

Review of experiences and direction on complementary feeding in emergencies

Research summary¹

Background

Between June and November 2019, Emergency Nutrition Network (ENN) with funding from 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 and to provide recommendations to address them. The review was conducted under the auspices of the IFE Core Group (see Box 1).

A total of 34 key informants (KIs) participated in the review. KIs were from Asia, Africa, North America, South America, the Middle East and Europe, and included representatives of donor agencies, United Nations (UN) agencies, non-governmental organisations (NGOs), one consultant and one government representative. KIs shared experiences from humanitarian emergencies they had responded to in Zimbabwe, Iraq, Nigeria, Cox's Bazar (Bangladesh), Chad, South Sudan, Syria (in-country and cross-border refugee situations), Venezuela, Haiti, Yemen and Ethiopia.

Findings of the review

CFE programme experiences and 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 the security situation. Complementary feeding support provided included either one or a combination of the following: 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 levels, which led to late activation of a coordination mechanism. Once a coordination mechanism was activated, this was primarily focused on the promotion, protection and support of breastfeeding, dealing with breast-milk substitute (BMS) donations, and on treatment of severe acute malnutrition. This left 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, such as 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 few KIs mentioned a lack of accessible CFE assessment tools.
- (3) Perceived lack of funding for implementing a holistic package of interventions to address CFE, including water, sanitation and hygiene (WASH); 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 is very challenging, especially where World Food Programme receives in-kind donations, rather than funding for local purchase.
- (5) Lack of preparedness was flagged as a major gap and barrier to effective and efficient CFE response. From those experiences shared, there were no examples of CFE-specific preparedness plans; nor were specific actions for CFE included in plans for infant and young child feeding.
- (6) Partners' own perceived limitations for CFE programming included programmatic knowledge (partners felt 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. KIs felt that, while the OG-IFE provides guidance for the "what" (booster), it does not address the "how" (barrier). Other boosters identified include increased awareness among emergency-nutrition

practitioners that CFE is a neglected area that needs to be addressed; greater evidence of emerging leadership and commitment by different UN agencies, donors, and IFE partners to address CFE at global, regional and country levels (potential booster). However, boosters were outweighed by barriers that centre around programmatic issues, lack of preparedness and leadership, and insufficient scale (and lack of scale at times).

The review identified awareness and use of the OG-IFE at headquarter, regional and capital levels; however, dissemination to frontline health and nutrition workers (government and NGO staff, including national NGOs) is an important gap. The OG-IFE was largely consulted to inform breastfeeding interventions and management of BMS, rather than CFE. Again, gaps in "how to" guidance for CFE was raised as limiting application of OG-IFE recommendations.

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

Looking ahead

Multiple actions are needed at many levels, including preparedness, advocacy, policy, coordination, capacity-building and research to start meeting the needs for CFE. Specific recommendations for each of these are made in the full report. Although the list of needed actions may seem daunting, continued inaction, or poor action at limited scale, is not acceptable. Reflecting the United Nations Children's Fund (UNICEF) 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. Promisingly, leadership is being demonstrated by UNICEF through the development and launch of a Complementary Feeding Action Framework that offers a critical opportunity to strengthen complementary feeding, including CFE, at regional and country levels. The lead recommendation from this review is for UNICEF and partners to actively and systematically leverage this opportunity to strengthen CFE preparedness and response. Recommendations are also made for the IFE Core Group as a global collective committed to helping put the OG-IFE into practice.

At all levels there is a need for governments to take the lead on CFE and receive support to this end. 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 to play and a responsibility to start closing the gap on CFE to uphold our commitments to meet the complementary feeding needs of children in humanitarian emergencies.

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Full report available at: www.ennonline.net/ifecoregroup

¹ IFE Core Group (2020) Review of experiences and direction on complementary feeding in emergencies (CFE): Putting policy into practice, January 2020.

Box 1

The IFE Core Group and Operational Guidance on Infant Feeding in Emergencies (OG-IFE)

The IFE Core Group is an established interagency collaboration on infant and young child feeding in emergencies (IFE/IYCF-E) that connects practitioner experiences with policy and guidance development. Current members include UN agencies, NGOs, academics and donors, coordinated by ENN. The IFE Core Group produces and manages updates of the OG-IFE. www.ennonline.net/ifecoregroup

The Operational Guidance on Infant Feeding in Emergencies (OG-IFE) is a policy document (last updated in 2017) that provides concise guidance to inform policy-makers, decision-makers and programmers on key actions to safeguard infant and young child feeding in emergencies. Endorsed by the World Health Assembly, it applies to emergency preparedness, response and recovery worldwide to minimise infant and young child morbidity and/or mortality risks associated with feeding practices, and to maximise child nutrition, health and development. Download in multiple languages here: www.ennonline.net/operational-guidance-v3-2017