



Nutrition in emergencies checklist for the nutrition cluster
Infant and Young Child Feeding in Emergencies (IYCF-E)

This checklist is a tool designed to help each nutrition country cluster review and reflect on the service delivery aspect of the nutrition in emergency response. The checklist is to be used at least once a year by the nutrition cluster coordination country team – or any in-country nutrition in emergency mechanism- to self-assess the quality of the service delivery aspect of the nutrition response before, during and/or after a crisis.

The checklist is organized by nutrition in emergency themes, the four main themes tackled are Part I. Infant and Young Child Feeding in Emergencies, Part II. Wasting Management, Part III. Nutrition Information Systems and Part IV. Micronutrients Supplementation. Under each theme, a set of questions are asked in the left column to prompt reflection, elements of the answer and examples from other countries are under the right-hand column. The questions under each theme span the humanitarian program cycle.

Infant and Young Child Feeding in Emergencies (IYCF-E)	
<p>During emergencies, communities and families go through shocks that often disrupts their normal day to day lives. In many cases, IYCF practices significantly deteriorates during emergencies. For example, a breastfeeding mother may no longer have an adequate private space for breastfeeding or a woman who was feeding her infant with breastmilk substitute may no longer have access to clean water or can no longer clean the utensils used to feed her infant. This therefore results in infants having increased risk of mortality; which reinforces the need to address sub optimal IYCF practices before, during and after emergencies as one of the top priorities for the nutrition cluster.</p>	
Before the emergency	
Policies and guidance	
<ul style="list-style-type: none"> Are there national policies aligned with global guidance on infant and young child feeding that include IYCF-E? Note that policies are formal statements issued by the state. 	<p>Each country should have an up-to-date national policy on infant feeding that includes during emergencies. During non-emergency response times, it is important to advocate for a national policy that includes IYCF and IYCF-E. This is particularly important when such a policy does not exist in country, is incomplete-i.e. does not include IYCF in emergencies for example- or is obsolete. During an emergency, Technical Working Groups (TWG) find themselves wrapped up in updating the national policy and this takes away from the time they need to dedicate to the response. For this reason, it is recommended that TWGs can rely on a hired consultant who can do this longer-term work of putting together a national policy. If an emergency is declared, interim guidance can be quickly set up until longer term reviewed and agreed upon national policies are in place. Next section provides more information specifically on guidelines.</p>
<ul style="list-style-type: none"> Are there clear national operational procedures or guidelines for IYCF-E? Note that procedures are step-by-step instructions for implementation and guidelines are designed to advise on processes for implementation. 	<p>Whether for staff part of the national government or non-governmental organizations, the policy needs to be translated into contextualized, practical, and well-articulated operational procedures or guidelines for addressing infant and young child feeding issues in emergencies. In the event this document does not exist, in non-emergency times the nutrition cluster and or the IYCF-E TWG should advocate for this work to be initiated and completed and abide by the international Operational Guidance version 3 developed by the IFE core group. (Note that this guidance is available in 8 languages). For operational guidelines on specific interventions you can find some examples here: A Standard Operation Procedure for the Syrian crisis, a</p>

	<p>guidance for refugee settings developed by UNHCR, Save the Children’s IYCF-E toolkit v3 and Action Against Hunger’s (ACF) Baby Friendly Spaces Manual.</p>
<ul style="list-style-type: none"> Are there pre-agreed upon interim national guidelines and/or templates that can be adapted when facing <i>an infectious disease outbreak</i> such as COVID19 or ebola? 	<p>The threat of infectious diseases is real and recurrent. It requires the cluster and or sector to stand ready to adapt the nutrition programmes accordingly. After the COVID19 pandemic was declared in 2020, a number of global briefs have been issued to encourage countries to issue national mitigation measures contextualized and inclusive of partners’ point of view. The IYCF and COVID19 latest briefs can be found here. The Frequently Asked Questions on covid-19 vaccine and breastfeeding based on WHO SAGE interim recommendations can be found here. Country adaptations to the briefs can be found also at the very end of this webpage.</p>
<p>Contingency plans</p>	
<ul style="list-style-type: none"> Is there a contingency plan that includes the provision of comprehensive IYCF-E interventions? 	<p>It saves lives to plan and pre-agree on how to respond to the different emergency scenarios that are likely to occur in your country ahead of time. A contingency plan that looks and addresses how the emergency will impact infant feeding is an important preparedness measure. Delineating the different likely scenarios will also help plan differently for an outbreak within a displacement context versus an earthquake for example. The Emergency Preparedness actions in Box 1, p. 24 and 25 of the Operational Guidance version 3 is specific to IYCF-E.</p>
<p>Media</p>	
<ul style="list-style-type: none"> Is there a joint statement template on IYCF-E prepared in case it needs to be adapted fast at the onset of an emergency? 	<p>Nutrition cluster joint statements can be useful as a way to communicate with the humanitarian community. Pre-agreeing on part or all of the content of a joint statement prepares for its immediate release at the onset of an emergency. You can find here a model joint statement for infant feeding in emergencies. You can find here a template for joint statement on infant and young child feeding in the context of COVID19 pandemic.</p>
<ul style="list-style-type: none"> Is there a press release template on IYCF-E ready to be adapted quickly at the onset of an emergency? 	<p>Misinformation and misconceptions on the needs of infants in the press can exacerbate infant feeding problems in an emergency. In order to prevent this misinformation leading to donation of breastmilk substitutes (BMS) and other harmful actions during an emergency, communicating with journalists or pre-agreeing on a press release on IYCF-E should be done in a timely manner. It is recommended to pre-agree key IYCF-E messages for the media among nutrition partners during non-emergency times in order to inform the media accordingly. You can find here the media guide in Arabic, French, and Spanish. You can also find here a document to send to the media clearly articulating do’s and don’ts when talking about IYCF-E</p>
<p>Capacity building</p>	
<ul style="list-style-type: none"> Is there an in-country repository for IYCF-E operational guidance and tools in local language(s)? 	<p>Having the IYCF-E guidance and tools available and accessible by all nutrition partners in-country will facilitate their use and the partner’s adherence to the guidance. It is recommended you set up a repository whether online (on https://www.humanitarianresponse.info/) if connection is available or through other storage options if not (usb key for example)-so that all partners have access to the guidance, tools and templates they need for the response. A good starting point for guidance and tools is Save the Children’s IYCF-E toolkit v3</p>
<ul style="list-style-type: none"> Are there training materials in IYCF-E ready in the local language(s)? 	<p>Translating agreed-upon guidelines into training material into the local language for the health care personnel will facilitate the dissemination and uptake. See page 30 and 31 of the Operational Guidance V.3 for a list of training materials.</p>

<ul style="list-style-type: none"> • Is there a pool of trained health and nutrition personnel in IYCF-E in country? 	<p>Training in IYCF-E a pool of health and nutrition workers and providing on-the-job ongoing mentoring will improve the quality of the response. This would require that training materials in the local language are up to date and available.</p>
<ul style="list-style-type: none"> • Are there pre-determined trainers on IYCF-E in country? 	<p>Training a pool of health and nutrition personnel as trainers in IYCF-E will facilitate the roll out of trainings in country. If this measure is planned and implemented during non-emergency times, this pool of trainers can support the roll out of trainings to specific personnel of areas hit by an emergency.</p>
<p>Data</p>	
<ul style="list-style-type: none"> • Do you have routine and recent data on key IYCF indicators in country? 	<p>Routinely collecting data on key IYCF indicators will allow monitoring of feeding practices and have a baseline to compare changes during and after an emergency. A country or an area with a low to very low percentage exclusive breastfeeding for infants below 6 months is a warning sign that those infants are at a greater risk when an emergency occurs, and steps need to be taken in the cluster to ensure non-breastfed infants are protected.</p> <p>The following recommended key indicators are listed in the nutrition humanitarian needs analysis document (to be released in 2020):</p> <p>1-Exclusive breastfeeding for infants 0-5 months, 2-Infants 0-5 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE Operational Guidance standards and recommendations 3-Minimum Dietary Diversity in children 6-23 months 4-Minimum Acceptable Diet in children 6-23 months.</p> <p>In addition, it may be useful to be collecting data that can affect IYCF practices and or beliefs – such as trends in education levels, socioeconomic or cultural customs to better understand the context.</p> <p>NCCs should use the indicators from the Humanitarian Indicator Registry. WHO has published in 2008 the document called Indicators for assessing IYCF practices. UNHCR has also a specific module for assessing IYCF practices as part of its SENS survey.</p>
<ul style="list-style-type: none"> • Is data from different areas of the country available? 	<p>Variation might exist between different parts of a large country, especially if different populations or livelihood zones exist. It is important to attempt to have data from different livelihood zones in a large country.</p>
<ul style="list-style-type: none"> • Do you have data on the coverage of the IYCF interventions in country? 	<p>Understanding the gaps in service coverage will allow better planning to address the gaps with partners during non-emergency time and it will allow having the necessary knowledge of the current status of operations in order to plan for scale up when an emergency hits.</p>
<ul style="list-style-type: none"> • Are pathways to report on violations of the Code established and clear to partners? 	<p>It is key to agree on how to report violations of the Code and that this process is clear to all nutrition cluster partners.</p>
<ul style="list-style-type: none"> • Are monitoring indicators and tools pre-agreed upon and harmonized? 	<p>Cluster partners have their own monitoring and evaluation guidelines within their own organization. Yet, it is important to collate data from the different partners to monitor the collective response and to do so, there is a need to jointly agree on indicators to be used by all partners. This harmonization of indicators for IYCF-E may require lengthy, back and forth discussions and adjustments. Hence there is an opportunity to start harmonization of indicators before an emergency as a preparedness measure.</p>

Supplies	
<ul style="list-style-type: none"> Are pathways to purchase Breastmilk Substitute (BMS) supplies such as Powdered Infant Formula (PIF) and Ready to Use infant Formula (RUIF) clear? 	<p>Ideally before the emergency hits, partners should work together with UNICEF colleagues to clarify the generic type of Ready to Use Infant Formula that would be needed for non-breastfed infants, the generic language written on the product, the language of the text on the product, the factories and suppliers from where to purchase this product, and the partner who will purchase the product on behalf of the collective. It is important to consider the following when you are choosing to purchase RUIF or PIF: it is likely that RUIF is more expensive than PIF. RUIF is bulkier in volume than PIF as it is diluted already. The logistics colleagues need to be informed of the volume of the purchase and ensure they have the required space in their warehouses. RUIF however requires almost no preparation for the mother or caregiver as it is ready for use. PIF on the other hand requires the mother or caregiver to prepare it, this can be a limiting factor for its use in certain contexts. Providing PIF will mean additional staff time as it should be accompanied with detailed explanation on how to prepare it and ensuring the provision of clean water and adequate utensils. It is important to note that while PIF provision might mean additional explanations, both products need clear explanations for example on the frequency and amount of feeds per age of the infant, how to store remaining liquid, when to discard the remaining liquid, etc. These aforementioned differences would need to be factored in when deciding which one to purchase. Note that unsolicited donations should not be accepted as stated in the operational guidance version 3 on page 20.</p>
<ul style="list-style-type: none"> Is there a generic labeling for PIF and RUIF ready in the local language(s)? 	<p>Pre-agreeing on the text that will be on the RUIF during non-emergency times can speed up the process when an emergency hits. Example of generic labels can be found here. The generic label that should go on the RUIF should be in the language spoken by the affected population. Drawings should be considered especially if the spoken language is not read by caregivers.</p>
<ul style="list-style-type: none"> Is training material to use PIF or RUIF ready in the local language (s)? 	<p>Mothers who cannot breastfeed for medical reasons or caregivers who are taking care of an unaccompanied infant below 6 months will be part of those who are targeted with the RUIF and/or the PIF. The caregiver needs to understand how to provide infant formula, how much and how often for different infants ages, preparation and storage, when and how to dispose of it. Guidelines for caregivers on cleaning utensils, the dangers of bottle and teats, why clean water should still be boiled and cooled etc should also be clear. Training materials for caregivers needs to be prepared during non-emergency times to BMS programming during emergency times. Examples of training materials on RUIF and PIF can be found here and here respectively under Minimize the Risk of Artificial Feeding.</p>
<ul style="list-style-type: none"> Are supplies such as PIF or RUIF with the generic label in the local language(s) prepositioned? 	<p>It is critical to pre-position preferably RUIF and/or PIF supplies with the generic label in the local language(s) for it to be readily available during and the first weeks after an emergency. In some contexts, advocating for a regional pre-positioning could be more strategic. Partners and governments are encouraged to work together to determine the regional or local supply need. The calculations can be found in Save the Children's IYCF-E toolkit v3 under the caseload and supply needs chapter.</p>
<ul style="list-style-type: none"> Are other supplies needed for setting up an IYCF-E supportive space? 	<p>Examples of lists of other supplies needed for kits or setting up an IYCF-E supportive spaces can be found in the IYCF-E toolkit v3 under the caseload and supply needs chapter.</p>
<ul style="list-style-type: none"> Are the supplies amount and location known by main actors and accessible in case of an emergency? 	<p>The amount and location of the supplies available should be known by all actors working in nutrition in emergencies in country. Due to turn-over, this information is often missed. It is important to set up a regular information bulletin to inform all partners and have a regularly updated website where partners can go to for information.</p>

Capacity Mapping	
<ul style="list-style-type: none"> Has there been a mapping of the capacity of local and international partners to respond to IYCF-E needs during a crisis? 	<p>Mapping the capacity of partners to respond to IYCF-E is the first step to a relevant capacity building plan. A tool released in 2020 by Save the Children and UNICEF ESARO is now available in its version 1 here. It also allows to understand how much the cluster should rely on in country capacities and how much on external support such as regional capacity, the Global Nutrition Cluster and/or the GNC Technical Alliance.</p>
<ul style="list-style-type: none"> Is there a focal organization that partners can rely on or go to for expert IYCF-E advice? 	<p>In line with the point above, an expert agency in country can be requested to train and/or orient other partners on IYCF-E assessment and key interventions.</p>
Technical Working Group (TWG)	
<ul style="list-style-type: none"> Is there an IYCF-E TWG established prior to the emergency? 	<p>The preparedness work delineated above can be done by a technical working group on IYCF-E. Establishing a TWG is a first step to starting to prepare for an IYCF-E response. In the ideal scenario, the Ministry of Health (MoH) would need to be onboard and leading or co-leading the creation of this working group.</p>
<ul style="list-style-type: none"> Does the IYCF-E TWG have ToRs? 	<p>Generic Terms of references have been developed to fast-track creating an IYCF-E TWG in country. These customizable ToRs can be found here. After determining the key actors and convening for a meeting to create an IYCF-E TWG, an important agenda point during that first meeting would be to review and validate the ToRs of the group. The generic ToRs can be discussed and customized.</p>
<ul style="list-style-type: none"> Does the TWG have chairs in place? 	<p>In an ideal scenario, the IYCF-E TWG group has two co-chairs chosen on rotational basis for a year, each chair is responsible for leading the group for 6 months. Every 6 months, the chairs will rotate in order to keep the group active. The chairs are chosen upon an interview with the Nutrition Cluster Coordinator whereby the technical knowledge, leadership skills and the time commitment to the TWG needs to be assessed.</p> <p>A ToR with the tasks of the chair(s) can be agreed upon and shared with the chair agency supervisor. The ToR should include engaging partners, calling for the meeting, setting the agenda, preparing or consolidating the documents that need to be reviewed, ensuring minutes are taken at every meeting, following up on the action points, reminding deliverables, engage with the NCC on the IYCF-E TWG deliverables. The role of the chair is also to ensure a needs assessment is done in IYCF-E and a workplan is put together collectively for the TWG to address the needs, it is important that this is done with impartiality, humanity, neutrality and independence. It is the role of the chair to identify challenges and request for support. The chair is responsible to report back to the nutrition cluster on an agreed basis and to provide a handover report before leaving the group or the position.</p>
<ul style="list-style-type: none"> Has an evaluation of the chairs work been done once a year? 	<p>An evaluation of the chair work would need to take place every 6 months- this could include but is not limited to an online survey sent to the TWG members on the deliverables and the governance of the group.</p>
<ul style="list-style-type: none"> Does the TWG have a workplan? 	<p>The IYCF-E TWG should have a yearly workplan addressing the main prioritized needs in this thematic area. The workplan can span over 6 months at a time or two years depending on what is suitable in your context.</p>
<ul style="list-style-type: none"> Does the TWG monitor its progress against set targets once every 3 months 	<p>A workplan will allow the group to evaluate their own performance against the set workplan deliverables. It is recommended that the group evaluates their performance as per the set targets in the workplan every 3 months.</p>

<ul style="list-style-type: none"> Do the TWG members meet every month? 	<p>In other words: is the TWG active? In order to work on IYCF-E, the group would need to communicate regularly to ensure the needs are being addressed and the set deliverables attained.</p>
<p>At the onset of and during the emergency response</p>	
<p>Need assessment and analysis</p>	
<ul style="list-style-type: none"> Was a quick secondary data review done? 	<p>In order to better understand the context prior to the emergency, it is important to review the data on IYCF practices prior to the emergency. Infants will be exposed to a greater risk of dying if secondary data shows that breastfeeding is not the norm in this population.</p>
<ul style="list-style-type: none"> Have you gathered information on existing policies, guidance, training materials, trained personnel, contingency plans, prepositioned supplies, IYCF-E TWG that were present before the emergency? 	<p>At the onset of the emergency, a number of shifts and changes will occur. Information might get lost. In order to build on what was done in the past and allow the nutrition cluster to better assess the gaps in those areas, seek information from nutrition cluster partners who were present before the emergency onset on existing IYCF and IYCF-E policies, guidance, training materials, trained personnel, contingency plans, prepositioned supplies, IYCF TWG and activities that were present before the emergency. See a list of consideration here. If outdated or no policies or guidelines are in place, putting together interim guidelines could be the best option, an example of the Interim IYCF-E Guidelines for the Migrant and Refugee response in Europe can be found here.</p>
<ul style="list-style-type: none"> Has an initial rapid assessment that includes IYCF-E indicators taken place in the first weeks and months following the crisis? 	<p>In contexts where exclusive breastfeeding is not the norm, the nutrition cluster needs to be on high alert for the needs of non-breastfed infants very early on at the onset of the emergency. Breastfed infants also need to be protected from donations of BMS that are common during an emergency and displace breastfeeding. Indeed, whether it is a displacement of the population due to conflict or natural disaster, caregivers of non-breastfed infants prior to the emergency might lose access their breastmilk substitute, clean water, preparation and feeding utensils, and especially the ability to boil water and clean bottles or teats appropriately. This situation puts non-breastfed infants at great risk. Assessing how the shock affected the way mothers and caregivers feed their infant should be high on the priority list of a nutrition cluster when responding to an emergency. An assessment of the health environment, including water, fuel, sanitation, housing and facilities for BMS preparation should also be carried out. A question to caregivers of infants such as: <i>how did the emergency affect the way you feed your infant?</i> can help understand what the challenges are faced by the affected population with regards to feeding infants. Please see an example of an IYCF-E rapid assessment here.</p>
<ul style="list-style-type: none"> Does the initial assessment report include an estimation of # of <6 months non-breastfed and # maternal orphans <6 months? 	<p>On top of estimating the number of infants in the population in need, estimating the # of <6 months non-breastfed and # maternal orphans <6 months is essential for joint planning to purchase the supplies needed for the response. Note that the purchase should be planned (see section supplies above) and unsolicited donations should not be accepted as stated in the operational guidance version 3 on page 20.</p>
<ul style="list-style-type: none"> How is the access to data from the relevant sectors such as food security, health, WASH, and protection to support analysis of IYCF-E needs? 	<p>To better inform the response, data from other sectors such as the availability of quality drinking water, the access to markets and health care, Mental Health and Psychosocial Support (MHPSS) situation, will be essential to better understand caregivers' capabilities to appropriately feed their infants and young children according to global guidance.</p>

<ul style="list-style-type: none"> • Are communities consulted and involved in the assessment of needs? 	<p>If nutrition cluster partners are already undergoing assessments, focus group discussions with caregivers of non-breastfed infants, re-lactating, breastfeeding and pregnant mothers can help identify the specific challenges and identify the needs of this population more accurately. This exercise is highly recommended as it supports proper design of effective life-saving interventions. The nutrition cluster should encourage and coordinate sharing these assessments among the nutrition cluster partners.</p>
<ul style="list-style-type: none"> • Does the Humanitarian Needs Overview (HNO) provide specific and to the point information on the IYCF practices before the emergency for rapid onset emergencies and how the emergency affected the IYCF practices? For protracted emergencies, does the HNO discuss the current IYCF practices? 	<p>As a nutrition cluster, it is important to ensure that data on key IYCF-E indicators in country prior to the emergency are shared in the HNO. How the emergency affected the way the infants are fed is a very important information to add to the HNO. Current IYCF-E practices need to be described for protracted emergencies. If data is missing, it is important to mention it in the HNO and address this lack in the cluster plan, for example: plan for a survey on IYCF and IYCF-E practices.</p>
<ul style="list-style-type: none"> • Does the HNO identify and detail the needs of the non-breastfed and those infants that are breastfed separately? 	<p>Different infants under different circumstances will need different types of interventions. Strive to estimate the number of non-breastfed that need immediate IYCF program support. It is key to be able to articulate the different needs of those breastfed infants and mother dyads as compared to the needs of the non-breastfed, for instance as an example a breastfeeding mother might need a safe quiet space to breastfeed, whether a non-breastfed infant may need his caregiver to have access to and be oriented on how to prepare breastmilk substitute feeds. These needs are clearer when communities are involved in the assessment of needs.</p>
<p>Strategic Planning</p>	
<ul style="list-style-type: none"> • Does the Humanitarian Response Plan (HRP) and the nutrition cluster strategic plan address the IYCF-E needs raised in the HNO, are the two documents aligned? 	<p>The two documents need to be linked: the HRP is constructed to address the needs articulated in the HNO. Since the HRP is often limited in the number of words allowed, it is recommended to put together a cluster strategy in order to be better able to unpack certain sections. Ensure IYCF-E indicators in the nutrition sector framework also demonstrate quality IYCF-E programming, (e.g., although a lower number of reach, IYCF-E counselling may be more impactful than IYCF-E promotion/messages).</p>
<ul style="list-style-type: none"> • Does the Humanitarian Response Plan (HRP) and the nutrition cluster strategic plan cover aspects on IYCF-E planned interventions broken down per non-breastfed and breastfed infants? Does it include considerations on whether the population is static or on the move? 	<p>The IYCF-E needs of the population need to be well articulated in the HNO and the analysis needs to be broken down by different populations (static or on the move, host or IDPs or refugees for example) and by different conditions the caregiver-infant dyad faces (breastfed infants, mother or caregiver re-lactating, or non-breastfed infants). Articulating the different interventions that are put in place to support breastfeeding and those to support the needs of the non-breastfed is key to an appropriate response. Counseling for continued breastfeeding to a lactating mother is one type of intervention, while providing infant formula to caregivers of non-breastfed is another. Articulating the different interventions clearly will enhance the specificity and hence the quality of the response. A caregiver with a non-breastfed infant who is on the move needs breastmilk substitute supplies as they progress in their journey. The needs of populations on the move are quite different from those populations that are static. The plan needs to consider and articulate how the interventions will differ for different populations. For examples of IYCF-E interventions please refer to the Operational Guidance version 3 and the IYCF-E Toolkit under Program Planning and Reporting</p>
<ul style="list-style-type: none"> • Does the HRP and the nutrition cluster strategic plan provide a clear strategy of how to address the coverage gaps in IYCF-E services? 	<p>The gap in the service coverage needs to be clearly delineated in the HNO in order to be addressed in the HRP. In the HRP, the nutrition cluster should ideally explain how the gap in coverage of IYCF-E services will be reduced in the next year.</p>

<ul style="list-style-type: none"> Does the HRP and the nutrition cluster strategic plan include a section on how the quality of the IYCF-E interventions in country will be enhanced? 	<p>In the HRP or the nutrition cluster strategy, the nutrition cluster should ideally explain how the quality of the IYCF-E services will be enhanced. Is there a process in place for monitoring quality? How is that being monitored? What corrective measures have been taken to improve the quality of IYCF-E interventions? Is a capacity building strategy in place?</p>
<ul style="list-style-type: none"> Are different community groups and members views taken into consideration as the plan is put together? 	<p>In the same way that the HNO needs to involve the communities affected by the emergency, the HRP needs to also take into consideration the views of those in need for a nutrition intervention. Cluster partners can through focus group discussions and key informant interviews explain and gather feedback on the nutrition cluster plan as it is being discussed.</p>
<ul style="list-style-type: none"> Has the HRP and the nutrition cluster strategic plan been converted into an operational yearly workplan? 	<p>To make progress on the IYCF-E strategy, the cluster would need an operational workplan with clear deadlines and entity responsible for each set of deliverables.</p>
Implementation and Monitoring	
Policies and guidelines	
<ul style="list-style-type: none"> Have the national guidelines on infant and young child feeding that include IYCF-E been updated? If not, is there an interim guidance in place? 	<p>During an emergency, Technical Working groups find themselves wrapped up in updating the national guidelines and this takes from the time they need to dedicate to the response. For this reason, it is recommended that groups are only in support to a hired consultant who can do this longer-term work of putting together a national guideline.</p> <p>If an emergency is declared, interim guidance can be quickly set up until longer term reviewed and agreed upon national guidelines are in place. An example of the Interim IYCF-E Guidelines for the Migrant and Refugee response in Europe can be found here.</p>
Media	
<ul style="list-style-type: none"> Has the joint statement been released and communicated with all partners immediately? 	<p>Joint statements are a useful as a way to communicate with the humanitarian community. During the early days after an emergency is declared, it is important to agree amongst nutrition cluster partners on the content of a joint statement and immediately release it. You can find here a model joint statement for infant feeding in emergencies.</p>
<ul style="list-style-type: none"> Are all partners adhering to the interim or the national IYCF-E protocol? 	<p>How is the monitoring of the intervention taking place? Joint monitoring to ensure partners are adhering to protocols are one way to monitor the quality of the intervention and adherence to the national IYCF-E protocol</p>
Technical Working Groups	
Capacity	

<ul style="list-style-type: none"> • Has there been any discussion on the minimum capacity required for nutrition activities and capacity mapping? Has the capacity of partners to deliver IYCF-E programme good enough and has this been assessed? 	<p>There is a tool on how to do capacity mapping that you can use to guide you in that exercise and discussion with partners. Once you understand the capacity of partners to deliver quality IYCF specialized services and more importantly, once you understand the gaps in that capacity, then you can plan to request support accordingly. It is important to be objective and neutral in that assessment and constantly bring back the focus on what benefits the collective.</p> <p>The exercise on mapping the capacity of partners to deliver nutrition in emergency interventions needs to include an assessment on the capacity of partners to deliver different aspects of the IYCF-E interventions. This capacity mapping needs to happen to allow proper planning for capacity building in IYCF-E.</p>
<ul style="list-style-type: none"> • Does the sector have a capacity building strategy for IYCF-E, and if yes, is this being implemented? 	<p>The capacity building strategy need to address the gaps in the capacity mapping in IYCF-E. The strategy would need to then be declined into an operational plan with person responsible and timeline. A follow up on the plan would need to take place frequently to ensure that the targets are reached within the timeline set.</p>
<ul style="list-style-type: none"> • Is a training schedule for IYCF-E training planned? 	<p>An essential part of the operational plan is a training schedule for rolling out IYCF-E knowledge and skills across the health personnel and community frontline workers of the affected areas.</p>
<ul style="list-style-type: none"> • Is there an online repository accessible by all partners for IYCF-E operational guidance, tools and training materials in local language(s)? 	<p>Ideally an online repository for IYCF-E operational guidance, tools and training materials in local language(s) is available and accessible by all partners.</p>
<p>Service Delivery</p>	
<ul style="list-style-type: none"> • In addition to the nutrition cluster strategy, is there an IYCF-E strategy and approach standardized across all partners? 	<p>The IYCF-E intervention strategy would need to be built with the cluster partners and be adhered to by the partners for optimum results. In some cases, the NCC may need additional support and therefore a request to a partner with IYCF-E expertise or the Tech RRT may be necessary to support the IYCF-E TWG with a strategy.</p>
<ul style="list-style-type: none"> • Are training curricula and Information Education and Communication materials for IYCF-E in the local language standardized and distributed/used? 	<p>IYCF-E materials should be up to date, relevant, and reflect official WHO/UNICEF and IFE core group guidance on IYCF-E.</p>
<ul style="list-style-type: none"> • Is IYCF-E programme taking place systematically at all levels of health and nutrition service provision –community, outreach, health facility including at SC? 	<p>It is important to note whether the intervention is taking place at all the levels of the health system, namely the community, health facilities and hospitals to be effectively reaching the population in need.</p>
<ul style="list-style-type: none"> • Is there a good linkage between health and nutrition programmes to promote continuum of care and referral systems from the community to health facilities including stabilization centres? 	<p>Community mobilization and screening require an effective referral system to health centers, and from health centers to hospitals when needed. These linkages need to be in place and functioning properly for optimum results.</p>
<ul style="list-style-type: none"> • Is the delivery and quality of IYCF-E activities the same for all partners? 	<p>It is clear that the quality of the IYCF-E interventions will not be the same for all partners, it is important however to be able to flag those partners that need additional technical support and reach out to the GNC Technical Alliance for in country support to those partners.</p>
<ul style="list-style-type: none"> • Are the IYCF-E activities of community volunteer standardized across all partners? 	<p>Through the initiative of the IYCF-E TWG, a community IYCF booklet, and key messages should be standardized and adapted to the context for volunteers and all nutrition stakeholders.</p>

<ul style="list-style-type: none"> Are there systems for effectively avoiding duplication of services? 	<p>IYCF-E services from different partners might be overlapping in one area when other areas are underserved, it is the responsibility of the nutrition cluster to ensure that duplication is not an issue and that double counting does not occur. Are operational programme delivery issues being routinely discussed at the sector meeting?</p>
<p>Supplies</p>	
<ul style="list-style-type: none"> Do cluster partners refuse and report donations of Breastmilk Substitute, other milks in liquid or powder form, baby food, or bottles and teats? 	<p>The nutrition cluster should refuse, confiscate (if necessary), and seriously consider destroying unsolicited donations of BMS, baby food, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies as and explained on page 20 of the Infant and Young Child Feeding in Emergencies Operational Guidance v3.</p> <p>In addition to refusing donations of BMS and baby foods, there is a need to advocate to donors (of BMS) and key stakeholders such as camp management and frontline workers, that donations are not permitted. Caregivers requesting infant formula need to be referred to an IYCF counselor for proper assessment.</p> <p>All cluster BMS SOPs must include guidance on management of BMS donations and violations of The Code of Marketing of Breastmilk Substitute. One example on how to manage donations is available here.</p>
<ul style="list-style-type: none"> Is there an effective supply needs and requirements monitoring in place? 	<p>Following assessment of non-breastfed infants, an estimation of the supplies needs to take place during the initial rapid assessment stage and again during the emergency. Save the Children team developed an overview of estimating target population and supply needs that can be found in the resourceful Save the Children IYCF-E toolkit v3. Please revisit the Supplies section above. Here is a guide on how to source BMS by Save the Children as well. UNICEF and UNHCR are the providers of last resort of BMS supplies. Once the supplies are purchased and targeted distribution is underway, it is important to ensure a very strict monitoring of the quantities delivered to implementing partners as it should be strictly equal to the needs of the targeted infants. It is also critical to monitor how the distribution is taking place at the field level, a joint cluster monitoring team can be put together to ensure that targeted distribution is taking place with proper instructions to caregivers and that the distribution is not undermining breastfeeding (is provided at a different space and or time than breastfeeding counseling and is strictly given to those non-breastfed that fit pre-agreed upon criteria).</p>
<ul style="list-style-type: none"> Do partners face challenges in accessing supplies? 	<p>Challenges faced by partners in accessing supplies need to be identified and addressed. Documenting challenges and successes will also help the entire nutrition community learn, evolve and jointly respond better next time.</p>
<p>Coverage</p>	
<ul style="list-style-type: none"> Are the partners implementing the complete agreed package of IYCF-E interventions in a given area? 	<p>Clusters should agree together on an identified ‘comprehensive IYCF-E package’ relevant for the emergency context. Once a set of actions are agreed, the package should be reflected in the HRP, IYCF-E strategy and workplan. The 4W reporting template can be adapted to manage coverage and duplication.</p>

<ul style="list-style-type: none"> Is the coverage of the package of nutrition specific interventions adequate? 	<p>Are partners only covering a small percentage of the population in need in IYCF-E services? If so, then this needs to be identified and quick action needs to be put in place to increase the coverage if the areas are accessible.</p> <p>If the areas are not accessible, remote management and training the mothers could be part of the last resort solution. It is important that the IYCF-E interventions are scaled up in this case.</p>
Interface with other sectors	
<ul style="list-style-type: none"> Interface with the wash sector: have the different ways nutrition and WASH sectors can support and collaborate been mapped out? For example, do outreach services/health facilities have separate latrines for men and women as well as clean water points? Outside the facilities, are water points available in villages and latrines in communities? 	<p>If no clean water is available in an area, this alone can put all infants at risk. Hence, the quality of the nutrition in emergency response depends on integration with the WASH sector. Ensuring collaboration with WASH colleagues includes the awareness of the nutrition needs and risks such as clean water points, washing areas, segregated latrines, and the presence of clean water in the community. Certain nutrition interventions can act as a vector to the WASH interventions. Intersectoral collaboration is therefore essential.</p>
<ul style="list-style-type: none"> Interface with the food security sector: have the different ways nutrition and FS sectors can support and collaborate been mapped out? are there implementation plans jointly prepared with the Food Security sector? For example, is the FSC able to provide foods that are appropriate to 6-23 months old? 	<p>In addition to breastfeeding practices, complementary feeding and maternal nutrition practices are just as affected in an emergency. It is therefore necessary to explore whether diets of pregnant women and children 6-23 months meet standard indicators including amounts and diversity. In addition, the food security sector may provide food baskets/cash/vouchers, usually without nutrition counseling. Integration and collaboration are therefore essential.</p>
<ul style="list-style-type: none"> Interface with the health sector: have the different ways nutrition and health sectors can support and collaborate been mapped out? For example: are referrals to other health services such as skilled attendant's delivery services, pre- and post-natal care and immunization mapped out and established? 	<p>A pregnant woman should be linked to maternal health services and encouraged to attend ANC and PNC where services exist. The health and nutrition sector should establish a referral mechanism to ensure timely support for maternal nutrition and breastfeeding support in the first days of birth.</p>
<ul style="list-style-type: none"> Are linkages with protection and MHPSS services mapped out and established? 	<p>The nutrition and protection clusters should establish referral mechanisms for Gender Based Violence (GBV), Disability, as well as Mental Health and Psychosocial Support (MHPSS). To facilitate and support this task, contact protection cluster focal points in country and they will help orient and train nutrition cluster partners on considerations for nutrition programming such as training front line nutrition personnel for unsolicited disclosure of violence from the people in need and or attending the nutrition services.</p>
Monitoring	
<ul style="list-style-type: none"> Are the 4 Ws mapped? 	<p>Mapping the IYCF-E interventions is crucial to understanding where coverage gaps are and how to address them. The GNC Information Management Officer Helpdesk can provide support on how to do this mapping.</p>
<ul style="list-style-type: none"> Are the indicators discussed and agreed upon by partners? Are reporting and data collection tools harmonized and are all partner using the same reporting format? 	<p>See section on Data above.</p>
<ul style="list-style-type: none"> Are qualitative indicators used to monitor the quality of IYCF-E interventions or are only output indicators used? 	<p>For example is the quality of IYCF-E counselling assessed beyond number of mothers/caregivers attending sessions? Other examples of indicators of quality can be found in the template of a supervision checklist from the Save the Children IYCF-E toolkit v3.</p>
<ul style="list-style-type: none"> Is reporting timely? Is the humanitarian response website updated regularly? 	<p>This tool is an aid to self-reflect on how timely the collective reporting is and whether the current reporting system is useful to better direct the interventions.</p>

<ul style="list-style-type: none"> Are the performance indicators routinely analysed and action is taken to address the shortfalls? 	Ensure partners are able to define and clearly report on individual counselling vs. education sessions vs. message delivery.
<ul style="list-style-type: none"> Is there any cross learning between partners delivering nutrition specific services? 	Visits to centers where IYCF-E stakeholders are performing optimally can be proposed to partners to improve performance.
<ul style="list-style-type: none"> Is there a strong monitoring of distribution of unsolicited BMS and baby food? Are those distributions prevented? 	You can find here a reporting tool can be used and adapted to better monitor those distributions. See section above on Supplies .
<ul style="list-style-type: none"> Is a bulletin issued frequently to inform progress and inform where the key documents are? 	A bulletin issued on a monthly or quarterly basis would be useful to keep every actor in the humanitarian sphere abreast of the progress towards the workplan targets of the IYCF-E TWG and informed on the available IYCF-E documentation in country.
Operational Peer Review and Evaluation	
<ul style="list-style-type: none"> Is there a plan to map capacities of partners, develop joint training plans develop joint supervision tools and establish on-the-job coaching techniques? 	Agreed upon joint supervision tools and on the job mentoring are a good starting point to ongoing evaluations. Save the Children has developed guidance on a supportive supervision tool and a very useful template of a supervision checklist that can be found in the resourceful Save the Children IYCF-E toolkit v3 .
<ul style="list-style-type: none"> Is there a plan to jointly monitor the quality of the response and address gaps that are flagged? 	One way to evaluate the cluster performance in IYCF-E could be through forming a group of nutrition cluster members to jointly visit programs with an observation checklist and return to discuss their finding with the nutrition cluster. These joint- evaluation need to be well framed and thought through but could be an effective way to identify gaps and jointly plan to address them.
After the emergency	
<ul style="list-style-type: none"> Have the Ministry of Health and other relevant governmental bodies been leading and validating the humanitarian response? 	The nutrition in emergency mechanisms need to be embedded if possible, in the government structure for a sustainable mechanism. Jointly develop a handover plan that ensure IYCF sustainability such as capacity building, resource planning, and policy support.
<ul style="list-style-type: none"> Is counseling on IYCF-E for pregnant and lactating women integrated in routine health services such as ante-natal and post-natal care consultations in country? 	Integrating the IYCF and IYCF-E interventions in the health services is an essential part of handing over the responsibility of the response to a sustainable in country system.
<ul style="list-style-type: none"> Are the nutrition IYCF indicators integrated in the HMIS? 	The government lead Health Monitoring Information System would need to similarly integrate IYCF and IYCF-E indicators, a government-led system would need to analyze and react to the numbers by implementing corrective measure when needed.
<ul style="list-style-type: none"> Are the RUIF and or PIF supplies budgeted and purchased as part of the national health system ongoing programs? 	Although every aspect of the IYCF-E interventions would ideally need to be integrated within a sustainable in country system led by the government's Ministry of Health, the possibility of handing over supply purchases will depend on the context. For instance, it depends if the post emergency context reflects lack of access to clean drinking water. It will also depend on the capacity of the government in place. It is hence worth discussing with partners about the possible options in relation to transitioning to a more sustainable system.

<ul style="list-style-type: none"> Is there a strong monitoring of distribution of unsolicited Breast Milk Substitutes (BMS) and baby food? Are those distribution prevented? is there communication and messaging on the risks of artificial feeding? 	<p>BMS are costly and may be coveted for their value. Their untargeted distribution may also cause harm to the infants and by extension to the population. Their distribution would need to be strictly monitored to ensure that only those few targeted non-breastfed are receiving the supplies they need, when they need it, with the appropriate guidance. The population would need to be aware of the dangers of artificial feeding.</p>
<ul style="list-style-type: none"> Is there any cross learning between centers delivering IYCF6E services? 	<p>The system would need to graduate from receiving support from NGOs to receiving support from peers who have been empowered and trained to provide adequate IYCF-E services.</p>
<p>Technical Working Groups</p>	
<ul style="list-style-type: none"> Is the established IYCF-E TWG led and chaired by the government? 	<p>The government leading the TWG is one way to ensure the sustainability of the system in place.</p>