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Roadmap for Complementary Feeding in Emergencies

Emergency Nutrition Network, December 2023

A working document that identifies needs and priorities for providing practical and sustainable guidance to countries to improve the planning, policies and implementation of interventions regarding complementary feeding.



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Abbreviations and acronyms

CF	Complementary Feeding
CFE	Complementary Feeding in Emergencies
ECD	Early Childhood Development
ENN	Emergency Nutrition Network
FAO	Food and Agriculture Organization
GNC	Global Nutrition Cluster
IFE-CG	Infant Feeding in Emergencies Core Group
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
MoH	Ministry of Health
NGO	Non-Governmental Organisation
SBC	Social and Behaviour Change
TAG	Technical Advisory Group
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

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Extending recognition

This report was prepared by Elsie Abou Diwan and Caroline Abla, consultants for the Emergency Nutrition Network (ENN), as an action of the Infant Feeding in Emergencies Core Group (IFE-CG) workplan. This report is a working document that aims to identify needs and priorities to provide practical and sustainable guidance so that countries can improve the planning, policies and implementation of complementary feeding in emergencies (CFE) interventions.

We extend our sincere appreciation to the Technical Advisory Group (TAG), comprising of esteemed experts and stakeholders and representing a diverse array of backgrounds in infant and young child feeding in emergencies (IYCF-E) programming. Their invaluable contributions have been instrumental in shaping the outcomes of this roadmap. We are deeply grateful for the insights and expertise brought by Jen Burns from Helen Keller International/United States Agency for International Development (USAID) Advancing Nutrition, Terry Njeri Theuri from the United Nations High Commissioner for Refugees (UNHCR), Sarah O’Flynn from Save the Children USA, Linda Shaker-Berbari, Megan Gayford, and Najwa Al Dheeb from UNICEF, Alessandro Iellamo from FHI 360 and Deborah Joy Wilson (an independent IFE-CG member), as well as Nicki Connell, Gwénola Desplats and Rachael Menezes from ENN. Their dedicated involvement has significantly enriched the quality and depth of the findings.

Why a CFE roadmap?

Complementary feeding (CF) refers to the introduction of complementary foods, including solid, semi-solid and soft foods (both locally prepared and commercially manufactured), to children between the ages of 6 and 23 months to complement breastmilk, which is advised to be provided until at least two years of age. CF is an essential transition that provides additional nutrients, energy and texture through feeding to support an infant's growth and development.

A well-rounded approach to infant and young child feeding (IYCF) acknowledges the interconnectedness of breastfeeding and CF, recognising that both are crucial for a child's overall health and development. Effective programming in IYCF should focus on CF and work to maintain and scale up breastfeeding practices worldwide.

In emergency situations like conflicts, natural disasters and displacement, providing support to breastfeeding and adequate and appropriate CF becomes paramount to prevent malnutrition and promote the health and optimal growth of children, especially those aged 6 to 23 months. There is a growing recognition of the importance of IYCF-E, including both breastfeeding and CFE, and several organisations – including USAID, UNICEF, the World Health Organization, the World Food Programme, the Food and Agriculture Organization (FAO), the IFE-CG and ENN – have taken the lead in scaling up efforts to address CFE globally.

To further enhance the response to CFE, action has been taken to document the implementation of CF programmes and interventions in various emergency contexts. The primary goal of this documentation is to collect evidence, share best practices and identify gaps, needs and enablers that can be addressed to improve the overall effectiveness of CFE.

By addressing these gaps and needs, the quality and impact of these programmes can be improved, leading to the prevention of malnutrition and a reduction in malnutrition rates, as well as better health and developmental outcomes for infants and young children affected by emergencies.

The aim of developing this roadmap is to consolidate findings and construct an overview of the progress made over the past years in CFE programming and documentation. The primary goal is to identify, outline and prioritise specific gaps in CFE policy, leadership, programming and documentation. This will constitute the foundation for informed decision-making and will guide forthcoming actions aimed at determining next steps for CFE programming. The intention is that this roadmap will be picked up by all key agencies working on CFE, including UNICEF, WFP, UNHCR and the Global Nutrition Cluster (GNC) amongst others, to contribute to a global action plan on CFE. As such, the objectives of this roadmap are as follows.

Objectives

1. Conduct a mapping of CFE needs and recommendations to identify priority areas for CFE actions.
2. Develop a CFE roadmap to facilitate the scaling up of effective CFE actions at the global level.

How has the CFE roadmap developed?

The methodology employed to develop the CFE roadmap was a comprehensive and iterative process that included two main stages: a desk review, and a consultative process with subject matter experts.

Desk review: Identification of gaps and recommendations

A thorough review of the literature was conducted, including reports, guidelines, lessons learnt articles, case studies and publications related to CFE practices in different countries. This initial step helped identify key gaps and challenges in the existing approaches to CFE.

In addition, various stakeholders, including non-governmental organisations (NGOs), humanitarian agencies and local organisations, have actively documented their experiences and lessons learnt from implementing CFE. These documentation efforts have resulted in numerous field reports that provide valuable insights into the strategies, innovations and challenges faced during the implementation of such programmes.¹

Consultation process: Identification of priorities

The subsequent stage was to identify further priorities, for which a TAG was set up, comprising of members from the IFE-CG and prominent nutrition key informants. The support of the TAG

¹ Reviewed documents can be found at the end of this report in the reference section.

was instrumental in eliciting feedback from nutrition experts, contributing to the roadmap's refinement and enrichment.

A Terms of Reference for the TAG was defined, outlining roles and responsibilities and a schedule of meetings. The TAG held three meetings between June and July 2023.

- ✓ Meeting 1 – Presentation of identified CFE gaps and recommendations from the literature review: TAG members explored additional gaps and recommendations not highlighted in the literature review.
- ✓ Meeting 2: The initial prioritisation of CFE gaps was discussed.
- ✓ Meeting 3: In preparation for this meeting, a draft roadmap document was shared for the TAG's feedback. At the meeting, a revised document was shared, discussed and agreed to.

The result was a comprehensive narrative report (the CFE roadmap). This methodical approach ensured that the roadmap's development was inclusive, well-informed and representative of the expertise and insights of the TAG.

CFE literature review and findings

The evolution of the CFE research and documentation has been a dynamic process marked by key milestones over the past years. It included a special section Field Exchange on CFE (1), an updated section on CFE in the IYCF-E Operational Guidance (2) and a comprehensive review of CFE (3), which uncovered significant gaps in CFE programming. The identification of these gaps triggered the need for more comprehensive exploration, leading to the development of four case studies (4, 5, 6, 7) that meticulously documented CFE programming approaches across diverse contexts. These case studies provided invaluable insights into the challenges, successes and lessons learnt in the field in relation to CFE.

Around the same period, USAID conducted a comprehensive review of the tools and resources available for CF education (8) and found a pressing need for improved resources that aligned with the latest evidence and best practices. This led to a concerted effort to enhance the tools available, ensuring that frontline workers and caregivers received accurate and up-to-date information on CFE.

The publication of a special section on CFE in Field Exchange 68(1) provided a significant platform for disseminating research findings and practical experiences. This publication became a crucial resource for policymakers, practitioners and researchers facilitating the exchange of knowledge and promoting evidence-based decision-making in CFE.

Moving forward, building on the foundation laid by USAID's recent CFE brief (9), identifying concrete steps for integrating CFE actions at each stage of the humanitarian programme cycle, is a key step in advancing CFE programming. Leveraging the insights and recommendations from the CFE brief, strategies can be refined and interventions and approaches adopted to different contexts.

CFE gaps: From the literature

The gap mapping exercise provides an overview of the current state of CFE, focusing on efforts made to identify gaps and address recommendations from the literature review.

The analysis categorises the identified gaps into six themes: 1) advocacy, funding and prioritisation; 2) policy; 3) capacity building; 4) preparedness, programming and interventions; 5) coordination; and 6) assessments and data collection. These themes were selected because they emerged from the desk review and received consensus within the TAG.

These themes are aligned with the ‘four systems’ approach categorised by the UNICEF programming guidance on improving young children’s diets during the CF period (10) – health, food, social protection and water, sanitation and hygiene (WASH) systems, covering the strategy, institution, community and household levels.

Advocacy, funding and prioritisation

IYCF-E interventions are life-saving activities focused on a very vulnerable group, yet there are often difficulties in advocating for and securing an optimal coordination mechanism that could prioritise IYCF-E, as well as the necessary resources and funding, during emergency situations. Advocacy for CFE is a major gap. The lack of effective and timely advocacy affects coordination, funding, and prioritizing of CFE. Evidence from the literature review shows that the activation of a coordination mechanism for nutrition has taken time (2), either because nutrition has not been considered a life-saving sector/intervention by decision-makers or, if emergency thresholds are not met for acute malnutrition, it is often concluded there is no need for nutrition coordination or leadership at all. In addition, the limited emphasis on comprehensive nutrition indicators within the humanitarian response plan, coupled with the delayed activation of coordination mechanisms for nutrition-focused activities, point to the necessity of enhancing planning strategies (2).

The minimal global funding allocated for CFE and the insufficient inclusion of a robust CFE component in United Nations and NGO emergency nutrition proposals and response plans underscore the financial challenges encountered in addressing CFE needs (2). One donor has estimated that 25% of the nutrition funding it has provided for IYCF-E; of this, only 20% is for CFE (2).

Across various systems, from the reviewed documents, it became apparent that there is a lack of prioritisation and recognition of the importance of CFE by donors. This is highlighted by the absence of a multi-sector policy for CFE and inadequate funding within humanitarian strategies (6, 7). The absence of multi-sector actions and limited consideration of innovative activities for CFE in response plans weaken the integration and effectiveness of CFE interventions (6, 7). Additionally, insufficient promotion and advocacy within the donor community regarding the significance of CFE programming in preventing malnutrition, coupled with limited awareness about its principles and effectiveness, compound the challenges faced (3).

Policy

Across all systems, the lack of cohesive and integrated national policies stands out as a major concern, as highlighted in the Fed to Fail report by UNICEF (11). The absence of strong government leadership in CFE programming, either because the government is overwhelmed by an emergency or is otherwise unwilling to take on that leadership role (3), further hinders the development and implementation of effective policies at the country level.

At the level of the health system, the existence of an outdated national nutrition strategy in-country poses a disabling challenge for nutrition actors looking to initiate action on improving the quality of CFE interventions (12).

In terms of strategy within the food system, the absence of legislation for implementing the International Code of Marketing of Breastmilk Substitutes, subsequent relevant World Health Assembly resolutions, and the inflated price of products that can support diversified children's diets, pose significant barriers to optimising CF practices (4). In areas characterised by armed conflict and insecurity, the prioritisation of other humanitarian priorities like emergency aid and acute malnutrition treatment often relegates CF to a secondary role (6).

The absence of legislation to restrict the marketing of processed complementary foods raises concerns about appropriate and safe options for infants and young children (12). Additionally, the lack of a formal national food security strategy tailored to the unique needs of migrants and refugees further underscores the importance of addressing policy gaps in CFE interventions (13).

Capacity building

Across all systems, there is an unclear understanding and utilisation of the approaches to, and tools for, CFE programming among frontline workers, indicating a need for improved knowledge dissemination and training opportunities (3). Agencies operating in sectors that impact CF often lack sufficient CFE training and knowledge, hindering their ability to effectively contribute to CFE interventions (5).

Moreover, international donors focussing more on capacity building of local partners and communities and less on NGOs strengthening government systems poses an additional challenge in building sustainable CFE programmes (7). Sectors that can contribute to CF, such as education, early childhood development (ECD), social protection and agriculture, often lack clear guidance on minimum actions and indicators, highlighting the need for comprehensive sector integration and guidance (3).

At the level of the health system, several factors highlight the need for improved capacity building: first, the limited dissemination of CF knowledge and tools to frontline workers (3); second, the fact the IYCF-E Operational Guidance lacks detailed operational and implementation guidance on CFE; and third, the limited training and knowledge of CFE among Ministry of Health (MoH) and local NGO staff. In addition, insufficient programmatic knowledge, limited competency of Nutrition Cluster Coordinators and the lack of simplified tools and guidance at the agency level further hinder the implementation of effective and efficient CFE programmes (3). Inadequate preparedness regarding IYCF-E at the country level;

lack of information, education and communication materials; and poor retention of information among caregivers following awareness sessions are additional challenges to address (14).

Within the food system, limited capacity building for volunteers involved in food security interventions, as well as a lack of expertise and knowledge among agencies working on food security regarding their critical role in CFE, pose barriers to developing CFE-friendly programmes (7). The absence of standardised guidance regarding food baskets, appropriate food items and determining quantities in food assistance packages also hampers optimal CFE interventions (15).

At the community and household levels, the main challenge resides in the inadequate training of community health workers, consequently causing barriers to delivering appropriate CFE counselling (14).

Preparedness, programming and interventions

Preparedness is a major gap, and its absence is a barrier to effective and efficient CFE response (3). When preparedness plans did exist, they were for IYCF in general, more focused on breastfeeding and breastmilk substitutes issues, and at a high level, with limited specific details for children aged 6 to 23 months old. Based on gaps presented in the literature and as debated by the CFE TAG members, there is also a critical need for comprehensive operational guidance on CFE programming to address the nutritional requirements of infants and young children aged 6 to 23 months.

Challenges in programme implementation

Programme plans and emergency responses are often driven by funding and timeliness rather than a thorough understanding of barriers and needs identified through assessments (3). Short durations and discontinuity of CFE programmes incorporating multiple systems approaches result in minimal impact on stunting despite improvements in a child's diet (16). In addition, the inaccessibility of certain community groups in remote areas; political and armed conflicts hindering intervention delivery; poverty; movement restrictions for women; and limited access to financial services contribute to the adoption of poor CF practices (4).

Health system challenges

Until recently, the lack of global and country-level leadership in CFE, in addition to the absence of CFE monitoring and support interventions at the level of the national nutrition working group, posed significant challenges within the health system (3). As a result, preparedness plans often lack specific guidance on CF, primary healthcare facilities are understaffed and healthcare workers are overstretched, and therefore unable to provide IYCF counselling for pregnant and lactating women – particularly on CFE, which is a major gap in health and nutrition programming, especially at health facilities (14).

Looking at home fortification programmes, there has been weak integration of multiple micronutrient powder programmes into IYCF-E interventions (17). Awareness-raising interventions lack participatory and practical approaches to induce behaviour change (12).

Poor access to health services, limited attendance at healthcare centres, increased nutrition vulnerability and lack of trust in services further impact CFE at the community and household levels (12).

Food assistance challenges

Numerous financial constraints and challenges are evident, ranging from insufficient cash allocations for nutritional support (limiting the household's ability to afford a diversified diet), lack of access to cash transfers, and discrepancies in target groups and indicators between the food security and nutrition sectors (16). Additional limitations arise when attempting to employ food vouchers for mobile displaced populations, further underscoring the complexities inherent in addressing the nutritional needs of vulnerable communities during emergencies (3).

Supply chain and commodity challenges

In emergency situations, there are several challenges in procuring, importing and distributing commodities in general, including CFE commodities. These include importation delays, coupled with government regulations on products (including CF products), unavailability of appropriate commodities and difficulties (security, poor roads, system inefficiencies, etc.) in distributing CFE commodities (3). At the level of locally available CFE commodities, challenges encompass selecting locally made suitable foods for food assistance baskets – especially if funding is not available for local purchases, there is uncertainty regarding the quality of local products, or there is a reliance on commercial complementary foods (3). The limited availability and affordability of diversified foods, extensive marketing of unhealthy processed foods (11), a high reliance on food assistance, inadequate nutritional content of family foods cooked at home and limited access to cooking facilities and health centres (12) makes CFE programming very challenging.

Moreover, there are factors affecting CFE programming at the community and household levels, including the lack of local food suppliers (13) and seasonal fluctuations influencing local food availability (17).

Social protection system challenges

Within the social protection system, challenges include the lack of integration and coordination of social protection interventions, with a lack of effective social and behaviour change (SBC) for CF, weak endorsement of national policies and strategies and insufficient cash transfer values to promote positive nutritional practices (16).

WASH system challenges

In the WASH system, the lack of availability and affordability of clean potable water for drinking and food preparation impacts CFE practices at the community and household levels (18).

Coordination

Across all systems, there is a lack of inter-sector coordination in relation to CF education at the country level, particularly between the WASH, food security, social protection and health sectors (3). Other sectors also often lack an understanding of their critical role in CFE.

At the institutional level, poor communication and coordination between different departments within the same organisations, specifically at the level of food assistance, nutrition and health services, pose challenges and showcase a major communication gap (3). There is also a notable lack of, or limited coordination between, nutrition teams and their counterparts in food security and logistics within the same agency, which hampers the integration of efforts to address CFE (3).

Within the community and household levels, education and awareness-raising on CFE primarily rely on the health system and lack a multi-systems approach (11).

Within the health system, the absence of effective coordination and leadership on CF at the country level by the government or by any United Nations agency is a significant concern (3).

Assessment and data collection

Across all systems, the absence of inter-sector digital registration platforms for data collection and information management systems hinders coordination and poses challenges to effective implementation (16). The lack of a unified system for data collection and management limits the ability to track and analyse CFE interventions. Within the food system, the Ministry of Public Health lacks governance over the data collected from CFE interventions, relying heavily on the national nutrition sector for data management (5).

During the initial stages of emergency response, limited time and funding are available for conducting comprehensive assessments on IYCF-E practices, which hampers the understanding of the specific needs and gaps in CFE interventions (3).

At the implementing organisation's institutional level, the absence of baseline and endline assessments presents a challenge in tracking nutrition outcomes in short-term humanitarian programmes (6). The short-term nature of most programmes contributes to limited availability of information on programme outcomes related to CF. Existing data from Standardised Monitoring and Assessment of Relief and Transitions (SMART) surveys is occasionally, and unsystematically, utilised to advocate for interventions related to IYCF-E (3). Furthermore, there is often a lack of emphasis and interest among agencies in assessing food availability and affordability in the local market as part of nutrition assessments for CF (3).

In the food system, the absence of impact evaluation surveys or studies on CF interventions is a significant gap (4). The lack of overlapping indicators and differing targeting and objectives between the food security and the nutrition sector also hinder comprehensive CFE data collection and analysis (3).

CFE recommendations: From the literature

Advocacy, funding and prioritisation

Advocacy for IYCF-E (especially CFE) is needed to increase awareness of CFE, as well as to raise funds for, and prioritise, it as a life-saving intervention in emergencies. The recommendations from the literature review on this issue include the following.

- ✓ Ensure greater understanding among donors and decision-makers regarding the importance of nutritious diets for children aged 6 to 23 months (6).
- ✓ Advocate and seek funding to incorporate all components of IYCF-E, including CFE, in emergency programmes, including changes to in-kind donations for CFE (3).
- ✓ Integrate CFE activities with other sectors such as health, education, social protection and WASH, and into humanitarian response plans. Ensure strong CFE leadership by the nutrition sector (3, 18, 19, 20).
- ✓ Explore alternative solutions for food fortification in emergencies, ensuring the quality and safety of locally available fortified foods (3).
- ✓ Incorporate monitoring of the marketing of processed complementary foods in programming (3).

Policy

When focusing on the strategic level, adopting a multi-system approach is strongly recommended for planning efficient CFE interventions. These are suggestions from the literature review that address policy gaps.

- ✓ Prioritise and develop an integrated CFE programme policy with MoH leadership across all sectors and national programmes (3, 4, 21).
- ✓ Assume, where necessary, a leadership role for CFE at country level (partners or United Nations agencies), ensuring the establishment of the IYCF-E working group and nutrition sector/cluster and coordinating with partners and other sectors on CFE (5, 22).
- ✓ Ensure that an IYCF-E policy or guidance is readily available in-country and during emergencies for a timely and effective response (4, 5).
- ✓ Address policies within the food system pertaining to food production, processing, distribution and marketing to ensure a supportive environment for CFE (21, 23).
- ✓ Ensure that policies are in place to regulate the marketing of processed complementary foods, particularly those in violation of the International Code of Marketing of Breastmilk Substitutes (3).

Implementing these policy recommendations will contribute to a comprehensive and coordinated approach to CFE interventions. The emphasis on government ownership, multi-sector collaboration, the integration of CFE in national policies and the regulation of marketing practices will facilitate effective implementation and scale-up of CFE interventions, ultimately ensuring the wellbeing and nutritional health of infants and young children in emergency situations.

Capacity building

Strategically, capacity building of government, partners and implementers at field level, and caregivers in CFE is needed. Here are specific suggestions from the literature review that address capacity building.

- ✓ Revise and update the CFE guidance outlined in the IYCF-E Operational Guidance and develop a concise 'how-to' plan to develop and implement integrated CFE programmes (3).
- ✓ Adapt/improve existing CFE tools and create new resources as needed, disseminating them to governments and field implementers (3).
- ✓ Establish community-level support groups for both fathers and mothers and organise large-scale SBC campaigns. These initiatives aim to increase awareness and engage parents and caregivers in adopting appropriate CF practices (4, 24, 25).
- ✓ Enhance the capacity of local suppliers to provide quality complementary foods that meet minimum standards (3).

By implementing these capacity building recommendations, the knowledge and skills of individuals and institutions engaged in CFE programming will be strengthened. This enhanced capacity will lead to a more consistent understanding and application of CFE principles and practices, resulting in more effective and impactful interventions across all levels. By bolstering capacity, agencies and partners will be better equipped to address the unique challenges and complexities of CFE.

Preparedness, programming and interventions

The recommendations concerning preparedness, programming and interventions in the context of CF underscore the significance of comprehensive planning, coordination and implementation efforts across all systems and institutions. Here are specific suggestions from the literature review that address preparedness, programming and interventions.

- ✓ Establish an emergency preparedness plan that incorporates IYCF-E, including CFE, in a coordinated effort across different sectors (3).
- ✓ Design programmes that integrate IYCF-E, specifically CFE, into primary healthcare (4) through antenatal and postnatal services, nutrition counselling for mothers and fathers (6), multiple micronutrient powder distributions (18), food fortification programmes and home gardening programmes, all coupled with behaviour change communication (4).
- ✓ Develop a joint programmatic standard operating procedure with other sectors (4) and incorporate monitoring of the marketing of processed complementary foods into programmes (6).
- ✓ Prioritise local suppliers and markets for CF foods post-crisis, promote local food systems and support the local economy (3, 7).
- ✓ Ensure that cash programming allocates adequate amounts of cash to purchase locally available foods appropriate for children aged 6 to 23 months (7), alongside nutrition counselling (18).

Implementing these recommendations related to preparedness, programming and interventions will lead to the establishment of well-coordinated, evidence-based and comprehensive approaches that address the nutritional needs of infants and young children in emergency contexts. The evidence outlined above highlights the importance of integrating CF into preparedness plans, fostering multi-sector collaboration and implementing targeted interventions to support appropriate CF practices and enhance the overall nutritional outcomes of young children.

Coordination

The recommendations related to coordination emphasise the need for improved collaboration and communication across sectors, particularly those with interventions that have a direct influence on CFE outcomes. Here are specific suggestions from the literature review that address coordination.

- ✓ Address inter-sector knowledge barriers related to CFE (6) and promote a better understanding of the important roles that other sectors play in CF (3, 6).
- ✓ Ensure coordination between United Nations and NGO departments involved in CFE-specific or CFE-sensitive interventions. This involves addressing all levels of CFE, including the assessment, proposal development and implementation phases (3).
- ✓ Establish a dedicated CFE coordination body either under the GNC, intersectoral collaboration help desk which links Nutrition, WASH, and Health clusters, or as a Global CFE Collective that will need to link to all relevant CFE clusters. This coordination body can facilitate collaboration, information sharing and joint decision-making among stakeholders involved in CFE interventions (3).

Effective inter-sector coordination ensures that all facets of CF are addressed, involving multiple actors and stakeholders and implementing comprehensive activities that all contribute to appropriate feeding practices for infants and young children.

Data collection and assessment

The recommendations related to data collection and assessment highlight the importance of investing in impact evaluation assessments (5), aligning indicators and objectives among sectors and collecting comprehensive data to support CF interventions.

- ✓ Invest (donors to provide funding and mandate evaluation; partners to include comprehensive CFE data collection in all their proposals) in rigorous evaluation of CFE interventions to determine their effectiveness and impact on improving CF practices and child health and nutrition outcomes (3, 5).
- ✓ Align indicators and objectives and harmonise/coordinate data collection efforts across different sectors involved in CFE interventions (3, 4, 26–28). By aligning indicators, data can be collected consistently and comparably, enabling better monitoring and evaluation of the effectiveness of interventions.
- ✓ Integrate nutrition vulnerability criteria into social assessments and cash assistance programmes (4). This ensures that caregivers of malnourished children receive

targeted support, including cash assistance, based on their specific needs and vulnerabilities related to nutrition.

As discussed by CFE TAG members, the primary recommendation for CFE data collection and assessment involves incorporating one or two indicators for each sector to effectively monitor and assess the comprehensive implementation of CFE programmes. Choosing indicators that align with the specific goals and activities of each sector will allow for a more holistic and detailed understanding of the overall impact and effectiveness of CFE programming. Overall, these recommendations highlight the importance of robust data collection and assessments to inform decision-making, monitor progress and advocate for funding and support for CF interventions. By collecting comprehensive and standardised data, stakeholders can better understand the effectiveness of interventions and make evidence-based decisions to improve the nutritional outcomes of infants and young children.

CFE priorities identified

After conducting the literature review and holding consultative meetings with the TAG, and based on various continued discussions and analysis, two CFE priorities were identified. For each priority, a set of corresponding actions and sub-actions were suggested. The priorities are outlined below.

Priority 1

Advocating for and elevating/positioning CFE, as part of IYCF-E, as a priority in global, regional and national policy agendas and strategies.

Actions

1. Establish clarity and agreement among UN agencies, including UNICEF, WHO, WFP, UNHCR and FAO, on their role in advocating for and elevating/positioning CFE and how these entities will work together to address this holistically. Once there is clarity and agreement on who does what and how, communicate this information to governments, donors, and other partners, and ensure ownership of the following action points.
2. Develop and disseminate an advocacy document that will support governments at the highest level (cabinet/prime minister level), donors, country humanitarian teams and international organisations to include integrated CFE in key policy and strategy documents and plans at global, regional and national levels.
3. Develop fundraising information materials such as brochures, fact sheets and presentations to be used in advocacy campaigns by utilising various communication channels, including social media platforms, websites and traditional media, to raise awareness about the importance of CFE programming with donors, governments and partners.

Priority 2

Supporting CFE programming through the development of necessary operational/implementation programming tools and guidance.

Actions

1. Establish clarity and agreement among UN agencies, including UNICEF, WHO, WFP, UNHCR and FAO, on their role in CFE as it relates to operational/implementation programming tools and guidance, and establish how these entities will work together to address CFE holistically. Once there is clarity and agreement on who does what and how, communicate this information to relevant partners, including implementation agencies, and ensure ownership of the following action points.
2. Develop CFE operational guidance that details the ‘how to’ for planning, implementation, and monitoring integrated CFE programs. Since this CFE Roadmap was started, the development of the WHO/UNICEF CF Implementation Guidance has been initiated and could contribute to meeting this need through the emergency chapter. In addition, in light of the newly formed Global CF Collective, it will be critical to work with them to ensure an adequate focus on CF in emergencies specifically. As these two initiatives proceed, it will be essential to continually evaluate whether additional efforts are required to ensure development and availability of sufficient CFE operational guidance.
3. Integrate IYCF-E, specifically CFE, in other sector proposals, budgets and indicators. Other sectors include health, food security, ECD, WASH and protection.
 - ✓ Develop a detailed multi-sector proposal prototype based on existing multi-sector resources, such as UNHCR’s IYCF Framework (29), outlining the importance of CFE programming and the contributions of each sector. This should include a detailed log frame for specific activities, particularly addressing SBC and ECD (two approaches experiencing significant resource mobilisation and funding), indicators specific to each sector, and a detailed integrated budget for CFE assessments, implementation, evaluation and research.
 - ✓ Develop an online learning course on integrated IYCF-E, including CFE.
4. Ensure (GNC) that the in-country IYCF-E working groups established during an emergency focus holistically on IYCF-E including CFE.
5. Ensure that all key partners, including those from other sectors, are trained on integrated CFE programming using developed online and other training materials, through defining inter-sector approaches, providing a ‘how-to’ plan, and implementing and monitoring CFE programmes based on the suggested proposal prototype mentioned above.
6. Develop an infographic focused on CFE and disseminate this widely, including to other sectors who have a role to play in CFE.
7. Review and update existing tools for initial rapid assessment of CFE in the initial stages of emergency response to help design a needs-based approach, with assessment questions that address the availability of complementary foods, their affordability and their access, and which can be integrated into multi-sector assessments within sectors relevant to CFE.
 - ✓ Design and roll out basic monitoring and evaluation training on CFE reporting tools to be used by organisations working with governments on enhancing data collection and monitoring.

- ✓ Develop a data collection brief highlighting the major successes from countries on effective CFE data collection using digital platforms.
- 8. Conduct impact and process evaluation surveys (baseline/endline) to generate evidence on the importance of CFE programming in selected countries that are implementing CFE programmes.
 - ✓ Develop guidelines on the types of research study needed to evaluate the impact of CFE programmes through research specialists, and the steps needed – along with staffing and budgets – to support countries to secure funding for the research component of CFE, by building on the evidence presented in the IYCF-E repository.
 - ✓ Partner with international academic institutions to evaluate and publish research studies on CFE.
- 9. Enhance CFE programme documentation by reaching out to countries working on CFE to document more case studies and lessons learnt.
 - ✓ Establish periodic CFE lessons learnt workshops as a platform to share experiences and success stories between CFE implementers.
 - ✓ Create a user-friendly lessons learnt documentation tool designed to assist countries in documenting their achievements, particularly in cases where they may have limited capacity.
 - ✓ Establish a CFE sub-working group to bring implementers, researchers, policymakers and decision-makers together to ensure lessons learnt on CFE are shared and peer-to-peer learning on CFE is facilitated.

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