USAID
FROM THE AMERICAN PEOPLE

Integrating Complementary Feeding in Emergencies

A Decision Tool for Concrete Actions at Each Stage of the Humanitarian Program Cycle

USAID ADVANCING NUTRITION

AUGUST 2023

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

This poster is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.

Recommended Citation

USAID Advancing Nutrition. 2023. *Integrating Complementary Feeding in Emergencies Decision Tool: Concrete Actions for Each Stage of the Humanitarian Program Cycle*. Arlington, VA: USAID Advancing Nutrition.

COVER PHOTO: ©AYWAN88

USAID Advancing Nutrition

JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
www.advancingnutrition.org

CONTENTS

ACKNOWLEDGEMENTS

The Integrating Complementary Feeding in Emergencies Decision Tool was written by Yara Sfeir.

The documentation process was overseen by Jen Burns (USAID Advancing Nutrition), Jodine Chase (Infant Feeding in Emergencies Core Group), Karin Christianson (USAID Advancing Nutrition), Diane Holland (Save the Children), Sarah O'Flynn (Save the Children), Linda Shaker Berbari (United Nations Children's Fund), and Kavita Sethuraman (USAID Advancing Nutrition).

We acknowledge Heather Davis (USAID Advancing Nutrition) for providing editorial support and Jimmy Bishara (USAID Advancing Nutrition), who designed this document.

USAID Advancing Nutrition warmly appreciates those who participated in key informant interviews and reviewed the drafts as part of the Complementary Feeding in Emergencies Technical Advisory Group. Special thanks to Eric Anderson (USAID), Brooke Bauer (Global Nutrition Cluster Technical Alliance), Bindi Borg (Independent contributor), Erin Boyd (USAID), July Canahuati (USAID), Alison Donnelly (Independent contributor), Colleen Emary (World Vision International), Gwenaelle Garnier (World Food Program), Megan Gayford (UNICEF), Sibida George (International Medical Corps), Angeline Grant (Global Nutrition Cluster Technical Alliance), Alessandro Iellamo (Family Health International 360), Rachel Lozano (Global Nutrition Cluster), Christina Majorano (Food Security Cluster), Stineke Oenema (United Nations Nutrition), Zita Weise Prinzo (World Health Organization), Lourdes Santaballa (Alimentacion Segura Infantil), Darana Souza (Food and Agriculture Organization), Terry Theuri (United Nations High Commissioner for Refugees), Brigitte Tonon (Action Contre la Faim), and Deborah Wilson (Independent contributor).

ACRONYMS

ACF	Action Contre la Faim
CFE	complementary feeding in emergencies
CMAM	community-based management of acute malnutrition
IMCI	integrated management of childhood illness
IYCF	infant and young child feeding
IYCF-E	infant and young child feeding in emergencies
MIRA	multi-sector initial rapid assessment
Link NCA	Link Nutritional Causal Analysis
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNHCR	United Nations High Commissioner for Refugees (UN Refugee Agency)
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

Nutritious diets for children 6–23 months of age are an essential prerequisite for optimal growth, development, and well-being, yet millions of young children around the world are not receiving the diet they need and are being **fed to fail** (UNICEF 2021). In emergencies in particular, young children's nutritional status can deteriorate rapidly. It is critical for the nutrition sector, humanitarian community, and governments to act, lead, intervene, and prevent deterioration of children's nutritional status in emergencies. Importantly, investing in and integrating complementary feeding interventions can contribute to preventing and reducing acute malnutrition in children—ultimately saving lives.

Promoting and protecting complementary feeding in emergencies is a key pillar of infant and young child feeding in emergencies (IYCF-E), within a broader nutrition strategy for humanitarian responses.

NEED CUSTOMIZED SUPPORT?

The Global Nutrition Cluster (GNC) Technical Alliance Technical Support Team (TST) is ready to provide remote or on-site support on CFE programming as needed. Go to the **GNC Alliance website** (**https://ta.nutritioncluster.net/** to request support.

Who Should Use This Tool?

This decision tool is intended for those involved in the design, planning, implementation, and monitoring of a nutrition humanitarian response before and during an emergency.

It aims to guide technical advisors and managers working on a humanitarian response to design and incorporate complementary feeding actions, whether they are implemented by individual organizations and/or by joint multi-agency humanitarian responses, for children 6–23 months of age, regardless of their breastfeeding status, at each stage of **the humanitarian program cycle** (OCHA-IASC 2015).

The dietary needs of children 6–23 months of age changes rapidly during this period. The consistency, density, frequency, variety, and texture of foods changes as children grow month to month. Implementing partners need to take these changes into consideration when proposing, planning for, and implementing complementary feeding activities. The World Health Organization identifies these key ages and stages when transitions usually occur: 6–8 months, 9–11 months, and 12–23 months. This tool unpacks what is recommended for these stages and invites humanitarian actors to address the complementary feeding needs in emergencies tailored to these ages and stages.

What Does This Tool Include?

This tool includes indicators that can be used to analyze the infant and young child feeding (IYCF) context, a scenario-based decision tree for addressing complementary feeding needs in emergencies (CFE), and resources and guidance on how to implement those actions.

What Is the Rationale for This Tool?

In 2019, a **review of CFE programming** (ENN, IFE CG, and USAID 2020) found that humanitarian actors lacked knowledge of what constitutes an effective and efficient CFE intervention, and did not have the tools for carrying out complementary feeding programming. In 2022, USAID Advancing Nutrition carried out a complementary feeding **mapping and gap analysis** (USAID Advancing Nutrition 2023a). This analysis confirmed the need for further guidance on CFE. A **tool repository** (**https://iycfehub.org/collection/tools-for-complementary-feeding-programming/**) was established in the **IYCF-E hub**.

In response to the needs outlined in the original CFE review, the United Nations Children's Fund (UNICEF) **Programming Guidance on Improving Young Children's Diets During the Complementary Feeding Period** (UNICEF 2020a) was published in 2020, and the **Emergency Nutrition Network (ENN)**, the **Infant Feeding in Emergencies Core Group (IFE CG)**, and **USAID Advancing Nutrition** carried out **four case studies**[1] to document complementary feeding programming in various emergency contexts—**Myanmar** (USAID 2023b), **Nigeria** (ENN and IFE CG 2022a), **Sudan** (ENN and IFE CG 2022b), and **Yemen** (USAID Advancing Nutrition 2023c). A **Field Exchange special section on CFE** documented experiences from more than 21 countries (ENN 2022). The case studies highlighted that nutrition response plans prioritized and focused on managing wasting and not enough on CFE.

This tool is the next step in filling the identified gap in guidance for complementary feeding in emergencies.

Why Is It Important to Support Appropriate Nutrition for Children Aged 6–23 Months of Age?

The Importance of Complementary Feeding in All Settings

The complementary feeding period is a critical period for a child's development between the ages of 6 and 23 months. It is characterized by rapid growth and high nutritional needs. Inadequate complementary feeding of children aged 6–23 months can directly contribute to wasting, and risk of mortality. Exclusive breastfeeding is recommended for children up to six months of age. Around the age of six months, a child's energy and nutrients needs exceed what is provided by breast milk alone and while breastfeeding remains an important source of nutrition up to two years of age or beyond, complementary foods are required. During the complementary feeding period, breast milk and access to a diverse range of nutritious foods provide children with the essential nutrients, vitamins, and minerals they need to develop to their full physical and cognitive potential and prevent them from becoming ill and/or malnourished. See **box 1** below for more details.

Box 1. Global Recommendations for Feeding Children from Birth to Two Years

Exclusive breastfeeding for infants under six months of age and continued breastfeeding for children 6–23 months and beyond

- Breast milk is the only food and liquid required for the first six months of life.
- Infants and young children aged 6 months to 23 months and beyond should continue to receive breast milk in addition to complementary food.

Breastmilk

Complementary feeding for children aged 6–23 months

- Starting at six months of age, a variety of age-appropriate, nutrient-dense, and safe foods, in addition to breast milk, should be introduced and fed frequently, to provide for the high age-specific requirements for young children's health, growth and development.

Breastmilk

Diverse and nutrient-dense foods
To meet the minimum dietary diversity, 5 of 8 food groups are required

Animal-source foods and fruits and vegetables

Fortified foods or vitamins and mineral supplements
(as needed)

Avoid giving drinks or food with low nutrient value

Avoid adding sugars to home prepared foods and beverages

1. ENN and the IFE CG collaborated on the Nigeria and Sudan case studies while USAID Advancing Nutrition led the case studies on Myanmar and Yemen.

Box 1. Global Recommendations for Feeding Children from Birth to Two Years

RECOMMENDATIONS FOR COMPLEMENTARY FEEDING INCLUDE (WHO 2005)

Timely introduction of food

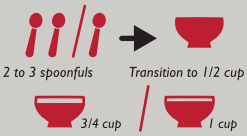
- At six months of age, children are introduced to their first soft, semisolid, or solid foods.

Age-appropriate meal frequency

- Two meals a day of solid, semisolid, or soft foods for breastfed infants aged 6–8 months.
- Three meals a day of solid, semisolid, or soft foods for breastfed children aged 9–23 months.
- Four meals a day of solid, semisolid, or soft foods (or milk feeds) for non-breastfed children aged 6–23 months, of which at least one meal must include solid, semisolid, or soft food (PAHO 2003).

Age-appropriate amounts

- Begin with 2–3 teaspoons of food and transition to about ½ cup per meal for children aged 6–8 months. One cup of food is approximately 250 ml.
- Provide ½ cup per meal to children aged 9–11 months.
- Provide ¾ cup to 1 cup per meal to children aged 12–23 months.



Age-appropriate food consistency

- The consistency of food should gradually evolve (from soft to semisolid to solid) with age, according to the child's requirements and abilities. Young children move from eating mashed foods, to finger foods, to family foods by the time they reach their first year.

Safe preparation, storage, and use

- Complementary food should be hygienically prepared, covered, and kept in a refrigerator—or thrown away after two hours outside a refrigerator. Raw and cooked foods should be stored separately. Raw fruits and vegetables should be washed with clean water and stored in a cool place.

Responsive feeding and caregiving

- Feeding would need to be responsive to the child's needs, done gently and with care. Responsive feeding practices, where caregivers interact with the child and respond to his or her hunger and satiety cues, have been shown to improve children's acceptance of food and adequate food intake.

Feeding during and after illness

- Caregivers should increase children's fluid intake during illness, including frequent breastfeeding, and encourage the child to eat—for example, by offering soft, appetizing, or favorite foods. After illness, caregivers should provide meals more frequently than usual and encourage the child to eat more.

Opting for fresh foods

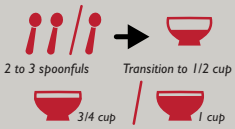
- Fresh foods are preferred, in particular fresh foods rich in vitamin A (e.g., mangoes, cooked carrots, spinach, pumpkin, red pepper, sweet potatoes), high in iron content (e.g., clams, sardines), or high in both vitamin A and iron (e.g., beef, chicken, liver).
- Processed foods and foods high in sugar or high in salt are not appropriate for children aged 6–23 months.

When and how children should eat

Timely introduction of "first foods"

Age-appropriate meal frequency

Age-appropriate amounts



Age-appropriate food consistency

Safe preparation, storage and use

Responsive feeding and caregiving

Feeding during and after illness

Children 6–23 Months of Age Are Vulnerable During Emergencies

During an emergency, markets, water infrastructure, and health services may no longer be functioning, accessible, or available. Many parents and families may not be able to meet the specific food needs of their young children. A few reasons are listed below as examples:

- The market is closed or not accessible.
- The markets do not have a variety of nutrient-rich foods required for this age group.
- The caregiver might not have the means to purchase food.
- The caregiver might not have the possibility to prepare food.
- Clean water may not be available or accessible.
- Health service provision may be constrained, or it may be functioning at a suboptimal level due to lack of adequate or appropriate staffing, supplies, and infrastructure.
- The production of fresh foods appropriate for this age group may be disrupted.
- It is common to find unsolicited donations and untargeted distributions of commercial complementary food and commercial milk formula, such as powdered milk and follow-on formula, distributed in emergencies—despite the fact that these products are not recommended.

Box 2. How Are Non-Breastfed or Mixed-Fed Infants and Children Managed Differently in an Emergency?

For non-breastfed or mixed-fed infants (under six months of age):

When an infant under six months of age is not breastfed in an emergency, steps should be taken urgently to meet nutritional needs and minimize risks of artificial feeding as follows (IFE CG 2017a):

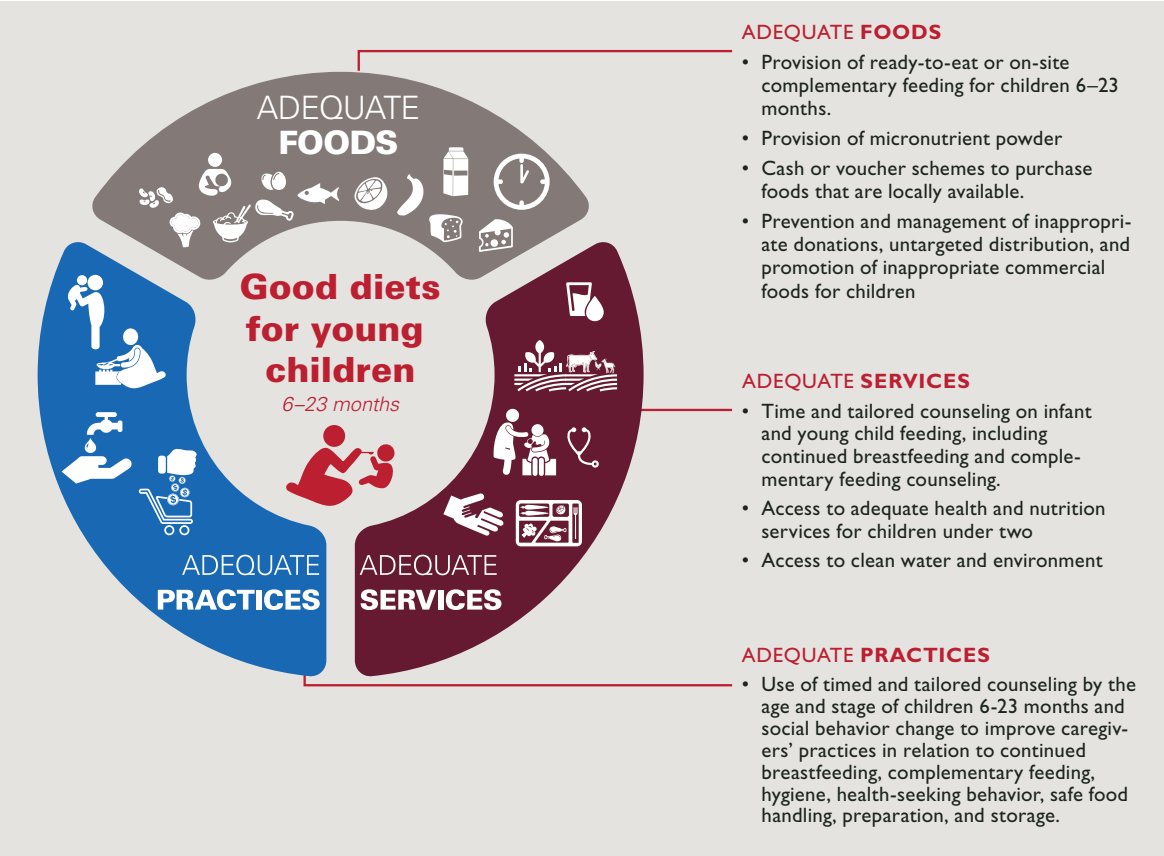
- Explore in priority order the possibility of relactation, wet nursing, or donor human milk.
- Where these options are not acceptable to mothers or caregivers or feasible to deliver, programs must enable access to a sustainable supply of a suitable breast milk substitute such as infant formula, accompanied by an essential support package.
- Refer to the IYCF-E infographics specifically on planning and managing artificial feeding interventions during emergencies and supporting infants dependent on artificial feeding during emergencies (IFE CG 2017b).

For non-breastfed or mixed-fed infants and children (6–23 months of age):

- It is critical to recognize 6–23 months as a period of gradual transition in young children's diets.
- It is also important to recognize that the proportion of calories from milk feeds changes as the child ages and interventions should be prioritized with this in mind.
- In resource-constrained environments, attention and consideration should be placed on non-breastfed or mixed-fed infants 6–12 months of age who continue to rely on milk feeds for most of their nutrition to protect their nutritional and health status and support this transition in their diets.
- Starting at six months of age, the possibility of relactation, wet nursing, or donor human milk should also be explored in priority order.
- If the aforementioned options are not possible, at six months, animal milk can be consumed, and therefore alternative milks may be used as a breast milk substitute in children aged six months and older, such as pasteurized or boiled full-cream animal milk (cow, goat, buffalo, sheep, camel), ultra-high temperature milk, reconstituted evaporated (but not condensed) milk, fermented milk, or yogurt.
- Use of infant formula in children 6–12 months of age will depend on pre-emergency practices, resources available, sources of safe alternative milks, adequacy of complementary foods, and government and agency policies.
- Follow-on milks, growing-up milks, and toddler milks marketed to children aged six months or over are not necessary and should not be provided.
- In this tool, more details on solid and semisolid food for children 6–23 months of age can be found in **box 1** above.
- The complementary feeding actions described in **table 1** target children 6–23 months of age regardless of their breastfeeding status.

The disruptions caused by an emergency or repeated crises put young children at risk of malnutrition and infections. It is essential to intervene to uphold the global recommendations for feeding children aged 6–23 months as described in **box 1**. Integrating complementary feeding interventions into a response will help improve the diets of children under age two, prevent chronic and acute malnutrition, protect and promote growth and development. The top complementary feeding interventions are grouped under adequate foods, services and practices in **figure 1** below.

Figure 1. Top Complementary Feeding Interventions in an Emergency

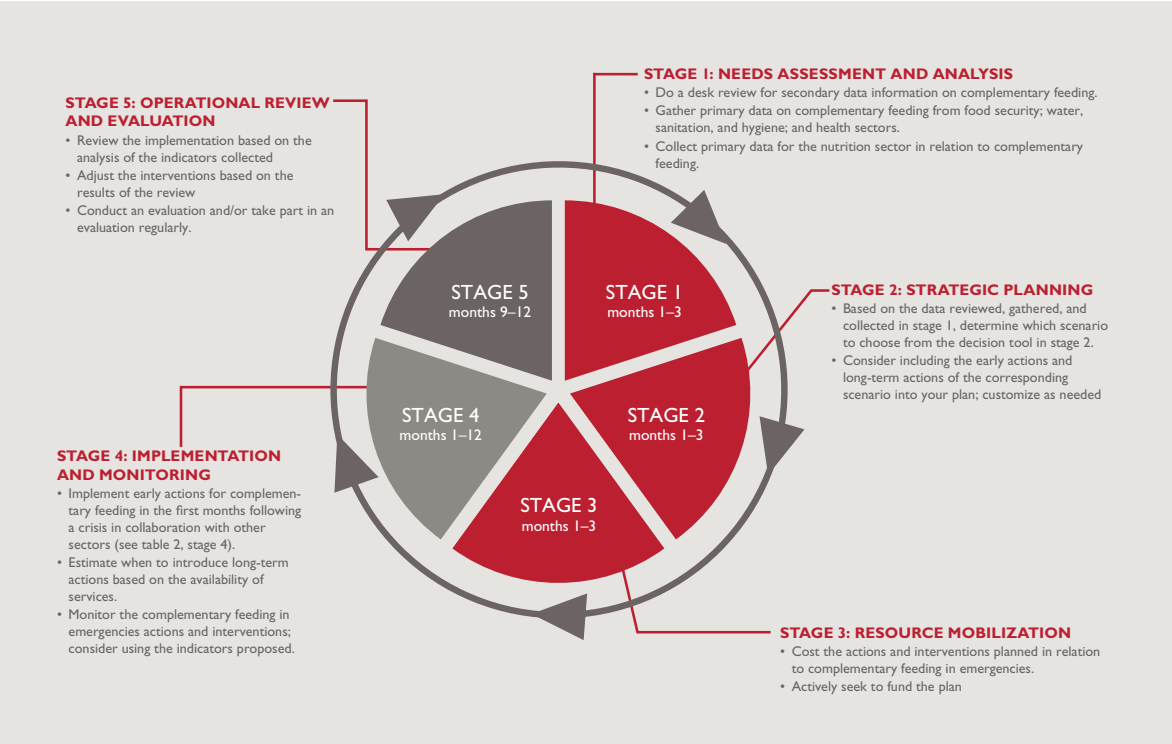


INTEGRATING COMPLEMENTARY FEEDING INTO THE HUMANITARIAN PROGRAM CYCLE

What Is the Humanitarian Program Cycle?

The humanitarian program cycle is a coordinated series of actions undertaken simultaneously by all stakeholders throughout an emergency; it is intended to help prepare for, manage, and deliver a humanitarian response. It consists of five stages, with each step logically building on the previous step and leading to the next step, as seen in **figure 2**. This tool provides information on what concrete actions to take at each stage of the humanitarian program cycle to integrate complementary feeding interventions into a humanitarian response. **Figure 2** summarizes this cycle. Each stage is elaborated in the next sections of this tool.

Figure 2. Stages in the Humanitarian Program Cycle and Key Actions Related to Complementary Feeding in Emergencies at Each Stage



Stage 1: Needs Assessment and Analysis

At the onset of an emergency, it is important to understand both the precrisis situation and the current situation. This context analysis will help provide an overview of the challenges infants and young children are facing.

What Information Is Needed?

Precrisis

Indicators related to complementary feeding that are important to analyze in an emergency include: the percentage and/or practice of exclusive breastfeeding, continued breastfeeding, minimum meal frequency, minimum dietary diversity, minimum acceptable diet,[2] the prevalence of acute malnutrition in national and subnational

2. The following indicators are defined in the WHO guidance document, **Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods**—see step 4 on exclusive breastfeeding, continued breastfeeding, minimum meal frequency, minimum dietary diversity, and minimum acceptable diet.

surveys, and the main causes of malnutrition in the population including preexisting nutrient gaps. Additionally, understanding the national complementary feeding policies and programs implemented, as well as the health system and community-level platforms in precrisis situations is critical to link the response with established mechanisms and comply with existing guidance.

Annex 1 provides a non-exhaustive list of information needs and questions on the precrisis situation including how it can be used. While not all information is needed, it provides an overview of information to obtain.

Current Crisis

To assess which scenario to choose in the decision tree in stage 2, plan strategically, and tailor interventions accordingly, the following information about the ongoing or current crisis is needed:

- General information on the context of the situation including type and scale of the crisis
- Active and functioning coordination structures or other coordination structures that can be activated
- Current feeding challenges faced by caregivers of infants and young children
- Factors impacting access, availability, and cost of food and markets
- Support and services provided to the population such as treatment for wasting, health services, and food security
- Functioning social protection services for women and children
- Water, sanitation, and hygiene (WASH) services and facilities mothers and children have access to
- Protection concerns
- Factors impacting time and availability of care for children, such as shifting gender roles and changes in opportunity costs related to child care
- Communication channels specifically targeting mothers and caregivers of children under two

Annex 2 provides a non-exhaustive list of information needs and questions on the current crisis. The nutrition sector would need to closely coordinate with other sectors to collect the information.

How to Obtain the Information Needed?

Step a. Secondary Data Review

At the onset of an emergency, a quick secondary data review is important to understand the precrisis situation. While information on the current situation will likely be obtained through primary data collection, resources like coordination meeting minutes and rapid assessments completed prior to setting up the response can be used. Examples of secondary data sources include national and subnational surveys, anthropological studies, Demographic and Health Surveys, Multiple Indicator Cluster Surveys (MICS), barrier analyses, Link Nutritional Causal Analysis (Link NCA) assessments, Cost of the Diet assessments, program evaluation reports, and government-owned databases. Unpublished reports may also be obtained through program implementers.

Step b. Primary Data Collection

It is key to ensure that primary data is available as soon as possible; a rapid assessment should include indicators that provide an understanding of what is available and accessible to the population. The following are key actions to take:

- Propose one or two indicators to include in a **multi-sector initial rapid assessment (MIRA)** (IASC 2015) that might be planned as one of the first steps in a humanitarian country team emergency response. Although very few indicators are selected and colleagues coordinating the assessment might reject even including one, it is key to advocate for the inclusion of nutrition indicators. When

individual multi-sectoral assessments are planned by implementing partners, additional indicators can be used (see **stage 4 Implementation and Monitoring**).

- Attend coordination meetings to obtain general and coordination information regarding the type and scale of the crisis as well as coordination structures (see **annex 2** for more details).
- Consult with other sectors to collect information on the current crisis. Because complementary feeding involves several sectors, nutrition partner should consult with other sectors including food security, WASH, health, shelter, cash and social protection, and protection sectors as a key step for the analysis to shape the future response. The protection cluster or sector aims to prevent and respond to human rights violations and meet the protection needs of affected populations. Section 3 of the UN Refugee Agency's **Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action** provides more information on how to work with other sectors (Save the Children and UNHCR 2018). Annex 2 provides example questions that can be used to consult with different sectors.

Note: Because conducting a comprehensive needs assessment at the onset of an emergency may delay and/or hamper essential lifesaving response efforts, it is recommended to conduct a more comprehensive assessment six months after the onset of an emergency.

Stage 2: Strategic Planning

A country's government is ultimately responsible for an emergency response; all planning should coordinate closely with relevant government bodies. It is key to plan in coordination and collaboration with the food security, WASH, health, social protection/cash, and protection sectors, especially for complementary feeding in emergencies. It is also critical to include local and community-based support systems.

In addition to including nutrition-sensitive interventions in the plans of other key sectors, complementary feeding must be included in the IYCF-E plan being developed and in the nutrition response plan. The IYCF-E plan should be based on findings from the needs assessment and analysis in stage 1 to ensure the response is tailored to the population in need.

Box 3. Cross-Cutting Issues Integral to Response Plan

- Gender-based violence increases in an emergency. Health and nutrition staff should be trained on how to support survivors of violence and to which protection services to refer them confidentially. Protecting children is also a key consideration.
  - See the **Guidance for Integrating Gender-Based Violence Interventions in Humanitarian Action Focusing on Nutrition** (Global Protection Cluster and IASC 2015).
- Preventing sexual exploitation and abuse is also a key cross-cutting theme. Ensure all staff are aware and trained on this topic.
  - See the **Preventing Sexual Exploitation and Abuse** online course available on Agora (**https://agora.unicef.org/course/info.php?id=7380**).
- Children aged 6–23 months and/or caregivers with disabilities would need special attention; ensure that health and nutrition staff know where to refer them for further assistance. More information can be found here:
  - **UNICEF's Including Children with Disabilities in Humanitarian Action Focusing on Nutrition** (UNICEF 2018).
  - **USAID Advancing Nutrition's Nutritional Care for Children with Feeding Difficulties and Disabilities: a Scoping Review** (USAID 2023d).
- Caregivers of children aged 6–23 months should be consulted at each stage of the humanitarian program cycle and their feedback should be solicited once the CFE program is implemented.

The **decision tool in table 1** provides four different scenarios with recommended early actions for immediate implementation and longer-term actions that can be deprioritized and implemented later.

The following interventions would need to be established or continued for every scenario:

- Nutrition: Establish treatment for children under five who are acutely malnourished or wasted if prevalence of global acute malnutrition is equal or above 10 percent with aggravating factors or above 15 percent. See the **Decision Tool for Management of Moderate Acute Malnutrition (MAM) in Emergencies** (GNC MAM Taskforce 2017).
- Protection: Establish confidential referral mechanisms for children and women who survived or are at risk of abuse, neglect, exploitation, or violence.

Implementation of early and long-term actions are detailed in stage 4—implementation and monitoring.

Table 1. Decision Tool for Complementary Feeding in Emergencies Interventions

SITUATION FACED BY POPULATION IN NEED	**SCENARIO 1** If the population in need has no access to food markets, and has no access to water or cooking facilities	**SCENARIO 2** If the population in need has access to a limited variety of food in the market, and has access to water but not cooking facilities	**SCENARIO 3** If the population in need has access to a limited variety of food in the market, and has access to water and cooking facilities	**SCENARIO 4** If the population in need has access to a diversity of food in the market, and has access to water and cooking facilities
SCENARIO EXAMPLE	**Refugees arriving in an uninhabited area with limited or no infrastructure. Population under siege. Survivors of a devastating earthquake.**	**Displaced population residing temporarily in a school or other public building.**	**Displaced population residing with a host community in an underserved area.**	**Displaced population residing with a host community in a well-connected area.**
EARLY ACTION—MEETING IMMEDIATE NEEDS As an indication, these interventions could be implemented the first six months of a rapid or slow onset crisis				
NUTRITION	• Prevent and manage the inappropriate donations, untargeted distribution, and promotion of inappropriate commercial foods for children. • Provide fortified foods to children aged 6–23 months through blanket supplementary feeding. Examples include fortified blended foods and lipid-based nutrient supplements (small to medium quantity). **or**	• Provide fortified foods to children aged 6–23 months through blanket supplementary feeding. Examples include fortified blended foods and lipid-based nutrient supplements (small to medium quantity). • Provide nutrition counseling and social and behavior change communication. • Prevent and manage the inappropriate donations, untargeted distribution, and promotion of inappropriate commercial foods for children.	• Provide nutrition counseling and social and behavior change communication. • Provide multiple-micronutrient supplementation (powder) for children aged 6–23 months. • Sensitize population on safe food preparation and storage.	• Provide nutrition counseling and social and behavior change communication. • Sensitize population on safe food preparation and storage including cooking demonstrations.
FOOD SECURITY	• Provide on-sight feeding or food basket including food soft in consistency for children aged 6–23 months.	• Offer cash or voucher schemes to purchase foods that are locally available. • Provide on-sight feeding or food basket and distribution of cooking utensils including domestic energy.	• Offer cash or voucher schemes to purchase foods that are locally available.	• Offer cash or voucher schemes to purchase nutrient-rich foods and/or fortified foods that are locally available.
HEALTH	• Provide treatment of diarrhea in children.	• Establish health services with integrated management of childhood illness (IMCI).	• Establish health services with IMCI.	• Ensure access to IMCI services and promote infant and young child feeding in antenatal care and postnatal care..
WASH	• Distribute clean and potable water, soap, and disinfectants to households with children under two. • Sensitize population on hygiene for household members, especially households with children under two. • Distribute and promote Baby WASH materials and communication in households with children under two years of age. Baby WASH is an approach integrating WASH, maternal newborn and child health, early childhood development and nutrition across the first 1000 days of life to improve the health of infants and their caregivers.	• Distribute water purifiers, soap, disinfectants, and materials for safe food storage to households. • Sensitize population on hygiene for household members. • Distribute and promote Baby WASH materials and communication in households with children under two years of age.	• Provide hygiene education and social and behavior change communication.	• Provide hygiene education and social and behavior change communication.
LONGER-TERM ACTIONS— MEETING NEEDS IN THE LONG TERM As an indication, these interventions could be implemented during a protracted crisis *These long-term actions apply to whichever scenario you start with*				
NUTRITION	• Implement supportive interventions for continued breastfeeding up to two years of age. • Strengthen complementary feeding counseling and social and behavior change communication. • Provide advice on safe food handling and cooking demonstrations. • Strengthen routine monitoring systems to adequately track complementary feeding activities, outputs and outcomes. • Strengthen and mainstream treatment of acute malnutrition if global acute malnutrition is above 10% with aggravating factors or above 15%. Integrate interventions to improve CFE into community-based management of acute malnutrition (CMAM).			
FOOD SECURITY	• Establish access to food markets and provide fresh food vouchers for caregivers of children under two. • Ensure access to communal food preparation areas where household facilities are lacking. • Link to livelihood programs for families with children under two years of age.			
SOCIAL PROTECTION	• Link to safety net programs to women with children under two years of age.			
WASH	• Establish access to safe water and clean water environments especially targeting households with children under two. • Strengthen hygiene education and social and behavior change communication to caregivers of children under two.			
HEALTH	• Strengthen the health services capacity for Integrated Management of Childhood Illness (IMCI). • Mainstream nutrition counseling for children aged 6–23 months in routine visits, antenatal care, and postnatal care.			
PROTECTION	• Ensure that all staff are trained on and sign safeguarding policies and procedures. • Provide advice on protected eating and playing spaces..			

Stage 3: Resource Mobilization

Information on available funds is typically shared through coordination mechanisms such as the clusters in a given country or region, which can also include multilateral or bilateral funding opportunities, such as pooled funds. Once you have developed a multi-sectoral plan, costing the plan is a first step to ensure it gets adequately funded.

In addition to the cost of commodities, the cost of personnel, activities in relation to infant and young child feeding counseling, training, communication, logistics including transport, would need to be factored into the budget broken down by the different months of interventions.

If financing the CFE components is a challenge, it is worth considering joint advocacy efforts—among actors in nutrition and other sectors such as food security, WASH, and health—to collectively raise awareness on the importance of CFE to prevent malnutrition and death in children under two years of age. The Global Nutrition Cluster developed **an advocacy toolkit** to guide this effort (GNC 2016).

Box 4. How to Handle Unsolicited Donations of Commercial Generic Complementary Foods and/or Follow-Up Formula and Growing-Up Milks?

During emergencies, donations of commercial generic complementary foods and breast milk substitutes (including follow-up formula and growing-up milks) should not be accepted, solicited, or distributed in an untargeted manner.

For more information refer to:

- **Infographic on preventing and managing inappropriate donations during emergencies** (IFC CG 2023)
- **Guidance on ending inappropriate promotions of foods for infants and young children** (WHO 2017)

The United Nations Children's Fund can act as the provider of first resort for breast milk substitutes where procurement is warranted as part of an overall humanitarian response that supports optimal infant and young child feeding as stipulated in the **procurement and use of breast milk substitutes in humanitarian settings** (UNICEF 2021)

Stage 4: Implementation and Monitoring

After selecting a scenario in stage 2 (based on the results of the needs assessment and analysis in stage 1), refer to the table in this section for guidance on implementing and monitoring interventions for complementary feeding in emergencies. Following the table is an overview of resources on complementary feeding indicators for monitoring project performance.

General Considerations

When implementing the CFE response plan, it is crucial to coordinate and partner with government institutions and/or local organizations and delivery channels, taking every opportunity to strengthen systems when possible.

Communication is a key aspect of implementation that needs to be done in coordination with other nutrition actors; notably agreeing on a **joint statement for children under two** (IFE CG 2020), and **what to communicate to the media** (IFE CG 2007), caregivers, and health workers.

Consider that a package of multi-sectoral interventions would need to be implemented in the same area for the greatest benefit of the children in need. See the **matrix for coordination of IYCF-E interventions with other sectors** (Save the Children 2017) for further information.

To ensure a quality intervention, an essential component of the response is training frontline workers—not only on delivering the program, but also on infant and young child feeding counseling and linking with other sectors for complementary feeding interventions. See **table 2** for more details.

How to Implement the Interventions Linked to the Different Scenarios?

An explanation of each intervention listed in the decision tool is provided in **table 2**—why it is important, how to implement it, and where to find examples and resources.

Table 2. Implementing Interventions for Complementary Feeding in Emergencies

Scenarios (see stage 2 decision tool)	Intervention	What is it? Why is it important?	How to do it and where to find resources and examples?
NUTRITION			
EARLY ACTIONS			
Scenarios 1 and 2	Provide **fortified foods** to children aged 6–23 months through blanket supplementary feeding in populations with limited or no access to nutritious foods.	**What is it?** Blanket supplementary feeding provides fortified foods to all children under two or under five in the specified risk group regardless of their nutritional status. **Why is it important?** The aim is to prevent mortality due to malnutrition, especially in the first few months in populations that have no access to food markets or water.	• Fortified foods include fortified blended foods such as Wheat Soya Blend *Plus* and lipid-based nutrient supplements (small to medium quantity). • For detailed steps, see: — **UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations** (UNHCR, ENN, and University College London 2011) — **UNHCR/WFP Guidance for Selective Feeding Programs in Refugee Situations** (UNHCR and WFP 2011) — **UNICEF Small Supplements for the Prevention of Malnutrition in Early Childhood (Small Quantity Lipid Nutrient Supplement). Brief Guidance Note** (UNICEF 2023)
Scenarios 2, 3, and 4	Provide **complementary feeding** counseling and social and behavior change communication	**What is it?** Individual counseling aims to increase the caregiver's knowledge of complementary feeding practices and nutritious foods, and identify solutions to challenges. In addition, information shared to families of children under two (e.g., via community-based support groups and engagement with religious and community leaders) should be tailored to availability and cultural acceptability. **Why is it important?** It would improve the caregivers' feeding behaviors for children under two.	**Complementary Feeding Counseling** • Identify training needs and organize training for frontline health personnel who work with pregnant and lactating women and children on complementary feeding in emergencies counseling. Schedule refresher training as needed. See the following resources: — **IYCF-E online course** (UNICEF 2022a) — **Community Infant and Young Child Feeding Counselling Package** (UNICEF 2012) — **IFE CG Operational Guidance for Breastfeeding Counselling in Emergencies** (ENN 2021) • Equip frontline workers with job aids to identify solutions to complementary feeding challenges — Adapt the United States Agency for International Development (USAID) **A Counseling Guide for Complementary Feeding for Children 6-23 Months in Kisumu and Migori, Kenya: Based on Results of Trials of Improved Practices (TIPs) Complementary Feeding Assessment** (MCSP 2017), which provides recommendations and counseling motivation communication for common feeding problems that can be used during counseling. **Behavior Change Communication** • The Action Contre la Faim (ACF) **ABC – Assisting Behaviour Change: Designing and Implementing Programs in ACF Using an ABC Approach – Part 2 Practical Ideas and Techniques** (Pezzullo 2013) provides a 10-step model for program planners to implement programs with a behavior change objective. • Tailor recommended complementary foods based on culturally and locally available foods. Provide cooking demonstrations with these foods. Ensure counselors have current information about services in the areas. — The **FAO Guide to Conducting Participatory Cooking Demonstrations to Improve Complementary Feeding Practices** (FAO 2017) provides an example guide on how to conduct participatory cooking demonstrations using local foods. • An interesting item to distribute during sensitization sessions is UNICEF's **Complementary Feeding Bowl** (UNICEF 2022). Culturally acceptable diverse food icons are portrayed on the rim of the bowl to encourage dietary diversity. Inside the bowl, age-appropriate portion sizes are delineated, and other icons show age-appropriate meal frequency. A slotted spoon accompanies the bowl to ensure the first semisolid foods are the right consistency.

Scenarios (see stage 2 decision tool)	Intervention	What is it? Why is it important?	How to do it and where to find resources and examples?
Scenarios 1 and 2	Prevent and manage **unsolicited donations, untargeted distribution, and promotion of inappropriate commercial foods** for children.	**What is it?** Steps taken to sensitize and agree with nutrition and other involved stakeholders to stop donations and untargeted distribution of inappropriate commercial complementary foods. Foods considered inappropriate would be those high in sugar, salts, or fats. **Why is it important?** In emergencies, there is a risk of promotion and untargeted distribution of breast milk substitutes, and inappropriate commercial complementary foods.	Issue a joint statement that includes complementary foods. Example: **Ukraine Joint Statement: Protecting Maternal and Child Nutrition in the Ukraine Conflict and Refugee Crisis** (UNICEF, GNC, and IFE CG 2022). **IYCF-E Toolkit – Briefing on How to Manage Unsolicited and Unwanted Donation of Breastmilk Substitutes, Milk Products, and Infant Feeding Bottles/Teats** (UNICEF 2017a) provides steps to managing unwanted donations (focuses on milk products but can be used to manage complementary foods donations). **WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children: Implementation Manual** (WHO 2017) provides examples of claims made by opponents to regulation and possible responses to address them.
Scenario 3	Provide **multiple-micronutrient supplementation powders** for children aged 6–23 months if food diversity is limited in the market or in the food basket.	**What is it?** Provision of multiple-micronutrient powder—specifically in powder form for home fortification of food consumed by infants and children 6–23 months of age. Provision of multiple-micronutrient supplementation requires adequate social and behavior change communication for it to be effectively consumed. **Why is it important?** In absence of food sources for micronutrients, supplementation is important to improve the nutritional status of children.	• For more details on planning for implementation, manual joint statement, implementation planning template/ checklist, examples of indicators to monitor, and minimum preparedness activities, see: — East-Asia and Pacific – Nutrition in Emergencies Toolkit (UNICEF 2017b). • Train staff to provide social and behavior change communication on micronutrient supplementation use: — Training tools can be found in **Module 4 in the Harmonised Training Package,** which also includes job aids NutritionWorks, ENN, and GNC 2011). — Instructions on how to add them and counseling cards can be found in the **Community Infant and Young Child Feeding Counselling Package** (UNICEF 2022) • Include communication on how to use multiple-micronutrient powder and why it is important. — **Communications Plan for the Introduction of Micronutrient (Vitamin and Mineral) Powders** (SPRING n.d.) is an example of how to create an enabling environment on promoting and using micronutrient supplementation at home while promoting recommended infant and young child feeding (IYCF) and WASH practices. — **WHO Guideline: Use of Multiple Micronutrient Powders for Point-of-Use Fortification of Foods Consumed by Infants and Young Children Aged 6–23 Months and Children Aged 2–12 Years** provides evidence-based summary on the effects and safety of micronutrient powders. — The **Home Fortification Technical Advisory Group** (**https://hftag.org/**) has developed a **Programmatic Guidance Brief on Use of Micronutrient Powders for Home Fortification** (Home Fortification Technical Advisory Group n.d.).
Scenarios 3 and 4	Provide advice on **safe food handling, food storage, and hygiene, and provide storage containers** during group sessions or in spaces where caregivers and children 6–23 months of age are present.	**What is it?** Group education sessions targeting caregivers on how to prepare food for children 6–23 months of age in a safe and hygienic manner. The sessions can include distribution of items (e.g., soap, bowls, spoons, and food storage containers). **Why is it important?** During emergencies, there is a greater risk of infection in children under two linked to poor hygiene during food handling, preparation, and storage.	• Review and adapt existing cooking demonstration guides to include safe food handling, food storage, and hygiene. — An example of how to include hygiene is included in the **FAO Guide to Conducting Participatory Cooking Demonstrations to Improve Complementary Feeding Practices** (FAO 2017). • Promotion of safe food handling, storage, and hygiene should be integrated in WASH and IYCF groups such as mother-baby areas, WASH education sessions, cooking demonstrations, and baby tents. It can be done in collaboration with WASH and food security and livelihood sectors. • An example of food storage containers distributed in Myanmar is the "Banana Bag"—filled with tools to support complementary feeding (e.g., egg and bean boxes, crushing tool sets, portion bowls, and soap and a baby towel). See the **Complementary Feeding in Emergencies Programming— Myanmar Case Study** (Burns, Donnelly, and O'Flynn 2022).

Scenarios (see stage 2 decision tool)	Intervention	What is it? Why is it important?	How to do it and where to find resources and examples?
All scenarios	Strengthen and mainstream **treatment of acute malnutrition** if global acute malnutrition is above 10% with aggravating factors or above 15%. Integrate interventions to improve CFE into community-based management of acute malnutrition (CMAM).	**What is it?** Provision of service to treat and manage acute malnutrition in children under five in an outpatient setting (e.g., clinic or tent) and inpatient setting (e.g., hospital or standalone stabilization center). While respecting the protocols for treatment, integrate counseling on CFE and continued breastfeeding into CMAM, especially if the majority of children admitted is 6–23 months. **Why is it important?** In emergencies where global acute malnutrition is equal to or above 10%, a substantial percentage of children under five are at greater risk of death.	• In addition to respecting treatment protocols, train CMAM staff to counsel caregivers on complementary feeding and continued breastfeeding for children 6–23 months of age; this additional intervention will equip caregivers with the information needed to potentially prevent a future episode of wasting. See the following resources: — **IYCF-E online course** (UNICEF 2022a). — **UNICEF Community Infant and Young Child Feeding Counselling Package** (UNICEF 2012). — **IFE CG Operational Guidance for Breastfeeding Counselling in Emergencies** (ENN and IFE CG 2021). • The threshold of global acute malnutrition above 10% with aggravating factors or above 15% is a guideline only. Depending on the context, if global acute malnutrition is below 10%, there may be high numbers of children who require treatment of acute malnutrition, especially in urban settings with large populations. — See the clinical guidelines from Médecins Sans Frontières for the treatment of **Severe Acute Malnutrition** (MSF n.d.). — For more information, see **Moderate Acute Malnutrition: A Decision Tool for Emergencies** (GNC MAM Taskforce 2017).
LONGER-TERM ACTIONS			
All scenarios	Strengthen complementary feeding counseling and social and behavior change communication. Ensure complementary feeding counseling and social and behavior change communication is timed, targeted, and tailored for children across the key ages and stages for children aged 6–8 months, 9–11 months, and 12–23 months.	**What is it?** Conduct on-the-job coaching, role-play, and refresher training to frontline workers on complementary feeding counseling. Use results of barrier analysis, Link Nutritional Causal Analysis (Link NCA) or other research studies' results to design effective social and behavior change communication interventions. **Why is it important?** To help health workers retain information and train new staff due to high turnover, it is important to continually provide on-the-job coaching and refresher training.	• Schedule training sessions and set frequency on when the sessions will be done to ensure health workers are able to solve feeding problems. Conduct on-the-job coaching and review sessions to further improve the staff's IYCF counseling capacities. Hold feedback sessions where health workers can discuss feeding challenges faced by caregivers in their location and potential solutions can be identified. • Adjust recipes and recommended culturally available foods based on current market information and costing data. • Schedule regular updates with leads of support groups to obtain feedback on what is and is not working. • See the following resources: — **IYCF-E online course** (UNICEF 2022a). — **UNICEF Community Infant and Young Child Feeding Counselling Package** (UNICEF 2012). — **IFE CG Operational Guidance for Breastfeeding Counselling in Emergencies** (ENN and IFE CG 2021).
All scenarios	Provide supportive interventions for continued breastfeeding up to two years of age.	**What is it?** Supportive interventions for continued breastfeeding can include education and counseling sessions for mothers on recommended IYCF practices, especially continued breastfeeding of infants and children aged 6–23 months and beyond (e.g., during one-on-one sessions or group sessions). It could also include ensuring a safe space is available for continued breastfeeding. **Why is it important?** Continued breastfeeding is recommended and protects children under two from disease and malnutrition.	• See the **Operational Guidance on Breastfeeding Counselling in Emergencies** (ENN and IFE CG 2021).
All scenarios	Strengthen routine monitoring systems to adequately track nutrition activities, specifically complementary feeding.	**What is it?** Complementary feeding indicators, including unwanted food donations, are tracked through the government health systems monitoring in place. **Why is it important?** To inform decision-making on the interventions.	• Review existing monitoring frameworks to determine what data is already monitored, what needs to be collected, the frequency, and if it is feasible to collect. • See Module 4 in the **ProPan Process for the Promotion of Child Feeding** (PAHO and UNICEF 2013). Designing a monitoring and evaluation system may be useful. • Next steps include ensuring that collected data is used by stakeholders to inform decision-making, such as during review meetings.

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
FOOD SECURITY			
EARLY ACTIONS			
Scenarios 1 and 2	Provide on-sight feeding for children aged 6–23 months.	**What is it?** Wet feeding is providing cooked, nutritious soft foods meals targeting specifically children 6–23 months of age. **Why is it important?** To be provided as a short-term measure where facilities are limited or where limited nutritious foods are available.	• Work with the food security sector to implement this activity. For food safety standards and water availability, consider also involving the WASH and health sectors. • See the example described in the case study of Venezuelan migrants and refugees living in Brazil: **Supporting Positive Young Child Feeding Practices Among Venezuelan Migrants and Refugees Living in Brazil** (Moreno et al. 2022). The "participatory kitchens" were established in three shelters in Brazil to support positive infant and young child feeding practices among Venezuelan migrants and refugees.
Scenarios 1 and 2	Provide food basket of fortified foods at the household level, including nutrient-rich foods, soft in consistency, for children aged 6–23 months.	**What is it?** In-kind food items distributed to households grouped together in baskets or boxes. Food baskets need to be customized to the targeted households. For households with children under two, it should contain specific foods for children aged 6–23 months. **Why is it important?** Food baskets need to be customized to contain foods suitable for children under two. An example of food baskets for children aged 6–11 months and 12–23 months is provided in the **Guidance for Organizations Supporting the Feeding of Children Aged 6 Months to 2 Years in the Context of the Ukraine Crisis** (IFE CG et al. 2022).	• Check whether the general food basket distributed by the food security sector contains fresh, soft foods for children under two. See **box 1** (global recommendations for feeding children aged 6–23 months) for more details on what is acceptable for this age group. • Advocate to include complementary feeding in the general food distribution or design a top-up basket to add to the general food distribution basket. • Lebanon's food security sector and the American University of Beirut developed an example of food basket provision for children under two: **Guidance on Food Parcels Composition** (Lebanon Food Security Sector 2020).
Scenario 2	Distribute cooking utensils, domestic energy, nutrient-rich foods, or fortified foods at the household level to families with children 6–23 months of age.	**What is it?** Distribution of cooking utensils, domestic energy, and nutrient-rich foods to households with children under two. **Why is it important?** As an early and short-term action in contexts where the population in need has no access to markets and/or to cooking facilities.	The food security sector and the non-food items working group (a coordination working group set up to coordinate the non food item relief response) would organize the distribution, ensuring that families with children under two are prioritized. • The **Food Security Cluster** (Food Security Cluster n.d.) website has a number of resources for food security emergency interventions including: • **ACF International Food Assistance Manual for Field Practitioners** (ACF 2014)

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
Scenarios 3 and 4	Provide cash or voucher schemes for caregivers of children to purchase foods that are locally available (nutrient-rich and/or fortified foods if available).	**What is it?** Cash voucher assistance includes the provision of cash transfers and vouchers to targeted beneficiaries, in this case pregnant and lactating women and caregivers of children under two. Cash transfers include the provision of physical currency or electronic cash to targeted recipients, namely caregivers of children under two. **Why is it important?** It allows pregnant and lactating women and caregivers of children under two to purchase goods and access services that can have a positive impact on maternal and child nutrition.	• Work with the food security and cash working group to implement this activity. • Vouchers can be provided in paper or electronically and can be exchanged for a set quantity or value of goods or services. For example, a fresh food voucher could be given to caregivers of children under two. Conditionality refers to prerequisite activities or obligations that a recipient must fulfill in order to receive assistance, for example attending a nutrition education session. • Couple this activity with nutrition education and sensitization for optimal outcomes. • See the **Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies** (GNC 2020) • For more information and examples, see: — **Nutrition-Sensitive Voucher Schemes in South Sudan** on improving diets while promoting the diversification of livelihoods and nutrition education in a protracted crisis in South Sudan (FAO 2020a). — **Nutrition-Sensitive Cash+ in Somalia** on combining cash payments, nutrition education, and provision of agricultural and livestock inputs to increase food security and improve diets of drought-affected pastoralists and farmers in Somalia (FAO 2020b). • General information can be found in the **CaLP Network Cash and Voucher Assistance** online course (**https://kayaconnect.org/course/info.php?id=496**).
Scenarios 3 and 4	Collaborate with private vendors to minimize contamination of foods suitable for children 6–23 months of age.	**What is it?** Work with the food security sector and the food market vendors to sensitize them on food safety. **Why is it important?** Contamination of foods may occur across the food chain. This includes transportation, storage, and handling of foods. In urban areas, caregivers may purchase food from street vendors for children of complementary feeding age. The food may not be hygienically prepared or suitable for children 6–23 months of age.	• In Myanmar, a project aimed to improve availability of safe, appropriate nutritious foods for children 6–23 months of age through the provision of cash and food vouchers coupled with training for motorbike and urban street food vendors to improve fresh food supply and safety. See the **Complementary Feeding in Emergencies Programming – Myanmar Case Study** (Burns, Donnelly, and O'Flynn 2022).
LONG-TERM ACTIONS			
All scenarios	Establish access to a food market and provide cash vouchers to caregivers of children under two years of age.	**What is it?** In collaboration with the food security sector, work with vendors to ensure presence of fresh foods and nutritious complementary food, such as animal food and nutrition-sensitive crops in markets. Provide cash vouchers to the caregivers of children under two in the population in need to ensure they have access to those foods. **Why is it important?** As a long-term action, ensuring the market includes foods appropriate for children under two is a step toward improving their diets.	• See the **Complementary Feeding in Emergencies Programming—Myanmar Case Study** (Burns, Donnelly, and O'Flynn 2022). • **Nutrition-Sensitive Guidance in the Context of COVD-19 in Myanmar** provides examples of how to ensure supply of nutritious foods. (LIFT 2020).

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
Scenarios 1 and 2	Ensure access to communal food preparation areas where household facilities are lacking.	**What is it?** Work with the shelter, camp coordination, and food security sector to set up communal kitchens if household facilities are not possible or lacking. **Why is it important?** Providing safe and hygienic areas for food preparation creates an enabling environment to adhere to recommended complementary feeding practices.	• In some refugee settings this is set up temporarily.
All scenarios	Link to livelihood programs for families with children under two years of age.	**What is it?** Linking caregivers of children under two with programs supporting livelihoods by training on and supporting income-generating activities, such as how to grow a nutrition-sensitive crops and/or livestock. **Why is it important?** This would improve the diversity and quality of complementary food for children under two.	• Example of livelihood programs including **cash+ nutrition sensitive interventions** (FAO 2023) by providing cash, demonstrations, and seeds to establish gardens in pots or home gardens to improve dietary diversity (LIFT 2020). For more information see: — **Nutrition-Sensitive Guidance in the Context of COVD-19 in Myanmar** (LIFT 2020). — **Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies** (GNC 2020). • An example intervention can be found in: — **Nutrition-Sensitive Cash+ in Somalia (FAO 2020b).**
SOCIAL PROTECTION			
LONGER-TERM ACTIONS			
All scenarios	Link to safety net and cash transfer programs for families with children under two years of age.	**What is it?** Safety net programs are government or local schemes aimed to reduce poverty. Examples include national health insurance, income support, and unemployment insurance. Check for government social protection schemes. **Why is it important?** Safety net programs aim to protect families from the impact of shocks and are important for resiliency.	An example of social protection can be found in Ethiopia's productive safety net program. The Ethiopian safety net program targets the households that are both chronically food insecure and poor. In its fourth version, this government social protection scheme will include nutrition and water interventions targeting families with children under two in an effort to improve wasting and stunting. For more information see **IFPRI Productive Safety Net Program** (IFPRI 2023).
WATER, SANITATION, AND HYGIENE (WASH)			
EARLY ACTIONS			
Scenario 1	Distribution of clean and potable water, soap, disinfectants, and materials to support safe food storage and prevent contamination to households with children under two years of age.	**What is it?** Distribution of clean water and potable water, soap, and other hygiene kits specifically prioritizing families with children under two. **Why is it important?** In the scenario with little or no infrastructure, potable water is vital and hygiene kits are needed to prevent illnesses related to unclean environments or food contamination especially in young children.	• Work with the WASH sector to prioritize families with children under two in their distribution. • Check specific needs for hygiene for the environment and for food preparation. • Ensure separation of animals and young children if needed including in play areas.

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
Scenario 2	Distribution of water purifiers, soap, disinfectants, and materials for safe food storage to households.	**What is it?** Distribution of water purifiers, soap, disinfectants, and materials for safe food storage to households with children under two. Organizing with the WASH sector hygiene sensitization and/or education sessions to families of children under two. **Why is it important?** When water is available, it might not be clean, and potable water is vital. Soap and disinfectants are needed to prevent illnesses related to unclean environments or food contamination especially in young children. Educating the families on the importance of keeping the environment clean, food uncontaminated, and the importance of handwashing is necessary to protect young children from infections and illnesses.	• Work with the WASH sector to prioritize families with children under two for the distribution. For more information see: — **ACF Baby WASH guidance** (ACF 2017a). — **WASH'Nutrition: A Practical Guidebook on Increasing Nutritional Impact Through Integration of WASH and Nutrition Programmes** (ACF 2017b). — **FANTA WASH Counseling Messages** (FANTA 2016).
Scenarios 1 and 2	Distribution and promotion of Baby WASH materials and communication in households with children under two years of age.		
Scenarios 1 and 2	Sensitization on hygiene for household members.		
Scenarios 3 and 4	Provide hygiene education and social and behavior change communication.	**What is it?** Organizing caregivers individual or group sensitization sessions on hygiene. Use the results from barrier analysis, Link NCA, or research studies if available in order to better design the intervention. **Why is it important?** Social and behavior change communication would help changes in hygiene-related behaviors, which in turn will help improve WASH conditions for children under two.	
LONG-TERM ACTIONS			
All	Establish access to safe water and clean water environments.	**What is it?** Work with the WASH sector to ensure families with children under two have access to safe water and clean environments. **Why is it important?** Reducing the risk of contaminated water, food, and other items is important to reduce the risk of infection in children under two who are more susceptible to waterborne diseases. Clean environments are equally important to prevent infection.	• Collaborate with the WASH sector to ensure access to water for families with children under two and to ensure that adequate and safe handwashing facilities are available in schools, health facilities, and living quarters. • Work with the WASH sector to ensure clean environments where children under two play or live. • For more details see Section 3 in the UN Refugee Agency's **Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action** (Save the Children and UNHCR 2018).
All	Strengthen hygiene education and social and behavior change communication.	**What is it?** Organizing caregivers individual or group sensitization sessions on hygiene. Use the results from barrier analysis, Link NCA, or research studies to better design the intervention. **Why is it important?** Social and behavior change communication would help changes in hygiene-related behaviors, which in turn will help improve WASH conditions for children under two.	• Collaborate with the WASH sector to ensure there are adequate and safe handwashing facilities in schools, health facilities, and living quarters. • Standardize complementary feeding and WASH communication and integrate them into hygiene education and social and behavior change communication. — The **UNICEF Nutrition WASH Toolkit** (UNICEF 2016) provides practical steps on how to integrate nutrition and WASH. • Work with vendors to improve food hygiene. • Examples of interventions can be found in programming (UNICEF 2020b) or **ACF Baby WASH guidance** (ACF 2017a).

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
HEALTH			
EARLY ACTIONS			
Scenario 1	Treatment of diarrhea in children under two.	**What is it?** Work with the health sector to ensure treatment for children under two with diarrhea is available to the population in need **Why is it important?** Diarrhea increases the risks of malnutrition and should be immediately treated to prevent further malabsorption of nutrients.	• Collaborate with the health sector focal point to ensure this intervention is established and available for families with young children. • Consider adding other services in consultation with the health sector, such as measles vaccination if needed.
All	Establish and ensuring health services with integrated management of childhood illness (IMCI).	**What is it?** Work with the health sector to establish health services for children under two. **Why is it important?** Health is a prerequisite for a young child's optimal nutritional status.	• Collaborate with the health sector focal point to ensure this intervention is set up and available for families with young children. • If people have to move to camps, preventing measles by ensuring access to a vaccine would be key.
LONGER-TERM ACTIONS			
All	Strengthen the health services capacity for IMCI.	As above	As above
All	Mainstream IYCF counseling, including for children aged 6–23 months in routine visits, antenatal care, and postnatal care.	**What is it?** All caregivers with children 6–23 months of age receive complementary feeding counseling through the health system services **Why is it important?** Integrating complementary feeding education and counseling into routine visits would help ensure this information is provided to caregivers in a more systematic and continuous manner.	• Coordinate with the government or local services to ensure health care workers who provide services to mothers receive training on complementary feeding and breastfeeding counseling.

Scenarios	Interventions	What is it? Why is it important?	How to do it and where to find resources and examples?
PROTECTION			
LONGER-TERM ACTIONS			
All	Ensure that all staff are trained on and sign safeguarding policies and procedures.	**What is it?** Training nutrition staff on safeguarding children policies and procedures. **Why is it important?** To ensure the safety of women and children and allow them to focus on caring and feeding rather than on survival.	• Collaborate with the protection sector, and the gender-based violence focal point in your area, to ensure that nutrition staff is trained on safeguarding children policies and procedures as well as confidential referral of gender-based violence survivors to appropriate protection services.
All	Provide advice on protected eating and playing spaces.	**What is it?** Ensure that nutrition frontline workers are in contact with the protection sector focal points and that they are aware of what advice to give caregivers for safe eating and playing spaces. **Why is it important?** If women and children are not safe or do not feel safe in a space, their protection becomes the priority—and the proper feeding of children under two is compromised.	

How To Monitor The CFE Interventions?

To monitor whether the project is meeting its objectives, indicators linked to the various interventions would need to be identified. The indicators would therefore depend on the project activities. Indicators should also be context-specific.

A set of **Indicators for Assessing Infant and Young Child Feeding Practices** (WHO 2021) was published by WHO in 2021 to facilitate the process of identifying appropriate project-specific indicators.

The latest WHO indicators are not split between core and optional indicators. The following is a shorter list of suggested complementary feeding indicators to collect among the WHO list of standard indicators.

INDICATOR	DEFINITION
Continued breastfeeding (12–23 months of age)	Percentage of children 12–23 months of age who were fed breast milk during the previous day
Minimum dietary diversity (6–23 months of age)	Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day
Minimum meal frequency (6–23 months of age)	Percentage of children 6–23 months of age who consumed solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day
Minimum acceptable diet (6–23 months of age)	Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day
Bottle feeding (0–23 months of age)	Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day

The United States Agency for International Development Bureau for Humanitarian Assistance issued an **Indicator Handbook** (USAID BHA 2023) with nutrition program indicators on Page 219 that could be used for emergency interventions, notably N09, N11, N12, and N13. The same handbook could also be used for other sectors' indicators for interventions targeting children aged 6–23 months. Although program indicators are not expected to change during the course of an emergency, they would be most appropriate to use for emergency interventions due to the relatively short duration of the implementation.

Stage 5: Operational Review and Evaluation

The indicator data collected during implementation should give an indication on whether the objective of improving complementary feeding diets, practices, and services is met.

Regular review of the nutrition intervention could take the form of monthly dedicated meetings to review and discuss the indicators. Formal evaluations would need to be planned at least once a year to help understand what works well and less well and rethink the intervention if needed.

Although this is an important step, few CFE reviews and evaluations are documented. Unfortunately, many competing priorities during emergencies impede the implementation and/or the documentation of CFE program evaluations.

An **evaluation of the infant and young child feeding program in Syria** (UNICEF 2022b) conducted by UNICEF focused on the quality of the program and included the CF aspect of the program.

An **impact evaluation was conducted in Vietnam** (Rana 2018) on community based IYCF support groups in 2017 showed some impact among mothers and caregivers on breastfeeding and complementary feeding practices knowledge, but limited impact on practices (significant impact only for minimum dietary diversity and handwashing) and no impact on stunting or acute malnutrition.

In your context, if possible, advocate for a collective evaluation through the existing nutrition coordination mechanisms.

ANNEX 1. INFORMATION NEEDS AND QUESTIONS TO UNDERSTAND THE PRECRISIS SITUATION

WHAT DATA IS NEEDED TO PLAN A CFE RESPONSE?	WHY IS THIS DATA NEEDED AND HOW WILL IT BE USED?	HOW WILL THIS DATA BE OBTAINED?
NUTRITION		
What is the nutritional status of children 6–23 months of age? **Quantitative** • Prevalence of wasting and stunting in children under five and specifically children under two. • Prevalence of micronutrient deficiencies, focusing particularly on vitamin A deficiency and anemia, specifically in children under two.	• If Global Acute Malnutrition is above 10% with aggravating factors or 15% precrisis, setting up treatment for acutely malnourished children will need to be a key priority of the nutrition response and blanket supplementary feeding would need to be considered in the first months of the crisis to prevent wasting in children under five. The blanket supplementary feeding program rations would need to be adapted for the needs of children 6–23 months of age. If prevalence of wasting is an issue in children under two specifically, it would be important to understand why and address this in the program design. For example, is complementary feeding in emergencies (CFE) education included in community-based management of acute malnutrition (CMAM) activities to prevent relapse? Do activities need to be adapted if a large proportion of those enrolled in CMAM are in the complementary feeding period due to suboptimal "weaning" practices? • The prevalence of micronutrient deficiencies will help inform whether micronutrient supplementation should be prioritized.	**Secondary data sources examples:** Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys; Demographic and Health Surveys (DHS); Multiple Indicator Cluster Surveys (MICS); national and subnational surveys (government); program evaluations (baseline and endline reports); and Link Nutritional Causal Analysis (Link NCA). *Unpublished reports[3] from partners in the nutrition sector as well as the assessment and information management technical working group, if this technical working group is active under the nutrition cluster in country.*
What are infant and young child feeding (IYCF) breastfeeding practices? **Quantitative** • Percentage of infants aged 0–5 months who were fed exclusively with breast milk during the previous day. • Percentage of children 12–23 months of age who were fed breast milk during the previous day. • Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day. **Qualitative** • Barriers and enablers of continued breastfeeding practices, focusing on infants and children 6–23 months of age.	• If percentages of exclusive breastfeeding and continued breastfeeding are low, this most probably means that a large proportion of young children are fed to some degree with breast milk substitutes and potentially with bottles. As bottle feeding increases the risk of infection especially in emergencies, this information is critical for designing the response: minimizing the risk of artificial feeding would then need to be a key response intervention. • Understanding the barriers and enablers of breastfeeding practice (including relactation and wet nursing) will help tailor social and behavior change communication.	In addition to the secondary data sources above, quantitative data can be obtained from an IYCF survey and qualitative data can be obtained from a knowledge, attitudes, and practice (KAP) survey; barrier analysis from nutrition partners; cost of the diet reports; and anthropological studies.
What are the complementary feeding practices? **Quantitative** • Minimum meal frequency, minimum dietary diversity, minimum acceptable diet **Qualitative** • What are the challenges that caregivers face with recommended practices? • What do children aged 6–23 months eat? What do children aged 6–23 months not eat? Are there any cultural taboos in relation to feeding children in this age group? • What are the barriers and enablers of recommended CFE practices? • Who in the family and community influence feeding practices? • What are the existing complementary feeding policies and services or implemented programs? Are they part of antenatal care and postnatal care? • What are the nutrient gaps? Are they receiving iron and vitamin A rich foods?	• The indicators provide an overview of existing challenges. • Qualitative information on what is consumed and why will help tailor communication for CFE interventions and interventions from other sectors. While a caregiver may know what the recommended practices are, other barriers will need to be addressed when designing the intervention package.	
What are the causes of malnutrition including care for the mother, household food access, availability, and intake? **Quantitative** • Women's nutrition and health status • Women's role and decision power • Household food consumption score; reduced coping strategies • Access to safe water	• Understanding the causes of malnutrition can help prioritize populations at risk of malnutrition for interventions given limited budgets.	Link NCA, anthropological studies, gender analysis, mental health, and psychosocial support sectors may also have information on care for mothers as well as partners in the food security and livelihoods and WASH sectors.

3. In locations where nutrition information is sensitive, surveys have likely been completed that are unpublished.

ANNEX 2. CURRENT CRISIS NEEDS ASSESSMENT FOR COMPLEMENTARY FEEDING IN EMERGENCIES INTERVENTIONS BY SECTOR

EXAMPLE QUESTIONS TO ELICIT KEY DATA	PURPOSE AND IMPORTANCE	POTENTIAL PRIMARY AND SECONDARY SOURCES
NUTRITION		
• What feeding difficulties are caregivers of children under age two facing?	To tailor complementary feeding interventions, it is important to understand whether feeding is a current problem in the population.	The two questions provided here are examples that could be included in an initial rapid assessment. For more questions, see: Example of a **multi-sector initial rapid assessment (MIRA)** (Save the Children 2014). Nutrition questions asked in this example **MIRA form** (Save the Children 2016).
• Have there been any donations of products targeting this age group (e.g., infant formula, commercial infant formula, or commercially prepared foods)?	If there are unsolicited donations and distribution of products, further analysis on whether the **International Code of Marketing of Breast-Milk Substitutes** (WHO 1981) is respected and where the donations are coming from is needed to manage complementary foods and milk products.	
GENERAL		
• Is the emergency rapid onset or protracted? • What is the nature of the crisis? Conflict or natural disaster? • Is this an urban or rural context? Is this a high-income or lower-middle-income country context? • Is this a camp or community-living context? • Is the population stationary or in transit? • Is the population accessible?	Questions around the general context will help clarify **which scenario should be chosen in the decision tree in stage 2**.	**Secondary:** United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports, coordination meeting minutes. **Primary:** Obtained through the general coordination meetings and/or meeting notes.
• How would one describe the mothers or caregivers' chores and/or mental health load?	The invisible load on women who are managing the overall household chores is important to assess. If the mental load or workload are significant, extra care needs to be taken to design interventions that do not add to the existing load.	**Secondary data:** Mental health and psychosocial support precrisis data. **Primary:** Consult the communityresource—obtained from focus group discussion or key informant interviews with women in the population in need.
• What is the prevalence of disabilities in children aged 6–23 months? • What is the prevalence of disabilities in caregivers?	If children are experiencing feeding difficulties due to a disability, inclusive interventions would need to be designed. See **box 3** for more information.	**Primary and secondary:** Disability working group.
COORDINATION		
• Is there a coordination mechanism in place for nutrition?	Leading with the government's nutrition coordination mechanism is part of the global mandate of the United Nations Children's Fund in non-refugee settings and the UN Refugee Agency in refugee settings. Joining and actively engaging with the coordination mechanism in place for nutrition will improve the response, including for complementary feeding in emergencies (CFE). If coordination mechanisms are not in place for nutrition, an informal working group could be established to coordinate the nutrition response and advocate for an official coordination mechanism.	**Secondary:** OCHA reports, coordination meeting notes.
• Is there a coordination mechanism in place for food security; water, sanitation, and hygiene (WASH); social protection/cash; protection; and health? • Is an inter-cluster coordination group in place?	Collaborating with the food security, WASH, health, social protection/cash, and protection sectors is key for an adequate CFE response. Already existing coordination mechanisms will facilitate collaboration and intersectoral coordination. Advocating for their buy-in is often essential for inclusion of nutrition-sensitive questions in assessments or indicators in intervention plans.	**Secondary:** OCHA reports. Primary: General coordination meetings, the humanitarian response website: **ReliefWeb Response (https://response.reliefweb.int/)**
• What are the community-based support systems and expertise?	These local systems can be leveraged in the interventions. These can be official or unofficial groups. In areas not accessible to humanitarian actors, these groups and communities are essential in reaching difficult-to-access populations, specifically caregivers of children under two. Note that support systems could be digital (e.g., using cell phones).	**Primary:** Mappings and general reports, mappings done by different sectors.

EXAMPLE QUESTIONS TO ELICIT KEY DATA	PURPOSE AND IMPORTANCE	POTENTIAL PRIMARY AND SECONDARY SOURCES
FOOD SECURITY AND CASH WORKING GROUP		
• Where is the population primarily accessing food? • Are the markets safely accessible by the population in need? • Is a variety of nutrient-rich foods available in the markets (i.e., fruits and vegetables, animal food, pulses, nuts, cereals, and oil)? Note that some pulses (such as beans, lentils, chickpeas and dried peas) may be difficult to manage in emergencies due to their required preparation and cooking time. • Are any food groups or types difficult to access? • Is the food accessed culturally appropriate and acceptable to the population? • How is the minimum expenditure basket established (defined as what a household requires to meet basic needs and its average cost) and are any steps taken to include the specific food and nutrition needs of children aged 6–23 months?	**This information will help determine which scenario to choose in the decision tree in stage 2.** If markets are not accessible, provision of nutritious foods will need to be prioritized. If markets are available and accessible but nutritious foods are not present, diet supplementation is needed for children aged 6–23 months (e.g., micronutrient supplementation). In addition, working with the food security sector helps increase the availability of nutritious food in the market, and/or working with the cash sector helps increase the purchasing power of households.	**Primary:** Consult the food security sector and the cash voucher assistance working group.
• Has there been a major increase in the cost of available foods?	Food price spikes mean reduced purchasing power, which can lead to difficulty purchasing nutritious foods. Major increases in food prices would need to be considered if cash voucher assistance is planned.	In addition to consulting the food security sector and the cash voucher assistance working group as mentioned above: **Secondary:** World Food Programme (WFP) food price monitoring data may be available. **Primary:** In collaboration with the food security sector, consider a market survey or phone-based interviews with vendors if WFP food price monitoring data is not possible.
• Do caregivers of children under two have access to fuel, equipment, utensils, and facilities to prepare and store food for their young children?	If foods are available and accessible, barriers to children eating nutritious foods may include an inability to prepare, store, and cook foods. Preparing food more frequently for young children may be a challenge during emergencies and families might not have what is required to store prepared food. If a population is in transit, they may receive prepared or wet rations that are not appropriate for their young children. This information will help determine which scenario to choose in the decision tree in stage 2.	**Primary:** Consult the food security sector.
• What rations are provided to the population in need?	If food rations are provided, the composition of the rations will need to be assessed to determine whether culturally acceptable nutritious foods are included for children aged 6–23 months. Information on the quantity, quality, list of items, kcal/person, and frequency of distribution would need to be gathered. If the general food ration does not contain suitable complementary food, interventions need to be designed to ensure caregivers have access to nutrient-rich, culturally appropriate complementary food for children aged 6–23 months. Ensuring that pregnant and lactating women of children under two have access to nutritious foods via distributed rations or as a top-up to the general food distribution is also crucial.	**Primary:** Consult the food security sector.
WASH		
• Do caregivers of children under two years old have access to clean water for drinking, personal hygiene, and food preparation in appropriate quantities (see **Sphere handbook** [Sphere 2018]) for standard quantities)? • Is the environment clean for hygienic food storage and preparation (i.e., sanitation facilities used and handwashing)? • For mixed-fed or non-breastfed infants, if infant feeding is used as a last resort, is sanitizing equipment available to minimize the risks of bottle feeding?	Understanding if the population has access to clean water in appropriate quantities is key in estimating the risk of waterborne illnesses for infants and young children. For mixed-fed or non-breastfed infants, if infant formula is used as a last resort, ensuring that sanitizing equipment is available is key to minimizing the risks of bottle feeding and/or artificial feeding using a cup. This information will help determine which scenario to choose in the decision tree in stage 2.	**Primary:** Consult the WASH sector.
• Is there a risk of contamination across the food chain (e.g., vendors, transportation, handling), specifically for food eaten by children aged 6–23 months?	Contamination can occur not only at the household level but also at the food chain supply level. Understanding whether food safety is a concern in the food chain is crucial to determining whether it is a priority to address.	**Primary:** Consult the food security and WASH sectors.

EXAMPLE QUESTIONS TO ELICIT KEY DATA	PURPOSE AND IMPORTANCE	POTENTIAL PRIMARY AND SECONDARY SOURCES
HEALTH		
• Does the population in need have access to functional mobile or static health services, specifically for children under age two? • Does the population in need have psychosocial support services for caregivers? • Are there any current outbreaks in the population that affect children under two? • Are there any sharp increases in morbidity and mortality linked to health status that might affect children under two or five?	Health issues would need to be considered in programming to further customize the response.	**Primary:** Consult the health sector.
PROTECTION (CHILD PROTECTION, GENDER, AND DISABILITIES IN CAREGIVERS AND CHILDREN)		
• Is there any risk of abuse, neglect, exploitation, or violence among children and women that the nutrition sector should be aware of?	Violence increases during emergencies. A response plan would need to consider in any case reinforcing the nutrition staff capacity in identifying and confidentially referring women and children who need additional protection support. This information will help determine to what extent this area should be prioritized. It is also key to understanding how women who have survived abuse need additional support to care for themselves and their children. Stronger linkages should be made with the protection sector, specifically the gender-based violence services.	**Primary:** Consult the protection sector.
• Is separation of children from their caregivers a concern in the population in need?	Separation of children and caregivers can result in cessation of breastfeeding, which still provides essential nutrients to children of complementary feeding ages.	**Primary:** Consult the protection sector.
SHELTER AND SETTLEMENT		
• Do pregnant and lactating women and children 0–23 months have appropriate shelter? • Are there safe Baby Friendly Spaces?	This information can help inform whether the nutrition sector would need to advocate for appropriate shelters for women and children under two.	**Primary:** Consult the shelter sector.
COMMUNICATION		
• What are the best channels of communication to target women and children aged 6–23 months (e.g., community health workers, peer groups, radio, public talks, music, door-to-door visits, phones)?	For effective social and behavior change communication, it is important to understand how to best engage with caregivers of children under two, specifically targeting those channels who influence infant feeding. This will help determine context-specific communication channels that can be used.	**Primary:** Consult communication working group if available. If needed, consult the community by conducting a rapid information communications assessment in collaboration with the communications working group. **The Sample Rapid Information Communications Accountability Assessment (RICAA)** (IOM 2017) captures communication preferences of people affected by crises. If possible, tailor the questions to also include women and children aged 6–23 months.

REFERENCES

ACF (Action Contre la Faim) International. (Action Against Hunger). 2014. "ACF International Food Assistance Manual for Field Practitioners." **https://fscluster.org/document/acf-international-food-assistance-manual**

ACF (Action Contre la Faim) International (Action Against Hunger). 2017a. "BabyWash and the 1,000 days: A Practical Package for Stunting Reduction—Contribution to Malnutrition Reduction through a Multi-Sector Approach." **https://www.accioncontraelhambre.org/en/babywash-and-1000-days**

ACF (Action Contre la Faim) International (Action Against Hunger). 2017b. "WASH'Nutrition: A Practical Guidebook on Increasing Nutritional Impact through Integration of WASH and Nutrition Programmes." **https://www.actionagainsthunger.org/publications/increasing-nutritional-impact-through-integration-wash-and-nutrition-programmes/**

Burns, Jennifer, Alison Donnelly, and Sarah O'Flynn. 2022. "Complementary Feeding in Emergencies Programming—Myanmar Case Study." Field Exchange 68, November, 46. **https://www.ennonline.net/fex/68/cfecasestudymyanmar**

CaLP (Cash Learning Partnership) Network. n.d. "Cash and Voucher Assistance—The Fundamentals." Kaya. **https://kayaconnect.org/course/info.php?id=496**.

ENN (Emergency Nutrition Network). 2022. "Complementary Feeding in Emergencies Special Section." **https://www.ennonline.net/fex/68/cfespecialseries**

ENN (Emergency Nutrition Network) and IFE CG (Infant Feed in Emergencies Core Group). 2021. "Operational Guidance: Breastfeeding Counselling in Emergencies." **https://www.ennonline.net/attachments/4088/Operational-Guidance-on-Breastfeeding-Counselling-in-Emergencies.pdf**

ENN (Emergency Nutrition Network) and IFE CG (Infant Feeding in Emergencies Core Group). 2022a. "Complementary Feeding in Emergencies Programming in Nigeria. A Case Study Based on the UNICEF Action Framework for Improving the Diets of Young Children During the Complementary Feeding Period." **https://www.ennonline.net/cfecasestudynigeria**

ENN (Emergency Nutrition Network) and IFE CG (Infant Feeding in Emergencies Core Group). 2022b. "Complementary Feeding in Emergencies Programming in Sudan. A Case Study Based on the UNICEF Action Framework for Improving the Diets of Young Children During the Complementary Feeding Period." **https://www.ennonline.net/cfecasestudysudan**

ENN (Emergency Nutrition Network), IFE CG (Infant Feeding in Emergencies Core Group) and USAID (United States Agency for International Development). 2020. "Review of Experiences and Direction on Complementary Feeding in Emergencies (CFE): Putting Policy into Practice." **https://www.ennonline.net/cfereviewreportmarch2020**

FANTA (Food and Nutrition Technical Assistance). 2016. "NAC's User Guide Module 3: Nutrition Counseling—WASH Counseling Messages." **https://www.fantaproject.org/sites/default/files/download/WASH-Messages-3.12-NACS-Mod3-May2016.pdf**

FAO (Food and Agriculture Organization). 2017. "Guide to Conducting Participatory Cooking Demonstrations to Improve Complementary Feeding Practices." **https://www.fao.org/3/i7265e/i7265e.pdf**.

FAO (Food and Agriculture Organization). 2020a. "Nutrition-Sensitive Voucher Schemes in South Sudan." Rome: FAO. **https://www.fao.org/in-action/kore/good-practices/good-practices-details/en/c/1305907/**

FAO (Food and Agriculture Organization). 2020b. "Nutrition-Sensitive Cash+ in Somalia." Rome: FAO. **https://www.fao.org/in-action/kore/good-practices/good-practices-details/en/c/1297377/**

FAO (Food and Agriculture Organization). 2023 Resources on Nutrition and Resilience. Rome: FAO. **https://www.fao.org/in-action/kore/news-and-events/news-details/en/c/1393542/**

Global Protection Cluster and IASC (Inter-Agency Standing Committee). 2015. "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions—Nutrition." **https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-nutrition-08_26_2015.pdf**

GNC (Global Nutrition Cluster). 2016. EN Nutrition Cluster Advocacy Toolkit. **https://www.nutritioncluster.net/resources/en-nutrition-cluster-advocacy-toolkit**

GNC (Global Nutrition Cluster). 2020. "Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in Emergencies." **https://www.nutritioncluster.net/resources/evidence-and-guidance-note-use-cash-and-voucher-assistance-nutrition-outcomes-emergencies**

GNC (Global Nutrition Cluster) MAM (Moderate Acute Malnutrition) Taskforce. 2017. "Moderate Acute Malnutrition: A Decision Tool for Emergencies." **https://www.nutritioncluster.net/resources/decision-tool-mam-emergencies-2014-updated-2017**

Home Fortification Technical Advisory Group. n.d. "Programmatic Guidance Brief On Use Of Micronutrient Powders (Mnp) For Home Fortification." https://hftag.org/content/user_files/2023/06/HF-TAG-Micronutrient-Powder-Program-Guidance-Brief1.pdf

IASC (Inter-Agency Standing Committee). 2015. "The Multi Cluster/Sector Initial Rapid Assessment Manual." **https://interagencystandingcommittee.org/iasc-needs-assessment-task-force/iasc-multi-clustersector-initial-rapid-assessment-mira-manual-2015**

IFE CG (Infant Feeding in Emergencies Core Group). 2007. "Media Guides on Infant and Young Child Feeding in Emergencies," https://www.ennonline.net/iycfmediaguide

IFE CG (Infant Feeding in Emergencies Core Group). 2017a. "Operational Guidance on Infant Feeding in Emergencies." Version 3. **https://www.ennonline.net/operationalguidance-v3-2017**

IFE CG (Infant Feeding in Emergencies Core Group). 2017b. IYCF-E Infographic Series. **https://www.ennonline.net/ifecoregroupinfographicseries**

IFE CG (Infant Feeding in Emergencies Core Group). 2020. "Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic," June. **https://www.ennonline.net/iycfcovid19jointstatement**

IFE CG (Infant Feeding in Emergencies Core Group). 2023. "Preventing and Managing Inappropriate Donations." **https://www.ennonline.net/attachments/4343/Preventing-and-managing-inappropriate-donations-of-BMS-(ENGLISH).pdf**

IFE CG (Infant Feeding in Emergencies Core Group), GNC (Global Nutrition Cluster), UNICEF (United Nations Children's Fund) and WFP (World Food Programme). 2022. "Guidance for Organizations Supporting the Feeding of Children Aged 6-Months to 2-Years in the Context of the Ukraine Crisis." **https://www.ennonline.net/ifeorgguidanceukraine**

IFPRI (International Food Policy Research Institute). 2023. Productive Safety Net Program (PSNP). Washington: IFPRI. **https://essp.ifpri.info/productive-safety-net-program-psnp/**

IOM (International Organization for Migration). 2017. Rapid Information Communications Accountability Assessment. **https://www.cdacnetwork.org/checklists/rapid-information-communications-accountability-assessment-ricaa**

IYCF-E Hub (Infant and Young Child Feeding in Emergencies Hub). n.d. "Tools for Complementary Feeding Programming." **https://iycfehub.org/collection/tools-for-complementary-feeding-programming/**

Lebanon Food Security Sector. 2020. Food Security and Agriculture Sector: Brief Guidance on Food Parcels Composition. United Nations High Commissioner on Refugees Operational Data Portal. **https://data2.unhcr.org/en/documents/details/75812**

LIFT (Livelihoods and Food Security Fund). 2020. Nutrition-Sensitive Guidance in the Context of COVID-19 in Myanmar. **https://www.lift-fund.org/en/nutrition-sensitive-guidance-context-covid-19-myanmar**

MCSP (Maternal and Child Survival Program). 2017. "A Counseling Guide for Complementary Feeding for Children 6-23 Months in Kisumu and Migori, Kenya." **https://www.mcsprogram.org/wp-content/uploads/2018/04/MCSP-TIPs-Assessment-Counseling-Guide-Kenya.pdf**.

MSF (Médecins Sans Frontières) (Doctors without Borders). n.d. "Severe Acute Malnutrition." **https://medicalguidelines.msf.org/en/viewport/CG/english/severe-acute-malnutrition-16689141.html**.

NutritionWorks, ENN (Emergency Nutrition Network), and GNC (Global Nutrition Cluster (GNC). 2011. "Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies." Version 2.

OCHA-IASC (United Nations Office for the Coordination of Humanitarian Affairs Inter-Agency Standing Committee). 2015. Guideline. *The Implementation of the Humanitarian Programme Cycle*. Geneva: OCHA-IASC.

PAHO (Pan American Health Organization). 2003. "Guiding Principles for Complementary Feeding of the Breastfed Child." Washington, DC: PAHO. **https://www.who.int/publications/i/item/9275124604**

PAHO (Pan American Health Organization) and UNICEF (United Nations Children's Fund). 2013. "ProPAN Process for the Promotion of Child Feeding: Field Manual," 2nd edition. **https://www.paho.org/hq/dmdocuments/2013/Propan2-Eng.pdf**.

Pezzullo, Luca, Francesca Corna, Cécile Bizouerne, and Alexandra David. 2013. "ABC—Assisting Behaviour Change Practical Ideas and Techniques; Designing and Implementing Programmes in ACF Using an ABC Approach." **https://knowledgeagainsthunger.org/wp-content/uploads/2018/11/Assisting-Behaviour-Change-Practical-Ideas-and-Techniques.pdf**.

Rana, Md Masud, Huan Nguyen Van, and Thach Nguyen Ngoc. 2018. "Effectiveness of a Community-Based Infant and Young Child Feeding Support Group Programme among Ethnic Minorities in Vietnam. Field Exchange 58, September. p. 71. **www.ennonline.net/fex/58/communitysupportgroupvietnam**

Save the Children. 2014. "Example of a Multi-Sector Initial Rapid Assessment." **https://iycfehub.org/document/1-2-mira-assessment-tool/**

Save the Children. 2016. "Multi-Sector Initial Rapid Assessment Form." **https://resourcecentre.savethechildren.net/pdf/MIRA_version_2.0_may_2016_english_version.pdf/**

Save the Children. 2017. "A Matrix for IYCF-E Integration with Other Sectors." IYCF. **https://iycfehub.org/document/iycf-e-integration-with-other/**.

Save the Children and UNHCR (United Nations High Commissioner for Refugees). 2018. "Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action." **https://www.unhcr.org/media/infant-and-young-child-feeding-refugee-situations-multi-sectoral-framework-action**

Sphere. 2018. Sphere Handbook. "Humanitarian Charter and Minimum Standards in Humanitarian Response." https://handbook.spherestandards.org/en/sphere/#ch001

SPRING. n.d. "Communications Plan for the Introduction of Micronutrient (Vitamin and Mineral) Powders." **https://www.spring-nutrition.org/sites/default/files/audio/files/related/communications_plan_introduction_mnps.pdf**.

Stramandinoli Moreno, Eduardo, Daiana Albino Pena, Fabrizio Pellicelli, Larissa Mello, and Maria Paula de Albuquerque. 2022. "**Supporting Positive Young Child Feeding Practices among Venezuelan Migrants and Refugees Living in Brazil**." Field Exchange 68, August, p. 59.

UN (United Nations) Office for the Coordination of Humanitarian Affairs. n.d. Humanitarian Programme Cycle. **https://www.ochaopt.org/coordination/hpc**

UNHCR (United Nations High Commissioner for Refugees), ENN (Emergency Nutrition Network), and UCL (University College London). 2011. "UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations." January. **https://www.ennonline.net/unhcrogspecialnutritionalproducts**

UNHCR (United Nations High Commissioner for Refugees) and WFP (World Food Programme). 2011. "Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies." UNHCR. **https://www.unhcr.org/media/guidelines-selective-feeding-management-malnutrition-emergencies**.

UNICEF (United Nations Children's Fund). n.d.(a). "Prevention of Sexual Exploitation and Abuse." Online Course: **https://agora.unicef.org/course/info.php?id=7380**

UNICEF (United Nations Children's Fund). n.d.(b). "Procurement and Use of Breastmilk Substitutes in Humanitarian Settings." UNICEF. **https://www.unicef.org/documents/procurement-and-use-breastmilk-substitutes-humanitarian-settings**

UNICEF (United Nations Children's Fund). n.d.(c). "The Community Infant and Young Child Feeding Counselling Package." **https://www.unicef.org/documents/community-iycf-package**

UNICEF (United Nations Children's Fund). n.d.(d). "Complementary Feeding Bowl." UNICEF Office of Innovation. **https://www.unicef.org/innovation/complementary-feeding-bowl**.

UNICEF (United Nations Children's Fund. 2016. "Nutrition—WASH Toolkit: Guide for Practical Joint Actions. Bangkok: UNICEF." **https://www.unicef.org/eap/media/1181/file/Nutrition-WASH%20Toolkit%20%E2%80%93%20Guide%20for%20Practical%20Joint%20Actions%20.pdf**

UNICEF. 2017a. "Briefing on How to Manage Unsolicited and Unwanted Donation of Breastmilk Substitutes, Milk Products, and Infant Feeding Bottles/Teats." East-Asia and Pacific - Nutrition in Emergencies Toolkit (blog). **https://unicefeapronietoolkit.files.wordpress.com/2017/08/2-briefing-how-to-manage-donations-of-bms.pdf**

UNICEF. 2017b. "Nutrition Emergency Preparedness and Response Toolkit." East-Asia and Pacific—Nutrition in Emergencies Toolkit (blog). **https://unicefeapronietoolkit.com/nutrition-emergency-preparedness-and-response-toolkit/**.

UNICEF (United Nations Children's Fund). 2018. Guidance: Including Children with Disabilities in Humanitarian Actions-Nutrition. **https://sites.unicef.org/disability/emergencies/downloads/UNICEF_Nutrition_English.pdf**

UNICEF (United Nations Children's Fund). 2020a. "Programming Guidance on Improving Young Children's Diets During the Complementary Feeding Period." New York: UNICEF. **https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming**

UNICEF (United Nations Children's Fund). 2020b. "UNICEF Eastern and Southern Africa Learning Note—Baby WASH Programming: Integrating Water, Sanitation and Hygiene Interventions Across Sectors to Impact Child Health Outcomes. New York: UNICEF. **https://www.unicef.org/esa/media/7076/file/UNICEF-ESA-Baby-WASH-Programming-2020.pdf**

UNICEF (United Nations Children's Fund). 2021. "Fed to Fail? The Crisis of Children's Diets in Early Life." New York: UNICEF. **https://www.unicef.org/reports/fed-to-fail-child-nutrition**

UNICEF (United Nations Children's Fund). 2022a. "Infant and Young Child Feeding in Emergencies: E-Course." **https://iycfehub.org/document/infant-and-young-child-feeding-in-emergencies-e-course/**

UNICEF (United Nations Children's Fund). 2022b. "Evaluation of the Infant and Young Child Feeding Programme." **https://www.unicef.org/syria/reports/evaluation-infant-and-young-child-feeding-programme**

UNICEF (United Nations Children's Fund). 2023. "Small Supplements for the Prevention of Malnutrition in Early Childhood (SQ-LNS)." UNICEF. **https://www.unicef.org/documents/nutrition/SQLNS-Guidance**.

UNICEF (United Nations Children's Fund, GNC (Global Nutrition Cluster) and IFE CG (Infant Feeding in Emergencies Core Group). 2022. "Joint Statement Protecting Maternal and Child Nutrition in the Ukraine Conflict and Refugee Crisis." **https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2022-03/joint-statement_IYCFe_Ukraine_March082022_V1_eng.pdf**.

USAID Advancing Nutrition. 2023a. "Mapping and Gap Analysis of Tools for Complementary Feeding in Emergencies." **https://www.advancingnutrition.org/resources/mapping-and-gap-analysis-tools-complementary-feeding-emergencies**

USAID Advancing Nutrition. 2023b. "Complementary Feeding in Emergencies Programming: Myanmar Case Study." **https://www.ennonline.net/fex/68/cfecasestudymyanmar**

USAID Advancing Nutrition. 2023c. "Complementary Feeding in Emergencies Programming: Yemen Case Study." **https://www.ennonline.net/fex/68/cfecasestudyyemen**

USAID Advancing Nutrition. 2023d. "Nutritional Care for Children with Feeding Difficulties and Disabilities: A Scoping Review-Journal Article." **https://www.advancingnutrition.org/resources/nutritional-care-children-feeding-difficulties-and-disabilities-scoping-review-journal**

USAID BHA United States Agency for International Development Bureau for Humanitarian Assistance). 2023. "Emergency Application Guidelines: Indicator Handbook." USAID: Washington. **https://docs.google.com/document/d/14S42alB6fzKHi-SaTcWZX9KQ5M9ml89uhUwBr4JSfWJs/edit**

WHO (World Health Organization). 1981. "International Code of Marketing of Breastmilk Substitutes." Geneva: WHO. **https://www.who.int/publications/i/item/9241541601**

WHO (World Health Organization). 2005. "Guiding Principles for Feeding Non-Breastfed Children 6-24 Months of Age." Geneva: WHO. **https://www.who.int/publications/i/item/9241593431**

WHO (World Health Organization). 2016. "WHO Guideline: Use of Multiple Micronutrient Powders for Point-of-Use Fortification of Foods Consumed by Infants and Young Children Aged 6–23 Months and Children Aged 2–12 Years." **https://www.who.int/publications-detail-redirect/9789241549943**.

WHO (World Health Organization). 2017. "Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children Implementation Manual." **https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf**

WHO (World Health Organization). 2021. "Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods. WHO: Geneva. **https://www.who.int/publications/i/item/9789240018389**

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

August 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training In-stitute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.