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MINISTRY OF HEALTH-ETHIOPIA

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Ethiopian Health for Prosperity and Progress

# Guideline for Infant and Young Child Feeding in Emergencies for Ethiopia

September 2021



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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

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# Foreword

Emergencies such as drought, floods, conflict, and disease epidemics often disrupt communities' livelihoods. In such times, it is critical to immediately implement interventions that protect and promote the health and nutrition wellbeing of vulnerable groups' in order to reduce morbidity and mortality. Supporting infant and young child feeding during emergencies (IYCF-E) is one such intervention that saves lives, protects children's nutrition, health and development, and benefits mothers, and the community at large.

This operational guideline on IYCF-E for Ethiopia supports the practical application of infant and young child feeding practices, and the implementation of international marketing regulations for breast milk substitutes during emergencies. The target beneficiaries of this operation guide are children under two years old (0-23 months) and their caregivers, as well as pregnant and lactating women. The target users of this guideline are decision-makers, programme managers, health workers, personnel working with affected women and children, and programme officers working in emergency preparedness and response, including governments, United Nations (UN) agencies, national and international non-governmental organizations (NGOs), donors, volunteer groups and the private/business sector. The guideline is relevant across sectors and disciplines, such as curative services, mental health, and psychosocial support services. It comprises eight strategic objectives highlighting detailed actions at multiple level of results.

I strongly believe that this national IYCF-E guideline will be useful in improving the implementation of maternal, infant, and young child feeding during any form of emergency. I take this opportunity to thank all individuals and organizations that participated in the preparation of this document for their invaluable contribution.



H.E. Dr. Lia Tadesse

Minister of Health

Federal Democratic Republic of Ethiopia

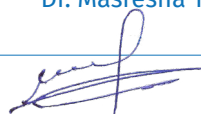
# Acknowledgment

The National Infant and Young Child Feeding in Emergency (IYCF-E) guideline is developed to provide practical guidance to decision makers, programme managers and frontline workers on ensuring appropriate infant and young child feeding in emergencies and integrating nutrition services into emergency response operations. It is developed within the context of, and in compliance with, global and national policies, strategies, programmes and relevant guidelines.

It is the first guideline dedicated entirely to achieving optimal infant and young child feeding in emergency contexts in Ethiopia. This guideline sets out the basics of designing, implementing, and monitoring IYCF programmes during emergencies.

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## Acronyms

<b>AMIYCN</b>	Adolescent, Maternal, Infant and Young Child Nutrition
<b>BMS</b>	Breast Milk Substitute
<b>CMAM</b>	Community-Based Management of Acute Malnutrition
<b>CSOs</b>	Civil Service Organizations
<b>EDHS</b>	Ethiopian Demographic Health Survey
<b>EFDA</b>	Ethiopian Food and Drug Authority
<b>ENCU</b>	Emergency Nutrition Coordination Unit
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FMOH</b>	Federal Ministry of Health
<b>FNP</b>	Food and Nutrition Policy
<b>HSTP</b>	Health Sector Transformation Plan
<b>IDP</b>	Internally Displaced Persons
<b>IMAM</b>	Integrated Management of Acute Malnutrition
<b>IYCF</b>	Infant and Young Child Feeding
<b>IYCF-E</b>	Infant and Young Child Feeding in Emergencies
<b>LBW</b>	Low Birth Weight
<b>NGO</b>	Non-Governmental Organization
<b>NNCB</b>	National Nutrition Coordination Body
<b>NNTC</b>	National Nutrition Technical Committee

<b>NNP</b>	National Nutrition Program
<b>MAM</b>	Moderate Acute Malnutrition
<b>PLW</b>	Pregnant and Lactating Women
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>RUTF</b>	Ready-to-Use Therapeutic Food
<b>QPM</b>	Quality Protein Maize
<b>SAM</b>	Severe Acute Malnutrition
<b>SBCC</b>	Social Behavior Change Communication
<b>SDG</b>	Sustainable Development Goals
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations International Children's Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Program
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

# Definitions

**Artificial feeding:** The feeding of infants with a breast milk substitute.

**Blanket feeding:** The feeding of an affected population without targeting specific groups. (UNICEF, 2012)

**Blanket supplementary feeding:** Blanket supplementary feeding programmes provide food supplements to all members of a specified at-risk group for a specified period of time, regardless whether they have moderate acute malnutrition or not.

**Breast milk substitute (BMS):** Any food (solid or liquid) being marketed or otherwise used as a partial or total replacement for breast milk, whether or not suitable for that purpose (WHO CODE).

**Complementary feeding:** The use of age-appropriate, adequate and safe, solid or semi-solid foods in addition to breast milk for children aged 6-23 months.

**Nutrition Counselling:** A process by which a health professional with special training in nutrition helps people make healthy food choices and form healthy eating habits.

**Donor human milk:** Expressed breast milk voluntarily provided by a lactating woman to feed a child other than her own.

**Early initiation of breastfeeding:** Provision of mother's breast milk to infants within one hour of birth.

**Emergency:** (crisis, disaster) An event or series of events involving widespread human, material, economic or environmental losses and impacts that exceed the coping ability of the affected community, and therefore require urgent action to save lives and prevent additional mortality and morbidity.

**Exclusive breastfeeding:** The infant receives only breast milk without any other liquids or solids - not even water. Exceptions are only made for oral rehydration solutions, or drops or syrups of vitamins, minerals or medicines.

**Feeding equipment:** Syringes, NG tube, feeding cups with spouts, straws or other feeding add-ons, and breast pumps.

**Follow-up formula:** A food intended for use as the liquid part of an optimal diet for infants aged six months and older, and for young children.

**Infant formula:** A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards to satisfy the normal nutritional requirements and physiological needs of infants from birth to six months of age.



**International Code of Marketing of Breast-Milk Substitutes (the Code):** The code adopted in 1981 by the World Health Assembly to promote safe and adequate nutrition for infants by protecting and promoting breast feeding, and by ensuring the proper use of breast milk substitutes wherever these are necessary.

**Low birth weight (LBW):** Weight at birth less than 2500 grams irrespective of gestational age.

**Minimum acceptable diet:** It is a composite indicator comprising the proportion of breastfed/non-breastfed children aged 6-23 months who benefitted from at least minimum dietary diversity and minimum meal frequency during the previous day.

**Non-breastfed:** A child who does not receive any breast milk.

**Optimal infant and young child feeding:** Early initiation (giving colostrum within one hour of birth), exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods, while breastfeeding continues for up to two years of age or beyond.

**Preparedness:** The capacities and knowledge developed by stakeholders to anticipate and respond effectively to the impact of likely, imminent or current hazardous events or conditions.

**Ready-to-use supplementary food (RUSF):** A food supplement to be consumed as part of nutrition programmes to treat Moderate Acute Malnutrition (MAM) in children aged six months and older.

**Ready-to-use therapeutic food (RUTF):** An energy-dense, mineral- and vitamin-enriched formulation specifically designed to treat children suffering from Severe Acute Malnutrition (SAM).

**Replacement feeding:** Feeding a child who is not receiving any breast milk a nutritionally adequate diet until the age at which they can be fully fed the family's regular diet).

**Targeted supplementary feeding:** Programmes that provide nutritional support to individuals with MAM.

**Therapeutic milk:** Specialized product for the management of severe malnutrition in inpatient settings

**Wet nursing:** Breastfeeding of a child by someone other than the child's biological mother.

# Section 1: Introduction

Malnutrition remains a significant public health problem in Ethiopia. According to the 2019 Ethiopian Demographic Health Survey (EDHS), nearly 53% of under-five mortality is associated with malnutrition. Major forms of malnutrition, such as stunting and wasting, are among the highest in sub-Saharan countries. Although there has been a steady reduction in the prevalence of stunting and wasting over the last decades, 37% of children under 5 years of age are still stunted, and 7.2% of them are wasted, according to the 2019 EDHS. The prevalence of both stunting and wasting is higher than the average for Africa which is 29.1% and 6.4%, respectively. Furthermore, the prevalence of wasting, together with its devastating effects worsens during emergencies, requiring immediate nutrition response. Over the years, Ethiopia has experienced several disasters and man-made emergencies such as drought, floods, locust invasions and conflict, resulting in internal displacement and damage to crops and animals. These emergencies put children and mothers at a greater risk of malnutrition, by preventing communities from practicing proper IYCF behaviors and impeding access to essential health and nutrition services.

Therefore, establishing and strengthening programmes that are geared towards the promotion, protection, and support of optimal IYCF practices is essential during emergencies in order to meet the nutritional needs of infants and young children, and protect them from malnutrition. In addition, the multi-faceted nature of factors affecting IYCF in emergency contexts dictates the need for multi-sectoral collaboration and coordination. In response to the repeated natural and man-made emergencies occurring in the country, including COVID-19, there is no better time than now for all sectors to closely work together and ensure that the most vulnerable population - infants - have access to optimal IYCF during emergencies. Hence, this guideline aims to provide practical guidance in designing, implementing, and monitoring effective IYCF interventions on the basis of the global guiding principles of IYCF in emergencies.

## 1.1. Rationale

Promotion and protection of optimal infant and young child feeding is a key strategy to improve child survival and facilitate healthy growth and development. The first two years of a child's life are particularly important, as optimal nutrition during this period can mitigate the morbidity and mortality risks associated with emergencies, while also reducing the risk of chronic disease, and fostering better development. Although there has been enormous effort in promoting optimal IYCF practices in Ethiopia, apart from exclusive breastfeeding (59%), the prevalence of all IYCF practices is low. The determinants range from poor awareness on IYCF to a lack of access to diversified diets. However, in emergency contexts, the absence of a standalone operational guide to promote,

protect and support optimal IYCF practices has also been identified among the underlying causes. All stakeholders, including humanitarian workers, programme managers and health workers, need to have the right knowledge and skills to implement and deliver quality IYCF-E services. Having standard operating procedures when designing, implementing, and monitoring IYCF interventions is essential during emergencies.

Therefore, this operational guideline is meant to fill this gap through adopting a set of global recommendations on IYCF-E. The global policies and guidelines state that in every emergency, it is important to ensure optimal breastfeeding, foster access to adequate amounts of appropriate and safe complementary foods, provide associated support for children, and guarantee nutritional adequacy for pregnant and lactating women. This operational guideline among others adopted the key principles and guidelines from the operational guidance on IYCF-E V 3.0 October 2017, the International Code of Marketing of Breast-Milk Substitutes, 1981, and SPHERE Minimum Standards in Humanitarian Response 2018, and other agency-specific IYCF guidelines developed by WHO, UNICEF and partners. In addition, the guide considers recommendations from the ‘Infant Formula and Follow-up Formula Directive No.30/2016’ of the Ethiopian Food and Drug Administration Authority (EFDA) and the “National Guideline on Adolescent, Maternal, Infant and Young Child and Nutrition of Ethiopia”.

The operational guideline for IYCF-E is designed to provide emergency response actors with practical guidance on IYCF-E through defining eight strategic objectives, along with detailed actions around advocacy, capacity building and multi-sectoral coordination.

## 1.2 Scope

The IYCF-E operational guideline applies to emergency preparedness, response, and recovery interventions, which aim to minimize infant and young child morbidity and mortality risks associated with poor feeding practices, and thereby, maintain optimal child nutrition, health, and development. It provides a practical approach to strengthen implementation of IYCF-E in Ethiopia, on the basis of the global guiding principles of IYCF in emergencies summarized in the diagram below.

# The Ten guiding principles of IYCF-E

**01** Infants born into populations affected by emergencies should normally be

exclusively breastfed from birth to 6 months of age. Every effort should be made to identify alternative ways to breastfeed Infants whose biological mothers are unavailable.

**02** The aim should be to create and sustain an environment that

encourages frequent breastfeeding for children up to two years or beyond

**03** The quantity, distribution and use of breast milk substitutes at emergency sites should be strictly controlled.

3.1. A nutritionally adequate breast-milk substitute should be available, and fed by cup, only to those infants who have to be fed on breast-milk substitutes.

3.2. Those responsible for feeding a breast-milk substitute should be adequately informed and equipped to ensure its safe preparation and use.

3.3. Feeding a breast-milk substitute to a minority of children should not interfere with protection and promoting breastfeeding for the majority.

3.4. The use of infant feeding bottles and artificial teats during emergencies should be act very discouraged.

**04** To sustain growth, development and health, infants from 6 months onwards and older children need hygienically prepared, and easy-to-eat and digest, foods that nutritionally complement breast milk.

**05** Caregivers need secure uninterrupted access to appropriate ingredients with which to prepare and feed nutrient-dense foods to older infants and young children.

5.1. Adequate feeding of Infants and young children can not be assured if the food and other basic needs of households are unmet.

5.2. Blended foods provided as food aid, especially if they are fortified with essential nutrients, can be useful for feeding older infants and young children. However, their provision should not interfere with promoting the use of local ingredients and other donated commodities for preparing suitable complementary foods.

5.3. Complimentary foods should be prepared and fed frequently, consistent with principles of food hygiene and proper food handling.

**06** Because the number of caregivers is often reduced during emergencies as stress levels increase, promoting caregivers' coping capacity is an essential part of fostering food feeding practices for infants and young children.

**07** The health and vigor of infants and children should be protected so they are able to suckle frequently and well and maintain their appetite for complementary foods.

**08** Nutritional status should be continually monitored to identify malnourished children so that their condition can be assessed, treated and prevented from deteriorating further. Malnutrition's underlying causes should be investigated and corrected.

8.1. Special medical care and therapeutic feeding are required to rehabilitate severely malnourished children.

**09** To minimize an emergency's negative impact on feeding practices, interventions should begin immediately. The focus should be on supporting caregivers and channeling scarce resources to meet the nutritional needs of the infants and young children in their charge.

**10** Promoting optimal feeding for infants and young children in emergencies requires a flexible approach based on continual careful monitoring.

### 1.3 Objective

The objective of this operational guideline is to provide practical guidance on the implementation of IYCF interventions in emergencies, with enhanced multisectoral collaboration.

## Section 2: Strategic Objectives

The guideline has eight strategic objectives addressing the different aspects of IYCF-E, including policy enforcement, the establishment of a competent workforce, and strong multi-sectoral coordination during emergencies. It provides specific technical guidance for all personnel administering IYCF services and aims to enhance community engagement for effective IYCF-E programming. The key actions to achieve each strategic objective are presented below.

### Strategic Objective 1: Sensitization and advocacy for enforcement and implementation of relevant policies/guidelines on IYCF-E

There are various global policy and guidelines that state the importance of ensuring optimal breastfeeding, access to adequate amounts of appropriate and safe complementary foods, and provision of nutritional support for pregnant and lactating women during emergencies. Among others, this include the principles of the operational guidance on IYCF-E 3.0 October 2017, the International Code of Marketing of Breast-Milk Substitutes, 1981, the SPHERE Minimum Standard in Humanitarian Response 2018 and various IYCF guidelines developed by nutrition partners.

There are also national guidelines and strategy documents that highlight key recommendations to protect, promote and support optimal IYCF practices. The Ethiopian Food and Nutrition Policy (2018) puts the life-cycle approach at its core, with special emphasis to the first 1,000 days of life, where maintaining optimal IYCF in all contexts becomes mandatory. In addition, the Ethiopian Food and Drug Administration Authority (EFDA), in its ‘new baby food control directive 2021’ and the “National Guideline on Adolescent, Maternal, Infant and Young Child and Nutrition of Ethiopia 2016” acknowledge the fact that children in emergency circumstances have a higher risk of malnutrition, and require special attention and practical support to ensure optimal IYCF is much more essential. However, it takes extensive sensitization and advocacy work to ensure the enforcement of policies and guidelines for effective promotion, protection, and support of IYCF during emergencies.

#### Action 1.1: Create awareness and advocate on global and national policies and guides on IYCF-E

- Sensitize relevant stakeholders and all personnel working on emergency response on existing policies, legislation, and guidelines, by providing orientation and training, preparing policy briefs, and using different platforms as applicable.
- Disseminate the National Code of Marketing of Breast Milk Substitutes/baby food control directive, SPHERE Minimum Standard in Humanitarian Response, 2018, various IYCF guidelines, as well as national food and nutrition policies, strategies, guidelines, and proclamations through various communication channels.



- Create awareness on the need for products such as infant formulas, follow-up formulas and complementary foods to pass through a registration process and obtain a certificate of compliance prior to sale on the market.
- Advocate for enforcement of safety and quality regulations on infant follow-up/special formulas, considering the vulnerability of infants and the health risks associated with formulas.
- Promote and support multi-sectoral coordination among key governmental sectors, UN agencies, NGOs, and relevant stakeholders, for implementation of nutrition-specific and nutrition-sensitive guidelines and strategies.
- Create public awareness and improve knowledge on the importance of proper IYCF-E practices.

### **Action 1.2: Adopt key emergency preparedness and response actions for IYCF-E based on national policies, guidelines and contexts**

Develop a set of key minimum preparedness actions for IYCF-E, which include the following:

- Conduct rapid needs assessment to identify key emergency preparedness and response actions, according to the context and type of emergency.
- Develop and adopt a clear, inter-agency joint statement, and call on multi-sectoral support within agencies' respective spheres of authority.
- Update and adapt the International Code of Marketing of Breast Milk Substitutes to the national context.
- Ensure that health workers have adequate information about infant feeding policies, guidelines, and practices, and that they have the specific knowledge and skills required to support children and their caregivers in all aspects of IYCF in emergencies.
- Develop guidance for the set-up, implementation, and monitoring of mother-baby-friendly spaces and context-specific IYCF-E interventions. Baby-friendly spaces provide an intervention model for holistic programmes to support pregnant and lactating women and their children in emergency situations.
- Prepare key messages on exclusive breastfeeding and complementary feeding, through pre-approved radio spots, leaflets, posters, and any other relevant communication materials.
- Ensure that IYCF-E emergency preparedness and response actions are included in all national and regional emergency preparedness and response plans and across all relevant sectors/agencies.

## **Strategic objective 2: Strengthen the technical capacity of the workforce to protect, promote and support IYCF in emergencies**

Having an adequately motivated, knowledgeable, and skilled workforce at all levels of the healthcare system, and in other relevant sectors involved in IYCF-E, is critical to protect, promote and support IYCF-E in sustainable and effective way. The target group may include government and NGO staff, frontline workers, HDAs and other stakeholders involved in providing IYCF-E response. The provision of formal training and ongoing technical backstopping must be based on standard manuals. Regular monitoring should be in place, to promptly identify and fill skill gaps.

### **Action 2.1: Map existing IYCF-E national and sub-national capacity by sector**

- Conduct a capacity assessment of existing national and sub-national capacity for IYCF-E.
- Establish a national workforce database, along with roles and responsibilities for strengthening IYCF-E. The database will include government staff (across all sectors), UN agencies, NGO staff, and those delivering services at the facility or community level, including frontline workers and community volunteers.
- Forecast human resource needs based on various emergency scenarios and needs assessments.
- Map and mobilize adequate funds for regular capacity building of the IYCF-E workforce.
- Assess and deploy competent IYCF-E/nutrition focal points with clearly defined responsibilities and terms of reference for IYCF-E response.

### **Action 2.2: Develop and adopt standardized training materials (training manuals, job aids, counselling, and advocacy tools) for IYCF-E**

It is imperative to develop and adopt standardized training manuals, simplified reference guides, context-specific counselling tools and Social Behavior Change Communication (SBCC) materials that are in line with the global and national IYCF recommendations, such as advocacy kits, job aids, brochures, posters, flyers, leaflets, and audio-visuials. However, the following key points must be considered when developing the materials:

- Advocacy kits must shed light on the importance of multi-sectoral coordination for IYCF-E, the integration of IYCF-E into existing policies and strategies, and the need for synchronized and harmonized efforts by policy makers, donors, and all stakeholders.
- Job aids to frontline workers must be comprehensive and indicate the type of care and support required for e.g. stressed or traumatised mothers, malnourished infants and mothers, low birth weight (LBW) infants, or mothers and children in special circumstances, such as the COVID-19 pandemic, HIV and others.

- Counselling tools and SBCC materials must be context-specific, considering the heterogeneity of barriers and bottlenecks to IYCF.
- Audio-visuals must be used for the easy delivery of messages and community sensitization.
- SBCC materials must be well coordinated with other sectors for harmonized and immediate emergency response.
- Training manuals must be prepared or updated based on cadre level, roles and responsibilities, and services to be provided. For example, materials for a manager might focus on key aspects of IYCF programming, such as design and planning, whereas materials for health service providers might focus on key issues linked to service provision.
- Ensure harmonization of training manuals and organizations use the same materials with pictures/drawings adapted to the regions where they work in refugees and IDPs settings.
- Mainstream IYCF-E into existing integrated refresher training (IRT) modules and training packages related to health and nutrition programmes, as well as into other relevant sectors.
- Integrate IYCF-E into the pre-service training curriculum of relevant cadres, such as medical doctors, nurses, midwives, nutritionists.

**Key IYCF-E topics for inclusion in current training packages as applicable:**

- Optimal infant young child feeding.
- Protect, Promote and support IYCF during emergencies
- BMS Code monitoring and reporting.
- National infant formula and baby food directives.
- Acceptable medical reasons for the use of a Breast Milk Substitute (BMS)
- Dangers of artificial feeding in emergency settings and how to minimize its risks.
- Common myths and misconceptions on IYCF.
- IYCF during public health emergencies/ infectious disease outbreaks, including COVID-19.
- Referral pathways.

**Action 2.3: Train and sensitize relevant personnel across sectors to protect, promote and support IYCF-E**

- Based on the findings of the capacity needs assessment indicated under Action 2.1, develop a capacity building implementation plan.
- Train personnel involved in planning and delivering the emergency response, including government staff, implementing agencies, rapid-response personnel, and frontline staff in the health and other sectors.

- Provide orientation on key IYCF-E concepts for other sectors and actors involved in emergency preparedness, response, and recovery, including agriculture, health, WASH, education, social protection, camp managers, communication teams, logisticians, the media, and volunteers.
- Raise awareness on IYCF-E among crisis-affected populations.

The following diagram summarizes the scope of IYCF-E training at different levels and by cadre:

Experts at national, regional, zonal and woreda levela

- IYCF-E training focusing on effective IYCF-E programming, coordination, and implementation must be provided to Food and Nutrition implementing sectors, food, and nutrition development partners (UN agencies, NGO, CSOs, donors) and privates sectors.

Experts at national, regional, zonal and woreda levela

- Health workers at hospital and health center level must be trained on IYCF counselling and management of breastfeeding complications and feeding options.
- IYCF during public health emergencies/ infectious disease outbreaks- In-patient management of acute malnutrition with a stronger focus on infant feeding needs.
- The new directives of EFDA on the regulation of formula milk and follow up formula (BMS Code) and how to monitor and report BMS Act 2013 violations.
- Health workers should provide supportive supervision to HEW to ensure quality IYCF-E counseling and promotion at the health post level.

Experts at national, regional, zonal and woreda levela

- HEWs should be trained on misconceptions around breastfeeding, assessing a mother-baby pair, provision of basic support to breastfeeding mothers in difficult circumstances, identification and referral of infants in need of special feeding.
- Other front-line workers (AEWs, teachers, social workers, etc) must be oriented on the basic concept of optimal IYCF, misconceptions around breastfeeding, referral pathways, monitoring and reporting of BMS Act 2013 violation.
- HDAs, mother-to-mother support groups, religious and clan leaders must be sensitized on optimal IYCF practices, misconceptions around breastfeeding, assessing a mother-baby pair and on dangers of infant formula.
- The main role of HDAs in IYCF-E will be to deliver messages related to the emergency. In regions where the HDA system is not in place, mother-to-mother support groups could be used as HDA.

#### **Action 2.4: Establish a mentorship programme and continued capacity building for IYCF-E**

- A mentor should be a trained professional with substantial expertise in protecting, promoting and supporting IYCF-E. She or he can provide ongoing mentoring to less experienced IYCF-E service providers by responding to questions, reviewing clinical cases, providing feedback, and assisting in case management.
- Some mentors may be peers, while others may even be subordinate to the mentee. Both partners should provide mutual support and share lessons learned over the course of their careers.
- The mentoring relationship represents an important relationship for the mentee, as it supports and facilitates her or his professional development. Mentoring should occur during site visits, as well as via ongoing phone and email consultation.
- Progress is measured in terms of the translation of knowledge and skills into improved patient care and clinical outcomes.
- In addition to mentorship, on-the-job training can be delivered to frontline workers to ensure quality of IYCF-E services. A standard on-the-job mentoring checklist is required to lead sessions and ensure the core IYCF-E technical elements are addressed.
- The IYCF-E workforce database should incorporate a list of IYCF-E mentors.

### **Strategic Objective 3: Protect, promote, and support optimal IYCF-E by delivering integrated health and nutrition services**

Infants and children are the most vulnerable victims of natural and human-induced emergencies. The acute nature of emergency situations challenges optimal feeding practices and may increase the likelihood of stopping breastfeeding. It may also increase the risks of artificial feeding and inappropriate complementary feeding (CF), with potentially devastating short- and long-term implications such as malnutrition, illness, and mortality. The additional burden placed on the affected population, paired with the unique challenges of emergencies, may necessitate more flexible and innovative approaches. Responses in emergency contexts need multi-sectoral coordination and support. The health sector plays the crucial role of coordinating key intervention for IYCF in emergencies through different contact points and services.

#### **Action 3.1 Optimal Breast Feeding in Emergency Context**

The best food for all infants in exceptionally difficult circumstances is their mother's milk. Given the multiple benefits that accrue from breastfeeding, breast milk can only be replaced when the mother is absent or unable to breastfeed, or when breastfeeding is medically contraindicated. Initiation of breastfeeding within an hour of birth, exclusive breastfeeding for the first six months of life, continued breastfeeding until two years and beyond are very important actions for infant nutrition and health in difficult circumstances, because breastmilk is safe, acceptable, and affordable. Therefore, the following actions need to be implemented to protect, promote, and support breastfeeding during emergencies:

- Ensure that health workers have accurate and up-to-date information about infant feeding policies, guidelines, and practices, and that they have the specific knowledge and skills required to support children and their mothers or caregivers in all aspects of IYCF in emergency situations.
- Strengthen education and the dissemination of accurate information on the value of breastfeeding in emergency settings, and the heightened risks associated with the use of breast milk substitutes in emergencies.
- Unless medically advised, avoid separating mothers and their infants, and facilitate continued feeding and care.
- Identify and document breastfeeding support interventions in emergencies, to track progress and share lessons learned.
- Facilitate and create a conducive environment (e.g. a breastfeeding corner or tent) for breastfeeding, especially in culturally sensitive conditions.
- Provide appropriate maternal nutrition services, nutrition screening and counselling, acute malnutrition management, cooking demonstrations and nutritional follow-ups.
- Ensure mothers in emergency situations are linked with social protection programmes (PSNP, TSFP, BSFP, GFD, etc)
- Ensure maternal nutrition services are delivered through integration with other maternal health services contact points, such as ANC, delivery, PNC, or FP.



- Ensure the involvement of NGOs, UN agencies and all relevant sectors in advocacy, communication, and support for optimal breastfeeding in emergency contexts.
- Implement the BFHI standards for the protection and promotion of breastfeeding and provide the necessary support to prevent spill overs of artificial feeding.
- Monitor the national Code of Marketing of Breast Milk Substitutes, and report violations to the relevant authorities to ensure that emergencies are not exploited for commercial interests.
- Ensure the early detection and management of acute malnutrition. Conduct nutritional screenings using weight-for-height, oedema and MUAC, and check for ineffective feeding, recent weight loss or failure to gain weight, and medical complications.

### **Action 3.2 Optimal Complementary Feeding (CF) in Emergency Context**

After six months of age, nutritionally adequate, complementary foods that are prepared hygienically and, in an age, -appropriate manner should be introduced. Complementary feeding (CF) response in emergencies should start with assessing context-specific factors affecting IYCF in a specific setting. Response measures should also comply with the Code and with the *“WHO Guidance on ending inappropriate promotion of foods for infants and young children”*. Factors such as the availability of food products, maternal nutrition status, WASH facilities, market conditions and national legislation related to food and drugs are also particularly important.

The following key actions are important to improve CF practices in emergency settings:

- Counsel and advise mothers, caretakers, and family members to support appropriate CF practices.
- Promote continued breastfeeding up to two years of age and beyond.
- Demonstrate food preparation to ensure that meals are prepared hygienically and meet adequate nutrient and energy density requirements.
- Promote the production and use of fortified and bio-fortified foods, e.g. fortified blended foods, iodized salts, ‘point of use’ fortificants, micronutrient powders, QPM, iron-rich beans, OFSP, etc.
- Provide affected families with resources to prepare adequate and nutritionally valuable complementary food such as food raw materials, cooking utensils and fuel and cooking utensils.
- Ensure emergency-affected populations have access to culturally appropriate food aid through food vouchers or the direct provision of food rations.
- Support the market availability of nutrient-dense foods to be linked with the voucher system.
- Supply tools and seeds to enable the cultivation of nutritionally valuable complementary foods for the recovery period.
- Strengthen linkage between agriculture and nutrition programmes to enhance the availability of quality complementary food for children.
- Enforce the current legislation on fortified and industrially processed food.

### Action 3.3 Strengthen Micronutrient Supplementation and Food-Based Approaches in Emergency Context

During emergencies, infants are highly exposed to malnutrition and micronutrient deficiencies, due to inadequate access to diversified food and preventive nutrition services. Unless accompanied by different approaches, such as food-based approaches, food fortification and micronutrient supplementation services, IYCF interventions alone will not tackle the problem.

Specific actions for micronutrient supplementation and treatment include:

- Provide vitamin A supplementation and treatment as per the national guidelines. In emergency situations, the minimum recommended interval between doses for the prevention of vitamin A deficiency is one month. It is not necessary to conduct vitamin A deficiency assessments.
- In emergency settings, it is not necessary to conduct vitamin A assessments. If any of the following criteria are met, all children 6 months to 5 years of age should receive vitamin A supplements:
  - The population originates from an area that is known or presumed to be deficient in vitamin A
  - Vitamin A supplementation programmes were ongoing pre-emergency
  - Clinical signs of vitamin A deficiency (night blindness, Bitot's spots, corneal scarring) were present in the population in pre-emergency population surveys.
  - Malnutrition and/or diarrhoeal diseases are currently prevalent.
  - Measles has been identified in epidemic proportion.
- Provide iron and folic acid supplementation to pregnant and lactating women and treat anaemia in children, and adults..
- Promote the use of insecticide-treated nets (ITN) in malaria endemic areas
- Treat children with diarrhoea using zinc with ORS.
- Deworm pregnant mothers beginning from the second trimester of pregnancy with single dose of albendazole.

Specific actions for food-based approaches:

- Promote the production and consumption of culturally accepted, diversified and nutrient-rich foods during emergency set-ups. Vegetables and fruits are good sources of micronutrients like vitamin A, folate, zinc, etc. Sources include dark orange or dark yellow fruits and vegetables, such as papayas, mangos, pumpkins, carrots and yellow or orange sweet potatoes, as well as dark green leafy vegetables. Breast milk, egg yolks, organ meats (such as liver), whole milk, milk products and fish are also foods rich in micronutrients.

- Promote the production, distribution, and consumption of culturally accepted, safe and high-quality bio-fortified and fortified foods.
- Promote and support the inclusion of nutrient-rich commodities in food aid rations such as egg, fruits and vegetables through fresh food vouchers, the provision of fortified blended foods, and point-of-use fortification using multiple micronutrients.

### **Action 3.4. Adaption of Optimal IYCF Actions in the Context of Different Infectious Diseases**

Infectious diseases remain one of the leading causes of death during emergencies and their contribution to malnutrition greatly increases during emergencies. This is due to a lack of information, as well as misunderstandings and misconceptions around the right IYCF actions in the context of different infectious diseases.

Specific actions and recommendations:

- Train or orient programme managers and officers, and frontline workers on general IPC measures.
- Avail infection prevention and control (IPC) operation guides in emergency settings and ensure compliance.
- Avoid/minimize cross-contamination during food preparation and child feeding.
- Use Personal Protective Equipment (PPE) and disinfectants/antiseptics at the service delivery point.
- Promote optimal breastfeeding while taking necessary precautions during various infectious disease outbreaks, including Cholera/AWD, COVID-19, Ebola and others (*see annex--- for specific recommendations*).
- Promote complementary feeding while ensuring recommended hygiene. Wash hands at ALL critical moments: before eating, handling food or feeding a child, after visiting the toilet, and after touching baby faces.

For a detailed adaptation of IYCF-E in the context of different infectious diseases, please refer to the following documents and consult relevant senior staff for up-to-date advice:

1. Infant & Young Child Feeding in The Context of COVID-19 Brief No. 2 (v1) (March 30th, 2020) by UNICEF
2. PMTCT guideline
3. HIV and infant feeding in emergencies: operational guidance by WHO and UNICEF, 2018
4. Guidelines for the management of pregnant and breastfeeding women in the context of Ebola virus disease, WHO, February 2020
5. Management of Cholera and Infant and Young Child Feeding

## **Strategic Objective 4: Minimizing the Risks of Artificial Feeding among Non-breastfed children**

Taking into consideration the risks associated artificial feeding, it should be considered as a last resort feeding option. It is an intervention that should only be undertaken when absolutely needed, as it requires the involvement of expertise in infant and young child feeding, as well as a significant commitment of logistics and resources, medical support, and close monitoring. As children have the highest malnutrition risk in the first six months of life, minimizing the risks of artificial feeding in emergencies, where a proportion of infants are already artificially fed, is essential.

In meeting the needs of non-breastfed infants, it is important that the protection and support of breastfeeding is not undermined. Therefore, the overall impact of artificial feeding programmes on breastfeeding practices needs to be considered to counteract any negative impacts. The aim of technical interventions in this area is to provide necessary support to minimize the risks associated with artificial feeding – so making artificial feeding feasible, affordable, sustainable, and as safe as possible in the given circumstances.

To minimize the risks of artificial feeding, one should consider the following critical conditions and recommended actions:

- Develop plans for the prevention and management of donations of BMS, other milk products and feeding equipment in emergency contexts.
- Use scenarios to forecast potential artificial feeding needs in emergency-affected populations, and develop preparedness plans accordingly.
- Establish systems for the management of artificial feeding, including a coordination authority (or at least terms of reference), a BMS supply chain and monitoring mechanisms.
- Ensure the BMS is registered and authorised by the Ethiopian Food and Drug Authority or any other food regulatory body.

### **Action 4.1 Special Support to Meet the Nutritional Needs of Non-Breastfed Infants and Children**

- Quickly explore the viability of re-lactation.
- If these options are not acceptable to mothers/caregivers, or not feasible to deliver, enable access to a safe supply of an appropriate BMS, accompanied by essential support packages.
- Provide IYCF-E support services for infants who are not breastfed and their caregivers.

## Action 4.2 Management of Artificial Feeding

- Conduct an artificial feeding risk assessment and critical situational analysis, informed by technical guidance, to determine the human resources needed to manage artificial feeding, BMS supply chain availability and associated support services.
- Ensure that measures to prevent product leakage and spill overs of artificial feeding to the host population, as well as within the emergency-affected population, are in place.

### Action 4.2.1 Planning

- Identify infants in need and estimate the amounts of BMS needed. Define procurement and storage procedures, as well as distribution and disposal methods, while also educating caregivers and communicating with donors.

### Action 4.2.2. Procurement

- Buy products according to the need's assessment.
- Ensure the product is not close to its expiry date and that it is procured or supplied from a recognized, registered source with acceptable quality and content standards.
- If purchasing formula, buy a variety of locally available brands to avoid promoting any one brand.
- Re-label with instructions in local languages if necessary.
- Ensure each recipient infant is guaranteed a full supply for at least six months, and milk in some form thereafter.

- Provide the needed fuel, water, and utensils for the home preparation of artificial feeds.

### Action 4.2.3 Storage

- Follow storage best practices to maintain the safety and quality of the product.
- Keep appropriate records regarding product distribution for traceability, and to control misuse and leakage.
- The milk should not be mixed with other non-food items, or exposed to physical damage.
- There shall be a secured quarantine area for damaged and expired products to be stored till disposal or other actions.

### Action 4.2.4 Distribution

- Do not include breast milk substitutes in general or blanket distribution.
- Identify feasible distribution points, like baby centres, health care centres or MCH sites, and distribute at regular, short intervals (for example weekly).
- Authorize distributors to follow up with infants and encourage the engagement of community health workers, or mother-to-mother support groups in the absence of health workers.
- Check that each infant receives at least six months' supply (unless breastfeeding is resumed) and is growing adequately.

### Action 4.2.5 Educate mothers/caregivers

- Educate mothers/caretakers on the importance of BMS, the reason why they are provided with it, and how to use it.

- Communicate through trained staff using recommended media and local languages.
- Conduct house-to-house follow-up visits to ensure mothers/caretakers are following the guidance.

Explain to mothers/caregivers how to use dry or liquid milk products as complementary food in children over 6 months of age and advise against their use as a BMS.

#### Action 4.2.6 Disposal

- If the BMS is damaged or expired, or not handled properly as per the instruction of the manufacturer, report this to the EFDA or any other relevant regulatory body for disposal or other actions.

#### Action 4.2.7 Communication

- If there is any problem related to donations and procurement, inform the provider and the local EFDA or health authority to obtain replacements and prevent future problems.

#### Action 4.2.8 Monitoring

- Record the number of infants identified as in need of artificial feeding, and the criteria used for recording.
- Ensure that the amount of formula received and used, as well as leakages, spill overs and disposals are recorded.
- Monitor and report violations of the Code and monitor health outcomes in infants.

### Action 4.3 Prevention of Inappropriate, Unsolicited and Indiscriminate Donations of BMS

If supplies of infant formula are widely available and unregulated, there may be spill overs. This means mothers who would otherwise breastfeed are instead encouraged to artificially feed. As mothers reduce or stop breastfeeding, their breast milk production diminishes and may come to a halt due to lack of stimulation. Therefore, mothers and their infants become dependent on infant formula. If supply is unreliable, they are put at risk of malnutrition, in addition to the health risks of artificial feeding. Large donations may come from companies who, by donating formula to crisis areas, intend to create a new market for the later sale of their products to the emergency-affected population or the host population.

Key recommended actions to avoid unsolicited, unwanted, and indiscriminate donations of artificial feeding in emergencies:

- Avoid donations of BMS, other milk products or feeding equipment (including bottles, teats, and breast pumps) in emergencies.
- Establish a clear position and prepare a joint statement on BMS donations during planning and at the early stages of emergency response. Investigate the reasons for donation requests to inform messaging and assessment.
- Identify and inform potential donors and distributors on the risks associated with donated supplies in emergencies. Provide information on how the nutritional needs of non-breastfed infants could be met. Give guidance on appropriate alternative items or ways to offer support.



- Report offers or donations of BMS, donor human milk, complementary foods and feeding equipment to the EFDA and Ministry of Health, as appropriate.
- Prevent supplies of donor human milk when it is not based on identified needs and there is no coordinated supply system. The safe use of donor human milk requires needs assessments, appropriate targeting, a cold chain, and strong management systems.
- Establish terms of reference, responsibilities, and roles for artificial feeding management. Set up appropriate procurement, distribution and targeting systems for the use of BMS, and ensure support (artificial feeding management) in close consultation with the responsible section in the Ministry of Health.
- Ensure the existence of adequate capacity in government bodies and humanitarian actors/agencies for the management of artificial feeding.

## **Strategic Objective 5: Recognize and support the special needs of pregnant and lactating women**

Women are particularly vulnerable to undernutrition due to their increased nutrient requirements, both for their nutritional wellbeing and their infants. During pregnancy, women require an additional 285 kcals/day, and the calorie requirement increases during lactation to an additional 500 kcals/day. Additionally, an adequate intake of iron, folate, vitamin A and iodine is particularly important for the health of women and their infants. Therefore, ensuring the availability and accessibility of essential maternal health and nutrition services should be the main component of preparedness and response plans.

### **Action 5.1 Avail essential pregnancy interventions during emergencies**

- Provide free ITNs to all households with pregnant women.
- Facilitate the early identification of pregnancy (within the first month of pregnancy) and attendance of at least eight ANC sessions.
- Sensitize community and household members on the importance of care and support for pregnant women, including one additional meal per day during pregnancy.
- Ensure the availability and utilization of essential laboratory tests and recommended vaccinations as per the national ANC guideline.
- Conduct regular nutritional screenings in line with national guidelines and standards. Provide breastfeeding and nutrition counselling to all pregnant women.
- Ensure the availability of daily oral iron and folic acid (IFA) supplements, and compliance with supplementation as per the national guideline, with adequate counselling on its importance and side effect management.
- Provide deworming services (during the second trimester) as per the national guideline.
- Provide skilled delivery services for all pregnant women through building the capacity of health workers and improving the readiness of facilities.

### **Action 5.2 Avail postpartum interventions during emergencies**

- Ensure that all postpartum women get regular postnatal care as per the national guideline.
- Support mothers to initiate breastfeeding within one hour of the baby's birth.
- Provide breastfeeding and nutrition counselling during postpartum care.
- Conduct regular nutritional screenings in line with national recommendations.

- Ensure that community and household members are informed of the importance of eating two additional, diversified meals per day while breastfeeding, as well as the need for adequate rest.
- Provide psychosocial support to prevent postpartum depression, especially among women who have lost their baby during birth.

### **Action 5.3 Ensure the provision of essential care for newborns infants in emergencies**

- Implement delayed clamping of the umbilical cord after birth for 2-3 minutes, until cord pulsation ceases.
- Ensure skin-to-skin contact after delivery and initiate breastfeeding within one hour of birth.
- Refer low birth weight babies (<2,500 grams) for special care.
- Counsel the mother to feed the baby only breast milk for the first six months.

### **Action 5.4. Provide emergency food assistance and link pregnant and lactating women with livelihood programmes**

- All pregnant and lactating women should be targeted for blanket supplementary feeding programmes.
- All pregnant and lactating women who are undernourished should be included in the targeted SFP, regardless of their age or stage of pregnancy.
- In situations where nutritional needs are not met, advocate for a general ration, appropriate in quantity and quality.
- In situations where food for the general population is not sufficient, consider children under-five and pregnant and lactating women as a priority target group.
- As part of emergency response and recovery efforts, social protection and livelihood support programmes must be in place to protect the wellbeing of poor and vulnerable households with pregnant and lactating women.
- The vulnerability and special needs of pregnant and lactating women must be taken into account when deciding on the type and level of support, as well as during beneficiary prioritization, and while setting the conditions for cash, in-kind, or other types of support.
- Optimal IYCF-E practices could be encouraged in several ways, such as via exempting pregnant and lactating women from public works until their children turn two years old, creating linkages with essential health and nutrition services, and increasing the scope of assistance for pregnant and lactating women, in light of their additional nutrient needs.
- Ensure the presence of a strong monitoring and reporting system to ensure children and pregnant and lactating women are benefiting from these developments.

### **Action 5.5. Psychosocial and Mental Health for Pregnant and Lactating Women**

- Multiple studies have documented a correlation between pregnancy outcomes such as premature births, stillbirths and low birth weight, and the suffering that emergencies and displacement provoke in pregnant women. Furthermore, stress in mothers may also result in a temporary decrease of breast milk production. Pregnant and lactating women therefore need intensive psychosocial support.
- Based on the degree of suffering, focused and specialized mental and psychosocial support should be arranged for pregnant women. Specialized services may include clinical services provided by mental health professionals.
- Facilitate community self-help and social support groups, and integrate mental health and psychosocial support components, such as discussion groups and individual counselling.
- Facilitate conditions for appropriate, communal, cultural, spiritual, and religious healing practices.

### **Action 5.6. Support women's empowerment**

- Assess and identify context-specific barriers and bottlenecks to women's empowerment during emergencies.
- Promote women's social and economic empowerment and ability to have equitable decision-making power by implementing context-specific interventions such as:
  - Establishing women's savings and credit groups
  - Facilitating unconditional cash transfer for pregnant and lactating women
  - Creating context-specific income generation opportunities
  - Facilitating community dialogue to challenge harmful cultural norms and practices
  - Supporting the access to time and labour-saving technologies for pregnant and lactating women during emergencies.
  - Ensuring men, grandmothers and other household members support women empowerment initiatives. This can be achieved by creating awareness in the community on the importance of women's empowerment.

## Strategic objective 6: Coordinate multi-sectoral operations for IYCF-E

During emergencies, many factors can increase risks related to IYCF. These factors include poor access to safe water for drinking and preparing food, lack of safe and peaceful spaces for breastfeeding, poor access to adequate complementary foods, poor maternal (mental) health, separation of mothers and infants, and the lack of child protection systems. These multi-faceted factors dictate the need to mainstream the IYCF-E agenda into existing nutrition-related coordination platforms (ENCU, NTWG, nutrition cluster coordination, NNCB, NNTC), and establish accountability mechanisms for an effective IYCF-E response.

Overarching strategies and actions:

- Advocate for the inclusion of IYCF-E into other relevant sectors policies, strategies, and guidelines.
- Conduct joint needs assessments and consider the needs and vulnerability of pregnant and lactating women and 0-23 months old children.
- Ensure the IYCF-E agenda is addressed and discussed on existing coordination platforms.
- Organize orientation sessions and training on IYCF for relevant staff or integrate IYCF into existing training curricula.
- Ensure joint planning, implementation, and monitoring.
- Develop clear referral procedures between IYCF and other sector programmes and ensure staff in relevant sectors is aware of available programmes and key criteria for referrals.
- Nominate IYCF-E champions in different sectors to strongly support and advocate for IYCF, especially during coordination at the early stages of emergencies.

### Action 6.1. Main Sectors and Key Roles and Responsibilities



#### Action 6.1.1. Ministry of Health

IYCF is one of the main interventions within the health and nutrition sector. Failing to integrate it with other health and nutritional services, however, leads to plenty of missed opportunities, particularly in the context of emergencies. Therefore, each and every time a mother and her child access health and nutrition services should be used as an opportunity to promote optimal IYCF in emergencies.

Specific actions:

- Develop and update IYCF-E guidelines, training manuals, job-aids, and other tools.
- Ensure that health workers and health extensions workers have adequate knowledge and skills to provide IYCF counselling in emergency contexts.
- Lead coordination among relevant stakeholders for improved IYCF-E during emergencies, including coordination of IYCF-E technical working groups and establishing a joint interagency statement on IYCF-E.

- Conduct advocacy, training, and sensitization on IYCF-E.
- Provide IYCF counselling during antenatal and postnatal care, delivery, immunization, family planning and when mothers visit health facilities for other health services.
- Establish baby-friendly spaces in health facilities, IDP sites, emergency camps to create a favorable environment for mothers/caretakers to take care of their infants in emergency contexts.
- Ensure health facilities follow the international code of BMS.
- Conduct adequate screenings for the early identification and treatment of malnourished infants.
- Ensure that infants have continued access to preventive nutrition programmes and micronutrient supplementation services during emergencies.
- Conduct context-specific communication activities to ensure adequate community awareness on IYCF in emergencies.
- Conduct rapid nutritional assessments/surveys.
- Establish a human milk bank at specialized hospitals to support infant feeding during emergencies.
- Ensure the availability of nutrition supplies for emergency response.
- Promote the use of safe and clean water, sanitation, and hygiene practices during emergencies, such as by establishing temporary sanitation facilities.
- Implement baby WASH interventions, including safe and sanitary spaces for exploration and play, and clean and protected spaces for eating.

### Action 6.1.2. Ministry of Education



During emergencies, the education sector can contribute to optimal IYCF in emergencies through interventions such as provision of learning opportunities for the caregivers of infants and young children, and early child development activities for children up to two years of age.

Actions for IYCF in the education sector include:

- Protecting the right of pregnant and lactating women and caregivers of infants and young children to access continued learning and establishing alternative education programmes during emergencies.
- Conducting focus group discussions with teachers and school children on nutrition and IYCF-E issues.
- Engaging parent teacher associations (PTAs) as part of community consultations, and as key community actors in identifying challenges and solutions related to IYCF-E.
- Engaging children's clubs in community mobilization opportunities and the provision of key messages and information on IYCF-E through poems, drama, songs, stories, and other methods.
- Conducting participatory IYCF behavior change communication activities at schools, such as complementary feeding demonstrations and school gardens.

### Action 6.1.3. Ministry of Agriculture



The special needs of infants must be considered in food-based emergency responses. The focus should be on fulfilling their nutrient needs, as opposed to only meeting their daily calorie requirements.



Specific actions for the agriculture sector:

- Promote the production and consumption of diversified and nutrient-dense foods during emergencies.
- Establish food processing and transformation facilities to ensure the year-round availability of nutrient-dense and diversified food for children and pregnant and lactating women.
- Procure the raw food materials needed for the production of complementary foods, in order to ensure the availability of complementary food for infants during emergencies.
- Prioritize households with children under-two and female-headed households in emergency livelihood interventions, such as seeds provision, livestock restocking, etc.
- Ensure effective access and inclusion of pregnant and lactating women and children in food assistance programmes.
- Establish and strengthen cash transfer and conditional voucher programmes that include age-appropriate and nutritious foods for pregnant and lactating women and infants aged 6-23 months.
- Promote optimal IYCF practices through agriculture development agents and in collaboration with health extension workers.

#### Action 6.1.4. National Disaster Risk Management Commission (NDRMC)



- Organize joint needs assessments to gather relevant IYCF, nutrition, food security and livelihoods data, to be used when designing emergency responses.

- Adequately respond to food and nutrition emergencies within 72 hours of onset.
- Encourage and coordinate development of emergency guides on food, nutrition, health, and WASH services.
- Provide food, and nutrition assistance to internally displaced people and refugees, with special attention to children under two years of age and pregnant and lactating women.
- Develop preparedness and response plans that address food and nutrition issues during and after emergency phases.
- Introduce real-time monitoring and reporting for food and nutrition emergencies.
- Strengthen/Establish functional TSFP in emergency-affected areas.

#### Action 6.1.5. Ministry of Water, Irrigation and Energy



In emergency settings where water supply infrastructures are disrupted or not well established, temporary water supply sources should be in place. Infants are the most vulnerable to diarrheal illnesses, and greater hygienic care is needed to maintain their nutrition and health status. Therefore, they should be prioritized in any WASH interventions, especially during emergencies.

Specific actions:

- Ensure the improved access to safe and clean water for proper IYCF in emergencies. Build safe water schemes, provide water rations during emergencies, provide safe water at health facilities and other institutions, and regularly treat water points.

- Conduct hygiene promotion activities and distribute hygiene kits to pregnant and lactating women and households with children under two years of age.
- Ensure WASH facilities are available in households, communal latrine points, health facilities, schools, emergency settings, etc.

#### Action 6.1.6. Ministry of Women, Children and Youth Affairs

The sector is mandated to ensure gender equality and protect the rights and privileges of children. As such, it is expected to play a key role in creating an enabling environment for families to exercise proper IYCF-E practices.

The sector's key roles and responsibilities include the following:

- Identify ways for pregnant and lactating women and children to be safe and protected while accessing nutrition services, such as food distribution.
- Prevent separation and keep infants and young children together with their parents or other caregivers. Prioritize keeping breastfeeding mothers/caregivers and children together.
- Assess and coordinate appropriate nutrition support for separated and orphaned children and ensure their referral to family tracing and reunification services.
- Support the establishment of baby-friendly, safe spaces for mothers/caretakers to exercise proper IYCF-E practices.
- Incorporate a gender analysis as part of the regular nutrition situational analysis, with a focus on the needs, priorities and roles of men and women.

- Prevent, protect, and respond to gender-based violence in emergency contexts, with special focus to pregnant and lactating women and caregivers.
- Establish emergency day care centers.

#### Action 6.1.7. Ministry of Labor and Social Affairs

The primary role of the sector is to prioritize households affected by nutrition emergencies for food or cash-based assistance, and place special emphasis on households with children under two years of age and pregnant and lactating women.

- Ensure emergency-affected populations have access to productive employment and decent income sources.
- Enable families through livelihood programmes/PSNP to have the financial capacity to follow proper IYCF practices.
- Ensure that vulnerable households affected by malnutrition and/or nutrition emergencies are adequately targeted by safety net initiatives.
- Link pregnant and lactating women and families having children under two years of age to IYCF counselling and other nutrition services, as a soft conditionality measure to receiving cash/food-based assistance.
- Exempt pregnant and lactating women from public works and encourage them to provide adequate IYCF care for their children.
- In collaboration with the agriculture sector, establish cash transfer/voucher programmes, including conditional vouchers for appropriate, nutritious foods for pregnant and lactating women and children aged 6-23 months.

- Provide nutrition education during public works and other safety net-related community gatherings.

#### Action 6.1.8. Ministry of Trade and Industry

- Ensure the quality and safety of locally produced, as well as imported emergency food items as per the national standard.
- Facilitate quick and smooth operations for importing emergency food items.
- Support the private sector to produce nutritious baby foods in line with the national standard.
- Prevent and control the illegal marketing of emergency therapeutic foods like BMS, Plumpy Nut, etc.

#### Action 6.1.9. Ethiopian Food and Drug Authority (EFDA)

- Ensure BMS Code monitoring and reporting systems are in place, and immediately act on any reports of Code violation.
- Monitor the quality of donated food and nutrition supplies during emergencies; donations should not be accepted and require reporting and appropriate action.
- Set standards and enforce legislation pertaining to food products during emergencies.
- Enforce the implementation of the International Code of Marketing for Breast Milk Substitutes, regulations on infant and follow-up formula, and complementary food directives.
- Conduct emergency food quality and safety monitoring.

- Ensure the safety and quality of food imported and distributed for emergency response.

#### Action 6.1.10. Ethiopian Public Health Institute (EPHI)

- Conduct regular emergency food, nutrition, and disease surveillance.
- Conduct impact assessment of emergency responses and provide an evidence base for effective emergency programming.
- Build the capacity of emergency programme implementing bodies to improve their emergency response monitoring and evaluation, and conduct data collection and analysis.

#### Action 6.1.11. Food and nutrition development partners working in emergency contexts

- Ensure all emergency staff is trained and aware of the IYCF-E operational guideline.
- Emergency response programmes must be in line with the IYCF-E operational guideline, and other national nutrition guidance documents.
- Develop and implement emergency response plans or coordination structures to effectively target and reach those most in need.
- Comply with the Code of Marketing of BMS and national directives to protect the rights of breastfeeding mothers.
- Provide the required support to government, and implement context-specific IYCF-E response such as emergency needs assessments, food assistance programmes, behaviour change interventions, establishing breastfeeding corners, etc.

- Ensure that emergency IYCF responses are linked with sustainable solutions for developmental nutrition.
- Provide support to strengthen coordination and collaboration among actors, to enhance effective participation of key stakeholders, and optimize the use of resources.
- Engage with development partners to leverage resources and streamline efforts for maximum impact.
- Conduct resource mobilization and closely work with donors for adequate funding of IYCF-E interventions.

#### Action 6.1.12. Private sector:



- Comply with the Code of Marketing of BMS and national directives to protect the rights of breastfeeding mothers.
- Safeguard the quality and safety of processed infant foods and ensure that these products adhere to international and national standards, codes, and guidelines.
- Provide technical and financial support for IYCF interventions during emergencies.

## Strategic Objective 7: Social and Behavioral Change Communication for IYCF-E

**Social Behavior Change Communication (SBCC)** in emergency contexts is the strategic use of communication approaches to promote positive changes in knowledge, attitudes, norms, beliefs, and behaviors towards IYCF practices at multiple levels of society, such as the individual, the community and at the policy level. In emergency situations, there is a high level of uncertainty, which is exacerbated by a lack of adequate and timely information. The situation may be further complicated by insufficient information, misinformation, or disinformation, which are common occurrences during emergencies. Communication patterns and the way we interact and share information with the public may have a critical influence on the outcome. If an emergency response is only providing supplies and services without including strategic communication activities, it is unlikely to succeed as planned. SBCC has therefore been acknowledged as a key element of crisis and emergency preparedness plans. It should be integrated at all stages of emergency response: from prevention and preparedness, to crisis response and recovery. Therefore, the purpose of this section is to help emergency response teams to use social and behavior change communication interventions to promote optimal breastfeeding and complementary feeding during emergencies.

### Action 7.1. Design, implement and monitor SBCC interventions to promote optimal IYCF in emergencies.

Consider the following SBCC key activities at various phases of the emergency response. Based on the phase and intensity of the emergency, planned activities should be regularly revised and updated.

#### Action 7.1.1. Rapid Behavioral Analysis

Rapid behavioral analyses in emergencies should be conducted and clearly summarized in a statement. The statement should specify the current infant and child feeding behaviors and practices (what the population is doing or not doing). Furthermore, the analysis should describe the geographical distribution and settlement patterns of the affected people, their culture, traditions, ways of living and values that could influence their perception and behavior, as well as identify facilitators and barriers to proper IYCF practices. These have tremendous impact on the effectiveness of the communication response.

#### Action 7.1.2. Audience Analysis & Segmentation

The findings of the rapid behavioral assessment are critical to understand the demographics, geography, knowledge, values, aspirations, beliefs, attitudes, sources of information and the emotions of those affected by the crisis. They will also inform the design of emergency communication materials and SBCC strategies. Furthermore, it is important to analyze the needs and characteristics of targeted audiences, to tailor the strategy accordingly, and encourage them to practice the desired behaviors. The audience could be categorized into three groups as follows:

**Primary Audience:** The group that is directly affected or at risk, and for whom the change in behavior is envisaged (e.g. children, women, parents, food and water vendors, disabled people).

**Secondary Audience:** These are people who influence the behavior of primary participants, and may include teachers, health extension workers, nurses, doctors, community members, religious and traditional leaders, etc.

**Tertiary Participants:** These are groups relevant for advocacy activities to create a favorable structural and social environment. They include community leaders, religious leaders, parliamentarians, legislators, ministers, health sector officials, etc.

### Action 7.1.3. Behavioral Analysis & Setting Objectives

At this stage, document existing behaviors, categorize desired behaviors and define essential practices to prevent poor IYCF conditions. In addition, identify barriers and facilitating factors for the adoption of the recommended behaviors. It is critical to anticipate behavioral and social changes at the individual, community, and societal levels, in order to help design effective IYCF-E communication plans.

### Action 7.1.4. Design messages with an appealing tone & develop/adopt SBCC materials on IYCF-E.

Context-specific SBCC messages and tools must be developed to effectively promote proper IYCF practices. During emergencies, a prompt response is crucial. Available information

should be communicated immediately, and materials should be developed quickly. To this effect, pre-positioning could be a key strategy to meet the pressing need for quick public information and promotional materials for raising awareness. The strategy implies having materials, such as brochures, posters and audio-visual messaging used in similar situations, ready for use at all times. It is advisable to adapt these materials well ahead of time or to use them directly if the language and visuals are appropriate for the context. IYCF-E-related IEC materials developed by the Federal Ministry of Health and other implementing agencies can be found at the following link: <http://food-nutrition.moh.gov.et/>

### Action 7.1.5. Identify effective communication channels and approaches.

Evidence shows that the most effective means of promoting IYCF-E is to work at all levels and use multiple communication channels that are best suited to the audiences. The selection of communication channel for specific audiences should be based on their location, accessibility, and credibility of the chosen channel. The main communication approaches suggested for different levels are advocacy, interpersonal communication/behavioral change communication, and social or community mobilization supported and reinforced by mass media.

- **Advocacy** aims to get the support of influential organizations, individuals, and people in positions of power. It helps influence policy and secures commitments from policy makers on critical IYCF issues.

- **Social or community mobilization** is a process of engaging and motivating partners and stakeholders at various levels to raise awareness on IYCF-E and create demand for response. Community mobilization should be carried out to strengthen dialogue among community members on issues such as exclusive breastfeeding, complementary feeding, water, sanitation, hygiene, and others. It provides a platform for increased community participation and ownership.
- **Interpersonal Communication:** is the process of sharing information or messages between individuals. It is useful in counselling and in sensitizing community members and key actors. Its biggest advantage is that people can express their feelings, thoughts, attitudes, and perceptions, and get immediate feedback. It should be one of the key approaches of this guide in order to increase knowledge on the importance of IYCF practices and promote behavioural change among families and communities.
- **Mass-media communication** helps reach large audiences and bridges the gap between IYCF knowledge and practice by delivering key messages through multiple media channels. However, access to these media channels must be assessed as part of the rapid situational analysis. Local TV/ radio stations or any existing community media platforms should be used, and messages must be in local languages.
- **Capacity Building:** This will focus on enhancing the communication skills of key actors (such as Health Extension Workers, Health Development Army/Women Development Army, teachers, religious

leaders, sector organizations, youth and volunteer associations, religious organizations). Actions under this pillar will be coordinated and integrated with existing sectoral training and orientation efforts.

#### Action 7.1.6. Implementation, Supervision, Monitoring and Evaluation

The National Social Mobilization Team, which coordinates the public health emergency communication as part of the main Emergency Response Team or Command Post, oversees implementation of the communication and social mobilization activities. Depending on the emergency's grade level and continued assessment of the situation, risk factors are diagnosed, and appropriate measures are taken, together with corresponding messages, channels of communication and approaches. Field level supervision, visits, and dialogue with people at risk, survivors and responders are essential for taking corrective action and addressing the identified gaps in a timely manner.

As the response goes on, monitoring activities is key to understand whether they are implemented and progressing as planned. The relevant indicators to monitor activity implementation during emergencies can be set from KAP surveys or previously done surveys. The outcome of this process will help communication practitioners take remedial actions. At the end of the emergency, impact evaluation must be conducted to generate evidence and inform SBCC programming in emergencies.



## **Strategic Objective 8: Assess, Monitor and Evaluate (M&E)**

Effective, evidence-based IYCF-E programming requires assessing IYCF needs, gaps and priorities from the early onset of emergencies, monitoring implementation throughout the response period and evaluating results at the end. Actions under this strategic objective emphasize the need for developing a multi-sectoral M&E framework for IYCF-E, and mechanisms for monitoring and reporting Code violations. Recommendations are also inclusive of IYCF protection principles and encourage the collection of sex- and age-disaggregated data at all steps of the emergency programme cycle.

### **Action 8.1 Conduct rapid and in-depth IYCF-E needs assessments to inform strategic decisions and monitor the impact of interventions.**

- Develop (and update if applicable) standard emergency multi-sectoral assessment tools. (see annex for the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) tool)
- Advocate for the inclusion of IYCF-E rapid assessment questions into multi-sectoral needs assessment checklists and questionnaires for emergencies.
- Engage IYCF personnel during multi-sectoral emergency needs assessments.
- Conduct quantitative and qualitative assessments focusing on the immediate needs of vulnerable populations, violations of the Code, and the impact of IYCF practices on the health and nutrition situation of the affected population.
- Conduct in-depth analyses, identify gaps, and formulate recommendations for emergency responses.
- Develop action plans and define the budget for implementation.

### **Action 8.2 Monitor and Evaluate the Implementation of IYCF-E Interventions**

Developing a multi-sectoral monitoring and evaluation framework for IYCF-E is necessary to assess the effectiveness of emergency responses. The monitoring and evaluation framework might not necessarily be standalone; it can also be integrated into existing multi-sectoral emergency coordination frameworks. It therefore requires identifying sector-specific and common indicators.

Specific actions:

- Integrate context-specific IYCF-E indicators into the national emergency Monitoring and Evaluation Framework (MIRA).
- Clearly define the different levels of IYCF-E indicators; distinguish between process/output indicators that monitor quality, quantity, coverage and utilisation of the IYCF-E interventions, and outcome indicators, which measure the effectiveness of emergency interventions (annexed the generic IYCF-E M&E frame framework with indicators).

- Establish a joint monitoring team, and regularly supervise service delivery points to monitor the quality and coverage of IYCF-E interventions.
- Monitor IYCF-E response outcomes against global and national indicators, e.g. SPHERE standards in humanitarian settings.
- Ensure regular reporting of IYCF-E indicators at all levels.
- Ensure that the outcome evaluation includes emergency response exit strategies linked with developmental interventions.

### **Action 8.3. Monitor and Report Code Violations**

- Establish a monitoring and reporting mechanism for the identification, reporting and documentation of code violations.
- Disseminate contacts and reporting templates to service providers, beneficiaries, and programme managers (see annex for reporting template on IYCF-E).
- Introduce an online platform to facilitate reporting Code violations.
- Monitor and report Code violations to national and regional authorities.
- Ensure the regulation of unsolicited supplies of BMS and other products during emergencies.
- Ensure the involvement and ownership of the community for Code violation reporting.
- Develop an archive or database for regular data collection, analysis, and interpretation of decisions on Code violations.

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## **Annexes:**

**Annex 1. MIRA**

**Annex 2. Joint Statement on IYCF-E**

**Annex 3. IYCF-E Rapid Assessment Tool**

**Annex 4. IYCF-E Monitoring and Reporting Template**

**Annex 5. IYCF-E and Communicable Diseases**





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HEALTH FOR ALL AND WELL-BEING FOR EVERYONE!

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**September 2021**