Review of experiences and direction on Complementary Feeding in Emergencies (CFE): Putting policy into practice

Report March 2020

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The review was carried out by Caroline Abla, Technical Associate for ENN, with support from Marie McGrath, Technical Director for ENN, and a specially formed CFE Review sub-working group of the IFE Core Group.

IFE Core Group

The IFE Core Group is an interagency collaboration on infant and young child feeding in emergencies (IYCF-E) that connects practitioner experiences with policy and guidance development. Current members are individuals in UN agencies, non-governmental organisations, academics, independent agencies and other individuals. ENN is the coordinating agency and produces IFE Core Group publications, including the 2017 updated Operational Guidance on Infant and Young Child Feeding in Emergencies (**www.ennonline.net/ife**). Contact: IFE Core Group Facilitator, **ife@ennonline.net**

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Acronyms and abbreviations

ADRA	Adventist Development and Relief Agency
BMS	Breast-milk substitute
CF	Complementary feeding
CFE	Complementary feeding in emergencies
CMAM	Community management of acute malnutrition
DFAP	Development Food Aid Program
ECHO	European Civil Protection and Humanitarian Aid Operations (formerly the European Community Humanitarian Aid Office)
ENN	Emergency Nutrition Network
FFP	(USAID) Food for Peace
HRP	Humanitarian response plan
IEC	Information education and communication
IFE	Infant feeding in emergencies
IRC	International Rescue Committee
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
KI	Key informant
KII	Key informant interview
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NCC	Nutrition Cluster Coordinator
NFI	Non-food item
NGO	Non-governmental organisation
OFDA	USAID/Office of Foreign Disaster Assistance
OG-IFE	Operational Guidance on Infant and Young Child Feeding in Emergencies
OTP	Outpatient therapeutic programme
PHC	Primary health centre
PLW	Pregnant and lactating women
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SDG	Sustainable Development Goal
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

1 Summary

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Between June and November 2019, Emergency Nutrition Network (ENN), through funding by the United States Agency for International Development's Office of Foreign Disaster Assistance (USAID/ OFDA), conducted a detailed review of complementary feeding in emergencies (CFE) experiences and practices to identify enablers and barriers to the implementation of the Operational Guidance on Infant Feeding in Emergencies (OG-IFE) provisions regarding CFE[1] and to provide recommendations to address them.

A total of 34 key informants (KIs) participated in the review. KIs from Asia, Africa, North America, South America, the Middle East and Europe included two donors, field and headquarters staff of UN agencies, non-governmental organisations, one consultant and one government representative.

The KIs shared experiences from humanitarian emergencies to which they had responded in Zimbabwe, Iraq, Nigeria, Bangladesh, Chad, South Sudan, Syria (in country and refugees in neighbouring countries), Venezuela, Haiti, Yemen and Ethiopia.

Programme experiences in CFE and the activities implemented differed between agencies, depending on the context in which the emergency unfolded, level of funding, access to affected populations, access to markets, and security. Complementary feeding support provided included one or a combination of provision of *education/ awareness-raising sessions; behaviour change/ problem-solving skills; provision of multiple-micronutrient fortified foods to children aged 6-23 months; micronutrient supplementation; and nutrition-sensitive programmes.*

The review identified the following main factors affecting CFE programme implementation:
(1) Lack of *coordination and leadership* at agency, inter- and intra-agency/cluster and government/ response level, which led to late activation of a coordination mechanism and, when activated, was primarily focused on the promotion, protection and support of breastfeeding, dealing with breast-milk substitute (BMS) donations, and treatment of severe acute malnutrition, thus leaving a considerable gap in leadership and advocacy on CFE. On the ground, nutrition partners faced many challenges related to CFE in working with or leveraging other sectors, including food security, cash programming and others.

(2) At the start of a response, regardless of the type of emergency, there was a perceived lack of time and funding to conduct *needs assessments* to inform CFE interventions. A number of KIs mentioned a lack of accessible CFE-assessment tools.

(3) Perceived lack of *funding* for implementing an holistic package of interventions to address CFE, including water, sanitation and hygiene, health, and food security, in addition to nutrition.

(4) In settings where markets were functioning and foods were available and affordable, partners prioritised the promotion and use of locally available foods in their response. Availability of *commodities and supplies* to provide a diversified diet that meets the needs of children aged 6-23 months was very challenging, especially where World Food Programme receives in-kind donations rather than funding for local purchase.

(5) *Preparedness* was flagged as a major gap and barrier to effective and efficient CFE response. From the experiences shared, there were no CFE-specific preparedness plans; nor were specific actions for CFE included in infant and young child feeding plans.

(6) *Partners' own perceived limitations* for CFE programming included programmatic knowledge (partners felt that they did not know what really constitutes an effective and efficient CFE intervention), limited funding and time, and lack of advocacy for CFE.

The review identified several perceived *boosters and barriers* to an appropriate CFE response. The OG-IFE

[1] Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE), v3, 2018. Page 15 Complementary feeding 5.20-5.28) www.ennonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf

provides guidance on the "what" (booster) but does not address the "how" (barrier). Other boosters include the increased awareness of emergency-nutrition practitioners that "CFE is neglected and needs to be addressed" and greater evidence of emerging leadership and commitment by different UN agencies, donors and IFE partners to addressing CFE at the global, regional and country level (potential). However, boosters were outweighed by barriers that centre around programmatic issues, preparedness, leadership and scale (including inadequate, insufficient and, at times, lack of scale).

The review also identified that there is awareness and use of the OG-IFE at headquarters, regional and capital level; however, dissemination to frontline health and nutrition workers from government and non-governmental organisation (NGO) staff, including national NGOs, is an important gap. The OG-IFE largely informed breastfeeding and use of breast-milk substitute (BMS) recommendations, rather than CFE. There is a gap in guidance on "how to" in terms of putting the recommendations of the OG-IFE regarding CFE into practice in an emergency.

The review concluded that the provisions of the OG-IFE regarding CFE are not being met. Worryingly, we identified no clear examples of strong CFE preparedness and response to draw upon; most KI experiences described common shortfalls and challenges, from coordination and leadership to resourcing, supply chain, and poor inter-sector coordination and collaboration.

On a positive note, leadership and constructive action is being taken by UNICEF through the development and launch of a Complementary Feeding Action Framework that offers a critical opportunity to strengthen CF, including CFE, at regional and country level. The lead recommendation from this review is for UNICEF and partners to actively and systematically leverage this opportunity to strengthen emergency preparedness and response on CF.

Multiple actions are needed at many levels, including preparedness, advocacy, policy, coordination, capacity-building and research, to start meeting the needs of CFE. Specific recommendations for each of these areas are made. These include recommendations for the IFE Core Group, as a global collective, and for UNICEF regarding their new Complementary Feeding Action Framework, to inform ways forward. Although the list of necessary actions may seem daunting, continued inaction or poor action at limited scale is not acceptable. Reflecting UNICEF's Core Commitments to Children in Emergencies, as Cluster Lead Agency and as reflected in the OG-IFE, UNICEF should play a lead role in taking these recommendations forward.

At all levels, there is a need for governments to take the lead on CFE and to be supported in this regard. Practically, this involves developing/ updating and implementing policies; contingency and preparedness planning; budgeting; and capacity-building of staff to address CFE. UN agencies, partners and donors have a critical role and responsibility to start closing the gap on CFE and to uphold our commitments to meet the CF needs of children in humanitarian contexts.

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2 Background

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Between June and November 2019, Emergency Nutrition Network (ENN), through funding by the United States Agency for International Development's Office of Foreign Disaster Assistance (USAID/OFDA), conducted a complementary feeding in emergencies (CFE) review. The aim of the review was to identify enablers and barriers to the implementation of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) provisions regarding CFE and to provide recommendations to inform policy and programming, for use in advocacy and to inform the future work of the IFE Core Group (see Box 1). The review entailed a desk review and key informant (KI) interviews that examined institutional arrangements and agency mandates, prioritisation of CFE in response programming, coordination, integration with other sectors, preparedness, technical and training guidance, resourcing and programming experiences. Field practitioners implementing programmes at country/emergency-response level and support technical staff from headquarters and regional offices with experience in infant and young child feeding in emergencies (IYCF-E)/CFE were contacted for the KI interviews.

The CFE Review in 2019 builds on a 2016 ENN brief scoping review[2] of experiences in CFE as part of the OG-IFE review process and on conclusions of the 2017 Infant Feeding in Emergencies Core Group meeting in Oxford that identified CFE as a neglected area that warranted action.

Box 1 About the IFE Core Group and the OG-IFE

The Infant and Young Child Feeding in Emergencies (IFE) Core Group (www.ennonline.net//ifecoregroup) is an established collaborative effort whose work since 1999 has involved development of policy guidance and capacity-building tools, experience-capture on infant and young child feeding in emergency response, and promotion of policy and practice change in the context of preparedness and response. Current members include UN agencies, international non-governmental organisations, networks and expert individuals, coordinated by ENN.

In 2001, the IFE Core Group developed the first version of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE). Version 2.0 was produced in May 2006 and version 2.1 in February 2007 (with addendum in 2010). The OG-IFE was endorsed in a 2010 World Health Assembly Resolution (WHA23.23). The most updated OG-IFE (version 3.0, October 2017) incorporates the latest technical guidance, is informed by recent emergency experiences and has most extensive content on emergency preparedness and cross-sector collaboration. OG-IFE version 3 is available in English, French, Spanish, Italian, Japanese, Bahasa Indonesia, Bangla, Arabic and Swahili.

[2] ENN. Complementary Feeding in Emergencies, Lessons Learned – Summary www.ennonline.net

3 Methodology

A CFE Review sub-working group of the IFE Core Group, which included donors, United Nations (UN) agencies, non-governmental organisations (NGOs) and an independent consultant, was formed to provide necessary inputs to the development and review of the interview questions, help identify KIs at country and regional level, and provide feedback on the synthesis of experiences, learning and recommendations.

The interview questions were framed around the provisions of the OG-IFE regarding CFE[3] and also took into account the key themes that had emerged from the 2016 review, including the need for better integration of complementary feeding interventions with other sectors; donors' important role in influencing CFE response; lack of overall prioritisation of CF in emergency response; poor emergency preparedness; and lack of a clear driver/owner to steer CFE, among others.[4]

Key informant interviews (KIIs) were conducted between the end of June and the first week of September 2019, with the bulk of the interviews taking place at the end of July and in August 2019. Sixty KIs were contacted for the review. Thirty-four responded and were interviewed (Appendix A. List of key informants interviewed). Thirty were interviewed via Zoom, two via Skype and two were sent a questionnaire to respond to in writing. The KIs from Asia, Africa, North America, South America, the Middle East and Europe included two donors, field and headquarters staff of UN agencies, NGOs, one consultant, and one government representative (figure 1). At the time of the interviews, KIs were working in Afghanistan, Bangladesh, Pakistan, Nigeria, Chad, Sudan, Zimbabwe, Kenya, Venezuela, Haiti, Philippines, Lebanon, Jordan, Syria, Yemen, United States of America, United Kingdom, Belgium, Canada, Switzerland, and Italy (figure 2). Fifty-three per cent of interviewed KIs were field-based staff and 47% were headquarters-based.

KIs shared experiences from humanitarian emergencies they had responded to in Zimbabwe, Iraq, Nigeria, Bangladesh, Chad, South Sudan, Syria (internal displacement and refugees in neighbouring countries), Venezuela, Haiti, Yemen and Ethiopia. Types of emergency included conflict, displacement (refugee situations and internal displacement), drought and floods, and a combination thereof.

Emergency response experience of KIs ranged from four to 20 years. KIs hold positions as national and international staff, ranging from head of nutrition, senior technical nutrition advisor, nutrition specialist/advisor, technical advisor health and nutrition, nutrition cluster/sector coordinator, IYCF focal point, senior programme associate, and a communication for development officer. Twenty-five per cent of the KIs also work on development programmes.

The Complementary Feeding in Emergencies Review KII questionnaire (Appendix B) was developed with the support of the IFE Core Group, CFE sub-working group. The interviews examined two main areas: programme experience on CFE and available policies and guidelines on IYCF-E (especially on CFE) in the organisation where the KI worked. Before examining these areas, KIs were asked how they and the agencies they work with define CFE and exactly which CFE activities or packages are included in their response.

[3] See OG-IFE, sections 5.20-5.29, 5.32 and Box 1, which includes coordination, assessment, preparedness, intervention options, issues regarding commercially produced foods, use of animal milk, compliance with WHO guidance regarding promotion, donations, micronutrient supplementation and cross-sector actions and collaboration.
[4] Available from: ife@ennonline.net

Figure 1 Key informants' affiliation

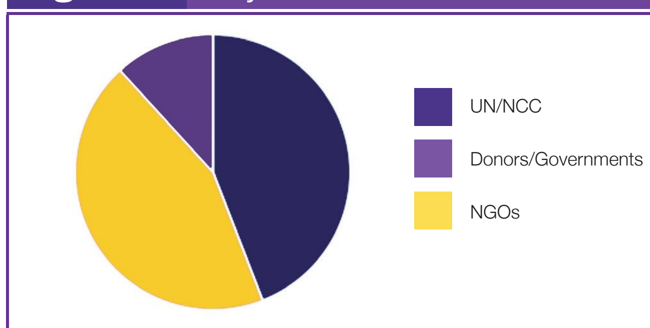
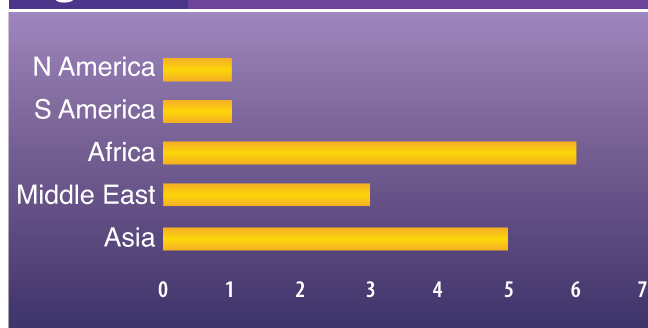


Figure 2 Location of field key informants



4 Findings

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A. Programme experience in CFE

KIs and their agencies differed in the activities that they implemented as CFE responses. Their activities, among others, depended on the context in which the emergency was unfolding, level of funding, access to affected populations, access to markets, and security. CF support provided included one of the following interventions or a combination thereof:

- *Provision of education/awareness-raising sessions:* largely on appropriate infant and young child feeding to women/carers while they wait to receive their food ration or while they wait at a health facility. At community level, education and awareness-raising were provided through community health workers.
- *Behaviour change/problem-solving skills:* including provision of information and education, through mother-to-mother and care groups, with cooking demonstrations on how to prepare (combinations of foods, consistency) and feed complementary foods using local foods or the foods provided in the food assistance basket (specifically, the fortified foods). Programmes also employed recipe development and improvement of existing recipes to increase protein intake and diversify the diet, and trials and demonstration to build the capacity of mothers and care providers in meal planning and cooking appropriately for this age group. For example, in Nigeria, mass campaigns were held for the promotion of breastfeeding and complementary feeding, and information education and communication (IEC) material update and development.
- *Provision of multiple-micronutrient fortified foods to children aged 6-23 months:* through blanket supplementary feeding programmes, through World Food Programme (WFP) partners provided fortified blended foods, such as SuperCereal and SuperCereal plus, and lipid nutrient supplements. These were also provided to pregnant and lactating women.
- *Micronutrient supplementation:* including provision of micronutrient powders such as 'Sprinkles' for use in home fortification.
- *Nutrition-sensitive programmes:* including livelihood interventions focused on improving access to food for children aged 6-23 months; provision of cash and vouchers; small home-based gardening to diversify diets; blanket supplementary feeding and general food distribution; water, sanitation, and hygiene (WASH) interventions through provision of soap and baby WASH programme (including waste management) targeting children aged 6-23 months; community management of acute malnutrition (CMAM) programme with integrated complementary feeding linkages; and psychosocial support integrated within a 'child-friendly space'.

Box 2 provides an example of CFE interventions used in northeast Nigeria by the Nutrition Cluster.

The KIs concurred that, in the responses they experienced and described, the CFE response was not adequate to meet the needs of children because it was not at scale and was not a full package of interventions necessary to adequately support care and feeding practices.

Box 2 Nutrition Cluster northeast Nigeria CFE interventions

- **Mother support groups – including food preparation demonstrations**
- **IYCF-E corners at health facilities to make face-to-face counselling effective (including food samples)**
- **Micronutrient supplementation powders targeting children aged 6-23 months (distribution through community nutrition volunteers)**
- **Food demonstration at community level during general food distributions and non-food item (NFI) distributions, community meetings and the CMAM out-patient therapeutic programme**
- **IEC materials – promotion of appropriate, affordable, locally available foods/recipes for complementary feeding**
- **Inclusion of indicators to assess complementary feeding practice in SMART surveys**

B. Factors affecting programme implementation

Coordination and leadership: Gaps were described in CFE coordination and leadership at country and agency level. At agency level, the nutrition teams faced difficulties coordinating with their food security and logistics counterparts in the same agency. For example, in some agencies coordination was non-existent, while in others the nutrition team advocated for a diversified food basket that addresses the nutritional needs of the 6-23 months age group but did not have final say in the content of the food basket provided; assistance was ultimately based on what was available and easier to provide by the other sectors. In agencies where the nutrition team was part of the food security team, coordination was more efficient but not always effective due to cost considerations by the other sectors (transport, available commodities from UN agencies, funding).

At country level, coordination was chaotic at the start of the emergency. The activation of a coordination mechanism for nutrition took time; either because nutrition was not considered a life-saving sector/intervention by decision-makers or, if emergency thresholds were not met for acute malnutrition, it was concluded there was no need for nutrition coordination or leadership. For example, in the early response to the Syria crisis, including the refugee outflow, nutrition coordination was either part of the health sector, not addressed or, when addressed, the focus was on acute malnutrition training and treatment, despite data showing that infant feeding was the more urgent issue. Government leadership in general and on coordination in particular varied between emergencies. For example, in Zimbabwe and Yemen, the government played a coordination role, supported by UN agencies as co-lead. In general, prior to emergencies, coordination mechanisms did not focus on CF, and preparedness plans on infant feeding in case of an emergency were not sufficiently well developed or detailed to allow a fast, coordinated response.

KIs stated that, in general, coordination improved after the nutrition cluster/sector was activated and established, where working groups were formed to focus on issues at hand. However, most cluster coordination and working groups focused on promotion and protection of breastfeeding, dealing with breast-milk substitute (BMS) donations, and on treatment of severe acute malnutrition, thus leaving, per KIs, a considerable gap in leadership and advocacy on CFE.

Inter-cluster coordination in general, and on CFE in particular, was not well developed in the responses that the KIs discussed. On the ground, nutrition partners faced many challenges working with other sectors, especially the food security sector. The two sectors have different targeting and objectives, with no specific overlap. For example, the food-security response (including cash interventions) focuses on households, while nutrition partners focus on mothers and children under five years old and, for CFE specifically, on the 6-23 months age group. In addition, priorities are different for each sector. For example, food security focuses on calories and cost, while nutrition looks at food for growth, including micronutrients. Another example is in the lack of overlap in the indicators for which each sector is held accountable. Examining USAID/OFDA indicators[5] in Table 1, only the IYCF-E indicator addressing the proportion of children aged 6-23 months who receive foods from four or more food groups is specific for complementary feeding. The other sectors are not held accountable for this age group.

KIs said cash programming is a valuable tool to improve CFE but, at times, the cash amount is not enough to allow households to buy a diversified diet. UNICEF Nairobi regional office is working on nutrition-sensitive cash transfers by choosing households that are in nutrition need and use the cash platform to teach mothers about appropriate foods for their children. UNICEF has worked with the cash teams to improve the cash voucher programmes, but this is on an individual agency basis and not a systematic approach across all agencies and responses. Also, unless there is a conditionality for the use of the money, there is no guarantee that the cash will be used for buying good-quality foods on the market, such as high-protein items needed for this age group. One KI said there is a need for simplified “how-to” instructions for nutrition staff on cash and voucher programming for CFE outcomes, while others said they did not know how to make cash programming more CFE-friendly.

KIs felt that there is a lack of understanding by other sectors of their critical role in IYCF-E including CFE, but they did not state specific efforts on their part to address

[5] www.usaid.gov/sites/default/files/documents/1866/USAID-OFDA_Proposal_Guidelines_June_2019.pdf

Table 1 USAID/OFDA Indicators by sector

Sector	Sub-sector	Mandatory indicators
Agriculture and Food Security	Improving Agricultural Production/ Food Security	Number of months of household food self-sufficiency as a result of improved agricultural production programming
		Number of people directly benefiting from improving agricultural production and/or food security activities
Multipurpose Cash Assistance	Multipurpose Cash Assistance	Percentage of beneficiary households with "acceptable" food consumption as measured by the Food Consumption Score
Nutrition	IYCF-E	Proportion of infants 0-5 months of age who are fed exclusively with breast-milk
		Proportion of children 6-23 months of age who receive foods from four or more food groups
		Number of people receiving behaviour-change interventions to improve infant and young child feeding practices

this issue. In Nigeria, where the nutrition and food security clusters have been working on improving inter-cluster coordination for better nutrition outcomes, there is awareness of this issue, but not enough examples of how to actually implement for CFE.

A main point that was clear from the discussion with KIs is that leadership is critical, especially by the nutrition cluster. This can be accomplished by ensuring that the Nutrition Cluster Coordinators are technically competent and have leadership skills to provide coordination on CFE (in particular in engagement with other sectors), and ensuring that IYCF-E working groups ensure the scope of their activities goes beyond breastfeeding promotion/ support and BMS management to include CFE.

Needs assessment: Decisions to intervene in CFE rarely included needs assessment. Responders neither had the time nor funding at the start of an emergency response to conduct an assessment on infant and child feeding, including CF. The few assessments that were conducted were part of the USAID/FFP Development Food Aid Program (DFAP). Later partners worked with the cluster to include IYCF indicators in the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) or other health and nutrition assessments being conducted. Some did utilise existing data, mostly focused on breastfeeding, as well as malnutrition rates, SMART survey results and programme data to advocate for IYCF-E interventions, but this was not done systematically. One KI mentioned utilising data already existing from development programmes on child feeding habits. A few KIs (mostly WFP staff), mentioned assessing whether the provided food basket was nutritionally adequate and using the results of these assessments to advocate for improved baskets when possible. There was no mention of assessing food availability and affordability on the market as part of a nutrition assessment for CFE, even though some partners were providing vouchers/cash for use on the market.

Funding: Typical funding (donor) sources of interventions that were described were USAID (OFDA and FFP) and the European Commission Humanitarian Aid Office (ECHO). The UN agencies (WFP, UNICEF and UNHCR) were also donors to national and international NGOs. Several agencies also raised private funding and received funding from United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) pooled funding. One donor estimated that 25% of the nutrition funding it provides was for IYCF-E; of this, 20% was for CFE. However, this calculation does not include funding for food assistance, micronutrient supplements or cash/voucher interventions. Most of the KIs felt that, to address IYCF-E including CFE, there is need for an holistic, funded package of interventions, including WASH, health and food security, in addition to nutrition. This was not always possible due to funding constraints. From the donor perspective, donors questioned why partners were not submitting quality proposals with a realistic budget that properly addressed IYCF-E, including a robust component for CFE. In a yet-to-be-published document by Save the Children which analysed 25 humanitarian response plans (HRPs) in 2019, the authors found that only four plans included IYCF-E objectives, with no details on CFE. This means that 84% of the HRPs did not contain objectives or funding for IYCF-E. This speaks of a lack of preparedness, leadership and advocacy, and a response that is inefficient in meeting the needs of children aged 6-23 months.

Supplies for CFE: Most implementers interviewed did not directly import complementary foods but received supplies from WFP. These supplies included SuperCereal Plus (corn-soy blend), oil and sugar. In some countries, such as Nigeria, WFP faced importation delays and government regulation around products that are appropriate for complementary feeding.

In the case of refugee populations, UNHCR works closely with WFP to ensure that the food basket provided is appropriate. The provision of a diversified diet has been very challenging, especially where WFP receives in-kind donations rather than money for local purchase. In recent years, funding levels have been decreasing. These budget cuts have had a detrimental effect on the 6-23 months age group and pregnant and lactating women, since supplies of fortified foods (the more suitable foods under food aid programming for this age group) are the first to be decreased or cut, since they are the most expensive items in the food basket.

Partners did consider locally produced complementary foods, but did not purchase them because they were unsure of their quality. ECHO considered funding the local purchase of complementary foods, but quality (lack of or poor-quality protein, aflatoxin contamination) of the locally manufactured products was an issue. In Pakistan, some of the available complementary foods are produced by companies known to break the International Code of Marketing of Breastmilk Substitutes ("the Code") with regard to practices surrounding marketing of BMS. These foods were not affordable for most of the population and, when purchased, were often overdiluted when preparing, to the detriment of the child's health and nutrition status. As in most emergencies, BMS donations were an issue, but donations of commercial complementary foods were not.

KIs insisted that sustainability of CFE interventions was and remains a critically important issue. In settings where markets were functioning and foods were available and affordable, KIs and the agencies they work with prioritised the promotion and use of locally available foods in their response. Where foods were not available and affordable, they agreed that the importation of products suitable for use in feeding children aged 6-23 months, such as SuperCereal, was a necessary temporary intervention until locally produced/used foods became available again on the markets which the population could afford, or the cash/voucher programmes could assist them in accessing these products. In a pilot programme in Bangladesh, WFP provided 50% of refugees with e-vouchers for the purchase of fresh food on the market. In Jordan, Syrian refugees in camps also received vouchers to purchase their food from camp-available supermarkets. When their funding allowed, other partners supplemented the family income/basket with vouchers or cash to purchase food on the market. But, in complex settings, such as internally displaced people in Syria, partners stated that vouchers are cumbersome and too complicated for use in nutrition programming.

Preparedness: The KIs identified preparedness as a major gap and barrier to effective and efficient CFE response. There either were no preparedness plans that the KIs knew about in the response that they were discussing or, if there were preparedness plans, they were (a) for IYCF in general, and (b) at a high level and very general, with no specific details for 0-5 months or 6-23 months-old children. There were no CFE specific preparedness plans; however, a few agencies and clusters had IYCF-E preparedness plans more detailed in terms of breastfeeding and BMS issues.

Partners' own perceived limitations in CFE programming:

Programme knowledge: KIs stated that they did not know what really constitutes an effective and efficient CFE intervention and did not have enough information on the "how" of implementing a CFE programme. This was validated by donors, who felt that partners were not submitting robust proposals (in terms of programme quality or budget) that address IYCF-E including CFE. KIs perceived that the indicators used for CFE were cumbersome. They felt that there was a need for "defining routine simplified indicators for CFE and having other sectors also have simple indicators that influence nutrition". Another perceived knowledge gap was how to influence other sectors to become CFE-sensitive, such as cash or voucher programmes, and the simplification of tools such as vouchers into a two-pager on "how-to-do vouchers for CFE", and a better understanding by the nutrition sector how nutrition programming can link to markets.

Lack of time and funding/urgency to respond: Partners understood the need to base programme design on gaps and barriers, evidence and context, but felt that they do not usually have the time or the funds to do so, especially at the start of a response. They also felt that impact on the nutrition status of the 6-23 months age group requires funding of a full package of interventions; not only education/awareness for CFE but, depending on context, agriculture, food security, WASH and health are critical.

Lack of advocacy for CFE: Partners stated that they need to: (1) include CFE in their information sharing and advocacy on what CFE is and why it is important internally in organisations and intra-cluster/intra-sector; (2) "use the little data we have that shows how poorly we are doing on CFE" to mobilise funding, agreement on CFE programming definition and evidence on what works; (3) advocate for policy and national budgets to define actions for this age group; and (4) advocate to both development and emergency donors to invest in prevention and preparedness (IYCF-E including CFE) – "You cannot save lives by focusing on treatment of SAM only; you need to focus on prevention".

Perceived boosters and barriers to CFE programming: The KIs identified several boosters and barriers to an appropriate response to CFE. The OG-IFE and Sphere minimum standards[6] provide guidance (booster) for the "what" but do not address the "how" (barrier).

Increased awareness of CFE: There is increased awareness among emergency nutrition practitioners that "CFE is neglected and needs to be addressed" and on the role of complementary feeding in emergency and non-emergency settings in the prevention of wasting and stunting and in the acute malnutrition relapse cycle. There is also guidance now for the cluster on integrating nutrition (including IYCF and CF) with other sectors.[7] Another booster is that HQ, regional and capital-level nutrition staff are aware of the updated OG-IFE and Sphere Minimum Standards.

Evidence of greater leadership and commitment: There is increased evidence of emerging leadership and commitment to addressing CFE at the global, regional and country level. These include: UNICEF's launch of its CF landscape analysis and CF framework and strategy; WFP's initiative in developing a comprehensive, operational field guide on integration of maternal, infant and young child nutrition into WFP's food assistance modalities in emergency contexts; and the UNHCR-Save the Children IYCF-E Framework. This is also reflected in attention by the Global Nutrition Cluster, as well as Nutrition Cluster Coordinators at country level, donors such as USAID and ECHO, and in IFE Core Group priorities and workplans.

However, boosters are outweighed by barriers that centre around programmatic issues, preparedness, leadership and (lack of) scale. Some of these issues have been identified and discussed in previous sections.

Programme design: There are different definitions of what constitutes a full package of CFE intervention activities. Another barrier that has been identified several times is that "Partners do not know how to programme CFE well", with much CFE 'response' focused around awareness and education. Another constraint is that "the indicators are too cumbersome" and do not align with other sectors. There is a lack of analysis of what children were eating prior to an emergency in order to inform the response design and a lack of understanding of cultural issues around CF. IYCF-E response disproportionately emphasises breastfeeding and BMS management during emergencies at the expense of CFE. There is a lack of building on the wealth of information and CF activities that are implemented in development settings in the emergency response.

Among the major barriers to integrating different sector responses and harnessing the different sector platforms to positively impact CFE is that beneficiary targeting differs between sectors that intervene at community or household level, rather than being centred on children aged 6-23 months. In addition, priorities are different between the sectors; for example, food security focuses on calories provided and cost, while nutrition and CFE focus on food for optimal growth. There are missed opportunities; for example, with the health system. In pre-natal care, health workers focus on teaching mothers about breastfeeding. In post-natal care, health workers justifiably also centre on breastfeeding. Beyond this and before six months of age, there are few interactions with the health system, unless the child is ill; at which point counselling on CF by health workers is not a priority or there is little time to do so.

Preparedness: Poor preparedness on IYCF-E, and specifically CFE prior to the emergency, is a major barrier that negatively impacts CFE response. Instead of activating existing preparedness plans for IYCF-E including CFE that details who is doing what, who is leading and so on at the start of an emergency, responders are usually faced and have to deal with chaos, poor leadership and coordination, poor breastfeeding behaviours prior to the emergency and low breastfeeding rates, Code violations, and poor legislation for the protection of breastfeeding and risk management of BMS donations. These issues dominate time, attention and resources, to the detriment of CF. Lack of preparedness planning also is a barrier to considering and certifying locally produced complementary foods that can be used for CFE response and to identifying/addressing bottlenecks in the importation of products that are potentially needed.

Leadership for CFE at response level: The majority of KIs stated that, in the emergency experiences described, there was a lack of leadership on CFE. Although in theory the government is the lead coordination authority of IYCF-E including CFE, this was rarely the case; either because the government was overwhelmed or was otherwise unwilling to take on that role. Although the Nutrition Cluster is responsible for CFE as part of IYCF-E, rarely was there a functional Nutrition Cluster working group addressing the issues around CFE, including coordination with other sectors. As mentioned above, response focus was on breastfeeding, BMS and severe acute malnutrition.

Scale: There is an inability to scale up CFE programmes to meet the needs of infants aged 6-23 months in an

[6] The Sphere Handbook. https://spherestandards.org/handbook-2018/

[7] Integrated Inter-Cluster Training Package for Nutrition Outcomes. https://unicef-my.sharepoint.com/:f:/g/personal/salqobati_unicef_org/Eg14j0F41TxLgDpQLq75oYsBKFtoO2AXMApGSXvWgfG-CQ?e=URW8TX

emergency. Several reasons were mentioned, including language used (treatment of SAM is considered "life-saving", while IYCF-E interventions are considered "prevention" and thus less critical for child survival). This does not attract the necessary resources. Another factor affecting scale is the internal working modalities of most agencies' and clusters' s where sectors do not coordinate together, leading to missed opportunities to meet the needs of this age group at a larger scale. Although there is now guidance for the different clusters on integrating nutrition (including IYCF and CF) with other sectors[8], there is poor dissemination and implementation of the guidance, which hinders scaling up CFE activities.

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C. Policies and guidelines

1. Existing policies and guidelines

Most KIs interviewed stated that they use the OG-IFE and the WHO[9] and UNICEF[10] guidance on complementary feeding as their main technical resources, but also take into account country-specific, updated IYCF policies and guidelines. However, most of these policies and interventions focus on breastfeeding and management of BMS. Only two agencies stated that they have programmatic guidance that includes IYCF in general, but this does not provide specific guidance on CF programming.

2. Awareness on policies and guidelines

Regarding the question on available policies and guidelines on IYCF-E (especially CF) in the institutions where the KIs work, only two stated that they were not aware of the updated OG-IFE and only three stated that they had not read the CF-specific recommendations. Agencies, UN organisations and NGOs employ several methods to disseminate new guidelines, policies and best practices to field staff. This includes emails, newsletters, technical calls, shared drives and other in-house knowledge-sharing platforms. In addition, face-to-face sharing, teaching and training take place through monitoring and supportive supervision, as well as through technical conferences that benefit headquarters and programme-level staff. As a result, there is awareness and use of the OG-IFE at headquarters, regional and capital level; however, the dissemination to frontline health and nutrition workers from government and NGO staff, including national NGOs, is an important gap. Dissemination to and training of frontline government and NGO workers happens on a more *ad hoc* basis, rather than as a systematic effort not only to disseminate the new guidance, but also to train on its use in programming.

3. Perception related to policies and guidelines

Even though the majority of KIs are aware of the updated OG-IFE, there are gaps in terms of: a) consulting on what needs to happen on CF, since the OG-IFE is largely used for breastfeeding and BMS recommendations; and b) even though guidance exits on the "what" in the OG-IFE, there is a need for guidance on the "how" in order to put the guidance into practice in an emergency.

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8 Integrated Inter-Cluster Training Package for Nutrition Outcomes. https://unicef-my.sharepoint.com/:f:/g/personal/salqobati_unicef_org/Eg14j0F41TxLgDpQLq75oYsBKFtoO2AXMApGSXvWgfG-CQ?e=URW8TX

9 Guiding principles for feeding infants and young children during emergencies. World Health Organization 2004. https://apps.who.int/iris/bitstream/handle/10665/42710/9241546069.pdf?ua=1

10 Programming Guide Infant and Young Child Feeding. UNICEF 2011. www.unicef.org/nutrition/files/Final_IYCF_programming_guide_2011.pdf

5 Findings

The OG-IFE provides concise and practical guidance on what to do to ensure appropriate IYCF-E. "It assists decision makers, planners and donors to meet their responsibilities set out in the UNICEF/WHO Global Strategy on Infant and Young Child Feeding in Article 24 of the Convention of the Rights of the Child and the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding, welcomed unanimously by the 2006 WHA. It contributes to the achievement of Sustainable Development Goal targets (Goals 2,3 and 6) and the work programme of the United Nations (UN) Decade of Nutrition (2016-2025)".[11] Due to the critical nature of the OG-IFE as a 'go-to' policy guidance for programmers, the CFE Review findings was appraised against this guidance's framework and provisions (in italics). This will help identify gaps and actions needed to put it into practice.

The OG-IFE provides six practical steps to follow to ensure appropriate IYCF-E. These steps are **(1)** endorse or develop policies, **(2)** train staff, **(3)** co-ordinate operations, **(4)** assess and monitor, **(5)** protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions, and **(6)** Minimise the risks of artificial feeding.

(1) *Endorse or develop policies: Governments and agencies should have up-to-date policies which adequately address all of the following elements in the context of an emergency: protection, promotion and support of breastfeeding; the management of artificial feeding; complementary feeding; the nutrition needs of PLW [pregnant and lactating women]; compliance with the (the Code; prevention and management of donations of BMS; and infant feeding in the context of public health emergencies and infectious disease outbreaks. UNICEF and WHO have key responsibilities in supporting national/sub-national policy preparedness*. Discussions with the KIs showed that many countries did not have up-to-date policies or detailed preparedness plans for CFE. During the emergency, efforts to address CFE and lack of guidance on CFE took time or was not addressed.

(2) Train Staff. Information from the CFE Review suggests that headquarters, regional and national staff are aware of the OG-IFE in general, although some staff do not know the details of the CFE-specific section. There is a gap in staff training and knowledge of the OG-IFE at Ministry of Health and local NGO staff at field level. The was no mention of training or sensitisation of those in decision-making positions and other sectors within agencies or at country level.

(3) *Coordinate Operations. The government is the lead coordination authority on IFE. Where this is not possible or support is needed, among UN agencies and in accordance with mandates, IFE coordination is the responsibility of UNICEF or UNHCR.* See section 5.20 below for results on CFE coordination.

(4) *Assess and Monitor. Assess the needs and priorities for IFE response and monitor the impact of interventions. Explore opportunities to include IYCF questions in other sector needs assessments and draw on relevant multi-sector data, such as WASH and health reports. Disaggregate data for children under two years old by gender and by age. Use pre-crisis background information (secondary data) to develop an IYCF situation profile to inform early decision-making and immediate actions. Gather and analyse pre-emergency feeding practices. It is essential to monitor the impact of humanitarian actions and inaction on IYCF practices, child nutrition and health; to consult with the affected population in planning and implementation; and to document experiences to inform preparedness and future response*. In the CFE Review, partners stated that in an emergency response they do not have time or adequate funds to conduct a CFE assessment. Through the cluster they attempt to include IYCF-E/CFE questions in the MIRA and other sector's assessments. Although the OG-IFE provides examples of where to find useful data from the nutrition sector and other sectors' data, to use in CFE programme development, partners did not systematically review food basket/food availability, market functionality and affordability to meet CFE needs. This is a missed opportunity to use available data to make informed decisions regarding CFE priorities in an emergency response.

[11] www.ennonline.net/attachments/2673/Ops-G_2017_WEB.pdf

(5) *Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions.* Section 5.20 to 5.28 in the OG-IFE details the actions needed in an emergency to address complementary feeding. These include:

5.20 The designated IFE coordination authority should provide clear direction on complementary feeding needs and interventions. The government is the lead coordination authority. If it is unable to assume this leadership role, then coordination on CF is the mandated responsibility of UNICEF or UNHCR, depending on context, in close collaboration with government, other UN agencies and operational partners. In all contexts, UNICEF has a key responsibility to provide guidance on appropriate complementary foods and feeding practices and to help define essential interventions. In food-assistance programmes, WFP has a responsibility to provide or enable access to appropriate nutrient-rich food for children aged 6-23 months and PLW when significant food and nutrient gaps are identified.

The CFE Review sheds light on the lack of leadership from governments, as well as poor UNICEF leadership on preparedness and in an emergency on comprehensive complementary feeding interventions. Delayed cluster activation and functioning also compromises leadership and coordination of IYCF-E, and in particular CFE. This all amounts to gaps in national coordination and preparedness on CFE. Only a few instances were described where CFE issues were raised in well-established clusters or where working groups on CFE were initiated, with varied success. Experiences also suggest shortfalls in consistent fortified-food provision by WFP. While WFP has provided foods such as SuperCereal to meet the needs of children aged 6-23 months, reported budget and food cuts, as well as breaks in pipelines and difficulties in importation (Nigeria and Yemen, for example) due to bureaucratic and/or logistical delays, make it difficult to determine if the needs of children are actually being met.

Although coordination and leadership were identified as issues in the review, UNICEF took concrete steps in 2019 to take leadership and address complementary feeding. It has developed a Complementary Feeding Action Framework[12] (and is conducting landscape analysis[13] of complementary feeding in the different regions where it works. The Framework is a tool developed to facilitate action-oriented programming to improve the diets of young children (aged 6-23 months). It is built on systematic analysis and identification of context-specific drivers of children's good diets, including adequate food, adequate services and adequate practices, and delivered through systems including food, health, WASH and social protection. The Framework also focuses on what actions are needed at the policy, institutional and community/household/individual level.[14] Consideration of programming context, including food security, humanitarian crisis and political instability, crosscuts all areas of action. Figure 3 outlines the framework developed with UNICEF country offices.

Application of the Framework at a country level will facilitate:[15]

- In-depth understanding of context-specific drivers, gaps and bottlenecks to children's diets – landscape and in-depth situation analysis with focus on young children
- A systematic process to strengthen programme design, implementation, monitoring and evaluation (regional and country) – consultative process involving relevant stakeholders across multiple systems
- Strengthening of coordination and partnerships to address multiple barriers and bottlenecks to young children's diets – across multiple systems at country level
- Innovations and testing of scalable proof-of-concepts for addressing demand-related barriers at community and household level – evidence-generation
- Strengthening of technical and organisational leadership of regional platforms on improving young children's diets – regional action frameworks
- Strengthening of coordination and partnerships at regional and global levels for advancing the agenda of improving young children's diets during complementary feeding periods.

In 2020, UNICEF will be assisting country offices to operationalise the Framework and to develop strategic actions, including preparedness. This is a critical opportunity to address leadership and coordination, emergency preparedness, and technical guidance at a minimum; not only from a development context, but also from an emergency lens. Given that this framework is based on and is engaging with different systems and sectors (health and nutrition, WASH, food, and social protection) that need to be functional and involved in CF at country level, both in preparedness and response, this is a critical leverage point to address shortfalls in cross-sector understanding of respective roles and responsibilities on CF.

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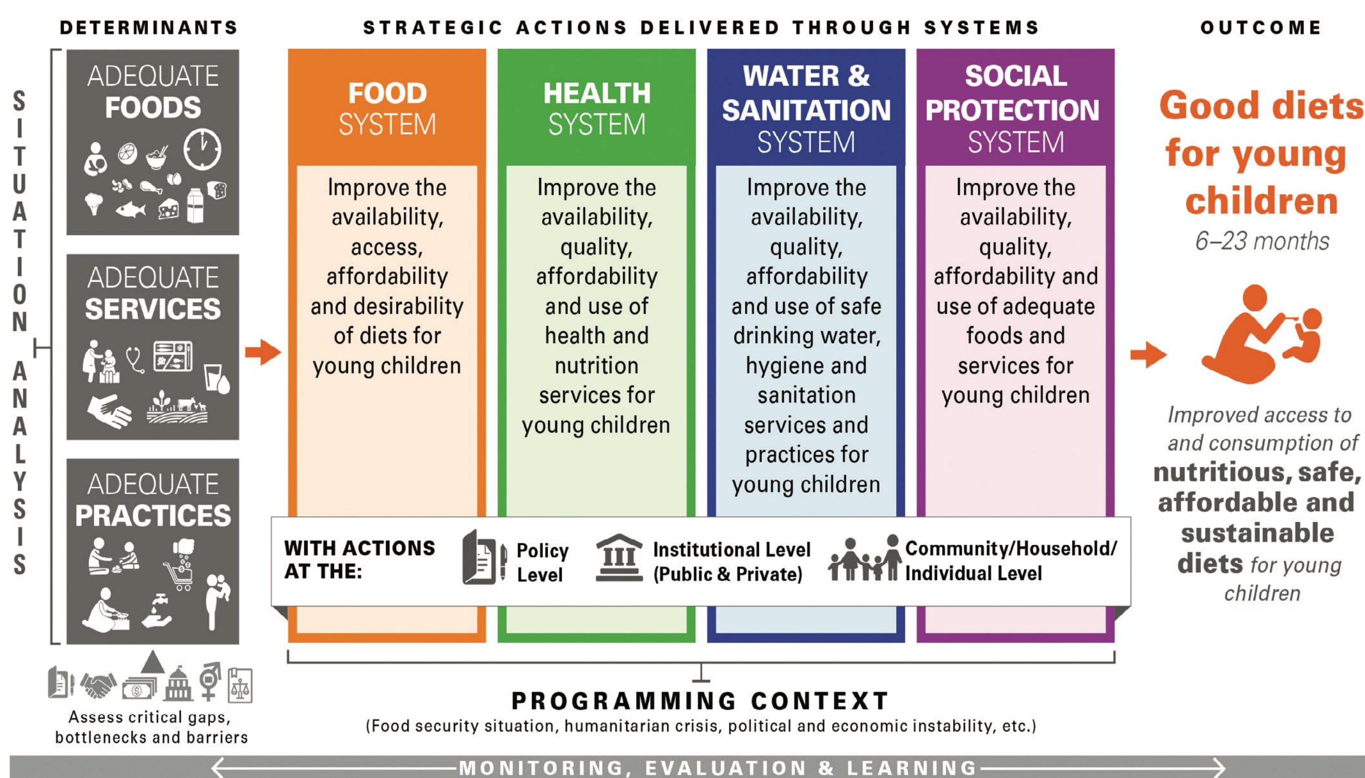
[12] United Nations Children's Fund (UNICEF). Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance. New York: UNICEF, 2020.

[13] Accelerating the Scale-up of early Childhood and Maternal Nutrition Interventions, including CMAM, through Regional Platforms and Partnerships in the Middle East and North Africa. Landscape Analysis of Complementary Feeding in the Middle East and North Africa – Synthesis Report.

[14] UNICEF PowerPoint presentation at the IFE Core Group face-to-face Meeting October 28-30, 2019. Oxford, UK.

[15] UNICEF power point presentation at the IFE Core Group Face to Face Meeting October 28-30, 2019. Oxford, England.

Figure 3 UNICEF Complementary Feeding Action Framework



Source: United Nations Children's Fund (UNICEF). Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance. New York: UNICEF, 2020.

5.21 *Complementary feeding interventions will depend on the context, objectives and timeframe of the response. Short-term actions to meet immediate needs and fill identified nutrient gaps may be necessary, with planned transition to longer-term options*. KIs stated that the provision of fortified foods at the height of an emergency is acceptable until the markets are functioning. Use of foods available on the market, if they are affordable and culturally acceptable, should then be prioritised through vouchers or cash assistance, with education on appropriate infant feeding and development of culturally acceptable recipes for the use of these foods.

5.22 *Key considerations in determining complementary feeding response include pre-existing and existing nutrient gaps; seasonality; socio-cultural beliefs; food security; current access to appropriate foods; quality of locally available complementary foods, including commercial products; compliance to the Code; cost; proportion of non-breastfed infants and children; reports of children with disability-associated feeding difficulties; maternal nutrition; WASH conditions; the nature and capacity of existing markets and delivery systems; national legislation related to food and drugs, particularly importation; and evidence of impact of different approaches in a given or similar contexts.*

5.23 *Complementary food support options/ considerations include:*

(i) Cash or voucher schemes to purchase nutrient-rich foods and/or fortified foods that are locally available.

(ii) Distribution of nutrient-rich foods or fortified foods at household level.

(iii) Provision of multiple-micronutrient fortified foods to children aged 6-23 months and PLW through blanket supplementary feeding. Examples include fortified blended foods such as SuperCereal plus and SuperCereal (or local variations of this type of fortified porridge), and lipid-based nutrient supplements (small to medium quantity).

(iv) Home fortification with micronutrient supplements, such as micronutrient powders (MNPs) or other supplements.

(v) Livelihood programmes and safety net programmes for families with children under two years of age and/or PLW.

(vi) Use of animal milk and products.

(vii) Provision of non-food items and cooking supplies (including domestic energy); access to communal food preparation areas where household facilities are lacking; advice on safe food handling; and protected eating and playing spaces.

Programmes that the KIs worked on and discussed provided complementary-food support that included most of the points discussed above, except for the provision of non-food items and cooking supplies; most partners did not include these since doing so was not

part of their mandate or other agencies were responsible for the provision of these supplies. A few NGOs did provide communal food-preparation areas because the emergency-affected populations did not have access to food-preparation facilities at household level due to displacement. Although they advocated for families with children under two years of age and/or PLW to be included in livelihood and safety-net programmes, it was not clear whether these programmes reached all the families with children under two years of age. Protected eating and playing spaces were not mentioned by KIs in the context of CFE. This was either because there was not an explicit question regarding this issue, or because agencies did not consider this issue in their programmes. In general, it appeared from interviews that interventions were determined by what was available/funded/possible in a given context, rather than an appraisal of what was actually needed.

5.24 *Commercially produced complementary foods must meet minimum standards. Prioritise in-country, familiar, quality complementary foods over importing new products.* The Review showed that partners did not feel that locally commercially produced complementary foods met the minimum standards. They also felt that the commercially available products that were imported could not be used because companies producing complementary foods have been known to break the Code). One donor stated that perhaps there is a need for certification of complementary foods in the same way that there is UNICEF certification of ready-to-use foods. Agencies favoured using foods available on the market to teach mothers how best to prepare complementary foods for their children from what is available and affordable to the family.

5.25 *Where animal milk is a significant feature of child diets, such as in pastoral communities, it is important to establish how to safely include milk products as part of a complementary diet.* Even when asked, none of the KIs mentioned the use of milk and milk products in their programmes. This could be because their use is not culturally appropriate, but is mostly because partners are worried of being in breach of the Code in cases where a mother may use provided milk to feed her infant rather than to prepare complementary foods. The OG-IFE suggests the provision of pasteurised or boiled animal milk to non-breastfed children over six months of age and to breastfeeding mothers to drink in controlled environments, such as through wet feeding. However, the partners did not implement wet-feeding programmes. This could be a missed opportunity in some contexts to improve the diet of children aged 6-23 months where needs assessment identifies that milk is culturally acceptable for consumption in this age group, that wet-

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feeding can meet the nutrient gap, that hygienic supply can be procured locally, and that wet-feeding is affordable.

5.26 *Ensure all complementary feeding interventions protect and support appropriate practices by providing context-specific advice and support, including how to adapt foods available to feed different age groups and hygienic food preparation and storage*. As reported above (5.24), KIs stated that agencies favoured using foods available on the market to teach mothers how best to prepare complementary foods for their children from what is available and affordable to the family. They focused on combinations of foods, consistency, frequency and amount of feeding for the different age groups and the hygienic preparation and storage of cooked complementary foods.

5.27 *Ensure complementary feeding interventions comply with WHO guidance on ending inappropriate promotion of foods for infants and young children.* This issue did not come up during the interviews, since partners were not providing commercial complementary foods. When they provided fortified food through WFP, they also provided education sessions on who the food was intended for (children aged 6-23 months) and how to safely prepare, use and store the food.

5.28 *Do not send or accept donations of complementary foods in an emergency.* Donations of complementary foods were not a problem, but donations of BMS were. As well as interfering with continued breastfeeding (which is part of complementary feeding), there is an opportunity cost whereby handling BMS donations detracts attention and resources from designing and delivering efficient and effective CFE programming.

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6 Conclusions & Recommendations

In conclusion, this review indicates that the provisions of the OG-IFE regarding CFE are not being met. Worryingly, we identified no clear examples of strong CFE preparedness and response; most KIs described common shortfalls and challenges, from coordination and leadership to resourcing, supply chain and poor inter-sector coordination and collaboration.

Multiple actions are needed at many levels, including preparedness, advocacy, policy, coordination and research. In drawing attention to this, there is a risk that a long list of gaps leads to paralysis because there is too much to address: we must not let this happen. On a positive note, UNICEF is taking leadership and constructive action through the Complementary Feeding Action Framework, which offers a critical opportunity to strengthen CFE at country level. A lead recommendation from this review is for UNICEF and partners to leverage this opportunity actively and systematically strengthen emergency preparedness and response on CF.

Although we believe that CFE needs to be addressed as part of an holistic approach to IYCF-E, this review focused specifically on identifying and addressing gaps for CFE. Box 3 makes detailed recommendations based on analysis of key issues emerging from the review and in consultation with the CFE Review sub-working group of the IFE Core Group. These include recommendations for the IFE Core Group as a global collective committed to helping put the OG-IFE into practice, and for UNICEF regarding the Complementary Feeding Action Framework to inform ways forward. Reflecting UNICEF's Core Commitments to Children in Emergencies, as Cluster Lead Agency and as reflected in the OG-IFE, UNICEF should play a lead role in taking these recommendations forward.

At all levels, there is a need for governments to take the lead on CFE and to be supported in this regard. Practically, this involves developing/updating and implementing policies; contingency and preparedness planning; budgeting; and capacity-building of staff to address CFE. UN agencies, partners and donors have a critical role and responsibility to start closing the gap on CFE and to uphold our commitments to meet the CF needs of children in humanitarian contexts.

Box 3 Recommendations to strengthen CFE

Advocacy level

- **Flag CFE as an important issue for the IFE Core Group advocacy working group to address in its 2020 workplan**
- **Develop a communication plan to disseminate the CFE Review though the IFE Core Group, the GNC, ENN, online publications and others**
- **Develop and disseminate a two-pager for senior government and NGO field and organisation staff summarising the CFE Review and recommendations**
- **Advocacy and communication on the need to prioritise CFE and resolve issues in programme scale, programme design, leadership and poor skills in CFE**
- **Advocate for UNICEF, in collaboration with WFP and other stakeholders, to take on the true leadership of complementary feeding across humanitarian and development settings. UNICEF's current CF framework initiative is an opportunity at country level to take leadership on CF, but needs to be extended to CFE.**

Preparedness level

- **Close the gap between development and emergency programming through preparedness, using the OG-IFE as a starting point to develop preparedness plans in countries/regions prone to disasters.**
- **Engage with UNICEF at global, regional and country level in the landscape analysis that UNICEF is undertaking using the newly developed complementary feeding framework to ensure that the analysis takes into consideration both development and emergency complementary feeding preparedness.**
  - **IFE-Core Group partners at country level can play an important role in stimulating the discussions on CFE and ensuring that emergency preparedness is considered.**
  - **Through the IFE-Core Group, provide support to three-to-five UNICEF country offices, in collaboration with UNICEF headquarters and regional offices, in developing their country-**

Box 3 Continued

specific CF frameworks to ensure robust preparedness and CFE response plans.
- Document the support provided to the three-to-five UNICEF country offices as working examples that can be used in the other country offices as they develop their country-specific frameworks.
- Document what the CF framework could look like for emergencies; how it can utilise the systems approach developed in non-emergency settings; what the considerations are for emergencies; and what and how the framework shifts for an emergency.

Capacity-building level

- Assess existing guidance on CFE to understand why the guidance is not meeting the need of practitioners in the field, and map and prioritise these key technical gaps in terms of the "how" for complementary feeding
- Engage with other sectors to develop a simple, field-friendly, practical multi-sector "how to" manual, including checklists, based on OG-IFE (especially CFE provisions), with all the necessary information included in one place. This can take into consideration the necessary short, medium and long-term interventions. This information exists here and there in both development and emergency settings. Compiling it all in one simple-to-use guide is the first step in filling the perceived knowledge gap by the nutrition and other sectors
- Disseminate and provide training on the CFE "how to" manual through face-to-face nutrition sector-specific and multi-sector trainings and webinars
- Define a comprehensive CFE package for different emergency scenarios (protracted, urban, sudden-onset natural disaster, slow onset, civil unrest, etc.)
- Nutrition actors work with nutrition-sensitive sector staff to develop simplified "how to" instructions for nutrition staff on cash and voucher programming for CFE outcomes.
- Develop case studies on integrated CFE showing what activities and approaches have worked in different emergency contexts
- Develop a plan of action to support and monitor the dissemination and use of the OG-IFE at national and sub-national level to frontline health and nutrition workers and to other sectors that are critical in achieving nutrition objectives
- Adopt the OG-IFE as a minimum standard to be included in trainings for technical staff and to raise awareness of other sectors and management within agencies.

Policy level

- Rethink how food aid is provided to the 6-23 months age group and the entire emergency affected population
- Prioritise CFE needs not only in the nutrition sector but in other relevant sectors, including food security and health
- UN agencies to consider a system for certifying complementary foods for use in an emergency (as is currently a requirement for ready-to-use therapeutic foods)
- Donors may want to consider revising their guidance to:
  - Include CFE indicators in all relevant sectors, such as food security, health, WASH, protection, in addition to nutrition
  - Based on the emergency context and vulnerability assessment, ensure that families of children aged 6-23 months are included in food security agriculture, WASH, health and other sector interventions for the duration of the response
  - Ensure that all sector trainings include IYCF-E, specifically CFE
  - Determine 'the lifespan of the emergency' and develop specific CFE interventions depending on lifespan: short term (3-6 months) (focus on education/awareness, improve dietary diversity either locally or through provision of fortified products, micronutrient supplementation); longer term (6-12 or 24 months) or protracted emergency investment in understanding complementary feeding practices and beliefs and other sector influences and possible contributions to CF (tailor education and awareness and behaviour change to influencing groups and care providers; conduct barrier analysis on different components of CFE; and develop bridges and activities to address these barriers).

Coordination level

- Engage the Inter-Cluster Nutrition Working Group of the Global Food Security and Nutrition, Health, and WASH Clusters to help identify and solve inter-sector constraints. This includes raising awareness of the role of the different sectors in CFE, collaboration on the development and dissemination of a "how to" guidance document, and a checklist for integrating CFE in other sectors
- Engage with the GNC in training country-level nutrition coordinators to prioritise and take leadership on CFE within the nutrition cluster and with other sectors
- Support WHO (in the process of updating its guidance on complementary feeding) to add an emergency lens to the update and review process
- Support USAID as it works to incorporate dietary quality in its food-aid programming
- IFE-Core Group partners to advocate and raise their agencies' awareness, at headquarters up to frontline workers, of different sectors, including agriculture, food security, WASH, health, and protection, on the use of the OG-IFE, the importance of IYCF-E including CFE, and the critical role these sectors play in meeting the needs of this most vulnerable group
- Advocate for clarity on respective UN agency roles and responsibilities regarding CFE.

Research level

- Develop a research agenda to collect evidence on what and how CFE interventions can help prevent nutritional status decline and evidence on the cost-effectiveness of CFE interventions
- Monitor and document CFE programming to validate context-specific interventions.

Appendix A List of key informants interviewed

Category	Location	Name and position
Donor/Government		
USAID/OFDA	HQ - Washington, DC	Erin Boyd, Nutrition Advisor
USAID/FFP	HQ - Washington, DC	Judy Canahuati, Nutrition Advisor
ECHO	Regional Office Nairobi, Kenya	Marie-Sophie Whitney, Nutrition Expert
Government of the Philippines	Manila, Philippines	Anthony Calibo, Department of Health, IYCF Programme Manager
UN agencies		
UNHCR	HQ - Geneva, Switzerland	Caroline Wilkinson, Senior Nutrition Officer
WHO	HQ - Geneva, Switzerland	Zita Weise Prinzoz, Focal Point, Nutrition in Emergencies and Undernutrition
UNICEF	HQ - New York, NY	Aashima Garg, Nutrition Specialist, focused on Complementary Feeding
UNICEF	Maiduguri, Nigeria	Simon Karanja, NCC
UNICEF	Khartoum, Sudan	Alam Khattak, Nutrition Sector Coordinator
UNICEF	Harare, Zimbabwe	Thokozile Ncube, Nutrition Specialist
UNICEF	Damascus, Syria	Mais Al Obaidy, C4D Officer
UNICEF	Kabul, Afghanistan	Maureen Louise Gallagher, Chief of Nutrition Section
UNICEF	Ndjamena, Chad	Jean Jacques Inchi Suhene, NCC
UNICEF	Islamabad, Pakistan	Syed Saeed Qadir, NCC
UNICEF	East Africa Regional Office. Nairobi, Kenya	Marjorie Volege, Nutrition Specialist Emergency Response
UNICEF	Port-Au-Prince, Haiti	Erlene Mesadieu Coulanges MD, Nutrition Specialist
WFP	HQ - Rome, Italy	Gwenaelle Garnier, Nutrition in Emergencies Officer
WFP	Dhaka, Bangladesh	Samuel Nawaz, Senior Programme Associate, Nutrition
WFP	Cox's Bazar, Bangladesh	Tracy Dube, Nutrition Programme Officer
NGOs		
IRC	HQ - New York, USA	Casie Tesfai, Senior Technical Advisor for Nutrition
IRC	Yemen	Vimbai Chishanu, Nutrition Coordinator
WV	HQ - Canada	Colleen Emary, Technical Advisor, Health and Nutrition
IMC	HQ - Washington, DC	Suzanne Brinkmann, Senior Nutrition Advisor
IMC	Homebased- Netherlands	Iris Bollemeijer, Nutrition Advisor
Concern Worldwide	Homebased-Germany	Regine Kopplow, Senior Advisor Food and Nutrition Security
Goal	HQ - London, UK	Hatty Barthorp, Global Nutrition Advisor
MSF B	HQ - Brussels, Belgium	Kirrily De Polnay, Nutrition Advisor
Samaritan's Purse	HQ - Los Angeles, CA USA	Julie Tanaka, Senior Global Technical Advisor, Nutrition
Save the Children	HQ - London, UK	Alessandro Iellamo, Global IYCF-E Advisor
Action Against Hunger	HQ - London UK	Alexandra Rutishauser-Perera, Head of Nutrition
Consultant	Home based- Lebanon	Linda Shaker Berbari, Consultant
Save the Children	Regional- Amman, Jordan	Christine Fernandes, Nutrition Technical Advisor
ADRA	Caracas, Venezuela	Danielita Mendez, Project Manager Maria Cristina Arenas (translator)
ENN	HQ - Oxford, UK	Marie McGrath, Technical Director, ENN

Appendix B
Complementary Feeding in Emergencies Review: Key Informant Interview Questionnaire

Date and time of Interview:
Name of KI:
Name of KI's Agency:
Position of KI in Agency:
Location of KI:
Interviewer:

Thank you for taking the time to take part in the Complementary Feeding in Emergencies (CFE) Review. The CFE Review aims to identify enablers and barriers to the implementation of the OG-IFE on IFE provisions regarding CFE[16] and to provide recommendations to inform policy and programming. The primary focus of the review is to determine key stakeholder experiences regarding CFE to identify the nature of response in different contexts, any shortfalls in meeting the CF needs of children, and reasons why. The work on the CFE Review includes a literature review and key informants' interviews (KIIs).

This review is being undertaken by ENN, as a member of the IFE Core Group, an interagency collaboration on IFE that produces the OG-IFE on IFE and works to support its implementation. The review is funded by USAID/OFDA. Your experiences will provide valuable context to inform how best we support children in emergencies. All contributors to this review will be acknowledged in the final report and we will welcome your participation in a dissemination webinar on completion.

I have a few questions that I would like to discuss with you. With your permission, this interview will be recorded for use by the interviewer only. Your answers will be confidential. The answers will not be attributed to any agency or person unless you specifically want us to quote you.

Do you consent to take part in the KII which will take about an hour of your time?

Do you have any questions or need further clarification before we start the interview?

I will start by getting to know you a little better. Please state your position and responsibility that you hold.

- Name of the position, years holding position
- Previous experience (history)
- Brief description of position and responsibilities

Question 1: Programme Experiences on CFE

Before we start with your CFE experience, can you please tell me how you and your agency define CFE, what exact activities or packages defines CFE for your agency?

I would like to talk through a couple of examples where you have been involved in CF in an emergency response. Where and when? What was your role?

- Taking this example, was there a coordinating agency on CFE? Which UN agency provided leadership in the response? Was this adequate? What was the role of government?
- How did you decide how to intervene? Was there a CF needs assessment carried out by you/by others?
- What Complementary feeding support did you pro vide or sources and what was the source (*or if a donor, what did you fund?*) How did you decide? Were there other options that you considered or pre ferred that were not possible? Did you provide non-food items or cooking supplies?
- Did you consider/explore locally produced or available Complementary foods?
- Did you have any challenges with importation of Complementary foods?
- Were there any considerations regarding commercial foods, animal milks, collaboration with the private sector, other?
- Did you (or others) consider or provide micronutrient supplementation? Please give details.
- Were there any issues regarding donations? If yes, please explain.
- Did you work with any other sectors around CFE? If yes, give some examples of how you worked together. Did you face any challenges in working across sectors, if so what?
- How was your work on CFE funded in this response? What proportion of funding was for CFE? Any difficulties in resourcing?
- Were there any preparedness plans by you or by others in this response that informed what you or others did?

[16] Page 15 Complementary feeding 5.20-5.28 www.ennonline.net/attachments/2673/Ops-G_2017_WEB.pdf

- In your opinion, was the CFE response adequate to meet the needs of children? If yes, what were the key factors that enabled this (prompts if necessary: preparedness, strong coordination, adequate resources, not a priority by donors/responders, etc). If no, what were the key constraints faced?
- What actions are needed to help improve your role in CF response – by donors, by government, by UN agencies, by partners, by any others?
- Thinking of the other examples that you mentioned, how did they differ or concur with the experience you have just outlined? Are there any additional points you'd like to make from those?

Question 2: Available policies and guidelines on IYCF-E, especially CF within the institution where you work

- Are you aware of the Ops G on IFE and what it states regarding CFE?
- Do you have policy or guidance on or relevant to Complementary feeding in emergencies? If yes, please share.
- To what degree are country programme staff aware of global and agency guidance (is there orientation/ training, etc). *Need to adapt this question if talking to country staff directly.*
- *If a donor, do you have any specific requirements from partners regarding policy provision/adherence?*

Thank you for your time. I will finish the interviews by the beginning of September 2019. In September and early October, we will synthesise the interviews and summarise the findings. We will present the findings of the CFE Review at the IFE Core Group meeting October 28-30. We will also produce a report and recommendations based on the findings and we will share it with you.

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