

INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES: WHY ARE WE NOT DELIVERING AT SCALE?

A review of global gaps, challenges
and ways forward

Undertaken by Save the Children UK



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Acknowledgements

This review was the initiative of Save the Children UK, led by Ali Maclaine, Senior Humanitarian Nutrition Adviser. It was undertaken by Astrid De Brabandere, consultant for Save the Children. External support was provided by Marie McGrath of the Emergency Nutrition Network (ENN) and Leah Richardson, independent consultant.

Save the Children would like to thank all key informants from agencies, governments and donor agencies who have participated in the review for their time and effort:

NGOs: ACF-France, ACF-Spain, CARE, Concern Worldwide, FANTA, Goal Ireland, IBFAN-GIFA, ICRC, IMC, Islamic Relief, Merlin, MSF-Belgium, MSF-Spain, MSF-Switzerland, Save the Children UK, Save the Children US, World Vision Pastoralists, Against Hunger (Kenya), Saacid (Somalia)

UN agencies: UNHCR, UNICEF Kenya, UNICEF New York, UNICEF Philippines, UNICEF Somalia and WHO

Others: FSNAU Somalia, Global Nutrition Cluster

Donors: DFID, ECHO, Irish Aid and OFDA

Governments: Kenya, Philippines and South Sudan

Academics: CIHD, UCL and University of Western Sydney

Save the Children UK would also like to gratefully acknowledge the funding support of the European Commission Humanitarian Aid and Civil Protection department for this review.

Disclaimer

"This document has been produced with the financial assistance of the European Commission. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Commission."

Published by
Save the Children
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London EC1M 4AR
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savethechildren.org.uk

First published October 2012

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Cover photo: A displaced Somali mother and her child in an IDP camp in Mogadishu (Photo: Farah Abdi Warsameh/Save the Children)

Typeset by Grasshopper Design Company

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ABBREVIATIONS AND ACRONYMS

ACF	Action Contre la Faim
ANC	ante natal consultations
AIDS	Acquired Immuno-Deficiency Syndrome
BCC	behaviour change communication
BFHI	Baby-Friendly Hospital Initiative
BMS	breast milk substitutes
CMAM	community-based management of acute malnutrition
CHW	community health workers
CIDA	Canadian International Development Agency
CIHD	Centre for International Health and Development
Code	The International Code of Marketing of Breast Milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions
CSB	corn soya blend
DFID	Department For International Development
DOH/N	Department of Health/Nutrition
DRR	disaster risk reduction
ECHO	European Commission Humanitarian Aid and Civil Protection department
ELACTA	European Lactation Consultants' Alliance
ENN	Emergency Nutrition Network
EPI	Extended Programme of Immunisation
FANTA	Food and Nutrition Technical Assistance
FSNAU	Food Security and Nutrition Analysis Unit
GFD	general food distribution
GNC	Global Nutrition Cluster
HIV	Human Immuno-deficiency Virus
IASC	Inter-Agency Standing Committee
IBFAN-GIFA	International Baby Food Action Network-Geneva Infant Feeding Association
ICRC	International Committee of Red Cross/Crescent
IDP	internally displaced person

IEC	information, education and communication
ILCA	International Lactation Consultants' Association
IMC	International Medical Corps
IMCI	integrated management of childhood illness
INGO	international non-governmental organisation
IYCF	infant and young child feeding
IYCF-E/IFE	infant and young child feeding in emergencies
IYCN	infant and young child nutrition
KAP	knowledge, attitudes and practices
MAMI	management of acute malnutrition in infants
M&E	monitoring and evaluation
MOH	Ministry of Health
MOPHS	Ministry of Public Health
MSF	Médecins Sans Frontières
MIYCN	maternal, infant and young children nutrition
NGO	non-governmental organisation
OFDA	Office of Foreign Disaster Assistance
PAHO	Pan American Health Organisation
PLW	pregnant and lactating women
PMTCT	prevention of mother-to-child transmission of HIV/AIDS
SMART	standardized monitoring and assessment of relief and transitions
SOP	standard operating procedures
TBA	traditional birth attendant
TOT	training of trainers
UCL	University College London
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WBW	World Breastfeeding Week
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

Infant and Young Child Feeding in Emergencies (IYCF-E) is concerned with interventions to protect, promote and support safe and appropriate (recommended) feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world. Sub-optimal infant and young child feeding (IYCF) practices increase vulnerability to under-nutrition, disease and death. The importance of actions to protect and support safe and appropriate IYCF-E is now well recognised and reflected in various documents.

The reality of putting policy into practice is challenging. The challenges and constraints of implementing IYCF-E interventions dominated the discussions of the 2010 strategy meeting of the IFE Core Group (a long-standing collaboration on IYCF-E) and were tabled at the GNC annual meeting in Nairobi in 2011. Save the Children UK, funded by the European Commission Humanitarian Aid and Civil Protection department (ECHO), decided to investigate the challenges and constraints to IYCF programming in emergencies by consulting with a variety of humanitarian agencies, donors and government representatives. A total of 63 agencies (INGOs and Red Cross/Crescent agencies, local NGOs, UN agencies, donor agencies, governments of countries with recent emergencies, other agencies, or individuals and academics) were approached and invited to participate in the review through answering a questionnaire and/or being interviewed; 37 responded. In addition, agencies were asked for evaluation reports (external or internal), programme reports or any other report that gives an overview of activities and/or IYCF-E programmes. This review presents a valuable insight into the current situation regarding IYCF-E, and the problems encountered in implementation and undertaking IYCF-E programming at scale. It also offers practical solutions to these problems.

The main results can be summarised as follows:

- Preparedness/risk-reduction activities related to IYCF are seen as being mainly about the presence of IYCF-E policies and strategies at agency and country level, capacity-building at all levels and having good routine IYCF programmes, which were also given as examples of activities undertaken.
- A strong majority consider IYCF preparedness a priority, because preparedness can lead to easy scaling-up of emergency programming, prevent malnutrition and save lives. The main priorities include development of comprehensive contingency and response plans, policy/strategy/guidelines that include IYCF-E, capacity-building and strengthening IYCF programming and complementary systems.
- Overall, respondents agree that an emergency response related to IYCF-E should uphold the provisions of the Operational Guidance on IYCF-E¹ and the International Code of Marketing of Breast Milk Substitutes,² and that an IYCF-E response constitutes protection, promotion and support of optimal IYCF and the care of the non-breastfed infant.
- The most common IYCF-E activities undertaken at present are provision of skilled support, community interventions and integration of IYCF into community-based management of acute malnutrition (CMAM) activities or the local health services.
- A majority of respondents considered IYCF-E should always be a priority in the emergency response as it is both a preventive and a life-saving activity. Prioritising it entails needs assessments, community-based programming, and implementation of the Code as well as assigning a lead coordinating body on IYCF-E.

- Almost all NGO/UN agencies feel there is a difference between IYCF-E and routine IYCF programming because the changed environment creates different priorities and needs and requires a reorientation of service delivery.
- Most respondents feel there is a divide between development and emergency IYCF programming. Suggestions to address this issue include advocacy and awareness; better planning including IYCF preparedness, risk reduction, and recovery funding and policies; reinforcement of coordination structures (clusters); and capacity development of staff.
- The main key reference/guidance material used in the field originates from the IFE Core Group, UNICEF, WHO, IASC or own agency guidance.
- The main sources of funding of IYCF-E activities are UN agencies, institutional donors and agency own funding. Funding is a constraint on implementing recommended IYCF-E programmes and funding is rarely provided for stand-alone IYCF-E activities. IYCF-E may not be seen as life-saving, so obtaining/retaining funding can be difficult, particularly for longer-term activities, including preparedness.
- All but one NGO/UN agency stated that there were IYCF-E activities that had been recommended by the technical supervisor but were not undertaken. Lack of funding, contextual barriers and lack of human resources and/or expertise were the main constraints on implementing IYCF-E programming. NGO/UN agencies faced difficulties concerning the lack of technical capacity and experience at the individual level, the lack of capacity and priority given to IYCF-E at agency level, weak government policies and involvement at the contextual level.
- Governments' greatest challenges arise from limited staff and resources, weak infrastructures and lack of national coordinating bodies.
- Donors cite the lack of information and evidence around IYCF-E programming and impacts, as well as staff constraints, as the main difficulties.
- Coordination of IYCF-E was highlighted as presenting a challenge, with IYCF-E getting inadequate time and space and insufficient links being made to other technical fields. Governments stressed the need for coordination between implementing partners through government structures.
- All agencies and governments expressed the view that capacity development on IYCF-E was needed at all levels of their organisation/structure.
- The practical actions at global level that would most help key informants to continue or improve IYCF-E programming includes the development of:
 - practical step-by-step guidance on how to do IYCF-E (in different contexts)
 - development of evaluation tools to measure outcome and impact
 - the creation of an evidence base
 - the delivery of training, including psychosocial aspects
 - advocacy for funding
 - experience-sharing and the development of multi-sectoral links.
- The desk review of evaluation reports stressed the need to develop an evidence base including documented experiences, the further development of tools, strengthened coordination, and staff orientation and capacity development.

This review has highlighted some positive work and examples of IYCF-E programming but it has also clearly demonstrated huge gaps and challenges in ensuring that IYCF-E programming in line with international guidance is undertaken, especially at scale. The review has shown that agencies, donors and governments want to support appropriate IYCF-E but are frequently unable to do so effectively. There is an unacceptable state of affairs surrounding IYCF-E, with a huge number of gaps and a long 'wish list' from UN/NGOs, governments and donors when it comes to putting the principles of the Operational Guidance on IYCF-E into practice.

What is striking from this review is that there is woeful lack of leadership, stewardship and coordination around IYCF-E, especially at the operational level. There is no overall strategic vision, no coordinated drive to organise a concerted effort

that would bring IYCF-E response up to the scale that is justified. Hence we find the situation as revealed in this review: identified gaps and challenges in IYCF-E remain largely unmet and unfunded, and when IYCF-E activities are set up they tend to be piecemeal and small-scale. This review clearly demonstrates that agencies, governments and donors are saying that they want to respond appropriately to the needs of infants and young children in an emergency, but that some key issues are preventing them from doing so.

One issue found by this review concerns the need voiced by agencies, governments and donors for an overall ‘how to’ set of tools and guidance (including monitoring and evaluation – M&E) for undertaking IYCF-E programming in different contexts (eg, rapid-onset emergencies, chronic emergencies, areas with high levels of non-breastfed babies). The details of the package still need to be determined but the findings of this review should inform its overall development. A considerable level of commitment and work is required to move the agenda forward and develop evidence-based, clear ‘how-to’ guides for different contexts.

There is a need to clarify and communicate where IYCF-E leadership lies at international and country levels, both technically and operationally during response. Further responsibilities and time lines must be identified in order to ensure that the problems, gaps and recommendations highlighted in this report are addressed as a matter of urgency. Despite the gaps, there is a strong collective will to move forward; this must be not only galvanised but managed. The clear resulting equation for success, as drawn out of this review, is:

$$\text{LEADERSHIP + TOOLS + CAPACITY DEVELOPMENT = SUCCESS}$$

A number of concrete and practical recommendations can be distilled from this review. There is a need to:

- Document experiences and lessons learned.
- Create an evidence base for IYCF-E as a life-saving intervention.
- Develop good ‘routine’ IYCF (strategy and programming,) as they are key preparedness activities, forming the backbone of effective emergency response at scale.

- Develop an evidence-based IYCF-E ‘how-to’ guide for different contexts, with programme models and easy-to-use, step-by-step implementation processes.
- Develop further technical guidance on specific topics such as complementary feeding, management of artificial feeding, control of donations of breastmilk substitutes, and IYCF-E assessment tools.
- Develop agreed standard monitoring and evaluation tools for IYCF-E interventions.
- Develop a strategy to improve integration of IYCF-E programming into other sectors.
- Create learning opportunities at a global, regional, national and local level (orientation, technical training and experience-sharing).
- Advocate for increased funding for stand-alone and integrated IYCF and IYCF-E programmes.

Ultimately the overarching recommendations can be proposed as follows:

- Clarify who is responsible for leadership on IYCF-E operationally at global and national levels. This means clearly defining the respective roles, in relation to preparedness, response and recovery, of the Cluster Lead Agency, UN agencies, and NGOs with special interest in IYCF-E.
- Clarify who is responsible for technical leadership on IYCF-E at global level.
- Determine who has the capacity (or potential capacity) to fill gaps in guidance and programming tools on IYCF-E.

In order to take this forward, a small meeting of key stakeholders should be convened as soon as possible to examine and formally agree roles, mandates and commitments of UN agencies, the Global Nutrition Cluster, IFE Core Group and operating agencies. The respective technical expertise and capacity of these stakeholders should be explored as part of this procedure. At the meeting the findings of this review and its recommendations should be discussed, together with the identified needs, with the objective of producing a ‘how-to’ guide. As part of this meeting, it is critical that a detailed time-limited action plan is laid out and commitments are given by stakeholders.

I INTRODUCTION

Infant and Young Child Feeding in Emergencies (IYCF-E) is concerned with interventions to protect, promote and support safe and appropriate (optimal) feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world. Recommended infant and young child feeding (IYCF) practices require a number of crucially important preparedness and response activities that maximise nutrition, health and development, and minimise malnutrition, morbidity and mortality among children under five in emergencies. IYCF-E centres on protecting, promoting and supporting optimal IYCF practices (both breastfeeding and complementary feeding), and minimising the risks associated with artificial feeding, particularly in the case of children under two years of age.

Sub-optimal IYCF practices increase vulnerability to under-nutrition, disease and death. The younger the child the more vulnerable they are: nearly 70% of under-five deaths occur in the first year of life and 38% of under-one deaths occur in the first months of life.³ Optimal breastfeeding could reduce child mortality in children under five by 12% to 20%,^{4,5,6,7} more than any other preventive measure.⁸ Complementary feeding also features in the 2008 Lancet series top-three interventions for preventing deaths of children under five: a further 6% of deaths could be prevented with appropriate complementary feeding.⁹ During emergencies the risks of morbidity, malnutrition and death increases. For example, rates

of child mortality can soar, to twice to as much as 70 times higher than average. Published total mortality rates for children under one year old in emergencies range from 12% to 53%.^{10,11,12} Even in previously healthy populations child morbidity and crude mortality rates can increase twenty-fold in a period of just two weeks in a crisis.¹³ The risks are high for breastfed infants, but for non-breastfed infants they are even worse. For example, following widespread flooding in Botswana in 2005/06 non-breastfed infants were 50 times more likely to need hospital treatment than breastfed infants, and much more likely to die.¹⁴

The increased vulnerability of infants and young children during emergencies and the need to act began to be highlighted by agencies in the late 1980s and the 1990s. Ad hoc forums were set up to formulate policy and strategy on this issue, most notably the UK Infant Feeding in Emergencies Group. Then in 1998 the International Baby Food Action Network (IBFAN) hosted an International Meeting on Infant Feeding in Emergency Situations in Croatia, which gave rise to an interagency collaboration, now called the IFE Core Group.¹⁵ Although this group's membership has varied throughout the years it has focused mainly on developing training materials and policy guidance, the latter being embodied in the Operational Guidance on IYCF-E. The work of this group and its members led to World Health Assembly (WHA) endorsement of the Operational Guidance in 2010¹⁶ (WHA 63.23) and to IYCF being included in the SPHERE Minimum Standards for Humanitarian Response for the first time in 2011,¹⁷ with standards set for 1) Policy Guidance and Coordination and 2) Basic and Skilled Support.

2 SCOPE OF THE REVIEW

RATIONALE FOR THE REVIEW

Despite notable successes, there have been difficulties over the years in getting IYCF-E recognised as ‘mattering’ and as a life-saving intervention during a crisis.¹⁸ Further, although guidance and policies exist, and some tools have been developed, key actors in emergencies are still not undertaking appropriate IYCF-E programming. Discussions around these questions dominated the IFE Core Group strategy meeting held in November 2010.¹⁹ Two of the main issues that emerged were: 1) although there appeared to be greater acknowledgement of the need for IYCF-E, in reality, priority was given to the management of acute malnutrition, considered by some as more of a life-saving intervention, and 2) when agencies and governments were interested in an IYCF-E response there was uncertainty about the practicalities of how to respond in their particular context. What was clearly recognised during the meeting was the need to further explore the barriers to IYCF-E implementation with a broad range of stakeholders.

Save the Children UK, following the discussions at the 2010 IFE Core Group strategy meeting and reflecting its commitment to IYCF-E, decided to investigate more closely the challenges and constraints to IYCF programming in emergencies by undertaking this review with funding from ECHO. The review builds on the considerations that came out the IFE Core Group meeting, consulting a broader range of humanitarian actors, donors and government representatives.

METHODOLOGY

The review investigated more closely the experiences of IYCF-E programming by interviewing key informants and reviewing key documentation.

A. KEY INFORMANT INTERVIEWS

NGOs, Red Cross/Crescent and UN agencies active in the field of nutrition were selected for consultation, regardless of whether they were known to be committed to IYCF-E. In addition, governments of countries where recent emergencies had taken place were contacted, as well as a number of donors. Attempts were made to contact the military to discuss their role in IYCF-E; however, these were not successful. A total of 63 stakeholders²⁰ were approached and invited to participate in the review, and there were 37 responses. (See table 1 and appendix 1 for details.)

A questionnaire was designed that dealt with the main topics of interest for this review and sent to NGOs and UN agencies (Appendix 2). A similar but slightly adapted questionnaire was sent to country governments (Appendix 3) and another one to donor agencies (Appendix 4). All agencies and institutions were contacted by email and given the choice of a telephone interview or, if not available for this, of completing and returning the questionnaire themselves. In the latter case participants were contacted if answers were unclear or raised additional questions. Every key informant was given the final version of their completed questionnaire for approval. The questionnaire was translated into French to facilitate participation of French-speaking governments/NGOs and into Somali for a national Somali NGO.

B. ANALYSIS OF EVALUATION REPORTS

Agencies were asked for evaluation reports (external or internal), programme reports or any other reporting that gave an overview of activities and/or appreciation of stand-alone IYCF-E programmes or other programmes with an integrated IYCF-E component. Experiences, lessons learned and recommendations from those reports are integrated into this report.

TABLE 1: AGENCY/STAKEHOLDER RESPONDENTS

Type of agency/stakeholder	Agency response
International NGO (17)	ACF-France, ACF-Spain, CARE, Concern Worldwide, FANTA, Goal Ireland, IBFAN-GIFA, ICRC, IMC, Islamic Relief, Merlin, MSF-Belgium, MSF-Spain, MSF-Switzerland, Save the Children UK, Save the Children US and World Vision
Local NGO (2)	Pastoralists Against Hunger (Kenya), Saacid (Somalia)
UN Agency (6)	UNHCR, UNICEF Kenya, UNICEF New York, UNICEF Philippines, UNICEF Somalia and WHO
Other (2) – classified under UN Agency in this report	FSNAU Somalia, Global Nutrition Cluster
Donor (4)	DFID, ECHO, Irish Aid and OFDA
National government (3)	Kenya, Philippines and South Sudan
Academic (3)	CIHD, UCL and University of Western Sydney

LIMITATIONS

The list of stakeholders contacted was based on a convenience sample and as such has certain limitations. Nevertheless the range and number of responses and participants means that this review provides an important overview as to the experiences and opinions of humanitarian actors with regard to IYCF-E.

Two donor agencies did not complete the questionnaire, but instead gave a quick summary of their thoughts and recommendations for IYCF-E; it was therefore not possible to compare answers of all donor agencies.

Respondents did not given an exhaustive list of all the difficulties, gaps and experiences they had encountered; instead they highlighted the main points that occurred to them at the time of answering the questionnaire. During the presentations of the initial findings, however, many participants who had completed the questionnaire stated that the review had highlighted issues that were extremely relevant to them but that they had not thought to mention at the time. Therefore the strength of the findings is actually underestimated in this report.

3 MAIN RESULTS

Main responses are set out below, full results are available on request.

KEY INFORMANT RESPONSES

EMERGENCY PREPAREDNESS/RISK REDUCTION

A. Preparedness/risk-reduction activities related to IYCF

Summary of responses

Most agencies and governments agree that the main components of preparedness/risk-reduction activities related to IYCF are: the presence of IYCF-E policies and strategies at agency and country level; capacity development at all levels; and having good pre-emergency 'routine' IYCF programmes. Donors emphasised that it was possible to undertake preparedness and risk reduction during emergency response, as long as this did not undermine the effectiveness of the response.

Agencies, governments and donors were asked what, in their opinion, constituted preparedness and risk reduction in relation to IYCF. The main responses were:

NGOs/UN agencies (N=27)

- ✓ Including IYCF-E and pregnant and lactating women (PLW) in country and/or agency contingency, emergency response plan and/or standard operating procedures, adhering to international standards and ensuring dissemination of the plan to all levels. (n=21)
- ✓ Setting up good routine IYCF programmes, such as counselling, community support groups, education, Baby-Friendly Hospital Initiative (BFHI), community education and care for PLW, and ensuring a link between pre-emergency, emergency and post-emergency activities; including an IYCF-E preparation component in routine IYCF programmes. (n=19)

- ✓ Building up technical capacity and expertise for skilled support in-country through training at all levels, for both government and agency staff and voluntary community workers. (n=16)
- ✓ Development of an IYCF-E policy or inclusion of IYCF-E in other policies, at both national and agency level and based on the Operational Guidance on IYCF-E. Ensuring that policies are known at all levels in the country. (n=13)
- ✓ Ensuring implementation and legislation of the International Code of Marketing of Breast Milk Substitutes²¹ or policy concerning regulation of breast milk substitutes (BMS), and that a statement on appropriate use of BMS in emergencies has been prepared. (n=11)
- ✓ Assessing common IYCF practices pre-emergency and including IYCF indicators in surveillance or early warning systems on a regional or national level. (n=11)
- ✓ Sensitising and awareness-raising on the importance of IYCF-E among all parties concerned, such as government departments at all levels, agency country offices, field offices, media, donors and others. (n=6)
- ✓ Development of communication and other tools to use in emergencies to inform the population of the value of appropriate practices in emergencies and to forestall the spread of myths. (n=6)
- ✓ Setting up emergency stocks or having a procurement plan ready for provision of BMS, complementary food or other items necessary for IYCF-E interventions as defined by risk analysis. (n=4)

Governments

- ✓ Ensuring that a national policy is in place that addresses IYCF and reflects the Operational Guidance on IYCF-E.
- ✓ Organising orientation and training on IYCF-E.
- ✓ Increasing knowledge on the Code.
- ✓ Prepositioning micronutrients for PLW.
- ✓ Advocating with Ministry of Health and private hospitals to encourage optimal IYCF.

- ✓ Organising breastfeeding support groups ready for deployment.
- ✓ Donors.
- ✓ Surveillance on nutrition and Community Management of Acute Malnutrition (CMAM).
- ✓ Nutrition/health education and behaviour change.
- ✓ Improving the diet of <2-year-olds by strengthening breastfeeding and complementary feeding practices.
- ✓ Development of a strategy/policy framework for IYCF.
- ✓ Building nutrition competence among caregivers and relevant service providers to avoid being overtaken by an emergency.

B. Examples of IYCF-E preparedness activities undertaken

Summary of responses

Most of the IYCF-E preparedness/risk-reduction activities implemented by respondents have been concerned with developing policies and strategies at country level, IYCF-E capacity development and integration of IYCF in other programmes.

NGOs/UN agencies (n=27)

- ✓ Development of policies and strategies or support to government to do so; incorporating IYCF-E in standard operating procedures; integration of Code provisions into policies and strategies. (n=13)
- ✓ IYCF-E training, capacity-building, increase skilled support throughout countries at partner level, health worker level and community level. (n=11)
- ✓ Integration of IYCF into other programmes, eg. community-based nutrition activities focusing on IYCF and maternal behaviour change, integration of IYCF into CMAM and other child health services such as IMCI vaccination campaigns and supplementation programmes. (n=6)
- ✓ Conducting routine IYCF programming, developing IYCF-E tools, and assessing IYCF practices. (n=5)

Governments

- ✓ Policy and strategy development and dissemination to key partners/stakeholders.
- ✓ Tools: information, education and communication (IEC) materials, assessment tools, trainings, advocacy, etc.
- ✓ Integration of IYCF into other programmes.

C. Prioritisation of IYCF preparedness/risk reduction in emergency-prone countries

Summary of responses

A large majority consider IYCF preparedness/risk reduction to be a priority because preparedness can enable the easy scaling-up of emergency programming, prevent malnutrition and save lives.

Table 2 shows the opinions of respondents on whether preparedness/risk reduction related to IYCF in emergency-prone countries should be considered a priority:

NGOs/UN agencies (n=26)

The majority of NGOs/UN agencies (n=22) thought IYCF preparedness/risk reduction should always be a priority in emergency-prone countries. Reasons for this included:

- ✓ Scaling-up: If part of routine programming, it can be scaled up in an emergency response.
- ✓ Prevention: It prevents malnutrition and protects health status.
- ✓ Saving lives: IYCF-E is a life-saving intervention, especially during emergencies (however, respondents thought that this fact was frequently overlooked and consequently IYCF-E was not allowed sufficient space/resources or it was inadequately addressed).

Governments/donors

All governments agreed that IYCF preparedness/risk reduction is a priority in order to reduce maternal, infant and child mortality and morbidity. One donor

TABLE 2: PRIORITISATION OF IYCF PREPAREDNESS/RISK-REDUCTION ACTIVITIES

	NGOs and UN	Governments	Donors
Always a priority	22	3	1
A priority in some contexts	4	0	0
Not a priority	1	0	1

thought that it should be considered a particular priority in slow-onset food-related crises (eg, Horn of Africa, Sahel, South Sudan).

Additional notes

Additional comments included: more information is needed on the impact of IYCF preparedness/risk reduction on an emergency response; there are many constraints at country level, especially with regard to capacity and budget, which mean that other issues tend to be prioritised; funding for preparedness activities is particularly difficult. It was also highlighted that technical people often consider IYCF-E a priority, but generalists less so.

D. Priority interventions for preparedness/risk reduction

Summary of responses

Agencies, governments and donors provided similar responses. The main priorities were the development of comprehensive contingency and response plans, and policy/strategy/guidelines that include IYCF-E. Undertaking IYCF and IYCF-E capacity-building, and strengthening IYCF programming and complementary systems, are also priorities for preparedness/risk reduction.

Informants were asked what they considered to be the top five recommended priority interventions for preparedness/risk-reduction activities related to IYCF-E in emergency-prone countries.

NGOs/UN agencies

See Table 3 (opposite).

Governments

The three participating governments listed similar priority preparedness/risk reduction interventions:

- ✓ Development of policy/strategy/guidelines on IYCF-E that is well disseminated and adopted from the national to the local government units and supported by all partners/stakeholders.
- ✓ Strengthening of health infrastructure to integrate IYCF.
- ✓ Adopting the cluster approach with an organised and active Nutrition Cluster.
- ✓ Capacity-building activities including on monitoring of Code violations.
- ✓ Good information management.
- ✓ Awareness-raising.

Donor agencies

For donor agencies, the priority preparedness/risk reduction interventions are:

- ✓ Capacity-building.
- ✓ Surveillance and early detection.
- ✓ Frontline nutrition and health support.
- ✓ Support breastfed and non-breastfed children <5 years with focus on <2 years including complementary feeding.
- ✓ Support the ability of the carer to take care of infants and young children through shelter, water, sanitation, food for family, medical attention, psychosocial support.

EMERGENCY RESPONSE

A. Constituents of an IYCF-E response

Summary of responses

Protection, promotion and support of breastfeeding and complementary feeding, including the care of non-breastfed infants and upholding the Code, were identified by respondents as the main activities constituting an IYCF emergency response.

NGOs/UN agencies (n=27)

When asked what constitutes an IYCF response in an emergency, some agencies stated that the response depended on the type of emergency and the consequent priority issues. They pointed out that there was a difference between, for example, what should happen during an acute-onset emergency with poor hygiene and a high number of donations of BMS and what needed to be done in slow-onset emergencies.

Main responses:

- ✓ Protect, promote and support breastfeeding by, among other things, providing safe spaces that ensure privacy for mothers, and skilled support for technical breastfeeding issues. (n=16)
- ✓ Ensure access to, and promote and protect, appropriate complementary feeding through skilled support, by helping mothers to determine appropriate complementary food recipes in a changed environment and/or provide dietary or micronutrient supplements. (n=13)
- ✓ Address any problems that arise concerning the Code through: development of policy guidance and/or legal implementation of the Code; ensuring the cluster approach includes advocacy against Code violations; monitoring and responding to Code violations. (n=13)

TABLE 3: MAIN PRIORITY INTERVENTION FOR PREPAREDNESS/RISK REDUCTION ACCORDING TO NGOs/UN

Main priority interventions for preparedness/risk reduction – NGOs/UN	Number of respondents
Develop, improve and endorse contingency plan or emergency response plan in which IYCF-E is included, at national level with government and at agency level. Develop IYCF-E strategy at national level with government and at agency level. This has to build on the Operational Guidance on IYCF-E and include all key measures, as well as WHO resolution and compliance with the Code. Ensure dissemination among all partners.	26
Train all agency, MOH and facility staff, community workers and all those who come in contact with infants and young children at national, regional and field level; training of trainers, inter-agency training, continued capacity-building and skilled counselling training, integrated in pre- and in-service training to ensure everybody knows what to do when the emergency hits. Create a pool of trainers who can be relocated. Include IYCF-E component in nutrition and development training modules.	24
Conduct routine IYCF programmes , including community-based interventions such as peer counselling, mother-to-mother support groups, behaviour change communication with the right messages, health and awareness-raising on key community practices; include other members of the community. Strengthen health facilities on pre- and post-natal care, infant care and growth monitoring; implement the BFHI.	16
Develop policies and regulations, and if possible legislation, to implement the Code and an action plan/system to monitor and deal with violations .	8
Assess IYCF practices, cultural habits and beliefs as well as barriers to good practices pre-emergency to provide base line information; establish assessment teams to identify change and risks after the onset of the emergency.	7
Identify and map capacity of government, humanitarian actors, health facilities, individual experts and other structures that could be useful partners in emergencies, and create a deployment roster .	6
Establish a procurement system and/or emergency stock for infant formula, complementary food items or other, in coordination with government.	5
Carry out sensitisation of government, agency country offices, all agency and health facility staff and community leaders on the importance of IYCF-E and the role they can play in it.	5
Coordinate with government and other partners to ensure appropriate and prompt response. Reflect on linking nutrition, psychosocial, health and other sectors in emergency .	4
Set up or reinforce surveillance and/or early warning system for disease and nutrition and include <6 months in data collection. Conduct formative research strengthening systems and surveys.	3
Provide guidance to field teams, and ongoing specialised facility-based support.	3

- ✓ Provide care for those infants who are not breastfed, either by exploring alternative options or, if there is no other possibility, by providing infant formula. (n=11)
- ✓ Issue a Joint Statement to protect and promote optimal IYCF-E (n=10) and ensure there is a clear policy reflecting the Operational Guidance on IYCF-E. (n=3)
- ✓ Ensure caregivers are able to meet their basic needs. (n=8)
- ✓ Provide IYCF community-based interventions (n=7), psychosocial, psychological or other mental health support (n=6), and treatment for acute malnutrition. (n=4)

Governments (n=3)

- ✓ Upholding the provisions of the Operational Guidance on IYCF-E and the Code; monitoring and dealing with Code violations. (n=3)
- ✓ Sensitisation and awareness-raising on the importance of IYCF in emergencies, aimed at the population, humanitarian actors and the media. (n=3)
- ✓ Counselling and nutritional education through support groups. (n=3)
- ✓ Providing care for non-breastfed infants through re-lactation sessions, wet nurses, milk banks or provision of safe artificial feeding. (n=3)

Donor agencies

- ✓ Supporting safe and appropriate breastfeeding and complementary feeding.
- ✓ Critical need for responses to be multi-sectoral interventions with links to protection, shelter, general food distributions, water, sanitation and healthcare.

B. Examples of IYCF-E response activities undertaken

Summary of responses

Provision of skilled support, community interventions and integration of IYCF into CMAM activities or the local health system are the most common IYCF-E activities.

NGOs/UN agencies (n=27)

Main responses:

- ✓ Baby tents/corners or other types of provision of skilled support. (n=12)
- ✓ Community interventions such as mother-to-mother support groups, group education, media

campaign, sensitisation of affected population, breastfeeding support groups, complementary feeding education, key messages for religious leaders. (n=10)

- ✓ IYCF in CMAM, strengthening nutrition activities. (n=10)
- ✓ Training and capacity-building. (n=6)
- ✓ Management of acute malnutrition in infants. (n=6)
- ✓ Sensitisation of partners and other sectors on IYCF-E. (n=5)
- ✓ Prevention and management of donations of BMS. (n=4)
- ✓ Rapid IYCF-E needs assessment and surveillance. (n=4)
- ✓ Provision of micronutrients. (n=4)
- ✓ Provision of psychosocial support. (n=3)
- ✓ Provision of complementary food. (n=3)
- ✓ Support to the Nutrition Cluster on IYCF-E. (n=3)

Other responses: The integration of key IYCF messages/tools into other sectors' interventions was also mentioned, as was support to government, prevention of mother-to-child-transmission of HIV/AIDS (PMTCT) programmes, strengthening of the Baby-Friendly Hospital Initiative (BFHI), etc.

Governments

Main responses:

- ✓ IYCF (-E) assessment.
- ✓ IYCF counselling/education.
- ✓ Micronutrient distribution.
- ✓ Issuing of a Joint Statement on IYCF-E.
- ✓ Monitoring of Code violations.

C. Prioritisation of IYCF-E in the emergency response

Summary of responses

The majority of respondents considered that IYCF-E should always be a priority in the emergency response as it is both a preventive and a life-saving activity, given its relationship with the prevention of malnutrition and the maintenance of good health.

Table 4 shows the opinion of participating NGOs/UN, governments and donor agencies on whether IYCF-E should be considered as a priority in the emergency response.

The majority of NGOs/UN respondents consider that IYCF-E should always be a priority because it is

TABLE 4: PRIORITISATION OF IYCF-E IN THE EMERGENCY RESPONSE

	NGOs and UN	Governments	Donors
Always a priority	21	3	1
A priority in some contexts	5	0	0
A priority in the post-acute phase	1	0	0
Not a priority	0	0	1

highlighted as such in the WHA resolution (63.23), because breastfeeding is a life-saving intervention and because of its relationship with preventing malnutrition and ensuring good health. Respondents also stated that it was important as it was a preventive measure and that prevention should be a priority above curative actions. Furthermore, IYCF-E was also regarded as a priority because mothers and children are always in need of protection and support.

The three participating governments regarded IYCF-E as among the most challenging but necessary areas of an emergency response where changes in the IYCF practices are likely to happen and greater health risks are expected.

One donor said that it always looks at the possibility of funding nutrition-related activities in humanitarian responses and it prioritises IYCF in all emergencies, in response to Ireland's Hunger Task Report call for attention to maternal and infant undernutrition. The decision to fund depends on whether other donors are providing funding and whether a strong, suitable partner is present to implement the funded activity.

Additional notes

Various agencies report that IYCF-E is considered a priority by nutrition, health and other technical people, but not always by non-technical people; therefore it is not always manifested or executed as a priority in emergencies. In addition, there are other constraints such as the capacity of the team, the budget available, funding opportunities and the agency's priorities which mean that other issues are prioritised during the response. Prioritisation of interventions also depends on the nature of the emergency (slow/rapid onset), existing problems in the county (existing practices), government and partner's capacity, and also an individual's understanding, motivation and drive.

D. Priority interventions for IYCF-E response

Summary of responses

The main priorities for an IYCF-E response include a needs assessment, community-based programming, implementation of the Code and assigning a lead coordinating body for IYCF-E.

Key informants were asked what they recommended as the top five priority interventions for IYCF-E response when an emergency hits.

NGOs/UN agencies

See Table 5 (page 10).

Governments

Governments listed the priority interventions in emergency as follows:

- ✓ A lead coordinating body on IYCF is designated in every emergency.
- ✓ A national and/or agency policy is in place that addresses the issue of IYCF and reflects the Operational Guidance on IYCF-E.
- ✓ A body is designated to deal with any donations of BMS, milk products, bottles and teats.
- ✓ IYCF assessment.
- ✓ Provision of supportive care (pre-natal/post-natal care, healthcare, etc) to pregnant and lactating mothers to include 'safe havens': these provide breastfeeding spaces with counselling, re-lactation support, additional food rations, priority lanes.
- ✓ Information, education and communication, including press releases or statements.
- ✓ Raising awareness of community and local authorities on IYCF.
- ✓ Identifying mothers to train in mother support and breastfeeding counselling.
- ✓ Provision of safe/clean water and sanitary living conditions.

TABLE 5: MAIN PRIORITY INTERVENTION FOR IYCF-E RESPONSE IN EMERGENCIES ACCORDING TO NGOs/UN

Main priority interventions for IYCF-E response – NGOs/UN	Number of respondents
Community-based communication, promotion, education and support of appropriate IYCF practices in the emergency situation, including mother-to-mother support groups or other peer support.	15
Needs assessment at the start of the emergency to identify changes that have occurred in IYCF practices since the start of the emergency and the needs of infants, young children and pregnant and lactating women.	14
Implement or reinforce the Code and prevent, monitor and deal with uncontrolled and unwanted distributions of BMS.	14
Availability of and access to complementary food sources with sufficient micronutrient content through assessments and food basket monitoring; set up distributions of cash, vouchers or blanket supplementary feeding or food fortification products if needed.	14
Develop a policy for the management of non-breastfed infants , including the provision, controlled distribution and reduction of risk of artificial feeding if needed.	13
Access of infants and young children to treatment for severe and moderate acute malnutrition.	12
Skilled IYCF support adapted to the changed environment, including re-lactation.	10
Safe spaces where mothers can be provided with information and support for IYCF and privacy for breastfeeding.	10
Psychosocial support for mothers and children; attention to care practices; link nutrition, psychosocial and health programmes.	8
Basic and nutritional support to PLW – prioritising mothers/caregivers, infants and young children for support to get immediate essential needs met (food, shelter, water, security) and protection (legal, security, access to aid).	4
Communication to increase general awareness in the community ; work on links; overcoming myths; behaviour change communication.	4
Sensitisation and awareness-raising at policy and decision-making level on the importance of IYCF-E.	3

Donors

For donors the priority interventions are:

- ✓ Assessment of IYCF practices.
- ✓ Frontline nutrition and health support.
- ✓ Capacity-building.
- ✓ Breastfeeding promotion and complementary and supplementary feeding adapted to age.
- ✓ Scaling up.
- ✓ Supporting breastfed and non-breastfed children <5 years, with focus on <2 years.
- ✓ Shelter, water, sanitation, food for family, medical attention, psychosocial support (to enhance carer's ability to take care of infants and young children).

EMERGENCY SCALE-UP AND CURRENT PROGRAMMING ISSUES

A. Differences between IYCF-E and routine IYCF programming

Summary of responses

Almost all NGOs/UN agencies feel there is a difference between IYCF-E and routine IYCF programming, because the changed environment creates different priorities and needs and requires a reorientation of service delivery.

Overall, 25 NGOs/UN agencies out of 27 believe there is a difference between IYCF-E and routine IYCF programming; their reasons for this include:

- ✓ Different priorities and needs, also potentially different target groups.
- ✓ A changed environment requires changes to the types of activities, where they are delivered, and how they are structured.
- ✓ Routine IYCF programming models differ from IYCF-E programming models: the former are more about education, sensitisation and behaviour change, the latter more about distribution and preventing the situation deteriorating.
- ✓ IYCF-E tends to focus on issues regarding BMS donation/use, specialised nutrition commodities and on life-saving in addition to prevention of malnutrition
- ✓ The goals are different: in emergencies, where the stakes are higher, not letting the situation worsen, versus improving the situation in a development programme context.

Some respondents stressed it was important to note that activities in emergency can also accelerate existing interventions and draw attention to routine IYCF.

Two agencies felt there was no difference, that IYCF should just be scaled up during an emergency “like CMAM” and that IYCF should be mainstreamed as part of the emergency preparedness and risk-reduction response.

This question was not included in the questionnaire for donors and governments.

B. Continuity between development and emergency programming around IYCF

Summary of responses

Most respondents feel there is a gap between development and emergency IYCF programming due to, among other things: lack of in-country expertise and human resources; poor funding for preparedness and recovery; lack of government strategy/policies; and the mirroring of a general global disconnect. Suggestions for dealing with these issues include: advocacy and awareness-raising; better planning including IYCF preparedness, and risk-reduction and recovery funding and policies; reinforcement of coordination structures (cluster); and developing capacity of staff.

Key informants were asked whether they considered there was a lack of continuity or a ‘divide’ between IYCF programming in the development context and that the emergency context. All governments consulted felt there was a gap in programming and the majority (25 out of 27) of UN agencies/NGOs also felt that there was a divide, mainly due to:

- ✓ Lack of in-country expertise to transform regular programmes into emergency programmes and vice versa.
- ✓ Lack of human resources and logistical capacity to be diverted to emergency programming.
- ✓ Lack of funding for preparedness and recovery.
- ✓ Lack of government strategy/policies.
- ✓ Global/regional disconnection between development and emergency programming.

Some suggestions to address the divide are:

- ✓ Carry out advocacy and awareness-raising to donors and governments for IYCF preparedness, risk reduction, and recovery funding and policies.
- ✓ Build on existing structures, reinforce them and use existing human resources in-country.
- ✓ Have a better process for planning the country activities through contextual analysis process, and understanding risks and vulnerabilities.
- ✓ Ensure clear communication between development and emergency specialists, and between locally based and international support staff.
- ✓ Reinforce Cluster ability to coordinate and roll out policies/standards/tools and facilitate information flow.
- ✓ Implement capacity development.

C. Key IYCF-E reference/guidance materials

Summary of responses

The main key reference/guidance material used in the field, as cited by the review’s informants, originates from the IFE Core Group, UNICEF, WHO, IASC or own agency guidance.

The main international reference or guidance material used by agencies in the field were IFE Core Group documents, WHO and UNICEF guidance materials (Table 6).

Other guidance material used can be found in Appendix 5.

The main international reference and guidance documents used by governments are similar to those used by NGOs and UN agencies:

- ✓ IFE Core Group, IYCF-E Operational Guidance v2.1, 2007, addendum 2010.
- ✓ Global Nutrition Cluster, Nutrition in Emergencies Toolkit.
- ✓ National IYCF strategy.
- ✓ WHO, International Code of Marketing of BMS with relevant WHA resolutions.
- ✓ The Sphere Project, Sphere Handbook Chapter 3, 2011.
- ✓ IBFAN, World Breastfeeding Trends Initiatives classification.

D. Development of reference/guidance material

Interviewed stakeholders have developed their own guidance materials for IYCF-E; the list can be found in Appendix 5. In addition, a range of guidance is currently under development (Table 7).

TABLE 6: KEY REFERENCE AND GUIDANCE DOCUMENTS FOR NGOs/UN

Main key reference and guidance documents – NGOs/UN	Number of respondents
IFE Core Group, Operational Guidance on IYCF-E v2.1, February 2007 and addendum 2010	13
IFE Core Group, Module 1 on IYCF-E, v2.0, 2011	13
IFE Core Group, Module 2 on IYCF-E, v1.1, 2007	13
IASC/GNC, Harmonised Training Package Module 17 on IYCF-E, 2011	7
WHO, Indicators for Assessing IYCF Practices, Part 1, 2 and 3; 2008–10	6
WHO, International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions	5
WHO/UNICEF, Infant and young child feeding counselling, an integrated course, 2006	5
The Sphere Project, Sphere Handbook Chapter 3, 2011	4
ENN, IFE Core Group et al, Integration of IYCF into CMAM, 2009	4
MSF, CMAM protocol	3
UNICEF, IYCF programming guide, 2011	3
UNICEF, The community IYCF counselling package, 2010	3
WHO/UNICEF/UNFPA/UNAIDS, Guidelines on HIV and Infant Feeding, 2010	2
WHO, Breastfeeding counselling: a training course, a 40-hour course, 1997	2

TABLE 7: GUIDANCE UNDER DEVELOPMENT BY PARTICIPANTS IN THE REVIEW

Agency	Material	Description	Date due for completion
ACF-France	Care Practices in Emergencies Manual	Step-by-step theoretical and practical guidance how to implement a baby tent programme	2012
ACF Spain	IYCF-E Activity Sheets	Development of rapid assessment and implementation tool for IYCF-E, adapted for use by non-technical people	NA
CARE	Mentoring and monitoring guidance	How to address supportive supervision/mentoring and monitoring	NA
Concern Worldwide	IYCF-E Early Response to Predictable Emergencies model	Incorporate IYCF-E in a model for Early Response to Predictable Emergencies, based on a Niger programme	NA
FANTA, LSHTM and Blue Infinity (IT company)	Optifood	A software program to rapidly formulate and test population-specific food-based recommendations and identify nutrients that cannot easily be provided in adequate amounts by the local food supply. It can be used to compare alternative food-based strategies on the basis of cost and likely reduction in the prevalence of nutrient inadequacies and identify the lowest-cost diet that most closely meets nutritional needs, applicable to complementary feeding, also in emergency situations.	January or February 2012
All MSFs	CMAM guidelines	Revision of CMAM guidelines, including the specific chapter on IYCF-E	NA
MSF-B	Manual on psychological management of malnourished children		NA
MSF-B	IYCF training module	Small IYCF training module to integrate into nutrition and vaccination trainings	NA
UNHCR	Milk policy	Update of the in-house milk policy and re-packaging for easier understanding	NA
UNHCR/UCL	IYCF nutrition survey module	Development of an IYCF nutrition survey module, touching on some of the WHO IYCF indicators	2012
UNICEF	E-learning course on IYCF programming	12 modules, based on the 2011 UNICEF IYCF programming guide	NA
UNICEF	Community IYCF package in local languages	Collection of translations of the community IYCF package and made available on website	NA
UNICEF	Supervision and monitoring tools	Programme management supervision and monitoring tools to go with the community IYCF package	NA
UNICEF	Situation analysis on commitment to breastfeeding programmes	Situation analysis regarding breastfeeding and advocacy and what different agencies feel about commitment (or lack there-of) to breastfeeding programmes	NA
World Vision	Baby Friendly Tents Manual	Supporting Breastfeeding in Emergencies – the use of baby-friendly tents	2012

E. Funding of NGO/UN agencies for IYCF-E activities

Summary of responses

The main sources of funding of IYCF-E activities are UN agencies, institutional donors and agency own funding. Funding is rarely provided for a stand-alone IYCF-E activity; more often IYCF-E is integrated into nutrition programming. IYCF-E may not be seen as life-saving, so obtaining/retaining funding can be difficult, especially for specific programming such as complementary feeding. Moreover, it is difficult to find funding for longer-term activities, including preparedness/risk-reduction activities.

NGOs/UN agencies

NGOs and UN agencies were asked for the main sources of funding of stand-alone IYCF-E programmes or other programmes with an IYCF-E component. (See Table 8.)

Note: Not all key informants were able to list (all) their sources of funding; therefore the following table is not representative but merely an example of what was most frequently cited. In addition, one programme can be funded by different sources; the importance of each funding source has not been reflected.

Many respondents acknowledged that it is more difficult to obtain funding for IYCF-E as a stand-alone intervention. Some agencies feel that IYCF is not high

on the priority list of the donors, nor on that of the decision-makers within the agency. It is often seen as a preventive intervention, not a life-saving action and consequently when a budget gets cut, the IYCF-E part is often the first to go. Four agencies said it was difficult to find funding for longer-term activities, including preparedness or risk-reduction activities and also for complementary feeding. One agency raised the concern that donors feel there is duplication between what the IFE Core Group is about and what UNICEF does/is mandated to do.

Donors

ECHO says there is no distinct funding decision on IYCF-E, but funding is possible for agencies with proven competence in nutrition programming.

Irish Aid confirms that any type of IYCF-E programme can be funded on condition that a suitable partner can be found. In slow-onset or protracted crises, there usually is funding of agencies and during the acute phase increased funding to upscale or add activities. There can also be a contribution to common humanitarian funds, such as support for interventions that address malnutrition in the acute phase.

OFDA can provide some funds for usual activities in very rapid-onset emergencies, but within six months it requires a basic rationale for the funding to be submitted through, for example, Knowledge, Attitude and Practice (KAP) assessments, information about baseline practices and behaviour change, and measurement of impact.

TABLE 8: REPORTED MAIN FUNDING SOURCES FOR IYCF-E ACTIVITIES

Main sources of funding for IYCF-E activities	Number of respondents
UN funding: UNICEF, WHO, UNHCR, OCHA, CERF	13
ECHO	12
OFDA/USAID	12
Agency own funding	12
Governments (Swiss, French, Norwegian, Swedish, Japanese and other)	6
DFID	4

CHALLENGES AND PRACTICAL ACTIONS

A. Barriers to NGOs/UN agencies undertaking IYCF-E activities

Summary of responses

All but one NGO/UN agency referred to IYCF-E activities that had been recommended by the technical supervisor but that had not been undertaken. Lack of funding, contextual barriers and lack of human resources and/or expertise were the main constraints on implementing IYCF-E programming.

NGOs and UN agencies were asked whether there were any activities the technical supervisors had recommended to undertake in preparedness/risk reduction or response in emergencies, but could not be undertaken, for whatever reason (see Table 9). Of the 27 agencies responding, 26 said that this had indeed happened during the past few years.

B. Key challenges

Summary of responses

The main challenges for NGO/UN agencies relate to the lack of technical capacity and experience at the individual level, the lack of capacity and priority given to IYCF-E at agency level, and weak government policies and involvement at the contextual level.

For governments, the major problems are limited staff and resources, weak infrastructures and lack of national coordinating bodies.

Donors indicate that the lack of information and evidence about IYCF-E programming and impacts, as well as staff constraints, present the main challenges.

Stakeholders from the NGO/UN respondents were asked what key challenges they face at an individual level, at an agency level, and related to the context.

TABLE 9: REASONS GIVEN BY NGOs AND UN AGENCIES FOR NOT BEING ABLE TO UNDERTAKE IYCF-E ACTIVITIES

Reasons for not undertaking IYCF-E activities	Number of respondents
Lack of recognition of IYCF-E as such and of the need for IYCF-E when there are not high malnutrition rates; prioritisation of other interventions by non-technical staff or overall agency policy (usually CMAM); competing priorities, often due to lack of sensitisation of all agency members and lack of a clear IYCF-E policy within the agency	13
Lack of funding , including for longer-term projects	13
Due to context : insecurity, lack of access, lack of government authorisation or lack of government	9
Lack of a number of human resources or lack of required expertise in local and international staff members, absence of technical staff on the ground	9
Lack of capacity of partners, government facilities or field teams	5
Lack of time	2
Lack of nutrition cluster, or of lead in IYCF-E	2

Several other reasons were mentioned including: a lack of trained community staff, lack of evidence base, being overwhelmed with cases of acute malnutrition, lack of knowledge of health/nutrition status of infants <6 months, and so on.

Key challenges faced as an individual (NGOs/ UN agencies) (n=27)

- ✓ Lack of technical capacity and counselling skills. (n=13)
- ✓ Lack of experience in setting up IYCF-E programmes. (n=7)
- ✓ Lack of time combined with competing priorities – or lack of human resources. (n=6)
- ✓ Lack of training and training opportunities. (n=5)
- ✓ Difficulty of sensitising and convincing non-nutrition colleagues. (n=4)

Key challenges faced at the agency level (NGOs/UN agencies) (n=27)

- ✓ Lack of priority given to the subject. (n=13)
- ✓ Lack of technical and/or organisational capacity. (n=8)
- ✓ Lack of funding opportunities. (n=6)
- ✓ Difficulty finding IYCF-E experts. (n=5)
- ✓ IYCF (-E) not being a core mandate of the agency. (n=4)

Key challenges related to the context (NGOs/ UN agencies) (n=27)

- ✓ Weak government involvement, understanding and capacity regarding IYCF-E. (n=11)
- ✓ Ineffective or missing policies. (n=7)
- ✓ Lack of capacity. (n=5)

Governments were asked what challenges they faced in implementing IYCF-E activities.

Challenges as faced by governments

- ✓ Limited staff and resources to implement policy and undertake activities – inadequate capacity.
- ✓ Inadequate/poor knowledge of IYCF-E on the part of government staff and humanitarian agencies.
- ✓ Lack of national strategy on IYCF-E.
- ✓ Weak health infrastructures.
- ✓ Absence of a national IYCF-E coordinating body.

Donors were asked what challenges they faced in determining organisations' capacity or deciding whether or not to fund IYCF-E programmes.

Challenges as faced by donors

- ✓ Lack of timely needs assessments.
- ✓ Lack of clear guidance on appropriate IYCF-E monitoring and outcome/impact indicators – leading to difficulties in assessing proposals, lack of programme overview and difficulties in determining the impact of the interventions.
- ✓ No clear cost-benefit justification for specific IYCF-E activities undertaken at specific times during the emergency.
- ✓ Staffing constraints.

C. Coordination challenges and possible solutions

Summary of responses

Governments stress the need for coordination between all implementing partners, through government structures. NGOs and UN agencies listed coordination of IYCF-E as a challenge in itself with inadequate time and space dedicated by the Country Nutrition Cluster in some situations and insufficient links to other technical fields.

Coordination in emergency, as reported by respondents, is often carried out by a department of the affected country's government, possibly together with the Country Nutrition Cluster. The three responding **governments** have indicated that part of the success of past IYCF-E interventions is related to the leadership and coordination efforts:

- ✓ Assistance/facilitation carried out by the National Nutrition Cluster.
- ✓ Responsiveness and cooperation demonstrated by the regional and local health executives and staff.
- ✓ Improved information management.
- ✓ Technical and funding support provided by the UN and international development partners.
- ✓ Good leadership from the Ministry of Public Health at national level.
- ✓ Efficient and effective coordination structures at national level through the Nutrition Technical Forum and Maternal and Infant and Young Child Nutrition (MIYCN) steering committee.

NGOs and UN agencies have listed many difficulties related to coordination. Coordination of IYCF-E is a challenge in itself. In some situations the Country Nutrition Cluster dedicates inadequate time and space to IYCF. People need to know which body with a clear mandate on IYCF-E they can go to, instead of relying on the personal interest of cluster team members. Various organisations may also have IYCF-E activities and mandates and can contribute to the cluster collective. It is difficult to ensure that lead organisations/donors focus on IYCF-E as closely as they do on curative care or initiatives with more tangible/immediately measurable outcomes (such as general food distribution or extended immunisation programme).

Some respondents felt that country nutrition clusters could do more to ensure links between, and the involvement of, ministries and development experts. Sometimes parallel systems/strategies/approaches

are created at national/country levels or even global level. Slow cluster activation has been known to impede rapid intervention. The nature of some of the responses reflected the fact that the distinction between the respective roles, responsibilities and mandates of UNICEF programming, UNICEF as the Nutrition Cluster Lead Agency and NGOs was not clear. This lack of clarity further compromises coordinated effort at global and consequently regional and national level.

It was also suggested that IYCF-E is too confined within nutrition and work is necessary to link/locate it with other clusters such as health, psychosocial and food security. However, other respondents emphasised that the fact that multiple clusters target pregnant and lactating women (food cluster, reproductive health cluster, health cluster, etc) complicates the coordination process. The fact that guidelines and tools at international level are not always linked to a country's national guidelines and tools can present an additional challenge.

The participating governments have made the following recommendations to improve coordination between agencies and government:

- ✓ Develop the capabilities and capacities of all members of the coordination group, including local health staff.
- ✓ Coordinate agency support with the existing health system from national to local levels.
- ✓ Organise mapping of support, conduct a gap assessment and disseminate information on gaps in order to generate support for augmentation from agency partners.
- ✓ Establish MIYCN steering committees at county and district levels comprising government ministries and humanitarian actors, to coordinate IYCF-E activities.
- ✓ Ensure clear channels of communication and mechanisms to guide the media and inform the public and affected populations.
- ✓ Partners should support government to adopt a national strategy for IYCF (where none exists) and ensure that IYCF is incorporated in a national Emergency Preparedness and Response Plan.
- ✓ Government should adapt relevant tools for the implementation of IYCF in emergencies.
- ✓ Government should develop or adapt a national training manual for IYCF-E and carry out in-service training for government and partners involved in IYCF.

- ✓ Government to integrate IYCF into minimum/essential packages to be delivered by relevant services and in pre-service curriculum.
- ✓ Set up technical working groups.
- ✓ Organise seminars and workshops and strengthen coordination mechanisms.

See Appendix 6 for full responses.

D. Training needs and ways forward

All agencies and governments referred to the need for training at all levels of the organisation and government health facilities, down to the community level. Many agencies indicated the need for overall IYCF-E orientation as well as more technical training on aspects of IYCF-E. Some specific training requirements highlighted were:

- ✓ Monitoring and evaluation of IYCF-E programmes.
- ✓ Taking IYCF-E from theory to practice: practical steps, resource requirements and time needed.
- ✓ Preparedness interventions.
- ✓ Orientation for senior management and non-technical staff on IYCF-E.
- ✓ Refresher training for technical staff on IYCF-E.
- ✓ CMAM-IYCF integration training for field staff (including ministry of health partners).
- ✓ Training of trainers.
- ✓ Training on the Code – including key messages and tools for communication, advocacy and implementation.
- ✓ Behaviour change communication (BCC) – communications on IYCF messages in emergencies.

Agencies were also asked with what training skills they could contribute to joint training sessions. The results are given in Appendix 7. Governments are interested in sharing experiences with other countries.

E. Practical actions at a global level

Summary of responses

The practical actions at global level that would most help key informants to continue or improve IYCF-E programming include: the development of practical step-by-step guidance on how to do IYCF-E, including how to strengthen systems related to IYCF; the development of evaluation tools to measure outcome and impact; the creation of an evidence base; the delivery of training, including psychosocial aspects; advocacy for funding; experience-sharing and the development multi-sectoral links.

Key informants were asked what practical action at global level would help them the most to continue or improve protecting and supporting IYCF in emergencies.

NGOs/UN agencies

See Table 10.

Some other thoughts concerned easy-to-use tools, coordination at the global and national level, operational research, guidance on the link between psychosocial support and IYCF, and creation of an IYCF-E expert roster.

TABLE 10: MAIN PRACTICAL ACTIONS ON IYCF-E NEEDED BY NGOs/UN

Main practical actions needed – NGO/UN	Number of respondents
Develop practical, standardised but simplified guidance on how to do IYCF-E; step-by-step guide including programme models, delivery mechanisms, impact and lessons learned, guidance on management of the programme, technical charts (referred to by some as a ‘Minimum IYCF-E Programming Package’).	23
Develop easy-to-use but effective monitoring and evaluation tools , including guidance and training on their use, evaluation of programme outcomes such as behaviour change, measurement of impact of preparedness and emergency interventions; these tools to be applicable to all facilities.	18
Document and evaluate experience and create an evidence base on effective programme models, best practices, appropriate response and effectiveness of preparedness interventions, social and behavioural change intervention; translated into laymen’s terms, this evidence base to be used as a tool for advocating with donors and non-technical decision-makers.	17
Delivery of training and training modules or guidance in existing training modules; to include psychosocial training tools that are not exclusively nutrition-oriented, but that have a more complete, holistic view of the problem; less theoretical and covering more practical aspects. Set up a global training programme (as for SMART), tri-cluster training between health, nutrition and education clusters’ to be carried out at national and international level.	14
Advocacy with donor and decision-makers within agency on the importance and relevance of IYCF-E to ensure funding, including longer-term and preparedness activities.	12
Clear and simple guidance and tools on how to assess IYCF-E in emergencies in order to rapidly determine needs and come to decisions on interventions; agreement on the inclusion of a needs assessment in every emergency.	8
Guidance on complementary feeding interventions , including different available products as complementary food source (eg, CSB, Plumpy’Sup®, Plumpy’Doz®), supplementing strategies, use of cash/vouchers, counselling techniques, etc, and research into their impact on the prevention of malnutrition.	6
Guidance, easy-to-use tools to explain the importance of IYCF-E and advocate for collaboration with government, other clusters and senior management to put IYCF on the agenda.	6
Orientation, guidance and tools to implement the Code in emergencies , including how to handle procurement and management of controlled infant formula distribution and how to monitor and deal with Code violations, such as uncontrolled distributions of BMS; evaluation of infant formula interventions; update tactical tools for key messages – updated examples for use in advocacy.	6

Governments

Governments were asked what their top requests for support from the global community would be:

- ✓ Capacity development.
- ✓ Advocacy for funding of IYCF-E operations.
- ✓ Experience-sharing.
- ✓ Support to develop/implement policy and strategy.
- ✓ Support for MIYCN coordination meetings at all levels.
- ✓ Information management.

Donor agencies

Donors were asked what developments (eg, tools, guidance) would help to facilitate funding decisions:

- ✓ Integrated sectoral programming with, for example, health, shelter, food and psychosocial support (not stand-alone response).
- ✓ Internationally agreed guidance on the IYCF-E approach in countries with high artificial feeding rates pre-emergency.
- ✓ Operational research on the impact of IYCF-E programmes and delivery mechanisms.
- ✓ Tools/guidance for review of IYCF-E assessments and proposals.
- ✓ Guidance on preparedness activities.

F. Other comments

Many participants welcomed this review and encouraged dissemination and follow-up action. Some important specific comments are set out below:

- ✓ The role of the IFE Core Group should evolve to keep the focus on enhancing the quality of emergency programming and to strengthen the linkages between development (IYCF) and emergency programming (IYCF-E).
- ✓ We need to work more from the bottom up. For example, we can stop unwanted BMS donations by having global and national policies, but breastfeeding support is a local issue that must come from the field.
- ✓ We can learn from the growth/acceptance of CMAM programming, on how it went from research to a mainstreamed activity.
- ✓ Capitalise on the cluster system as a great opportunity for harmonisation and synergy between partners.
- ✓ Unless IYCF related interventions are treated as an independent intervention rather than a cross-cutting issue or a small component of nutrition and until the humanitarian community advocates for appropriate funds, then IYCF-E programming will not fully develop and reach its full potential.

- ✓ All partners in an intervention should incorporate IYCF-E into their work, not just UNICEF, as UNICEF is not an implementing organisation per se.

DESK REVIEW OF EVALUATIONS

A number of NGO/UN evaluations regarding IYCF-E were identified as part of this review (see Appendix 8); the main findings of these are:

PREPAREDNESS

The reviewed reports make many recommendations to improve IYCF in future programming. One strong recommendation that emerged in several reports was about preparedness for the management of artificial feeding, indicating that planning, pre-positioning of stock and support kits, translation of generic labels and guidelines on the use of BMS would improve future interventions for managing non-breastfed infants. Several evaluations also emphasised that experiences should be documented.

Other recommendations

Staff orientation to IYCF-E should form part of emergency preparedness activities in-country and should cover the Code and the Operational Guidance on IYCF-E. Emergency preparedness planning and strategy in high-risk countries should, as appropriate, be based on country programmes' risk analysis, develop in advance key messages, identify breastfeeding counselling trainers, and develop/translate core guidelines and programme materials in partnership with key actors.

NEEDS ASSESSMENT

The reports recommended that there should be a standard assessment tool and coordination among partners and IYCF-E needs should be systematically investigated. The Initial Rapid Assessment (IRA) Tool was a multi-agency initiative lead by the Global Nutrition Cluster in 2006–09 and it included IYCF-E. This tool was not mentioned in feedback, however. This was probably because revisions to the final tool regarding IYCF-E issues were not considered appropriate by the IFE Core Group and therefore not widely advocated. Suggested indicators to look at include: the prevalence of orphaned infants less than six months old; scope or scale of distribution of infant feeding products;

prevalence of inappropriate complementary feeding practices; prevalence of illness in infants and young children by breastfeeding status; effects of the emergency on infant feeding patterns; availability and accessibility of nutrient-dense complementary foods; and mothers' and families' livelihood.

PROGRAMME IMPLEMENTATION

The evaluation reports made a number of recommendations with regard to coordination. It is suggested that the cluster ought to ensure that it is diversified by engaging as many actors as possible and that it should know what resources are available to each actor. The coordination body should facilitate evaluation of impact and outcome of IYCF-E activities, collect documents and tools created and at the outset of the programme should draw up a phasing-out and exit strategy. Apart from technical guidance, one report recommends the development of a systematic advocacy strategy to facilitate external sensitisation. Accountability mechanisms are required to ensure that the provisions of any Joint Statement issued in an emergency have been understood and integrated into other Cluster/sector responses.

The reports point out the various challenges regarding artificial feeding, such as the fact that few agencies are willing to take on appropriate artificial feeding support and that current artificial feeding guidelines are at times too complex and unrealistic for an acute emergency setting. Several reports make various recommendations for artificial feeding programmes, including development of a training module to accompany strict artificial feeding guidelines. Identifying the needs by including questions in sector-specific rapid assessment tools is considered a first step in the prevention of inappropriate distribution and/or use of BMS. The development of policies and protocols to control the distribution of BMS is essential, including a protocol on the collection of unsolicited donations. However, arrangements must be in place for sufficient staffing to supervise the adherence to these policies and act upon violations.

It is strongly recommended in several reports that IYCF-E briefing and introduction is included in staff induction packages, for all staff and especially those who come into contact with caregivers and young children. Those in regular contact with and those dealing with the first response for, babies and young children in particular circumstances (eg, separated from mother) should receive further technical

training. Identifying appropriate human resources support (technical expertise and experience) to lead the IYCF-E response is strongly recommended. If needed, additional expert advice on the psychosocial approach should be sought.

There were a number of calls for more research, guidance, standardised tools, capacity development and documentation in order to raise the profile of IYCF-E and move programming forward. A number of evaluation reports highlight the need to develop more guidance, particularly on topics such as wet nursing (and HIV), psychosocial support and counselling skills. It is recommended that formative research and lessons learned from recent emergency responses can feed the revision and update of existing guidance. The need for outcome-based, internationally recognised IYCF-E M&E indicators and a joint reporting system is mentioned in several reports.

Several reports state that the link with other sectors should improve the overall quality of care. The sectors of child protection (separated/orphaned children), health (vaccination, micronutrients), nutrition (acute malnutrition), food security and livelihood (food aid and/or income-generating activities compatible with optimal IYCF practices) and emergency reproductive health programming are only a few examples of sectors with which a firm link could be established. One report suggests linking different databases – psychosocial, nutrition, health, IYCF-E and child protection – through a common patient number.

EXAMPLES OF GOOD EXPERIENCES

- Coordination efforts and advocacy in recent emergencies led to the Logistics Cluster putting out a press release to the effect that it will not store or transport any milk products or any infant feeding products unless they are part of a programme that has received prior approval from the Nutrition Cluster.^{23,24,25}
- Mapping of BMS donations in Haiti, 2010.²⁶
- Training and designation of 'IFE Heads' in evacuation centres, who are responsible for ensuring appropriate IYCF-E activities and are the IYCF-E information focal point in that centre.²⁷
- *“Arrangements have been made to include IYCF-E messaging in Reproductive Health (Newborn Baby) Kits. This will ensure that mothers who give birth in the months following the cyclone hear the IYCF-E*

- message. Because simply telling mothers how they ought to feed their infants is unlikely to change behaviour on its own, the reproductive health team and maternal and child health nurses will be made aware of the importance of exclusive breastfeeding for six completed months and continued breastfeeding, with appropriate complementary feeding. They will also be briefed on the locations of breastfeeding counsellors to whom mothers with breastfeeding problems can be referred.”²⁸
- “Concern has appropriately addressed the IYCF needs in post-earthquake Port-au-Prince and has done well in piloting the PCNB (Baby tent) approach on such a large scale. The program has prevented an increase in diarrhoea, malnutrition, morbidity and mortality in the youngest strata of the population and has brought about lasting health and care-related behaviour change. Thanks to the PCNB approach, Concern and the whole nutrition community have managed to prevent a major influx of infant formula in feeding bottles... non-breastfed children were protected and supported also through the programme.”²⁹
 - “Integration of a more holistic (socio-cultural-psychological) point of view of the beneficiaries through ACF’s WASH and food security departments improved the socio-cultural sensitivity of the technical team. The efficiency of the food security and WASH approach was improved through better care and consideration of the most vulnerable beneficiaries.”³⁰
 - “There are many strong points to be listed regarding this baby tent project, as implemented in Haiti:
 - The presence of IYCF experts, together with experts present in the country from the very beginning, enabled a quick revision of available documents, the development of National Guidelines, a harmonised training package as well as professional advice when necessary. This enabled a quick set up of programmes by different partners.
 - The MSPP³¹ through the Direction of Nutrition was involved in the project from the beginning and validated the guidelines and tools. This not only enabled a close collaboration with the Ministry, but was also a useful way of reinforcing the harmonised approach with partners. In addition it renewed interest for IYCF at Ministry level.
 - The strong interagency co-ordination in Haiti meant that all documents (guidelines, individual cards, report format,...) were developed together with the different agencies involved in the project resulting in a harmonised approach, with important field input.
 - The great interest from many international and national NGOs allowed a significant increase in coverage.
 - The great interest and remote support of international experts (via the GNC) provided valuable technical expert advice.”³²

4 DISCUSSION AND CONCLUSIONS

This review clearly shows there is strong recognition among respondents of the importance of IYCF-E as a priority life-saving intervention.

The review also found that operating agencies recognise that there is a difference between routine IYCF and IYCF-E programming due to the disrupted environment during emergencies. At the same time they realise there needs to be a link between IYCF and IYCF-E so that programming during emergencies can build on systems and capacity that have already been developed, or meet shortfalls in nationals' IYCF programming sensitively. IYCF-E can succeed only if sufficient attention has been paid to pre-emergency IYCF strategies; this will ensure that emergency activities can be carried out and on a large scale. The 'handshake' between IYCF and IYCF-E was the central theme of a recent workshop in London³³ in which the results of this review were presented. One important issue raised during the workshop was that while the Scaling Up Nutrition (SUN) initiative and other frameworks are working to ensure a coordinated, systematic response to tackling under-nutrition, what seems to have been overlooked is the impact that any crisis or emergency will have on this response, slowing or even derailing progress. Clearly, the goals set out in these important initiatives can be achieved only if appropriate IYCF and IYCF-E programming, as set out in the Operational Guidance on IYCF-E, is supported as standard practice.

It is encouraging that there is good awareness of the Operational Guidance on IYCF-E among UN agencies, NGOs and especially governments. This policy guidance emerged in response to IYCF-E problems encountered in the field during the Balkan crisis and since then has been amended regularly on the basis of lessons learned on the ground. Twelve years since it was first developed and with WHA Resolution endorsement, this policy guidance is a success story. Also of note is the operational innovation and IYCF-E programming that were highlighted in the evaluation reports, particularly from Haiti. The Haiti

response was also cited as a wake-up call, setting a practical example for large-scale IYCF-E intervention as well as a being an example of good coordination of international and country-level responses to technical challenges. Many enlightening experiences are recounted in agency reports, and respondents in this review mentioned the value of writing up and sharing experiences. Nevertheless, many interventions are not written up or else they are inadequately covered in evaluation reports, especially in the case of IYCF-E interventions that are integrated in larger programmes, so these experiences are more difficult to share.

Appropriate infant and young child feeding in emergencies saves lives – but in order for lives to be saved there must be IYCF-E programming. This review has highlighted some positive work and examples of IYCF-E programming but it has also clearly demonstrated huge gaps and challenges in ensuring that IYCF-E programming is undertaken in line with international guidance, especially when on a large scale. The review has found that agencies, donors and governments want to support appropriate IYCF-E but frequently are unable to do so effectively. IYCF standards in Sphere 2011 now complement the Operational Guidance on IYCF-E; they state that IYCF-E is a minimum humanitarian response, and therefore the need to undertake appropriate IYCF-E programming is arguably more critical than ever.

However, there is an unacceptable state of affairs surrounding IYCF-E that at one level is hard to fathom, given that breastfeeding and complementary feeding come top of the list of nutrition interventions that have been proved to save child lives. Emergencies are a context that makes IYCF more challenging but at the same time all the more critical. When it comes to putting the principles of the Operational Guidance on IYCF-E into practice, a whole range of gaps appears, together with a long wish list from UN/NGOs, governments and donors. The problems include a lack of programming guidance, assessment and M&E tools; weak preparedness;

poor cross-sectoral engagement; limited funding opportunities – and the list goes on and on. It is interesting to note that at the 2010 IFE Core Group Strategy Meeting a very similar list of gaps was documented as frustrating humanitarian response around IYCF-E. This review has shown that these gaps have also been experienced by a larger number and broader range of agencies as well as donors and government. However, the findings of the review also demonstrate inertia, preventing any progress. Nothing significant is happening with regard to meeting these gaps in a comprehensive fashion and the question that must be answered is ‘why?’.

If we look at the CMAM model, as the review suggested, we see that leadership and strong coordination are a key feature of the CMAM success story. If we then examine the case of IYCF-E, what is striking from this review is that there is woeful lack of leadership, stewardship and coordination around IYCF-E, especially at the operational level. There is no overall strategic vision and coordinated drive to organise a concerted effort to bring IYCF-E response up to the scale that is justified. Hence, the situation as revealed by this review, with identified gaps and challenges affecting IYCF-E remaining largely unmet and unfunded; and when IYCF-E responses are set up they tend to be piecemeal and small-scale. The question, therefore, is where does the responsibility for leadership and coordination lie? Respondents to the questionnaire saw responsibility lying with government and the Global Nutrition Cluster (GNC), although governments and the GNC themselves also indicated the responsibility of other humanitarian actors, such as NGOs and UN agencies. Respondents also had expectations with regard to the IFE Core Group, an inter-agency group that has worked to meet gaps in policy guidance, training and resources and has successfully advocated for including IYCF-E on the humanitarian agenda since 1999. In considering gaps, it is important to distinguish between operational gaps in response (‘real-time gaps’), and gaps in technical and programming guidance. However, the IFE Core Group is not an operational ‘outfit’³⁴ and cannot step into any void experienced at country level. It is also important to consider how the humanitarian architecture has changed in recent years, with the key development of the Global Nutrition Cluster lead agency becoming provider of last resort. In an area as wide as IYCF-E there is collective responsibility, but a ‘lead organisation’ is still essential.

Another lesson from CMAM, and as also shown by the work of the IFE Core Group over the years, is that the engagement and commitment of a range of stakeholders on an issue can be galvanised to address the barriers to improving programming and outcomes. This review clearly demonstrates that agencies, governments and donors are saying that they want to respond appropriately to the needs of infants and young children in an emergency but that they need: tailored guidance for different contexts (what works ‘best’ in different settings); to know what activities to prioritise in that context and to have clear practical steps illustrating how to do them; to know the capacity levels required for those activities and the competencies of staff meet them; to know how to monitor and evaluate IYCF-E programmes; and so on.

In many senses, there is nothing ‘special’ about IYCF-E – it is the context that shifts, rather than the practices. The best preparedness for an emergency is strong political, institutional, legal frameworks of protection and support for established strong IYCF practices. When this is lacking, then arguably, humanitarian response in the form of IYCF-E will always fall short and at best will be a damage-limitation exercise with little scope to have a longer term positive effect. This raises the question as to whether some of the shortfalls and gaps in IYCF-E identified in this review are a reflection of shortfalls and gaps in IYCF programming at country level. Is the emergency context actually just spotlighting a chronic lack of capacity around IYCF?

This review has clearly demonstrated that there is a need across agencies, governments and donors for a ‘how to’ set of tools and guidance to undertake IYCF-E programming in different contexts (eg, rapid-onset emergencies, chronic emergencies, areas where high numbers of infants are artificially fed), including linkage to emergency preparedness. The details of the ‘how-to’ guide still need to be determined but the findings of this review should inform its development as it sets out the gaps that the guide should fill. Overall, operational research will be required in order for evidence-informed programming for different contexts to be developed. The development of tools and an M&E framework is also needed, and this will involve technical experts, operational agencies, academics, donors and other stakeholders, thereby fulfilling many of the requests set out in this review. Linking back to the perceived divide between regular and emergency IYCF programming, it is critical to ensure that the lessons and tools for routine IYCF

form the basis of the IYCF-E package. This package would allow agencies to respond in a much timelier manner by listing priorities, detailing capacity needs and competencies and making the approach, systems, tools and M&E procedures immediately available for that particular type of emergency response. It would enable donors to fund and advocate for agencies to undertake appropriate IYCF-E activities for a particular setting and enable governments to monitor the type of IYCF-E work that agencies are undertaking in their country.

The level of commitment and work needed to move the agenda forward with strong leadership

and to develop an evidence-based 'how-to' guide is considerable. It is essential to clarify and clearly communicate where IYCF-E leadership lies at international and country levels, both technically and operationally during response. The review reflects not only gaps but a strong collective will to move forward; this collective will needs to be not only galvanised but also managed. The clear resulting equation for success as drawn out of this review is

$$\text{LEADERSHIP + TOOLS + CAPACITY DEVELOPMENT = SUCCESS}$$

This review is a call to action.

5 RECOMMENDATIONS

It is highly likely that collective action and collaboration will be needed to move forward on this agenda. A number of concrete and practical recommendations can be distilled from this review. If progress is to be made, it is essential to do the following:

- Document experiences and lessons learned.
- Create an evidence base for IYCF-E as a life-saving intervention.
- Develop good 'routine' IYCF (strategy and programming) as they are key preparedness activities, forming the backbone for effective emergency response on a large scale.
- Develop an evidence-based IYCF-E 'how-to' guide for different contexts, with programme models and easy-to-use, step-by-step implementation processes.
- Develop further technical guidance on specific topics such as complementary feeding, management of artificial feeding, control of donations of BMS, and IYCF-E assessment tools.
- Develop agreed standard monitoring and evaluation tools for IYCF-E interventions.
- Develop a strategy to improve integration of IYCF-E programming into other sectors.
- Create learning opportunities at global, regional, national and local level (orientation, technical training and experience-sharing).
- Advocate for increased funding for stand-alone and integrated IYCF and IYCF-E programmes.

Ultimately the overarching recommendations can be recognised as:

- Clarify who is responsible for leadership on IYCF-E operationally at global and national levels. This will entail clearly defining the respective roles of the Cluster Lead Agency, UN agencies, and NGOs with a special interest in IYCF-E, looking at preparedness, response and recovery.
- Clarify who is responsible for technical leadership on IYCF-E at global level.
- Identify who has the capacity (or potential capacity) to fill gaps in guidance and programming tools on IYCF-E.

In order to take this forward a small meeting of key stakeholders should be convened as soon as possible to examine and formally agree roles, mandates and commitments of UN agencies, the GNC, IFE Core Group and operating agencies. The respective technical expertise and capacity of these stakeholders should be explored as part of this process. At the meeting the findings of the present review and its recommendations should be discussed together with the identified needs, leading to the production of a 'how-to' guide. It is crucial that a detailed time-limited action plan for this is drawn up and that commitments are given by stakeholders.

APPENDICES

APPENDIX I: LIST OF STAKEHOLDERS INTERVIEWED

NGOs/UN AGENCIES

Agency	Name	Job title
ACF France	Cécile Bizouerne	Senior Care Practices and Mental Health Adviser
ACF Spain	Elisa Dominguez	
ACF Spain	Montse Escruela	Emergency Health and Nutrition Coordinator
ACF Spain	Dr Marisa Sanchez	Health Adviser
CARE USA	Mary S Lung'aho	Special Adviser IYCF
Concern Worldwide	Gwyneth Cotes	Health and Nutrition Adviser
FANTA	Hedwige Deconinck	Senior CMAM and Emergency Nutrition Adviser
FSNAU Somalia	Joseph Waweru	Nutrition Specialist
FSNAU Somalia	Ahono Busili	Nutrition Manager
GNC	Josephine Ippe	Global Nutrition Cluster Coordinator
Goal	Hatty Barthorp	Nutrition Adviser
IBFAN-GIFA	Rebecca Norton	Nutrition expert
ICRC	Manuel Duce Marquez	Nutritionist
IMC	Caroline Abla	Director Nutrition and Food Security Department
Islamic Relief	Ouattara Hassiatou	Head of Programme
Islamic Relief	Bashir Abdi	Nutrition Coordinator
Merlin	Dr Samson Agbo	Head of Health
MSF Belgium	Stéphanie Barthes	Nutrition Adviser
MSF Belgium	Pascale Delchevalier	Nutrition Adviser
MSF Spain	Nuria Salse	Nutrition Adviser
MSF Suisse	Valerie Captier	Nutrition Adviser
Pastoralists Against Hunger	Hussein Abdullahilbrahim	Programme Coordinator
SAACID	Christy Sprinkle	CTC Programme Coordinator
Save the Children UK	Ali Maclaine	Nutrition Adviser

NGOs/UN AGENCIES *continued*

Agency	Name	Job title
Save the Children UK	Victoria Sibson	Nutrition Adviser
Save the Children US	Sarah Butler	Emergency Nutrition Adviser
UNHCR	Caroline Wilkinson	Senior Nutrition Officer
UNHCR	Allison Oman	Nutrition Officer
UNICEF Kenya	Linda Beyer	Nutrition Specialist
UNICEF New York	Erin Boyd	Emergency Nutrition Specialist
UNICEF New York	Christiane Rudert	Nutrition Specialist (Infant Feeding)
UNICEF Philippines	Dr Paul Andrew G Zambrano	Nutrition Officer
UNICEF Somalia	Erin McCloskey	Nutrition Specialist
WHO	Zita Weise Prinzo	Dept. Of Nutrition and Health
World Vision	Claire Beck	Health and Nutrition Specialist
World Vision	Fiona Perry	Health Specialist
World Vision	Colleen Emary	Technical Adviser Emergency Nutrition

GOVERNMENTS

Government	Name	Job title
Kenya	Terry Wefwafwa	Head Division of Nutrition
The Philippines	Florinda V Panlilio	Nutritionist
The Philippines	Ficenta Borja	National IYCF Coordinator
South Sudan	Victoria Eluzia	Director of Nutrition

DONORS

Agency	Name	Job title
DFID	Abigail Perry	Humanitarian Adviser
ECHO	Sabine Triemer de Cruzate	International Aid/Cooperation Officer
Irish Aid	Fiona Quinn	Development Specialist
Irish Aid	Nuala O'Brien	Emergency and Recovery Section
USAID	Marc Phelan	Public Health and Nutrition Adviser

ACADEMICS

Institution	Name	Job title
UCL CIHD	Dr Marko Kerac	NIHR Clinical Lecturer, Public Health
University of Western Sydney	Dr Karleen Gribble	IYCF Specialist
UCL CIHD	Andrew Seal	Lecturer in International Nutrition

APPENDIX 2: QUESTIONNAIRE FOR NGOs AND UN AGENCIES



REVIEW OF EXPERIENCES AROUND INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E) – QUESTIONNAIRE FOR HUMANITARIAN ORGANISATIONS

INTRODUCTION

The importance of actions to protect and support safe and appropriate IYCF in emergencies is now well recognised and reflected in the Sphere Project Standards,³⁵ the WHA³⁶ endorsement of the Operational Guidance on IYCF-E in 2010 and many more. The reality of putting policy into practice is challenging, a discussion that dominated the IFE Core Group³⁷ strategy meeting in 2010.³⁸

To investigate more closely the challenges and constraints to IYCF programming in emergencies, Save the Children UK is undertaking a review of experiences around IYCF with a selection of key informants that will include UN agencies, NGOs, donor agencies, national staff in emergency affected countries, and individuals. Save the Children UK has initiated this review reflecting their agency commitment to IYCF-E. The review is funded by ECHO. The findings will be useful in ascertaining what actions are needed to support national, regional and global efforts around IYCF emergency preparedness/risk reduction and response. For example, the findings will be presented at an IFE Core Group meeting in mid-March 2012.

GUIDING PRINCIPLE REGARDING IYCF IN EMERGENCIES (IYCF-E)

IYCF-E response is concerned with multi-sectoral activities that seek to protect, promote and support safe and appropriate (optimal) feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world. Special attention is given to children under two years and pregnant and lactating women. It embraces preparedness or risk reduction that focuses on optimising IYCF practices in a population, timely and appropriate emergency response that respects national policies and guidance and support to recovery.

Part 1 reflects the questions we would like to discuss with you in a phone (or face-to-face) interview. The lead researcher, Astrid De Brabandere, will contact you for a convenient time. We anticipate this will take 30–40 minutes of your time. If a phone interview is impossible, we do request that you fill below questions and return them to Astrid.

Part 2 relates to key resources you have used, developed or wish for and training needs/capacity to train. This can be quickly completed on this form or, if you prefer, described in the call interview (please allow ten minutes for this).

Contact person details

Name and position: _____

Email: _____

Phone number: _____

Part I: Experience and observations and opinion of key informants*These questions are shared to inform and allow you to prepare our telephone conversation together.*

1. Can you describe what in your opinion constitutes an emergency response related to IYCF?

 Don't know Not clear what it involves

Or describe: _____

2. Can you describe what in your opinion constitutes preparedness/risk reduction related to IYCF?

 Don't know Not clear what it involves

Or describe: _____

3. Has your agency been involved in IYCF-E preparedness and response activities in IYCF-E?

Can you describe the type of activities that were undertaken?

Preparedness: _____

Response: _____

4. If your agency is currently not active in IYCF-E, would it be interested to be so in the future?

 No Yes

Further comment: _____

5. In your agency's/department's opinion, is IYCF in emergency response a priority?

 Always a priority A priority in some contexts A priority in the post-acute phase Not a priority

Additional notes: _____

6. In your agency's/department's opinion, is IYCF preparedness/risk reduction a priority in emergency-prone countries?

 A priority A priority in some contexts A priority in the post acute phase Not a priority

Additional notes: _____

7. Were there any preparedness or response activities that you wished to undertake but could not?
 No
 Yes
 If yes, give activities you wanted to do, and reasons why you could not: _____
8. What are your main sources of funding for IYCF-E related programming?
 Do you have difficulties identifying funds?

9. What (if any) are the differences between IYCF-E and routine IYCF programming?
 No difference
 If differences, state: _____
10. In terms of IYCF-E preparedness/risk reduction, what do you think are the priority top five interventions?

11. In terms of IYCF-E response, what in your opinion are the top five interventions?

12. Do you think there is a 'divide' or lack of continuity between development and emergency programming around IYCF?
 Yes
 No
 If yes, have you any suggestions to address this? _____
13. What are the key challenges you face on IYCF-E:
 - As an individual (eg, technical capacity) _____
 - As an agency (eg, policy guidance) _____
 - Related to the context (eg, national policies) _____
 - Related to coordinated effort (national or international related) _____
14. What practical actions (eg, development of training materials, delivery of training, programming models, development of an evidence base for some interventions, advocacy to donors, M&E tools) at a global level would most help you to protect and support IYCF in emergencies (consider both preparedness/ risk reduction activities).
 Give your top five as a minimum. _____
15. Would you/your agency be interested in contributing to a collaborative work to determine an approach and address some of the constraints? If yes, explain what type of contribution.
16. What other observations or comments or suggestions would you like to make?

Part 2: Resources and materials

These questions can be answered in writing and sent through email or can be discussed during the telephone conversation.

17. What are the key reference/guidance materials you use for IYCF programming (preparedness/response)?

18. Have you/your organisation developed any tools for IYCF-E? If yes, give details:

19. What guidance/tools/resources are currently lacking and would help you in your work?

20. Are there particular IYCF-related training that you/your agency would like to undertake or you/your agency could deliver to others?

Training needs: _____

Training delivery: _____

21. Any other comments

We may approach you to share the resources that you have produced or used regarding IYCF-E.

No, I am not happy to share (tick)

APPENDIX 3: QUESTIONNAIRE FOR GOVERNMENTS



REVIEW OF EXPERIENCES AROUND INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E) – QUESTIONNAIRE FOR GOVERNMENTS

INTRODUCTION

The importance of actions to protect and support safe and appropriate IYCF in emergencies (IYCF-E) is now well recognised and reflected in the Sphere Project Standards,³⁹ the WHA⁴⁰ endorsement of the Operational Guidance on IYCF-E in 2010 and many more international guidelines. However, the reality of putting policy into practice is challenging, a discussion that dominated the IFE Core Group⁴¹ strategy meeting in 2010.⁴²

To investigate more closely the challenges and constraints to IYCF programming in emergencies, Save the Children UK is undertaking a review of experiences around IYCF-E with a selection of key informants including UN agencies, NGOs, donor agencies, national staff in emergency-affected countries, and individuals. Save the Children UK has initiated this review in reflection of the agency's commitment to ensuring appropriate IYCF-E. The review is funded by ECHO. The findings will be used to ascertain the actions needed to support national, regional and global efforts around IYCF-E emergency preparedness/risk reduction and response. Initially the findings will be presented at an IFE Core Group meeting in mid-March 2012, followed by circulation of the report **identifying lessons learned, issues and challenges to improving IYCF-E response in different contexts**, and follow-up actions will be identified.

GUIDING PRINCIPLE REGARDING IYCF IN EMERGENCIES (IYCF-E)

IYCF-E response is concerned with multi-sectoral activities that seek to protect, promote and support safe and appropriate (optimal) feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world. Special attention is given to children under two years and pregnant and lactating women. It embraces preparedness or risk reduction that focuses on optimising IYCF practices in a population, timely and appropriate emergency response that respects national policies and guidance, and support to recovery.

It is critical that in this review we obtain information from all stakeholders involved in IYCF-E – in priority from Health and Nutrition Departments of national governments. National capacity and coordination are vital elements and are critical for timely and appropriate preparedness activities and response in emergencies. Hereby we are investigating not only 'stand-alone' programming on IYCF/IYCF-E, but also national initiatives, including policies that have IYCF components included.

Therefore we would be grateful if you would assist this review, by taking some time to answer the questions below in a telephone conversation. The lead researcher, Astrid De Brabandere, will contact you to schedule a date, time and communication means as suitable for you, in order to discuss the questions. Please allow up to one hour for this purpose. If a telephone conversation is not possible, we would still highly appreciate it if you could fill in the questions below and send them back.

1. Can you describe what in your opinion constitutes preparedness/risk reduction related to IYCF?
2. Can you describe what in your opinion constitutes an emergency response related to IYCF?
3. Is there a policy in your country that refers to infant and young child feeding in emergencies (IYCF) preparedness/risk reduction and/or response activities? If yes, please provide some details.
4. What preparedness/risk reduction activities with regard to IYCF in emergencies have been implemented in your country? What was the outcome of those activities?
5. During emergencies in the last couple of years, what IYCF-E response activities have been implemented? What was the outcome of those activities?
6. What government department/agency was responsible for coordination of any IYCF-E response during the emergency?
7. Who were the lead partners on IYCF in the emergency?
8. What are your recommendations to improve coordination between government and humanitarian actors on IYCF-E?
9. In your opinion, what led to the success of the IYCF-E preparedness and response activities?
10. In your opinion, what were the challenges/gaps/weaknesses of the IYCF-E preparedness and response?
11. Do you consider IYCF preparedness/risk reduction a priority?
12. Do you consider IYCF always a priority in emergencies, or not?
13. Should consideration of IYCF in emergencies be part of routine IYCF programming?
14. Do you think there is a 'divide' or lack of continuity between development and emergency programming around IYCF?
15. In terms of IYCF-E preparedness/risk reduction, what are the priority top five interventions you would recommend?
16. In terms of IYCF-E response, what are the top five interventions you would recommend?
17. What are the key reference/guidance materials you use for IYCF programming (preparedness/response)?
18. Have you developed any national guidance or tools for IYCF-E?
19. What would be your top three requests from the global community to support you in IYCF-E response in your country (eg, related to communication/consultation with national partners, funding, capacity development, or other topics)?
20. Do you have any other comments, recommendations or thoughts on infant and young child feeding in emergencies?

APPENDIX 4: QUESTIONNAIRE FOR DONOR AGENCIES



REVIEW OF EXPERIENCES AROUND INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E) – QUESTIONNAIRE FOR DONOR ORGANISATIONS

INTRODUCTION

The importance of actions to protect and support safe and appropriate IYCF in emergencies (IYCF-E) is now well recognised and reflected in the Sphere Project Standards,⁴³ the WHA⁴⁴ endorsement of the Operational Guidance on IYCF-E in 2010 and many more international guidelines. However, the reality of putting policy into practice is challenging, a discussion that dominated the IFE Core Group⁴⁵ strategy meeting in 2010.⁴⁶

To investigate more closely the challenges and constraints to IYCF programming in emergencies, Save the Children UK is undertaking a review of experiences around IYCF-E with a selection of key informants including UN agencies, NGOs, donor agencies, national staff in emergency-affected countries, and individuals. Save the Children UK has initiated this review in reflection of the agency's commitment to ensuring appropriate IYCF-E. The review is funded by ECHO. The findings will be used to ascertain the actions needed to support national, regional and global efforts around IYCF-E emergency preparedness/risk reduction and response. Initially the findings will be presented at an IFE Core Group meeting in mid-March 2012, followed by circulation of the report **identifying lessons learned, issues and challenges to improving IYCF-E response in different contexts**, and follow-up actions will be identified.

GUIDING PRINCIPLE REGARDING IYCF IN EMERGENCIES (IYCF-E)

IYCF-E response is concerned with multi-sectoral activities that seek to protect, promote and support safe and appropriate (optimal) feeding practices for both breastfed and non-breastfed infants and young children in all emergencies wherever they happen in the world. Special attention is given to children under two years and pregnant and lactating women. It embraces preparedness or risk reduction that focuses on optimising IYCF practices in a population, timely and appropriate emergency response that respects national policies and guidance, and support to recovery.

It is critical that in this review we obtain information from all stakeholders involved in IYCF-E – donors, such as yourselves, are a vital element in this. Donors do not just fund IYCF-E programmes but also have crucial input into the programme itself as well as the monitoring and accountability frameworks. Therefore we would be grateful if you would assist this review by sharing your opinion.

The lead researcher, Astrid De Brabandere, will contact you to, if convenient, schedule a date and time for a phone or face-to-face interview. Please find the questions that will be covered below. If a telephone conversation is not possible, we would highly appreciate it if you could still fill in the questionnaire and send it back to Astrid.

1. Can you describe what, in your opinion, constitutes an emergency response related to IYCF?

2. Can you describe what, in your opinion, constitutes preparedness/risk reduction activities related to IYCF?

3. In your organisation's opinion, is IYCF in emergency (IYCF-E) response a priority?
- Always a priority
 - A priority in some contexts
 - A priority in the post-acute phase
 - Not a priority
- Additional notes: _____
4. In your organisation's opinion, is IYCF preparedness/risk reduction a priority in emergency-prone countries?
- A priority
 - A priority in some contexts
 - A priority in the post-acute phase
 - Not a priority
- Additional notes: _____
5. Do you have a policy or strategy that makes specific reference to IYCF-E interventions in emergencies and/or preparedness/risk reduction involving IYCF in emergency-prone areas?
If so please give a reference (including name and date) and details of how to obtain a copy if possible.

6. a) Has your organisation funded IYCF-E interventions in emergencies?
- Yes
 - No
 - Don't know
- If yes, please give examples of IYCF-E interventions your organisation has funded: _____
(If possible please include type of programme, whether short term < 6 months, or longer term, and what % of that emergency situation funding is IYCF-E related).
- If no, please state why you do not fund IYCF-E interventions in emergencies. _____
- b) (While taking into account the above) Are there any types of IYCF-E programmes that you do not fund? If yes, please describe.

7. a) Has your organisation funded preparedness/risk reduction related to IYCF in emergency-prone areas?
- Yes
 - No
- If yes, please give examples of IYCF-E interventions your organisation has funded: _____
If no, please state why not (if known): _____
- b) Are there any types of IYCF-E/risk reduction programmes that you do not fund? If yes, please describe.

8. Does your organisation provide guidance to humanitarian agencies on seeking funding for IYCF-E?
(Please explain your answer.)

9. What are the criteria your organisation uses to select agencies/organisations for funding of IYCF-E programmes?

For IYCF interventions during an emergency response: _____

For IYCF preparedness/risk reduction in emergency-prone areas: _____

10. Is the decision to fund (or not) IYCF-E interventions in emergencies and/or preparedness/risk reduction activities made on country, regional or international level? Please explain.

11. Are there any gaps/challenges in your capacity to assess whether or not to fund IYCF-E programmes that are presented to you? If yes, please explain:

12. Are there any gaps/challenges in determining the capacity of organisations to deliver on IYCF-E programmes? If yes, please explain:

13. Are there any gaps/challenges in monitoring IYCF-E programmes that you fund? If yes, please explain:

14. In terms of IYCF-E preparedness/risk reduction, what do you think are the priority top five interventions?

15. In terms of IYCF-E response, what in your opinion are the top five interventions?

16. What developments (eg, tools, guidance) in the sector would help you in your support of IYCF-E programmes?

17. Would your organisation like to be involved in an inter-agency effort to ascertain what actions are needed to support national, regional and global efforts around IYCF-E (emergency preparedness/risk reduction and response)? If yes, please provide contact details of the person who should be contacted for this purpose.

18. Please feel free to put any additional thoughts/comments.

APPENDIX 5: REFERENCE/GUIDANCE MATERIAL

Different agencies and government have developed their own guidance materials for IYCF-E. A quick overview is given below.

NGO AND UN GUIDANCE DEVELOPMENT

UNHCR Policy related to the acceptance, distribution and use of milk products in refugee settings, 2006

Save the Children UK, Infant Feeding in Emergencies Lebanon report, 2006

ACF-France, Baby tent manual, 2006

ACF-France, Evaluation of care practices

ACF-France, Manual for the Integration of Child Care Practices and Mental Health in Nutrition Programmes, 2006

ACF-France, self-training modules on breastfeeding and care practices

Concern Haiti, tools for monitoring the outcomes of a breastfeeding support programme, 2010

UNICEF Somalia, IEC materials for inclusion into general WASH/nutrition/health emergency package

UNICEF Somalia, Guidance notes on dealing with infant and mothers in cholera/AWD treatment centres

UNHCR Tools developed with CARE for Dadaab refugee camp

UNICEF Philippines, IYCF-E flipcharts, fans, posters, and tarps

UNICEF Philippines, Generic joint statement of the nutrition cluster on prohibited donations of milk products

ICRC, Nutrition manual with IYCF aspects

FANTA, several tools; see website

IBFAN, Development of code and infant feeding in emergencies leaflet

IBFAN, WBW 2009, Breastfeeding – a vital emergency response, are you ready?

World Vision Policy Governing the Use and Procurement of Milk Products in Field Programs, 2011

World Vision, Nutrition Guidelines on Infant Feeding in the Context of HIV and AIDS, 2011

World Vision, Guide to MNCH and Nutrition in Emergencies, 2012

Save the Children US, BCC tools Lebanon

Save the Children US, M&E tools Lebanon

Save the Children UK, tools for the management of the RUIF in Haiti

Save the Children UK, monitoring tools for use in the Somalia response

Save the Children UK, M&E tools for use in Pakistan

Save the Children UK, RUIF guide for Myanmar response and M&E tools

Save the Children UK, Key messages and media reports for responses such as Haiti and Philippines

Save the Children UK, ESOPS with IYCF-E

GOVERNMENT DEVELOPMENTS

Philippines Administrative Order 2005–0014 ‘National Policies on Infant and Young Child Feeding’

Philippines Administrative Order 2006–0012 ‘Revised implementing Rules and Regulations of Executive Order # 51’

Philippines Administrative Order 2007–0017 ‘Guidelines on the Acceptance and Processing of Local and Foreign Donations during Emergency and Disaster Situations’, MOH Nutrition in Emergencies Manual Philippines

Philippines Department Memorandum 2009–0236 ‘Immunization, Breastfeeding/Infant and Young Child Feeding Practice and Vitamin A Supplementation in Evacuation Centre’

- Philippines Executive Order # 51 'Milk Code'
- Kenya National Guidelines for Integrated Management of Acute Malnutrition 2009
- Kenya National Strategy on IYCF 2011–2017
- Kenya IYCF Practices in the community – Guide for mobilising community support
- Kenya IYCF Mother-to-Mother Support Group guides
- Kenya – fact sheets
- Kenya National Policy on Nutrition Management in Emergencies and Disasters with section on IYCF-E
- National MIYCN policy and strategy, incorporating Ops Guidance
- Kenya Advocacy and Communication strategy and Advocacy Communication and Social Mobilisation (ACSM) materials including a documentary on breastfeeding
- UNICEF, BCC in emergencies: a toolkit, 2006
- Alive and Thrive, IYCF Counselling Kit, 2011
- WHO, Guiding Principles for feeding infants and young children in emergencies, 2004
- IASC, Initial Rapid Assessment tool
- WHO/PAHO, Guiding Principles for Complementary Feeding of the Breastfed Child
- National guidelines on management acute malnutrition of different countries
- UNICEF, Somalia guide on implementing IYCF
- Care USA, Infant and Young Child Feeding Practices, collecting and using data, 2010
- DVD "A l'Aube de la Vie", on breastfeeding
- WHO/UNICEF, Baby Friendly Hospital Initiative, 2009
- World Breastfeeding Week, Breastfeeding – an emergency response

OTHER GUIDANCE MATERIAL

- CARE, IYCF Counselling, A community-focused approach
- WHO, Global Strategies for IYCF, 2003
- WHO, Optimal feeding of low birth weight infants in low and middle income countries, 2011
- ENN, ACF, CIHD, MAMI Project Technical Review, 2010

APPENDIX 6: RESPONDENTS' FULL RESPONSES REGARDING KEY CHALLENGES TO COORDINATION

Coordination in emergency, as reported by respondents, often involves a combination of a department of the affected country's government, possibly together with the GNC. The responding governments have indicated that part of the success of past IYCF-E interventions is related to the leadership and coordination efforts:

- Assistance/facilitation done by the National Nutrition Cluster
- Responsiveness and cooperation of the Regional and Local Health Executives and Staff
- Improved information management
- Technical and funding support provided by the UN and international developmental partners
- Good leadership through the Head, DON (MOPHS) at national level.
- Efficient and effective coordination structures at national level through Nutrition Technical Forum and MIYCN steering committee.

NGOs and UN agencies have listed the following challenges with regard to coordination:

- Coordination is a challenge in itself.
- Lack of adequate time and space dedicated to IYCF by the cluster in some situations, need for better advocacy and reflection of activities across the board, need to make it clear, non-negotiable, and ensure more emergency nutrition partners become involved, strengthen capacities and take up IYCF fully. It is necessary to designate a body with a clear mandate to whom people can go, instead of a person. This is also the task of various organisations that should be active in the nutrition cluster and they should priorities it.
- Difficulty of getting lead organisations/donors give IYCF-E equal attention to curative care or initiatives with more tangible/immediately measurable outcomes (such as GFD or EPI).
- Nutrition cluster could do better in ensuring links and involvement of ministries and development, and create parallel systems/strategies/approaches at national levels or even global level.

- IYCF-E is too much confined to nutrition. Work is necessary to link it with other clusters such as health, psychosocial, food security.
- Poor understanding of IYCF-E among most peer agencies of the GNC.
- Sometimes poor leadership of clusters at national levels and an expectation that an NGO will lead, particularly in the case of technical working groups.
- Lack of NGO representatives in cluster coordination.
- The government does not always want to get involved in the cluster and does not give support.
- Lack of or slowness of activation of the nutrition cluster.
- Failure to capture/understand the needs of emergency actors in IYCF.
- Difficulty of applying standards and enforcing policies across clusters (eg, camp managers are mandated to regulate donations but do not always have guidance on prohibited donations from the health and nutrition clusters). Weak coordination mechanism provided by the national authority or MOH.
- Multiple clusters target pregnant and lactating women (food cluster, reproductive health cluster, health cluster, etc).
- Insufficient communication between humanitarian and private sector, leading to unwanted and unsolicited arrival and distribution of BMS with attention drawn to fire-fighting rather than programming.
- Lack of respect for the International Code of Marketing of Breast Milk Substitutes, mainly on the part of local NGOs, media and politicians, as well as health providers; there is a need to reach out to these.
- Lack of clarity on when controlled BMS distribution is advised and how to coordinate on sourcing and targeting.
- Difficulty to implement standard IYCF-E procedures when there is a lack of experienced partners, compounded by lack of guidance and evidence.

- Guidelines and tools at international level are not always linked with country's national guidelines and tools.
- Link with CMAM: a lot to be done in order to integrate IYCF into CMAM programme; existing training materials probably not used often enough; it is not mainstreamed and coordinated.
- Joint IYCF-E training is often done too late (eg, in Pakistan, three months after the floods).
- At implementation level there are a lot of small agencies getting involved in the cluster in order to obtain a good source of funding, but they lack understanding of how the cluster works.
- Lack of practical examples of interventions in joint operational manuals and joint performance indicators for IYCF (as compared with CMAM).
- Isolated interventions.
- Putting IYCF-E into practice – from the statement to programmes – is weak.
- There is a lack of understanding as to the entry point in each agency to make IYCF-E happen.
- Lobbying and support of IFE Core group is needed.
- There is a 'divide' between strategic thinkers and those who develop ideas on the one hand, and implementers in the field on the other.

The governments have given the following recommendations to improve coordination between agencies and government:

- Develop the capabilities and capacities of all members, including local health staff.
- Coordinate agency support with the existing health system, from national to local level.
- Organise mapping of support and gap assessment, and disseminate information on gaps to generate support for augmentation by agency partners.
- Establish MIYCN steering committees at county and district levels consisting of government ministries and humanitarian actors to coordinate IYCF-E activities.
- Clear channels of communication mechanisms are needed to guide the media and inform the public and affected populations.
- Partners to support government to adapt a national strategy for IYCF and ensure IYCF is incorporated into a national Emergency Preparedness and Response Plan.
- Government to adapt tools for implementation of IYCF-E.
- Government to develop or adapt a national training manual for IYCF-E and carry out in-service training for government and partners involved in IYCF.
- Government to integrate IYCF in minimum/essential packages for implementation of relevant services and in pre-service curriculum
- Formation of technical working groups.
- Holding of seminars and workshops and strengthening coordination mechanisms.

APPENDIX 7: POTENTIAL CONTRIBUTIONS TO JOINT CAPACITY DEVELOPMENT

Agencies were asked with what training skills they could contribute to joint training sessions. The results are shown below. Governments are interested in sharing experiences with other countries.

- UNICEF Somalia: scaling up IYCF counselling, WASH/nutrition promotion package which covers IYCF promotion, Code sensitisation
- WHO: IYCF Counselling courses (integrated, complementary feeding, breastfeeding, etc)
- IBFAN GIFA: presentations/orientation training on IYCF-E (eg, for Masters courses, on MCH summer courses, in national breastfeeding conferences, in national orientation seminars, in ILCA/VELB meetings)
- MSF-Switzerland: Management of SAM in infants
- UNICEF Philippines: Nutrition in emergencies
- ICRC: Experience-sharing
- FSNAU Somalia: Assessment of IYCF practices, Training on IYCF for ToT
- MSF Spain: Treatment of acute malnutrition in infants of less than six months
- FANTA: Use of Optifood when available
- Islamic Relief: Training in Somalia
- Save the Children US: TOT after formal training
- UNICEF Kenya: HIV in emergencies and Recovery in area-urban development
- ACF France: Psychosocial aspects of IYCF-E and experience-sharing
- Save the Children UK: IYCF-E training, including psychosocial approach, sensitisation of other sectors

APPENDIX 8: EVALUATION REPORTS USED IN DESK REVIEW

Save the Children UK – *Trip report: Myanmar Infant and young child feeding programme set up, Cyclone Nargis*, Victoria Sibson, 17 June 2008

Save the Children UK – *Trip report: Myanmar cyclone*, Nina Berry, 15 June– 15 July 2008

Save the Children UK – *A Review of Save the Children’s Cyclone Nargis (Myanmar) Infant Feeding in Emergencies response: September 15th–26th 2008*, Victoria Sibson and Bienfait M’mbakwa

UNICEF Philippines – *IFE response to protect non-breastfed infants during emergencies – global lessons from the Philippines*, Ali Maclaine and Elham Monsef, November 2009

Concern Worldwide – *Evaluation of Concern Worldwide’s Infant Feeding Response in Haiti: one year after the 2010 earthquake*, Marjolein Moreaux, June 2011

Action contre la Faim – *Psychological Care Program Capitalisation work Batticaloa, Sri Lanka*; Joséphine Anthoine-Milhomme, April 2005–February 2006

Action contre la Faim – *ACF Support to Nutrition Cluster Haiti, February–June 2010, End of Mission Report*, Astrid De Brabandere, June 2010

Report on donations of infant formula, milk products, bottles/teats following the earthquake in Haiti, Ali Maclaine, UNICEF, Haiti. 7 April 2010

ENDNOTES

EXECUTIVE SUMMARY

¹ IFE Core Group. Operational Guidance on infant and young child feeding in emergencies for programme and emergency relief staff. Current version: v2.1, 2007.

² The Code is intended to protect the mothers/caregivers of both breastfed and non-breastfed infants and young children from commercial influences on their infant feeding choices. The Code sets out the responsibilities of the infant food industry, health workers, governments and organisations in relation to the marketing of *breastmilk substitutes*, feeding bottles and teats. 'The Code' covers the 1981 Code of Marketing of Breastmilk Substitutes and all subsequent relevant resolutions.

I INTRODUCTION

³ IYCF-E Core Group (2006) Infant and Young Child Feeding in Emergencies. Making it Matter. Proceedings of an International Strategy Meeting, 1–2 November 2006. IYCF-E Core Group

⁴ Black, R E et al 'Maternal and child under-nutrition: global and regional exposures and health consequences', *The Lancet*, 371:243–60, 2008

⁵ Edmond, K M et al, 'Delayed breastfeeding initiation increases risk of neonatal mortality', *Paediatrics* 117, 380–386, 2006

⁶ Lauer, J A et al, 'Deaths and years of life lost due to suboptimal breastfeeding among children in the developing world: a global ecological risk assessment', *Public Health Nutrition*, 9(6): 673–685, 2006

⁷ Black et al reported in the 2008 *Lancet* series that suboptimal breastfeeding is responsible for 12% of deaths among children under the age of five. However, *The Lancet* series did not consider the impact of delayed initiation. Work by Edmonds et al shows that 36% of deaths of under-fives are neonatal deaths and that 22% of these deaths could be prevented if the babies were breastfed within one hour. This suggests that there is a potential for saving 20% of lives of under-fives (Calculations from: Save the Children UK, 2009, *Hungry for Change*).

⁸ Black, R E et al (2003) *Where and why are 10 million children dying every year?* *The Lancet*. 361, Issue 9376, 2226–2234.

⁹ Jones, G et al (2003) *How many child deaths can we prevent this year?* *The Lancet*, 362, Issue 9377, 65–71

¹⁰ Roberts, L et al (2001) *Mortality in eastern Democratic Republic of Congo*. New York: International Rescue Committee

¹¹ Khan, M U and Munshi, M H, 'Clinical Illnesses and Causes of Death in a Burmese Refugee Camp in Bangladesh', *International Journal of Epidemiology*, 1983. 12(4):460–464

¹² Yip, R and Sharp, T W, 'Acute malnutrition and high childhood mortality related to diarrhoea. Lessons from the 1991 Kurdish refugee crisis', *Journal of the American Medical Association*, 1993. 270(5):587–590

¹³ WHO, Guiding Principles for Feeding Infants and Young Children During Emergencies. 2004

¹⁴ Creek, T et al, 'Role of infant feeding and HIV in a severe outbreak of diarrhoea and malnutrition among young children, Botswana' 2006. Session 137, Poster Abstracts, Conference on Retroviruses and Opportunistic Infections, Los Angeles, 25–28 February, 2007. <http://www.retroconference.org/2007/Abstracts/29305.htm>

¹⁵ The IFE Core Group is a community of practice around IYCF in emergencies that since 2001 has involved individuals and agencies working

together to develop policy guidance and training materials on IYCF-E, especially in gap areas and documenting experiences on IYCF-E. The group has played a lead role in advocacy and bringing IYCF-E into mainstream humanitarian response. The group is currently composed of UNICEF, WHO, WFP, UNHCR, Save the Children UK, Save the Children US, CARE USA, Concern Worldwide, IBFAN-GIFA, ACF, IMC, GOAL, ENN and individuals.

¹⁶ http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

¹⁷ <http://www.sphereproject.org/>

2 SCOPE OF THE REVIEW

¹⁸ Infant and Young Child Feeding in Emergencies, Making it Matter. Oxford 1–2 November 2006

¹⁹ <http://www.ennonline.net/pool/files/ife/ife-core-group-strategy-meeting-oxford-2010-final-report.pdf>

²⁰ 26 INGOs, 8 local NGOs, 10 UN agencies, 5 donor agencies, 8 governments of countries with recent emergencies, 7 other agencies or individuals and 3 academics

3 MAIN RESULTS

²¹ See note 2.

²² Sixty-third World Health Assembly, Agenda item 11.6, 21 May 2010, Infant and young child nutrition, http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf

²³ Save the Children UK – Trip report: Myanmar cyclone, 15 June–15 July 2008, Nina Berry

²⁴ Report on donations of infant formula, milk products, bottles/teats following the earthquake in Haiti, Ali Maclaine, UNICEF, Haiti, 7 April 2010

²⁵ Action contre la Faim – ACF Support to Nutrition Cluster Haiti, February–June 2010, End of Mission Report, Astrid De Brabandere, June 2010

²⁶ See note 24.

²⁷ UNICEF Philippines – IFE response to protect non-breastfed infants during emergencies – global lessons from the Philippines, Ali Maclaine and Elham Monsef, November 2009

²⁸ Save the Children UK – A Review of Save the Children's Cyclone Nargis (Myanmar) Infant Feeding in Emergencies response, 15–26 September 2008, Victoria Sibson and Bienfait M'mbakwa

²⁹ Concern Worldwide – Evaluation of Concern Worldwide's Infant Feeding Response in Haiti: one year after the 2010 earthquake, Marjolein Moreaux, June 2011

³⁰ Action contre la Faim – Psychological Care Programme capitalisation work, Batticaloa, Sri Lanka, April 2005–February 2006, Joséphine Anthoine-Milhomme

³¹ Ministère de la Santé Publique et des Populations, Haitian Ministry of Public Health

³² Action contre la Faim – ACF Support to Nutrition Cluster Haiti, February–June 2010, End of Mission Report, Astrid De Brabandere, June 2010

4 DISCUSSION AND CONCLUSIONS

³³ 'Strengthening Infant and Young Child Feeding Programming and Planning for Emergency Preparedness and Response' workshop, London, 25–29 June, 2012. The workshop was funded by the Global Nutrition Cluster, UNICEF (IYCN and Emergencies Units) and Save the Children UK, who also organised the meeting.

³⁴ The mandate and responsibilities of the IFE Core Group were discussed at the IFE Core Group meeting in March 2012.

APPENDICES

³⁵ <http://www.sphereproject.org/>

³⁶ World Health Assembly

³⁷ The IFE Core Group is an interagency collaboration on IYCF in emergencies that since 2001 has developed policy guidance and training materials on IYCF-E, especially in gap areas. The group has played a key role in advocacy and bringing IYCF-E into mainstream humanitarian response. The group currently consists of Save the Children UK, Save the Children US, UNICEF, WHO, WFP, UNHCR, IBFAN-GIFA, CARE USA, Concern, ACF, and individual experts. It is coordinated by the Emergency Nutrition Network.

³⁸ <http://www.enonline.net/pool/files/ife/ife-core-group-strategy-meeting-oxford-2010-final-report.pdf>

³⁹ <http://www.sphereproject.org/>

⁴⁰ World Health Assembly

⁴¹ See note 37.

⁴² <http://www.enonline.net/pool/files/ife/ife-core-group-strategy-meeting-oxford-2010-final-report.pdf>

⁴³ <http://www.sphereproject.org/>

⁴⁴ World Health Assembly

⁴⁵ See note 37.

⁴⁶ <http://www.enonline.net/pool/files/ife/ife-core-group-strategy-meeting-oxford-2010-final-report.pdf>