

DECEMBER 2020

INFANT & YOUNG CHILD FEEDING

IN EMERGENCIES (IYCF-E)

CAPACITY ASSESSMENT/
MAPPING
REPORT TEMPLATE



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Kenya

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CONTENTS

ACRONYMS	4
DEFINITION OF TERMS	5
1 INTRODUCTION	7
2 OBJECTIVES OF THE TEMPLATE	9
3 TARGET USERS OF THE REPORT TEMPLATE	9
4 TEMPLATE: AREAS THAT THE REPORT MAY COVER AS A MINIMUM	10
ANNEX: OUTLINE OF THE REPORTING TEMPLATE	19

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ACRONYMS

BFHI	Baby-friendly Hospital Initiative
BMS	Breastmilk substitute
COVID-19	Coronavirus disease 2019
HIV	Human immunodeficiency virus
IFE	Infant Feeding in Emergencies
IYCF	Infant and Young Child Feeding (used in development contexts)
IYCF-E	Infant and Young Child Feeding in Emergencies ¹
ILO	International Labor Organization
NGOs	Non-governmental organisations
OG-IFE	Operational Guidance on Infant Feeding in Emergencies
Tech RRT	Technical Rapid Response Team
UN	United Nations
WHO	World Health Organization

¹ Now more commonly used than IFE

DEFINITION OF TERMS²

Artificial feeding: Feeding an infant on a breast-milk substitute.

Baby-friendly Hospital Initiative (BFHI): An approach to transforming maternity practices as recommended in the joint World Health Organization (WHO)/United Nations Children's Fund (UNICEF) statement on Protecting, promoting and supporting breastfeeding: the special role of maternity services (1989).

Bottle-feeding: Feeding an infant any food or drink from a bottle, including expressed breast milk, water, formula, etc.

Breastfeeding: The provision of breastmilk, either directly from the breast or expressed.

Breastmilk substitute (BMS): Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breast milk, whether or not suitable for that purpose. In terms of milk products, recent World Health Organization (WHO) guidance³ has clarified that a BMS includes any milks that are specifically marketed for infants and young children up to the age of three years. For more information check the International Code of Marketing of Breast-milk Substitutes.⁴

Complementary feeding: The use of age-appropriate, adequate and safe solid or semi-solid food in addition to breast milk or a breastmilk substitute in children 6–23 months.

COVID-19: Illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China.

Exclusive breastfeeding: An infant receives only breast milk and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Expressed breast milk: Milk that has been removed from the breasts manually or by using a pump.

Infant: A child aged 0–11 completed months (may be referred to as 0–≤12 months or 0–≤1 year). An older infant means a child from age of 6 months up to 11 completed months of age.

Infant formula: A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards for infants.⁵ Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer. Generic infant formula is unbranded. Powdered Infant Formula (PIF) is an infant formula product which needs to be reconstituted with safe water before feeding. Ready-to-use infant formula (RUIF) is a type of infant formula product that is packaged as a ready-to-feed liquid and does not need to be reconstituted with water.

² Based on the Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0: <https://www.enonline.net/operationalguidance-v3-2017> and Baby-friendly Hospital Initiative training course for maternity staff: trainer's guide. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO: <https://www.who.int/publications/i/item/9789240008915>

³ Clarification on the classification of follow-up formulas for children 6-36 months as breastmilk substitutes: <https://apps.who.int/nutrition/publications/infantfeeding/information-note-followup-formula-bms/en/index.html>

⁴ International Code of Marketing of Breast-milk Substitutes: https://www.unicef.org/nutrition/index_24805.html

⁵ Codex Alimentarius standards: http://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252Fstandards%252FCXS%2B72-1981%252FCXS_072e.pdf

International Code of Marketing of Breast-milk substitutes (The Code): The Code intends to ensure BMS will be used as safely as possible when necessary based on impartial, accurate information. The Code does not restrict the availability of BMS, feeding bottles or teats or prohibit the use of BMS during emergencies. In the context of the Code, BMS means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether suitable for that purpose or not. The Code applies to the marketing and related practices, quality, availability and information on use, including but not limited to: breastmilk substitutes (including infant formula, follow-on/follow-up milk, growing-up milk, other milk products, including bottle-fed complementary foods) specifically marketed for feeding children up to three years of age; foods and beverages (baby teas, waters and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life; feeding bottles and teats.

IYCF support group

- **Mother-to-mother support group:** a meeting where pregnant women and mothers with young children, as well as other people with similar interests, come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support in breastfeeding, child rearing, and women's health.
- **Father-to-father support group:** similar to mother-to-mother support groups except the participants are fathers and the topics discussed may be different.

Minimum dietary diversity: Proportion of children 6–23 months of age who receive foods from four or more food groups.

Minimum meal frequency: Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more according to age.

Minimum acceptable diet: A standard indicator for children 6–23 months of age, measuring both the minimum feeding frequency and minimum dietary diversity as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for their age group and breastfeeding status, they are considered to receive a minimum acceptable diet.

Preparedness: The capacities and knowledge developed by governments, professional response organisations, communities, and individuals to anticipate and respond effectively to the impact of likely or imminent hazard events or conditions.

Stunting: the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation.

Wet-nurse: a woman who breastfeeds another woman's child.

Young child: A child from the age of 12 months up to the age of 23 completed months (may also be referred to as 12–≤24 months or 1–≤2 years).

⁶ The seven food groups used in this indicator are: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables; and other fruits and vegetables.

1 INTRODUCTION

1.1 Background

Breastfeeding is the most cost-effective intervention to improve child survival. It is estimated that the scaling up of breastfeeding to a near universal level could prevent 823,000 annual deaths, or 13% of all deaths of children younger than 24 months. In addition, breastfeeding prevents almost 20,000 annual deaths from breast cancer.⁷

Suboptimal breastfeeding results in an increased risk for mortality in the first two years of life. Non-breastfed infants are 14 times more likely to die from pneumonia and 10 times more likely to die of diarrhoea than breastfed children.⁸

Complementary feeding interventions have the potential to improve the nutritional status of children in low- and middle-income countries. Provision of appropriate complementary foods, with or without nutritional education, and maternal nutritional counselling alone, lead to significant increases in weight and height in children 6–24 months of age; these interventions can also significantly reduce the risk of stunting.⁹

There is a need to support infant and young child feeding (IYCF) in all humanitarian settings. Increased risks such as poor sanitation, disease outbreaks, donation of Breastmilk Substitutes (BMS) including infant formula, overcrowding, stress, and trauma, mean that support for appropriate feeding is critical for child survival and the protection of infants and young children. IYCF in emergencies (IYCF-E) must be included as one of the first activities of a response and there is opportunity to integrate IYCF-E with other sectors. However, despite the evidence that appropriate and timely support of IYCF-E saves lives, it is rarely prioritised or adequately supported.

1.2 Guidance and tools

Different guidance and tools have been developed to support the assessment, implementation, monitoring and evaluation of infant and young child feeding during emergencies. The following are some of the recent IYCF/IYCF-E tools:

1. **Infant and Young Child Feeding in Emergencies (IYCF-E) Capacity Mapping and Assessment Toolkit** developed by UNICEF, Save the Children and Global Nutrition Cluster, 2020: The toolkit was developed to support country clusters and/or national nutrition in emergency mechanisms in identifying progress made in relation to IYCF-E and outstanding gaps.
2. **Infant and Young Child Feeding in Emergencies IYCF-E checklist** developed by the Global Nutrition Cluster Technical Alliance (previously GTAM), 2020: a tool designed to help each nutrition country cluster review and reflect on the service delivery aspect of the nutrition in emergency response. The checklist is to be used at least once a year by the nutrition cluster coordination country team – or any in-country nutrition in emergency mechanism – to self-assess the quality of the service delivery aspect of the nutrition response before, during and/or after a crisis.

⁷ Victora C. G., Aluisio J. D., Barros A. J. D., Franca G. V. A., Horten S., Krusevec J., ... The Lancet Breastfeeding's Series Group (2016). Breastfeeding in the 21st century: Epidemiology, mechanism, and lifelong effect. *Lancet*, 2016(387), 475–490- PubMed: <https://pubmed.ncbi.nlm.nih.gov/26869575/>

⁸ Black R. E., Allen L. H., Bhutta Z. A., et al. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*. 2008;371(9608):243–260. doi: 10.1016/s0140-6736(07)61690-0. - DOI – PubMed: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61690-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61690-0/fulltext)

⁹ World Health Organization (2017). Interventions for improving complementary feeding practices: https://www.who.int/elena/titles/commentary/complementary_feeding/en/

3. **IYCF-E Individual Capacity Assessment Tool for Health and Nutrition Service Providers** developed by Save the Children and the Technical Rapid Response Team (Tech RRT), November 2020: The tool was developed to help organisations understand what individual technical capacity exists and what types of capacity development activities are needed to provide high quality IYCF services during emergencies.

Whenever possible, it is recommended to conduct the IYCF-E capacity assessment at individual level as well as organisational level using the most relevant guidance. The capacity assessment/mapping can be done during the preparedness, response, and recovery stages. The findings should be included in a report that will be produced after the capacity assessment/mapping is carried out.

The purpose of the capacity assessment/mapping is to understand the capacity of government, partners, organisations and/or individuals to deliver quality IYCF services during emergency situations.

This Capacity assessment/mapping template was developed to help summarise and present important information and findings generated during the IYCF/IYCF-E capacity assessment/mapping, into a coherent, short, factual report.

Please Note: This document is not a strict guideline to be followed, it is a template with suggestions and instructions that can be adapted according to the needs, objectives, and the audience of the report.

1.3 When IYCF policy/programme review is recommended

IYCF-E capacity assessment/mapping is one of the six core priority assessment areas¹⁰ of the OG-IFE. An IYCF-E *policy/programme* review is recommended as part of the preparedness efforts at the national and subnational levels. It can also be done during and after an emergency response as a rapid exercise to guide response planning and/or evaluation.

¹⁰ The other priority assessment areas are Human resources capacity, Coordination capacity, Information management capacity, Service delivery capacity and Financial capacity.

2 OBJECTIVES OF THE TEMPLATE

This template has been developed to help you prepare a report on the status of implementation of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) at national and/or subnational level. It will:

- Provide guidance for the preparation of a report that highlights the findings of the IYCF-E policy and programme review.
- Serve as a generic template (adaptable to your context, needs and audience) to prepare a report after the assessment/mapping.

3 TARGET USERS OF THE REPORT TEMPLATE

Organisations and individuals that have a plan to support or implement IYCF activities, including:

- Ministry of Health and other government emergency and preparedness agencies
- UN agencies
- National and sub-national health and nutrition coordination mechanisms
- International and local NGOs
- Advisers/Consultants
- Other relevant professionals



4 TEMPLATE: AREAS THAT THE REPORT MAY COVER AS A MINIMUM

This is a template that will help you produce a report after an IYCF/IYCF-E capacity assessment/mapping exercise. There are five sections. The first section is a brief introduction of the OG-IFE, the second section covers the IYCF/IYCF-E policy environment before the emergency, the third section covers IYCF/IYCF-E related and relevant policies and guidance in line with the six actions of the OG-IFE. Sections 4 and 5 include conclusions and recommendation/s respectively. The reviewer can include reports under all the sections or select sections based on the need, the context, and the target audience of your report. However, it is highly recommended that you complete the conclusion and recommendation sections.

4.1 Brief introduction to the OG-IFE

[This section covers the objectives of the OG-IFE, why the OG-IFE guidance is important, and the key recommendations of the OG-IFE (for details, see the OG-IFE pages 2 and 6–20). It is recommended that you include introduction of the OG-IFE but the reviewer can decide about the content and details of the information based on the need and context. See examples below.]

The Operational Guidance on Infant and Young Child Feeding in Emergencies

4.1.1 The objectives:

The Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) aims to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies.

4.1.2 Why is it important:

The OG-IFE applies to emergency preparedness, response and recovery worldwide to minimise infant and young child morbidity and/or mortality risks associated with feeding practices and to maximise child nutrition, health and development.

4.1.3 Key recommendations

1. Endorse or develop IYCF policies: Governments and agencies should have up-to-date policies which adequately address all the following elements in the context of an emergency:
 - Protection, promotion, and support of breastfeeding
 - Management of artificial feeding
 - Complementary feeding
 - The nutrition needs of pregnant and lactating women
 - Compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions
 - Prevention and management of donations of breastmilk substitutes
 - Infant feeding in the context of public health emergencies and infectious disease outbreaks.

2. Assessment: Conduct situational analysis and assessment of IYCF practices before, during and after the emergency.
3. Mobilise adequate resources to deliver quality IYCF-E services.
4. Train staff: Recruit and train personnel on IYCF-E during preparedness and emergency response, as necessary. Sensitise relevant personnel across sectors to support IYCF-E.
5. Coordinate operations: Ensure there is capacity to coordinate the IYCF-E response during preparedness and emergency.
6. Protect, promote, and support optimal infant and young child feeding with integrated multi-sector interventions.
7. Minimise the risks of artificial feeding:
 - Do not donate or accept donations of BMS, other milk products or feeding equipment (including bottles, teats, and breast pumps) in emergencies.
 - Support appropriate procurement, targeting, distribution and use of BMS and associated support (management of artificial feeding) in collaboration with other agencies and clusters if use of BMS is considered necessary.
8. Monitoring and evaluation: Develop and implement monitoring, evaluation and learning plans.

4.2 The infant and young child feeding policy and practice before the emergency in country/locality

[This section covers the IYCF situation in terms of practices (8.2.1) before the emergency using the standard IYCF indicators as well as the IYCF policy and programme situation (8.2.2) before the emergency.]

4.2.1 Infant and young child feeding practice at the national/sub-national level

The following is a minimum set of indicators that may be reflected in the report

1. Early initiation of breastfeeding within 1 hour after birth
2. Exclusive breastfeeding for the first 6 months
3. Continued breastfeeding up to 1 year
4. Continued breastfeeding up 2 years
5. Bottle-feeding during the first 2 years of life
6. Minimum dietary diversity
7. Minimum meal frequency
8. Minimum acceptable diet

Summary of the main findings from section 4.2.1

[Briefly present the most updated situation regarding IYCF, highlighting the gaps in terms of IYCF practices; use graphs, tables as needed. Please reference the source of the information.]

Please note it is important to highlight the gaps in IYCF practices pre-crisis, as this is critical information that will inform preparedness and response plans.]

4.2.2 Infant and young child feeding policy and programmes before the emergency

[In this section describe the IYCF policy and programmes situation before the emergency. Include topics relevant to the context from the list of topics stated below.]

- a. National policies and plans: Are there policies, strategies, and guidelines for IYCF-E at national/subnational level?
- b. Status of implementation of the International Code of Marketing of Breast-milk substitutes (The Code) and subsequent relevant Resolutions
 - What is the status of implementation of the Code?
 - Is the national policy in line with the Code?
 - Is the national policy updated in line with the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children?
- c. Status of implementation of the Baby-friendly Hospital Initiative (BFHI)¹¹
 - Is the BFHI programme in place in the country?
 - Are the standards and guidelines aligned with the WHO/UNICEF 2020 standards?
 - How many facilities are certified as baby-friendly?
 - How many births are assisted in BFHI certified facilities?
- d. Status of implementation of the International Labor Organization (ILO) Maternity Protection recommendations¹²
 - How long is paid maternity leave in the country?
 - Is there provision for baby-friendly areas in the workplace?
- e. Status of integration of IYCF services in the healthcare system
 - Are IYCF and breastfeeding counselling part of the services offered in the healthcare system?
- f. Brief description of social protection programmes (voucher, cash, incentives, etc) provided to pregnant women, mothers of children (infants, young, etc) if any.
- g. Brief description of community-based initiatives (mother-to-mother support groups, father-to-father support groups, others)
 - What community initiatives are supported to protect, promote and support IYCF practices?
- h. Brief description of communications and advocacy initiatives
 - Are there campaigns, media and or other communication initiatives?
- i. Special programmes and initiatives: Are there specific programmes, guidance, regulations related to the following, and if so, what are the recommendations:
 - Infant feeding and HIV
 - Infant feeding and Ebola
 - Infant feeding and COVID-19
 - Infant feeding and other infectious diseases
 - Infant feeding and disability
 - Infant feeding and mental health and psychosocial support

¹¹ WHO, UNICEF. Baby Friendly Hospital Initiative : <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>.

¹² ILO. Maternity Protection Convention, 2000 (No. 183): https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

Summary of the main findings from section 4.2.2

[Please provide a brief factual description of the IYCF policy and programme environment in the country, focusing on

- national policies and plans
- status of implementation of the Code
- status of implementation of the BFHI
- status of implementation of the ILO Maternity Protection recommendations
- status of integration of IYCF services in the healthcare system
- description of social protection programmes
- community initiatives
- communications and advocacy initiatives
- special programmes and guidance related to infant feeding and special situations]

4.3 IYCF-E related and relevant policies and guidance in line with the six actions of the OG-IFE

[The OG-IFE recommends six IYCF actions. Review of these is important to understand the status and quality of IYCF/IYCF-E services in the context where you are working. You can include all or some of the six actions in your report based on your need and context.]

Action 1: Endorse or develop policies

	Relevant documents [reference]	Excerpts	Question to answer [answer the question, reflect how the existing measures meet the recommendations and include this in your report]
1. Review national/ subnational policies, strategies, guidelines related to IYCF	Title 1	Insert key summaries, messages, provisions related to the action	Does the government have policies, strategies and guidelines that provide guidance on IYCF-E? <ul style="list-style-type: none"> • Are there specific recommendations for IYCF-E? • What are those?
	Title 2	Insert key summaries, messages, provisions related to the action	
	Title 3	Insert key summaries, messages, provisions related to the action	
2. Review national/ subnational emergency preparedness plan/contingency plan/humanitarian response plan, etc.	Title 1	Insert key summaries, messages, provisions related to the action	Does the government have a plan that provides guidance on IYCF-E? <ul style="list-style-type: none"> • Are there specific recommendations for IYCF-E?

continued on next page

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
3. Review national regulations on the Code	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are there legally enforceable national regulations on the Code?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there monitoring and reporting on Code violations?
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
4. Review national/subnational inter-agency joint statements or similar declarations on IYCF-E	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Has the government in collaboration with other agencies developed and disseminated an inter-agency joint statement?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

Action 2: Train staff

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
1. Review human resources at national/subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there adequate human resources to implement IYCF-E? Are human resources available across the country? Only concentrated in some areas? Or is there no information available?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
2. Review orientation and training on IYCF-E provided for staff at national/subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are IYCF-E service providers receiving appropriate orientation and training on a regular basis?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Present training reports, results, coverage, evaluations
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	What about duration/quality of training?

continued on next page

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
3. Review orientation on IYCF-E provided for people working in other sectors (health, water sanitation and hygiene, food security and livelihoods, child protection, education, shelter, camp coordination, logistics, etc.) at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there regular orientation on IYCF-E for people working in other sectors?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
4. Review available resources/ budget for IYCF-E at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there a resource mobilisation strategy for IYCF-E?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	What is the proportion of budget allocated to IYCF-E?
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

Action 3: Coordinate operations

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
1. Review coordination mechanisms at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are there coordination mechanisms to support IYCF-E at national/subnational level?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there a specific working group for IYCF-E?
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
2. Review communication and advocacy work related to IYCF-E at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there any advocacy for prioritisation and inclusion of IYCF-E in the emergency response?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there advocacy to discourage donation of BMS?
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

Action 4: Assess and monitor

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
1. Review assessment and monitoring plans for IYCF-E at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are there assessment and monitoring plans for IYCF-E, for example baseline and endline IYCF survey, Knowledge, Attitude and Practices survey, etc? Are there indicators related to IYCF-E in the national/subnational assessment and monitoring plan?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
2. Review situational analysis and assessment report at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are there any situational analysis reports related to IYCF-E?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

Action 5: Protect, promote, and support optimal infant and young child feeding with integrated multi-sectoral interventions

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
1. Review programme planning and implementation status for IYCF-E at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is IYCF-E included in the national/subnational emergency response plan? What is the coverage of IYCF services at national/subnational level? Is IYCF-E integrated with other sectors?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

Action 6: Minimise the risks of artificial feeding

	Relevant documents <i>[reference]</i>	Excerpts	Question to answer <i>[answer the question, reflect how the existing measures meet the recommendations and include this in your report]</i>
1. Review programme planning and implementation status for prevention and management of BMS at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Is there a plan for prevention and management of BMS at national/ subnational level? If yes, what does it provide for? What does it recommend?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
2. Review programme planning and implementation status to support non-breastfed children at national/ subnational level	<i>Title 1</i>	<i>Insert key summaries, messages, provisions related to the action</i>	Are there plans/activities to support non-breastfed children? Wet nursing? Artificial feeding?
	<i>Title 2</i>	<i>Insert key summaries, messages, provisions related to the action</i>	
	<i>Title 3</i>	<i>Insert key summaries, messages, provisions related to the action</i>	

4.4 Conclusions

[Write 3 to 4 paragraphs that conclude the report, highlighting the strengths of the situation and gaps, etc. See some examples below.

- There is some IYCF policy, strategy and guidelines but IYCF-E is not included, or is only partially included.*
- Recent data regarding IYCF indicators is not available. The data from a demographic health survey conducted four years ago shows the prevalence of IYCF practice was low (eg, exclusive breastfeeding was 20%)*
- No interagency IYCF-E joint statement was developed at the beginning of the emergency or the Code is not implemented, or the Code is implemented and prohibits donations.*
- No plans or programmes on IYCF-E are in place, or partially in place.]*

4.5 Recommendations

[You are encouraged to write precise, concrete time-bound recommendations aligned with the results and findings highlighted by your report. Please make recommendations for the short, medium and long term, with some recommendations for the lead agencies. See some examples below.]

Short term:

- *Integrate IYCF-E in upcoming health and nutrition assessments so that needs are clearly defined*
- *Develop and disseminate interagency IYCF-E joint statement*
- *Include IYCF-E in pre-crisis IYCF and nutrition policies, strategies, and preparedness plans*

Medium term:

- *Conduct an IYCF-E assessment*
- *Conduct training on IYCF-E for health and nutrition workers*
- *Raise awareness among decision makers around IYCF-E*

Long term:

- *Adapt the Code into national legislation*
- *Develop a preparedness and response plan with costings*
- *Ensure that IYCF-E is integrated in pre-service training]*



ANNEX: OUTLINE OF THE REPORTING TEMPLATE

[The reporting template follows the following format, but can be modified based on your needs and context.]

- 1. Background/Introduction**
- 2. Executive summary**
- 3. Introduction of the OG-IFE recommendations**
[objectives, why it is important and recommendations]
- 4. The Infant and Young Child Feeding situation before the emergency**
 - 4.1 IYCF practices
 - 4.2 IYCF policy and programme situations
- 5. Progress in the implementation of OG-IFE**
 - 5.1 Policies and plans
 - 5.2 Coordination
 - 5.3 Assessment and monitoring
 - 5.4 Protection, promotion, and support of IYCF with integrated multi-sectoral interventions
 - 5.5 Mitigation of artificial feeding risks
- 6. Conclusions**
- 7. Recommendations**
- 8. References**

**INFANT & YOUNG
CHILD FEEDING
IN EMERGENCIES (IYCF-E)**

