

Ukraine summary of lessons learned and essential documents on Infant and Young Child Feeding in Emergencies (IYCF-E)¹

March 2022

Key messages

- **Pre-crisis Infant and Young Child Feeding (IYCF) Practices:**
 - The Code has not been adequately implemented and enforced in Ukraine.
 - Multiple Indicator Cluster Survey (MCIS) data from 2012: Child ever breastfed (95.4%); early initiation of breastfeeding (EIBF) within 1 hr of birth (65.7%); children under 6 months exclusively breastfed (EBF)(19.7%); continued breastfeeding at 1 (37.9%) and 2 years of age (22%); children under 6 months predominantly breastfed (51.6%); children 0-23 months bottle fed (66.6%); introduction of solid, semi-solid or soft foods for children 6-8 months (43.2%).
- **Key learnings from the 2015 Ukraine Crisis:**
 - There were widespread violations of the Code.
 - Providing breast milk substitutes (BMS), water and early complementary foods to children under 6 months of age was very common among IDPs.
 - Several reports found that one of the primary reasons mothers stop breastfeeding was because of a perceived drop in breast milk due to increased stress.
 - Due to the absence of acute malnutrition and the lack of understanding of the importance of IYCF, nutrition was not perceived as a priority.
 - It is important to conduct early assessments to understand the context and to be able to advocate / raise the nutrition profile of the country.
 - Managing non-breastfed infants was a key challenge. There were challenges around preventing the untargeted distribution of BMS, especially by local and small civil society and volunteer organizations. A high demand for BMS alongside low availability and limited cash reserves led to the dilution of BMS by mothers to prolong use. Actors reported that there were

¹ This document was developed by the [IFE Core Group](https://www.ifeonline.net/) in response to the Ukraine crisis in 2022. It is a compilation of lessons learned compiled by IFE Core Group members from previous emergencies in Ukraine and other relevant contexts and includes essential documents on infant and young child feeding in emergencies. The purpose is to help inform the response to the current (2022) Ukraine crisis. For more information please contact ife@enonline.net

no guidelines on what to do for non-breastfed infants and limited authority/leadership on the ground to be able to make recommendations.

- Organizations involved in the untargeted distribution of BMS need to be engaged in coordination activities. The untargeted distribution of BMS needs to be handled in a sensitive and diplomatic fashion, simply telling organizations not to distribute BMS, but not providing them with other programming options in such a high-demand context, will have little impact.
- It is critical to build the capacity and educate national actors on IYCF-E; this includes building the capacity of primary healthcare workers and humanitarian/civil society/volunteer organizations.
- There is a need for clear context-specific and evidence-based communication on IYCF delivered through a variety of different channels.
- Among mothers there was a lack of confidence in local doctors and access to chaotic and no sustainable information about breastfeeding.
- In Severodonetsk, Ukraine, breastfeeding was considered as a practice for the most vulnerable people who are not able to pay for BMS. This should be taken into consideration in messaging and counseling
- Programs should provide a special focus on new mothers who give birth to their children in the active phase of the conflict. It is important to put a special attention to the bonding and its crucial importance in child development.
- **Key learnings from other emergencies in the region:**
 - In contexts with a high percentage of mothers already bottle feeding, rapid transit, and low contact time, it may be more realistic to focus on risk minimisation and make clean bottles readily available for mothers who are unable to breastfeed, rather than relying solely on the promotion of cup feeding, which mothers were reluctant to uptake.
 - Leaflets with pictures helped overcome language barriers.
 - Short training for key aid workers on essential phrases in different languages could have further helped facilitate good relationships between mothers and healthcare workers and helped the uptake of positive IYCF messages.
 - Key learnings from Croatia are the importance of cross-border coordination, standardization of practices and the need for clarity regarding target age for infant formula when in common use.

Below is a summary of responses received as a result of a request to IFE Core Group members to share lessons learned related to IYCF-E in Ukraine.

Table 1: Key guidance and policy documents

Title of document (date)	Document type	Description and relevance	Link / source
Joint statement Ukraine (2015)	Joint statement (national)	Ministry of Health (MoH) Ukraine/UNICEF/WHO joint statement on supporting IYCF-E	https://secureservercdn.net/50.62.88.87/b93.80f.myftpupload.com/wp-content/uploads/2022/02/1.2._example_of_joint_statement_on_ife_ukraine-2.pdf
IYCF Feeding Support in Transit (last updated 2022)	Transit guidelines (global)	Flier (available in Ukrainian) aimed at supporting mothers and families feeding infants and young children in transit through breastfeeding and safe artificial feeding.	https://www.enonline.net/guidelinesiycffeedingsupporttransit
Key phrases for IYCF assessment and support (last updated 2022)	Resource	Common phrases and terms in English, Russian and Ukrainian, necessary for the assessment and support of IYCF.	https://secureservercdn.net/50.62.88.87/b93.80f.myftpupload.com/wp-content/uploads/2022/02/IYCFAssessmentKeyPhrasesCOV-ENGUKRRUS-1.pdf

Table 2: Key advocacy tools

Title of document (date)	Document type	Description and relevance	Link / source
Feeding babies and young children: key messages (last updated 2022)	Resource	Key messages for helpers assisting mothers, families and others in Ukraine.	https://secureservercdn.net/50.62.88.87/b93.80f.myftpupload.com/wp-content/uploads/2022/02/Simple Points-UKR.pdf
Key communications messages on IYCF-E in Ukraine (2015)	Resource	Key messages for IYCF in Ukraine as agreed by the Nutrition Sub-Cluster of the Health and Nutrition Cluster.	Shared by isabelle (Dropbox link: https://www.dropbox.com/sh/qgxdxutu52vl249/AAVAJ6fcvjsqVUNQcBtAUiga/Nut%20Sub%20Cluster%202015%20IYCF-E%20Key%20Messages.docx?dl=0)
UNICEF breastfeeding poster (2015)	Resource (global)	Poster on breastfeeding by UNICEF in Ukrainian	Shared by Deborah (Dropbox link: https://www.dropbox.com/s/uw8ebk58jgoxwbf/BF_Posters_UKR_Print_PREVIEW.pdf?dl=0)
Working together for the nutritional health of vulnerable populations (2015) - IYCF and food security	Presentation	Presentation presents findings from UNICEF/Save the Children’s IYCF-E Assessment among internally displaced persons (IDPs) - Kramatorsk, Slovianske and Sviatohirstt Ukraine, as well as outlines IYCF guidance, and provides	https://slideplayer.com/slide/9333463/

Title of document (date)	Document type	Description and relevance	Link / source
		information related to common myths and how to integrate IYCF into food security.	
Working together for the nutritional health of vulnerable populations (2015) - <i>IYCF integration</i>	Presentation	This presentation is regarding the integration of IYCF into other sectors, specifically looking at Ukraine.	Shared by Isabelle (Dropbox link: https://www.dropbox.com/sh/qgxdxutu52vl249/AAAIJd-NDfuN3Xn1wMY4jXrda/SC%202015%20IYCF-E%20Integration%20Presentation.pptx?dl=0)
Working together for the nutritional health of vulnerable populations (2015) - <i>IYCF and mental health and psychosocial support</i>	Presentation	Presentation presents findings from UNICEF/Save the Children's IYCF-E Assessment among IDPs - Kramatorsk, Slovianske and Sviatohirstt Ukraine, as well as outlines key IYCF messages and how to integrate mental health and psychosocial support into IYCF activities.	https://slideplayer.com/slide/9096027/
Working together for the nutritional health of vulnerable populations (2015) - <i>IYCF and food security, child protection, water, sanitation and hygiene (WASH), and education.</i>	Presentation	Presentation presents findings from UNICEF/Save the Children's IYCF-E Assessment among IDPs - Kramatorsk, Slovianske and Sviatohirstt Ukraine, as well as outlines IYCF guidance, and provides information related to common myths and how to integrate IYCF into food security, child protection, WASH, and education sectors.	Shared by Isabelle shared (Dropbox link: https://www.dropbox.com/sh/qgxdxutu52vl249/AADeCxTLd72med933bqVO3l_a/SC%202015%20IYCF-E%20Presentation.pptx?dl=0)
Working together for the	Presentation	Presentation presents findings from	https://slideplayer.com/slide/933

Title of document (date)	Document type	Description and relevance	Link / source
nutritional health of vulnerable populations (2015) - IYCF and WASH		UNICEF/Save the Children's IYCF-E Assessment among IDPs - Kramatorsk, Slovianske and Sviatohirstt Ukraine, as well as outlines IYCF guidance, and provides information related to common myths and how to integrate IYCF into WASH.	6272/

Table 3: Key lessons learned from personal experiences

Whom?	What?
Jodine	When communicating key messages: 1) don't restate the myth; 2) make it very clear what the key message/takeaway is; 3) have a clear call to action; 4) social media images lose accompanying text when they are shared so it's important to make sure the content stands alone, and 4) make sure there is a simple signpost for people who want to learn more.
Hellen	ELACTA (European Lactation Consultants association) is planning a capacity building workshop soon led by Safely Fed Canada. There is a need for several resources to address BMS donations: - sensitive, short social media image for the public - "what you can do to help" - sensitive and clear instructions for charities/ those organizing formula appeals - similar for local politicians who want to be seen to be helping
Anne (MHPSS adviser)	In 2015 in Severodonetsk, breastfeeding in this area of Ukraine was considered as a practice for the most vulnerable people who are not able to pay for BMS. This should be taken into consideration in messaging and counseling (i.e. sensitivity to the fact that mothers may feel ashamed to "have" to breastfeed now that they have lost everything).

Table 4: Documented lessons learned from Ukraine

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
<p>Nutrition coordination in Ukraine: Experiences as a sub-cluster of health (Anna Ziolkovska, 2016)</p>	<p>Field exchange article</p>	<p>https://www.ennonline.net/fe/52/nutritioncoordinationukraine</p>	<p>IYCF support was the primary nutrition focus in the Ukraine response. An IYCF-E assessment was conducted – they found low exclusive breastfeeding (EBF) rates, poor IYCF practices and widespread violations of the Code. There were many challenges around managing non-breastfed infants - limited cash reserves and lack of availability of BMS led to over dilution of BMS to prolong use; there were no guidelines on what to do for non-breastfed infants and limited authority/leadership on the ground to make recommendations. A UNICEF/WHO/MoH joint statement was developed, and a two-day workshop was implemented.</p> <p>Overarching challenges:</p> <ul style="list-style-type: none"> Lack of national capacity (government and UNICEF country office) in nutrition coordination and technical knowledge. High turnover of surge staff. Limited nutrition in emergencies expertise. Nutrition was not a priority due to the absence of acute malnutrition . <p>Key lessons learned: 1) Coordination and information management capacity needs to be prioritized in recruitment and funding processes; 2) An early scoping assessment is critical to understand the context and raise the nutrition profile.</p>
<p>Emergency Infant and Young Child Feeding Assessment among internally displaced persons -</p>	<p>Report</p>	<p>https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iycfassessment</p>	<p>This assessment, which consists of quantitative (survey) and qualitative (focus groups, community discussions and interviews) data, describes IYCF practices and identifies information gaps and needs.</p> <p>Children 0-23 months ever breastfed (85.8%), EIBF (76.3%), children under 6 months EBF (13.8%), children under 6 months predominantly breastfed (20.7%), continued breastfeeding at 1 year (31.8%) and 2 years (14%), receiving solid, semi-solid or soft</p>

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
Kramatorsk, Slovianske and Sviatohirstt Ukraine (UNICEF/Save the Children, 2015)		t_save_gca_donetsk_report.pdf	<p>foods children 6-8 months (100%), minimum dietary diversity (77.7%), children under 6 months receiving artificial feeding alone (13.8%), children 0-23 months bottle feeding (72.5%).</p> <p>Based on their findings this report recommended: Targeting, clear context-specific and evidence-based communication on IYCF through a variety of delivery channels. Strengthening the capacity of primary health care services to provide appropriate training and support to caregivers. Building and enhancing community-based support for safe and appropriate IYCF. Building the capacity of humanitarian agencies to implement IYCF specific and IYCF sensitive interventions. Supporting the prevention and treatment of iron deficiency anemia.</p>
Emergency Infant and Young Child Feeding Assessment among Internally Displaced Persons – Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine (UNICEF/CDC 2015)	Report	https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2022-03/IYCFReport2015_0827_cleared.pdf	<p>Quantitative (survey) and qualitative (2 focus groups with IDP mothers and 2 interviews with health care providers) assessments aimed to determine the areas where IYCF education needed strengthening and to inform what products should be included in the complementary baby baskets provided to IDPs.</p> <p>Children 0-23 months ever breastfed (93.3%), EIBF (within 1hr) (63.7%), children under 6 months EBF (25.8%), children under 6 months predominantly breastfed (45.5%), continued breastfeeding at 1 year (53.5%) and 2 years (20.6%), minimum dietary diversity (97.6%), breastfeeding on a schedule (29.8%), children 0-23 months bottle feeding (68.1%), introduction of solid, semi-solid or soft foods children 6-8 months (98.6%).</p> <p>Recommendations: Educate healthcare workers on the correct information to provide to mothers and increase the availability of counseling/educational resources in polyclinics. Provide additional counseling capacity outside of the polyclinics, especially at collective centers and points of assistance distribution. Skilled consultants should be available on a free hotline.</p>

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			<p>Provide IYCF information using various forms of media (e.g., a website) and provide leaflets on IYCF in complementary baby baskets.</p> <p>10 key education topics were identified (see report).</p> <p>Educate aid organizations who are distributing baby food assistance on the inappropriateness of blanket indiscriminate distribution of formula and the importance of providing targeted assistance packages for different age groups.</p> <p>Provide beneficiaries with a list of humanitarian/volunteer organizations who are providing baby food assistance.</p>
Suboptimal infant and young child feeding practices among internally displaced persons during conflict in eastern Ukraine (Summers A & Oleg B.O, 2018)	Peer-reviewed paper	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5848760/	<p>This paper describes the IYCF practices, areas for improvement and effect of conflict on IYCF practices among IDPs in eastern Ukraine. The study highlights several problematic issues related to IYCF practices which need improvement, including a low prevalence of EBF until 6 months of age (25.8%), a low prevalence of continued breast-feeding until 1 (53.3%) and 2 (20.6%) years of age, introduction of fluids before 6 months of age and a high prevalence of bottle-feeding for children under 2 years of age (68.1%). These issues were similar to those identified in pre-conflict surveys; however, the study found that stress related to the conflict was a major reason (45.7%) that mothers discontinued breast-feeding. Among infants aged less than 6 months who were not exclusively breast-fed, water, tea and infant formula were the liquids most commonly given. Overall, complementary feeding in children aged 6 months or older in this population was adequate.</p>
Ukraine nutrition sub-cluster response plan (UNICEF, 2015)	Report	https://www.humanitarianresponse.info/en/operations/ukraine/document/nutrition-sub-cluster-response-plan	<p>Children under five and especially under two years of age were identified as nutritionally vulnerable (considering low EBF rate, limited access to protein and micronutrient-rich foods, local beliefs on complementary feeding, collapsing of WASH facilities in some areas). Only 19.7% of infants below 6 months were EBF. New-borns in rural areas were more likely to be EBF during the first 6 months compared to those in urban communities. The Code was not enforced in Ukraine.</p> <p>Food which was most often requested by affected populations is baby food for small children and infant formula. There was widespread believes that stressed mothers</p>

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			cannot breastfeed and do not have milk. As BMS was not being provided in sufficient quantities, mothers would sometimes dilute infant formula. This plan outlines activities around IYCF counseling, addressing the needs of non-breastfed infants and the provision of complementary foods.
Report of the Global Nutrition Cluster scoping mission to Ukraine (GNC, 2015)	Report	Shared by isabelle: Dropbox link: https://www.dropbox.com/sh/7yqj73y30mlrqqoi/AACr19Ldl0cKBbNp1Wejfr1Qa/Past%20%20IYCF-E%20Assessment%20Findings%20and%20Papers%20on%20IYCF%20Practices/GNC%202015%20Ukraine%20Scoping%20Mission.pdf?dl=0	<p>A review of the literature and interviews were held to review current humanitarian nutrition coordination structures; identify and map the capacity of current and potential nutrition partners; map current nutrition interventions; assess nutrition information needs; identify programmatic and geographical areas of needs; and identify core advocacy concerns.</p> <p>There were several recommendations relating directly to IYCF-E: Organizations involved in the untargeted distribution of BMS need to be engaged in coordination activities. This needs to be handled in a sensitive and diplomatic fashion, simply telling organizations not to distribute BMS, but not providing them with other programming options in such a high-demand context, will have little impact.</p> <p>Currently many actors do not see the importance of IYCF-E. Nutrition partners both on the ground and at global level need to collaborate and intensify their advocacy activities. A joint statement on IYCF and prevention of blanket BMS distribution should be issued. In addition, at regional and international level, the protocol for contacting, advocating and following-up with organizations involved in supporting the untargeted distribution of BMS in emergency contexts needs to be clarified for all actors.</p>
Emergency Infant and Young Child Feeding Survey - Donetsk City, Makiivka, Horlivka, Shartask, Khartzisk	Report	https://slidetodoc.com/emergency-infant-and-young-child-feeding-survey-donetsk/	This household survey aimed to understand IYCF practices, and identify gaps and needs. Some of the results are presented in the linked powerpoint presentation. More than two thirds of infants under 6 months were not EBF. Formula feeding alone was given to 14.8% of infants under 6 months, 53% of children under 6 months were predominantly breastfed, bottle feeding was practiced by two thirds of children 0-23 months. Mother's main reason for stopping breastfeeding was stress

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Ukraine (2015)			due to the conflict. Infant formula had been received by 23.7% of infants under 6 months; 17.9% infants 6-11 months and 9.8 % of infants 12-23 months.
Protection of breastfeeding in the Ukraine (WFP & UNICEF, 2015)	Press release	https://www.wfp.org/news/only-1-4-internally-displaced-infants-exclusively-breastfed-ukraine-unicef-and-wfp	Joint Statement from WFP and UNICEF on promotion and protection of breastfeeding in Ukraine.
ACF Internal MHCP Needs Assessment (ACF, 2015)	Report	Not publicly available	<p>All medical staff near the frontline talk about BMS and diapers as the most desirable humanitarian help, although they showed readiness to receive new information about breastfeeding. This stand is partly explained by the split of the medical system (the strongest health institutions oriented on breastfeeding promotion) and the low motivation of rural health points to follow-up IYCF policy (no state support or encouragement of breastfeeding initiatives, basic needs become more actual and crucial for hospital functioning).</p> <p>As most of the women have only one child, it is possible to ensure good care practices/ promotion of breastfeeding even within a short-time project. The assessment found that most women already have knowledge on proper breastfeeding/care practices from the internet, mother/mother in laws, friends and doctors. However, respondents expressed a lack of confidence in local doctors. Thus, women often rely on old school practices, and on chaotic information from internet sources.</p> <p>Key recommendations:</p> <p>There is a need for awareness campaigns about breastfeeding - to reinforce good feeding and caring practices already present in collective mind, and to fill in possible lacunas.</p> <p>Programs should provide a special focus on new mothers who give birth to their</p>

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
			children in the active phase of the conflict. It is important to put a special attention to the bonding and its crucial importance in child development.
MICS Ukraine (UNICEF, 2012)	Report	https://mics-surveys-prod.s3.amazonaws.com/MICS4/Europe%20and%20Central%20Asia/Ukraine/2012/Key%20findings/Ukraine%202012%20MICS%20KFR_English.pdf	MICS data from 2012: Child ever breastfed (95.4%); EIBF within 1 hr of birth (65.7%); children under 6 months EBF (19.7%); continued breastfeeding at 1 (37.9%) and 2 years of age (22%); predominantly breastfeeding children under 6 months (51.6%); children 0-23 months bottle feeding (66.6%); introduction of solid, semi-solid or soft foods for children 6-8 months (43.2%).
Combatting breastfeeding myths in Ukraine (UNICEF, 2015)	Blog	https://blogs.unicef.org/blog/combating-breastfeeding-myths-in-ukraine/	This blog outlines a health professionals experience in advocating/supporting IYCF practices in Ukraine. Pre-crisis IYCF practices were poor. Among IDPs providing BMS, water and early complementary foods to children under 6 months is very common; health providers often give incorrect advice. Half of mothers stop breastfeeding because of perceived drop in breast milk due to stress . The blog highlights the need to use various and different opportunities to disseminate key messages on IYCF.
Barriers and challenges of infant feeding in disasters in middle - and high-income countries (Hwang	Peer reviewed	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-021-00398-w#:~:text=Mothers%20faced%20other%20barriers%20to,als	This scoping literature review summarizes the difficulties faced by disaster responders and mothers for optimal infant feeding during disasters. Challenges: violations of the Code; disaster responders unfamiliar with IFE protocols; mothers lacked privacy or spaces to breastfeed; pre-existing high mixed feeding rates; minimal contact time; language/cultural differences; misconceptions among mothers; incorrect advice from healthcare workers; limited fluid and energy intake, stress/exhaustion deterred mothers from breastfeeding. In Ukraine specifically: A high pre-crisis mixed-feeding rate and the availability of infant formula discouraged

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
C.H et al, 2021)		o%20deterred%20m others%20from%20 breastfeeding.	mothers to breastfeed. Misconceptions among Ukrainian mothers and families included a lack of understanding of the importance of continuing breastfeeding past 12 months of life . IDP relocated into camps, thus minimal movement constraints, language and cultural barriers. The findings of this study reveal the lack of IFE preparedness and response capacity in middle and high-income countries.
Breastfeeding: Current state of the problem (Oleksandrivna K.T, 2021)	Peer-reviewed	https://ojs.ukrlogos.in.ua/index.php/gmail-of-science/article/view/13794/12654	This study surveyed 100 mothers to understand the awareness among mothers of the benefits of breastfeeding. Most mothers were aware of the benefits of breastfeeding for the child. 89% of mothers responsively breastfeed. 32% of children who refused to breastfeed used a pacifier. In most cases, the decision to breastfeed is made at the discretion of the mother.
Marketing of breast milk subsites: National implementation of the international Code (WHO, 2020)	Report	https://www.who.int/publications/iitem/9789240006010	This report provides updated information on the status of implementing the International Code of Marketing of BMS and subsequent relevant World Health Assembly resolutions in countries. In Ukraine some provisions of the Code are included but there is weak/insufficient monitoring and enforcement measures .
Are our babies off to a healthy start? The state of implementation of the Global strategy for infant and young child feeding in Europe (Zakarija-Grkovic I et al, 2020)	Peer-reviewed	https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00282-z	The paper summarizes World Breastfeeding Trends Initiative reports from WHO/EURO member states, which assess the extent to which the global strategy for IYCF has been implemented. For some indicators Ukraine achieved high scores - Ukraine has adopted a national IYCF policy (infant feeding and HIV is included) and a subsequent national plan of action. Ukraine has a National Breastfeeding Committee and a National Breastfeeding Coordinator. They have also implemented the Baby Friendly Hospital Initiative and group education and counseling on IYCF is widely available. However, Ukraine received one of the lowest scores for the implementation/enforcement of the Code . Ukraine does adequately train health workers on their obligations under the Code and there is a national strategy to ensure IYCF materials are free from commercial influence.

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
How to overcome data management challenges in research in crisis contexts (Oleg B et al, 2018)	Field exchange	https://www.ennonline.net/fex/57/managementchallengesinresearch	This article is a summary of a panel discussion where Oleg Bilukha from CDC talked about the surveys conducted by the Nutrition Cluster in Ukraine among three different population groups: 1) IYCF survey among IDPs living outside the conflict zone; 2) older people in conflict zone; 3) pregnant women living around the frontline. For the IYCF survey there were several challenges : participants were difficult to find; some women were registered with the government who were unwilling to share data; high non-response rate. Response : methods were explored to update the list of possible participants; surveyors adopted a protocol of calling three times before moving on to the next name on the list and used a quota sample, continuing down the list until the sample size was achieved. Lessons learned : it's important to anticipate challenges around non-response and sample size at the beginning so survey design can be adapted. One way to do this is to carry out a rapid test.

Table 5: Documented lessons learned from other countries

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
Retrospective qualitative analysis of infant and young child feeding intervention among refugees in Europe (Svoboda A, 2017)	Field exchange	https://www.ennonline.net/fex/55/ifyerefugeeseurope	This article evaluated Save the Children's IYCF interventions in Greece, Serbia and Croatia. Key activities were the provision of breastfeeding, counseling and support and targeted provision of BMS to non-breastfed infants. Women reported reducing breastfeeding due to stress, lack of privacy and initial ease of access to BMS in camps. Another challenge with powdered infant formula distribution was foreign-language labeling. Challenges: Rapid transit, low contact time, slow establishment of RUIF supply chains, initial lack of coordination on handling BMS donations, varied IYCF practices and multiple languages. Lessons learned: the need for early regional assessment , establishment of advance procurement agreements with international ready-to-use infant formula (RUIF) suppliers and implementation of working groups at the beginning of the response. In a context such as this (bottle feeding, rapid transit, low contact time), it may be more realistic to make clean bottles readily available for mothers who are unable to breastfeed, rather than relying solely on the promotion of cup feeding, which mothers were reluctant to uptake . Leaflets with pictures helped overcome language barriers, short training for key aid workers on essential phrases in different languages could have further helped facilitate good relationships/uptake of positive messages.
Save the Children's IYCF-E Rapid Response in Croatia (Modigell I et al, 2016)	Field exchange	https://www.ennonline.net/fex/52/rapidresponseincroatia	The article documents the frontline rapid response implemented by Save the Children to support IYCF for migrants arriving at the Croatia border. Initial mobile, reactive and basic mother and baby areas evolved to include support in transit centers targeting breastfed (rapid counseling) and formula dependent infants up to 12 months (RUIF supplies). Context specific interim guidance on IYCF-E was developed. Challenges: lack of coordination made it difficult to halt untargeted distribution of infant formula, establish RUIF supplies and ensure constant appropriate messaging and programmes. Lesson learned: the importance of preparedness (stock position), cross border coordination, standardization of practices and the need for clarity regarding target age

Name of the document (author, date)	Document type	Link/source	Relevant information retrieved (learnings etc.)
			for infant formula when in common use.

Table 6: Other resources shared

Title of document (date)	Nature of document	Description and relevance	Link / source
Food and Culture of Ukraine	Resource	Fact sheet with information on the food and culture of Ukraine.	https://dune.une.edu/cgi/viewcontent.cgi?article=1075&context=an_studedres
Guidelines for students for the neonatal period (2016)	National guidelines	Ministry of Public Health Ukraine guidelines for students on the neonatal period.	https://nmu.ua/wp-content/uploads/2016/06/GUIDELINES-FOR-STUDENTS_3c_Med.pdf
Child health care in Ukraine (Loboda A et al, 2020)	Peer-reviewed	This article describes the child healthcare system in Ukraine.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7488189/#:~:text=Ukraine%20has%20a%20combined%20system,healthcare%20specialist%20is%20approximately%20800.
Evaluation of the European Union’s humanitarian assistance in Ukraine 2014-2018	Report	This evaluation covers ECHO’s programming in Ukraine from 2014 to 2018.	https://op.europa.eu/en/publication-detail/-/publication/0b2c22e1-2499-11eb-9d7e-01aa75ed71a1/language-en

Title of document (date)	Nature of document	Description and relevance	Link / source
(2020)			
Listen to us: Girls and boys gendered experiences of the conflict in eastern Ukraine (Save the Children, 2019)	Report	This study helps fill the evidence gap regarding the gendered impact of the conflict in Ukraine on boys and girls. The report includes: 1) social norms, expectations and gender roles, and how these shape children’s lives; 2) the effects of the conflict on children’s ability to attain their rights; 3) coping strategies adopted by children to handle life in conflict; 4) understanding what children think the future holds for them; and 5) recommendations from children themselves.	https://resourcecentre.savethechildren.net/document/listen-us-girls-and-boys-gendered-experiences-conflict-eastern-ukraine/
Global Nutrition Cluster knowledge management, process, learning and added value (Shoham J et al, 2016)	Field exchange	This article documents key learnings around nutrition coordination for the Global Nutrition Cluster from case studies conducted by ENN with Nutrition Cluster country teams in six countries, including Ukraine.	https://www.ennonline.net/fex/52/editorial
<i>IYCF assessment tools</i>			
Mother focus group guide (2015)	Resource	Save the Children’s mother focus group discussion guide for Ukraine.	Available upon request. Please contact Isabelle Modigell (i.modigell@savethechildren.org.uk)
Health workers (in birth clinic) interview guide (2015)	Resource	Save the Children's health workers (in birth clinic) interview guide for Ukraine (English and Russian versions).	Available upon request. Please contact Isabelle Modigell (i.modigell@savethechildren.org.uk)
Health workers (post-natal clinic) interview	Resource	Save the Children's health workers (in post-natal clinic) interview guide for Ukraine (English and	Available upon request. Please contact Isabelle Modigell

Title of document (date)	Nature of document	Description and relevance	Link / source
guide (2015)		Russian versions).	(i.modigell@savethechildren.org.uk)
Health workers (in prenatal clinic) interview guide (2015)	Resource	Save the Children's health workers (in prenatal clinic) interview guide for Ukraine (English and Russian versions).	Available upon request. Please contact Isabelle Modigell (i.modigell@savethechildren.org.uk)
Key informant interview guide (2015)	Resource	Save the Children's key informant interview guide for Ukraine.	Available upon request. Please contact Isabelle Modigell (i.modigell@savethechildren.org.uk)
IYCF assessment - household survey (2015)	Resource	Save the Children's household survey used in Ukraine	Available upon request. Please contact Isabelle Modigell (i.modigell@savethechildren.org.uk)