

Complementary Feeding in Emergencies Programming and Resources

Webinar Transcript, September 8, 2022

Yaritza Rodriguez

I'm going to go ahead and get us started. We are very excited to present to you today a webinar on Complementary Feeding in Emergencies, Programming and Resources. So thank you all for registering and for your interest in this topic.

Next slide please.

So today we are providing interpretation in four different languages. If you are wanting to hear the different languages, you can click on that interpretation icon to select which language you like to hear the event in. I'm also going to make this same announcement in Spanish and then we'll also make it in French and Arabic.

[Yaritza - Speaking Spanish]

[Linda - Speaking French]

[Linda – Speaking Arabic]

Great. Thanks so much, Linda.

Next slide please.

Alright, for today's event, if at any point you're unable to hear the speakers, make sure you are connected to your audio by selecting the headphones icon. In the chat please, as I mentioned before, send a message to everyone to introduce yourself. You can also use the chat box to send in your comments or to ask for support during today's webinar.

Next slide please.

Today we will be using in the Q&A box to collect your questions. So please submit your questions to the panelists in the Q&A box. You can find the Q&A icon in your zoom control, so

you can click on that and enable the Q&A box for yourself. Panelists will either reply to you via text in the Q&A box or will answer your questions live during the discussion portion of the webinar. So please do make use of the Q&A box for questions specifically.

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Now, it's my pleasure to introduce today's moderator. Our moderator is Karin Christianson. She's a nutrition and humanitarian context specialist with USAID Advancing Nutrition. Karin currently provides technical and operational support to studies on local treatments for moderate acute malnutrition programming, cash and voucher assistance for nutrition, and complementary feeding in emergencies. Over to you Karin for the rest of the event.

Karin Christianson

Thanks Yaritza. Good morning, good afternoon, good evening to all. Thank you for joining us today. My name is Karin and on behalf of today's presenters, I'm pleased to welcome you to this webinar on complementary feeding in emergencies programming and resources. As we will hear about shortly, this topic is constantly evolving as we adapt and innovate. In this webinar, we will present on global work in four country case studies to expand our understanding of how complementary feeding in emergencies looks in different settings and how it aligns or diverges with global and local guidance. We will begin with some opening remarks from Erin Boyd, a senior nutrition advisor at USAID's Bureau for Humanitarian Assistance, who are a key funder of this work. We will then have a quick poll to hear about your experience with complementary feeding in emergencies before I hand over to Linda Shaker Berbari, a nutrition specialist at UNICEF who will provide an overview of the conceptual framework for complementary feeding. Linda will then pass to Jodine Chase, the coordinator for the infant feeding in emergencies Core Group, who will share an overview of the 2020 report, which reviewed the experience and direction of complementary feeding in emergencies. This global overview will conclude with Jen Burns, a senior technical advisor for USAID Advancing Nutrition, who will present on Identifying Gaps in Current Guidance and Available Resources.

We will then proceed to a deeper discussion of the case studies in four countries. First step is Nigeria, followed by Sudan, Yemen, and Myanmar. The first two case studies were conducted by the IFI core group in coordination with UNICEF and are available on the ENN website. The latter

two were conducted by USAID Advancing Nutrition, and are currently being reviewed and finalized. Finally, we will conclude with a time for participants to ask questions. As Yaritza said, please share your questions in the Q&A box and we will do our best to address them in our limited time.

As you can see, we have a wonderful panel today for our case study presentations. You will hear from experts in each of the countries. Sangita Jacob Duggal, a Nutrition Manager from UNICEF Nigeria, will present on behalf of the work there, Mona Maman and Osama Ismail. Mona is a Nutrition Officer from UNICEF Sudan. Osama is the Nutrition Emergency Coordinator for the Federal Ministry of Health. They will present on behalf of Sudan. Saw Eden, a Nutrition Program Advisor from Save the Children will present on behalf of Myanmar. And Karima Ahmed Al-Hada'a, a Planning and Liaison Specialist for the Scaling Up Nutrition Secretariat, will present on behalf of Yemen.

Next slide.

Our global presentations will be led again by Linda, a Nutrition specialist at UNICEF, Jodine Chase the Infant Feeding and Emergency Core Group facilitator and Jen Burns, the Senior Technical Advisor from USAID Advancing Nutrition. Allison Donnelly, an independent nutrition consultant who led USAID Advancing Nutrition's case studies will be joining us for the Q&A. To begin, I'd like to hand over to Erin Boyd from USAID to share some opening remarks. Over to you, Erin.

Erin Boyd

Thank you so much, Karen. And it's so great to see people from all over online, many familiar names. This is such an exciting webinar to be part of. As Karin said, I'm Erin Boyd. I work at USAID in the Bureau for Humanitarian Assistance. Those of you who have applied for VHA funding may be familiar with the VHA guidelines. And for nutrition we really have three sub sectors and the one that is mandatory is Maternal Infant and Young Child Feeding in Emergencies. Because of this and the emphasis that VHA has really spent looking at infant feeding in emergencies, we came to see and recognize a trend in that, a lot of our partners didn't have significant detail in relation to complementary feeding in emergencies in their proposals. So while there was a lot of lactation support and monitoring of breast milk substitutes, we identified, about

five years ago, the complementary feeding space as a significant. And we really didn't know whether or not it was because partners didn't have the tools to do appropriate assessments or planning or, if context made it too difficult to really have the time and space to address complementary feeding. USAID VHA has supported the IFE core group through the Emergency Nutrition Network to do an initial analysis, three or four years ago, related to complementary feeding in emergencies with practitioners. Many of you probably responded to some of those surveys and participated. And from that, we really did identify the need to do a better and more in depth analysis of the type of tools, and also the approaches that partners were using in complex and protracted crises. So that brings us to today and I think it's a really exciting process. There have been a series of pieces of work that USAID Advancing Nutrition has led in very close collaboration with the IFE core group. I've been a very long-standing member. Sometimes I have to [inaudible] sometimes not in the IFE core group, and so it's really wonderful that the collaboration and leadership of the IFE core group has allowed complementary feeding in emergencies to kind of take up space and a little bit of time and energy to look at some of the approaches. The analysis that USAID Advancing Nutrition, that Allison has led in relation to analyzing and collecting the available tools, as well as conducting the case studies that we'll hear about today, these are all moving us in the direction and really trying to have better programming and to better address the needs of the diets of vulnerable children affected by crises. So with that, I'm going to stop and I'm really excited to be able to watch and learn as well. I'm going to pass to my colleague and someone who is one of the big experts at this play in this space, Doctor Linda Shaker Berbari, who is now with UNICEF, I think that's right. No, sorry.

Karin Christianson

Before Linda you're going to pass it back to me and then we're going to pass it to Linda. Great! Thanks Erin. Now I would like to invite our participants to share about their experience with today's topic. On your screen a poll will momentarily appear, and the question for this poll is "What has been your experience supporting complementary feeding in emergencies?" We're going to ask that you please select the answer that best represents your experience. So you have three choices here. I'm going to give you all a minute to do that and thank you for actively engaging.

Yaritza Rodriguez

Over half of our attendees have responded so I think we can give them another moment.
OK we're almost at about 80%.

Karin Christianson

Terrific! Thanks Yaritza.

It's great to see that we have about 20% of you have been heavily engaged, about 45% who have participated in some activities or are familiar with the topic, and about 35% of you are not familiar. So we're very happy to have you here and hope that you get some great takeaways from this event. I will now hand over to Linda to present on the conceptual framework developed by UNICEF. Over to you Linda.

Linda Shaker Berbari

Thanks Karen. Hello everyone it's a pleasure for me to join this very exciting webinar indeed. Today, we're talking about infants and young children. We're talking about specifically young children who are 6 to 23 months of age and really what are they being fed with and how we can support them, how we can serve them, especially in emergencies and in fragile contexts. Contexts that are unstable; where already there are existing poor habits, these would be further jeopardized. Next slide please.

Participant

Sorry to interrupt you Linda would you mind speaking a little bit more loudly and directly into your microphone.

Linda Shaker Berbari

Yes. Can you hear me better now?

Participant

We're just going to check. Now we can hear you well. Thank you.

Linda Shaker Berbari

Alright great. Just emphasizing that we're here to really talk about infants and young children who are 6 to 23 months of age, what they're being fed and, how we can support them, how we can serve them in contexts that are fragile and where already existing poor habits could be further jeopardize.

Next slide please.

In 2021, UNICEF published the Child Nutrition Report “FED TO FAIL” titled “The Crisis of Children’s Diets in Early Life” and this report presented data on children's diets and really showed that in 2020 most children aged 6 to 23 months were not fed according to global recommendations. It showed that diets are failing in No. 1 Timeliness, in frequency and diversity. About half of the children are not fed the minimum recommended number of meals. And you can see that over 2/3 are not fed even the minimally diverse diet they need to grow and develop. And more than that, the low consumption of nutritious foods is especially troubling with about half of the children missing the benefits of very rich or nutrient rich foods like fruits and vegetables, and eggs, fish or meat.

Next please.

Unfortunately, the poor quality of the diets and the feeding practices has persisted over the last decade and we haven't seen meaningful improvements in timeliness, in frequency and in the diversity or the consumption of nutritious foods. In particular, if we look at dietary diversity, which is really a key indicator of the quality of the diet, and this has remained low over the past decade, in 2010 it was 21% and in now 2020 or 2022 the most recent data is 24%. This graph that you can see, and apologies maybe you cannot really read the text, presents data from 50 countries and it looks at the trends. Unfortunately it does show, although it has noted some significant increase in the percentage of children in about 21 countries. However, what is worrisome is that 10 countries have experienced a drop during this time period and therefore highlighting the lack of progress or improvement.

Next please.

When we talk about this complementary feeding period, it's really an exceptional period. It's because there is such rapid growth, such enormous physiological changes that are taking place. The body weight quadruples, the height increases by 75%. Vast changes are happening during this period. Which means that the nutrient needs are high, they're extraordinarily high. And therefore the consequences of inappropriate diets are extremely dangerous. This is illustrated in the figures here on the slide which show how for example for stunting, which is an indication of stunted growth which increases rapidly between 6 and 23 months of age, we can see the impact of poor diets.

Similarly, globally, more than half of all the children with wasting are younger than two years of age. Again highlighting the importance of diets during this critical period. Added to that, we are in 2022 and this period presents an unprecedented challenge and the number of children living in food and nutrition insecurity is rising. We have combined effects of conflict, we have the war in Ukraine, climate induced drought and environmental degradation, socioeconomic impacts of the pandemic. All of these push the already existing vulnerable children into unprecedented levels of vulnerability of food and nutrition. And all of this kind of prompts us to raise the alarm. To really support improving the diets of infants and young children in different contexts and this is a reminder to us all.

Next please.

In 2020, UNICEF published a programming guidance to help with improving young children's diets during the complementary feeding period. And we're here in the webinar focusing on complementary feeding in emergencies. Although this guidance is not specific to humanitarian context, but it remains relevant to emergency settings and has considerations. It considers requirements for emergencies in most actions. And the guidance emphasizes that determinants of young children's diets during the complementary feeding include adequate complementary food, adequate complementary feeding practices and adequate nutrition services. These determinants are shaped by context specific factors. So when we talk about emergencies, these are the context specific factors.

Next please.

This is the action framework and I'm looking forward to hear from the experiences from the countries. The guidance presents an action framework and this framework is for improving the diets of young children and it has four elements that interplay to facilitate the design and implementation of evidence-based programs. And so it starts with 1) the importance of situation analysis, 2) the importance of implementing strategic actions through system, so a systems approach and 3) the importance of taking into account programming context and 4) monitoring and evaluation.

I will promptly go to the next slide just to basically talk about some considerations for this action framework and for emergencies.

- 1) When we talk about a situation analysis, the action framework highlights the integral role of conducting a situation analysis. And in humanitarian settings, it is particularly important to understand these pre-existing gaps as risks related to the emergency context, in order to be able to plan actions that are context specific because emergencies can aggravate drivers, including for example making it difficult for families to access food and afford nutritious food, and access to services. So it's important to identify these drivers.
- 2) Understanding the context and the risks inherent to this humanitarian context, and
- 3) Most importantly, tailoring interventions and actions for improving these diets using multiple channels and systems. It provides evidence around interventions. But the bottom line is that it emphasizes the importance of grounding a response within a context-specific informed and coordinated intervention that builds on an existing system that supports these systems and services. So that at term, they can function without external input and therefore improve diets of young children.

I'm getting the time warning. So I think enough of the theory. We are going to hopefully be hearing the country experiences and which I'm sure will be helpful in providing a more concrete example of this action framework and the activities and the intervention. With that, I think I will hand over to Jodine and look forward to the rest of the webinar. Thank you.

Jodine Chase

Thank you Linda. Well, this work that Linda has described was underway. The IFE core group had identified gaps in a review published in 2020. So we work to ensure appropriate infant

and young child feeding in emergencies and we've developed operations guidance to this end, with of course infant meaning the period from zero to six months where exclusive breastfeeding is optimal, and then supporting young children ages 6 to 24 months, to receive nutritionally adequate and safe complementary foods during emergency. In this report, we reviewed the experience and direction of complementary feeding in emergencies with 34 key informants from around the globe and including the direct experiences of responders to emergencies in a number of countries.

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The people that we spoke with felt that while we have guidance for the “**what**”, our operational guidance does not address the “**how**”. Boosters were identified as increased awareness among emergency practitioners that complementary feeding in emergencies is a neglected area, there is emerging leadership as we heard from Erin and commitment by different UN agencies, from our donors and from our Infant Feeding in Emergencies partners, to address complementary feeding in emergencies at all levels. However, these boosters were outweighed by barriers: programmatic issues, lack of preparedness and leadership, and insufficient scale.

Despite awareness and use of the operational guidance at headquarters, regional and capital levels, dissemination to frontline health and nutrition workers is a really important discovery of a gap. The operations guidance was largely consulted to inform breastfeeding interventions and the management of breast milk substitutes. And this is why there are ‘how to’ gaps in guidance for complementary feeding in emergencies. So the review concluded that the provisions of our operational guidance regarding complementary feeding in emergencies are not being met. It identified no clear examples of strong complementary feeding in emergencies preparedness and response to draw on. And so this is why our next step was to document through case studies; the work that is underway in countries that are leading the way using the UNICEF action framework.

I will now pass this over to Jen Burns who will describe the work of USAID Advancing Nutrition and what is being done to address these gaps. Go ahead Jen.

Jen Burns

Thanks Jodine. So as mentioned by Jodine, one of the key findings in the ENN led review was that chief among the barriers to complementary feeding in emergencies was partners' perception - that they lacked the knowledge for what constitutes an effective and efficient CFE intervention, and the tools needed to implement complementary feeding programming and emergency contacts. And so USAID Advancing Nutrition felt we could help to improve this understanding of those interventions and develop the tools to support that programming. To address the barriers to accessing tools, USAID Advancing Nutrition carried out the mapping of tools used in complementary feeding programming. And this is across both the humanitarian and development space, as we believe that often resources exist on either side which could be adapted for the purposes of the other types of programming. We also conducted a gap analysis with recommendations for developing tools to improve this planning and implementation. This review assessed more than 500 resources for content related to complementary feeding, and tools were mapped against the previously mentioned documents by Linda and Jodine; the operational guidance for IFE and the UNICEF programmatic guidance, as previously outlined.

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This slide shows a breakdown of the tools that we identified and organized using the program cycle categories in the operational guidance for infant feeding in emergencies. Many of you are familiar with these areas so I won't spend the time going through them. But I will say that the majority of the tools identified fall under the area of protect, promote and support optimal infant and young child feeding with integrated multi-sectoral interventions. Now, this might not be so surprising given the number of multi-sectoral interventions that are related to complementary feeding outcomes. And so we further broke down this last section to align with that UNICEF report which I'll show you in the next slide.

So using that UNICEF report categories, we further broke down this plethora of tools into these areas. As you can see, the majority of tools across these subcategories were those related to nutrition counseling and social behavior change communication, as well as for counseling and education for responsive meeting and stimulation. And resources providing guidance on how to implement the other recommendation interventions were fewer in

number. Now, we've narrowed down a priority list from that 500 and have uploaded these to a recently established complementary feeding tool repository which I'll share in a minute. Next please.

I wanted to share with you some of the findings from this mapping and gap analysis.

- 1) There's a lack of knowledge of these existing tools and limited access to them at both the global and country levels.
- 2) Relating to these tools were often embedded within long resources and housed in different locations which make them difficult to access.
- 3) The majority of tools to support program interventions focused on social behavior change communication and are primarily implemented through the health system with limited tools available to support multi-sectoral interventions such as food security, WASH, shelter and advice and protection.
- 4) Similarly, few tools for multi-sectoral assessment's and response plans include complementary feeding in emergencies.
- 5) Finally, while there are a number of tools for conducting formative research to design complementary feeding interventions in the development context, these may be too time-intensive for emergency settings.

The final report which highlights all of these more will be released in the coming months so be on the lookout for that.

Last slide please.

As previously mentioned during that mapping exercise, we started with about 500 tools and narrowed it down to about 100 that were most highly recommended, and these are now housed on the IYCF-E Hub which many of you are familiar with. There is a special collection now and it's titled "Tools for Complementary Feeding Programming". For those of you who aren't familiar, this is a digital library that's Open Access and it allows users to download and review information offline. My colleague is going to click on that link just so you're familiar where to go on that website. When you click on that link, you'll see a tab there titled for this section. Once you're in the collection, you do have options to filter by publication, year, author,

publisher, content type, country, region, language and keywords. Now, while complementary feeding programming collection was originally curated by USAID Advancing Nutrition, we need your help in further developing this out. And we welcome partners to continue recommending relevant tools and resources that you feel are worth sharing. So our hope is overtime this will continue to grow in multiple languages and with more examples at country and regional levels. Thank you.

Now I'll hand it over to my colleague Karin for another poll.

Karin Christianson

Thanks Jen. So we would like to hear from you participants again. On your screen a poll will momentarily appear. Our question this time is “Which of the resources that were presented have you used in your work responding to the nutritional needs of infants and young children during emergencies?” Please go ahead and answer this. We look forward to hearing what you have to say.

Yaritza Rodriguez

So about half the audience has responded so we can give them another couple of minutes for everyone else to have a chance.

Karin Christianson

As Philip rightly noted we don't have a “None of the above” or “All of the above” option. So feel free to select which one perhaps you use the most frequently or would like to be using. Right now we're seeing that about half of you are using the Operational Guidance, maybe a little bit less, or using the Programming Guidance. And then as concerns the IYCF-E Hub that's pretty low so far. So we're very grateful to have this opportunity to promote that terrific resource. Not only for the collection we help support but for the other resources it has made available.

Since we want to be respectful of everyone's time and we still have a lot to get through, we're going to probably go ahead and wrap it up here. We got about 60% participation which is great. So maybe we can go ahead and move on to these case studies.

The order of presentation is going to be from Nigeria to Sudan to Yemen and to Myanmar. These presentations were recorded and some of the presenters are available for a live Q&A at the end of this session. If we can go ahead and get that recording up. And this was recorded by Sangita Jacob Duggal who is a Nutrition Manager for UNICEF in Maiduguri, Nigeria. Over to you Sangita.

Sangita Jacob Duggal

So, the first thing which I would like to mention about the program context is that North East Nigeria regroups three States and their names are Borno, Adamawa and Yobe. And these three states, as you can see in the map, are very thickly populated areas as the whole country is. And we found the PiN is very high in Nigeria and the crisis in these three states started in 2009. And you can see that since it is an emergency location experiencing an armed conflict and very strong restricted movement for both civilians, humanitarian workers and aid leaders. A lot of violence is going on since last one full decade and you can understand the challenge is very high and the package of any developmental activities is to adapt and change the situation. But sometimes it is very difficult to reach out to the population because of the floating and movement related to influx, and also the dislocation of disrupted populations from their locations. We also have continuously experienced cholera and diarrhea and during the COVID-19 pandemic, we had different type of challenges including lots of children getting out of the normal category to the malnourished category. And this is the information which is published by OCHA in 2021.

So, in one line I can only say that it is a very challenging situation in North East Nigeria with the armed conflict and influx and movement of people. So in terms of the situational analysis, we have approximately 1.5 million people who really need the lifesaving nutrition services. Within that, there are one million children under five and half a million women of reproductive age within the BAY states require this urgent support. There is an estimate that 810,000 children under the age of five were projected to suffer from acute malnutrition in 2021, and out of whom 295 children are living with severe acute malnutrition. Which doubles the burden and load of malnutrition in these BAY States because stunting rates are high, the

wasting is high and also micronutrient deficiencies are high. Over 123,000 pregnant and lactating women are also projected to suffer from acute malnutrition as per OCHA 2021. Malnutrition and sub-optimal complementary feeding practices among children aged 6 to 23 months were the major concern in Nigeria as a whole, but in emergency contexts, much more than what it is across the country. We have very low dietary diversity as a main factor and sub-optimal complementary feeding, inadequate meal frequency were also major causes for concern. The main drivers of sub-optimal IYCF practices in the country and specifically in northeast Nigeria were food insecurity, the knowledge of caregivers, and the timely availability of help to the caregivers. There are a lot of household dynamics, gender biases and certain social norms and inadequate health facilities and infrastructures. We lack food and nutrition security, water is contaminated to a large extent and sometimes it is also not available, sanitation coverage is very poor and hygiene services are challenged. In summary, I can say that child survival and development in northeast Nigeria is a real big struggle for children 6 to 23 months old.

In terms of the interventions, northeast Nigeria has many innovative interventions implemented to achieve our program targets and goals for complementary feeding in IYCF. And there are many channels of food systems, health system platforms, WASH systems and Social Protection System which are rolled in at different levels; right from policy, to community and to institutional levels. But in terms of the intervention package, we have all the additional interventions. But I would like to talk specifically about the mother to mother and father to father support groups we have. And as I mentioned to you that the large population is traditionally very challenged with gender preferences, so there are separate groups which require interaction with both fathers separately and mothers separately. So we have created conducive environments for interaction and interface, even with fathers, for them to take up the responsibility of child care. And this is one of the things which I think has really worked very well. Childcare or feeding the child is not only the responsibility of their grandmothers or mothers, but also the fathers. So this is one of the great intervention which is working very well.

The second intervention is also the IYCF friendly space, which is in the institutional setting and the community setting. But the most important one which I would like to talk about is

the institutional setting where all the health facilities have IYCF partners. There is a dedicated corner and space where all the mothers who come with children below five years, specifically 6 to 23 months old children, and mothers who are pregnant themselves. They come and attend the sessions in the space and talk about the key highlights for their families to take care of their children and child at home and also the maternal nutrition. So these are the two very innovative and very supportive interventions of northeast Nigeria to support IYCF and complementary feeding.

In terms of monitoring, evaluation, learning and reported outcomes, we are very fortunate to have the action framework in northeast Nigeria that we also documenting our interventions and actions all along. And we have facilitated this documentation with the CFE program and provided the overall examination, independent examination and interventions through partners, donors, governments and UN agencies who are supporting on this one. So it's a very independent evaluation while doing the case study.

We also helped to layout the different components and we have identified potential opportunities and different approaches at different levels and for different channels. When we have multiple channels and levels and opportunities, it is always very important to get the feedback from the different stakeholders. And I think this was the best part of the case study; that there was an independent feedback from all the stakeholders, and this is the outcome of this entire process. Thank you.

Karin Christianson

Thanks to Sangita for that in depth presentation. Next, we will hear from Mona Maman from UNICEF and Osama Ismail from the Federal Ministry of Health on the case study in Sudan.

Mona Maman

Thank you all so much for giving me this opportunity to share the Sudan case study on complementary feeding in emergency. I'm representing the nutrition Sudan Team. My name is Mona Maman and I'm a nutrition officer at the UNICEF country office. With me is my colleague Osama Ismail, head of nutrition in emergency at the Federal Ministry of Health.

I'm just going to give you general overview about the context of Sudan. In Sudan, we have multiple emergencies in different areas leading to the poverty and food insecurity, we have an internal conflict, we have civil unrest, we have droughts in some areas, and we have flooding. And now at least four states are now affected by floods, and we do have disease outbreaks. The nutrition sector in Sudan led by the federal Minister of Health, FMOH and UNICEF as the co-lead. We have a lot of nutrition interventions and specifically complementary feeding interventions. Some activities vary and some activities are standardized.

So here we can see the key child survival indicator. We have wasting 14.1 and we have the open defecation safety 2.8 and stunting 36.6 in the overall country. The nutrition situation analysis estimated over three million children suffering from wasting. This is HNO 2022. Anemia is 48 at the level of children 6 to 59 months, breastfeeding rates are also improving but still we have a complementary feeding problem. The complementary feeding indicators showed a major gap and for example 25 to 28% of 6 to 23 months old children meeting the minimum dietary diversity. On the complementary feeding, wasting is a sub-optimal for complementary feeding for 6 to 23 month old babies. Low dietary diversity is also a major concern and the main drivers of complementary feeding where maternal age. We have high early marriage, parent education, wealth, access to antenatal visit, cost of fruits and vegetable are a bit high, access to clean water is also a problem, cultural practices; we have a lot of taboos. You know in Sudan we have a lot of diversity from one region to another, and every region has its own taboos, myths and misconceptions. Limited knowledge of recommended IYCF practices is also one of the main problems.

In Sudan we have policies and guidance that you know support the complementary feeding intervention in general. We have coordination mechanisms in place that support complementary feeding. We have IYCF Technical Working Group and IYCF-E Task Force. We have a Technical Committee in Complementary Feeding. This may be leading the work of complementary feeding pool initiative, but support other complementary feeding interventions, and also we have the SUN movement. The policies environment related to the complementary feeding and IYCF, we have the Sudan IYCF strategy 2015 to 2025, National

Nutrition Policy, Infant and Young Child Feeding in Emergency Operational Guidance; this is new in 2022, and we have IYCF Integration Multi-sectoral Guidance.

We have different interventions that include the complementary feeding when we classified them by the health system, WASH system, Social Protection System. And at the level of Policy, we instituted community households, one to one counseling at the facility level, mother and father support group; you can see the photo, and also social behavior and communication. For the one to one counseling at the health facility, three of them are covered by the health system, and for the mother and father support groups also extends to the food system. Use of vitamins, minerals, supplements setting were nutrient poor diet, previous home fortification and supplementations through the health system and food system, access to diverse nutritious complementary foods at household level, home gardening, provision of seeds, cooking demonstration session. The home gardening is a part of the dietary diversity project in the selected State and we have planned now to scale it up to the other States. This was implemented through the health system, food system, as well as engagement with the WASH system.

Access to fortified foods as needed aligned with the global national standard, salt iodization was put in place through the health system, plant supplementation feeding, food-based prevention of malnutrition through the health system and the food system. Promotion improved accessibility and use of complementary food, water, clean household environment, hygiene promotion also put in place through the health system, food system, as well as WASH and access to water was through the health system, food system and WASH system.

Consideration for emergency assistance strengthening efforts continue during emergencies. They can promote community resilience, help institutionalize action to improve children diet on the long term, strengthen actions for the health system, food system, social protection and WASH system. For the nutrition adopting to the programming context, Sudan represents unique-complex emergency contexts with multiple settings in which the complementary feeding program was taking place including conflict, infectious disease outbreaks and extreme weather events , all of which negatively impacted poverty and food security and led to need for humanitarian response. As I mentioned before, a strong coordination mechanism for

nutrition and complementary feeding were put in place. The government led complementary feeding emergency interventions. Partners provided Technical Support and help to increase the coverage of activities. For example we have BOLD colleagues. They have a NiP program, improved and impact nutrition program. We have Safe the Children and UNICEF who also supported the promotion of IYCF and complementary feeding.

Policy and legislative framework were in place to support complementary feeding in emergency including the national IYCF strategy and the recently adopted IYCF-E Operational Guidance, although the legislation of the code is still a gap. The PMS code was drafted and presented before the council cabinet but till now we are yet to get the final signature. But a lot of efforts are being done to push the signature of the PMS Code. Interventions were adapted to each context/localities in relatively stable protected situations and localities with limited access. Priority was given to the lifesaving intervention during acute emergencies. On the key findings of the study, I'll pass it over to my colleague Osama to go through these.

Regarding the key findings for the data study, having a package of contextualized CFE interventions enabled a response to context-specific needs. Also, an initial situation analysis examining the drivers of feeding practices provided the necessary knowledge that guided the design of actions and interventions. One of the new findings was coordination, sharing visions and joined/close planning amongst different sectors and also stretching the outcome of these activities. Undertaking specific and concrete activities and building the evidence on impact encourages uptake and scaling up of the NIPP Circle Initiative and the Kassala Dietary Diversity Project. The last finding is that the Action Framework may be a useful tool that can be used to document, plan and implement the complementary feeding emergency interventions. Thank you.

Karin Christianson

Thank you Mona and Osama. Next we will head to Yemen where Karima Ahmed Al-Hada'a from the SUN Secretary will present on the findings.

Karima Ahmed Al-Hada'a

Thank you so much for introducing me and having me today. It is a pleasure to be here. Let us start with an overview of the situation in Yemen. Yemen is described as the worst humanitarian crisis in the world since the escalated conflict started in 2015, the political crisis left the country with their fragmented government, the so-called international recognized government, and the de facto authorities in Ansar. Going through all this has left 80% of the population in Yemen to live below the poverty line. 2/3 of the population is in need of humanitarian assistance, and the greater challenge is about the funding shortfalls for the national and international plans targeting Yemen, not to mention the natural disasters on the other side. And all this resulted in acute food and nutrition insecurity in the country.

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So this situation in Yemen has the bright side and also the dark side. On the bright side we have a very strong policy environment. We have the multi-sectoral nutrition action plan that was developed by the SUN Secretariat in 2020 with contributions from the UN and national stakeholders. And many of the activities within the multi-sectoral plan are aligned with the recommendations for complementary feeding. We have also participated in many international events for food and nutrition such as the N4D Summit and the N4G Commitments. And also the food systems dialogue and the food system pathways within the country. On the country coordination level, we have a very good level of intersectoral coordination and within the humanitarian actors. Now, we are about to draw the situation on the humanitarian development peace nexus in Yemen.

On the other side, unfortunately, we have very limited funding for the national plans and even for the humanitarian response plan. And we have this competing characterization of activities, whether they were humanitarian or developmental. Unfortunately, lifesaving activities doesn't include the complementary feeding at the scale that we wanted to be there.

Next slide.

Here is about the high malnutrition and poor feeding practices in Yemen. On the gender side, we can see that we have many restrictions on women; whether they were legal rights or movement restrictions on Yemen. For the food, we have many challenging aspects for the availability and accessibility of food because of the rising food prices, unemployment and

poverty. For the services, unfortunately, only 50% of health facilities are functional and 49 have no access to safe water. For the adequate practices, unfortunately, there is lack of clarity about the quantities needed from each food group, children's food intake often not monitored and also low continued BF.

Looking at these indicators for Yemen, 45% of the children are stunted, 10% are wasted and wasting among children aged 6 to 12 months are 25%. Only 12% of the children have access to a minimum acceptable diet.

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So here, we have this overview on the current interventions in Yemen. A number of actions were implemented aimed at improving diet in the complementary feeding. The majority of activities focused on improving caregiver knowledge. And SBC activities are delivered through the health systems and are focused on information provision using standard materials and messages which are not usually adapted for the context. Counseling is available and is usually integrated with the treatment of wasting, targeting the caregivers of already malnourished children. SBC activities at the primary care giver and their design is not appropriate for engaging men, and there is a gap in understanding how to engage men in activities to support improved nutrition and childcare.

BSFP and MNPs where context-specific actions aimed at enhancing access to fortified food and were delivered at scale. There are examples of programs to enhance the availability of nutritious foods at household level, but these are currently not delivered at scale. Cash for nutrition programs provide a form of social protection focused on increasing access to nutritious food, and addressing other barriers to good CF, but are currently targeted at those already receiving treatment for wasting. Large scale social protection activities such as food assistance in kind or cash are in place but currently are not integrated with the SBC activities.

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Here talks more on the nutrition information system in the country. We can say that we have a very challenging environment for the nutrition information system and we lack the tools for collecting data and analyzing the data. For Monitoring, we have the multi-sectoral plan indicators that include complementary feeding, but actually we are facing a lot of challenges in collecting the right data and information. We also have the Nutrition Cluster which tracks

the number of children receiving the health services, the BSFP micronutrient interventions and counseling. One of the best mechanisms for the nutrition information system is the smart surveys from which we have very reliable results on the IYCF indicators.

On the other hand, we have many challenges. The outcome targeting for complementary feeding program is challenging short term and the nature of programs is very challenging because we don't have baseline and endline. And the results for the cash for nutrition program has many positive results on child dietary diversity, school high attendance at nutrition training and increased knowledge.

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Here we can have this overall findings. The successful scale up of standard humanitarian complementary feeding has taken place, small scale examples of more context-specific programs that increase access to nutritious food, SBC and nutrition education program target women, food and cash are usually distributed to men, and integration of SBC around complementary feeding with sectors such as food security and social protection could be an opportunity to engage women. National multi-sectoral plan policies support the complementary feeding and these plans, unfortunately, are not well funded; limited space for the CFE in humanitarian response and because it's not seen as lifesaving activities. So we need to change the understanding among the donors and decision makers about the importance of nutritious diet in this context, and eventually a shift for the balance of prioritization is needed to scale up some of these good examples to support the CFE. Thank you.

Karin Christianson

Thank you Karima. Our final presentation comes from Myanmar and is presented by Saw Eden from Save the Children.

Saw Eden

What is the situation in Myanmar?

A lot has changed over the past year. Prior to 2021, significant development gains and a fragile transition to democracy were made. However, there were still long running armed ethnic

conflicts and humanitarian crisis in the border regions and the COVID pandemic weakened the economy. In 2021, as we have already known, there was a big change in the country which plunged the entire country into crisis. This has triggered an economic and human rights crisis, conflict and displacement has increased, public services have collapsed, and the rate of poverty has doubled. The entire country is now classed as a humanitarian context.

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The UNICEF action framework recommends actions across multiple sectors to improve complementary feeding. In Myanmar, there are a number of policy and coordination mechanisms which have supported multi-sectoral action. Before 2021, planning process to develop the MS-NPAN (Multi-sectoral National Plan of Action) and the Food Based Directory Guideline sensitized actors on the importance of diets. The presence of multiple donor firms such as LIFT and Access to Health also facilitated coordinated, integrated programming to improve complementary feeding. Since 2021, multi-sector engagement has continued and the Multi-sector Nutrition Plan has been adapted for the humanitarian context. However, this plan is still viewed by SUN as being a development plan and is not necessarily linked to humanitarian planning processes. So there is concern that the shift of focus and funding to humanitarian response may lead to siloed response and prioritization of treatment of wasting over complementary feeding. There is an IYCF working group that has greater focus on under six months and exclusive breastfeeding.

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There is a lack of up-to-date data on the state of complementary feeding practices due to restrictions on conducting nutrition surveys. From the data we have, we can see that Myanmar has high malnutrition and poor feeding practices. There are a number of reasons for this and to state a number of reasons: food reduced cultivation, challenges in accessing feed and animal health services, increases in the poverty rate coupled with inflation or reducing the affordability of a nutritious diet. In terms of services, since Covid and the current crisis, Myanmar's public health system has largely collapsed. 59% of the population lack access to safely managed drinking water. In terms of practices, common misperceptions among caregivers that a healthy diet primarily lies on high intakes of rice. Lack of clarity on the process of how to gradually introduce complementary foods in terms of what to provide how

and when? So the pandemic and the current crisis has made significant additional care burden for mothers and female family members.

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Which interventions were used in Myanmar?

In Myanmar, there are many interventions which contribute to the recommendations and the UNICEF action framework for complementary feeding. Many programs operate across more than one sector and have an integrated approach to improving complementary feeding. There are examples of innovative supply side approaches to ensure availability of fresh food vouchers with vendors. Innovative social behavior change (SBC) work has taken place and systems are in place to support the design of SBC and coordinated SBC material and training resource development. In Myanmar, interventions have supported the strengthening of the health, food, WASH and social protection systems. However, institutional capacity building has ceased.

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Today, we're going to highlight two of the interventions examined in the case study. One is the Banana bag feeding tool. Using a human centered design approach, the partners responsible for this program tested a variety of development for different potential solutions for their families, and the result was the Banana bag complementary feeding tool. Shaped like a banana, the bag was filled with a variety of tools designed to act as nudges for recommended complementary feeding behavior. The soft zipper bag also opened up to be a baby mat. So mothers would have a clean place to feed and play with the baby. The bag targeted many different aspects of complementary feeding behavior. After three months, this short trial showed promising results. Mothers in the trial were reported to adopt the correct feeding behaviors for their baby. This has increased confidence in complementary feeding and observed the positive impact on the baby's development.

The other one is Motorbike Vendor Vouchers scheme. This intervention addressed both the supply and demand constraints to us accessing fresh food. Based on an initial assessment, it focused on specific food groups found to be missing from the diet. In this location, there are movement restrictions and there is only a small shop with most foods being sold by mobile motorbike vendors who travel in and out of the community selling mainly staple foods.

An assessment highlighted a lack of consumption of iron rich and vitamin A rich foods, as well as a lack of animal source foods. To increase the supply of fresh food, this project identified and contracted motorbike vendors and provided them nutrition training with a focus on the importance of the three food groups. They then provided food vouchers where use was limited to purchase the identified food types. Food vendors provided messages on complementary feeding and beneficiaries were also linked to existing support groups and SBC activities.

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How about monitoring and evaluation?

The monitoring of complementary feeding indicators was included in the MS-NPAN and is also part of the post 2021 interim multi-sectoral plan which is adapted to the current crisis. For the humanitarian response plan 2022, the majority of the nutrition sector indicators are output indicators related to treatment of wasting. There is no nutrition sensitive indicators in the plans of other sectors. In post 2021, studies and surveys with nutrition indicators are severely restricted. Assessment of outcomes is currently challenging.

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So the main findings from this case study are that, prior to 2021, the policy and environment suggest

MS-NAPN and donor funded projects within the development sector had successfully moved the nutrition sector away from health systems-only thinking. Multi-sector planning processes and multi- donor funding for selected integrated context-specific programming with a focus on diets and food access, as well as SBC. There are many examples of integrated programming which is now being adapted to the new context. Despite these challenges, Myanmar has been able to implement innovative multi-sector actions to improve complementary feeding. Much investment in SBC around IYCF including complementary feeding has also taken place with programs and materials following the best practices highlighted in the action framework.

Lack of engagement with the authorities threatens the system's strengthening work on nutrition and diets. Due to the pressure to rapidly scale up wasting development, there is a concern that progress on the integration of programs around complementary feeding

objectives will be stalled. It is important that support for complementary feeding actions continues to be prioritized in the humanitarian context. Thank you.

Karin Christianson

Thank you Saw and thank you all for your attention during these very rich presentations. Now, we would like to open the floor to questions for the last nine minutes. Again, thanks for all who've been putting stuff in the Q&A box and do feel free to continue. I think our first question perhaps we will turn to Linda. Did you want to answer the one by Mucha de Rubia? I will go ahead and read that question out.

In the presentations, what I seem to miss are the trends of IYCF indicators to see an impact of the interventions outlined or the question could be are we making an impact with the interventions outlined in the case studies?

So Linda or whoever would like to take this.

Linda Shaker

Thanks Karen. I was actually wondering if that can be addressed by the country representative because it's a really important question in terms of how do we know that we're making an impact with all these interventions. And this is the gist of it. We want to make a change in the diets of infants and young children, and that is something that should always be remembered to actually conduct evaluations and to monitor the indicators. So, wondering whether any of the country colleagues want to come in on that. Anyone... Mona or Osama or Sangita, colleagues from Yemen or Myanmar?

Mona Maman

Yes Linda, I think the complimentary feeding in emergency case study is one of the tools that we did to assess our situation and to know where we are. For Sudan, we did formative research. We have been asked to include some indicators. We selected the complementary feeding because according to our latest study, S3M, the complementary feeding indicators were very low. So we decided to include the complementary feeding and to assess the

situation to know the main causes of low indicators and underlying causes. Then we did the formative research and then we previously also did the landscape analysis for complementary feeding in 2019. We further plan to conduct an evaluation of mother support groups to see the impact of the program. Thank you.

Karin Christianson

Thanks so much Mona. We have a follow-up question from Philip Moses who was thanking you for your presentation and asked ‘regarding the drivers of poor complementary feeding, was there any assessment of behavioral determinants among mothers and families besides knowledge?’

Mona if you are answering you are on mute just like I was a moment ago.

Mona Maman

Yes Linda, I think I had an interruption. I couldn't hear you. Can you please repeat again?

Karin Christianson

Sure, happy to. We had a follow-up question from Philip Moses who asked ‘regarding the drivers of poor complementary feeding, was there any assessment of behavioral determinants among mothers and families besides knowledge?’

Mona Maman

I just tried to send him the general indicators of the IYCF. As I mentioned recently, we did the formative research. But for general IYCF indicators, we have things like continuous breastfeeding is only 73 and minimum appropriate meal frequency is 63, and minimum acceptable diet is 25. For infant and young child feeding the index is 3.57, and children 6 to 23 months who apply good IYCF practices: breastfeeding, dietary diversity and meal frequency is only 13%. So, we have very low complementary feeding indicators and for that reason, we are now scaling up the program and we are part of the Complementary Feeding Poll Initiative

that joint Initiative UNICEF and WFB, and we are one of the countries that is piloting the complementary feeding poll.

Karin Christianson

Thanks Mona. We have some other questions but we're only going to take a few more because we do have some concluding remarks we want to release everyone on time. So we had another question from Maria 'Are lipid-based nutrients supplements being used in any of the four countries?'

Mona... Karima ... anyone? Alisson too.

Alisson Donelly

I can take this question for Myanmar and Yemen. Yes, lipid-based supplements were being used in both contexts depending on supplies. Sometimes LNS and then sometimes FBFs. So that's on behalf of Yemen and Myanmar.

Mona Maman

Yeah, it is also in place in Sudan but by WFB support not UNICEF. The LQNS and the MMBs and all the fortifications it's run and operated by the WFB team.

Karin Christianson

Terrific, thank you. For our last question we're going to take one from Eliana. "In areas where food fortification is limited and animal-based Foods may not be feasible, what recommendations do you have to help otherwise healthy individuals meet their dietary and micronutrient needs?'

The floor is open to any of our panelists on this one.

Linda Shaker

Maybe I can quickly take that one. Actually this is an opportunity to encourage everyone, and Elena thank you so much for this question, to encourage us to look at the programming guidance and the framework which emphasizes the need to actually identify these nutritional gaps in the diets of infants and young children. So you highlight here the importance of micronutrients. It's very important to understand what the gaps are and therefore to address these gaps via the different interventions. And these interventions there, the programming guidance provides evidence around the different interventions. You mentioned fortification but there's also micronutrient supplementation, there's also innovation with regards to providing nutritious foods. There are multiple kinds of interventions that one can consider depending on the context and depending on the extent to which the government can be supported to do that. And that also includes, of course, for mothers as well as for children. So I think this is an opportunity to really look into the different interventions that improve the quality of the diet and the micronutrients specifically. Thank you.

Karin Christianson

Thanks Linda. While John pulls up our final slide, I'd like to thank you all for your participation and hand to Jen for some final remarks.

Jen Burns

Thanks Karen. Just a couple of closing thoughts.

1. Be on the lookout for a number of the Publications that were mentioned throughout today's webinar, those will be released in the coming months.
2. For any future support needed regarding complementary feeding and emergencies, feel free to reach out to the Global Nutrition Cluster Technical Alliance for which the link is [here](#).
3. And lastly be on the lookout for the Complementary Feeding in Emergencies series through the field exchange that will be coming out later this year. And this is really to share more of these stories of the 'how to have complementary feeding in emergencies programming in multiple countries.

We would like to thank everyone for attending and special thanks to all of our presenters today. Thank you.



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