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**Maternal, Infant and Young Child Feeding in Emergencies:**

**a policy review**

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A review of current MIYCF-E national policies in Ethiopia

June 2020

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**Acknowledgment**

This Policy Review was carried out as preparatory work to inform the development of an Operational Guideline on Infant and Young Child Feeding in Emergencies (IYCFE) with a review of guidance specific to maternal nutrition and gender for the Infant and Young Child Feeding in Emergencies sub-Technical Working group in Ethiopia.

The development of this document was led by the Technical Rapid Response Team (Tech RRT) funded by the Irish Aid. Contributions provided by the Ethiopia Federal Ministry of Health (FMOH) Maternal and Child Health Directorate Nutrition Case Team and Emergency Nutrition Coordination Unit (ENCU) and their partners were integral in the document’s development. Special thanks to the World Food Programme for supporting the development and deployment of the Tech RRT consultancy in Ethiopia and for highlighting the need to bring MIYCN-E to the forefront for nutrition integration.

**Note:** This report has been produced as preliminary work for the development of the National IYCFE Guidance. It has therefore not been widely reviewed and validated. It is also not an exhaustive review; findings are limited to documentation that was either shared by the ENCU, ENCU partners, WFP or were available online.

It is therefore not recommended to reference or share this report widely.

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| IYCFE is a lifesaving intervention that targets pregnant and lactating women and girls, infants, and young children, some of the most vulnerable groups, during humanitarian crises. The prioritisation and standardisation of policies and guidelines must be underpinned by evidence and implemented across all sectors. |

# Executive Summary

Ethiopia is a country vulnerable to a number of natural and manmade disasters. As such, the Infant and Young Child Feeding in Emergencies (IYCFE) Sub-Technical Working Group (sTWG) under the direction of the Ethiopia Federal Ministry of Health (FMOH) Maternal and Child Health Directorate Nutrition Case Team has identified the need to develop a national IYCFE operational guideline for standardized and harmonized implementation and institutionalization of IYCFE programming across the country.

This Policy Review was carried out as support for the development of such a guideline for Ethiopia. The scope of the review included but was not limited to national strategies, policy, guidance and legislations relevant to IYCFE.

The aim of the review is to identify:

1. Resources which will inform and provide a framework for the IYCFE guideline
2. Gaps and weakness between global guidance and national policies that need to be addressed within the guideline

Maternal, Infant and Young Child Feeding (MIYCF) and Maternal, Infant and Young Child Feeding in Emergencies (MIYCFE) aim to protect, promote and support recommended feeding practices for pregnant and lactating women and girls and children from birth to two years old with the inclusion of that have long been recommended by the FMOH.

However, general MIYCF activities require specific consideration during an emergency to ensure the inclusion within emergency specific policies, capacity needs, monitoring and evaluation tools and information systems. Most specifically, MIYCF requires strong regulation prior to an emergency for capacity development of staff and specific consideration for non-breastfed children and the adherence to the International Code of Marketing for Breast Milk Substitutes (BMS)[[1]](#footnote-1) and subsequent related WHA resolutions, including the donation and distribution of BMS and commercial complementary feeding, bottles, and teats in emergencies.[[2]](#footnote-2)

Documents identified and reviewed during this Policy Review were analysed against the seven key areas outlined in the Operational Guidance on Infant and Young Child Feeding in Emergencies (OF IFE),[[3]](#footnote-3) global IYCF operational guidance for emergency relief staff and programme managers, and relevant areas of the SPHERE Standards[[4]](#footnote-4). Specifically, this review looks at 1) national policy, 2) capacity development and training documents, 3) coordination of operations, 4) Assessment and Monitoring, 5) Multi-sectoral integration of IYCF, and 6) BMS guidance including the mitigation of risks for artificially fed infants and 7) nutrition considerations for Pregnant and Lactating Women (PLW).

Additionally, this review evaluated documents against the IASC Gender Handbook for Humanitarian Action[[5]](#footnote-5) key actions in addition to gender key points in the Operational Guidance for Infant and Young Child Feeding in Emergencies and the SPHERE Standards as a guide to inform the integration of gender equity in nutrition policies and guidelines for programming.

Altogether, the key areas reviewed are in line with the Ethiopian government’s commitment to address malnutrition through the lifecycle approach where emphasis is place on the first 1,000 days, the crucial development period from pregnancy through the first two years of life, which lays the foundation for a child’s health and well-being into adulthood.

# Objectives

The objective of this policy review was to examine existing national strategy, policy, guidance and legislation on Maternal, Infant and Young Child Feeding (MIYCF) and Maternal, Infant and Young Child Feeding in Emergencies (MIYCFE) in Ethiopia with the aim to identify:

1. Resources which will provide a framework and inform MIYCFE guidelines developed by the IYCFE subTWG
2. Gaps and weakness between global guidance and national policies that need to be addressed within the guideline

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# Methodology

A desk review of national policies, strategies, and guidance documents was conducted from April to May 2020 through online searches and with support from the ENCU and its partners. A total of fifty two documents related to emergency response, MIYCF, health and nutrition guidance, and MIYCF and nutrition training were reviewed (see Annex A for a full list). There were limitations with regards to language as only English language documents were reviewed.

The search for policies and documents included the [Ethiopian Humanitarian Response Info](https://www.humanitarianresponse.info/en/operations/ethiopia), [WHO Global Database for the Implementation of Nutrition Action](https://extranet.who.int/nutrition/gina/en/policies/1427), and Google. Websites were searched including Google, Ethiopia FMOH, Humanitarian Response Info.

# Background

## MIYCF vs. MIYCFE

Maternal, Infant and Young Child Feeding (MIYCF) interventions in both development and emergency settings protect promote and support optimal feeding practices and aim to improve practices. MIYCF in emergencies (MIYCFE) also includes a ‘**do no harm’ component** requiring an urgent need to preventing and managing untargeted donation of breast-milk substitutes and an urgent need to support non-breastfed infants. An appropriate MIYCFE response depends on the strength of MIYCF in the country prior to the emergency.

Caregivers have different needs in emergencies in relation to MIYCF due to severe disruption of family life, communities, systems, and infrastructure. For example, often mothers feel they cannot produce enough breast milk due to stress, or because they are not eating as much food as they were before the emergency. Because of often dire living conditions in emergencies, mother and baby areas, where women can rest with their children and receive support, are an important component of MIYCFE. Therefore, staff working in emergencies, need a different skill set and different tools from those working in development settings where they understand the urgency of MIYCF response. In addition, MIYCFE needs to reach as many people as possible as quickly as possible, whereas MIYCF has more time to address long-term behaviour change.

There is a need to support MIYCF practices in all humanitarian settings. Increased risks such as poor sanitation, disease outbreaks, infant formula donations, stress and trauma mean that support for appropriate, timely and safe feeding practices is critical for child survival and the protection of infants and young children. MIYCFE must be included as one of the first priorities within a response. However, despite the evidence that appropriate and timely support of MIYCFE saves lives, it is rarely prioritised or adequately supported. The relative importance of, and focus on, different MIYCF activities usually needs to be considered to the change of context for application in an emergency and this tends to require adjusted skill sets, policies, tools and systems.

**Lifecycle Approach**

Ethiopia is committed to interventions that focus on improved maternal and child health and nutrition outcomes through the lifecycle approach. The lifecycle approach is a focus on areas and priority behavior outcomes for MIYCF in the first 1,000 days including:

* The nutrition of pregnant and lactating mothers
  + Prenatal Diet Diversity
  + Anemia control and management
  + Dietary diversity for lactating mothers
  + Antenatal check-ups and advice
* The nutrition of infants and young children
  + Initiation of breastfeeding within one hour of birth
  + Exclusive breastfeeding for first 6 months
  + Appropriate and timely initiation of complementary feeding
  + Dietary diversity
  + Management of childhood illnesses

## Rationale

Natural, man-made disasters and public health emergencies are quite common in Ethiopia due to drought, flood, earthquake, epidemics of communicable diseases, dry and wet mass movement, and conflict.

The 2019 Ethiopia Mini Demographic and Health Survey (EMDHS) [[6]](#footnote-6)shows that 37% of children under 5 are stunted and 12% are severely stunted. Additionally, there is a high percentage of wasted children with as much as 32% in some regions. With regards to IYCF, 59% of infants under six months are exclusively breastfed and 6% of infants under 6 months are not breastfed at all, a dangerous and life-threatening practice. The danger at which infants are placed in an emergency is impacted by whether the child is breastfed or non-breastfed and dependent on infant formula. Infants who are dependent on infant formula are extremely vulnerable especially in an emergency setting.

Infants have very specific food and fluid requirements, an immature immune system, are vulnerable to dehydration and illness, and are dependent on others for their care and needs. These characteristics coupled with conditions associated with emergencies such as poor sanitation, food and water shortage, power outages, overcrowding, and restricted access to health care create a situation where infants are at heightened risk.

Maternal nutrition is important not only for the health of the mother but also for the child. One quarter of women of reproductive age are undernourished, leaving their children predisposed to low birth weight, short stature, lower resistance to infections, and higher risk of disease and death[[7]](#footnote-7). Among women with a live birth in the past 5 years, 60% took iron folic acid (IFA) tablets during pregnancy, and 11% took them for the recommended period of 90 or more days.[[8]](#footnote-8)

Nutrition response in emergencies is often thought primarily in terms of treatment of acute malnutrition and the MIYCFE is given little attention as part of most national policy documents, guidelines and training materials despite its life saving activity. Misunderstanding and disregard of the WHO International Code of Marketing of Breastmilk Substitute (BMS) and the subsequent WHA resolutions also known as ‘The Code’, misbeliefs about breast feeding during emergency and other IYCF mal practices were observed during recent emergency situations such as the responses of Internally Displaced People (IDPs)[[9]](#footnote-9). In addition, there is no country specific IYCF-E related policy/guideline to enable to set IYCFE standards and build capacities. To significantly reverse poor MIYCFE practices will require a strategic and highly coordinated effort by all. Hence, the IYCF-E Technical Working Group (TWG), established as a sub-TWG of the Adolescent, Maternal, Infant, and Young Child Nutrition (AMIYCN) TWG, has been initiated to standardize and strengthen the MIYCF work during emergency situations in Ethiopia and develop guidelines for Infant and Young Child Feeding in Emergencies.

Women are also particularly vulnerable to undernutrition from a physiological point of view due to their

increased nutrient requirements for menstruation, pregnancy, childbirth and lactation. In particular during

pregnancy and breastfeeding, women’s nutritional needs for energy, protein and micronutrients significantly increase.

Gender-based violence, gender inequality and nutrition are also often inter-related. Domestic violence can pose a threat to the health and well-being of women and their children. Nutrition staff should provide supportive and confidential referral for caregivers or children exposed to gender-based violence and abuse. Integration includes counselling, working to establish women- and child-friendly treatment sites, and regular monitoring of default rates and failure to respond to treatment. It is important to also consider including specialised gender-based violence and child protection caseworkers integrated as part of nutrition staff or co-location of GBV and protection services.

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# Findings

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| **The most relevant policies and guidelines identified for this review were:**  **IYCFE Focus**   * National Strategy for Infant and Young Child Feeding in Ethiopia (2004) * National Nutrition Strategy (2008) * National Guideline on Adolescent, Maternal, Infant, and Young Child Nutrition (2016) * IYCFE Plan of Action (2016)   **Humanitarian Response Plans**   * Ethiopia 2020 Humanitarian Response Plan (2020) * Flood Response Plan 2020 Belg/gu Seasons Floods   **BMS Control, Monitoring, Reporting**   * Infant Formula and Follow-on Formula Directive (2016) * Monitoring tool/guideline for implementation of Food advertisement and Infant formula directives (2015)   **National Strategies and Guidance**   * National Protocol for the Management of Severe Acute Malnutrition (2007) * National Guidelines for HIV/AIDS and Nutrition (2008) * National Nutrition Strategy (2008) * Health Sector Transformation Plan 2015-2020 HSPT (2015) * The Seqota Declaration (2015) * National Nutrition Program 2016-2020 NNPII (2016) * National Guideline for the Management of Acute Malnutrition in Ethiopia (2019) * National Food and Nutrition Strategy (2019) |

A significant amount of national IYCF resources has been developed which can be used for accountability, advocacy, resource mobilisation and to aid in standardising the response amongst all stakeholders.

Political commitment is fundamental to improving IYCF practices as a whole, especially in an emergency. The need to protect, promote and support appropriate IYCF practices in Ethiopia is outlined clearly in multiple documents. Ethiopia has various initiatives to protect, promote and support appropriate IYCF practices that have been undertaken including a comprehensive National Strategy for Infant and Young Child Feeding implemented in 2004. Since, IYCF has been included in many documents, strategies, guidelines, and training curriculum to varying degrees.

While there are fewer documents addressing IYCF in emergencies, some documents do highlight the general importance of IYCF programmatic adaptation in emergencies. The aim for the following analysis is to identify those gaps and to provide recommendations to fill those gaps through inclusion in the IYCFE guideline.

## Policy

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| **Operational Guidance on IFE** | Key provisions regarding IFE should be reflected in government, sector and agency policies and should guide emergency responses. |
| **Sphere Standard** | Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.  Include the specifications of the Operational Guidance in relevant national and humanitarian organisation policy guidance on preparedness |

The **National Food and Nutrition Policy** (2018) provides an overarching framework covering the key dimensions of food and nutrition security including optimal nutrition security at all levels of society including in recurring emergencies. It is guided on the principal of the life-cycle approach with a special emphasis on the first 1,000 days to ensure optimum nutrition at all stages of life with specific emphasis on pregnant and lactating women, children, and adolescents. The strategy calls to establish and strengthen a system to protect and promote optimal breastfeeding and complimentary feeding as well as developing and implementing social and behavioural change communication strategies to create nutrition literacy to improve the feeding practices of pregnant and lactating women, children and adolescents.

The **National Food and Nutrition Policy** (2018) has the objective to strengthen the national capacity to manage national and manmade food and nutrition emergencies with timely and appropriate response by developing and strengthening early warning, preparedness, timely and appropriate response systems. It also calls to establish and strengthen food and nutrition governance with the objective to create a Food and Nutrition Governing Body to govern and coordinate the implementation of the Food and Nutrition Policy as well as provide resources and a framework for accountability for monitoring and evaluation.

The most relevant document that address IYCFE specifically are the **National Guideline for Adolescent, Maternal, Infant, and Young Child Nutrition** (AMIYCN) (2016) which was developed to address Strategic Objectives One[[10]](#footnote-10) and Two[[11]](#footnote-11) of the revised **National Nutrition Programme NNPII** (2016) which focus on the improvement of the nutritional status of women and adolescent girls and the improvement of the nutritional status of the child from birth to ten years.

The **National Guideline for AMIYCN** (2016) notes the vulnerability of infants and children in emergencies and calls for special attention to be given in these circumstances. Additionally, it provides guidance regarding BMS and minimizing the risk of artificial feeding outlined in subsequent sections in this policy review.

**Ethiopia IYCFE Plan of Action** (2016) provides a comprehensive overview of IYCFE implementation for the country including all key areas identified for this policy review. It provides recommendations and a work plan for the implementation of the recommendations. However, it is unclear if this document was adopted and implemented.

**Ethiopia 2020 Humanitarian Response Plan** includes interventions focused on preventive nutrition services for vulnerable populations including the protection of adequate Infant and Young Children Feeding (IYCF) practices and promoting multi- sectoral responses. It states that protecting, promoting and supporting adequate IYCF practices at times of emergencies will be intensified. In this plan the ENCU will work closely with the Health and WASH Clusters in order to define a minimum package for integrated IYCF response that will be piloted in selected woredas.

The **National Nutrition Strategy** (2008)prioritizes infants and children younger than 5, especially those less than 2 years old; pregnant and lactating women; and persons living with HIV/AIDS. The document also includes the Essential Nutrition Actions within the strategy which will further support infant and young child nutrition activities. IYCF in emergencies is also addressed, although there are gaps. It does call for nutrition considerations and interventions, particularly sustaining proper care for the nutritionally vulnerable and ensuring a healthy environment, are to be integrated with emergency response systems and will be addressed in a coordinated manner. It calls for strengthening systems through coordination and data monitoring for early detection of emergencies, the promotion of proper feeding methods, and implementation of nutrition activities, although proper feeding methods and nutrition activities were not outlined leaving for interpretation.

**National Guideline for the Management of Acute Malnutrition in Ethiopia** (2019) provides guidance on the management of acute malnutrition and CMAM guidelines. While it does not cover IYCF in emergencies directly but the guidance on supplemental suckling techniques, supportive care for mothers, and psychosocial activities in stabilization centers could translate and be used to support mothers and infants during emergencies.

More broadly there are multiple documents that give policy and guidance on IYCF integration in the country. Programmatic strategies targeting child survival at health facility and community level in the country such as **National Newborn and Child Survival Strategy** (2015-2020), **National Implementation Guideline for Integrated Community Case Management of Childhood Illnesses and newborn care** (2017), and the **Community-Based Newborn Care Implementation Plan** (2013) provides guidelines to optimal feeding practices within IYCF but none specifically touch upon emergencies.

**The Seqota Declaration** (2015) is a special commitment managed under the **National Nutrition Programme** **NNPII** (2016). The **Seqota Declaration Implementation Plan** **2016-2030** (2016) leverages pre-existing policies, strategies and programmes to apply best practices across the country within a targeted approach. The goal of the declaration is to eliminate of child undernutrition by 2030. Within the implementation are six innovations including the First 1,000 Days Plus Public Movement, which is a community-based approach to tracking stunting progression at seven critical periods during the first 1,000 days of life. This intervention aims to be culturally appropriate and focuses on exclusive breastfeeding, complementary feeding, dietary diversity, anti-fasting practices, involvement of males, and improving household level gardening practices. Unfortunately, it does not include specific adaptations to emergency situations, does not highlight the need for BMS monitoring, and does not address the needs non-breastfed child. For this review the **Seqota Declaration Implementation Plan, 2016-2030 (summary programme approach document)** (2016) was reviewed as was the **Multi-sector programmes at the sub-national level: A case study of the Seqota Declaration in Naedir Adet and Ebinat woredas in Ethiopia**[[12]](#footnote-12)to better understand the declaration*.*

**Health Sector Transformation Plan 2015-2020 HSPT** (2015) has explicit goals and targets that directly and indirectly contribute to the survival and development of newborns and children. In the document’s nutrition focus it calls for scale-up community-based nutrition programs including the first 1000 days initiative, the implementation of the Sequota declaration, and the implementation Baby-friendly hospitals initiative in all hospitals by 2020, however this goal that has not yet been realized. It outlines Public Health Emergency Management and Response but does not specifically address nutrition or IYCF in emergencies.

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| **Recommended Inclusions for the IYCFE Guideline** | **Additional Recommendations** |
| * Ensure emergency responders at all levels are oriented on national policy and legislation * Include infant feeding in the context of public health emergencies * Highlight the need for focus on relactation policy and education | * When updating the **COVID National Emergency Response Plan** (2020) ensure the inclusion of IYCFE in outbreaks including guidelines for isolation centers * HIV & Infant Feeding in Emergencies guidance to reflect latest WHO guidance (2016 & 2017) |

## BMS Code

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| **Operational Guidance on IFE** | Donations of BMS, complementary foods and feeding equipment should not be sought or accepted in emergencies; supplies should be purchased based on assessed need. BMS, other milk products, bottles and teats should never be included in a general distribution. |
| **Sphere Standard** | Avoid soliciting or accepting donations of breastmilk substitutes (BMS), other milk products, bottles and teats. |

Ethiopia has shown a level of commitment to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions also known as the “Code”. Within the **Marketing of breast milk substitutes: national implementation of the international code, status report 2020**[[13]](#footnote-13)Ethiopia was placed in the category of having “some provisions to the Code”. The country scored highest when looking at the scope of the legislation[[14]](#footnote-14) (12/20), monitoring and enforcement[[15]](#footnote-15) (8/10), and labelling[[16]](#footnote-16) (7/15). It scored 0 out of 10 for informational and educational materials, promotions to general public (0/20), promotion in health care facilities (0/10), and engagement with health workers and systems (0/15) meaning that some aspects of the code are implemented but there are additional policy documents needed to ensure full implementation of the Code.

The **National Guideline for AMIYCN** (2016) calls for the Baby Friendly Hospital Initiative (BFHI) to be implemented in all health facilities providing maternity services as well as calling for the implementation and monitoring of the International Code of Marketing for BMS in accordance with the **National Infant Formula and Follow-up Directive** (2016), which is also highlighted in the same document. This is specifically notable as few documents highlighted the need for BMS control and monitoring. The **National Guideline for AMIYCN** (2016) is the one of only two documents reviewed highlighting the dangers of donations of infant formula and other BMS and calls for the systemic refusal of these donations. It addresses donations of feeding utensils and prohibits that feeding bottles and cups with spouts be accepted and notes that procurement of BMS for infants who do require it should be done according to the Code and a designated agency should be a lead in coordinating such procurement and distribution.

**National Guideline for the Management of Acute Malnutrition in Ethiopia** (2019) identifies a logistics stream for SAM/MAM supplies that could potentially be adapted to create a logistics stream for BMS when used in conjunction with the **Infant Formula and Follow-up Formula Directive No.30/2016** (2016),

**Infant Formula and Follow-up Formula Directive No.30** (2016), which iscurrently being updated[[17]](#footnote-17), provides a comprehensive overview of the BMS code legislation in Ethiopia mainly with regards to registration of infant formula companies, regulation of the promotion infant and follow-on formula. It is also specific regarding the use of labelling prohibiting the use of positive imaging and requires the advantages of breastfeeding be highlighted and the risks of the use of infant formula outlined. However, the directive does not clarify regarding emergencies, donations, bottles and teats, and types of distribution leaving gaps. There is also a need to include specific language with regards to promotion in health institutions and amongst health care workers. The guidance is also weak on direct guidance for reporting and monitoring systems leaving a gap from legislation to community level where guidance is not clear.

The objective of the **Monitoring tool/guideline for implementation of Food advertisement and Infant formula directives** (2015) is to support the monitoring and inspection of activities of infant formula promotion as well as ensuring the safety and quality of infant and follow-up formula within health facilities and institutions. It addresses the need for awareness within health and other institutions and the regulation of infant and follow-up formula nationally, but it is not clear if it is complete or if it has been implemented. This document does provide a reporting mechanism in the form of a monitoring check-list for the implementation of the **Infant Formula and Follow-up Formula Directive No.30** (2016) in health facilities but it is not clear within the document where the check list should be given and where violations should be reported.

The one-page brief titled **What do you know about the regulation of infant and follow up formula in Ethiopia?** (year unknown) provides a good overview of the **Infant Formula and Follow-up Formula Directive No.30** (2016). Monitoring and reporting in the document is defined including a template for a reporting form and it does lists a free line to call for further information and to lodge complaints but it is not clear if that is also the reporting line.

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| **Recommended Inclusions for the IYCFE Operational Guideline** | **Additional Recommendations** |
| * Include emergency monitoring and enforcement mechanisms for the national infant and follow-on formula legislation in all documents * Informational and educational materials to be developed regarding the Code and sensitization sessions to be given to across sectors * Include prohibition of donations of infant formula, bottles, and teats and to identify a monitoring and reporting system * Identify a system of BMS procurement for times when it is required | * When updating IYCF strategies highlight the link between the Infant Formula and Follow-Up Formula Directive (2016) and IYCFE, including enforcement during emergencies. * When updating Code guidance include Complementary foods bottles and teats, promotion to public, formula company contact with health professionals and mothers and promotion in health facilities. |

## Capacity Development and Training

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| **Operational Guidance on IFE** | Sensitisation and training on IFE is necessary at multiple levels and across sectors |
| **Sphere Standard** | Provide access to skilled breastfeeding counselling for pregnant and breastfeeding mothers. |

IYCF training materials that are contextualized and available form a strong basis for understanding infant feeding in both during normal and non-emergency times. Most policy documents address the need for IYCF training but few mention IYCFE.

The **National Guideline on Adolescent, Maternal, Infant and Young Child Nutrition** (2016) is the most comprehensive policy document that details the need for training on IYCFE stating that it is important to 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 caregivers in all aspects of IYCF in emergency situations. It also states that there should be increased awareness and knowledge about the benefits of maternal nutrition and infant feeding among all stakeholders in emergency situations, expanding the capacity building beyond frontline workers to all stakeholders. The guideline also states that national expertise should be available as a resource for all emergency agency staff to gain a better understanding of the good practices of maternal nutrition and IYCF and to assist agencies in developing strategies to develop good practices. And that this expertise is available at both national and district levels to train health workers and community-based staff in AMIYCN issues so as order to ensure that consistent and well-informed advice is given. While this is a comprehensive strategy no training programs were identified for this review that had the curriculum to ensure that capacity development.

**Ethiopia 2020 Humanitarian Response Plan** (2020) commits to the contribution of strengthening capacities in coordination, information management, early warning and monitoring to strengthen nutrition emergency preparedness and response. It also outlines commitments to capacity building events and training, which represents about 0.3 % of the total budget and cater for trainings of Health care NiE training and Nutrition Preparedness and response planning workshops.

In the 2016 document **Nutrition Core Competencies for Health and Science Cadres and Undergraduate Nutritionists in Ethiopia** USAID and Save the Children identified that current pre-service nutrition education is not sufficient enough to equip students with the required knowledge, skills, and attitudes needed for the implementation of IYCF programmes in emergencies including rapid assessments and the options for IYCF in emergencies and identified that additional tailored training is required.

The training course, **Using the Essential Nutrition Actions to Improve the Nutrition of Women and Children in Ethiopia, including under Situations of Emergencies and HIV and AIDS** (2004), is a four-day course that specifically includes IYCF in emergencies as well as the BMS code and alternative and replacement feeding.

The training titled **Nutrition: Blended Learning Module for the Health Extension Programme (2011)** is another document that does have IYCF in emergencies incorporated, although limited. It provides messaging regarding the risks of artificial feeding including the expense and often impossibility for hygienic conditions when preparing the feed. While it does discuss BMS use mainly in the context of HIV it does not provide specific training on replacement feeding.

The **Ethiopia Training of Trainers Manual in Infant and Young Child Feeding** (2011) is focused on IYCF and breastfeeding counselling only and does not provide any guidance on the Code or emergency contexts. While it covers risks of BMS, bottles, and teats it does not provide any practical training on relactation or what to do when assessing the non-breastfed or artificially fed child.

The **Basic Emergency, Obstetric, and Newborn Care (BEmONC) Training Manual** (2013) has strong general IYCF training but does not have specific training on the Code or specific guidelines on the management of artificially fed infants.

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| **Recommended Inclusions for the IYCFE Operational Guideline** |
| * Develop and adapt current training materials to build on capacity for IYCFE in accordance with IYCFE guidelines. This capacity development programme should include strong guidance for on the job coaching, assessment, and supervision. * Ensure additional inclusion of topics which are necessary for emergency programming. * Acceptable medical reasons for the use of a Breastmilk Substitute (BMS) * Dangers of artificial feeding in emergency settings * Common myths and misconceptions for infant feeding * Infant feeding during public health emergencies / infectious disease outbreaks- including COVID * referral pathways * Code monitoring and reporting * Minimizing the risk of artificial feeding * Assessment and follow-up of the non-breastfed child * Specific inclusion of practical guidance on relaction, supplemental suckling techniques, and cup feeding should also be included |

## Coordination

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| **Operational Guidance on IFE** | Capacity to coordinate IFE should be established in the coordination mechanism for every emergency response. |
| **Sphere Standard** | Policy guidance and coordination ensure safe, timely, and appropriate infant and young child feeding.  Establish an IYCF-E coordination authority within the crisis coordination mechanism, and ensure collaboration across sectors |

Capacity to coordinate IYCFE exists within the established coordination mechanisms for humanitarian response through the Emergency Nutrition Coordination Unit (ENCU) and the FMoH AMIYCN Working group with the newly revived IYCF-E subTWG. The recommended channels with regards to general emergency coordination, nutrition, and IYCF are outlined in numerous documents. Through these channels the FMOH Nutrition Case Team with support of nutrition partners and multi-sectoral coordination systems will be able to drive the implementation of the IYCFE guidelines that are developed. There is a strong presence of knowledgeable local and international organisations dedicated to breastfeeding through which advocacy and communications can be launched.

The **National Nutrition Strategy for Newborn and Child Survival in Ethiopia 2015/16- 2019/20** (2015) heavily focuses on coordination prioritizes infants and children younger than 5, especially those less than 2 years old; pregnant and lactating women; and persons living with HIV/AIDS. The document also includes the Essential Nutrition Actions within the strategy which will further support infant and young child nutrition activities. It includes coordination and partnerships stating that the RMNCAH TWG holds the role to advocate and implement nutrition friendly policies and interventions. It also includes that coordination with regional education, WASH, agriculture should take place through RMNCAH.

The **National Guideline on Adolescent, Maternal, Infant and Young Child Nutrition** (2016) calls for the creation of a mechanism for coordinating and monitoring infant feeding activities, with a lead agency nominated to manage infant feeding issues and a framework for action agreed by all parties.

The **Ethiopia 2020 Humanitarian Response Plan** (2020) highlights that the Nutrition Cluster response modality is delivered through a health system-strengthening approach and collaboration between the Health and Nutrition Clusters and Governmental counterparts is vital to ensure the most malnourished people access services in a non-discriminatory way. It specifically highlights the importance of an inter-sectoral response which will be channeled through health facilities, as well as community-level outreach activities and mobile health and nutrition teams (MHNT) in the most vulnerable areas of the country.

**Humanitarian Nutrition Coordination**

The Emergency Nutrition Coordination Unit is a Government unit supported by UNICEF and housed within the National Disaster Risk Management Commission (NDRMC). It leads cluster coordination in addition to being the technical emergency nutrition arm of the Government of Ethiopia (GoE). The ENCU leads and coordinates nutrition partners at federal, regional and district levels for emergency nutrition preparedness and response.

The ENCU also manages several platforms to improve cluster coordination, which include: nutrition cluster meetings, known as the MANTF (Multi-Agency Nutrition Task Force) and the Strategic Advisory Group (SAG). It is here where discussion and development or review of the cluster strategy takes place and technical working groups (TWG) are created to tackle technical issues.

ENCU identifies capacity gaps, support needs and facilitates technical nutrition training at federal, regional and district levels, civil society and the international humanitarian community. Additionally, the ENCU prepares a six-month rolling contingency plan for nutrition cluster emergency response at federal and regional levels.

Within the ENCU TWGs the IYCFE TWG was recently formed. Through this working group advocacy, planning and response for MIYCF-E can take place across all sectors.

There is a Google Drive for the ENCU and their partners where briefing notes, background documents, and meeting minutes are located. It is within this platform that the TWGs also have folders and files for sharing.

The ENCU holds a Multi-Agency Nutritional Taskforce (MANTF) meeting weekly as does the IYCF-E TWG. Meetings for both can be found in the ENCU Google Drive.

The **Flood Response Plan for the 2020 BELG/GU Season Floods** (2020) provides a guide to humanitarian and government coordination in the event of floods. This response plan does provide guidance on IYCF including monitoring and reporting Code violations, the development of support groups, and the provision of IYCF counseling.

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| **Recommended Inclusions for the IYCFE Operational Guildeline** |
| * The IYCF-E TWG to create and launch a Joint Statement on IYCFE including detailed messaging on BMS monitoring and reporting to be shared and signed by all ENCU partners * Ensure that IYCFE is included in all multi-sectoral emergency response and contingency plans including multi-sectoral plans for COVID-19 * Ensure that IYCFE is regularly discussed within the MANTF meetings as well as coordination meetings at the district level * Continue to ensure that MIYCF is included in national emergency response plans |

## Communication

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| **Operational Guidance on IFE** | Timely, accurate and harmonised communication to the affected population, emergency responders and the media is essential |
| **Sphere Standard** | Communicating about available services and healthy infant and young child feeding practices will require adapted messages for different groups providing assistance and for the public. |

Activities based on communications of key messaging are a main component of IYCF-E guidelines. Messages should address the misconceptions of BMS use and highlight the danger of infant formula including follow-up formula, milk powder, bottles and teats. Communications should also inform mothers and caregivers of IYCFE activities available to them, especially where breastfeeding corners and Baby Friendly Spaces are implements. Advocacy in Ethiopia can be delivered through nutrition cluster partners who have a strong organisational IYCFE background and who are respected breastfeeding champions within the community.

The **National Guidelines for AMIYCN** (2016) state that it should be ensured that breastfeeding promotion by health workers take place through multiple channels including radio and print media.

The **National Nutrition Program NNP II** (2016) calls for improved nutrition as it is recognized as a primary form of intervention in national food and nutrition programs. Communication is an integral component of nutrition intervention approaches, such as food production, food assistance, food formulation and fortification, supplementary feeding, promotion of breastfeeding, nutrition related health services and provision of a potable water supply. The **National Nutrition Program NNP II (2016)** states that the ultimate goal of nutrition communication is to produce nutritionally literate decision makers who are motivated, knowledgeable, skilled and willing to choose proper nutrition alternatives and that the Government Communication Affairs is responsible for coordinating and supporting all nutrition communication activities.

The **C4D/SBCC Framework for Improving Maternal, Infant and Young Child Feeding in Ethiopia** (2019)provides a framework for MIYCN messaging and highlights a need for messaging to be tailored to each region. It provides guidance to incorporate MIYCF messaging into communications. It outlines the communication objectives to the broad programme objectives of NNP II as well as the current Seqota Declaration initiative that focus on improved maternal and child health and nutrition outcomes.

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| **Recommended Inclusions for the IYCFE Operataional Guideline** |
| * Include a National Communication and Implementation Strategy and Plan for Infant and Young Child Feeding within the IYCFE strategy   + Mainstream emergency messaging within communication strategies and materials   + Inclusion of Social and Behavior Change Communication (SBCC) activities which cover IYCF, Emergencies, nutrition, Maternal nutrition and gender sensitive programming.   + Develop communications guidance for addressing the media in line with the **NNP II**   + Conduct media monitoring for cover- age, quality and impact. |

## Assessment and Monitoring

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| **Operational Guidance on IFE** | Needs assessment and critical analysis should determine a context specific IFE response. It is essential to monitor the impact of humanitarian actions and inaction on IYCF practices, child nutrition and health; to consult with the affected population in planning and implementation; and to document experiences to inform preparedness and future response. |
| **Sphere Standard** | Safe and appropriate IYCF for the population is protected through implementation of key policy guidance and strong coordination. |

Background data exists through the **Ethiopia Demographic and Health Surveys**[[18]](#footnote-18) and most recently the **2019 Ethiopia Mini Demographic and Health Survey** can be used to develop a general IYCF situation profile to inform decision making and response. Inter-cluster joint needs assessments have been conducted[[19]](#footnote-19) but there were no cluster-approved IYCFE specific assessment tools identified as part of the review. The **Ethiopia 2020 Humanitarian Response Plan** (2020) does state, however that 0.1% of the total budget is allocated for Nutrition related assessments with a tentative plan to undertake fifteen nutrition surveys in 2020.

The **National Nutrition Strategy** (2008) states that the Emergency Nutrition Coordination Unit and Early Warning System of the Federal Disaster Prevention and Preparedness Agency should be used to generate further information and coordination on nutrition. It is envisaged that the Integrated Diseases Surveillance and Response System, which generates information on diseases and their response, will be used to accommodate some nutrition indicators that can be used in responding to emergency nutrition needs.

The **National Guideline on Adolescent, Maternal, Infant and Young Child Nutrition** (2016) state that action should be based on an adequate understanding of the factors affecting infant feeding practices in the specific situation. And that any rapid assessments that are immediately conducted should include data on infants and orphans and should ensure the inclusion of infants under 6 months old. Second stage emergency assessments should take place alongside early implementation of relief activities. Monitoring of mortality and morbidity of infants, provision of infant feeding support, procurement, distribution and use of BMS or comp foods, and the quality of infant foods supplied or used by population should also take place. The document also states that infant feeding issues should be assessed in initial screening for new arrivals.

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| **Recommended Inclusions for the IYCFE Operational Guideline** |
| **Assessment**  Guidance on IYCF-E assessment should include:   * Guidance on integration of IYCF-E within other sector assessments * Pre-Emergency inclusion of IYCFE indicators including:   + The disaggregation of data disaggregation of data for children under two years old by gender and by age as follows: 0-5 months, 6-11 months, 12-23 months, and proportion of PLW.   + The requests or reports of untargeted distribution or donations of BMS, complementary foods, or feeding equipment * Identification of IYCF-E alerts that can be monitored for during joint needs assessments * Include IYCF in situational analyses to demonstrate and justify the need for IYCF-E interventions   **Monitoring**   * Monitor for Code violations and report them to national authorities * Participatory approaches to engage target population groups, including in programme planning and design, feedback sessions and dissemination of findings   *Adapted from the Op Guidance for IFE* |

## Integrated Multi-Sectorial Interventions

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| **Operational Guidance on IFE** | Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions. |
| **Sphere Standard** | Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks and optimises nutrition, health and survival outcomes. |

Multisectoral emergency response plans have been developed for threats such as drought, floods, communicable disease outbreak, and most recently COVID-19 and most include guidance to protect, promote, and support optimal IYCF. However, these interventions could include more IYCFE specific language, especially surrounding the monitoring and reporting of BMS donations and distribution. Risk assessments that are carried out for these plans are instrumental in identifying the likely risks infants, young children and their caregivers will face but it is not clear to what extent IYCFE was included in the assessments. IYCFE has been considered in some key preparedness plans such as the **Joint Government – Humanitarian Partners’ National Flood Contingency Plan 2019 Kiremt Season** and the **Ethiopia 2020 Humanitarian Response Plan**.

IYCFE is addressed in detail in the **Emergency Nutrition Programming Recommendations for COVID-19** (2020), including the monitoring and reporting of BMS and other Code violations, but there is no mention of IYCFE in the **National Comprehensive COVID-19 Management Handbook** (2020) which was written in April 2020. It is recommended that IYCFE be included in any subsequent updates of that document.

The **National Guideline on Adolescent, Maternal, Infant and Young Child Nutrition** (2016) call for effective referral systems established at the outset of any emergency and where appropriate, facilitate and prioritize access to food aid and water for women with infants and young children. It also states that the integration of support services for infant feeding issues should be integrated into health and growth monitoring services and should include a specific focus on unaccompanied children and nutrition rehabilitation centres.

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| **Recommended Inclusions for the IYCFE Guideline** |
| * Develop a clear IYCF-E response framework which specifies standardized IYCF-E activities * Include IYCF-E response framework in all humanitarian response plans. * Identify the minimum preparedness actions required in order to bring nutrition cluster members to the required level of readiness to mount a timely IYCF-E response. * Call for the collection of disaggregated data in line with IYCFE indicators from all partners * Identify referral pathways and ensure that all sectors have IYCF sensitization and referral contact information |

## Minimising the risk of artificial feeding

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| **Operational Guidance on IFE** | In every emergency, it is necessary to assess and act to protect and support the nutrition needs and care of both breastfed and non-breastfed infants and young children.  In emergencies, the use of breastmilk substitutes (BMS) requires a context- specific, coordinated package of care and skilled support to ensure the nutritional needs of non-breastfed children are met and to minimise risks to all children through inappropriate use |
| **Sphere Standard** | Provide appropriate breastmilk substitutes, feeding equipment and associated support to mothers and caregivers whose infants require artificial feeding. |

The most comprehensive document that addresses non-breastfed children is the **National Guideline of Adolescent, Maternal, Infant and Young Child Nutrition** (2016)where artificial feeding is specifically addressed in both the guidance of HIV, where comprehensive guidance is provided including the call for close follow-up for the first two years of life, and the guidance on IYCF in emergencies where the guidance on alternative feeding methods calls for appropriate implementation of artificial feeding programmes at the same time highlighting the need to control and monitor BMS marketing and distribution in accordance with national guidelines. It also states that dried milk powder never included in general rations and bottles and teats never accepted or distributed. It provides guidance on the distribution for BMS stating that only when the mother is absent or otherwise unable to breastfeed should replacement feeding be implemented and that whenever BMS is required for social or medical reasons it is provided for as long as the infants concerned need them.

The **National Guideline of Adolescent, Maternal, Infant and Young Child Nutrition** (2016) also states that it should be health workers who identify infants who need to be fed with BMS if there is no possibility for the infant to be breastfed or fed expressed breast milk by cup then ensure that any action to provide BMS is based on an assessment. However, there is a potential gap in knowledge regarding healthcare worker’s ability to conduct those assessments as they are not included in any of the training modules reviewed for this policy review.

The **Nutrition: Blended Learning Module for the Health Extension Programme** (2011) addresses the risks of artificial feeding highlighting that it is difficult, especially in rural situations because of the expense and preparing the feed hygienically is “almost impossible”.

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| **Recommended Inclusions for the IYCFE Operational Guideline** |
| * Ensure that the management of non-breastfed children is clearly addressed in the IYCFE guidelines and is in line with global guidance and national policy. * Develop training materials which enable responders to appropriately manage non-breastfed infants. * Ensure that cup feeding and relactation are included in operational guidance and training modules. |

## Maternal Nutrition

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| **Operational Guidance on IFE** | In every emergency, it is important to ensure access to adequate amounts of appropriate, safe, complementary foods and associated support for children and to guarantee nutritional adequacy for pregnant and lactating women (PLW). |
| **Sphere Standard** | Give priority to pregnant and breastfeeding women to access food, cash and/or voucher transfers and other supportive interventions. |
| **IASC Gender Handbook for Humanitarian Action** | Protect the right to security, nutrition, and dignity for all and build safer communities. By meeting the nutrition need for all women, girls, men and boys, programmes reduce the need for crisis-affected people to engage in risky coping strategies such as reducing their nutrition intake or undertaking transactional sex. This in turn reduces associated risks of GBV, exploitation, social stigma, unwanted pregnancies and sexually transmitted infections such as HIV/AIDS. |

**National Guidelines on Adolescent, Maternal, Infant, and Young Child Nutrition** (2016) is the only document reviewed that had a specific focus to IYCFE says: "Increase awareness and knowledge about the benefits of maternal nutrition among all stakeholders". The **National Guidelines for the Management of Acute Malnutrition** (2019), however, while not speaking specifically to nutrition included important wording regarding both maternal physical and psychological well-being by saying “Traumatised and depressed mothers may have difficulty caring for their infants and require mental and emotional support to effectively breastfeed." For children under 6 months maternal supportive care "Try to strengthen the mother’s confidence and discourage self-criticism for her perceived inability to provide adequate breast milk."

The **National Nutrition Strategy** (2008) has a specific objective to “provide due attention” to pregnant and lactating women as well as children under age five. They have a specific action to improve the nutritional status of women. This includes education during both pregnancy and lactation, supplements, and deworming.

The **National Nutrition Program 2016-2020 NNP-II** (2015) calls to improve nutrition for pregnant and lactating women through assessments and counselling services, SBCC, mobile teams and SRH services.

The **Basic Emergency, Obstetric, and Newborn Care (BEmONC) Training Manual** (2013) does provide comprehensive training on maternal nutrition. It traines on counselling the women to eat a variety of foods, reassure her that she can eat normal foods without it affecting her milk or harming the infant. It states to spend more time counselling very thin women and adolescents and to understand taboos in the context with regards to food and to engage family members to support the woman.

**Nutrition: Blended Learning Module for Health Extension Programme** (2011) has a comprehensive module on maternal nutrition although it does not specifically address emergencies.

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| **Recommended Inclusions for the IYCFE Operational Guideline** |
| * Incorporate maternal nutrition into the IYCF-E Operational Guidance noting that Ethiopia promotes working within the Lifecycle approach. * Maternal nutrition programmes should be implemented across sectors and follow the same referral pathways that the IYCFE |

## Gender in IYCF-E

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| **Operational Guidance on IFE** | Ensure that gender equality and equity are integrated consistently in disaster prevention, humanitarian response and recovery programmes |
| **Sphere Standard** | Nutrition staff should provide supportive and confidential referral for caregivers or children exposed to gender based violence or child abuse. Other elements to integrate include counselling, working to establish women and child-friendly treatment sites, and regular monitoring of default rates and failure to respond to treatment. Consider including specialized gender-based violence and child protection caseworkers as part of nutrition staff. |
| **IASC Gender Handbook for Humanitarian Action** | Gender should be addressed throughout the Humanitarian Programme Cycle. Projects that analyse and take into consideration the needs, priorities and capacities of both the female and male population are far more likely to improve the lives of affected populations. |

UN Women has produced a rapid assessment of the impact of COVID-19 on “Violence Against Women and Girls and service provision” (link to report: https://bit.ly/2BkmIPG). The study shows the impact in different countries, including Ethiopia, and concludes that the pandemic is having an immense impact on the spread of violence against women and girls (VAWG), especially those who face multiple forms of discrimination. The report documents an increase in VAWG calls/ reports especially to helplines/hotlines and underscores that current reports are most likely an underestimation of the real number of cases given that the great majority of women survivors of violence do not report to police or helplines.

Ethiopia has many policies and documents that include gender considerations in their guidance. The **National Guidelines on AMIYCN** also highlight that food insecurity and malnutrition compounded with gender discrimination leads to and intergenerational cycle of malnutrition. This document also specifically addresses Gender Based Violence (GBV) and the need to provide life skill training to influence community change. The same document calls for ‘significant emphasis on the gender dimension of nutrition’.

The **National Nutrition Strategy II** also highlights the gender dimensions of nutrition and the correlation of gender and undernutrition. The same document calls for gender sensitive nutrition interventions across sectors including the incorporation of gender analysis as part of regular nutrition analyses, gender responsiveness, mainstreaming gender equity within training programmes, and the integration of gender into sectoral nutrition programmes, strategies, and guidelines.

The **National Nutrition Programme NNP-II 2016-2020** (2015) discusses gender and GBV especially with regards to integration. It calls for gender sensitive nutrition implementation Improved. And highlights that gender and nutrition are parts of the cycle of poverty. It states that gender inequality can be a cause as well as an effect of hunger and malnutrition and that gender equality and women’s empowerment is an essential part of human development. Along with unequal, gender based resource distribution at the household level, a number of harmful traditional practices, such as food taboos for women and girls (especially pregnant and lactating women), early marriage, and violence against women, have contributed to the poor nutritional status of the majority of infants, young children and women in Ethiopia"". The Ministry of Women and Children has been mandated to ensure and strengthen gender-sensitive nutrition interventions across sectors."

The **Seqota Declaration Implementation Plan 2016-2030** (2016) highlights the need to integrate gender equality interventions into all sectors. And the document affirms the reciprocal relationship between gender and nutrition and calls for an articulated a way to mainstream gender into various components.

The **Food and Nutrition Policy (2018)** has a specific section on gender responsiveness and states that emphasis will be given to building the capacity of women, women organisations/associations, and women development groups at various levels. This is specifically relevant for the IYCF-E Operational Guidance as these groups could be important stakeholders in MIYCF-E programming.

**Community-Based Newborn Care Implementation Plan** (2013) highlights that traditional beliefs, practices and cultures within different communities are major obstacles to reach pregnant mothers during pregnancy, labour, and particularly in the postnatal care period. Unless these beliefs and practices, particularly at the time of delivery and postnatal care are addressed, it will be hard to reach all mothers who have given birth and also their newborns.

**Ethiopia 2020 Humanitarian Response Plan** (2020) plans to provide health care practitioners training on how to report GBV related risks as well as Protection against Sexual Exploitation and Abuse (PSEA) policy training. Nutrition partners will engage with woreda health offices and women affairs to make GBV care service providers, available services, and referral pathways for GBV survivors.

# Conclusion

An impressive volume of national MIYCF policies, guidelines, and response plans have been developed over the years. The documents provide a framework that can be used for accountability, advocacy, resource mobilisation in addition to standardising the response amongst all stakeholders. It is essential that these policies are well understood and implemented in a manner that ensure the needs of all crisis-affected children are protected and met.

However, given Ethiopia’s vulnerability to disasters, the lack of mainstreaming emergency-related nutrition issues throughout these documents creates a gap that could hinder long term response and emergency programming. There is also a gap with regards to the inclusion of nutrition in health policies and guidance as well. By ensuring inclusion in health policy documents it will put priority on the need for health staff to be trained in and working within IYCF guidelines.

It is important that health and nutrition workers not only have capacity to implement programmes in emergencies but it is also important for them to fully understand the legal restrictions on infant formula and follow-on formula as well as how to avoid conflict of interest within their work and how to report Code violations.

The lack of guidance regarding the needs of non-breastfed infants in guidelines and training materials can put both breastfed and non-breastfed children at risk and must be addressed in the IYCFE Operational Guidance. It is important for the Infant Formula and Follow on Formula Directive (2016) be updated to provide more robust policy in line with all aspects of the Code. It also needs to be clearly included in emergency guidance to show how the national policy on the Code can be supported and upheld during emergencies.

There are a number of emergency related humanitarian response documents that identify IYCF as a priority intervention, which is positive. However, there is some lack of standardisation of IYCFE activities which can be addressed by the IYCFE Operational Guildelines with the creation of an IYCFE minimum service package. The IYCFE Operational Guideline should also include information on how to gather and understand IYCF data during needs assessments to strengthen advocacy and resource mobilization efforts and to ensure that activities are effectively responding to the needs of pregnant and lactating women and infants and young children in line with global guidance.

# ANNEX A: List of Reviewed Documents

*Note: All reviewed documents can be found in the ENCU- IYCFE TWG Google Drive*

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| **Document title** | | | **Organization** | **Date** |
| National Strategy for Infant and Young Child Feeding in Ethiopia | | | FMOH | 2004 |
| National Nutrition Programme 2016-2020 (NNP-II) | | | FMOH | 2015 |
| National Food and Nutrition Strategy | | | FMOH | 2019 |
| Ethiopia IYCFE Plan of Action (2016) FMOH, UNICEF, Tech RRT | | | FMOH | 2016 |
| IYCFE Friendly Interventions: Integrating IYCF-E in Education, Health, Protection, Food Security and livelihoods and WASH sectors | | |  |  |
| National Nutrition Strategy for Newborn and Child Survival in Ethiopia (2015/16- 2019/20) | | | FMOH | 2015 |
| Micronutrient Deficiencies Prevention and Control Guideline | | | FMOH | 2015 |
| Adolescent, Maternal, Infant and Young Child Nutrition Guideline | | | FMOH | 2015 |
| Acute Malnutrition Management Guideline | | | FMOH | 2015 |
| Food and Nutrition Policy | | | FMOH | 2018 |
| National Guideline for the Management of Acute Malnutrition in Ethiopia | | | FMOH | 2019 |
| National Nutrition and HIV/AIDS Implementation Reference Manual | | | FMOH | 2008 |
| National Guideline for HIV/AIDS and Nutrition | | | FMOH | 2008 |
| Multi-sectoral nutrition implementation and coordination guideline | | | FDRE | 2016 |
| National Nutrition Strategy | | | FDRE | 2008 |
| National Nutrition Program II | | | FDRE | 2015 |
| Seqota 15 years strategic plan | | | FDRE | 2016 |
| National Protocol for the Management of Severe Acute Malnutrition | | | FMOH | 2007 |
| [Infant formula directive](http://www.fmhaca.gov.et/wp-content/uploads/2019/03/INFANT-AND-FOLLOW-UP-FORMULA-DIRECTIVE.pdf) | | | FMHACA | 2015 |
| Monitoring tool/guideline for implementation of Food advertisement and Infant formula directives | | | Ethiopian Food Medicine and Healthcare Administration and Control Authority |  |
| C4D/SBCC Framework for Improving Maternal, Infant and Young Child Feeding in Ethiopia | | | PCI Media | 2019 |
| Nutritional Core Competencies for Health Scientist Cadres and Nutritionists in Ethiopia | | | USAID, Save the Children | 2012 |
| **Document** | | | **Body** | **Year** |
| **Health** | | | | |
| National Adolescent and Youth Health Strategy | | | FMOH |  |
| Community-Based Newborn Care Implementation Plan | | | FMOH | 2013 |
| National Strategy for Newborn and Child Survival in Ethiopia 2015/16-2019/20 | | | FMOH | 2015 |
| National Strategy for Newborn and Child Health | | |  |  |
| National Implementation Guideline for Integrated Community Case Management of Childhood Illnesses and newborn care | | | FMOH | 2017 |
| Ethiopia Refugee Program Public Health Sector Strategic Plan, 2014-2018 | | | EPHI | 2014 |
| Health Sector Transformation plan | | | MOH | 2016 |
| **Emergency Response** | | | | |
| Flood Response Plan 2020 Belg/gu Seasons Floods | | | National Flood Task Force | 2020 |
| Ethiopia 2020 Humanitarian Response Plan | | |  | 2020 |
| Humanitarian Response Plan 2019 | | |  | 2019 |
| Health Sector Gender Mainstreaming Manual | | | FMOH | 2013 |
| COVID National Emergency Response Plan | | | FDRE | 2020 |
| Recommendations on food distribution procedures in the context of the global outbreak of COVID-19 | | | Ethiopian Red Cross, FSC, WFP | 2020 |
| **Document** | | | **Body** | **Year** |
| Essential Care for Every Baby Training - Participants' Manual | | |  |  |
| Ethiopia Training of Trainiers Manual in Infant and Young Child Feeding | | |  |  |
| Basic Emergency, Obstetric, and Newborn Care (BEmONC) Training Manual 2013 | | |  |  |
| Using the essential Nutrition Actions to Improve the Nutrition of Women and Children in Ethiopia, including under situations of Emergencies and HIV and AIDS | | | EPHI | 2004 |
| Integrated Management of Newborn and Child Illness, Part 1 | | | FMOH | 2011 |
| Integrated Management of Newborn and Child Illness, Part 2 | | | FMOH | 2011 |
| Nutrition: Blended Learning Module for the Health Extension Programme | | | FMOH | 2011 |
| NUTRITION EDUCATION TRAINING FOR AGRICULTURE EXTENSION OFFICERS Training Sessions and Resources | | | IYCN/USAID |  |
| Reproductive, Maternal, Neonatal and Child Health Program Overview and Pharmaceuticals Management Training for Pharmacy Professionals Participant Manual | | |  |  |
| **Document** | | | **Body** | **Year** |
| [Ethiopia Mini Demographic and Health Survey](https://dhsprogram.com/publications/publication-PR120-Preliminary-Reports-Key-Indicators-Reports.cfm) | | | EPHI | 2019 |
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1. [WHO (1981) International Code of Marketing of Breast-milk Substitutes](https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/) [↑](#footnote-ref-1)
2. The Code applies to the marketing and practices related thereto, of the following products: breast milk substitutes including infant formula; other milk products, foods, and beverages, including bottle‐fed complementary foods when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast‐milk, feeding bottles and teats. It also applies to their quality and availability and to information concerning their use (Article 2. Scope of the Code, WHO, [1981](https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12730#mcn12730-bib-0044)). [↑](#footnote-ref-2)
3. [IFE Core Group (2017) Operational Guidance on Infant and Young Child Feeding in Emergencies V. 3](https://www.ennonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf) [↑](#footnote-ref-3)
4. [Sphere Project (2018) Sphere Handbook: Humanitarian Charter and Minimum Standards](https://handbook.spherestandards.org/en/sphere/#ch007_006) [↑](#footnote-ref-4)
5. ## [IASC (2017) Gender Handbook for Humanitarian Action](https://www.gihahandbook.org/media/pdf/en_topics/nutrition.pdf)

   [↑](#footnote-ref-5)
6. [*Ethiopia Mini Demographic and Health Survey (EMDHS)* (2019) EPHI, FMoH](https://dhsprogram.com/pubs/pdf/PR120/PR120.pdf) [↑](#footnote-ref-6)
7. [*Ethiopia: Nutrition Profile* (2014) USAID](https://www.usaid.gov/sites/default/files/documents/1864/USAID-Ethiopia_NCP.pdf) [↑](#footnote-ref-7)
8. *Ethiopia Mini Demographic and Health Survey (EMDHS)* (2019) EPHI, FMoH [↑](#footnote-ref-8)
9. IYCFE TWG ToR [↑](#footnote-ref-9)
10. NNP II Strategic Objective 1: improve the nutritional status of women (15–49 years) and adolescent girls (10–19 years) [↑](#footnote-ref-10)
11. NNP II Strategic Objective 2: Improve the nutrition status of children from birth to 10 years. [↑](#footnote-ref-11)
12. Lillian Karanja Odhiambo, Dr Charulatha Banerjee, Natalie Sessions, Jeremy Shoham and Carmel Dolan from ENN and Dr. Sisay Sinamo and the Programme Delivery Unit, Ethiopian Government. (2019). Multi-sector programmes at the sub-national level: A case study of the Seqota Declaration in Naedir Adet and Ebinat woredas in Ethiopia. www.ennonline.net/mspcasestudyethiopia2019 [↑](#footnote-ref-12)
13. Found here: <https://www.who.int/publications-detail/9789240006010> [↑](#footnote-ref-13)
14. Due to the inclusion of ages covered up to 36 months [↑](#footnote-ref-14)
15. Due to defined sanctions for violations and identification of who is responsible for monitoring compliance [↑](#footnote-ref-15)
16. Due to required labeling on risks, warnings, promotion of the benefits of breastfeeding and prohibited content on labels such as images [↑](#footnote-ref-16)
17. Personal communication in IYCFE subTWG [↑](#footnote-ref-17)
18. Found at: <https://dhsprogram.com/Where-We-Work/CountryMain.cfm?ctry_id=65&c=Ethiopia&Country=Ethiopia&cn=&r=1> [↑](#footnote-ref-18)
19. Found at: <https://www.humanitarianresponse.info/en/operations/ethiopia/education/assessments> [↑](#footnote-ref-19)