been a key driver."

ACTION 6: MINIMIZE THE RISKS OF ARTIFICIAL FEEDING

The OG-IFE states that BMS in emergencies require a context-specific, coordinated package of care and skilled support to ensure that the nutritional needs of non-breastfed children are met and risks to all children from inappropriate use are minimized. This care and support include emergency donation prevention measures, artificial feeding management, BMS supplies, specifications, supply procurement, feeding equipment, and distribution. Donations of BMS (including complementary foods) and feeding equipment should not be sought or accepted during emergencies; supplies should be purchased based on assessed need. In addition, BMS, other milk products, bottles, and teats should never be included in general distribution.

The Code provides a powerful tool to protect infants and caregivers from private sector interests pursued through inappropriate marketing of BMS, including infant formula. By 2022, 74% of the 194 Member States of the WHO reported having implemented the Code based on a scoring algorithm. For example, 16% were substantially aligned, 21% had adopted some of its provisions, 36% were moderately aligned, and 25% were not aligned. However, it is common for emergencies to be considered extraordinary circumstances in which non-emergency donation rules do not apply. Therefore, policies, guidelines, and legislation must be aligned with political will and technical capabilities to deliver in the context of emergencies.

Photo Credit: Save the Children

Available data show that selected aspects of care for infants and children who cannot be breastfed are increasingly being addressed in emergencies. NutriDash 2020 data indicate that 93 countries (79%, *n= 117*) responded to a humanitarian crisis in 2020, and 86 countries (73%) said that IYCF-E activities were implemented as part of the humanitarian response. Activities included the release of a joint statement calling for collective support for IYCF-E, including Code compliance (15%), BMS distribution for infants who cannot be breastfed (7%), management of BMS donations (14%), and monitoring of BMS donations (20%). At the same time, the OG-IFE calls for a comprehensive package of care that should be included when infant formula is provided as part of IYCF-E interventions, emphasizing the need to collect data on whether it is provided as a complement to the provision of infant formula.[91] The literature suggests that artificial feeding support as part of IYCF-E programs protects and supports breastfed and non-breastfed infants.[92]

Evidence from the literature highlights several critical gaps that the Member States as well as humanitarian and development communities including donors need to address to support implementation of actions outlined in the OG-IFE:

- identifying predictable BMS supply chains that adhere to the Code and building capacity for supply chain management and innovation to reduce environmental impacts at the country level;
- clarifying the role and use of social safety nets and cash transfers to increase access to complementary foods in emergencies.
- improving capacity, supply chains, and communication on human donor milk banks, which has been galvanized by COVID-19 action in this area;[93,94,95,96] and
- developing operational guidance for non-breastfed infants, including artificial feeding, wet nursing, and re-lactation, in a way that does not undermine feeding practices for breastfed infants in emergency settings. Components address maternal health and mental wellbeing, engagement with other family members, and alignment with national policies and regulations.[97]

CASE STUDY 8

Supporting non-breastfed and breastfed infants on the move[98]

The European migrant crisis involved a rapidly transiting, multicultural, and multilingual population that posed challenges to the humanitarian response infrastructure. Save the Children conducted a retrospective qualitative analysis to evaluate the agency's IYCF interventions in Greece, Serbia, and Croatia. Key activities included breastfeeding counseling, support, and targeted provision of BMS for non-breastfed infants. However, these interventions were significantly complicated by rapid transit, limited contact time, different IYCF practices, and multiple languages.

Untargeted distribution of infant formula and inadequate provision of complementary foods were common. Additionally, the supply chain for ready-to-use infant formula took time to establish. The OG-IFE 2.1 and interim guidelines for supporting IYCF in transit during the European migrant crisis do not recommend untargeted distribution of BMS, bottles, and teats.[99] However, many responders (often volunteers unfamiliar with humanitarian response) were unaware of these recommendations. This led to the large-scale distribution of infant formula within country programs and problems with multi-sector coordination. Furthermore, foreign language labeling was a recurring challenge with powdered infant formula distribution. As a result, mothers were unsure if the infant formula was culturally and religiously appropriate (e.g., halal) and did not know how to dilute the formula correctly.

There was a critical gap between Nutrition and WASH responses, resulting in a lack of bottle-cleaning facilities to clean bottles on the road and in transit camps in all three countries. Most IYCF-E staff explained to caregivers how to initiate cup feeding when the concept was new to them. However, interviewees reported that many caregivers did not feel they had the time needed for cup feeding when they had to move on quickly.

Staff cited the ready-to-use infant formula as the preferred product to minimize hygiene risks for mothers unable or unwilling to breastfeed. Nevertheless, interviewees reported that ready-to-use infant formula was not available during the early stages of the emergency response. This affected the message to organizations not to distribute powdered formula if a better alternative was unavailable. In addition, it was unknown how long the migration would last, making it very difficult to estimate ready-to-use infant formula needs.

Establishing an IYCF working group to promote institutional memory in responding to high staff turnover, further developing procurement processes for ready-to-use infant formula, and training staff in key phrases in other languages to build rapport were cited as supportive actions for future responses.

KEY FINDINGS

- **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 actions across humanitarian and development contexts are inconsistent at the country and global levels**. 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 profile of IYCF-E actions within nutrition compared to other measures such as the treatment of wasting. Further examination of the factors driving policy and programming uptake and emergency preparedness and response at the country level could support a more rapid uptake of IYCF-E relevant actions. In addition:
  - **Member States have no formal mechanism to measure their progress in relation to the actions outlined in the OG-IFE.** Global monitoring systems vary in coverage and comparability, which undermines the ability to benchmark and track global progress over time.[100]
  - **There are no formal IASC Cluster commitments related to IYCF-E for Nutrition and 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.** For example, interventions may support IYCF-E but are not labeled as such in preparedness and response plans. In addition, IYCF-E-relevant information may be captured through a stand-alone or multi-sectoral assessment, making it difficult to track whether appropriate IYCF-E and IYCF-E-relevant data from other sectors are available to be used in the response.

Photo Credit: UNICEF/UN0401906/Volpe

- 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. This variation is compounded by the lack of interoperability between agencies and national information systems, which undermines the ability to triangulate data relevant to IYCF-E. Global data sources identified for this report cover only 65%[101] 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*. At the same time, the presence of policies, plans, or activities may not necessarily result in adequate coverage and quality. 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 to:
  - **Effect a shift from the "WHAT" to do for IYCF-E (articulated in the OG-IFE) to an expansion of tools and operational guidance on "HOW" to deliver IYCF-E at**

scale. This shift involves strengthening supply chains for Code-compliant BMS and complementing IYCF counseling with interventions to improve access to foods and services to safely implement recommended IYCF practices alongside awareness and support for infants who cannot be breastfed. In addition, improvements in operational guidance must be supported by accelerating the translation of findings from programmatic reporting and ad hoc knowledge management into timely, condensed, and accessible knowledge products. Unfortunately, this is not always possible within the timeframes for producing peer-reviewed literature, which may limit the development of normative guidance. However, recent assessments of IYCF-E capacity (Case Study 1) and multi-sectoral programming through the IYCF-friendly Framework (Case Study 7) may provide rich insights for multi-sectoral preparedness and response that take IYCF-E into account.

  - **Further expand complementary feeding in emergencies, aligned with key actions across food systems, health systems, and social protection systems supported by multi-system governance.**[102] This expansion includes ensuring that the right of young children to a nutritious and safe diet is part of the national development agenda. At the technical level, several analyses, tools, frameworks, and knowledge products have been developed in this area (e.g., UNICEF's *Fed to fail report* and UNICEF's *Framework of action for complementary feeding and maternal nutrition*). IFE Core Group partners, including ENN and Advancing Nutrition, are publishing case studies and tools to document existing tools and programs further to illustrate the diversity of complementary feeding in emergencies and the tools that guide it.

  - **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.

- The humanitarian and development communities must galvanize action by adopting **a more coherent approach to IYCF-E in the broader IYCF enabling environment**. Opportunities include to:
  - Define IYCF-E policy commitments at the individual agency level and build the capacity to put these policy commitments into practice systematically.[103]
  - Leverage global advocacy initiatives and groups such as the Global Breastfeeding Collective and the IFE Core Group to coordinate policy, programming guidance, advocacy, and research between humanitarian and development contexts.
  - Identify a minimum set of IYCF-E indicators for inclusion in the third WHO *Global Nutrition Policy Review* in 2022 and other relevant global benchmarking and monitoring reports.
  - Establish minimum Inter-Agency Standing Committee (IASC) inter-cluster commitments to IYCF-E, update Global Nutrition Cluster (GNC) guidance documents, and update Humanitarian Programme Cycle guidance documents to better define actions across technical sectors in support of IYCF-E.
  - Explicitly consider crisis contexts in further analyses and global data sets to gain a collective understanding of the status, risks, and impact of emergencies on IYCF practice.
  - Facilitate discussions on country level data needs related to indicators and methodologies for data collection, which have been reignited by the 2021 UNICEF and WHO's *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*.[104]

Photo Credit: Linh Pham / Save the Children

OUR RECOMMENDATIONS

Governments must take the lead in protecting infants' and young children's survival, health, and wellbeing through support 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 on a policy advocacy agenda to promote the uptake of actions outlined in the OG-IFE[105] and strengthen linkages between sector and cluster coordination platforms to identify, support, and document country level action 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*.

Photo Credit: Fredrik Lerneryd / Save the Children

ANNEXES

1. TECHNICAL NOTES ON DATA SOURCES

INDICATORS	METHODS	AVAILABILITY AND GEOGRAPHIC COVERAGE	LIMITATIONS	DATE ACCESSED	ACCESS
NUTRIDASH					
i. Did the country respond to a humanitarian crisis in year X? ii. Did the country respond to a nutrition crisis? iii. Has your country worked to support appropriate IYCF practices during humanitarian situations? iv. Did the government have a policy, strategy, or plan of action for this intervention? v. Did the government provide funding (besides salaries) for this intervention? vi. Were any IYCF activities implemented as part of response to a humanitarian situation in the country in X year? • IYCF counseling in health services or by health staff • IYCF counseling by community workers • Mother support groups • Formula distribution for infants with no possibility of being breastfed • IYCF communication	NutriDash collects data on nutrition programming through an online platform. The data are intended to reflect the actions of UNICEF in-country partners, including the government. Data are self-reported by country focal points in consultation with the government and stakeholders. Quality checks are conducted at the HQ level.	2013-2020 for selected indicators The number of countries reporting via NutriDash has increased since 2013. By 2019, 127 countries reported via Nutridash.	Data quality depends on national information systems' strength and data collection capacity. Therefore, there may be variation at the country level in the definition of indicators and frequency of data collection. Some indicators have been introduced or modified in NutriDash since 2013 to better capture the required data elements.	Direct email from UNICEF of Programme Area 1 (Early Child Nutrition) and Programme Area 4 (Nutrition in Emergencies) modules on 11/1/2021.	https://www.unicefNutriDash.org/login

INDICATORS	METHODS	AVAILABILITY AND GEOGRAPHIC COVERAGE	LIMITATIONS	DATE ACCESSED	ACCESS
• IYCF in rapid assessment • Release of a joint statement • Dealing with formula donations • Monitoring of formula donations • Establishment of baby-friendly space(s) • Provision of complementary foods • Provision of cash/social transfers targeting households with children less than 2 years of age vii. Was home fortification with micronutrient powders (MNP) provided as part of emergency response?					
WORLD BREASTFEEDING TRENDS INITIATIVE					
The report is based on Indicator 9, "Infant and young child feeding during emergencies." All 15 indicators (10 policy and five practice indicators) are described here: https://www.worldbreastfeedingtrends.org/p/indicators	The indicator data result from a consensus-driven process using a standard questionnaire. Countries may repeat the process every three to four years. The government, UN, NGOs, and other stakeholders are engaged. Methods and tools can be found under the "Resources" tab: https://worldbreastfeeding-trends.org/	2004-2020 98 countries	Documentation to support responses is requested but not systematically submitted for each question.	Publicly available and accessed on 11/29/2021.	https://world-breastfeeding-trends.org/

INDICATORS	METHODS	AVAILABILITY AND GEOGRAPHIC COVERAGE	LIMITATIONS	DATE ACCESSED	ACCESS
	The questionnaire was adapted to explicitly address the OG IYCF-E in the indicators on policy, preparedness, resource allocation for preparedness and response plans. See endnote lv for notes on adjustments to this indicator.				
MARKETING OF BREAST-MILK SUBSTITUTES: NATIONAL IMPLEMENTATION OF THE INTERNATIONAL CODE: STATUS REPORTS					
Status of the Code in countries as defined by the scoring algorithm introduced in the 2020 report. Code country status is classified as follows: i) no legal measures, ii) some provisions of the Code, iii) moderate alignment with the Code, and iv) broad alignment with the Code.	WHO, UNICEF, and IBFAN have collected information from their regional and country offices on new or additional legal measures since 2018. Documents and data were reviewed using a standardized WHO/UNICEF/IBFAN checklist.	194 countries	Country and territory designations differ from other agency designations in a small number of cases.	Publicly available and 2020 report accessed on 11/23/2021; 2022 report accessed on 5/20/20022.	https://www.unicef.org/media/69641/file/Marketing-of-breast-milk-substitutes-status-report-2020.pdf https://www.unicef.org/documents/marketing-bms-status-report-2022

INDICATORS	METHODS	AVAILABILITY AND GEOGRAPHIC COVERAGE	LIMITATIONS	DATE ACCESSED	ACCESS
OCHA HUMANITARIAN RESPONSE PLANS AND REGIONAL RESPONSE PLANS					
Humanitarian Response Plan documents	Response plans are developed at the country level according to specific templates and guidance. Response plans can be updated after the initial release.	2018-2022 Global coverage of countries with OCHA humanitarian response plans or regional response plans	The Global Humanitarian database of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) was used to retrieve all the available humanitarian response plans and appeals.	December 2021, January 2022	https://hum-insight.info/overview/2021

2. TECHNICAL NOTES ON METHODOLOGY AND LIMITATIONS

Selection of data sources

The OG-IFE was used to identify data sources and specific indicators that could illustrate the implementation, coverage, or quality of interventions within each action. Several data sources were reviewed, but not all were included. In addition, the report prioritized data that covered multiple countries to improve comparability. This mapping was vetted by the report's Advisory Group for completeness. Most quantitative data came from UNICEF's NutriDash system and the WBTi assessment reports.

The WHO Global Database on the Implementation of Nutrition Actions (GINA database was reviewed in late 2019. Documentation relevant to IYCF-E was found for only 30 Member States. It was noted that these data were captured in the *2016-2017 Global Nutrition Policy Review* so the GINA database was not included.[106] Moreover, the *Global Breastfeeding Collective Scorecard* was not incorporated because the indicators of interest were from directly accessible data sources, including NutriDash and Code monitoring status, which were already included in the analysis.

Case studies were taken from ENN Field Exchange and PubMed. Search terms included: "infant and young child feeding" or "infant feeding in emergencies" as well as "operational guidance," "policy," "coordination," "assessment," "monitoring," "artificial feeding," "multi-sector," "training," "NutriDash," "WHO," "WCBI," "HRP," and "World Health Assembly." PubMed searches were limited to the last five years. Additional documentation included reports from the IFE Core Group and agencies in the IFE Core Group on the status of IYCF-E actions over the past decade.

Data analysis

Quantitative data from multiple modules of NutriDash were extracted in Excel to form a comprehensive data set. Additional classifications, including risk levels from INFORM and World Bank income levels, were included in this master data file. The data were cross-checked country by country to verify the completeness and accuracy of the consolidated data points in one Excel sheet. Analysis was conducted using filters to isolate countries, regions, and timeframes of interest and quantify responses by counts and percentages.

Quantitative data from the WBTi and free-text responses to "Conclusions, gaps, and recommendations" were extracted in Excel. In addition, a thematic analysis of the items mentioned in the free-text answers was performed.

HRPs for 2019-2021 were accessed online, and relevant information was extracted into a single Excel sheet. An accompanying data extraction guide defined the inclusion and exclusion criteria for the responses.

Data presentation

The six actions of the OG-IFE were used as a framework for analysis.

Data limitations

Data sets differed in geographic coverage of data, frequency of data collection, and quality assurance measures, limiting the ability to triangulate findings. The NutriDash data cover countries where UNICEF is implementing programs, with limited or no coverage of high-income countries. WBTi assessments were conducted in a variety of contexts, including high-income countries.

WBTi and NutriDash results do not fully align, partly because the data were collected in different years and using different methods. Nevertheless, the WBTi data does shed some light on the status of preparedness for IYCF-E in some countries that did not report in NutriDash. Except for code monitoring and the WHO *Global Nutrition Policy Reviews*, the global data sources identified for this report cover only 65 percent of the 194 Member States of the World Health Assembly. Analysis of NutriDash data by World Bank income level and INFORM may be confounded because no analysis excludes income and INFORM risk levels. Few case studies were identified from Latin America, East Asia, and the Pacific. Furthermore, few case studies and peer-reviewed literature were identified from Latin America, the Caribbean, East Asia, and the Pacific compared to other regions. As a result, there is limited published documentation on IYCF-E activities from which to draw. Critical data gaps related to IYCF-E are themselves an important finding.

3. DATA TABLES: REGIONAL BREAKDOWNS OF ANALYSES

REGIONAL DISTRIBUTION OF THE NUMBER OF COUNTRIES THAT RESPONDED "YES" TO "HAS YOUR COUNTRY WORKED ON PROGRAMMES TO SUPPORT APPROPRIATE IYCF PRACTICES DURING HUMANITARIAN SITUATIONS?"

	2016		2017		2018		2019		2020	
East Asia & Pacific	11	33%	9	27%	10	30%	12	36%	16	48%
Eastern Europe & Central Asia	2	10%	3	14%	4	19%	6	29%	13	62%
Eastern & Southern Africa	15	60%	17	68%	17	68%	17	68%	21	84%
Latin America & the Caribbean	12	32%	10	27%	11	30%	14	38%	15	41%
Middle East & North Africa	9	47%	9	47%	9	47%	11	58%	8	42%
South Asia	5	63%	5	63%	5	63%	5	63%	7	88%
West & Central Africa	12	50%	14	58%	12	50%	15	63%	18	75%
Total n of responses	**107**		**111**		**114**		**127**		**125**	

REGIONAL DISTRIBUTION OF THE NUMBER OF COUNTRIES THAT RESPONDED "YES" TO "DID THE GOVERNMENT HAVE A POLICY, STRATEGY OR PLAN OF ACTION FOR THIS INTERVENTION?"

	2016		2017		2018		2019		2020	
East Asia & Pacific	9	27%	8	24%	14	42%	17	52%	12	36%
Eastern Europe & Central Asia	4	19%	8	38%	7	33%	10	48%	12	57%
Eastern & Southern Africa	16	64%	11	44%	12	48%	12	48%	15	60%
Latin America & the Caribbean	11	30%	12	32%	10	27%	16	43%	19	51%
Middle East & North Africa	7	37%	9	47%	7	37%	6	32%	6	32%
South Asia	7	88%	4	50%	3	38%	4	50%	6	75%
West & Central Africa	14	58%	13	54%	12	50%	13	54%	18	75%
Total n of responses	**101**		**107**		**107**		**122**		**119**	

REGIONAL DISTRIBUTION OF THE NUMBER OF COUNTRIES THAT RESPONDED "YES" TO "DID THE GOVERNMENT PROVIDE FUNDING (BESIDES SALARIES) FOR THIS INTERVENTION?"

	2016		2017		2018		2019		2020	
East Asia & Pacific	5	15%	4	12%	7	21%	6	18%	5	15%
Eastern Europe & Central Asia	0	0%	6	29%	4	19%	5	24%	6	29%
Eastern & Southern Africa	5	20%	6	24%	8	32%	10	40%	10	40%
Latin America & the Caribbean	11	30%	2	5%	4	11%	6	16%	10	27%
Middle East & North Africa	2	11%	5	26%	6	32%	4	21%	4	21%
South Asia	3	38%	2	25%	1	13%	1	13%	4	50%
West & Central Africa	4	17%	6	25%	8	33%	10	42%	9	38%
Total n of responses	**99**		**105**		**102**		**120**		**119**	

REGIONAL DISTRIBUTION OF IYCF-E INTERVENTIONS DEPLOYED IN THE COUNTRIES THAT REPORTED IYCF-E ACTIVITIES AS PART OF A HUMANITARIAN RESPONSE IN 2020

2020 REGIONAL	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
East Asia & Pacific	15	11	8	6	1	9	3	1	2	2	6	6	2	4
Eastern Europe & Central Asia	10	8	8	1	2	8	2	0	0	1	1	1	2	1
Eastern & Southern Africa	15	15	11	9	0	10	4	5	3	5	4	2	3	4
Latin America & the Caribbean	19	17	13	7	0	16	3	3	2	3	4	3	5	4
Middle East & North Africa	6	5	5	4	0	5	2	2	1	2	2	1	2	3
South Asia	6	6	3	2	1	4	0	0	0	0	0	1	2	1
West & Central Africa	17	15	12	9	2	11	4	2	4	5	6	5	3	6
Total n of responses	**114**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**88**	**117**

1. Were any IYCF activites implemented as part of humanitarian responses?
2. IYCF counselling in health services or by health staff
3. IYCF counselling by community workers
4. Mother support groups
5. Formula distribution for infants with no possibility to be breastfed
6. IYCF communication
7. IYCF in rapid assessment
8. Release of a Joint Statement
9. Dealing with formula donations
10. Monitoring of formula donations
11. Establishment of baby friendly space(s)
12. Provision of complementary foods
13. Provision of cash/social transfers targeting HHS with children <2 years
14. Home fortification with micronutrient powders (MNP)

4. MILESTONES IN INFANT AND YOUNG CHILD FEEDING: FOUNDATIONS FOR APPROPRIATE IYCF-E

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
1981	*International Code of marketing of breastmilk substitutes*	Defined minimum standards for marketing and promoting breastmilk substitutes (BMS), feeding bottles, and teats.	WHO	https://www.who.int/publications/i/item/9241541601
1981-2018	*Subsequent World Health Assembly Resolutions related to the Code*	Other components of the Code were established through WHA Resolutions 33.32, 34.22, 35.26, 37.30, 39.28, 41.11, 43.3, 45.34, 46.7, 47.5, 49.15, 54.2, 55.25, and 71.9.	World Health Assembly	From Code FAQ 2008 https://apps.who.int/iris/bitstream/handle/10665/43947/9789241594295_eng.pdf?ua=1
1989	*The United Nations Convention on the Rights of the Child (UNCRC)*	Defined the legal and normative framework for children's rights, including nutrition and IYCF, in Article 24. Countries that ratify the Convention are legally bound to fulfill these obligations.	United Nations	https://www.unicef.org/child-rights-convention/convention-text
1990	*Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding*	Recognized the importance of breastfeeding, encouraged governments to protect, promote, and support breastfeeding, and supported the operational target setting for governmental and international organizations.	Created and adopted by participants of the WHO/UNICEF policymakers' meeting, *"Breastfeeding in the 1990s: A global initiative."*	http://worldbreastfeedingweek.org/2018/wp-content/uploads/2018/07/1990-Innocenti-Declaration.pdf#:~:text=The%20Innocenti%20Declaration%20was%20produced%20and%20adopted%20by,Innocenti%2C%20Florence%2C%20Italy%2C%20on%2030%20July-1%20August%201990
1991	*Baby-friendly Hospital Initiative (BFHI)*	Defined 10 steps for health facilities to better support breastfeeding.	UNICEF and the WHO	https://www.unicef.org/documents/baby-friendly-hospital-initiative

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
1999	*Establishment of the Infant Feeding in Emergencies (IFE) Core Group*	Established to address gaps in policy guidance and training resources to support those working to protect infant and young child feeding in emergencies.	A global collaboration of agencies	https://www.ennonline.net/ife
2001	*Infant and young child feeding in emergencies: Operational guidance for emergency staff and programme managers (v.1)*	Provided "concise guidelines to emergency relief staff, policy makers and donors on appropriate infant and young child feeding in emergencies."	The IFE Core Group	https://www.ennonline.net//fex/26/IYCF-E
2003	*Global strategy for infant and young child feeding*	Galvanized efforts to support infant and young child feeding of all children, including those in "difficult circumstances, such as infants of mothers living with HIV, low-birth-weight infants and infants in emergency situations."	The WHO	https://www.who.int/publications/i/item/9241562218
2004	*Guiding principles for feeding infants and young children during emergencies*	Defined 10 principles to guide government action for IYCF-E at the country level.	The WHO	https://www.who.int/publications/i/item/9241546069

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2005	*Expanded Innocenti Declaration*	Established an optional operational target to "provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers." WHA endorsed the declaration.	Adopted by participants at *"Celebrating Innocenti 1990-2005: Achievements, challenges and future imperatives"*	https://www.unicef-irc.org/publications/435-innocenti-declaration-2005-on-infant-and-young-child-feeding.html
2006	*Infant and young child feeding in emergencies: Operational guidance for emergency staff and programme managers (v.2)*	Presented revised operational guidance for IYCF-E, replacing the first version.	The IFE Core Group	https://www.ennonline.net/fex/28/operationalguidance
2007	*Infant and young child feeding in emergencies: Operational guidance for emergency staff and programme managers (v.2.1)*	Updated 5.1.2 and associated endnote to v.2.	The IFE Core Group	https://database.ennonline.net/resources/view.aspx?resid=6
2008	*Template joint statement on infant and young child feeding in emergencies*	Provided a template for a call in support of IYCF-E that could be tailored to specific emergencies.	The IFE Core Group	N/A
2008	*The Lancet undernutrition series*	Provided the evidence base for the 1,000-day window of opportunity and the importance of infant and young child feeding.	Various authors and agencies	https://www.thelancet.com/series/maternal-and-child-undernutrition

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2008	*Indicators for assessing infant and young child feeding practices (Parts 1, 2, and 3)*	Defined core and optional indicators for assessing IYCF practices at the household level, updating the first version of WHO's 1991 Indicators for assessing breastfeeding practices.	The WHO, UNICEF, USAID, AED, FANTA, UC Davis, IFPRI	Indicators for Assessing Infant and Young Child Feeding Practices: Parts 1, 2, and 3 | Food and Nutrition Technical Assistance III Project (FANTA) (fantaproject.org)
2010	*Addendum to Infant and young child feeding in emergencies: Operational guidance for emergency staff and programme managers (v.2.1)*	Provided further clarification on the use of BMS in emergencies, the rationale for RUIF versus PIF, and emphasized the IYCF-E coordination body's role in BMS supply management capacity.	The IFE Core Group	https://un.org.np/sites/default/files/doc_publication/2020-09/ops-guidance-2-1-english-010307-with-addendum.pdf
2010	*Guidelines on HIV and infant feeding*	Defined principles and recommendations for infant feeding in the context of HIV, along with a summary of evidence.	The WHO	https://apps.who.int/iris/bitstream/handle/10665/44345/9789241599535_eng.pdf?sequence=1
2010	*WHA Resolution 63.23*	Endorsed the uptake of actions outlined in the OG IYCF-E.	World Health Assembly	https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf
2011	*Sphere standards (update v.3)*	Defined standalone standards for IYCF. Previous versions reflected additional needs for infants and young children under general nutrition standards. Drew from the OG-IFE for guidance.	The Sphere Project	https://www.ennonline.net/fex/52/guidancefeedinginemergencies
2014	*Comprehensive implementation plan on maternal, infant and young child nutrition*	Defined priority actions for the Member States to achieve six global goals by 2025, which included "increas[ing] the rate of exclusive breastfeeding in the first six months up to at least 50%."	The WHO	https://apps.who.int/nutrition/publications/CIP_document/en/index.html

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2016	*The Lancet breastfeeding series*	Presents global trends in breastfeeding, maternal and child health consequences, determinants and impacts of breastfeeding practice, and the effectiveness of promotion interventions.	Various authors and agencies	Breastfeeding (thelancet.com)
2016	*WHA Resolution: Guidance on ending the inappropriate promotion of foods for infants and young children (WHA A69/7 Add.1. 2016)*	Defined guidance to end the inappropriate promotion and protect, promote and support breastfeeding.	The WHO	http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf
2016	*Guideline: Updates on HIV and infant feeding*	The guideline provides recommendations and guiding practice statements to address questions arising from the 2010 WHO Guideline on HIV and Infant Feeding.	The WHO	https://www.who.int/publications/i/item/9789241549707
2017	*NetCode toolkit for ongoing monitoring and periodic assessment of the Code*	The toolkit aims to "reinvigorate and reinforce ongoing monitoring and periodic assessment of the Code and national laws by providing protocols, guidance, and tools."	The Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions (NetCode)	WHO | NetCode toolkit for ongoing monitoring and periodic assessment of the Code

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2017	*Operational guidance for emergency relief staff and programme managers on infant and young child feeding in emergencies (version 3.0)*	Updated the guidance to reflect the operational experience and updated guidance documents.	The IFE Core Group	https://www.ennonline.net/operationalguidance-v3-2017
2017	*Model joint statement on infant and young child feeding*	Provided an updated of the 2008 template joint statement and included guidance on contextualization.	The IFE Core Group	https://www.ennonline.net/modelifejointstatement
2018	*Sphere standards (update version 4)*	Updated the two standards and key actions for IYCF. Key indicators and guidance notes were included.	The Sphere Project	https://www.bing.com/search
2018	*HIV and infant feeding in emergencies: Operational guidance: The duration of breastfeeding and support from health services to improve feeding practices among mothers living with HIV*	Provided operational guidance on HIV and infant feeding in emergencies based on consultation to address the gap in emergency contexts in 2016 *WHO and UNICEF guideline: Updates on HIV and infant feeding*.	UNICEF and the WHO	https://www.who.int/publications/i/item/9789241550321
2018	*Implementation guidance on counselling women to improve breastfeeding practices*	The guideline provides evidence-based recommendations on breastfeeding practices for pregnant women, mothers who are breastfeeding, or those who intend to breastfeed.	The WHO	https://www.who.int/publications/i/item/9789241550468

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2018	*Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: Implementing the revised Baby-friendly Hospital Initiative*	Provided updated guidance based on the latest evidence and guidelines. Full compliance with the Code was introduced as a step.	UNICEF and the WHO	https://www.who.int/publications/i/item/9789241513807
2020	*Template for a joint statement on infant and young child feeding in the context of the COVID-19 pandemic*	Updated the joint statement template with recommendations for the COVID-19 context.	The IFE Core Group	Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic | ENN (ennonline.net)
2021	*Implementation guidance on counselling women to improve breastfeeding practices*	This document provides global guidance for implementing the recommendations outlined in the WHO's *Implementation guidance on counselling women to improve breastfeeding practices*	UNICEF and the WHO	Implementation guidance on counseling women to improve breastfeeding practices | Global Breastfeeding Collective
2021	*COVID-19 vaccines and breastfeeding based on WHO interim recommendations*	Frequently asked questions (FAQs) were developed based on the most recent guidance from the WHO Strategic Advisory Group of Experts (SAGE) on Immunization.	The IFE Core Group, UNICEF, the WHO and the COVID-19 Infant Feeding Working Group	WHO-2019-nCoV-FAQ-Breast_feeding-Vaccines-2021.1-eng.pdf

YEAR	MILESTONE	RELEVANCE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES	AUTHOR	LINK
2021	*Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*	Presented an updated set of indicators to replace the 2008 guidance. However, it was not determined whether these were core or optional indicators.	The WHO/UNICEF technical expert advisory group on nutrition monitoring (TEAM)	https://www.who.int/publications/i/item/9789240018389
2021	*Operational guidance: Breastfeeding counselling in emergencies*	Provides guidance, including key considerations and potential adaptations, to WHO's 2018 guideline, *Counselling of women to Improve breastfeeding practices,* in emergency contexts.	The IFE Core Group	https://www.ennonline.net/breastfeedingcounsellinginemergencies

ENDNOTES

1 Emergency Nutrition Network. (n.d.). Infant Feeding in Emergencies Core Group. https://www.ennonline.net/ife

2 Global Nutrition Cluster Technical Alliance. (n.d.). *Nutrition for infants and young children*. https://ta.nutritioncluster.net/node/29

3 UNICEF. (2021, September). Breastfeeding. https://data.unicef.org/topic/nutrition/breastfeeding/

4 UNICEF. (2021, September). Diets. https://data.unicef.org/topic/nutrition/diets/

5 Emergency Nutrition Network. (n.d.). *Infant Feeding in Emergencies Core Group*. https://www.ennonline.net/ife

6 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 own resources and therefore requires urgent action to save lives and prevent additional mortality and morbidity. The term encompasses natural disasters, man-made emergencies and complex emergencies. Emergencies can be slow- or rapid-onset, chronic or acute." From the OG-IFE.

7 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

8 Dissemination of the OG-IYCF-E is i) tracked by the Global Nutrition Cluster Technical Alliance and ii) attribution of country-level interventions to the OG-IYCF-E itself is beyond the scope of this report.

9 UNICEF. *NutriDash 3.0*. https://www.unicefnutridash.org/login

10 World Breastfeeding Trends Initiative (n.d.) *Country reports*. https://www.worldbreastfeedingtrends.org/wbti-country-report.php

11 The United Nations Office for the Coordination of Humanitarian Affairs. (2021). *Global humanitarian overview* 2021. https://hum-insight.info/overview/2021

12 World Health Organization. (2022). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2022*. https://apps.who.int/iris/handle/10665/354221

13 World Health Organization. (2022). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2022*. https://apps.who.int/iris/handle/10665/354221

14 Field Exchange | ENN (ennonline.net)

15 The figure of 65% is based on the number of countries that reported to NutriDash in 2019 (127) divided by 194 Member States.

16 United Nations Children's Fund. (2021). F*ed to fail? The crisis of children's diets in early life. 2021 child nutrition report*. UNICEF. https://www.unicef.org/reports/fed-to-fail-child-nutrition

17 Save the Children. (2012). Infant and young child feeding in emergencies: Why are we not delivering at scale? A review of global gaps, challenges and ways forward. https://resourcecentre.savethechildren.net/document/infant-and-young-child-feeding-emergencies-why-are-we-not-delivering-scale-review-global/

18 World Health Organization, & United Nations Children's Fund. (2021). *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*. https://www.who.int/publications/i/item/9789240018389

19 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

20 Global Breastfeeding Collective. (2017, July). *Nurturing the health and wealth of nations: The investment case for breastfeeding*. https://www.globalbreastfeedingcollective.org/media/426/file/The%20investment%20case%20for%20breastfeeding.pdf

21 Breastfeeding Series Papers. *The Lancet*. 2016; 387(10017), Jan 30 2016. https://www.thelancet.com/series/breastfeeding

22 United Nations Children's Fund, UN Food and Agriculture Organization, United Nations High Commissioner for Refugees, World Food Programme, & World Health Organization (2021). *Global action plan on child wasting: A framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals.* https://www.childwasting.org/

23 Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., Webb, P., Lartey, A., & Black, R. E. (2013). Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet*, 382(9890), 452–477. https://doi.org/10.1016/S0140-6736(13)60996-4

24 World Health Organization. (2003). *Global strategy for infant and young child feeding*. WHO. https://www.who.int/publications/i/item/9241562218

25 UNICEF. (2018). *Breastfeeding: A mother's gift, for every child*. https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/

26 United Nations Children's Fund. (2021). *Fed to fail? The crisis of children's diets in early life. 2021 child nutrition report*. UNICEF. https://www.unicef.org/reports/fed-to-fail-child-nutrition

27 Jakobsen, M., Sodemann, M., Nylén, G., Balé, C., Nielsen, J., Lisse, I., & Aaby, P. (2003). Breastfeeding status as a predictor of mortality among refugee children in an emergency situation in Guinea-Bissau: Breastfeeding status as a predictor of mortality. *Tropical Medicine & International Health*, 8(11), 992–996. https://doi.org/10.1046/j.1360-2276.2003.01122.x

28 World Health Organization. (2022). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2022*. https://apps.who.int/iris/handle/10665/354221

29 World Health Organization. (2020). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2020*. https://apps.who.int/iris/rest/bitstreams/1278635/retrieve

30 United Nations. (1989, November 20). Convention on the rights of the child. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

31 "(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents."

32 Emergency Nutrition Network. (1999, May). *Infant feeding in emergencies: Policy, strategy and practice*. https://www.unscn.org/layout/modules/resources/files/IFE_policy_strategy_and_practice.pdf

33 Emergency Nutrition Network. (n.d.). *About us*. https://www.ennonline.net/aboutenn/

34 UNICEF. (n.d.). *Baby-friendly hospital initiative*. https://www.unicef.org/documents/baby-friendly-hospital-initiative

35 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

36 World Health Organization. (2013). *Global Nutrition Policy Review: What does it take to scale up nutrition action?* https://www.who.int/publications/i/item/9789241505529

37 World Health Organization. (2018). Global Nutrition Policy Review 2016-2017: *Country progress in creating enabling policy environments for promoting healthy diets and nutrition*. https://www.who.int/publications/i/item/9789241514873

38 In the 2016-2017 Global Nutrition Policy Review, 176 of the 194 Member States and one territory responded. A total of 38 Member States provided detailed information on infant feeding in emergencies.

39 Dissemination of the OG-IYCF-E is i) being tracked by the Global Nutrition Cluster Technical Alliance and ii) establishing attribution of action at country level to the OG-IYCF-E itself is beyond the scope of this report.

40 UNICEF. (n.d.). *NutriDash 3.0*. https://www.unicefnutridash.org/login

41 World Breastfeeding Trends Initiative (n.d.) *Country reports*. https://www.worldbreastfeedingtrends.org/wbti-country-report.php

42 The United Nations Office for the Coordination of Humanitarian Affairs. (2021). *Global humanitarian overview* 2021. https://hum-insight.info/overview/2021

43 World Health Organization. (2022). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2022*. https://apps.who.int/iris/handle/10665/354221

44 Action summaries are from the OG-IYCF-E briefing slides for different stakeholder groups. Emergency Nutrition Network. (2018). *Operational guidance on infant feeding in emergencies*. (OG-IFE) version 3.0. https://www.ennonline.net/operationalguidance-v3-2017

45 UNICEF, Global Nutrition Cluster, & Global Technical Assistance Mechanism for Nutrition. (2020, March 30). *Infant and young child feeding in the context of COVID-19* (Policy Brief no. 2 v. 1). https://www.unicef.org/documents/infant-and-young-child-feeding-context-covid-19

46 The United Nations Office for the Coordination of Humanitarian Affairs. (2020). *Global humanitarian overview 2020*. https://hum-insight.info/overview/2020

47 NutriDash data are presented using the UNICEF regions, which differ from other agencies' classifications.

48 IFE Core Group. (2017). Model joint statement on IFE. https://www.ennonline.net/modelifejointstatement

49 Hwang, C. H., Iellamo, A., & Ververs, M. (2021). Barriers and challenges of infant feeding in disasters in middle- and high-income countries. *International Breastfeeding Journal, 16*(1), 62. https://doi.org/10.1186/s13006-021-00398-w

50 The World Bank. (2021, July 10). *The world by income and region*. https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

51 The INFORM scale was used as proxy for crisis because (i) it is under the IASC and aligned with humanitarian response and (ii) the severity index aligns with the risk index. For more information on the methodology and the relationship between the risk and severity indices, see INFORM's website: https://drmkc.jrc.ec.europa.eu/inform-index#:~:text=The%20INFORM%20Risk%20Index%20is%20a%20global%2C%20open-source,the%20severity%20of%20humanitarian%20crises%20and%20disasters%20globally.

52 Below 5 (N = 72), 76% worked on IYCF-E and 24% did not. At 5 and above (N = 46), 93% worked on IYCF-E and 7% did not.

53 World Breastfeeding Trends Initiative (https://worldbreastfeedingtrends.org/)

54 World Health Organization. (2003). *Global strategy for infant and young child feeding*. https://www.who.int/publications/i/item/9241562218

55 The WBTi questionnaire was revised twice. Version 2 explicitly referred to the OG IYCF-E. Version 3 expanded policy to policy/strategy/guidance, included additional activities, and moved the reference from the OG IYCF-E to "global recommendations." The overall score for the indicator remains the same. Adjustments between one year and the next are bolded and outlined in teal.

VERSION 1 (2004)	VERSION 2 (2013)	VERSION 3 (2019)
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies.	9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies **and contains all basic elements included in the IYCF-E Operational Guidance.**	9.1) The country has a comprehensive policy/**strategy/**guidance on infant and young child feeding **during emergencies as per the global recommendations with measurable indicators.**
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military, and NGOs regarding infant and young child feeding in emergency situations have been appointed.	9.2) Person(s) tasked with responsibility for national coordination **with all relevant partners, such as** the UN, donors, military, and NGOs regarding infant and young child feeding in emergency situations have been appointed.	9.2) Person(s) tasked **to coordinate and implement the above policy/strategy/guidance** has/have been appointed **at the national and sub-national levels**.

VERSION 1 (2004)	VERSION 2 (2013)	VERSION 3 (2019)
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed.	9.3) An emergency preparedness **and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations and covers:** a. **basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for re-lactation and wet-nursing, and protected spaces for breastfeeding.** b. measures to minimize the risks of artificial feeding, **including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles, and teats; standard procedures for handling unsolicited donations; procurement management; and use of any infant formula and BMS, following strict criteria, the IYCF-E Operational Guidance, the International Code, and subsequent relevant WHA resolutions.**	9.3) **The health and nutrition** emergency preparedness and response plan based on the **global recommendation includes:** c. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately **skilled/**trained counselors, **and** support for re-lactation and wet-nursing. d. **measures to protect, promote, and support appropriate and complementary feeding practices.** e. **measures to protect and support non-breastfed infants.** f. **space for IYCF counseling support services.** g. measures to minimize the risks of artificial feeding, including: an endorsed joint statement on avoidance of donations of breastmilk substitutes, bottles, and teats; standard procedures for handling unsolicited donations; **minimizing the risk of formula feeding;** procurement management; and use of any infant formula and BMS, in accordance with the **global recommendations on emergencies.** h. **indicators and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.**

VERSION 1 (2004)	VERSION 2 (2013)	VERSION 3 (2019)
14.4) Resources identified for the implementation of the plan during emergencies.	9.4) Resources **have been allocated** for the implementation of the **emergency preparedness and** response plan.	9.4) **Adequate financial and human** resources have been allocated for the implementation of the emergency preparedness and response plan **of IYCF**.
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	9.5) a. Appropriate **orientation and** training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. b. **Orientation and training are taking place as per the national emergency preparedness and response plan.**	9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. **9.6)** Orientation and training are taking place as per the national plan on emergency preparedness, and response **is aligned with the global recommendations (at the national and sub-national levels).**

56 For countries with multiple assessments, the most recent data point is used.

57 Data from the following six countries are from before 2010: Cape Verde, Ghana, Malawi, Pakistan, Vietnam, and Venezuela.

58 Codija, P., Volege, M., Le, M. T., Donnelly, A., Sesay, F. F., Senesie, J. V., & Kiige, L. (2018). *Enhancing infant and young child feeding in emergency preparedness and response in East Africa: Capacity mapping in Kenya, Somalia and South Sudan*. 57, 35–38. https://www.ennonline.net/fex/56/iycfemergencyeastafrica

59 Gribble, K., Peterson, M., & Brown, D. (2019). Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): An Australian audit of emergency plans and guidance. *BMC Public Health*, 19(1), 1278. https://doi.org/10.1186/s12889-019-7528-0

60

YES = YES 9.5 (VERSION 1) OR TO 9.5A, 9.5B OR BOTH (VERSION 2 OR VERSION 3)	N	%
yes	40	41%
no	57	59%
total	**97**	

61 Iellamo, A., Monaghan, E., Moghany, S. A. L., Latham, J., & Nassereddin, N. (2021). Breastfeeding knowledge of mothers in protracted crises: The Gaza Strip example. *BMC Public Health*, 21(1), 742. https://doi.org/10.1186/s12889-021-10748-2

62 Kingdori, J., Nasser, H., Abdullahi, M., & Al-Asaad, K. (2015). *Nutrition response in Syria: UNICEF's perspective*. 48, 160. https://www.ennonline.net/fex/48/nutritionresponse

63 USAID, & UNICEF. (2017, April). *Report on the knowledge, attitudes and practices (KAP) survey: Infant and young child feeding (IYCF)*. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-01/iycf_kap_survey_report_syria_vf_1%20%281%29.pdf

64 USAID, & UNICEF. (2017, April). *Report on the knowledge, attitudes and practices (KAP) survey: Infant and young child feeding (IYCF)*. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-01/iycf_kap_survey_report_syria_vf_1%20%281%29.pdf

65 USAID, & UNICEF. (2017, April). *Report on the knowledge, attitudes and practices (KAP) survey: Infant and young child feeding (IYCF)*. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-01/iycf_kap_survey_report_syria_vf_1%20%281%29.pdf

66 Farooq Abdullah, S., & Spainhour Baker, L. (2017). Experiences of the 'whole of Syria' coordination for nutrition. *Field Exchange 56*, 79–83. https://www.ennonline.net/fex/56/wholeofsyriacoordinationfornutrition

67 The terms "sector" and "cluster" may be used interchangeably in a particular response, for example, if the government prefers to refer to the activated cluster as a sectoral response system. The transition from sector to cluster coordination platforms and the various ways in which sector and cluster platforms can interact are discussed elsewhere, specifically in: UNICEF. (2013, January). *Nutrition cluster handbook: A practical guide for country-level action.* https://reliefweb.int/report/world/nutrition-cluster-handbook-practical-guide-country-level-action and in Hailey, P., & Akwanyi, B. (2017). *Strengthening nutrition humanitarian action: Supporting humanitarian cluster/sector coordination transition.* 56, 42. www.ennonline.net/fex/56/humanitariancoordtransition

68 The United Nations Office for the Coordination of Humanitarian Affairs. (2020, March 31). *What is the cluster approach?* https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach

69 Global Nutrition Cluster. (2020, July). *Integrated famine risk reduction: An inter-cluster strategy to prevent famine in Yemen: A case study.* https://www.nutritioncluster.net/resources/case-study-inter-cluster-famine-response-strategy-south-sudan

70 Save the Children, & The UN Refugee Agency. (2018). *Infant and young child feeding (IYCF) in refugee situations: A multi-sectoral framework for action*. https://www.unhcr.org/en-au/5cff9b477.pdf

71 Specifically, 169 WBTi reports from 98 countries were available on the WBTi website as of January 15, 2022.

72 Gallagher, M. L., Mungai, K. R., Ezike, L. L., & Mshelia, H. (2017). From cluster to nutrition sector coordination: Government leadership in coordination for effective nutrition emergency response in Borno State, Nigeria. *Field Exchange, 56*, 84–88. https://www.ennonline.net/fex/56/nutemergencyresponsenigeria

73 UNICEF. (2021, September). *Infant and young child feeding*. https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/

74 World Health Organization. (n.d.). *WHO Global database on child growth and malnutrition*. https://www.who.int/teams/nutrition-and-food-safety/databases/nutgrowthdb

75 World Health Organization, & United Nations Children's Fund. (2021). *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*. https://www.who.int/publications/i/item/9789240018389

76 UNHCR. (n.d.). *Standardised expanded nutrition survey*. https://sens.unhcr.org/

77 *UNICEF/WHO invited commentary on 'infant and young child feeding assessment with small sample surveys: A proposal for a simplified and structured approach.'* (2014). 47, 63. https://www.ennonline.net/fex/47/commentary

78 The United Nations Office for the Coordination of Humanitarian Affairs. (2020). *Needs assessment: Guidance & templates*. https://www.humanitarianresponse.info/en/programme-cycle/space https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance

79 Global Nutrition Cluster. (2021, November 24). *Webinar: 'Sharing and learning Café': WHO/UNICEF IYCF Indicators: Challenges and opportunities in humanitarian contexts*. https://www.nutritioncluster.net/resources/webinar-sharing-and-learning-cafe-whounicef-iycf-indicators-challenges-and-opportunities

80 Global Nutrition Cluster. (2020). *Indicators registry (nutrition cluster)*. https://www.nutritioncluster.net/resources/indicators-registry-nutrition-cluster

81 UNICEF. (2021, November). *Guidance on national nutrition information systems*. https://data.unicef.org/resources/nutrition-nnis-guides/

82 Alberta Infant and Young Child Feeding in Emergencies. (2016, June 16). *Infant feeding through the Fort McMurray wildfires: Interim report*. http://safelyfed.ca/wp-content/uploads/2018/05/ABIYCF-E-Interim-Report-June13-FINAL.pdf

83 DeYoung, S. E., Chase, J., Branco, M. P., & Park, B. (2018). The effect of mass evacuation on infant feeding: The case of the 2016 Fort McMurray wildfire. *Maternal and Child Health Journal, 22*(12), 1826–1833. https://doi.org/10.1007/s10995-018-2585-z

84 World Health Organization. (2017). *Guidance on ending the inappropriate promotion of foods for infants and young children: Implementation manual*. https://www.who.int/publications/i/item/9789241513470

85 The United Nations Office for the Coordination of Humanitarian Affairs. (2022). *Humanitarian programme cycle*. https://www.humanitarianresponse.info/en/programme-cycle/space

86 Monteban, M., Yucra Velasquez, V., & Yucra Velasquez, B. (2018). Comparing Indigenous and public health infant feeding recommendations in Peru: Opportunities for optimizing intercultural health policies. *Journal of Ethnobiology and Ethnomedicine, 14*(1), 69. https://doi.org/10.1186/s13002-018-0271-2

87 Gribble, K. D., & Palmquist, A. E. L. (2022). 'We make a mistake with shoes [that's no problem] but… not with baby milk': Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe. *Maternal & Child Nutrition, 18*(1). https://doi.org/10.1111/mcn.13282

88 UNICEF, United Nations High Commissioner for Refugees, Save the Children, & Emergency Nutrition Network. (2015). *Interim operational considerations for the feeding support of infants and young children under 2 years of age in refugee and migrant transit settings in Europe*. https://www.unhcr.org/publications/operations/5613bebe9/interim-operational-considerations-feeding-support-infants-young-children.html

89 Rashid, B., Connell, N., & Wilkinson, C. (2016, January). *IYCF-friendly framework pilot in Jordan, Bangladesh and Kenya*. Field Exchange. https://www.ennonline.net/fex/51/iycfpilotjordanbangkenya

90 Save the Children, & The UN Refugee Agency. (2018). *Infant and young child feeding (IYCF) in refugee situations: A multi-sectoral framework for action*. https://www.unhcr.org/en-au/5cff9b477.pdf

91 Gribble, K., & Fernandes, C. (2018). Considerations regarding the use of infant formula products in infant and young child feeding in emergencies (IYCF-E) programs. *World Nutrition, 9*(3), 261–283. https://doi.org/10.26596/wn.201893261-283

92 Gribble, K. D., & Palmquist, A. E. L. (2022). 'We make a mistake with shoes [that's no problem] but… not with baby milk': Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe. *Maternal & Child Nutrition, 18*(1). https://doi.org/10.1111/mcn.13282

93 Burrell, A. (2019). Challenges in protecting non-breastfed infants in the Rohingya response in Bangladesh. *Field Exchange, 61*, 40–43. https://www.ennonline.net/fex/61/nonbreastfedinfantsrohingya

94 Theurich, M. A., Humphreys, A. L., Gosselin, L. B., & McCool-Myers, M. E. (2019). Food safety considerations for commercial complementary foods from global operational guidance on infant and young child feeding in emergencies. *Nutrition Reviews, 77*(5), 350–362. https://doi.org/10.1093/nutrit/nuy065

95 Olonan-Jusi, E., Zambrano, P. G., Duong, V. H., Anh, N. T. T., Aye, N. S. S., Chua, M. C., Kurniasari, H., Moe, Z. W., Ngerncham, S., Phuong, N. T. T., & Datu-Sanguyo, J. (2021). Human milk banks in the response to COVID-19: A statement of the regional human milk bank network for Southeast Asia and beyond. *International Breastfeeding Journal, 16*(1), 29. https://doi.org/10.1186/s13006-021-00376-2 https://pubmed.ncbi.nlm.nih.gov/33781285/

96 Svoboda, A. (2017, January 9). *Retrospective qualitative analysis of an infant and young child feeding intervention among refugees in Europe*. Field Exchange 55; Emergency Nutrition Network (ENN). https://www.ennonline.net/fex/55/ifyerefugeeseurope

97 Gribble, K. D., & Palmquist, A. E. L. (2022). 'We make a mistake with shoes [that's no problem] but… not with baby milk': Facilitators of good and poor practice in distribution of infant formula in the 2014–2016 refugee crisis in Europe. *Maternal & Child Nutrition, 18*(1). https://doi.org/10.1111/mcn.13282

98 Svoboda, A. (2017, January 9). *Retrospective qualitative analysis of an infant and young child feeding intervention among refugees in Europe*. Field Exchange 55; Emergency Nutrition Network (ENN). https://www.ennonline.net/fex/55/ifyerefugeeseurope

99 UNICEF, UNHCR, Save the Children, ENN & reviewers (2015). Interim Operational Considerations for the feeding support of Infants and Young Children under 2 years of age in refugee and migrant transit settings in Europe. www.ennonline.net/interimconsiderationsiycftransit

100 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 has 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.

101 United Nations Children's Fund. (2021). *Fed to fail? The crisis of children's diets in early life. 2021 child nutrition report*. UNICEF. https://www.unicef.org/reports/fed-to-fail-child-nutrition

102 Save the Children. (2012). Infant and young child feeding in emergencies: Why are we not delivering at scale? A review of global gaps, challenges and ways forward. https://resourcecentre.savethechildren.net/document/infant-and-young-child-feeding-emergencies-why-are-we-not-delivering-scale-review-global/

103 World Health Organization, & United Nations Children's Fund. (2021). *Indicators for assessing infant and young child feeding practices: Definitions and measurement methods*. https://www.who.int/publications/i/item/9789240018389

104 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

105 World Health Organization. (2018). Global Nutrition Policy Review 2016-2017: *Country progress in creating enabling policy environments for promoting healthy diets and nutrition*. https://www.who.int/publications/i/item/9789241514873

106 World Health Organization. (2018). Global nutrition policy review 2016-2017: *Country progress in creating enabling policy environments for promoting healthy diets and nutrition*. https://www.who.int/publications/i/item/9789241514873

Contact:
iycfe@savechildren.org
ife@ennonline.net