

INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E)

**East and Southern Africa Region (ESAR) Capacity
Mapping and Assessment Tool**

Acknowledgements

This capacity mapping was prepared by UNICEF's and Save the Children Eastern and Southern Africa Regional Office.

Contributors

The development of the IYCF-E Capacity Mapping Tool is a collective effort between UNICEF ESARO and Save the Children ESARO and the Global Nutrition Cluster. The tool complements the global guidance questions and checklist on IYCF-E. Special thanks to Patrick Codjia, Marjorie Volege, Grainne Moloney, Joan Matji, Kudakwashe Chimanya, and Mara Nyawo from UNICEF ESARO; Minh Tram Le, Alessandro Iellamo, George Mutwiri from Save the Children; Susan Mboya and Michele Goergen (TRRT) the IYCF-E capacity mapping consultants; and Anna Ziolkowska and Yara Sfeir from the Global Nutrition Cluster for their valuable inputs and contributions.

The IYCF-E Capacity Mapping would not have been possible without the support and engagement of the countries in the Eastern and Southern Africa Region. Special thanks go to the Ministry of Health-Nutrition department, implementing partners, UNICEF country office staff in Kenya, Somalia, and South Sudan where the tool was first piloted and validated. The results from the three countries helped shape the mapping questions and outline. The revised tool was tested in Mozambique during Cyclone Idai and in Venezuela. Special thanks go to the Ministry of Health in the two countries and partners for testing the revised tool. It is hoped that the IYCF-E mapping tool will help improve prioritization of IYCF in emergencies.

UNICEF and Save the Children would like to thank the Global Nutrition Cluster for their technical support to disseminate the IYCF-E capacity mapping tool. We are grateful to the Save the Children and UNICEF regional offices in Nairobi, Kenya for facilitating the partnership between the organizations.

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April 2020

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Suggested citation:

UNICEF, Save the Children, Global Nutrition Cluster: IYCF-E Capacity mapping tool, Eastern and Southern Africa Regional Office, 2020.

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1 | INTRODUCTION

The protection, promotion and support of adequate infant and young child feeding (IYCF) practices is essential in emergencies due to the increased risks for sub-optimal IYCF practices and escalated rates of child mortality and acute malnutrition. The IYCF response in emergencies is often overlooked, from preparedness, policy and planning aspects to the actual execution of activities. Globally and at the regional level, standards and recommendations on IYCF in emergencies are available.

In 2007, the IFE Core Group, whose members include UNICEF and WHO, built on WHO's guiding principles by issuing operational guidelines on IYCF in emergencies (OG-IFE).¹ The guidelines assert the importance of supporting breastfeeding in difficult situations. In 2009, the IFE Core Group released a technical paper that focused on "Evaluating the Specific Requirements for Realising a Dedicated Complementary Feeding in Emergencies Training Resource" (Module 3). In 2017, the updated OG-IFE guidance was released (Version 3.0), putting greater emphasis on the needs for the non-breastfed children, the importance of appropriate and timely complementary feeding and foods and re affirming the six multi-sectoral actions needed to ensure the protection, promotion and support of infant and young child feeding in emergencies.² In 2018, the World Health Assembly, endorsed WHA 71.9 affirming that "recognizing that appropriate evidence-based and timely support of infant and young child feeding in emergencies save lives, protects child nutrition, health and development, and benefits mothers and families", urged Member States to: "take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersect oral operations".

All the recommendations emphasise that an important starting point for an effective IYCF response is the presence of a strong program prior to the emergency, with high coverage of services, interventions and availability of trained personnel. UNICEF and Save the Children Eastern and Southern Africa region have agreed to prioritise IYCF-E as a key technical area in need of skilled support and collaboration to achieve optimal results in emergencies.

The capacity mapping tool was first developed in 2016 and used as part of the IYCF-E capacity assessment in Kenya, South Sudan and Somalia. The mapping provided the necessary learning to enhance and systematise IYCF-E assessment. The UNICEF/SC Capacity mapping tool therefore, gives Ministry of health and other health and nutrition professionals a step-by-step guide in conducting capacity assessment. The mapping covers 6 core priority assessment areas which could either be technical or functional i.e.

- Policy programming environment and capacity
- Human resources capacity
- Coordination capacity
- Information management capacity
- Service delivery capacity
- Financial capacity

¹Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1. Oxford, Emergency Nutrition Network, February 2007

²IFE Core Group. <https://www.ennonline.net/operationalguidance-v3-2017> accessed may 23,2019

The tool is divided in five (5) sections as following:

- Section 1:** Describes the key role of capacity assessment, defining the who when and how to use it
- Section 2:** Defines IYCF, IYCF-E and the continuum between IYCF and IYCF-E
- Section 3:** Illustrates the steps in conducting the capacity mapping exercise
- Section 4:** Provides the assessment rating scheme and the different assessment benchmarks
- Section 5:** Provides for the complete IYCF-E assessment tool

1.1 Why IYCF-E capacity mapping assessment

Understanding IYCF-E capacities at the country level is vital in enhancing key priority actions in emergency for IYCF. The purpose of the IYCF-E capacity mapping and assessment is to:

1. Provide an overview and understanding of the IYCF-E programming needs and priorities at country level while ensuring the linkage between IYCF in normal programming and in emergency
2. To ensure systematic planning and implementation of IYCF-E

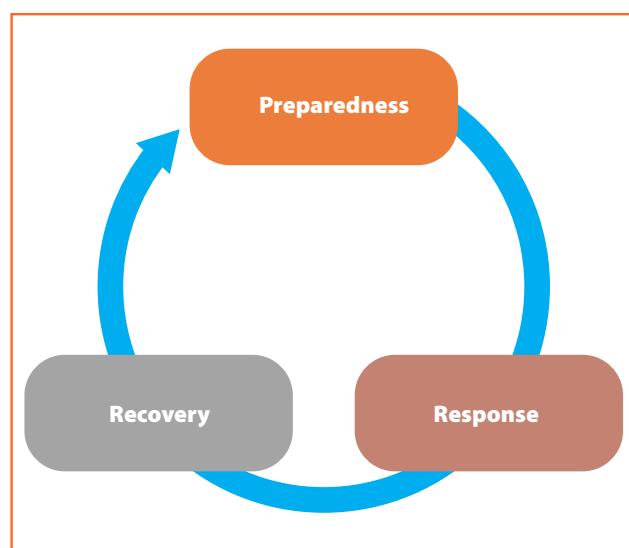
Capacity mapping in this context is defined as the analysis of the existing potentials, resources to identify gaps and opportunities for improvement therefore, IYCF-E capacity mapping is the identification of IYCF programming environment, resources, and capacities to identify gaps, opportunities and provide contextual recommendation to enhance IYCF programming in emergencies. The objective of the capacity assessment tool is to support governments and their partners to review their readiness to respond to IYCF related issues in Emergencies; the tool is practical and its intended to be used by an interagency emergency teams, ministry of health, social welfare, emergency response agencies, international and national partners. The IYCF-E capacity mapping it is a tool to:

- 1) enable country offices to assess their readiness and responsiveness of IYCF programming during emergencies”
- 2) support Country Offices to identify key IYCF actions to be undertaken in Emergency
- 3) help monitoring IYCF-E progress

1.2 When to use the capacity mapping and assessment tool

The tool can be used at any anytime as deemed necessary either for preparedness, response or recovery. Prior to emergency, the tool can be used to assess the country level preparedness for IYCF in emergencies and to ensure that the needed steps are taken so that in case of any emergency and/or disaster the basic measures are in place.

- **Preparedness:** To understand the existing IYCF- E programme and investments, policy environment, assess the gaps, based on the risk analysis identify the key structures and systems that needs to be put in place, available and potential capacities



- **Response:** understand the coverage of IYCF-E interventions, and response priorities. Specifically, the assessment can be used to identify successes, map current IYCF-E response and identify gaps, and provide recommendations to enhance the ongoing response
- **Recovery:** the assessment will provide indications for areas needing strengthening and a means to ensure sustained systems support for continued IYCF-E support

1.3 Guidance to using the tool

UNICEF and Save the Children (StC) have jointly developed a methodology for conducting national/sub-national an IYCF-E capacity assessment that is systematic and rigorous, yet flexible and adaptable to various contexts. The assessment tool incorporates various benchmarks around the six core assessment areas namely. A two-step ranking has been provided that could be adapted to context and existing capacities.

1.4 Key stakeholders to be involved in capacity mapping

Ministry of health	If in existence, provide the overall assessment framework, enabling environment
Nutrition Coordination Mechanisms/Nutrition Clusters	If in existence, provide the overall assessment framework, coordination and enabling environment
UN and other implementing agencies and partners	Resources provide Technical assistance and support as need be. In the event the government is not strong or available, then UNICEF or other partners, or any other designated agency, can provide leadership in the assessment
Other sectors (health, food security, wash, child protection, etc.)	Ensure all-inclusiveness and linkage of nutrition to the relevant sectors and in line with the context

2 | DEFINING IYCF AND IYCF-E

IYCF and IYCF-E aim at protecting, promoting and supporting recommended infant and young child feeding practices. They both aim at upholding the recommendations of the WHO/UNICEF Global Infant and Young Child Feeding Strategy namely:

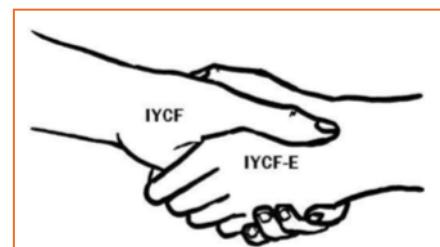
Optimal infant and young child practices

1. Initiate breastfeeding immediately after birth
2. Exclusive breastfeeding for the first six months
3. Complementary feeding
 - Timely introduction of foods at 6 months (180 days)
 - Adequate amount of food (emergency and nutrients)
 - Safe (hygienically prepared, stored and used)
 - Appropriate (frequency, feeding method, active feeding)
4. Continued breastfeeding from 6 months up to 24 months or beyond

2.1 What is the difference between IYCF and IYCF-E?

IYCF and IYCF-E aim to promote, protect and support optimal IYCF and aim to improve IYCF practices. However, IYCF-E goes beyond this to ensure two key principles:

- 1) DO NO HARM (e.g. untargeted, unregulated donation of Breastmilk Substitutes) and
- 2) Immediately save lives.



IYCF-E takes the Public Health approach and reach as many people as possible as quickly as possible, whereas IYCF has the time to reach caretakers multiple times and achieve long-term behaviour change more easily as a result. IYCF-E thrives on a strong IYCF background.

2.2 IYCF-E Policy environment

The 2003 WHO/UNICEF Global Strategy on Infant and Young Child Feeding identifies the importance of policies and strategies to address breastfeeding protection, support and promotion in exceptionally difficult circumstances, such as emergencies (IYCF-E). The same emphasizes how “*Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group.*”

In 2007, the IFE Core Group, of which UNICEF and WHO are members, issued operational guidelines on IYCF in emergencies.³ The guidelines reiterate the significance of supporting breastfeeding in difficult situations. In addition, they also make certain that donations of breast milk substitutes are not collected. This is to meet the needs of the small proportion of infants who have no other option for breastfeeding after all alternatives, such as wet nursing etc., have been exhausted, thus procuring only the minimal amount of infant formula necessary through the emergency coordinating mechanism.

³Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1. Oxford, Emergency Nutrition Network, February 2007

The Infant and Young Child Feeding in Emergencies: Operational Guidance⁴ for emergency relief staff and programme managers⁵ proposes the following steps:

- (1) Endorse or develop policies
- (2) Train staff
- (3) Coordinate operations
- (4) Assess and monitor
- (5) Protect, promote, and support optimal infant and young child feeding with integrated multi-sectoral interventions, including integration with services for acute malnutrition
- (6) Minimise the risks of artificial feeding

In the same year (2010) the World Health Assembly, endorsed resolution WHA 63.23 where expressed concerns that “*in emergencies...infants and young children are particularly vulnerable to malnutrition, illness and death;*” and urges member states to:

“(8) ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimise the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;”

In 2017, the updated OG-IFE guidance was released (Version 3.0), putting greater emphasis on the needs for the non-breastfed children, the importance of appropriate and timely complementary feeding and foods and re affirming six multi-sectoral actions needed to ensure the protection, promotion and support of infant and young child feeding in emergencies

In 2018, the World Health Assembly, endorsed WHA 71.9 affirming that “recognizing that appropriate evidence-based and timely support of infant and young child feeding in emergencies save lives, protects child nutrition, health and development, and benefits mothers and families”, urged Member States to: “take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations”.

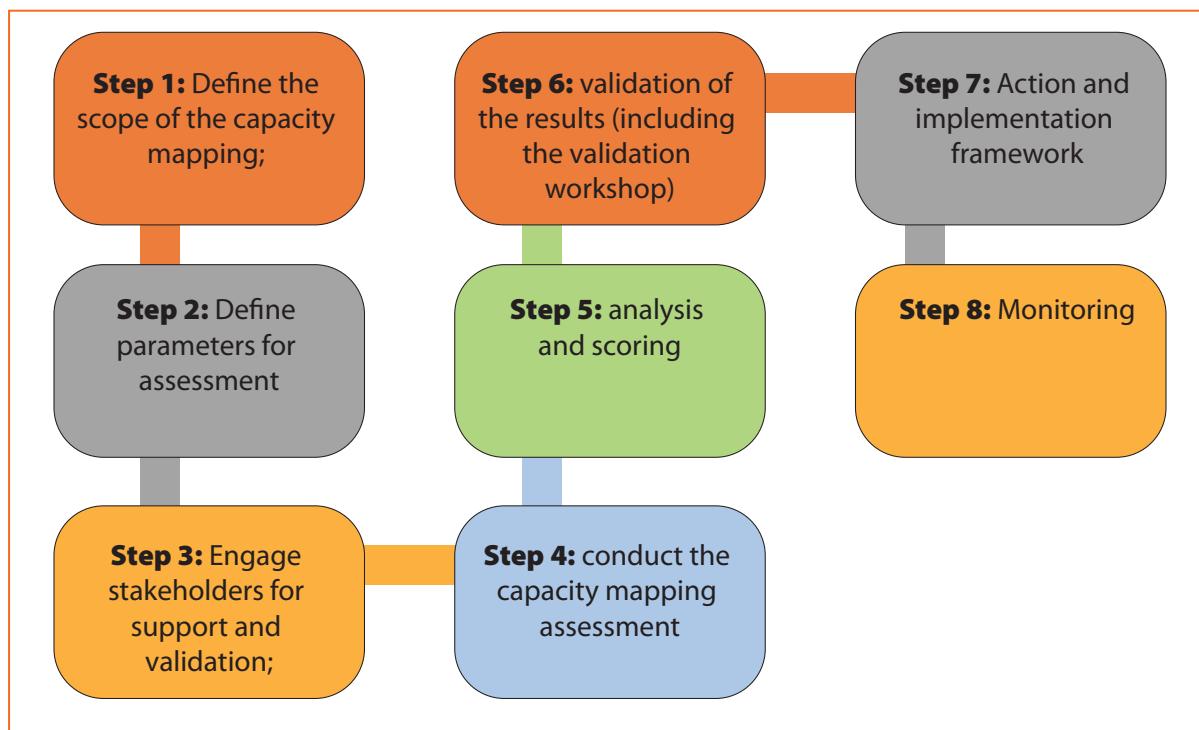
In 2018 as well, the revised Sphere standards were released, and these include a specific set of recommendations on IYCF-E6. They call on all humanitarian workers and agencies to “Uphold the provisions of the Operational Guidance on infant feeding in emergencies (IFE) and the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (collectively known as the Code)” at the same time the revised Sphere standards reaffirm the responsibility of all actors to implement actions that will protect and support the nutritional needs of both breastfed and non-breastfed infants.

⁴The Operational Guidance, is being reviewed and updated, the new version will be released in 2017.

⁵Infant and Young Child Feeding in Emergencies Operational Guidance for Emergency Relief Staff and Programme Managers, IFE Core Group Version 2.1 – February 2007. (<http://www.enononline.net/pool/files/ife/ops-guidance-2-1-english-010307-with-addendum.pdf>)

⁶<http://www.spherehandbook.org/en/infant-and-young-child-feeding-standard-1-policy-guidance-and-coordination/>, accessed March 2019.

3 | KEY STEPS OF THE IYCF-E CAPACITY MAPPING ASSESSMENT



→ **Step 1: Define the scope of the capacity mapping; national/sub-national/ local/ etc. Programmatic/preparedness/emergency/recovery**

At this stage the team tasked should define if the IYCF-E capacity building assessment is supporting the following:

- IYCF/Nutrition Programme:
- IYCF-E Preparedness:
- IYCF-E Response:
- IYCF-E Recovery/Reconstruction:

After deciding the purpose of the IYCF-E Capacity Assessment, it is important to determine the geographical scope, determining if it will focus on national or sub-national level:

- National:
- Sub-National:

REMINDER_1: DEFINE THE

- A. FOCUS OF THE ASSESSMENT PROGRAMME/PREPAREDNESS/RESPONSE/RECOVERY
- B. GEOGRAPHICAL FOCUS: NATIONAL AND/OR SUB-NATIONAL

➡ Step 2: Agree if the assessment will cover all the proposed pillars

This step involved defining if the assessment will cover all the six pillars of the programming-

- Policy programming environment and capacity
- Human resources capacity
- Coordination capacity
- Information management capacity
- Service delivery capacity
- Financial capacity

The assessment team can review the benchmark and ensure that they are aligned to the needs and objectives of the mapping

REMINDER_2: Review the assessment pillars and benchmarks**➡ Step 3: Engage different stakeholders for support and validation**

The effectiveness and success of the IYCF-E capacity is the engagement of stakeholders (government and non-government) that have a direct/indirect role in IYCF programming. It will be important to have a list of agencies, partners that should be consulted on some/all/aspects of the assessment and/or will be asked to provide relevant information/data/updates/references/documents.

REMINDER_3: CREATE A LIST OF AGENCIES/MEMBERS/PARTNERS that will contribute to the assessment**➡ Step 4: conduct the capacity mapping assessment**

The team must conduct an in-depth literature review (create a list of relevant official references, documents, reports that will help the team conduct the IYCF-E assessment). Engage partners and other agencies so to collect the basic information that would help score each benchmark accordingly. Data collection can use different methodologies, and this will depend on the resources available by the assessment team. Among the recommended methods are focus group discussions, key informant interviews, online data collection tools, meetings and others.

REMINDER_4: CREATE A LIST OF information to be collected and identify potential sources**➡ Step 5: review of collected information, analysis and scoring**

The assessment team, will have to objectively review the available documentation, data, information available⁷ for each of the benchmarks. The score will be based on the available documentation and the interpretation of the assessment team.

➡ Step 6: validation of the results (including the validation workshop)

If and when applicable to the specific context and situation (preparedness vs response) it will be important that the assessment team organizes a workshop/discussion with MOH, UN and

⁷For example: IYCF national policies, plans, reports, MICS/DHS, national nutrition surveys, national code regulations, database of IYCF trained staff, breastfeeding counsellors list, training reports, copies of current curriculums and training programmes, Tors of nutrition and/or IYCF cluster and technical working group

the relevant partners and member to present the results of the assessment, provide the basis of the rating provided and eventually finalize the same. The validation workshop will aim at getting consensus and ensure the finalization and endorsement by the relevant agencies and organizations.

➡ Step 7: Action and implementation plan

The IYCF-E capacity assessment once finalize and endorsed should be used as the basis for action planning. The collective lead by the MOH with partners should facilitate an action planning identifying the priority actions that needs to be taken to address the identified gaps, the timeline and resources needed as well as the lead agencies for carrying out the tasks with the support and contribution of the other members.

➡ Step 8: Monitoring and Tracking progress

The action plan should consistently be monitored, and progress should be tracked on each agreed action. The nutrition coordination mechanism and/or the nutrition cluster (IYCF/IYCF-E Technical Working Group) may be tasked to regularly verify the progress and status of implementation of the plan.

4 | ASSESSMENT AND CODING

Benchmarks	Maximum Total Score per Benchmark (When available/Done)	Score	Colour Coding
Policies and plans <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	Green
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	Yellow
	Not currently actioned: This means that the action/activity has not been implemented yet	0	Red
Capacity development including Human resources <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	Green
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	Yellow
	Not currently actioned: This means that the action/activity has either not been implemented yet	0	Red
Coordination <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	Green
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	Yellow
	Not currently actioned: This means that the action/activity has either not been implemented yet	0	Red

Information <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	
	Not currently actioned: This means that the action/activity has either not been implemented yet	0	
Programme Delivery <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	
	Not currently actioned: This means that the action/activity has either not been implemented yet	0	
Budget and Financing <u>Not available/Not done=0</u> <u>Available/done = 1</u>	Fully implemented: This means that the action/activity is totally in place and working well for all the IYCF-E priorities at a national level. There should be evidence to demonstrate this.	2	
	Partially implemented: This means that the action/activity is partially in place and now in operation for some, or all, of IYCF-E priorities at a national level. There should be evidence to demonstrate this.	1	
	Not currently actioned: This means that the action/activity has either not been implemented yet	0	

5 | IYCF-E ASSESSMENT MATRIX TOOL

1. Policy, plans and guidelines on IYCF-E (national and sub-national level)	Enter Main Rate 0= Not available/Not Done; 1=Available/Done		If available/done select as appropriate, then specify the progress made so far: 0= not yet implemented/rolled out 1= partially implemented/rolled out 2= fully implemented rolled out			Total per Row	Enter title of Source of Information and link to the document/reference if available	Remarks
1.1 Is there a national/subnational policy/strategy/guideline developed with key provisions, sections related/relevant to IYCF in emergencies in line with the IYCF-E Operational Guidance	0	1	0	1	2	3		
1.2 Is there a National Nutrition Strategy/Policy with IYCF-E recommendation	0	1	0	1	2	3		
1.3 Is there a Costed National Nutrition Strategy/Policy with IYCF-E	0	1	0	1	2	3		
1.4 Is there Policy (provisions/regulations) on donations of BMS during emergencies	0	1	0	1	2	3		
1.5 Is a National legislation/regulation adapting ILO recommendations on Maternity protection available	0	1	0	1	2	3		
1.6 Are there Baby Friendly Hospital Initiative (BFHI) policies/ guidelines	0	1	0	1	2	3		
1.7 Are there Baby Friendly Community Initiative (BFCI) policies/guidelines	0	1	0	1	2	3		
1.8 Is there a Preparedness/response plan / contingency plan developed and including relevant/related IYCF-E components	0	1	0	1	2	3		

1.9 Is there a Humanitarian Response Plan (HRP) that includes IYCF objectives, indicators, actions, and its costed	0	1	0	1	2	3		
SUBTOTAL BENCHMARK 1								
2. Capacity development	Enter Main Rate 0= Not available/Not Done; 1=Available/Done		If available/done select as appropriate, then specify the progress made so far: 0= not yet implemented/rolled out 1= partially implemented/rolled out 2= fully implemented rolled out			Total per Row	Enter title of Source of Information and link to the document/ reference if available	Remarks
2.1 Are there defined IYCF-E focal points at national or subnational level, with clearly defined TORs	0	1	0	1	2	3		
2.2 Is there a defined Cadre of IYCF/IYCF-E experts in country	0	1	0	1	2	3		
2.3 Is there a defined Cadre of IYCF Counsellors available in country	0	1	0	1	2	3		
2.4 Has Relevant IYCF/IYCF-E topics been included in the pre-service training curriculum of relevant cadre (MD, nurses, midwives, nutritionists)	0	1	0	1	2	3		
2.5 Are there Associations/organizations available in country to support IYCF-E	0	1	0	1	2	3		
2.6 Are the Institutional roles for implementing IYCF/IYCF-E interventions clearly defined and operationalised	0	1	0	1	2	3		
2.7 Are there National NGO with capacity to support IYCF-E	0	1	0	1	2	3		
2.8 Are Training materials and packages for IYCF-E designed and available	0	1	0	1	2	3		
2.9 Do we have a training programs on IYCF-E defined and provided by relevant agencies (Government and/or Non- Government)?	0	1	0	1	2	3		
SUBTOTAL BENCHMARK 2								

3. Co-ordination mechanisms on IYCF-E	Enter Main Rate 0= Not available/Not Done; 1=Available/Done		If available/done select as appropriate, then specify the progress made so far: 0= not yet implemented/rolled out 1= partially implemented/rolled out 2= fully implemented rolled out			Total per Row	Enter title of Source of Information and link to the document/ reference if available	Remarks
3.1 Is there a Formalized coordination mechanism for IYCF-E at the national and sub-national levels existing	0	1	0	1	2	3		
3.2 Do you have an approved TOR for each coordination mechanism is available and updated	0	1	0	1	2	3		
3.3 IYCF-E promotion activities are conducted jointly by relevant partners	0	1	0	1	2	3		
3.4 Coordination mechanism meets regularly	0	1	0	1	2	3		
SUB TOTAL BENCHMARK 3								
4. Information system/ Knowledge management on IYCF-E	Enter Main Rate 0= Not available/Not Done; 1=Available/Done		If available/done select as appropriate, then specify the progress made so far: 0= not yet implemented/rolled out 1= partially implemented/rolled out 2= fully implemented rolled out			Total per Row	Enter title of Source of Information and link to the document/ reference if available	Remarks
4.1 Emergency/Nutrition in emergency information system include a standard set of IYCF-E indicators used at the national, and sub-national levels								
4.2 Are there IYCF-E indicators in the information system	0	1	0	1	2	3		
4.3 Are the IYCF-E indicators used are among those in the Core Nutrition in Emergencies Indicators	0	1	0	1	2	3		
4.4 A system to track and report the of IYCF-E indicators at the national, and sub-national levels is in place (recording and reporting system)								

4.5 Are there IYCF-E recording tools are harmonized	0	1	0	1	2	3		
4.6 Are the IYCF-E reporting tools are harmonized	0	1	0	1	2	3		
4.7 Are the IYCF-E indicators reported at the national/sub-national level	0	1	0	1	2	3		
4.8 Are the Rapid Assessments/Multi sectoral assessments conducted during emergencies including relevant IYCF-E indicators (in the past 3 years)	0	1	0	1	2	3		
4.9 Are the IYCF-E Indicators are used and applied by all responding agencies including donors	0	1	0	1	2	3		
4.10 Are the IYCF-E activities/projects/programmes are assessed every 6 months by the coordination mechanisms (MOH, National Nutrition Committee, Nutrition Cluster)	0	1	0	1	2	3		
SUB TOTAL BENCHMARK 4								
5. IYCF-E Program delivery	Enter Main Rate 0= Not available/Not Done; 1=Available/Done		If available/done select as appropriate, then specify the progress made so far: 0= not yet implemented/rolled out 1= partially implemented/rolled out 2= fully implemented rolled out			Total per Row	Enter title of Source of Information and link to the document/reference if available	Remarks
5.1 Is there an agreed minimum IYCF-E package of services at national and sub-national level	0	1	0	1	2	3		
5.2 Are Breastfeeding protection, promotion and support activities are included in the IYCF-E package	0	1	0	1	2	3		
5.3 Are Complementary feeding protection, promotion and support activities are included	0	1	0	1	2	3		
5.4 Is the management of the non-breastfed activities are included (wet nursing, re-lactation, donor's breast milk, safe BMS programming)	0	1	0	1	2	3		

5.5 Is there evidence of a use of combinations of intervention strategies in IYCF promotion activities (Establishment of mother baby friendly spaces, Skilled breastfeeding counselling and support, Complementary feeding counselling and supplements, Communication for behaviour change and preventing and handling BMS donations)	0	1	0	1	2	3		
5.6 Are the Relevant IYCF-E activities and interventions are integrated in other sectors (e.g. WASH, Health, Child Protection and FSL)								
5.7 Is IYCF-E is integrated in Health programming	0	1	0	1	2	3		
5.8 Is IYCF-E is integrated in FSL programming	0	1	0	1	2	3		
5.9 Is IYCF-E is integrated in WASH programming	0	1	0	1	2	3		
5.10 Is IYCF-E is integrated in Child Protection programming	0	1	0	1	2	3		
5.11 Is IYCF-E is integrated in other sector's programming	0	1	0	1	2	3		
5.12 Are the community members participate actively in the planning and implementation of IYCF-E services	0	1	0	1	2	3		
5.13 Are there protocols, guidelines, programmes for the management of the non-breastfed in line with the IFE Operational Guidance	0	1	0	1	2	3		
5.14 Are the IYCF-E equipment and supplies are pre-positioned	0	1	0	1	2	3		
5.15 Are the IYCF/IYCF-E IEC materials are available	0	1	0	1	2	3		
SUB TOTAL BENCHMARK 5								

Benchmark summary

Area/Pillar	Maximum Score	Excellent	Good	Poor
Policies and plans	27	19-27	10-18	0-9
Capacity development including Human resources	27	19-27	10-18	0-9
Coordination	12	9-12	0-8	0-4
Information	24	17-24	9-16	0-8
Programme Delivery	39	27-39	14-26	0-13
Budget and Financing	12	9-12	0-8	0-4
Overall score	141	95-141	48-94	0.47
Score%	100%	67-100%	34-66%	0-33%

[**Excel version of the computation**](#)

Important Consideration:

The following information will be needed to provide a clearer background situation of maternal, infant and young child feeding in the context

Infant and young child Feeding Practices (current situation)
Low exclusive Breastfeeding Rates in emergency (less than 50%)
Low early initiation of breastfeeding rates (less than 50%)
Very low minimum acceptable diet for children 6 to 23 months (less than 15%)
Significant rates of artificial feeding (including replacement feeding) in non-emergency times
Maternal Child Transmission of HIV a big concern
PMTCT programmes available in non-emergency
Nutritional status of pregnant and lactating women is poor
Acute malnutrition is prevalent in children under 2 years of age
No. of Orphans/unaccompanied children common
General rations/emergency foods distributions often include infant formula/milk powder based on reports, anecdotes and other relevant sources
General rations/emergency food distributions contain suitable foods for complementary feeding
Unsolicited donations of infant formula/milk powder received during emergencies

6 | RECOMMENDATIONS

Once the assessment is concluded and validated, it will be important for the interagency committee/group to organize a planning session that will help build consensus on short, medium and long terms measures needed to address the identified gaps. Below are simple templates that could be used to build consensus on the action planning.

Short term (3 to 6 months max)

Benchmark	Gaps	Action	Resource(s) needed	Lead agency	By when

Mid/Long Term (6 to 24 months max)

Benchmark	Gap (s)	Action	Resource(s) needed	Lead agency	By when

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April 2020

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