

Webinar Series for  
Latin America and the Caribbean Region

## Infant and Young Child Feeding in emergency context (IYCF-E)

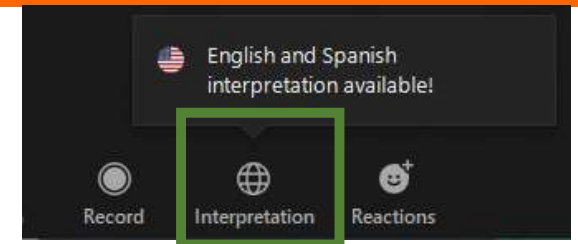


20 October 2022

# Interpretation- traduction

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2. Select the audio that you want to hear (English, French or Spanish).
3. Important for speakers: Please keep speaking in just one language. Do not switch between 2 languages when you speak.



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1. Cliquez sur l'icône « interprétation » en bas de l'écran.
2. Sélectionnez le son que vous souhaitez écouter (anglais, français, ou espagnol).
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## Facilitators



**Yvette Fautsch**  
Nutrition Specialist

UNICEF Regional Office  
for Latin America and  
the Caribbean



**Patricia Domínguez**  
Nutrition Consultant

UNICEF Regional Office  
for Latin America and  
the Caribbean



**Andrea García**  
Senior Advisor  
Emergency  
Nutrition

Save the Children



**Daiana Albino  
Pena**  
Health & Nutrition  
Officer

UNICEF Brazil



**Sanja Segvic**  
Program Officer

Technical Support  
Team, GNC  
Technical Alliance



## Webinar Working Group



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## WEBINAR SERIES

### Infant and Young Child Feeding in Emergencies (IYCF-E)

**6 October 2022:** Breastfeeding support in emergencies

**13 October:** Support to infants who cannot be breastfed in emergencies

**20 October:** Support to complementary feeding in emergencies (focus on children 6-23- months)

09:00 am (GMT+5/EST/ Panama time)

[Webinar registration - Zoom](#)



# Why focusing on the first 2 years of life?



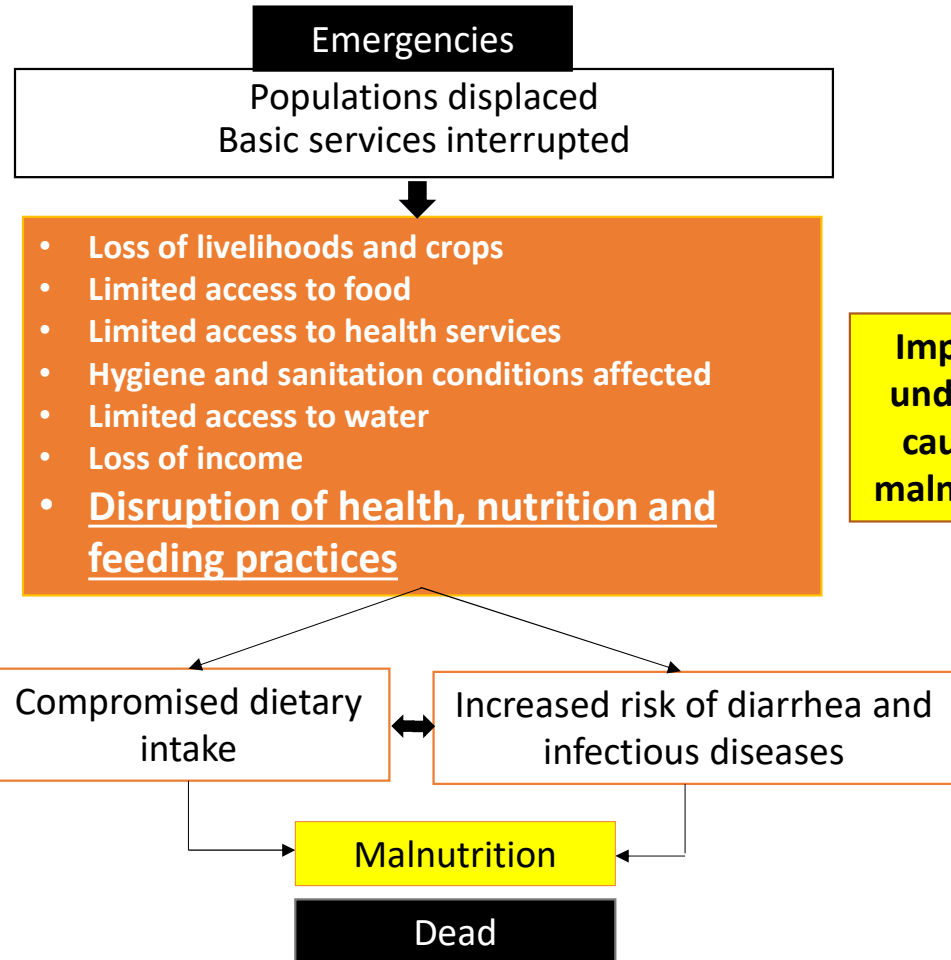
The first 2 years of life:

- **Vulnerable period:** immune system under development
  - **Period of rapid physical growth and accelerated mental development** that offers a unique opportunity to build lifelong health and intelligence.
    - The brain grows more quickly than at any other time in a person's life and a child needs the right nutrients at the right time to feed her brain's rapid development.
  - The right nutrition and care during these period **influences**
    - **whether the child will survive**
    - **his or her ability to grow, learn and rise out of poverty**
- contributes to society's long-term health, stability and prosperity.

Source: The first 1,000 days of life: The brain's window of opportunity, UNICEF 2013

**Foundation for a child's health development across the lifespan**

# Feeding practices are affected by emergencies



**Impact on underlying causes of malnutrition**

## Objectives of this IYCF-E webinar series

**Main aim:** Strengthen the technical knowledge and capacities on Infant and Young Child Feeding in Emergencies (IYCF-E) of organizations involved in responding to emergencies in Latin America and the Caribbean.

**Target audience:** government institutions, NGOs, UN agencies and emergency coordination platforms among others. Feel free to share to potentially interested colleagues.

**Format:**

**Why?** To explain the rationale of the interventions and practices that are promoted in emergencies.

**What?** To go into depth regarding the interventions and practices should be promoted in emergencies

**How?** To explain the steps to take during an emergency à emergency response

## Support for complementary feeding in emergencies (children 6-23 months)



# Support to complementary feeding in emergencies

## KEY TOPICS

- What is complementary feeding?
- What are the current complementary feeding practices in LAC?
- Why is the complementary feeding period (6-23 months) so important?
- What are the challenges to complementary feeding in emergencies?
- How can complementary feeding be supported during emergencies?
- *Case Study - Brazil*

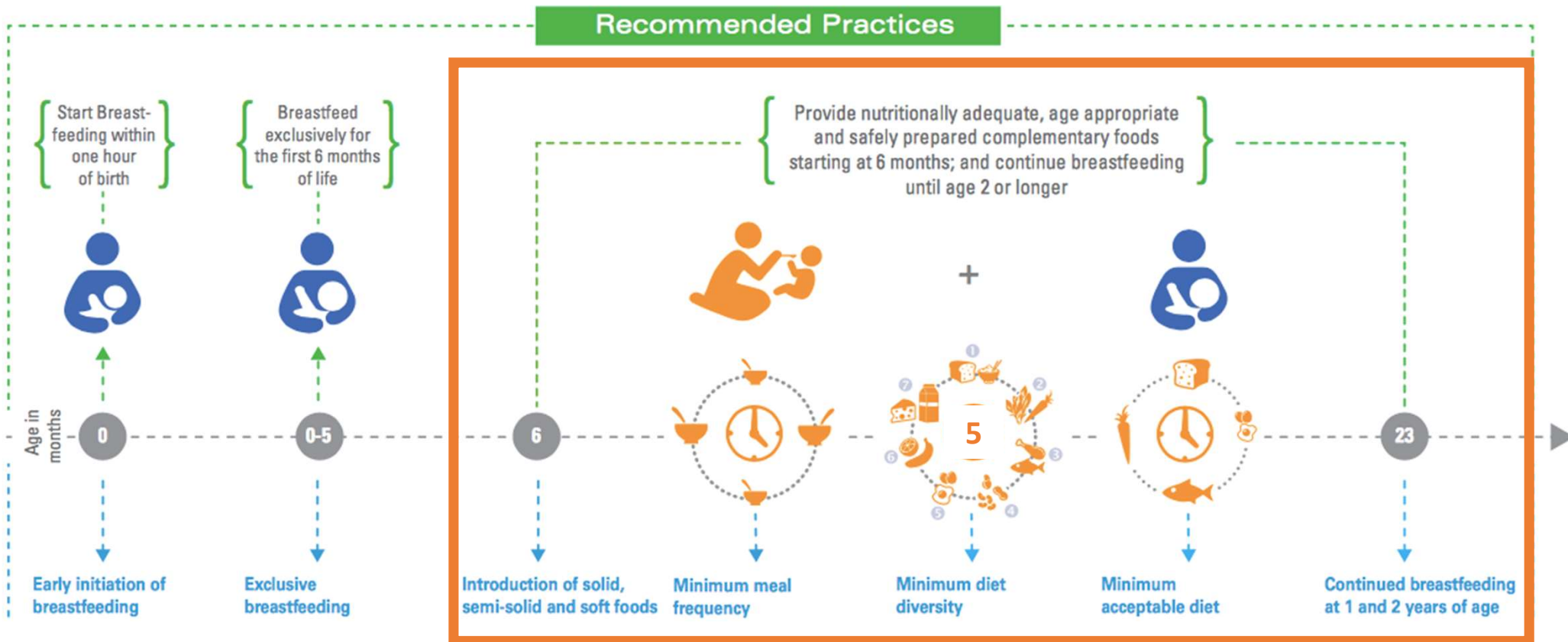


A mother feeding her 8-month child in Guatemala.



# What is complementary feeding?

# Complementary Feeding



Fuente: From the first hour of life - UNICEF, 2016

# What should children eat?



**Breastmilk**



**Diverse and nutrient-dense foods**

To meet the minimum dietary diversity, 5 of 8 food groups are required.



**Animal-source foods, fruits and vegetables**



**Fortified foods or vitamins and mineral supplements**  
(as needed)



**Avoid giving drinks or food with low nutrient value**



**Avoid adding sugars to home prepared foods and beverages**

Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Dietary Diversity

To meet the minimum dietary diversity for healthy growth and development, children need to consume foods from **at least five out of the eight** recommended food groups.

The eight food groups are:



**Without enough diversity in the diet, it is not possible to have enough nutrients to grow well, with devastating consequences for physical and mental development.** UNICEF and WHO recommend that young children eat at least 5 of the 8 recommended groups

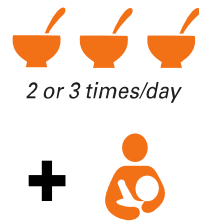
Source: Child Food Poverty A Nutrition Crisis in Early Childhood, UNICEF 2022

# When and how should children eat?

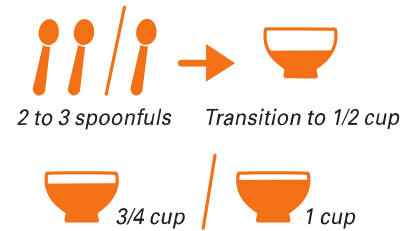
## Timely introduction of "first foods"



## Age-appropriate meal frequency



## Age-appropriate amounts



## Age-appropriate food consistency



## Safe preparation, storage and use



## Responsive feeding and caregiving



## Feeding during and after illness



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Timely

Foods needs to be introduced when the needs for energy and nutrients exceeds what can be provided through exclusive breastfeeding

## Timely introduction of “first foods”



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020



# Adequate



In

**Frequency**

**Amount**

**Consistency**

**Dietary Diversity**

Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Frequency of feeds

## **Breastfed children** should:

- be fed at least two meals or snacks a day from the age of 6 months and
- at least three meals or snacks from the age of 9 months.

**Non-breastfed children** should be fed at least four times a day.

## **Age-appropriate meal frequency**



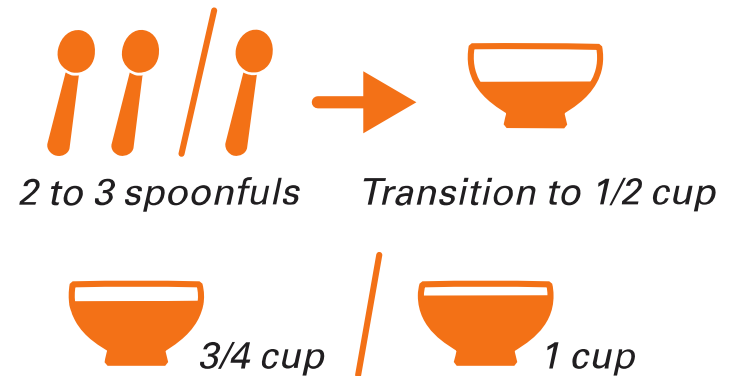
Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Amount of food

Caregivers should gradually increase the quantity of food in each meal from:

- a few tablespoons at 6 months of age to
- a full cup by 2 years of age.

## Age-appropriate amounts



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Food consistency

- Should transition from soft or mashed, to semi-solid, to solid foods consumed by the family, by the time children are aged 12 months.
- Children with disabilities who face eating and drinking difficulties may need pureed food, but otherwise, the extended use of pureed foods can make babies less likely to accept foods of varied textures and consistencies.

## Age-appropriate food consistency

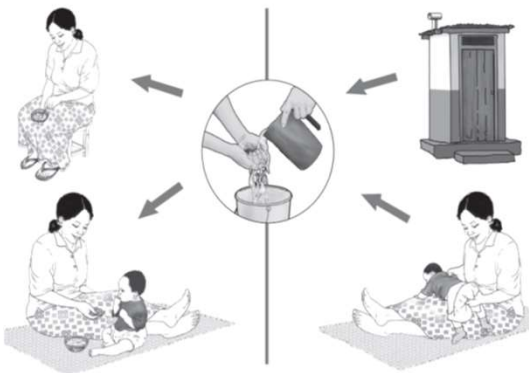


Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Safe

Meals should be prepared and fed with clean hands, dishes and utensils; served with safe drinking water; and stored safely away from animals and insects, at an appropriate temperature

## Safe preparation, storage and use



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Responsive feeding

- Feeding approach where caregivers encourage children to eat, provide food in response to the child's appetite and satiety signals, and feed their children with care. Responsive feeding helps children develop healthy eating habits.
- There are four stages of responsive feeding:

No force feeding!

1

The child signals hunger or satiety (fullness) through actions, voice/sound and expressions

2

The caregiver recognizes the signals;

3

Caregiver responds in a prompt, emotionally supportive and developmentally appropriate way

4

The child experiences the caregiver's response;



Source: IYCF-E Curriculum V2 2022 Save the Children



# Feeding during and after illness

Meals, snacks, breastmilk and other fluids should be offered more frequently during and after illness to help children recover.

## Feeding during and after illness



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Monitoring



## Minimum meal frequency

Percentage of children aged 6-23 months who were fed the minimum number of meals/snacks during the previous day



TOTAL



## Minimum diet diversity

Percentage of children aged 6-23 months who were fed at least 5 (5 out of 8) food groups the previous day



## Minimum acceptable diet

Percentage of children aged 6-23 months who were fed the minimum number of meals/snacks as well as food from the minimum number of food groups<sup>1</sup>



## Recommendations for feeding the non-breastfed child from 6 to 24 months

The non-breastfed child should receive:

- extra water each day (2-3 cups in warm weather and 4-6 cups in hot weather)
- essential fatty acids (foods of animal origin, fish, avocado, vegetable oil, nut pastes)
- adequate iron (animal foods, fortified foods, or supplements)
- milk (1-2 cups a day)
- additional meals (1-2 meals a day)

Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020



# What should young children not eat?



**Foods high in sugar, salt, and trans and saturated fats - such as:**

- Sweets
  - Cookies
  - Chips
  - sweet drinks
  - sugary purees and juices
- provide energy but lack nutrients.

Inadequate levels of sugar, salt, and unhealthy fats can also be found in some commercially prepared foods geared toward young children.

Consumption of these foods can crowd out more nutritious ones, establish lifelong taste preferences, and contribute to overweight and obesity.

Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Complementary feeding counselling

- **Complementary Feeding Counselling** is:
  - A two-way interaction between a trained IYCF counsellor and one or more mothers or other caregivers of children (most typically) under two years of age.
- The **process** involves:
  - listening to concerns
  - discussing questions
  - teaching about complementary feeding
  - observing and assisting with the normal challenges with complementary feeding.
- **Aim:**
  - Empower women to feed their children and to strengthen responsive caregiving practices while respecting their personal situations and wishes

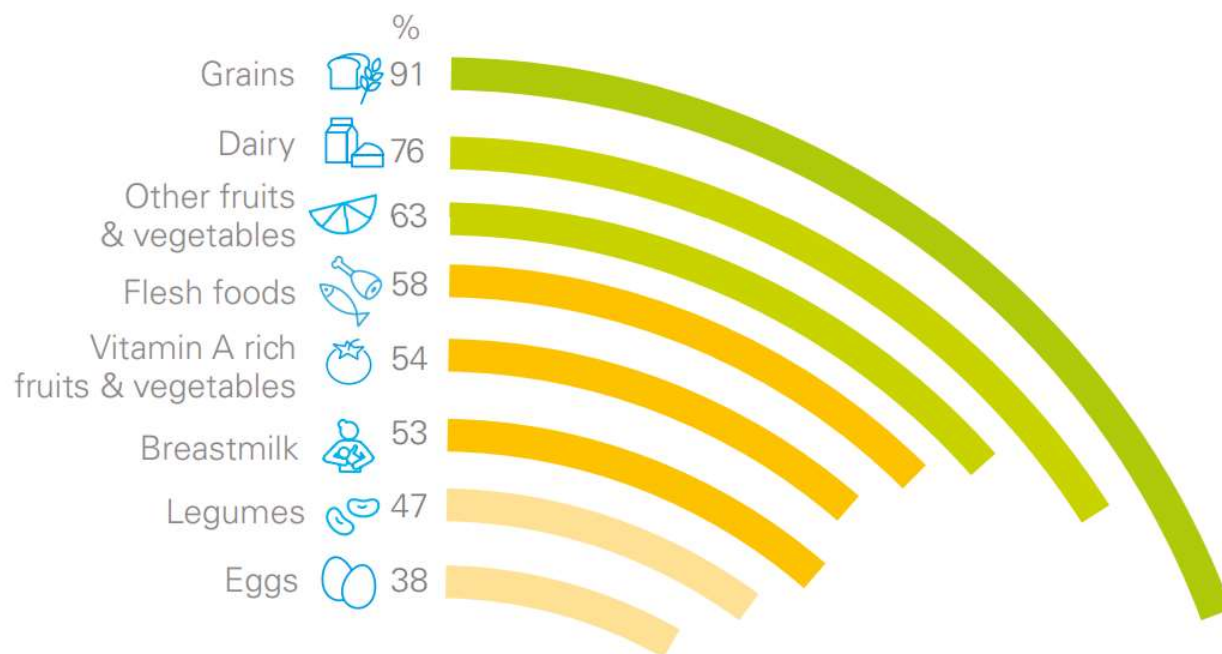


*During counseling, support is provided so that caregivers know how to feed young children following the recommendations*

# What are the current complementary feeding practices in LAC?



## Percentage of children aged 6–23 months fed food groups, by type, Latin America and the Caribbean, 2018



**30%** of children aged 6–23 months in Latin America and the Caribbean are not being fed much-needed nutrients from animal source foods.



**20%** of children aged 6–23 months in Latin America and the Caribbean are not fed any fruits or vegetables.

**Percentage of children aged 6–23 months eating at least 5 of 8 food groups (Minimum Dietary Diversity), by country, 2018**

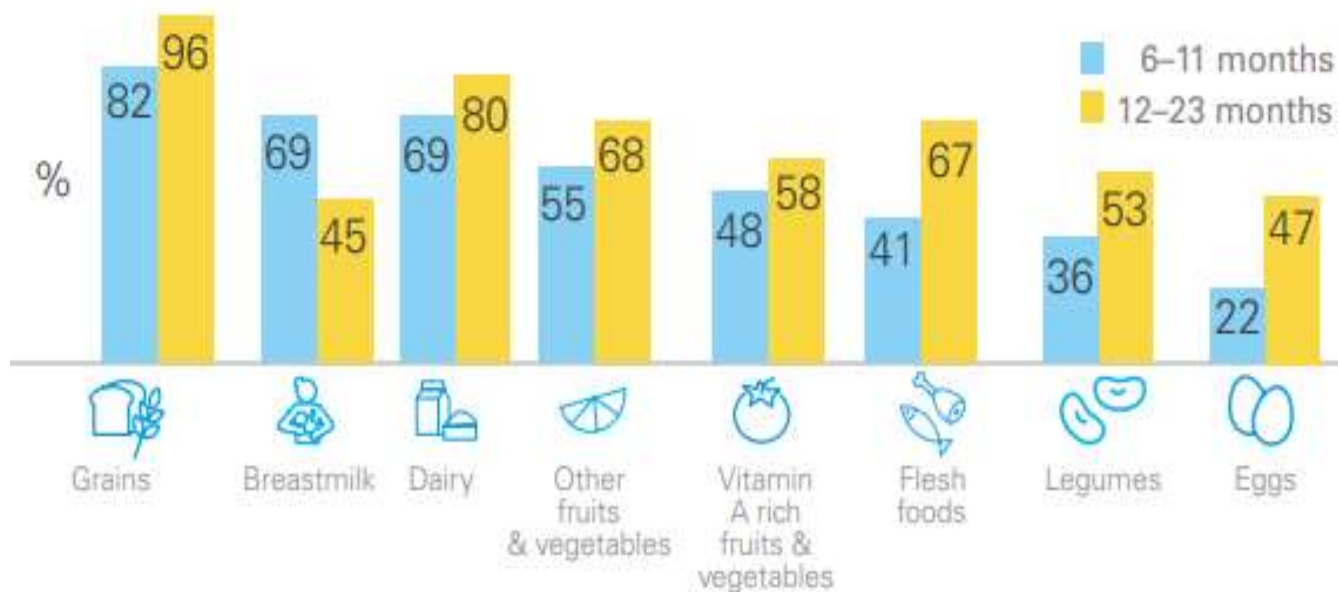


**2 in 5 children** do not eat foods from the minimum number of food groups in Latin America and the Caribbean.

Source: The State of the World's Children 2019 – Regional brief for Latin America and the Caribbean Region

## The youngest children have least diverse diets

Percentage of children aged 6–23 months fed food groups, by type and age, Latin America and the Caribbean, 2018

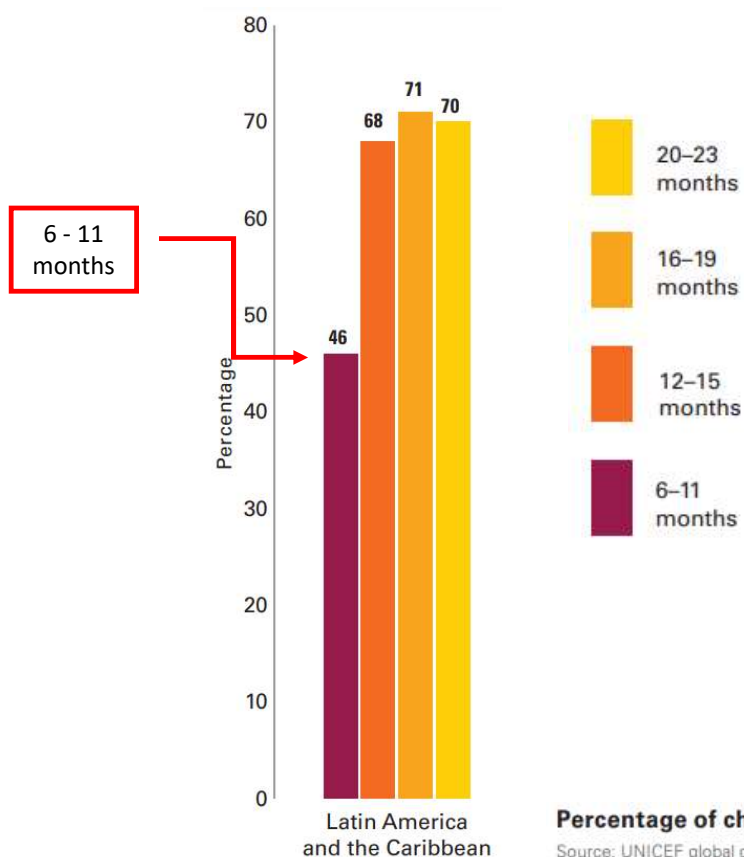


Children 6-11 months are eating less diverse diets compared to children 12-23 months of age.

Source for all figures: UNICEF global databases, 2019.

Source: The State of the World's Children 2019 – Regional brief for Latin America and the Caribbean Region

# The youngest children have least diverse diets



When children start eating soft, semi-solid or solid foods at 6 months old, they need nutritious and safe diets with a range of nutrients to grow well.

**Percentage of children aged 6–23 months with minimum dietary diversity, by age group and UNICEF region, 2020**

Source: UNICEF global databases, 2021, based on MICS, DHS and other nationally representative sources.

Source: Fed to Fail. The Crisis of Children's Diets in Early Life, UNICEF 2022

# Lower income families – globally

**Families, especially lower-income families, struggle to find, access and afford nutritious foods for their young children.**

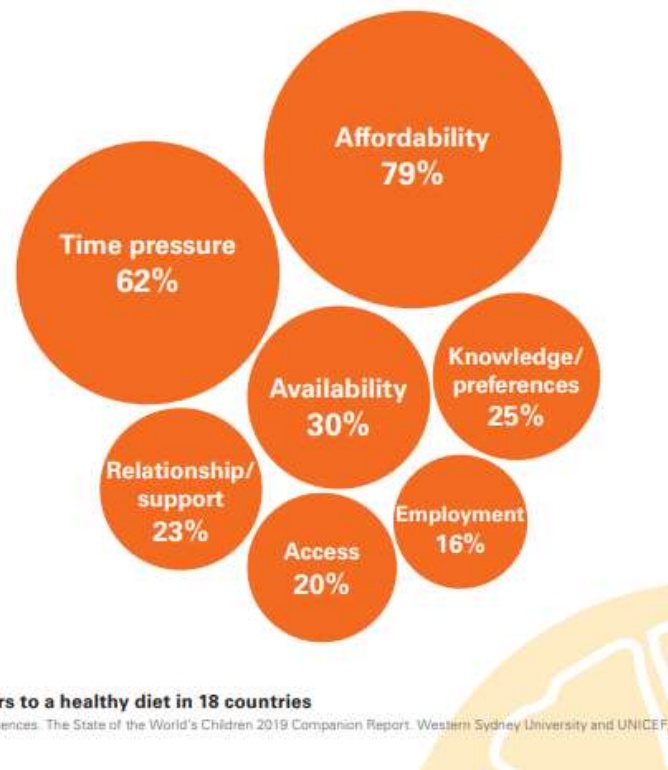


FIGURE 17

**Percentage of mothers of young children reporting barriers to a healthy diet in 18 countries**

Source: Schmied, V. et al. (2020). Food and nutrition: Mothers' perceptions and experiences. The State of the World's Children 2019 Companion Report. Western Sydney University and UNICEF, Sydney.

Source: Fed to Fail. The Crisis of Children's Diets in Early Life, UNICEF 2022

## Some children are fed processed foods and drinks before 6 months of age

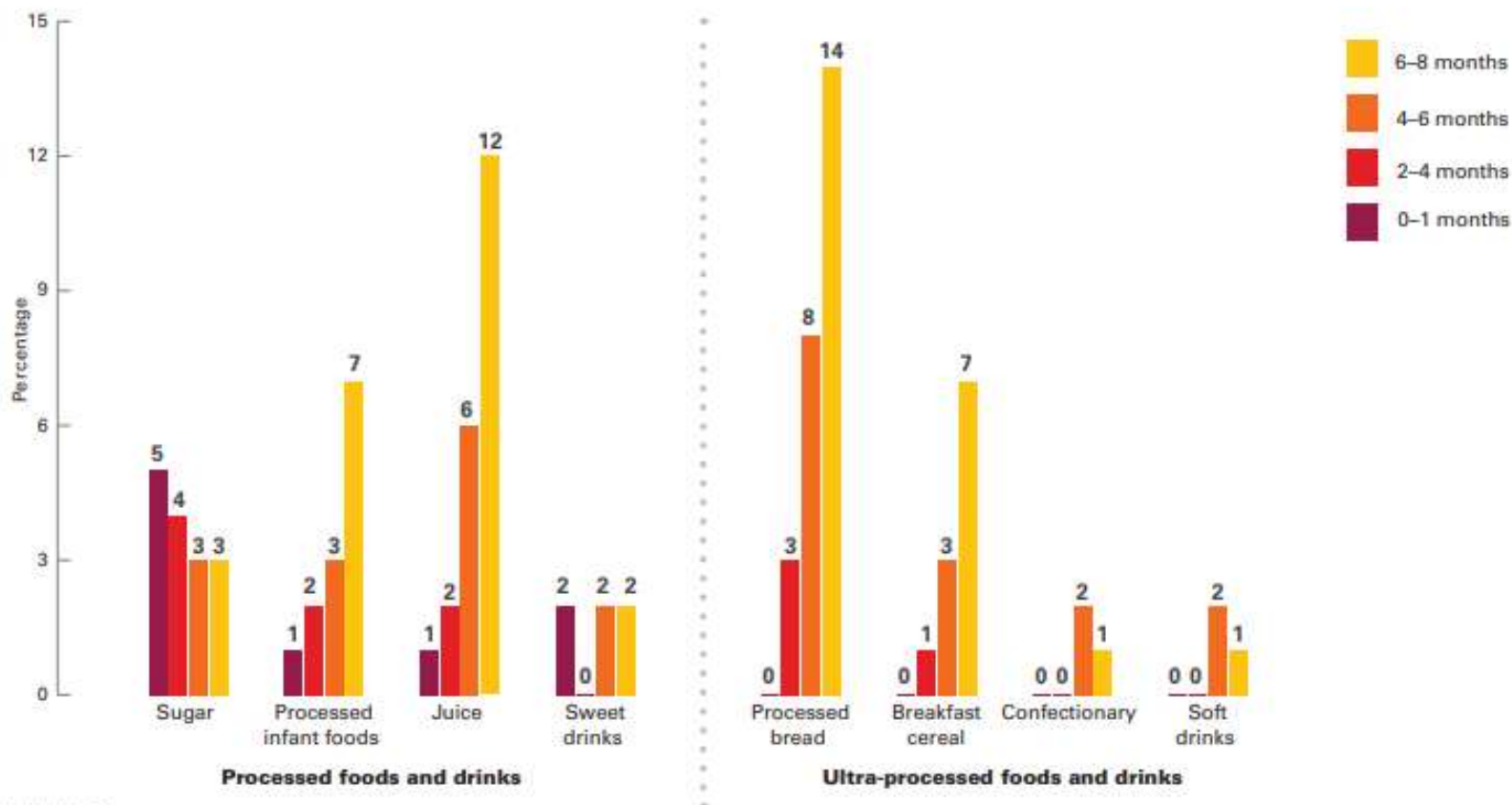


FIGURE 24  
**Percentage of children introduced to processed and ultra-processed foods and drinks by age**

Source: Schmied, V. et al. (2020). Food and nutrition: Mothers' perceptions and experiences. *The State of the World's Children 2019 Companion Report*, Western Sydney University and UNICEF, Sydney.

Source: Fed to Fail. The Crisis of Children's Diets in Early Life, UNICEF 2022

# Why is the complementary feeding period (6-23 months) so important?



## Critical stage

In the first two years of life:

- **A child's brain grows to 75% of adult size.**
- **More than 1 million new neural connections are formed every second**
- **Height increases by 75% during this time**
- **Body weight quadruples**



- **Extraordinarily high nutrient needs**
- **Small stomachs require frequent and diverse meals**

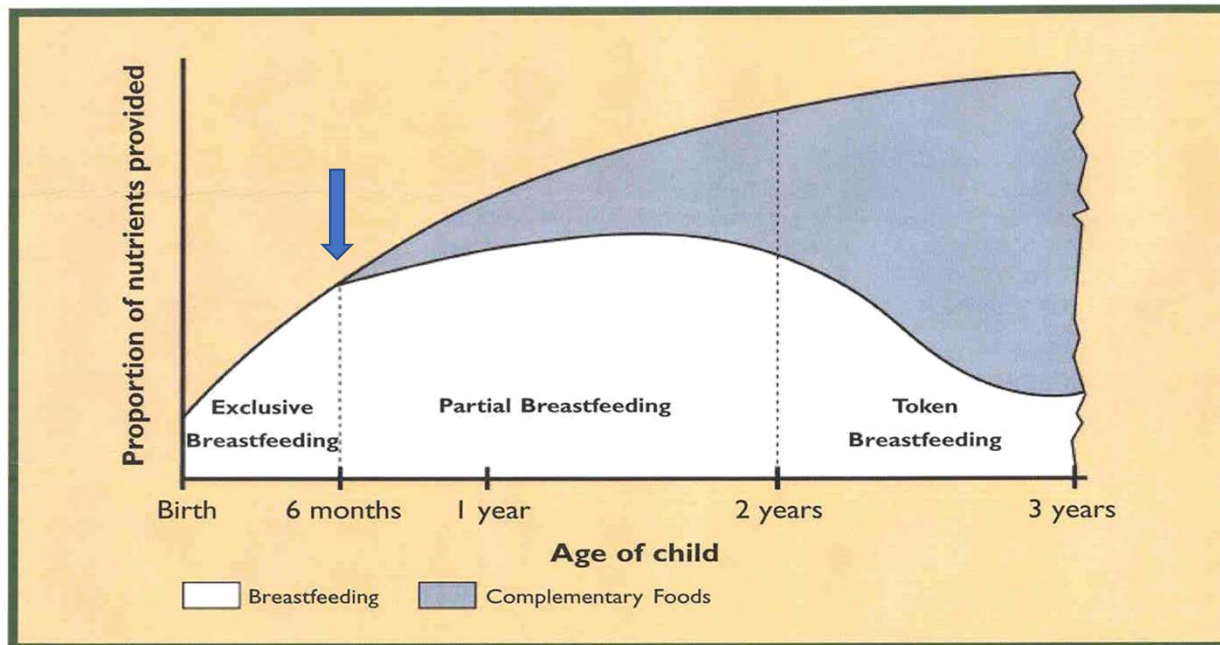


Children between 6 months and 2 years of age have greater nutrient needs per kilogram of body weight than at any other time in their life.



# Critical stage

## Stages of Infant and Young Child Feeding



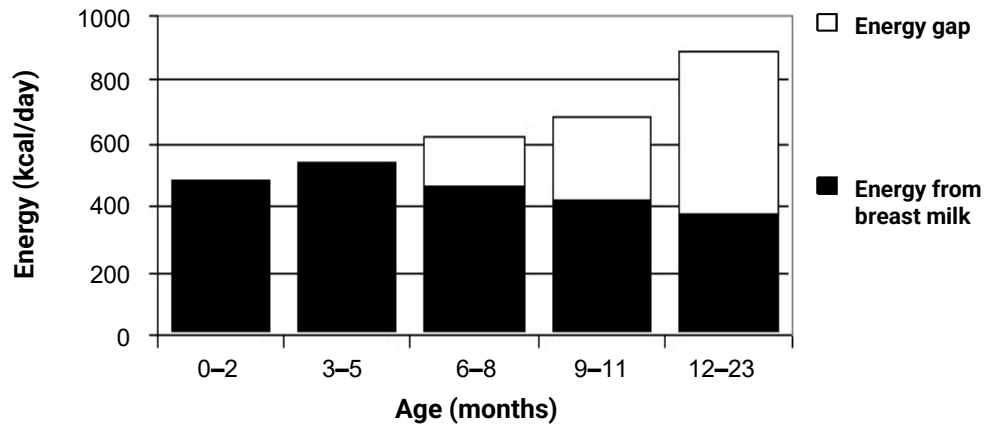
IBFAN

Breastfeeding after 6 months is still very important in young children's diets

# Gaps starting at 6 months of age

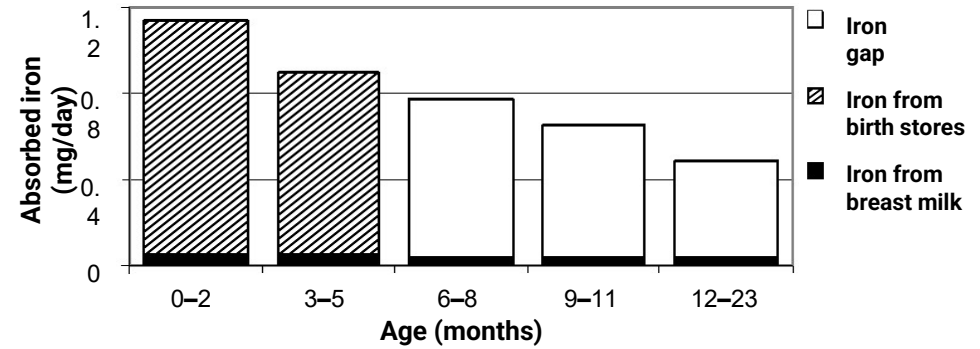
## Energy and iron

Energy required by age and the amount supplied from breast milk



The iron gap

Absorbed iron needed and amount provided

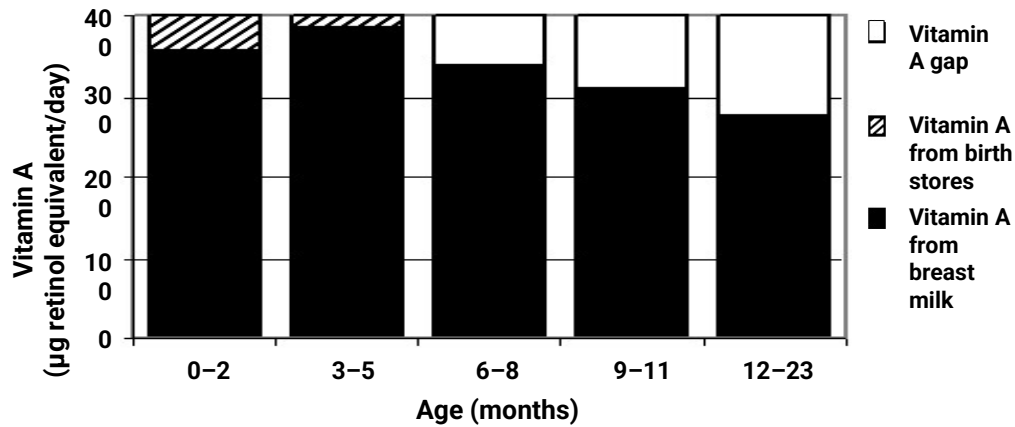


Source: Infant and young child feeding counselling: an integrated course: trainer's guide, 2nd ed, WHO 2021

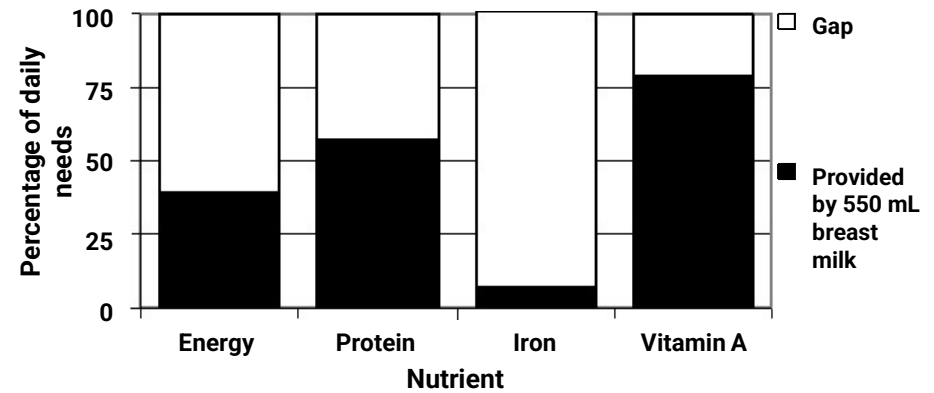
# Gaps starting at 6 months of age

## Gap for vitamin A

Vitamin A needed and amount provided



## Gaps to be filled by complementary foods for a 12-24-month-old child



Source: Infant and young child feeding counselling: an integrated course: trainer's guide, 2nd ed, WHO 2021

# Stunting and wasting are very common in this period

## Because:

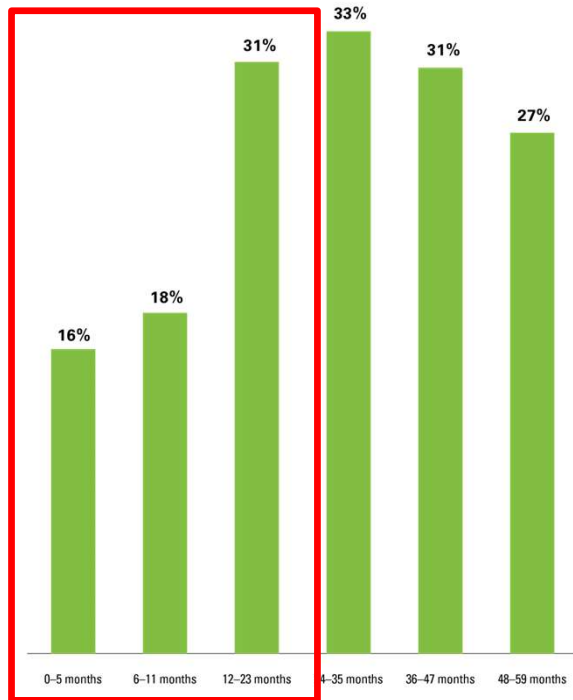
- Inadequate quantity of foods
- Inadequate diversity of foods
- Poor feeding practices
- Increased infection



# Global overview



**Stunting increases rapidly between 6 and 23 months of age**

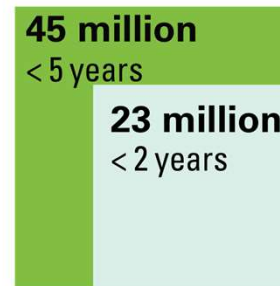


**Percentage of children under 5 affected by stunting, by age in months, 2020\***

Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Stunting (Survey Estimates), 2021, New York

**More than half of all children with wasting are younger than 2 years of age**

**45 million children under 5 with wasting in 2020...**



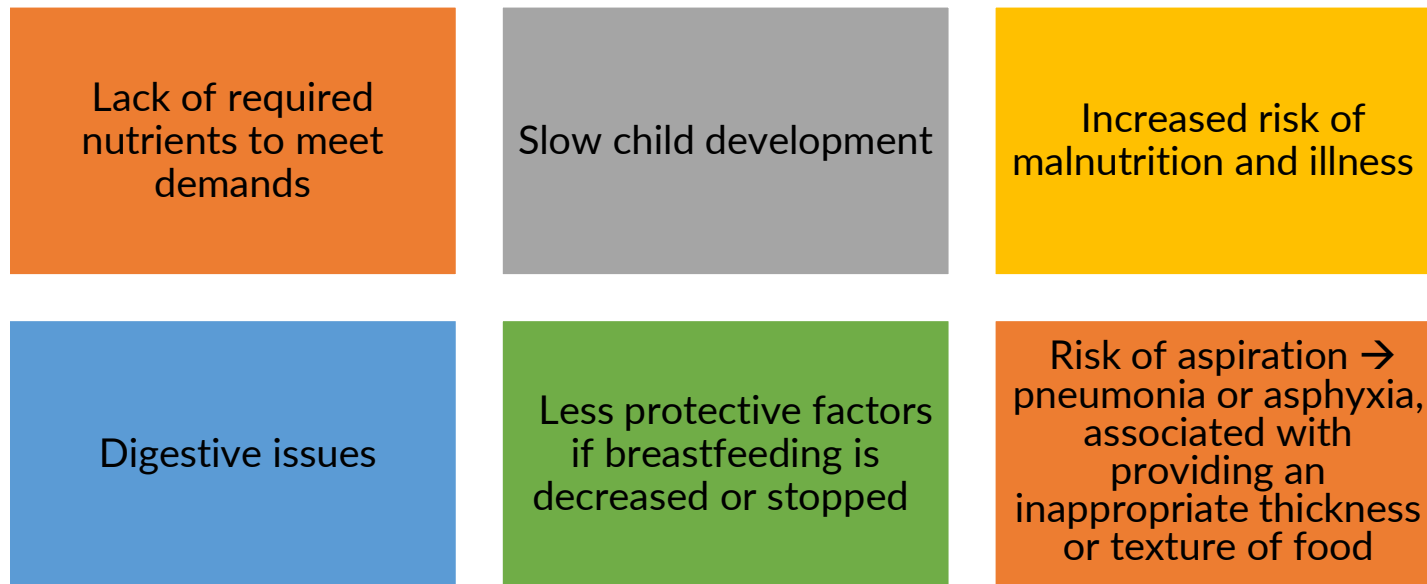
*...of which 23 million are under 2 years of age*

**Estimated number of children under 2 affected by wasting out of all affected children under 5 years of age**

Source: Based on internal UNICEF estimates, 2021

Source: Fed to Fail. The Crisis of Children's Diets in Early Life, UNICEF 2022

## Other consequences of inadequate feeding practices in children 6-24 months



Source: IYCF-E Curriculum V2 2022, Save the Children

# What are the challenges to complementary feeding in emergencies?





# The problem with donations

## Donations undermine complementary feeding practices

Donated complementary foods may:

- Not meet nutritional and safety standards
- Code labelling requirements, or recommendations of WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children.
- May be culturally inappropriate; and may undermine local food use and recommended IYCF practices.



Sri Lanka, post-tsunami. Distribution of formula the NGO had been given in “big quantities”

# The Code

## The Code still applies in emergencies – it is especially important!

- The International Code of Marketing of Breastmilk Substitutes (the Code) and its subsequent relevant WHA resolutions are important for protecting infants and caregivers from inappropriate marketing of breastmilk substitutes.
- Specifically, WHA 69.9 which focuses on Ending inappropriate promotion of foods for infants and young children
- It is important to prevent the emergency response from being used to create a potential market for specific foods; to ensure interventions are needs based rather than donor-driven; and to guarantee adequate quality and safety of the diet.



*Código Internacional de  
Comercialización de Sucesdameos  
de la Leche Materna*

SIXTY-NINTH WORLD HEALTH ASSEMBLY  
Agenda item 12.1

WHA69.9  
28 May 2016

**Ending inappropriate promotion of foods  
for infants and young children**

The Sixty-ninth World Health Assembly,  
Having considered the reports on maternal, infant and young child nutrition;<sup>1</sup>

Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23 (2010) on infant and young child nutrition, appropriate feeding practices and related questions;

Further recalling resolution WHA65.6 (2012) on maternal, infant and young child nutrition, in which the Health Assembly requested the Director-General to provide guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23;

Convinced that guidance on ending the inappropriate promotion of foods for infants and young children is needed for Member States, the private sector, health systems, civil society and international organizations;

Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months based on WHO<sup>2</sup> and FAO dietary guidelines and in accordance with national dietary guidelines;

Recognizing that the Codex Alimentarius Commission is an intergovernmental body which is the principal organ of the joint FAO/WHO food standards programme and that it is the appropriate body for establishing international standards on food products, and that reviews of Codex standards and guidelines should give full consideration to WHO guidelines and recommendations, including the International Code of Marketing of Breast-milk Substitutes and relevant Health Assembly resolutions,

1. WELCOMES with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children;

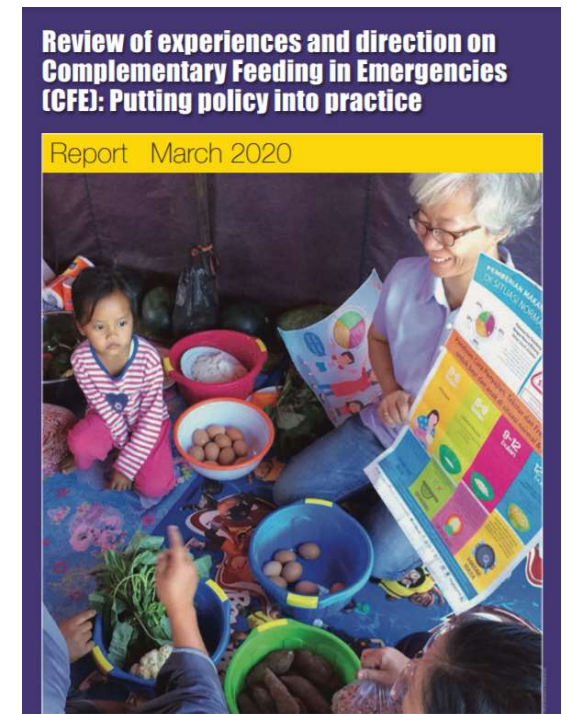
<sup>1</sup> Documents A69/7 and A69/7 Add.1.  
<sup>2</sup> Pan American Health Organization, World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington (DC): Pan American Health Organization; 2003. Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005.

# Challenges in the implementation of complementary feeding programs in emergencies

Findings from the IFE CG Review on Complementary Feeding in Emergencies

## Factors affecting implementation

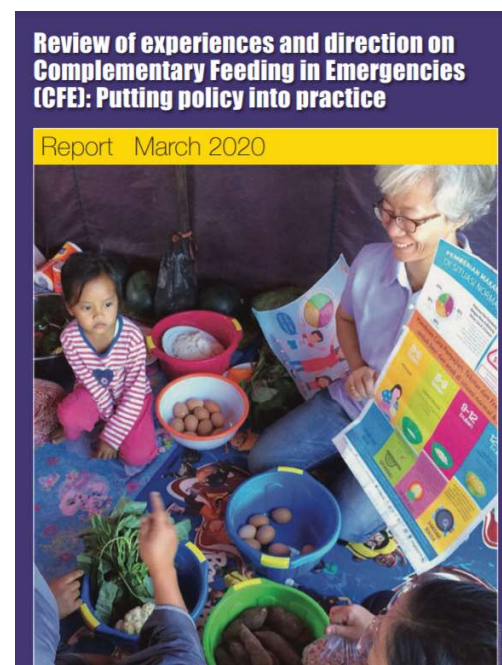
- Coordination and leadership
- Needs assessment
- Funding
- Supplies for CFE
- Preparedness
- Partners' own perceived limitations in programming



# Challenges in the implementation of complementary feeding programs in emergencies

Findings from the IFE CG Review on Complementary Feeding in Emergencies

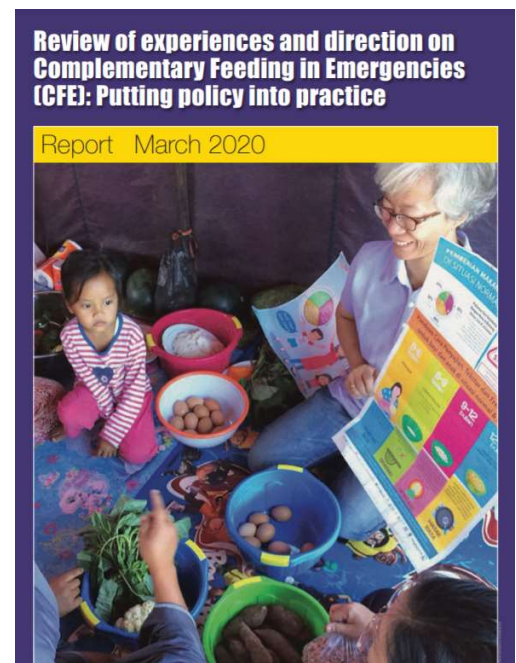
- **Coordination & leadership:** Gaps were described in CFE coordination and leadership at country and agency level.
- **Needs assessment:** Decisions to intervene in CFE rarely included needs assessment
- **Funding:** To address IYCF-E including CFE, there is need for a holistic, funded package of interventions, including WASH, health and food security, in addition to nutrition. This was not always possible due to funding constraints.



# Challenges in the implementation of complementary feeding programs in emergencies

Findings from the IFE CG Review on Complementary Feeding in Emergencies

- **Supplies for CFE:** The provision of a diversified diet has been very challenging.
- **Preparedness:** preparedness was identified as a major gap and barrier to effective and efficient CFE response.
- **Partners' own perceived limitations in CFE programming:** partners didn't know what really constitutes an effective and efficient CFE intervention and did not have enough information on the "how" of implementing a CFE program.

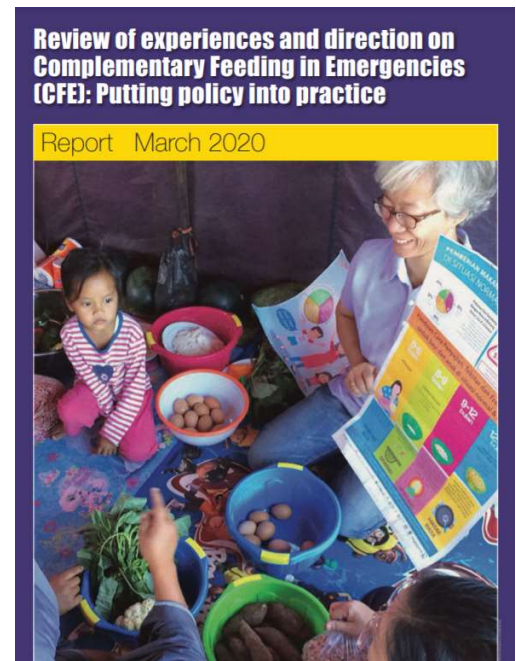




# Challenges in the implementation of complementary feeding programs in emergencies

Findings from the IFE CG Review on Complementary Feeding in Emergencies

- 1. Existing policies and guidelines:** Combination of OG-IFE, WHO and UNICEF guidelines, and country-specific IYCF norms. However, most of them are focus on breastfeeding and BMS. Lack of IYCF guidance based on complementary feeding.
- 1. Awareness on policies and guidelines:** dissemination to frontline health and nutrition workers from government and NGO staff, including national NGOs, is an important gap.
- 2. Perception related to policies and guidelines:** Even though guidance exists on the “what” in the OG-IFE, there is a need for guidance on the “how” in order to put the guidance into practice in an emergency.



# How can complementary feeding be supported during emergencies?



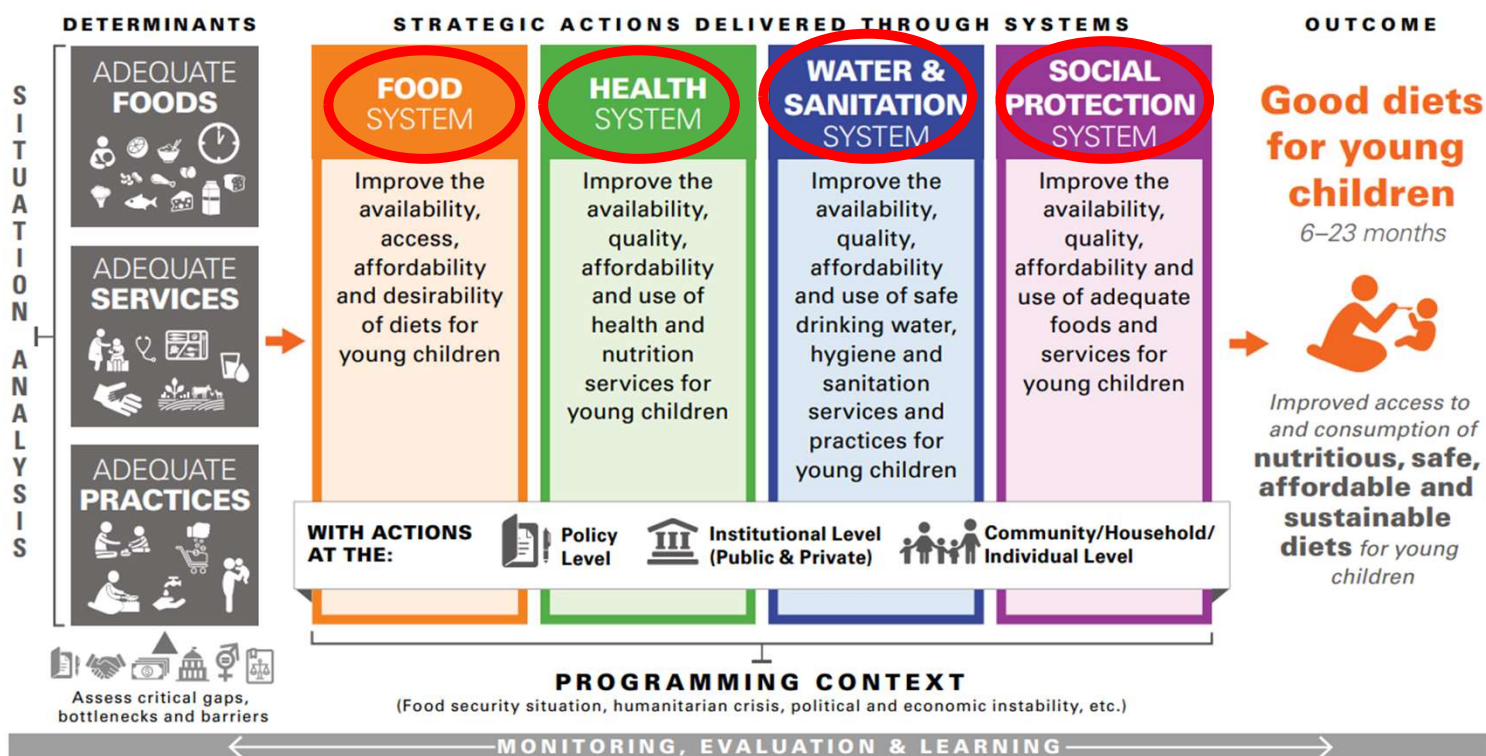
# Complementary Feeding Support includes

- **Provision of education/awareness-raising sessions** during food distribution or wait for health attention.
- **Behaviour change/problem-solving skills:** mother-to-mother and care groups, cooking demonstrations, health workers counselling.
- Provision of **multiple-micronutrient fortified foods** to children aged 6-23 months.
- **Micronutrient supplementation:** 'Sprinkles' for use in home fortification.
- **Nutrition-sensitive programs:** focused on improving access to safe foods for children aged 6-23 months (cash, food aid, home-gardening, WASH, etc)



# According to the Operational Guidance on Infant Feeding in Emergencies (OG – IFE)

## Action Framework to Improve the Diets of Young Children During the Complementary Feeding Period



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

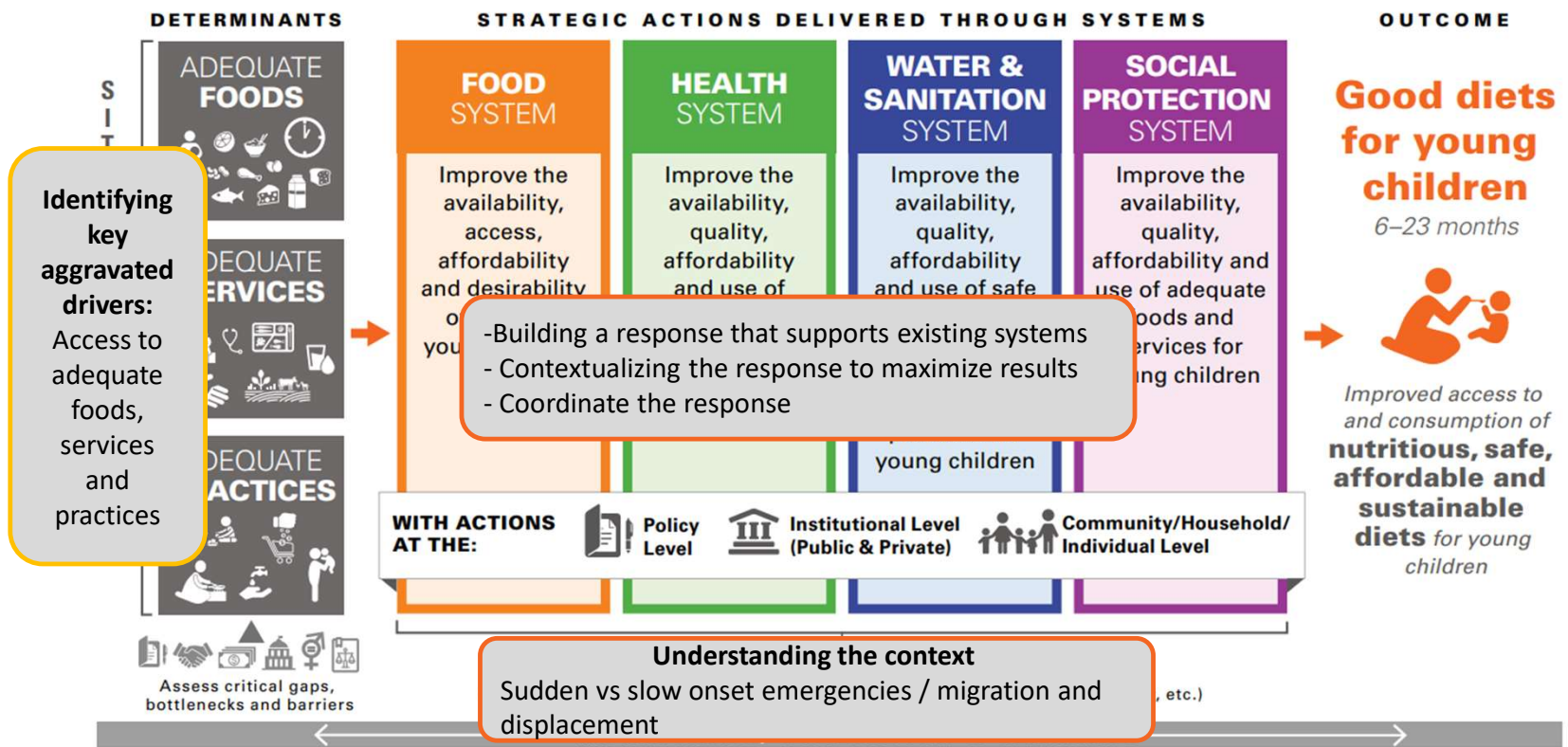
# Strategic actions delivered through systems

Food system	Health system	WASH system	Social Protection
<ul style="list-style-type: none"><li>• Access to diverse and nutritious complementary foods at the household level</li><li>• Access to fortified foods as needed, aligned with global and national standards</li></ul>	<ul style="list-style-type: none"><li>• Nutrition counselling</li><li>• Social and behaviour change Communication</li><li>• Use of vitamin and mineral supplements in settings where nutrient – poor diets prevail</li></ul>	<ul style="list-style-type: none"><li>• Promote improved accessibility and use of safe complementary food, water and clean household environment</li></ul>	<ul style="list-style-type: none"><li>• Access to affordable and nutritious foods through social protection programmes and counseling services</li></ul>

Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# Meeting Complementary Feeding Needs in Emergencies

## Action Framework to Improve the Diets of Young Children During the Complementary Feeding Period



Source: Improving Young Children's Diets during the Complementary Feeding Period, UNICEF 2020

# According to the OG – IFE: Consider these contextual factors when providing food assistance

The provision of foods should be contextual, considering the most nutritious, appropriate, safe and feasible options, taking into account the following:

- Availability of a variety of nutrient-rich foods in the market, safely accessible
- Cultural appropriateness and acceptability for the age group
- Access to fuel, equipment, utensils and facilities to prepare and eat food
- Access to clean water for drinking and food preparation
- Environmental cleanliness for hygienic food storage and preparation
- Mobility. Whether families are stationary or in transit



# According to the OG – IFE:

## 5.28 Do not send or accept donations of complementary foods in an emergency.

Risks include:

- Donated complementary foods may not meet nutritional and safety standards
- Code labelling requirements, or recommendations of WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children
- May be culturally inappropriate
- May undermine local food use and recommended IYCF practices.

Donations of commercial baby food



# According to the OG – IFE:

## 5.24 Commercially produced complementary foods:

- Must meet minimum standards (Refer to international guidelines on the formulation of complementary foods)
- Minimum standards for nutritional profile of complementary foods and country-specific standards as necessary.

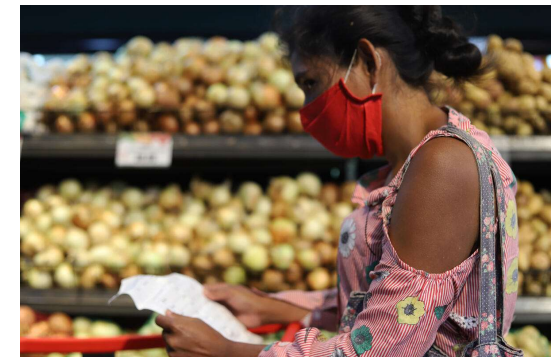
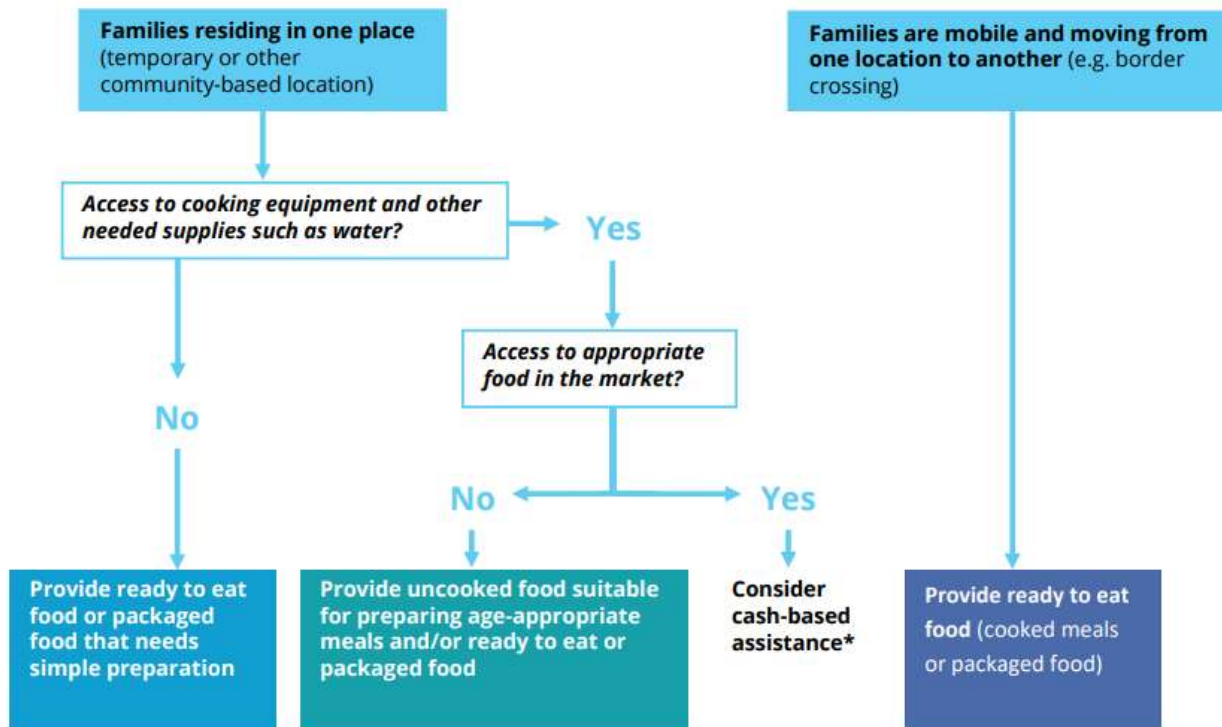
\* Ready-to-use therapeutic foods (RUTF) are not appropriate complementary food





# Ukraine crisis - example

Consider the following modalities of food assistance depending on availability of cooking equipment, access to the market and mobility:



Source: Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis. Ukraine Nutrition Cluster 2022

\*There are a number of factors to consider for cash-based assistance. Refer to the food security cluster for guidance.

# How much?

Quantities of foods should be calculated based on energy and nutrient requirements.<sup>7</sup>

- For children 6-11 months, the estimated energy requirement from food is 325 Kcal per day (excluding energy requirement from breastmilk, infant formula, or other milks).
- For children 12-months to 2-years, the estimated energy requirement from food is 450 Kcal per day (excluding energy requirement from breastmilk, infant formula, or other milks).

## Example of a month's food assistance package suitable for feeding a child aged from 6-months to 2-years

Child 6-11 months	g/unit	units	Total g/month
Fortified cereal mix	250	8	2000
Meat in jar	100	4	400
Cooked vegetables (jar)	200	6	1200
Fruits (jar)	200	6	1200

Child 12-23 months	g/unit	units	Total g/month
Fortified cereal mix	250	6	1500
Meat in jar	100	8	800
Cooked vegetable	200	3	600
Fruits	200	3	600

Source: Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis. Ukraine Nutrition Cluster 2022

# What not include?



## DO NOT GIVE

- Foods and drinks of low nutrient value and/ or high in salt or sugar (such as packaged high salt soups; noodles; deep fried food; salty snack foods; biscuits or cakes; sweets; sweetened drinks; sweetened fruit puree; sweetened breakfast cereals).
- Foods in feeding bottles.
- Foods that may cause choking hazards such as whole nuts.
- Powder milk or Infant formula.\*
- Foods labelled for children less than 6-months of age.

\* Young children in need of infant formula should be referred to specialized services for young children (such as the Blue Dots).

# Support activities, services and supplies

## a. Key messages to provide

- Information on the food provided: Who the food is for; What it is; What it contains; How to prepare (if unfamiliar or packaged food); How to store: packet/ container and left-over food; How to serve.
- Do not give complementary food to children below age 6-months.
- Continue breastfeeding your child as often as s/he wants, until age 2-years or older. Breastmilk remains an important source of nutrients and energy, for healthy growth and development.
- To reduce risk of illness, wash hands before preparing and serving food for children and wash child's hands before eating food.
- Children who feel stressed may not have a good appetite. Gently and patiently encourage your child to eat. Do not use force.
- To reduce stress and comfort for you and your child, try to spend some time interacting with them in a way that is calming and pleasurable to you both, e.g. playing, singing songs, quiet cuddle time.

The information should be provided in the language of the relevant population and simple non-technical language used.

Source: Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis. Ukraine Nutrition Cluster 2022



# Support activities, services and supplies

## b. Additional supplies that may be needed

- Potable water.
- As needed, provide age-appropriate feeding tools (spoons, bowls, cups, etc).
- Additional items may include hygiene items (e.g. toothbrush, toothpaste, etc) and teething gel.



Additionally, provide information on services available, eligibility and contact details including infant and young child feeding counselling, support for non-breastfed infants, distribution of hygiene items, psychosocial counselling, and others.



Source: Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis. Ukraine Nutrition Cluster 2022

# Preparedness

## Coordination and communication

- Set up the nutrition coordination group to develop plans and actions on Nutrition in emergency, covering IYCF-E, and define roles and responsibilities (e.g. TORs for implementing partners)
- Prepare draft early communication and key messages to donors, fundraisers, the media and the general public on the need to avoid donations of BMS including complementary food and support adequate IYCF practices

## Situation analysis and identification of needs

- Prepare or adapt survey tools/questionnaires to assess the needs and the context to support complementary feeding in emergencies

## Response planning

Depending on the type of response for complementary feeding:

- Identify local suppliers (CVA or food) for local procurement
- Verify availability of facilities or feeding equipment at the national level and verify the viability of generic/unbranded products with easy to understand instructions in the local language
- Draft a possible plan of response depending in the context
- Do not stockpile food before the onset of an emergency

# Preparedness

Response  
implementation and M&E

- Ensure that staff involved has sufficient capacity for assessments, supply chain management, and counseling
- Identify and train relevant institutions and community-based health workers to ensure quality assessment of feeding practices and counseling on appropriate IYCF practices.
- Produce relevant training and communication material
- Develop information leaflets about complementary feeding.

## Case Study - Brazil



# Supporting the healthy feeding of children aged 0-24 months living in refugee shelters in Brazil



unicef   
para cada criança

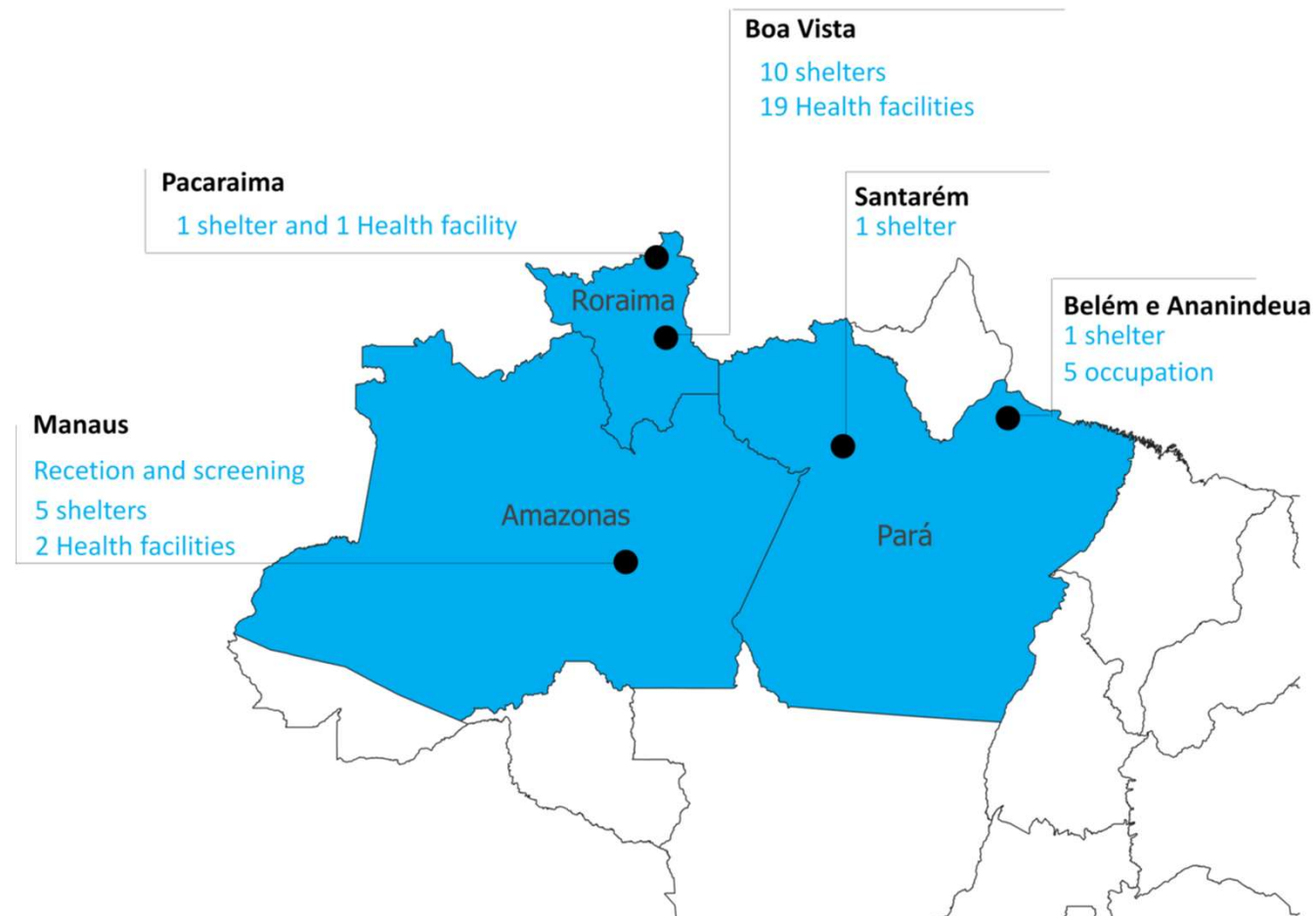
# Background



- Roraima → main gateway for Venezuelan migrants and refugees in Brazil
- UNICEF → implementation of primary health care services, including nutrition

## Support to

- Shelters
- Health facilities
- Informal Settlements
- Nutritionists
- Health and nutrition monitors



# Background



- Shelters are managed by Ministry of Citizenship, UNHCR and its partners.
- Shelter is a pillar of the UN Refugee Agency's response to the humanitarian emergency caused by the recent large influx of migration from Latin America
- vital for survival → restoring personal security → self-reliance and dignity
- including the recovery of appropriate **nutritional status** of children and women.

## Period of permanence:

- Average → 4 months.
- Some people stay for years
- lack of formal solutions for permanent housing



# Background



Data from nutritional evaluations of 926 children aged under five years carried out among refugees and migrants that arrive from Venezuela in the municipalities of Boa Vista and Pacaraima between January and June 2022, identified:

- 99 (10.7%) who were moderately wasted
- 19 (2.7%) who were severely wasted and
- 165 (17.8%) who were stunted

UNICEF. BRA- Results from nutrition screening exercises among Venezuelan refugee and migrant children under 5 in Roraima - Brazil – UNICEF. Available at R4V platform website.





# Need to set up a programme to support complementary feeding in emergencies



In Roraima there is no formal strategy engaged in developing food security aid

- 3 meals are offered per day → outsourced government company.
- Nutritional considerations to support feeding young children are not taken into account in these meals.
- Low diversity of food items
- Not adapted to different groups specificities

In this context of **food monotony** caregivers do not have the tools to make healthy food choices and provide adequate feeding to children in their first 6 to 24 months of life



# Need to set up a programme to support complementary feeding in emergencies



We developed a model to support feeding of infants and young children between 6 to 24 months living in shelters in Boa Vista, considering:

- an alternative approach → provision of healthier and low-cost food.
- participative co-management of community kitchens
- creation of conditions for caregivers to support adequate infant and young child feeding practices
  - Practical, and
  - theoretical support sessions in spaces called “participatory kitchens”.



# Planning



- This project was held between January to April of 2021
- Unicef-Brazil,
- Volunteer Association for International Service (AVSI-Brazil)
- Center for Nutritional Recovery and Education (CREN)
  
- Financed by Funding from the US Department of State's Office for Population, Refugees and Migration (PRM).





# Workshops



- Adaptations were made to community kitchens → equipment, utensils and other
- 1 nutritionist coordinator, 2 nutritionists and 2 nutrition technicians
- Groups of up to 10 caregivers → biosecurity protocols to prevent Covid-19
  
- Each group attended a total of 5 meetings with theoretical-practical workshops
  
- Pre and post-tests were applied
  - Knowledge
  - Expectations



# Workshops



1 - First thousand days of a child → *Plant a seed.*

2 – Breastfeeding → *Building a mandala*

3 - Food introduction → *“Secret Santa” activity*

4 - Food guide for Brazilian children under 2 years old, and other tools → *Creating a meal.*

5 - Great Meal





# Workshops



- Group practical dynamics → creation of symbolic craft works (“concrete gesture”)
- moments of relaxation to the sound of soft music → Peaceful environment
- Promoting the tasting of new and local food flavors and for stimulating the senses (smell, taste).



# Workshops



A partnership with private organizations from the Industry sector

→ an additional professional course

→ Safe Food Handling Practices (Workload of 20 hours) with certification



# Workshops – Health professionals



Workshops on Nutrition in the first 1.000 days were performed

- targeting health professionals
- alternative methods to health professionals to conduct counselling about Infant and Young Child Feeding during their routine services.
  - Feeding practices counselling based in personal specificities
  - Pregnancy and breastfeeding
  - Food introduction; Nutritional
  - Food surveillance in emergencies.





# Workshops



- 159 caregivers (98.7% female) participated in the five-meetings workshops and
- 99 (62.2%) of the professional training on Safe Food Handling Practices, and were certified

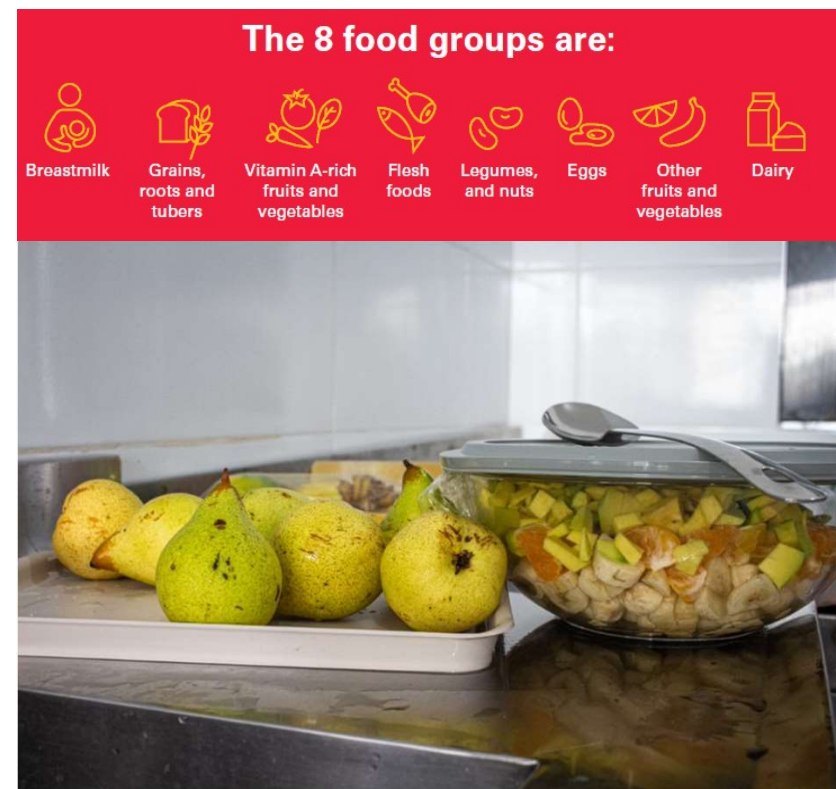


# Food provision in shelters



A model for **provision of nutrition-rich food** items for shelters was developed aiming the sustainability to:

- ensure access to food, and
- strengthening the food system to respond to the nutritional needs of young children in fragile settings in emergencies.
- a consultant mapped and designed a network of potential local food suppliers
  - small farmers,
  - markets,
  - social programs
- Interviews were performed with representatives





# Food provision in shelters



## Type of organization

## Potential to contribute to the low-cost healthy food-providing model for shelters

**Farmers' Associations, local markets and supermarkets**

Possibility of donating food, providing food at reduced cost

**Federal University of Roraima**

Possibility of offering free training on food production in a community garden

**Private organizations from the productive sector**

Possibility of offering training in the areas of Food Production, Food Safety, Vegetable Gardens production and Possibility of inclusion of community kitchens as beneficiaries entities receiving donations.

**Boa Vista Municipality-managers:**

Possibility of funding the technical team to provide the supervision of the project in a long term, and possibility of Inserting this project as a beneficiary entity of the Food Acquisition Program.

**Secretary of Agriculture and Social Management)**

Possibility of allocating land for the cultivation of a Community Garden, the possibility of allocation of inputs for planting and maintenance a vegetable garden.

**Operation Welcome (“Operação Acoilda”) conducted by Brazilian government/Army**

The Brazilian Government has a program in which it registers migrants and identifies places within the country where they can be sent with a formal job already defined. Insert the proposal of this project as a formal approach for the integration of caregivers into Brazilian lives, could encouraging their training as a livelihood strategy and thus contributing to their integration in the country.

# Co-management of kitchens



A **model for participative co-management** of community kitchens placed at shelters was developed considering

- analysis of caregivers' perception of the children's diet
  - 156 interviews
  - focus-groups with 82 caregivers living in shelters.
- interviews with nutrition professionals working at shelters
- interviews with local humanitarian organizations to compile different kitchen management models



# Co-management of kitchens



- 89.2% would like to use the shelter's kitchen to prepare food for their children,
- 90.4% stated they would accept additional responsibilities like cleaning the space and distributing meals.
- 53.0% of caregivers have more than 3 children
- 41.0% are single mothers,
- 45.8% have no one to stay with their children during activities



# Co-management of kitchens



inclusion of caregivers using the kitchens in turns to prepare complementary meals to be served to children in the shelters.

- 1 caregiver / daily → meal preparation for every 20 children
- 1 for cleaning the space.
- rotating activities → different caregivers participate each day
- weekly number of caregivers → rate of engagement of 50% of caregivers of each shelter

## Supervision

- 1 nutritionist
  - 1 logistic technician
- could be done at all shelters





# Co-management of kitchens



- A **local committee system** composed of caregivers focused on infant feeding was designated in each shelter to periodically discuss:
  - parental care,
  - food preparation and hygiene,
  - logistics for distribution of meals
- An administrative management model for the kitchens and food distribution was defined → professionals, managers and caregivers of each shelter
- The final cost 1.5 USD per child per day - 40% lower than the current cost incurred by the shelter management services.



# Lessons learnt



- promoting a positive economical legacy of the migration crisis
- Co-management of kitchens → including representatives of the community
- Strengthen the autonomy and empower migrants and refugees living inside the shelters.
- Sensorial workshops → a relationship of real contact between children and food
- Professional training about Safe Food Handling Practice → enhancing their possibilities of being formally employed in Brazil.
- WASH, Education and Health → intersectoral approach



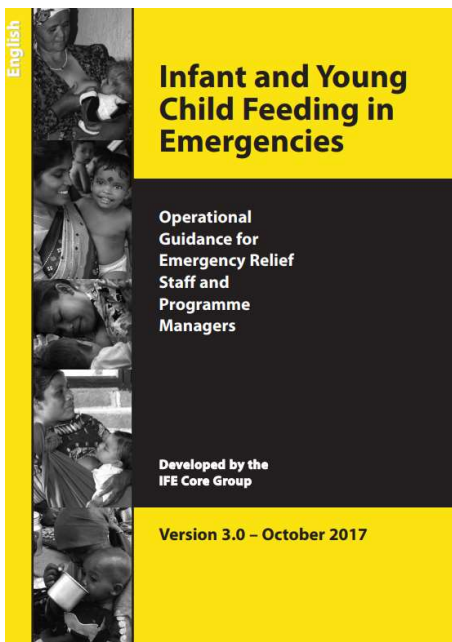
# Key messages



- The organization of a network of potential local food producers and suppliers
  - provision of higher quality and lower cost food to shelters for refugee and migrant
    - promote the local economy in a context of humanitarian crisis.
- In contexts of emergencies and humanitarian crises
  - the support to adequate complementary feeding practices in spaces such as shelters for refugees and migrants must consider
    - the cultural specificities of each group and their need for appropriate spaces and structure for the preparation and consumption of healthy food.
- Participatory activities that involve the beneficiaries of humanitarian nutrition services in emergencies
  - enhance the engagement of caregivers in the food care of children,
    - providing social and economic benefits
      - improving the nutritional conditions of children living in shelter conditions.



# Resources



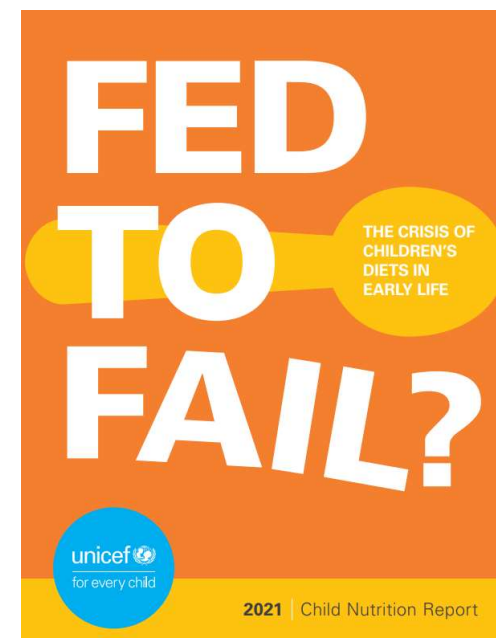
IFE, 2017



Save the Children, 2022



WHO/UNICEF, 2021



UNICEF, 2021

# Resources



## Guidance note on the operational implementation of complementary food assistance packages for the feeding of children aged 6 months to 2 years in the context of the Ukraine crisis

July 2022

### Executive summary

In the current context of the Ukraine crisis, organisations may wish to support the appropriate feeding of children 6 months to 2 years, to support their nutrient needs for health, growth and development. In this regard, the Ukraine nutrition cluster advises two modalities for assistance: (i) **cash-based assistance**; (ii) **in-kind assistance**.

(i) The recommended, average, indicative value for a monthly cash transfer to support the needs of children aged 0-23 months is estimated at **\$55 USD**. The Nutrition Cluster will undertake regular monitoring of complementary food prices and availability, in order to update the costing of the complementary food basket on a quarterly basis.

(ii) The recommended, in-kind, monthly food basket to support the appropriate feeding of children aged 6-23 months consists of the following commodities: **fortified cereal** (either commercially available or provided by WFP), **cereals** (for 12-23 months), **meat, vegetables and fruit**.

Further details on the calculation of the cash transfer and the composition and quantities of the in-kind baskets are provided in this guidance note.

### 1. Introduction

Refer to the existing *Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis*<sup>1</sup> for details on the contextual factors to consider when providing food assistance (p.2) as well as the decision tree for choosing the type of modality to implement (either in-kind or cash, p.2).

Strong messaging and communications materials should accompany both cash-based and in-kind complementary feeding assistance. This should include: (i) who the assistance is targeted to/appropriate use of cash; (ii) the importance of appropriate complementary feeding and instructions on how to prepare, store and serve complementary foods; (iii) that complementary foods should not be given to children under 6 months; (iv) advice on appropriate food hygiene; and (v) the importance of continued breastfeeding. A Ukrainian leaflet on complementary feeding is available in **Annex 1**.

### 2. Cash-based programming for complementary feeding support

Implementing organisations may wish to consider providing cash transfers to cover the costs of supporting the appropriate feeding of children aged 6-23 months. There are a number of aspects to



## Guidance for organizations supporting the feeding of children aged 6-months to 2-years in the context of the Ukraine crisis

May 2022

*This brief provides guidance for organizations to appropriately assist with the provision of food for children aged from 6-months to 2-years, to support their nutrient needs for health, growth and development.<sup>1</sup>*

### Why is it important to support appropriate nutrition of children aged 6-months to 2-years in the current context?

Children 6-months to 2-years need adequate feeding to ensure growth. The complementary feeding period is a critical period of child development characterized by rapid growth and high nutritional needs. Exclusive breastfeeding is vital for children aged under 6-months, providing protection from illness and optimal nutrition for growth and development.

Around the age of 6-months, a child's energy and nutrients needs starts to exceed what is provided by breast milk alone; therefore, adequate foods are necessary to meet those needs along with continued breastfeeding to age 2-years, or beyond. Children need adequate quantities of good quality, diverse foods to support their healthy development and avoid deterioration of their nutritional status and becoming ill.

Children 6-months to 2-years are particularly vulnerable to the disruptions caused by the crisis in Ukraine. In the current context, a large number of parents and families may not be able to meet the specific food needs of their young children either because the markets do not have the variety of foods required for this age group, the shops are no longer functioning due to the insecurity, or the family does not have the means to purchase or to prepare food.

### Recommendations for the feeding of children 6-months to 2-years

- ⇒ Breastmilk is the only nutrition required by a child for the first 6-months of life. It remains a critical source of high-quality nutrients and energy for the vast majority of children aged 6-months to 2-years, or older.
- ⇒ Starting at 6-months of age, a variety of age-appropriate, nutrient-dense and safe foods, in addition to breastmilk (or infant formula), should be introduced and fed frequently, to provide for the high age-specific requirements for young children's health, growth and development.<sup>2</sup>
- ⇒ Gently and patiently encourage feeding without using force.

**UNICEF PROGRAMMING GUIDANCE**

## Improving Young Children's Diets During the Complementary Feeding Period

**NUTRITION GUIDANCE SERIES**

unicef for every child

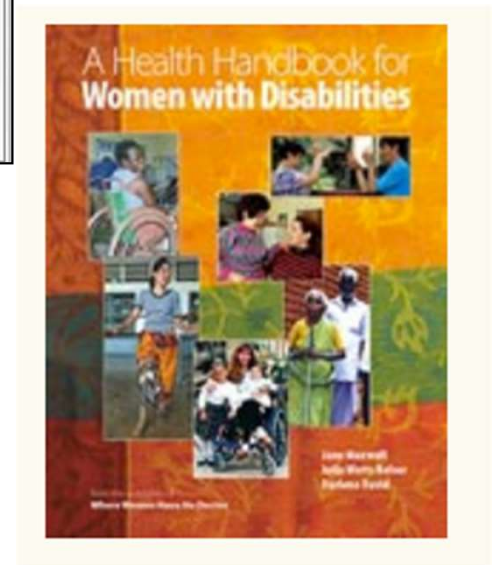
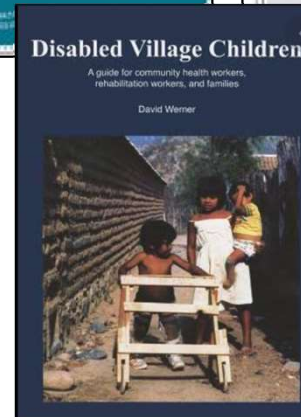
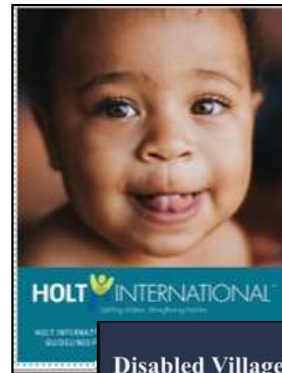
Ukraine nutrition cluster, 2022

IFE, 2022

UNICEF, 2020

# Complementary Feeding and Disability

Resources for IYCF support to children with disability



Source: IYCF-E Curriculum V2 2022, Save the Children

## Questions & Answers



**Next steps  
and closing!**

Please fill out the brief webinar evaluation  
it will take less than 5 minutes  
*(it will pop up when you close the webinar)*



## Looking for support in Nutrition in Emergencies?

	<b>Type of supported needed</b>	<b>Provider</b>
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	<a href="http://www.en-net.org">www.en-net.org</a>

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"





**Thank you for your attention**