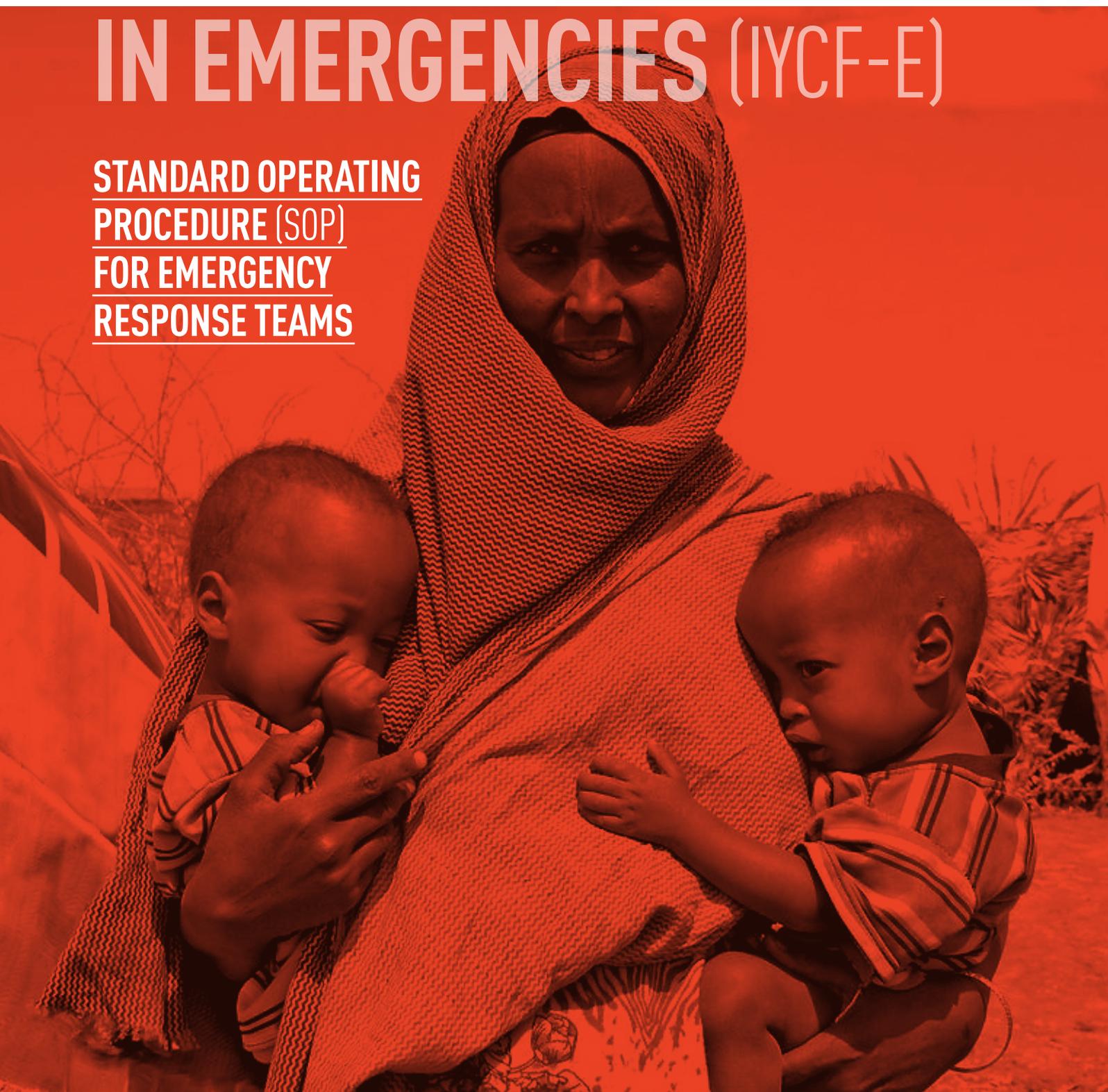


NOVEMBER 2020

# INFANT & YOUNG CHILD FEEDING

# IN EMERGENCIES (IYCF-E)

**STANDARD OPERATING  
PROCEDURE (SOP)  
FOR EMERGENCY  
RESPONSE TEAMS**



# ACKNOWLEDGEMENTS

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# ACRONYMS

<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>BMS</b>	Breastmilk substitutes
<b>CAP</b>	Consolidated Appeals Process
<b>CERF</b>	Central Emergency Response Fund
<b>CLA</b>	Cluster Lead Agency
<b>GNC</b>	Global Nutrition Cluster
<b>GTAM</b>	Global Technical Assistance Mechanism for Nutrition
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>HR</b>	Human Resources
<b>HQ</b>	Headquarters
<b>HRP</b>	Humanitarian Response Plan
<b>IBFAN</b>	International Baby Food Action Network
<b>IASC</b>	Interagency Standing Committee
<b>ICDC</b>	International Code Documentation Centre
<b>IFE</b>	Infant Feeding in Emergencies
<b>IFPRI</b>	International Food Policy Research Institute
<b>IYCF</b>	Infant and Young Child Feeding (used in development context)
<b>IYCF-E</b>	Infant and Young Child Feeding in Emergencies <sup>1</sup>
<b>OG-IFE</b>	Operational Guidance on Infant Feeding in Emergencies
<b>JD</b>	Job Description
<b>MS-IRA</b>	Multi-sectoral Initial Rapid Assessment
<b>NGOs</b>	Non-governmental organizations
<b>PIF</b>	Powdered Infant Formula
<b>RUIF</b>	Ready-to-use infant formula
<b>SBC</b>	Social Behaviour Change
<b>SC</b>	Save the Children
<b>SOP</b>	Standard Operating Procedure
<b>Tech RRT</b>	Technical Rapid Response Team
<b>TWG</b>	Technical Working Group
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

<sup>1</sup> Now more commonly used than IFE

## DEFINITIONS<sup>2</sup>

<b>Agency</b>	A generic term that may apply to UN, NGO or government bodies, organizations, or departments.
<b>Artificial Feeding</b>	The feeding of infants with a breastmilk substitute.
<b>Breastfeeding</b>	The provision of breastmilk, either directly from the breast or expressed.
<b>Breastmilk Substitute (BMS)</b>	Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In terms of milk products, recent WHO guidance has clarified that a BMS includes any milks that are specifically marketed for infants and young children up to the age of three years. For more information check the <i>International Code of Marketing of Breast-milk Substitutes</i> .
<b>Cluster (sector group)</b>	Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. nutrition. <sup>3</sup> The cluster approach is a mechanism that helps to address identified gaps in response and enhance the quality of humanitarian action by ensuring greater predictability and accountability and strengthening partnerships between NGOs, international organisations, the International Red Cross and Red Crescent Movement, UN agencies and the government. Interagency Standing Committee (IASC) clusters are formally activated clusters created when existing coordination mechanisms are overwhelmed or constrained in their ability to respond to the identified needs in line with humanitarian principles. A formally activated cluster has specific characteristics and accountabilities. It is accountable to the Humanitarian Coordinator through the Cluster Lead Agency (CLA), as well as to national authorities and to people affected by the crisis. IASC clusters are a temporary coordination solution and efforts should be made as soon as appropriate and possible to hand over coordination to the relevant authorities.
<b>Cluster lead agency (CLA)</b>	An agency or organisation that has been designated by the Resident and /or Humanitarian Coordinator (HC) as cluster lead agency for a sector at country level, following consultations with the Humanitarian Country Team. At global level, CLA's are pre-identified by the IASC: UNICEF is the CLA for the Nutrition Cluster at global level. At country level, the CLA role can be delegated to another agency where the global level lead agency does not have capacity or country presence to perform this function.
<b>Complementary feeding</b>	The use of age-appropriate, adequate, and safe solid or semi-solid food in addition to breastmilk or a breastmilk substitute in children aged 6-23 months.
<b>IYCF Counselling</b>	Infant and young child feeding counselling is the process by which a health worker can support mothers and babies to implement good feeding practices and help them overcome difficulties. Counselling is different from education and messaging.
<b>IYCF Education</b>	In the context of infant and young child feeding, education encompasses activities designed to enhance the ability and motivation of caregivers to voluntarily adopt nutrition-related behaviours conducive to health and wellbeing.

<sup>2</sup> IYCF-E Operational guidance for emergency relief staff and programme managers by IFE Core Group. V.3. 2017.

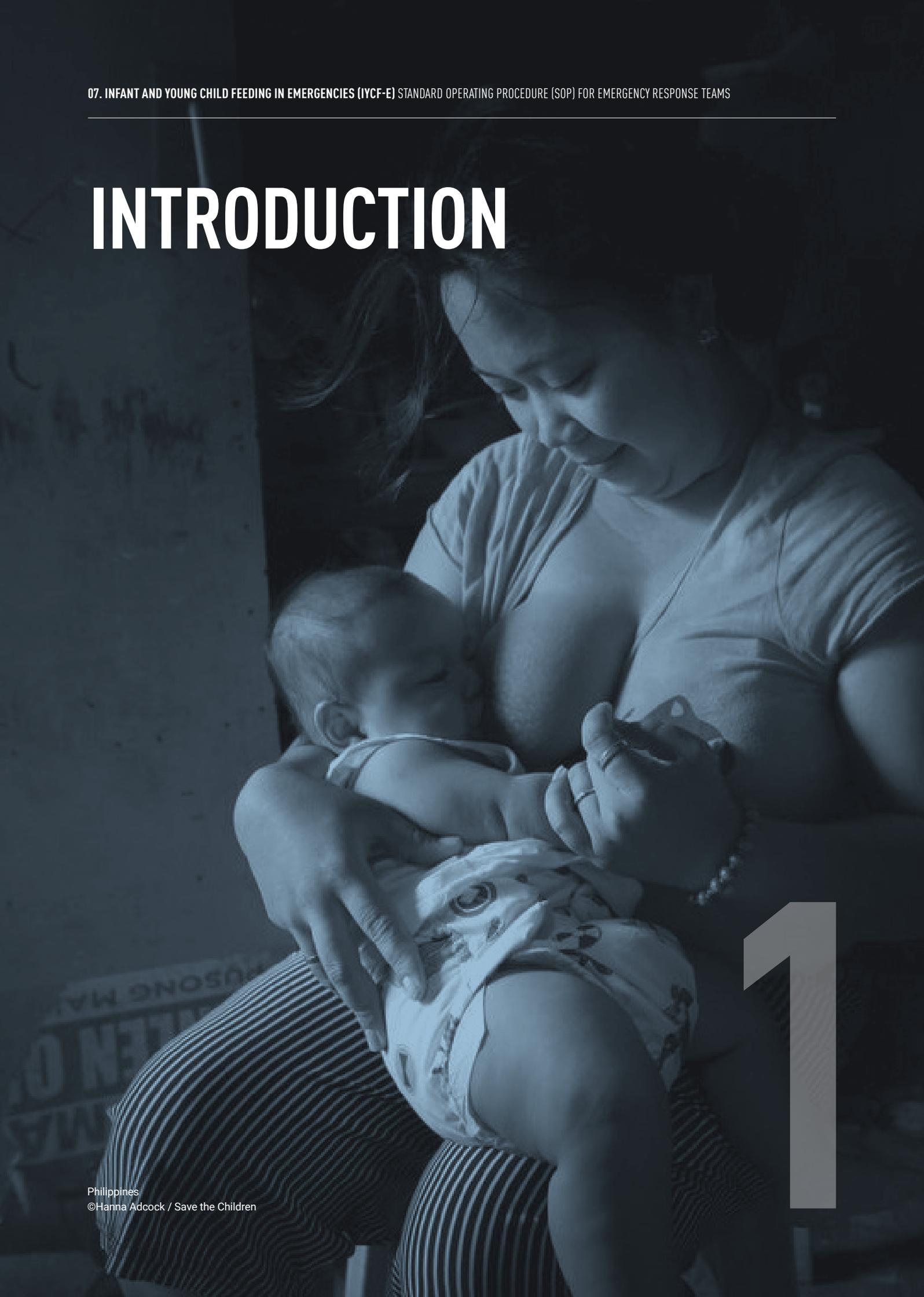
<sup>3</sup> The Nutrition Cluster is standalone and sometimes integrated with the Health Cluster.

## DEFINITIONS CONT.

<b>Infant</b>	A child aged 0-11 completed months (may be referred to as 0-<12 months or 0-<1 year). An older infant means a child from age of 6 months up to 11 completed months of age.
<b>Infant Feeding in Emergencies (IFE) Core Group</b>	The IFE Core Group is an interagency collaboration concerned with the development of training materials and related policy guidance on infant and young child feeding in emergencies.
<b>Infant Formula</b>	A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards for infants. Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer. Generic infant formula is unbranded. Powdered Infant Formula (PIF) is an infant formula product, which needs to be reconstituted with safe water before feeding. Ready-to-use infant formula (RUIF) is a type of infant formula product that is packaged as a ready-to-feed liquid and does not need to be reconstituted with water.
<b>International Code of Marketing of Breastmilk substitutes (The Code)</b>	The Code <sup>4</sup> intends to ensure BMS will be used as safely as possible when they are necessary based on impartial, accurate information. The Code does not restrict the availability of BMS, feeding bottles or teats or prohibit the use of BMS during emergencies. In context of the Code, BMS means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether suitable for that purpose or not. The Code applies to the marketing and related practices, quality, availability and information on use, including but not limited to: breastmilk substitutes (including infant formula, follow-on/follow-up milk, growing-up milk, other milk products, including bottle-fed complementary foods) specifically marketed for feeding children up to three years of age; foods and beverages (baby teats, waters and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life; feeding bottles and teats.
<b>Nutrition and health emergency response</b>	A formal response framework, guided by a cluster or sector group and in-country technical capacity, aimed at directly meeting the health and nutrition needs of a disaster-affected population through the delivery of humanitarian health and nutrition interventions in a coordinated and principled manner and in line with agreed international and national standards and guidance.
<b>Preparedness</b>	The capacities and knowledge developed by governments, professional response organisations, communities, and individuals to anticipate and respond effectively to the impact of likely, imminent, or current hazard events or conditions.
<b>Recommended Infant and Young Child Feeding (IYCF) practices</b>	Early initiation (within one hour of birth), exclusive breastfeeding for the first 6 months of life, followed by nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.
<b>Young child</b>	A child from the age of 12 months up to the age of 23 completed months (may also be referred to as 12-<24 months or 1-<2 years).

<sup>4</sup> <https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>

# INTRODUCTION



1

## 1.1 INFANT AND YOUNG CHILD FEEDING

Breastfeeding is the single most effective intervention to save children's lives. Thirteen per cent of all deaths among children less than five years could be averted if breastfeeding was practised as recommended, while good complementary feeding could prevent another 6% of deaths.<sup>5</sup> Non-breastfed infants are 14 times more likely to die from pneumonia and 10 times more likely to die of diarrhoea than breastfed children.<sup>6</sup>

There is a need to support IYCF in all humanitarian settings. Increased risks such as poor sanitation, disease outbreaks, infant formula donations, stress and trauma mean that support for appropriate feeding is critical for child survival and the protection of infants and young children. Donation of breastmilk substitutes (BMS) is common during emergencies and this undermines breastfeeding. IYCF-E must be included as one of the first activities of a response and there is opportunity to integrate IYCF-E with other sectors. However, despite the evidence that appropriate and timely support of IYCF-E saves lives, it is rarely prioritised or adequately supported.

## 1.2 BACKGROUND

This Infant and Young Child Feeding in Emergencies (IYCF-E) Standard Operating Procedure (SOP) is the result of a collaboration of Tech RRT and Save the Children with the support of members of the IFE Core Group. The Tech RRT is a partnership between International Medical Corps, Save the Children and Action Against Hunger working in close collaboration with the Global Nutrition Cluster (GNC), the Global Technical Assistance Mechanism (GTAM) and UNICEF.<sup>7</sup> The purpose of creating the Nutrition Tech RRT was to improve the quality of nutrition humanitarian response by deploying skilled advisors to fill technical gaps in countries facing a crisis and providing remote support and building the capacity of nutrition partners. This complements the Rapid Response Team Cluster Coordinators and Information Management Officers of the Global Nutrition Cluster. Tech RRT is a team of experienced technical nutrition advisors (assessment, community-based management of acute malnutrition, IYCF-E and social behaviour change) who deploy within 72 hours to support humanitarian nutrition emergencies. Save the Children is a member of both Tech RRT and the IFE Core Group and contributed to the development of this SOP and different guidelines and tools related to IYCF-E.

## 1.3 PURPOSE

This IYCF-E SOP was developed due to the identified need for an internal operational guidance document that can illustrate what steps to take and when to take them during the first year of an IYCF-E response. This IYCF-E SOP is intended to implement actions and recommendations stated in the Operational Guidance on Infant Feeding in Emergencies (OG-IFE).<sup>8</sup> The purpose of this IYCF-E SOP is to provide recommendations on actions that need to be taken during each of the 6 steps in an emergency response to ensure timely, suitable and effective protection, promotion and support for safe and appropriate feeding for infants and young children. This is a first version (1.0), we will be monitoring and getting feedback from users and in the next 6 to 12 months will be revisiting and improving the SOP based on the inputs and emerging needs of the target users.

<sup>5</sup> <https://www.ennonline.net/attachments/41/lancet-save-lives-2003.pdf>

<sup>6</sup> Black, Robert E et al. (2008). Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*, Volume 371, Issue 9608, 243 – 260

<sup>7</sup> <https://techrrt.org/>

<sup>8</sup> <https://www.ennonline.net/operationalguidance-v3-2017>

## 1.4 INTENDED AUDIENCE

This SOP is intended for emergency response personnel who are directly leading the IYCF-E response. This includes humanitarian workers from UN agencies, INGOs, local NGOs and Government/Ministry of Health (e.g. nutrition or IYCF-E advisors, managers, coordinators, officers etc).

## 1.5 STRUCTURE OF THE IYCF-E SOP

The IYCF-E SOP recommends nine categories of tasks across the 6 steps<sup>9</sup> of the OG-IFE, and each category has its relevant actions arranged according to timelines:

<b>STEP 1</b>	<b>ENDORSE OR DEVELOP POLICIES</b> <ul style="list-style-type: none"> <li>● Policies, international recommendations, and guidelines</li> <li>● Resource mobilisation</li> </ul>
<b>STEP 2</b>	<b>TRAIN STAFF</b> <ul style="list-style-type: none"> <li>● Human resources, orientation, and training</li> </ul>
<b>STEP 3</b>	<b>CO-ORDINATE OPERATIONS</b> <ul style="list-style-type: none"> <li>● Coordination</li> <li>● Communication and advocacy</li> </ul>
<b>STEP 4</b>	<b>ASSESS AND MONITOR</b> <ul style="list-style-type: none"> <li>● Situation analysis and assessment</li> <li>● Monitoring, evaluation, learning and accountability</li> </ul>
<b>STEP 5</b>	<b>PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS</b>
<b>STEP 6</b>	<b>MINIMISE THE RISKS OF ARTIFICIAL FEEDING</b> <ul style="list-style-type: none"> <li>● Programme planning (including caseload calculations, staff and supply needs, nutrition product specification)</li> <li>● Programme implementation (including protocols, forms, organisation, and supervision)</li> </ul>

<sup>9</sup> The 6 steps will help to implement all key IYCF-E activities. However, each step is not a prerequisite of the next.

For example, step 4 assessment can be done at the beginning of the emergency and monitoring can be done throughout the project period.

## 1.6 HOW TO USE THE IYCF-E SOP

The proposed actions defined in this document are not exhaustive, and their timeline and sequencing in each category should act as a guide that can be adapted according to the local context and priorities, resources, and needs of the emergency. Additionally, actions can be carried out earlier than indicated in the SOP when it is appropriate and feasible to do so. However, these timelines will help to flag actions that need to be completed within a specific period.

There are IYCF-E activities/actions that should be completed at each stage (within 24 hours, 72 hours, 1 week, 2-4 weeks, 5-8 weeks, and 9 weeks to 1 year). Some activities need to be completed during a specific time period (for example development of a BMS management and code violation monitoring and reporting system) while some activities should be done throughout different time periods (for example monitoring of BMS distribution/code violations). Also, some actions will continue beyond the stage proposed but are only described once, to avoid reiteration.



## 1.7 CONSIDERATIONS FOR SUCCESSFUL IMPLEMENTATION OF IYCF-E SOP

Below are some of the elements that play a role in the successful implementation of the IYCF-E SOP. The list is not prescriptive, and all factors do not need to be there concurrently. However, governments should be supported to fulfil the requirements as much as possible.

The successful implementation of the SOP will be maximised where the following are in place:

<p><b>POLICIES/ STRATEGY/ GUIDELINE</b></p>	<ul style="list-style-type: none"> <li>● Availability of IYCF policy, strategy, and guidelines, specific to or inclusive of IYCF-E, in language and format appropriate to the potential users</li> <li>● Adoption and enforcement of The International Code of Marketing of Breastmilk Substitutes ('The Code')</li> </ul>
<p><b>PREPAREDNESS</b></p>	<ul style="list-style-type: none"> <li>● A foundation of preparedness and risk reduction. For example, Emergency Preparedness Plans (EPP) and Humanitarian Response Plan (HRP) include IYCF-E actions and resources, training of staff on IYCF-E or development of Inter-agency IYCF-E joint statement<sup>10</sup> in the preparedness stage</li> </ul>
<p><b>ACCESS</b></p>	<ul style="list-style-type: none"> <li>● Access to the affected population, reaching the most vulnerable (Access should be two-way: the implementing organisation has access to the population and the population has access to the IYCF-E service)</li> </ul>
<p><b>CAPACITY</b></p>	<ul style="list-style-type: none"> <li>● Institutional readiness at national, regional and headquarter level, supported by agency-wide awareness of key organisational and internationally agreed IYCF-E policies, standards, protocols, and guidelines</li> <li>● IYCF programming in place with trained IYCF staff before the emergency</li> <li>● Human resource including backstopping support</li> </ul>
<p><b>FUND</b></p>	<ul style="list-style-type: none"> <li>● Sufficient and sustainable core funding</li> <li>● Sufficient and timely emergency response funding</li> </ul>
<p><b>SUPPLY</b></p>	<ul style="list-style-type: none"> <li>● Functional supply chain</li> </ul>
<p><b>COORDINATION</b></p>	<ul style="list-style-type: none"> <li>● Existing internal and inter-agency nutrition/IYCF-E coordination mechanisms</li> <li>● Government commitment/Political will</li> </ul>

<sup>10</sup> An inter-agency joint statement, issued and endorsed by relevant authorities, may be used to highlight relevant guidance, provide context-specific rapid guidance, and harmonise communication. Development of the statement should be led by the IFE coordination authority; UNICEF and WHO have key roles to catalyse and support development.

## 1.8 ADAPTATIONS OF STANDARD ACTIONS

The actions and thought processes discussed in this document apply to all humanitarian emergencies. However, they may be adapted based on context, priorities, needs and resources. It is also important to consider at which stage of the emergency you are in (beginning of emergency, middle of emergency or later stage of the emergency) and use the SOP as needed (for example if you want to support at the middle of the emergency, activities in the first 24 and 72 hour may not be applicable). Some of the situations that warrant an adaptation include:

- **Type of humanitarian emergency:** Onset of a new crisis or major deterioration in an ongoing emergency; natural disaster or complex emergency or health emergency/pandemic. For example, a Mother Baby Area is more vital during a sudden onset emergency as compared to chronic/slow onset emergencies. This is because there is no private space for mothers to breastfeed during sudden onset emergencies.
- **National Nutrition/IYCF/IYCF-E guidelines and policies:** This also pertains to non-breastfed children and special circumstances such as HIV etc. For example, breastfeeding in the context of HIV should follow national guidelines if available. If not, international recommendations should be followed.
- **Magnitude of the emergency** (number of areas affected, people affected, damages, devastation, etc.). For example, if resources are limited more affected areas can be prioritised.
- **Displacement patterns:** Host community/camp environment, urban/rural, internally displaced persons/international refugees, repeated/singular. For example, a Mother Baby Area may be more appropriate in a refugee camp as compared to host community (IYCF corner may be a better option for host community).
- **Coordination mechanism:** Whether cluster system is activated, or sector or government existing coordination mechanisms. There might be a need to advocate for activation of nutrition cluster/ Nutrition/IYCF/IYCF-E Technical Working Group.
- **Government and partners operational, technical capacity and experience** (refer to *UNICEF/Save the Children IYCF-E Capacity Mapping Tool*). If there is better capacity, it will be easier to adapt and implement IYCF-E actions
- **Vulnerability of affected population.** For example, if the population is more vulnerable to HIV/AIDS, breastfeeding in the context of HIV is more important.
- **Pre-crisis IYCF practices and nutrition status of affected population.** If the pre-crisis IYCF practice is poor, it is more likely the situation will deteriorate quickly. For example, if infant formula is part of general food distribution before the crisis, it is likely distribution of BMS/infant formula will be high.
- **Operational environment** (access to population, mobility, geographical location). For example, if there is no access because of security, working with locals and providing remote support may be one option.

## 1.9 COMMON RESOURCES AND REFERENCES

This SOP should be used in conjunction with the *IFE Core Group Resources*, the *Save the Children IYCF-E Toolkit* and different guidelines and tools developed by *GTAM* and the relevant national governments, by referring to them multiple times throughout the document. The IYCF-E Toolkit v3 is the latest version of the Toolkit; it is a repository of resource materials on IYCF-E available in English, Arabic and French.

## 1.10 IMPLEMENTATION OF IYCF-E DURING A PANDEMIC (example COVID-19)

When there is a pandemic or epidemic, follow specific guidelines developed to implement IYCF-E in that context. For the context of COVID-19, resources can be found from the Global *Nutrition Cluster website* and *Save the Children resource centre*. Some of the recommendations include the *WHO Frequently Asked Questions (FAQ) for breast feeding and COVID-19*, *GTAM recommendations for IYCF in the context of COVID-19*, and *Technical support on nutrition programmatic adaptations in the context of COVID-19*. Government staff and partners should also record and share lessons learned from implementation of their responses, to support improved delivery of services and responses, globally.



# SUMMARY OF ACTIONS



The following table summarises the main activities to be completed at each stage (within 24 hours, 72 hours, 1 week, 2-4 weeks, 5-8 weeks, and 9 weeks to 1 year). Some activities will be completed during that specific period (for example development of a BMS management and code violation monitoring and reporting system) while some should be carried out across time periods (for example monitoring of BMS distribution and code violations). Most of the actions can be implemented by emergency response personnel who are directly leading the IYCF-E response. However, some can be done with the support of decision makers within as well as outside the organization (for example resource mobilisation and endorsement of policy).

## STEP 1: ENDORSE OR DEVELOP POLICIES

### CATEGORIES

### ACTIONS BY TIMELINES

	PREPAREDNESS 24 HOURS / AS SOON AS POSSIBLE	72 HOURS	WEEK 1	WEEK 2-4	WEEK 5-8	WEEK 9-1 YEAR
<b>POLICIES, INTERNATIONAL RECOMMENDATIONS AND GUIDELINES</b>	Assess national policies, implementation plans, preparedness/contingency plans on IYCF and or IYCF-E.	Support the establishment of a BMS management and Code violations monitoring and reporting system.  Support the sector coordination lead in development of adaptation and timely signing off of inter-agency joint statement.	Develop IYCF-E brief/guidance note to staff, as appropriate to their position/role.	Disseminate IYCF-E brief/guidance note to staff, as appropriate to their position/role.		
<b>RESOURCE MOBILISATION</b>	Start identification of resources such as emergency fund.	Identify internal and external sources of funding.	Seek support for early funding requests.	Define fundraising strategy.  Advocate for funding and integrate funding for IYCF-E into new nutrition and other sector proposals.		

## STEP 2: TRAIN STAFF

### CATEGORIES

### ACTIONS BY TIMELINES

	PREPAREDNESS 24 HOURS / AS SOON AS POSSIBLE	72 HOURS	WEEK 1	WEEK 2-4	WEEK 5-8	WEEK 9-1 YEAR
<b>HUMAN RESOURCES, ORIENTATION AND TRAINING</b>	Access/develop IYCF-E capacity roster and determine available staff.  Ensure IYCF-E focal point is included in the deployed response team if no national capacity is on ground. Identify breastfeeding counsellors and have a list of contacts ready.	Adapt/develop and finalise all job descriptions.  Designate an in-country IYCF-E focal point.  Deploy early response team.  Provide training/orientation for early response team	Communicate estimated HR needs.	Coordinate and integrate with other sectors on recruitment of staff and volunteers.  Complete HR plan for staff recruitment, and training as per need.  Conduct detailed IYCF-E training for new staff and sensitisation for other staff if needed.  Deploy additional available/hired staff.		Continue capacity building/Provide refresher training (after 6 months)

## STEP 3: CO-ORDINATE OPERATIONS

### CATEGORIES

### ACTIONS BY TIMELINES

	PREPAREDNESS 24 HOURS / AS SOON AS POSSIBLE	72 HOURS	WEEK 1	WEEK 2-4	WEEK 5-8	WEEK 9-1 YEAR
<b>COORDINATION</b>	Liaise with Government nutrition focal point.  Identify existing in-country coordination mechanisms at different levels.	Liaise with external nutrition coordination lead in country.  Gauge IYCF-E coordination capacity and fill in IYCF-E coordination gaps.  Brief all sectors' staff on monitoring of BMS donations, distribution and Code violations.		Sensitise all sectors' staff (Child Protection, Education, Food Security and Livelihoods, Health, HIV, Shelter, WASH etc.) on basic IYCF-E in the light of IYCF-E Operational Guidance.		Evaluate functionality of coordination system.
<b>COMMUNICATION AND ADVOCACY</b>	Create alerts to remain updated on IYCF-E related issues during the emergency.  Brief your organisation's media team on do's & don'ts of IYCF-E in communication. Support the sector coordination lead in adaptation & timely signing off of inter-agency joint statement.	Work with the communication team to actively discourage donations of BMS.  Advocate prioritisation and inclusion of IYCF-E to relevant stakeholders.	Sensitise emergency leadership team on basic IYCF-E in the light of IYCF-E operational guidance.  Support initial communications and media on IYCF-E.	Uphold ongoing communication and advocacy for IYCF-E.  Assess myths and develop and share contextualised key messages on IYCF-E.		Share lessons and evidence of challenges and successes in IYCF-E response.

## STEP 4: ASSESS AND MONITOR

CATEGORIES	ACTIONS BY TIMELINES					
	PREPAREDNESS 24 HOURS / AS SOON AS POSSIBLE	72 HOURS	WEEK 1	WEEK 2-4	WEEK 5-8	WEEK 9-1 YEAR
<b>SITUATION ANALYSIS AND ASSESSMENTS</b>	<p>Gather and organise pre-crisis situation background data.</p> <p>Collect information from observations and key informants if applicable.</p>	<p>Gauge government, partners' and your organisations' IYCF-E response capacity.</p> <p>Map and coordinate with stakeholders as required.</p> <p>Conduct multi-sectoral initial rapid assessments (MS-IRA) in coordination with other sectors incorporating IYCF-E.</p>		<p>Disseminate MS-IRA assessment results.</p> <p>Analyse MS-IRA data and prepare the assessment report</p>	<p>Support/ undertake detailed IYCF-E assessment (including baseline surveys).</p>	<p>Support/ undertake in-depth assessments.</p>
<b>MONITORING, EVALUATION AND LEARNING</b>		<p>Define relevant indicators.</p>	<p>Develop &amp; implement a monitoring and supervision framework.</p>	<p>Develop evaluation and learning plan.</p> <p>Begin evidence building.</p> <p>Develop IYCF-E database.</p>	<p>Strengthen evidence base.</p>	<p>Conduct evaluations of the programme.</p>

## STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING

CATEGORIES	ACTIONS BY TIMELINES					
	PREPAREDNESS 24 HOURS / AS SOON AS POSSIBLE	72 HOURS	WEEK 1	WEEK 2-4	WEEK 5-8	WEEK 9-1 YEAR
<b>PROGRAMME PLANNING</b>	<p>Review existing services/ programmes in order to align/complement existing initiatives.</p>	<p>Develop scenario-based initial response strategy.</p>	<p>Identify supply chain and HR hiring processes and their bottlenecks.</p>	<p>Determine caseload, HR and supply chain needs.</p> <p>Develop early response plan.</p> <p>Develop IYCF-E implementation plan.</p>	<p>Revise response plan as per need.</p>	
<b>PROGRAMME IMPLEMENTATION</b>		<p>Start early response team activities.</p>	<p>Implement basic interventions.</p> <p>Test, adapt and finalise supervision tools.</p>	<p>Develop multi-sectoral, integrated approaches with other sectors (Child Protection, Education, Food Security and Livelihood, Health, HIV, Shelter, WASH etc.)</p> <p>Implement/Scale up basic and technical interventions.</p>		

# DETAILS OF ACTIONS

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## 3.1 PREPAREDNESS/24 HOURS OR AS SOON AS POSSIBLE

STEP 1: ENDORSE OR DEVELOP POLICIES			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
POLICIES, INTERNATIONAL RECOMMENDATIONS AND GUIDELINES	Assess national policies, implementation plans, preparedness/contingency plans on IYCF-E.	Evaluate national and country-level organisation policies, implementation plans and preparedness plans on IYCF-E based on their relevance and comprehensiveness for the ongoing emergency. In case these are not available or need amending, adapt them to the current context. Operational Guidance on IYCF-E, the SPHERE standards, and the International Code of marketing of BMS are three important global policy documents. National authorities have the primary responsibility for preparedness, and leadership of the response, and supported by the nutrition coordination group – led by the nutrition cluster (or sector) coordinator – should support every effort to advocate for and ensure preparedness activities.	<p><b>IYCF-E Toolkit v.3:</b>  <a href="#">Overview of Policy, Example of Save the Children's IYCF-E Policy, IYCF-E programming guide by UNICEF</a> (pg. 27) and <a href="#">Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</a> (pg. 6 and 14)</p> <p><a href="#">IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</a> (pg. 33-36)</p> <p><a href="#">Sphere Handbook 2018</a></p> <p><a href="#">The Code</a></p> <p><a href="#">Nutrition Cluster Coordination Toolkit</a></p>
	Support the sector coordination lead in adaptation and timely signing off of inter-agency joint statement.	A joint statement is an endorsement by its signatories of their stance on appropriate IFE and highlights key policy documents. It is recommended to develop it during emergency preparedness and review it at the onset of an emergency for relevance to the situation. Use the standard template and make necessary changes according to the specific context. The joint statement contains a situation analysis of the emergency with respect to infant and young child feeding practices, makes recommendations and contains names of organisations that back the joint statement. Support the Nutrition Cluster Coordinator/coordination lead in its development/adaptation and timely sign-off so that it can be disseminated on time. Early dissemination is very essential to prevent donation of BMS that undermines breast feeding.	<p><b>IYCF-E Toolkit v3:</b>  <a href="#">Template for Joint Statement</a></p>
RESOURCE MOBILISATION	Start identification of resources such as emergency fund.	There might be internal and external emergency funding available to start the emergency response. It is vital to identify resources as soon as possible.	

STEP 2: TRAIN STAFF			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
HUMAN RESOURCES ORIENTATION AND TRAINING	Access/Develop IYCF-E capacity roster and determine available staff.	Access or develop an up-to-date IYCF-E capacity roster that contains a pool of personnel (including international, in-country and local staff, expertise and networks such as UNICEF/WHO country offices, Ministry of Health, lactation specialists, master trainers, etc.) who have IYCF-E technical skills and/or experience and can be deployed to the response site at short notice to work as frontline workers, first responders, surveyors, trainers, etc. It is essential to first assess local capacity to respond and then request technical support from region/HQ if additional support is needed or there is no national/local capacity.	<p><b>IYCF-E Toolkit v.3:</b>  <a href="#">Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</a> (pg. 7)</p> <p><a href="#">Infant and Young Child Feeding in Emergencies (IYCF-E) Capacity Mapping and Assessment Toolkit</a></p>
	Ensure IYCF-E focal point is included in the deployed response team.	While assessing local capacity, check if the position of IYCF-E focal point exists at a national level, or if there are individuals with adequate expertise to cover that role. If not, ensure that a clear ToR is developed and technical support is requested immediately. The support may be available within your organisation or it can be from international technical specialist support. Follow up the request until fulfilled.	<a href="#">GTAM Contact Form</a>
STEP 3: CO-ORDINATE OPERATIONS			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
COORDINATION	Liaise with your organisation's in-country nutrition focal point.	Contact your organisation's in-country nutrition focal point who is responsible for the nutrition response to discuss the emergency situation and its effect on IYCF-E to identify IYCF-E needs, capacity to respond and immediate priority actions to take post-emergency.	

STEP 3: CO-ORDINATE OPERATIONS (Cont.)			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
COORDINATION	Identify existing in-country coordination mechanisms at different levels.	Identify and use existing IYCF-E coordinating structures to coordinate on IYCF-E. Usually, the government is the lead coordinating body. However, depending on the government's capacity, the cluster approach may be adopted, prompting UNHCR or UNICEF (usually) to be the designated lead agency. Identify existing or help set up technical nutrition working groups to take up key technical tasks. Note that coordination also includes referral mechanisms for cases of concern (feeding, nutrition, mental health, eligible resources, etc.), internal and external coordination between sectors. For multi-sectoral coordination, work with nutrition cluster/sector coordinator to designate an IYCF-E advocate or IYCF-E focal point in different clusters to ensure that IYCF-E issues are heard and appropriate approaches are considered. Coordination structures may include nutrition cluster, technical working groups, strategic advisory groups, information management group, disaster management authorities, etc. These platforms may function at the national, regional and/or local (field) level based on access, capacity, security etc.	<p><b>IYCF-E Toolkit v.3:</b> <i>How to engage with other clusters on IYCF-E</i></p> <p><i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i> (pg. 7-9)</p> <p><i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i> (pg. 40-42)</p>
	COMMUNICATION AND ADVOCACY	Create Google alerts to remain updated on IYCF-E related issues during the emergency.	Google alerts is a service which can deliver information to you based on your preferences. You can create Google alerts for IYCF-E-related topics such as breastfeeding, BMS, etc. and Google will scan the web for all news, articles, and blogs on the web and email that to you. The more specific you are in your alert, the more relevant the information you will receive. It is important to consider language, for example to ensure that if the alert is specific to the country you are working in, to make sure to also use the language in the notification. This will keep you updated on the developing situation.
COMMUNICATION AND ADVOCACY	Brief your organisation's media team on do's and don'ts of IYCF-E in communication.	Brief media, communication, and advocacy teams on how to communicate about IYCF-E so that they convey accurate and priority information that promotes positive practices, and clarifies misinformation and misconceptions about IYCF in the current context. Communication/information should be conveyed through approaches, channels and tools accessible and understood by the targeted population – with consideration of age, gender, disabilities (specific impairments).	<p><b>IYCF-E Toolkit v3:</b> <i>Information for communication specialists, Communication guidance for humanitarian sectors, Information for the media by IASC, Media messages and the needs of infants and young children after Cyclone Nargis and Communication guidance for IYCF-E from Nigeria</i></p> <p><i>IYCF-E Media Guide</i></p>

**STEP 4: ASSESS AND MONITOR**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>SITUATION ANALYSIS AND ASSESSMENTS</b>	Gather and organise pre-crisis situation background data.	Collect and systematically arrange, preferably most recent, pre-crisis information from resources such as Multiple Indicator Cluster Surveys, national Demographic Health Surveys, updated data from Ministry of Health, Knowledge Attitude, Belief and Practices studies, nutrition and health coordinating bodies, organisation-specific qualitative and quantitative information, etc. Also, use existing situation analyses or secondary data analyses. Of particular interest to IYCF-E are the pre-crisis breastfeeding and complementary feeding rates and practices, food security situation, under-five mortality rates, malnutrition rates, access to health services, hygiene practices, etc. This data will form the baseline for IYCF-E indicators. Data should be disaggregated by age, sex, and disability.	<p><b>IYCF-E Toolkit v.3:</b>  <a href="#"><i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group (pg. 10-11) and IYCF Programming guide, 2011 by UNICEF (pg.21-27)</i></a></p> <p><a href="#"><i>GNC IYCF-E checklist</i></a></p> <p><a href="#"><i>Nutrition Humanitarian Need Analysis Guidance</i></a></p>
	Collect information from observations and key informants if applicable.	When the emergency location is accessible (security, logistics and personnel permitting), collect information through initial observations and consult diversity of affected population groups including key informants. Observational data can be collected by doing transect walks. When detailed questioning is not possible, make efforts to find answers to the top 5 nutrition questions.	<p><b>IYCF-E Toolkit v3:</b>  <a href="#"><i>Assessment Toolkit by Save the Children (pg. 2,3 and 5)</i></a></p> <p><a href="#"><i>Template for transect walk</i></a></p> <p><a href="#"><i>Template for key informant questionnaire</i></a></p>

**STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>PROGRAMME PLANNING</b>	Review context-specific IYCF-E policies.	Review of existing programmes/services in order to align/complement existing initiatives while planning.	<b>IYCF-E Toolkit v3:</b> <a href="#"><i>Programme planning</i></a>

## 3.2 72 HOURS

STEP 1: ENDORSE OR DEVELOP POLICIES			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>POLICIES, INTERNATIONAL RECOMMENDATIONS AND GUIDELINES</b>	Support in establishing a BMS management and Code violations monitoring system.	<p>There should be no untargeted distribution of free or subsidised infant formula, milk powder, liquid milk or milk products as a single commodity (this includes milk intended for mixing with tea) in a general food distribution or a take-home supplementary feeding programme as their indiscriminate use undermines breastfeeding and may cause serious health hazards. Any interventions involving milk should be in accordance with the Operational Guidance on IFE, the International Code of Marketing of BMS and subsequent relevant World Health Assembly resolutions.</p> <p>Any donations that do arrive should be placed under the control of a designated agency and their management determined by the IFE coordinating body. The Global Nutrition Cluster and International Code Documentation Centre (ICDC) have developed tools and a database for reporting and monitoring Code and BMS violations. Support the IYCF-E lead agency/cluster in using these to establish a BMS management and Code violations monitoring system.</p>	<p><b>IYCF-E Toolkit v3:</b>  <a href="#">BFAN-ICDC quick and easy form to report Code violation.</a>  <a href="#">Form for BMS monitoring by GNC.</a>  <a href="#">Database for monitoring of Code violations</a>  <a href="#">Example of BMS distribution alert from Syria</a> and  <a href="#">Example of report on donations of milk products from Haiti</a></p> <p><a href="#">Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</a> (pg. 20)</p> <p><a href="#">UNHCR policy related to milk products</a></p>
<b>RESOURCE MOBILISATION</b>	Identify internal and external sources of funding.	Contact your organisation's nutrition emergency team lead (HQ, regional, in-country – whichever is applicable) and/or awards team to communicate IYCF-E funding needs. Externally, coordinate with nutrition cluster lead or in-country coordinating agency to participate in Flash Appeal or Central Emergency Response Funds (CERF) funding in case of sudden onset emergencies or through Consolidated Appeals Process (CAP) in case of ongoing emergencies.	More information available on <a href="#">CAP</a> and <a href="#">CERF</a>

STEP 2: TRAIN STAFF			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
HUMAN RESOURCES ORIENTATION AND TRAINING	Adapt/Develop and finalise all job descriptions.	Adapt existing or standard job descriptions available in the Toolkit for all the staff. If new job roles are identified, prepare a job description using standard job description templates. Seek approval from all parties responsible and finalise accordingly.	<b>IYCF-E Toolkit v3:</b> <i>Breastfeeding counsellor</i> <i>IYCF-E Counsellor</i> <i>IYCF-E Community mobilizer</i> <i>IYCF-E psychosocial worker</i> <i>IYCF-E MEAL Officer</i> <i>IYCF-E MEAL Supervisor</i> <i>IYCF-E Program Officer</i> <i>IYCF-E Supervisor/Manager</i> <i>IYCF-E Consultant</i>
	Designate an in-country IYCF-E focal point.	An IYCF-E focal point is the person of contact for queries related to IYCF-E. This person/agency is responsible for advocating for and furthering the cause of IYCF-E. There could be more than one IYCF-E focal point based on technical expertise (IYCF-E focal point for surveys and IYCF-E focal point for BMS monitoring) or location (International Code Documentation Centre IYCF-E focal point and field office IYCF-E focal point). It is important that the focal points' contact information is shared within and outside the organisation to run a well-coordinated response.	
	Deploy early response team.	An early response team is a team who can be sent as first responders to an emergency. This could be in-country staff or technical support requested from your organisation's humanitarian surge team or Tech RRT or GTAM. They can help with assessments, response planning, and service delivery as frontline workers or for advocacy. The support can also be remote, based on the context. Ensure that their role and responsibilities are clarified and agreed upon prior to deployment.	GTAM: <a href="https://gtam.nutritioncluster.net/">https://gtam.nutritioncluster.net/</a>  Tech RRT: <a href="https://techrrt.org/">https://techrrt.org/</a>
	Provide training/ orientation for early response team	Provide orientation/brief training for the early response team to make sure all have the same understanding about the emergency and the planned response.	<i>Infant Feeding in Emergencies (IYCF-E) e-learning</i>  <i>IYCF learning programme. Alive and Thrive (English and French)</i>  <i>Hopkins IYCF E module on IYCF</i>

STEP 3: CO-ORDINATE OPERATIONS			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
COORDINATION	Liaise with external nutrition coordination lead in country.	Contact and discuss emergency needs and response with the external nutrition coordination lead in country. This could be the nutrition cluster/sector coordinator or a government official (usually the nutrition/health focal person from Ministry of Health). Offer IYCF-E support as appropriate, help identify gaps and provide update on your organisation's response and plans. This can be done during the identified existing coordination platforms like the nutrition cluster, technical working groups, strategic advisory groups, information management group, disaster management authorities etc. or at one-to-one meetings.	<i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group (pg. 7-9)</i>
	Gauge IYCF-E coordination capacity and fill in needful IYCF-E coordination gaps.	In some instances, appropriate channels for coordination will not be set up or would be limited in providing a timely and appropriate IYCF-E response. In such cases, gaps in coordination capacity need to be identified and registered with the external in-country coordination lead (if applicable) and in-country, regional or HQ-level internal nutrition/ IYCF-E lead. An absence of a designated lead, slow or uncoordinated response, and inappropriate response are all indications of a low coordination capacity. Coordinate with implementing partners and stakeholders and determine how you or other identified sources can help fill in these coordination gaps.	<i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group (pg. 7-9)</i>
	Brief all sectors' staff on monitoring and reporting of BMS donations, distribution and Code violations.	Provide a short and practical session to all staff on what BMS is, what constitutes as a Code violation, emphasise that donations should never be accepted and how they can report a BMS donation, distribution and any Code violation using the designated forms and systems in place. Direct them to sources for further reading such as the Operational Guidance, the Code, etc. If possible, present this information as a handout and make it available in offices or notice boards. Donations and inappropriate distributions of BMS are harmful. They undermine breastfeeding and will expose children to malnutrition and infections like diarrhoea and increase the risk of mortality.	<b>IYCF-E Toolkit v3:</b> <i>Quick and easy form to report Code violations by ICDC, Form for BMS monitoring by GNC, Database for monitoring of Code violations, Example of BMS distribution alert from Syria and Example of report on donations of milk products from Haiti</i> <i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group (pg. 12 and 20)</i>  <i>Considerations regarding the use of infant formula products in infant and young child feeding in emergencies (IYCF-E) programs</i>

**STEP 3: CO-ORDINATE OPERATIONS (Cont.)**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>COMMUNICATION AND ADVOCACY</b>	Work with the communication team and cluster/sector coordination partners to actively discourage donations of breastmilk substitutes.	Ensure that the media and communications team are aware of the refusal policy for any kind of BMS donations in an emergency. Liaise with the team to make sure that this message is shared with the wider community to actively discourage donations of BMS. This could mean sending out press releases, giving interviews, putting out advertisements, sending messages on social media, establishing a helpline to report BMS donations, etc.	<b>IYCF-E Toolkit v3:</b> <i>Example of IYCF-E briefing, 2010 from Pakistan, Editorial piece on BMS donations, 2013 from Philippines,</i> <i>Example of press release to account for non-breastfed babies from Philippines and Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i> (pg. 20-22)
	Advocate prioritisation and inclusion of IYCF-E to stakeholders.	This is the time to have discussions on need and prioritisation of IYCF-E within and outside your organisation with stakeholders and donors to advocate for investing in IYCF-E. This can be done by using communication tools such as joint statements, position papers, IYCF-E briefings, situation reports, flash appeals, assessment results, contextualised and relevant messages based on the audiences, etc.	<b>IYCF-E Toolkit v3:</b> <i>IYCF-E briefing for all aid workers and sectors and How to engage with other clusters</i>  <i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i> (pg. 30-31)  <i>IYCF-E Media Guide</i>

**STEP 4: ASSESS AND MONITOR**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>SITUATION ANALYSIS AND ASSESSMENTS</b>	Gauge government, partners' and your organisations' IYCF-E response capacity.	Assess internal and external national level capacity to respond to IYCF-E needs in an emergency. Determine gaps in coordination, funding, staffing, technical capacity, supplies, logistics, etc. Present and discuss with your organisation IYCF-E focal point/response lead and IYCF-E lead agency how these identified gaps can be filled. In some cases, the gaps will need to be filled altogether while in others strengthening will be required.	<i>Capacity mapping tool by nutrition cluster</i>  <i>IYCF-E Capacity Mapping and Assessment Toolkit</i>  <i>GNC IYCF-E checklist</i>
	Map stakeholders and coordinate with them as required.	Identify key nutrition players including implementing partners, lead agency, technical working group, donors, government representatives, healthcare institutions, community leaders, camp management authorities, etc. who can support and influence nutrition response. It should be clear which capacity these stakeholders act in. Net-Map, a participatory method tool, can be used for mapping and understanding the role of stakeholders. Usually implementing	<i>Net-Map tool, 2008 by IFPRI</i>  <i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i>  <i>Policy and stakeholder analysis of IYCF programmes in Sri Lanka, 2017</i>

STEP 4: ASSESS AND MONITOR (Cont.)			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
		partners are mapped using a 4W matrix (Who, What, Where, When), which can be requested from the nutrition cluster or lead agency in country. Coordinate with stakeholders during meetings, field visits, etc. to raise awareness on IYCF-E and your role in the IYCF-E response. Use this opportunity to pool resources for joint assessments.	
	Conduct multi-sectoral (Including Child Protection, Education, Food Security and Livelihoods, Health, HIV, Shelter, WASH etc.) initial rapid assessments (MS-IRA) in coordination with other sectors incorporating IYCF-E.	An MS-IRA is a multi-sectoral assessment that is conducted within 24-48 hours of an emergency to inform the response plans and strategy. Ensure that IYCF-E is included in this assessment. Save the Children has its own MS-IRA tool which includes key and supporting IYCF-E questions that collect primary and secondary information on IYCF-E. Save the Children's Assessment Toolkit v3 outlines resources and methodology to use while conducting an MS-IRA.	<b>IYCF-E Toolkit v3:</b> <i>Assessment Toolkit by Save the Children, Tips on IYCF-E assessments, Challenges and solutions to IFE rapid assessments Nutrition Cluster Handbook, 2013 by Global Nutrition Cluster</i> (pg. 154-157)
<b>MONITORING, EVALUATION, AND LEARNING</b>	Define relevant indicators.	Harmonise standard indicators across nutrition partners aligning with higher level global indicators after discussing within the nutrition cluster, lead coordination authority, technical working groups, etc. Include output and outcome indicators, coverage, and qualitative and quantitative indicators.	<b>IYCF-E Toolkit v3:</b> <i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i> (pg. 12 and 15)  <i>IYCF Programming guide, 2011 by UNICEF</i>  <i>TIPS ON NUTRITION INTERVENTIONS for the Humanitarian Response Plan</i>  <i>Indicators for assessing infant and young child feeding practices</i>  <i>Nutrition Humanitarian Need Analysis Guidance</i>  <i>GNC Indicator registry</i>

**STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>PROGRAMME PLANNING</b>	Develop scenario-based response strategy.	The response strategy is a broad outline considering and choosing between possible choices of IYCF-E interventions, based on strategic objectives, focusing on the most critical needs, particular opportunities, and discarding less promising options to determine the direction of the response. It also involves determining target population and defining the indicators. In developing a strategic plan, consider the context, current situation, emergency projections and any in-country organisational strategic plans, keeping in line with global and national policies, strategies, and recommendations. Adapt your strategy with the developing situation, which can drastically differ from the initial as the emergency progresses. The organisational strategy must align with the country strategy developed by the cluster, etc.	<p><b>IYCF-E Toolkit v3:</b>  <a href="#">IYCF-E programming by programme type, IYCF Programming guide, 2011 by UNICEF</a>            (pg. 30-32 and 35-51) and  <a href="#">Global strategy for IYCF, 2003 by WHO/UNICEF</a></p> <p><a href="#">Strategic response planning guidance by Humanitarian Response</a>            (These guidelines are focused on humanitarian-level but can help with organization level planning as well)</p> <p><a href="#">How to formulate and IYCF strategy-an example from MOH Puntland</a></p>
<b>PROGRAMME IMPLEMENTATION</b>	Start early response team activities.	Identify, prioritise, and initiate interventions depending on access and context. Usually, breastfeeding, and complementary feeding support (encourage mothers to breastfeed, support mothers to access other services such as cash and non-food item distributions, etc.), psychosocial support, community mobilisation and discouraging BMS donations would comprise early response activities. These activities do not require specialised technical capacity and are geared towards promoting breastfeeding and handling requests for BMS. If it is possible to start early response activities within 24 hours, then do so.	<p><b>IYCF-E Toolkit v3:</b>  <a href="#">Summary of frontline feeding support to mothers,</a>  <a href="#">Baby friendly spaces,</a>  <a href="#">Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</a> (pg. 12-23),  <a href="#">Recommended breastfeeding practices,</a>  <a href="#">How to illustrate useful tips on breastfeeding,</a>  <a href="#">Overview of Kangaroo Care,</a>  <a href="#">Maternal malnutrition and its link to breastfeeding</a> and  <a href="#">Summary of psychosocial support</a></p> <p><a href="#">IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</a> (pg. 37-38)</p> <p><a href="#">Supportive Spaces for Infant and Young Child Feeding in Emergencies: Technical Brief</a></p>

## 3.3 WEEK 1

STEP 1: ENDORSE OR DEVELOP POLICIES			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>POLICIES, INTERNATIONAL RECOMMENDATIONS AND GUIDELINES</b>	Develop IYCF-E brief/guidance note.	An IYCF-E brief or guidance note outlines how appropriate IYCF-E can be protected, promoted, and supported. It highlights key policy documents for reference and a point of contact for IYCF-E concerns.	<b>IYCF-E Toolkit v3:</b> <i>Example of IYCF-E briefing, 2010 from Pakistan</i>
<b>RESOURCE MOBILISATION</b>	Seek support for early funding requests.	Approach donors who recognise the importance of IYCF-E and may be interested in supporting IYCF-E early on. Donors like DFID will send out a call for proposals within 72 hours, which can be responded to early on with concept notes to seek funding from them. For other donors who do not directly fund IYCF-E, they may be given an overview of how IYCF-E aligns with their commitments. Develop partnerships with other clusters within the organisation by engaging in coordination processes at all levels, to seek support for IYCF-E funds. Share the preliminary results of MIRA to communicate the need for IYCF-E to donors and stakeholders. Ensure that your organisation's IYCF-E needs are reflected in the Flash Appeal, which is compiled by OCHA or Humanitarian Coordinator within 5-7 days after an emergency.	<b>IYCF-E Toolkit v3:</b> <i>Overview of proposal development, Humanitarian response funding guidelines by DFID, Guidelines for proposals by USAID.</i>  <i>Humanitarian response plans and appeals</i>
STEP 2: TRAIN STAFF			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>HUMAN RESOURCES ORIENTATION AND TRAINING</b>	Communicate estimated HR needs.	Determine which and how many staff you will need based on the decided nutrition approaches. Share within and outside the organisation to build consensus and partnerships on human resource needs. Identifying volunteers such as lactation/breastfeeding counsellors is vital to provide IYCF skilled support as soon as possible.	<b>IYCF-E Toolkit v3:</b> <i>Overview of staffing</i>

STEP 3: CO-ORDINATE OPERATIONS			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
COMMUNICATION AND ADVOCACY	Sensitise emergency leadership team on basic IYCF-E in the light of IYCF-E operational guidance.	Provide an overview to senior leadership about why IYCF-E is important and what they can do to prioritise, protect, and promote IYCF-E. This can be done in the form of a short presentation or briefing.	<b>IYCF-E Toolkit v.3:</b> <i>IFE essential orientation, Silent presentation on IYCF-E, Bare minimum presentation on IYCF-E</i>
	Support initial communications and media guidance on IYCF-E.	Support early communications and media on IYCF-E, which may include giving interviews, writing articles, assisting with donor visits, disseminating key messages (social media etc). This will help keep the focus on IYCF-E and impart a true picture of the population's needs with regards to IYCF-E.	<b>IYCF-E Toolkit v3:</b> <i>Overview of communications</i>  <i>IYCF-E Media Guide</i>
STEP 4: ASSESS AND MONITOR			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
MONITORING, EVALUATION, LEARNING AND ACCOUNTABILITY	Develop and implement monitoring and supervision framework.	Monitoring is the process of observation, measurement, and evaluation of the programme's progress according to the implementation plan. When developing a monitoring and reporting framework, determine the process, tools and schedule for monitoring activities and reporting e.g. which forms to use for reporting activities, how to compile site-level and individual data, where do reporting forms filled at the health facility go to, who reviews them, what is the procedure for data entry in a database, how and when are reports done, etc. This framework will serve as a programme management tool as well. Ensure that the framework is aligned with other monitoring and reporting needs of donors, cluster, etc.	<b>IYCF-E Toolkit v3:</b> <i>IYCF Programming guide, 2011 by UNICEF</i> (pg. 57-59). <i>Supportive supervision and monitoring manual, 2013 by UNICEF.</i> <i>Template for field report, Reporting templates</i>  <i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i> (pg. 42-46)  <i>IYCF practices monitoring tools and guide by IYCN</i>  <i>Nutrition Cluster Handbook, 2013 by Global Nutrition Cluster</i> (pg. 322, 326 and 334)
STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
PROGRAMME PLANNING	Identify supply chain and HR hiring processes and their bottlenecks.	Check with your organisation in-country HR team what the process is for hiring new staff. Usually, the HR process will be accelerated in an emergency and may not have as many requirements as long as it would in a non-emergency situation. Coordinate with coordination lead agency and your organisation's logistics team to find out about supply chain procedures	<b>IYCF-E Toolkit v3:</b> <i>Caseload and supply calculator by Save the Children.</i> <i>Equipment needed for IYCF-E area, Safer BMS kit and Breastfeeding support kit</i>  <i>Managing the supply chain of specialized nutrition products, 2013 by WFP</i>

**STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING (Cont.)**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
		and determine any bottlenecks. Customs clearance can become a bottleneck in establishing a robust supply chain when response depends on equipment & supplies from outside the country. So, contact lead coordination agency/UNICEF who may already have customs clearance procedures set up. If you are procuring directly, discuss procurement needs with in-country logistics department and provide necessary documentation to facilitate the process. The specific import-export procedure will vary from country to country.	
PROGRAMME IMPLEMENTATION	Implement basic interventions.	Basic interventions are simple measures that provide protection and support to optimal IYCF-E practices e.g. providing designated safe and private spaces for mothers to breastfeed when breastfeeding in the open is culturally inappropriate or ensuring access to IYCF-E services through referrals. Coordinate with other sectors to help in implementing basic services by prioritising pregnant and lactating women such as ensuring a separate queue for them during distributions, etc. Ensure a cross referral mechanism is in place by which other sectors can refer cases to IYCF-E and IYCF-E staff can refer cases of interest to other sectors. Include community mobilisation in the basic interventions.	<b>IYCF-E Toolkit v3:</b> <a href="#">The SPHERE Project, 2018 (pg. 185-192).</a> <a href="#">Baby Friendly Spaces manual by ACE.</a> <a href="#">Supporting breastfeeding-the use of baby friendly tents by WV, Summary of basic psychosocial support.</a> <a href="#">Supportive Spaces for Infant and Young Child Feeding in Emergencies: Technical Brief</a>
	Test, adapt and finalise supervision tools.	<p>An IYCF-E response plan is not complete without determining which tools will be used to supervise the programme staff. Strive for collaborative supervision, which is more of a collaborative approach towards supervising the staff with an aim to improve their performance. There are standardised and global supervision tools available that can be used or can be adapted to suit a particular scenario. Whichever tools are used, they should seek to improve quality of the programme.</p> <p>Set a regular schedule for supportive supervision, mentoring and monitoring visits. Newly trained staff and volunteers should receive at least one supervisory visit within 4 weeks following training. All newly trained staff and volunteers should receive a minimum of 2-3 visits, and then participate in meetings with other IYCF-E staff to share experience and receive mutual support. Define a regular reporting schedule to obtain information on activities and coverage and observation data on quality from supportive supervision.</p>	<b>IYCF-E Toolkit v3:</b> <a href="#">Overview of supportive supervision.</a> <a href="#">IYCF counselling supervision general guidelines by IYCN.</a> <a href="#">Supervision checklist for IYCF-E sites.</a> <a href="#">Supervision checklist for mother-baby areas.</a> <a href="#">Supervision checklists templates in excel.</a> <a href="#">Supportive supervision and monitoring manual, 2013 by UNICEF.</a> <a href="#">Example of Supportive follow-up manual from Ethiopia by Alive and Thrive</a>

## 3.4 WEEK 2-4

STEP 1: ENDORSE OR DEVELOP POLICIES			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
POLICIES, INTERNATIONAL RECOMMENDATIONS AND GUIDELINES	Disseminate the IYCF-E brief/guidance note.	Disseminate the IYCF-E brief/guidance note developed in week 1 to staff, as appropriate to their position or role.	
	Define fundraising strategy.	A fundraising strategy identifies different streams of funding and approaches to take to secure funding. Some of the strategies to include may be to identify new donors, liaise with other sectors to explore multi-cluster funding, explore global programme partnerships, pledge-giving, global corporate alliances, etc.	<i>Example of UNICEF's resource mobilization strategy</i>
RESOURCE MOBILISATION	Advocate for funding and integrate funding for IYCF-E into new nutrition and other sector proposals.	Develop and submit funding proposals by following donor guidelines for submission. A proposal is a formal request of funds made on behalf of the implementing agency to the donor to achieve certain goal(s) through specified activities in a specific timeframe in response to a need. Use assessment results to demonstrate need for IYCF-E. When a nutrition cluster is active, ensure that your organisation's IYCF-E funding needs are reflected in the Online Projects System (OPS), which is a database that consolidates all funding needs of nutrition partners participating in a Consolidated or Flash Appeal, which is compiled by OCHA or the Humanitarian Coordinator within 5-7 days after an emergency	See more information on <i>OPS</i> and <i>ETS</i>  <i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i> (pg. 28)
STEP 2: TRAIN STAFF			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
HUMAN RESOURCES ORIENTATION AND TRAINING	Complete HR plan for staff recruitment, and training as per need.	Coordinate with HR to develop a plan for recruitment of your staff. Determine when you will have your staff on board. The IYCF-E Toolkit v3 contains job descriptions of possible IYCF-E staff. Prepare a plan for training of staff, based on which staff is recruited. Ideally, you would only have recruited the staff who are already trained in IYCF-E and can be deployed without further extensive training. If that is not the case, you will need to plan, when, where and what the recruited staff need to be trained on.	<b>IYCF-E Toolkit v3:</b> <i>Overview of IYCF-E staffing.</i> <i>Example of Job descriptions.</i> <i>Example of IYCF-E interview questions.</i> <i>Example of a training plan for IFE heads in evacuation centres.</i> <i>Example of a full day IFE training</i>
	Coordinate and integrate with other sectors on recruitment of staff and volunteers.	Integrating HR recruitment with other sectors helps in shortening the staff hiring process and/or gives you a bigger pool of applicants to choose from. Integration of staff recruitment can work for certain staff	

STEP 2: TRAIN STAFF (Cont.)			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
		who perform similar core functions, such as community mobilisers, who have the same core responsibilities and competencies in all sectors. Once HR needs have been specified, liaise with other sectors, and see if you are able to recruit with them.	
	Conduct detailed IYCF-E training for new staff and sensitisation for other staff if needed.	When recruited staff are not trained in IYCF-E, train in detail by focusing on topics that are relevant to the context and adapt the standard training content accordingly. Be mindful of minimum training days needed to cover curriculum, trainee numbers and quality of trainer. Coordinate with cluster or nutrition lead to identify master trainers who can help with training.	<b>IYCF-E Toolkit v3:</b> <i>IYCF-E training packages. Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i> (pg. 7). <i>IYCF strategy and action plan for South central Somalia, 2013-2017</i> (pg. 36-37)
	Deploy additional available/hired staff.	Now that you will have new additions to your team, deploy them to emergency locations as per need.	
STEP 3: CO-ORDINATE OPERATIONS			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
COORDINATION	Sensitise all sectors' staff on basic IYCF-E in the light of IYCF-E operational guidance.	Provide a short session on IYCF-E to staff from all sectors so that they have a basic understanding of IYCF-E and are able to help protect and promote optimal IYCF-E practices by making informed referrals to IYCF-E, not perpetuating myths about IYCF-E, monitoring BMS distributions, etc. Also, coordination between programmes and sectors and establishing referral modalities and case follow-up/tracking are essential.	<i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i> (pg. 7) <i>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</i> (pg. 41-43) <b>IYCF-E Toolkit v3:</b> <i>IFE essential orientation. Silent presentation on IYCF-E. A presentation on IYCF-E and why it matters by World Vision</i>
	Develop and share contextualised key messages on IYCF-E.	It is important to assess myths and then adapt the standard key messages on IYCF-E to the emergency context. Take help from the nutrition cluster or technical working group, if applicable. Ensure that intended audience, relevance and mode of delivery are taken into consideration while developing and disseminating key messages. Key messages on IYCF-E should not only be targeted at the affected population to improve IYCF-E practices but should also be delivered to stakeholders such as aid workers, the media, etc.	<b>IYCF-E Toolkit v3:</b> <i>Key messages booklet, 2012 by UNICEF. IYCF Programming guide, 2011 by UNICEF</i> (page 99-102) <i>IYCF-E Media Guide. IYCF recommendations when COVID-19 is confirmed or suspected</i>
	Uphold ongoing advocacy for policies related to IYCF-E.	It is important that advocacy on IYCF-E is continued throughout the emergency. There is a need to constantly advocate against BMS donations. There may also be a need to advocate for implementation or monitoring of policies already in effect or for policies that need to be put in place.	<i>IYCF-E Media Guide</i>

STEP 4: ASSESS AND MONITOR			
CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
SITUATION ANALYSIS AND ASSESSMENTS	Analyse MS-IRA data and prepare the assessment report.	Analyse the data obtained from the MS-IRA and prepare the report according to the template provided in the Save the Children Assessment Toolkit.	<b>IYCF-E Toolkit v3: Assessment Toolkit by Save the Children</b> (pg. 22-23)
	Disseminate MS-IRA assessment results.	Share assessment results with the government, lead agency, donors, organisation's senior leadership or other relevant stakeholders through the lead coordinating body or an assessment working group if applicable. Assessment results can be disseminated in several ways, which have been discussed in detail in the Save the Children evaluation handbook.	<b>Assessment Toolkit by Save the Children Evaluation Handbook by Save the Children</b> (pg.49-51). This handbook is about evaluation but the section on sharing of evaluation findings can help with sharing of assessment results also.
MONITORING, EVALUATION, AND LEARNING	Develop evaluation and learning plan.	Evaluation is an exercise that systematically and objectively determines the significance of IYCF-E interventions. The evaluation and learning plan is a plan to evaluate programme outcomes using detailed surveys, such as mid-term and end-term evaluations, and methods such as participatory dialogues, to provide learning to improve programming.	<b>IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</b> (pg. 47-51)  <b>IYCF Programming guide, 2011 by UNICEF</b> (pg. 59-62)
	Begin evidence building.	Evidence building is about collecting data about your programme to improve implementation, inform any policy or strategy changes and to show programme effectiveness. Mostly IYCF-E is not funded because there is a lack of evidence that certain IYCF-E activities can directly and favourably impact health outcomes in an emergency. Evidence building helps provide that support. Follow-the evaluation and learning plan to generate evidence such as case studies, lessons learned, impact, formative research, etc.	<b>IYCF strategy and action plan for South central Somalia, 2013-2017</b> (pg. 46)  <b>A guide to developing knowledge management strategy for food security and nutrition program by TOPS program</b>
	Develop IYCF-E database.	Develop a repository of all data about the activities in the form of a database. There must be effort to build on existing databases (IYCF/IYCF-E) if applicable and build on existing government/partner capacities. Enter data and track progress based on logframe indicators, outputs, and outcomes. Use this database to provide updates on status internally and externally. Ensure that the database captures all required information for reporting to donors and aligns with reporting requirements for the nutrition cluster/lead. Disaggregate data by sex, age, location and region. Ensure data for people with disabilities is included.	

**STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING (Cont.)**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
PROGRAMME PLANNING	Determine caseload, HR, and supplies needs.	Caseload is the number of beneficiaries in your programme. Calculate caseload and supply based on tools agreed by the nutrition cluster. BMS should be procured by designated agency based on the need. Also, determine what and how many staff you need for implementation of activities. There is no consensus on a standard number of staffing, so, determine your staffing needs based on your context and programming needs.	<b>IYCF-E Toolkit v3:</b> <a href="#">Overview of estimating target population and supply needs</a> , <a href="#">IYCF-E caseload and supply calculator</a> , <a href="#">Equipment needed for IYCF-E area</a>
	Develop early response plan (narrative, logframe and master budget including procurement plan).	A response plan includes a narrative on situation analysis, strategy plan, response goals and activities, with logframe and master budget including a procurement plan. The response plan is based on the response strategy. Ensure that response plan is aligned with the cluster/national IYCF-E/nutrition response plan.	<b>IYCF-E Toolkit v3:</b> <a href="#">Example of UNICEF and WFP Joint Nutrition Response Plan from South Sudan</a> (pg.10-18)
	Develop IYCF-E implementation plan.	An IYCF-E implementation plan is a list of activities that will be carried out at specified times by designated individuals to achieve the goals outlined in the response plan. An implementation plan is not only a programming tool but can also be used for monitoring of progress.	<b>IYCF-E Toolkit v3:</b> <a href="#">IYCF Programming guide, 2011 by UNICEF</a> (pg. 53-56)  <a href="#">IYCF strategy and action plan for South central Somalia, 2013-2017</a> (pg. 20-31)
PROGRAMME IMPLEMENTATION	Develop multi-sectoral, integrated approaches with other sectors.	The multi-sectoral framework for action defines effective integration between IYCF and other sectors to be when the sectors share common strategic objectives and activities that respect all sectors' priorities, while contributing to a common goal. IYCF-E shouldn't be a stand-alone initiative, rather other sectors can incorporate 'nutrition sensitive' approaches that support appropriate IYCF-E. Raise other sectors' IYCF-E awareness through cross-training and referral mechanisms. Actively participate in relevant sectoral (or cluster) co-ordination meetings. Identify and engage with those working independently of mainstream coordination structures, e.g. military, volunteer groups, civil society groups.	<a href="#">IYCF in Refugee situations: A multi-sectoral Framework for action, 2016 by UNHCR</a> (pg. 40-43)  <b>IYCF-E Toolkit v3:</b> <a href="#">Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</a> (pg. 17 and 18), <a href="#">IYCF-E Guidance for Programming by European Commission</a> (pg.28-31), <a href="#">Example of IYCF-E Integration with Child Protection from Greece, Integrating Early Childhood Development into IYCF-E programmes, 2012 by UNICEF</a> , <a href="#">Facilitator's Guide for Integration of IYCF support into CMAM, 2009 by IFE Core Group</a>  <a href="#">WASH Nutrition-A practical guidebook on increasing nutritional impact through integration of WASH and nutrition programmes, 2017 by ACF</a>

**STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING (Cont.)**

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
	Implement/scale up basic interventions and implement technical interventions to support IYCF-E.	Continue implementing or scale up basic interventions in case rapid response was possible. Basic interventions are simple measures that provide protection and support to optimal IYCF-E practices e.g. providing designated safe and private spaces for mothers to breastfeed when breastfeeding in the open is culturally inappropriate or ensuring access to IYCF-E services through referrals. Start technical interventions at this point too. Prioritise technical interventions according to context and needs. Technical interventions may include IYCF-E programming for special circumstances such as BMS programming, IYCF-E in HIV contexts, kitchen gardens, cash/voucher programming, cooking demonstrations, etc.	<p><b>IYCF-E Toolkit v3:</b>  <a href="#"><i>IYCF Programming guide, 2011 by UNICEF</i></a> (pg. 45-51),  <a href="#"><i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group</i></a> (pg. 12-23),  <a href="#"><i>The SPHERE Project, 2018</i></a> (pg. 185-192),  <a href="#"><i>Overview of Programme planning by Programme type, Complementary feeding, Recommended complementary feeding practices and counselling, Recommended breastfeeding practices and counselling, Summary of key recommendations in maternal nutrition Summary or IYCF-E recommendations in HIV, Artificial Feeding guidelines for PIF, Artificial guidelines for RUIF, Examples of technical interventions from different contexts, Guidelines for technical interventions</i></a></p> <p><a href="#"><i>IYCF strategy and action plan for South central Somalia, 2013-2017</i></a> (pg.33-35)</p> <p><a href="#"><i>Tools for analysis of nutrient gap for complementary feeding by Nutval</i></a></p> <p><a href="#"><i>Supportive Spaces for Infant and Young Child Feeding in Emergencies: Technical Brief</i></a></p>

## 3.5 WEEK 5-8

### STEP 4: ASSESS AND MONITOR

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>SITUATION ANALYSIS AND ASSESSMENTS</b>	Support/undertake detailed IYCF-E assessment. (including baseline surveys).	Detailed IYCF-E assessments or surveys can be completed at this time. These can be used to raise funds for continued response or gain detailed insight into specific practices. Sector-specific assessments may include SMART surveys with IYCF indicators included, detailed IYCF-E assessments that include a triangulation of survey findings, focus group discussions and key informant interviews, etc.	<b>IYCF-E Toolkit v3:</b> <a href="#">IYCF practices-collecting and using data-a step by step guide, 2010 by CARE USA</a> , <a href="#">Sampling guide by FANTA</a> , <a href="#">Standardized Expanded Nutrition Survey guidelines by UNHCR</a> <a href="#">Example of IYCF-E assessment report from Ukraine</a> <a href="#">Factsheet on IYCF-E assessments by Tech RRT</a> <a href="#">Indicators for assessing infant and young child feeding practices Nutrition Humanitarian Need Analysis Guidance</a> <a href="#">GNC Indicator registry</a>
<b>MONITORING, EVALUATION, LEARNING AND ACCOUNTABILITY</b>	Strengthen evidence base.	Review outcomes and trends and add them to your repository of evidence base. Triangulate your results from different sources to build a stronger case.	

### STEP 5: PROTECT, PROMOTE, AND SUPPORT OPTIMAL INFANT AND YOUNG CHILD FEEDING WITH INTEGRATED MULTI-SECTOR INTERVENTIONS AND STEP 6: MINIMISE THE RISKS OF ARTIFICIAL FEEDING

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>PROGRAMME PLANNING</b>	Revise response plan as per need.	A revised response plan should be developed within three months of an emergency. This is based on the initial response plan but includes any modifications based on the availability of more information on the changes in situation, context, needs and priorities.	<a href="#">Example of UNICEF's revised response plan for Rohingya refugees in Bangladesh, 2017</a> <a href="#">Example of revised humanitarian response plan for crisis in Yemen</a>

## 3.6 WEEK 9-1 YEAR

### STEP 2: TRAIN STAFF

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>HUMAN RESOURCES ORIENTATION AND TRAINING</b>	Continue capacity building/Provide refresher training (after 6 months).	It is vital to continue system strengthening and building local capacity for sustainability of IYCF services after the emergency. It is recommended to organise refresher training for IYCF-E staff after 6 months to refresh their existing knowledge and to provide new evidences/tools when available. New staff should take the full IYCF-E training	

### STEP 3: CO-ORDINATE OPERATIONS

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>COORDINATION</b>	Evaluate functionality of coordination system.	Evaluate functionality of the internal and external coordination systems and document the challenges and lessons learned. This will help to design better coordination systems for the future.	
<b>COMMUNICATION AND ADVOCACY</b>	Share lessons and evidence of challenges and successes in IYCF-E response.	Work with the monitoring and communication team to collect and disseminate successful case studies, evaluation reports, etc. that demonstrate how the IYCF-E programme has helped the targeted population. Use the outputs from the monitoring; evaluation and learning plan to demonstrate the effectiveness of your programme.	<p><i>Example of a baby tent success story by IYCN</i></p> <p><i>Example of success story on IYCF-E counselling by IYCN</i></p>

### STEP 4: ASSESS AND MONITOR

CATEGORIES	ACTIONS	DESCRIPTION	RESOURCES/REFERENCES
<b>SITUATION ANALYSIS AND ASSESSMENTS</b>	Support/undertake detailed IYCF-E assessment.	Conduct any detailed IYCF-E assessments or surveys at this time, which may include knowledge, attitudes and practices (KAP) surveys, barrier analysis, coverage surveys etc. These can be used to raise funds for continued response, gain detailed insight into specific practices to build evidence base, evaluate programme effectiveness, etc.	<p><i>Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017 by IFE Core Group (pg.11)</i></p> <p><i>Practical guide to conducting Barrier Analysis, 2013 by Krittle</i></p> <p><i>Guidelines for assessing nutrition related KAP, 2014 by FAO WHO</i></p> <p><i>indicators for assessing infant and young child feeding practices</i></p> <p><i>Nutrition Humanitarian Need Analysis Guidance GNC Indicator registry Factsheet on IYCF-E assessments by Tech RRT</i></p>
<b>MONITORING, EVALUATION, LEARNING AND ACCOUNTABILITY</b>	Conduct evaluations of the programme.	Evaluate the programme for its quality, effectiveness, relevancy, need, etc. Evaluations generate in-depth analysis of a programme and the findings can lead to improvement in policy and practice. The programme cycle evaluations involve baseline, mid-term and end-line evaluations. However, these evaluations can generate feedback and corrective action a long time after the incident or bottleneck has taken place. Real time reviews can help highlight issues when they happen so that they can be immediately dealt with. Real time reviews focus more on operational issues.	<p><i>Evaluation Handbook by Save the Children</i></p> <p><b>IYCF-E Toolkit v3:</b> <i>IYCF Programming guide, 2011 by UNICEF (pg. 59-62)</i></p>

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**INFANT & YOUNG  
CHILD FEEDING  
IN EMERGENCIES** (IYCF-E)



Technical  
Rapid  
Response  
Team



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