The Compendium of Actions for Nutrition (CAN) is a facilitation resource developed by REACH, as part of the UN Network for SUN, for national authorities and their partners (including SUN government actors, REACH facilitators and SUN networks) to foster multi-sectoral dialogue at the country level particularly for nutrition-related policy making and planning. It presents a breadth of possible actions to combat malnutrition, with sub-actions classified into three discreet evidence categories, as indicated in the first matrix of this section. Descriptions of evidence categories are provided in the matrix ‘chapter’ while references to support that evidence classification are listed in the bibliography. In addition, references related to contextual information for sub-actions are listed in the Notes/Remarks column. The matrices also identify the causal level of each sub-action along with factors contributing to an enabling environment for nutrition. These enabling factors have varying levels of evidence. The CAN does not prescribe a specific set of nutrition actions, although it does recognize that prioritization is critical. It also recognizes that prioritization must be based on context, drawing upon a robust situation analysis, available evidence and country priorities in consultation with a range of stakeholders. Further information about the structure and content of these matrices, the process of developing the CAN and how to use the tool can be found in the Overview section.

“\n
When affordable child care services are unavailable, care of babies may be relegated to child siblings (usually older girls), children may be breastfed less often, time for food preparation may be limited resulting in less nutritious diets, family members may be less likely to access health services, other agricultural production may suffer, and women may avoid off-farm income-earning opportunities. \n
\n
(Alderman et al., 2013)
INTRODUCTION

Adequate care – for both mothers and children – is one of the most critical underlying determinants of good nutrition, yet it is often overlooked and undervalued. Maternal and child care encompasses a range of issues, such as infant and child feeding (e.g. breastfeeding and complementary feeding practices), nutritional support for pregnant and lactating women, the promotion of personal and food hygiene, seeking medical attention when one presents signs of illness and looking after children. The available evidence on the first 1,000 days of life underscores the need to act early to safeguard the health and nutrition of pregnant and lactating women – and more broadly, that of all adolescent girls and women of reproductive age.¹

Internationally recommended breastfeeding practices (such as early initiation,² exclusive and continued breastfeeding),³ and adequate complementary feeding have been identified as critical for safeguarding infant and young child nutrition, averting preventable child deaths, supporting healthy growth and development (cognitive and physical), and ensuring good health in adulthood.⁴ A recent Lancet Series strengthened the empirical evidence on breastfeeding and nutrition: it noted that in addition to breastfeeding’s impact on child survival, intelligence and well-being, it also confers benefits to maternal health and well-being. The same series indicated that if breastfeeding was practiced on a large scale, approximately 823,000 child deaths per year (13.8 percent of deaths of children under 2) could be prevented in 75 low and middle income countries with high mortality rates.⁵ Other studies have underscored that the promotion of proper complementary feeding is one of the most effective ways to prevent stunting.⁶

The ‘Care’ section of the Compendium of Actions for Nutrition (CAN) includes sub-actions related to infant and young child feeding (IYCF) in view of its critical importance to nutrition (see the ‘Care’ matrix ‘chapter’). This section supplements other aspects of IYCF, which are discussed in the other sections of the CAN. Links to those thematic areas are identified in the matrices to orient users. The infant feeding-related sub-actions (including breastfeeding education and counselling) presented in the ‘Care’ section are focused at the community level in order to protect, promote and support recommended breastfeeding practices,⁷ including: early initiation of breastfeeding (within one hour of birth); exclusive breastfeeding for the first six months of life; and continued breastfeeding until 2 years or beyond.¹²

---

3 "Exclusive breastfeeding" refers to breastfeeding whereby, “the infant receives only breast milk. No other liquids or solids are given, nor even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines”. WHO. eLENA Exclusive breastfeeding. Available at http://www.who.int/elena/titles/exclusive_breastfeeding/en/.
4 WHO recommends that, “infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond.” WHO nutrition guideline, 2013, see http://www.who.int/elena/titles/exclusive_breastfeeding/en/ WHO. Continued breastfeeding. eLENA. Available at http://www.who.int/elena/titles/continued_breastfeeding/en/.
5 WHO. Exclusive breastfeeding. eLENA. Available at http://www.who.int/elena/titles/exclusive_breastfeeding/en/.
10 IYCF support provided through health services is captured in the thematic areas on Nutritional Intervention Delivered through Reproductive and Paediatric Health Services.
The IYCF matrix points the reader to relevant sub-actions such as infant feeding support provided through health services, which is captured in thematic area on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services. Similarly, the complementary feeding sub-actions included under IYCF in the ‘Care’ section note that support for the feeding aspects (e.g., frequent and responsive feeding), availability of and access to appropriate, diversified, nutrient-dense foods for complementary feeding, is further detailed in the CAN in thematic areas on Food, Agriculture and Healthy Diets; Nutrition Interventions Delivered through Reproductive and Paediatric Health Services, and Micronutrient Supplementation (in the Health section); and Social Assistance (in the Social Protection section). Nutrition education, social marketing and behaviour change communication (BCC) activities, and enabling factors as they relate to IYCF, are likewise outlined in the ‘Care’ matrices.

In an effort to minimize duplication, other aspects of ‘Care’ have been integrated into related thematic areas in other sections of the CAN. All ‘Care’ sub-actions should be undertaken in a gender-sensitive manner.

Additional information, including recommendations and links to related thematic areas, are presented in the Notes/Remarks column of the matrices to enrich multi-sectoral nutrition dialogue at the country level.

Finally, a robust situation analysis is fundamental to the selection of nutrition sub-actions presented in the ‘Care’ section of the CAN matrix. To this end, nutrition assessment (using anthropometric and micronutrient indicators), along with the assessment of breastfeeding and complementary feeding practices among infants and young children is also critical. This will enable country-level stakeholders to obtain an accurate picture of the nutrition situation, recognizing that it should inform policy, planning and programming responses.

---


### ACTION 1
**SUPPORT for optimal breastfeeding practices**

#### SUB-ACTION 1a
Breastfeeding education and counselling to SUPPORT optimal breastfeeding practices at the community level

**CAUSAL LEVEL***
Underlying

**EVIDENCE CATEGORY****
Synthesized evidence

**NOTES/REMARKS**
At the community level (e.g. through mother-to-mother support groups, peer or lay counsellors), this sub-action includes psychosocial support to help mothers to adopt the recommended breastfeeding practices. Hospitals and clinics may refer mothers to these support services upon discharge. IYCF support provided through healthcare systems (except for the Baby-friendly Hospital Initiative) is captured under the thematic areas on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services.

WHO recommends that:
1. Mothers initiate breastfeeding within 1 hour of birth. Babies should be placed in skin-to-skin contact with their mothers immediately following birth for at least an hour and mothers should be encouraged to recognize when their babies are ready to breastfeed, with help offered if needed.
2. Infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health.
3. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed until 2 years of age or beyond.

When breast-milk substitutes are required for social or medical reasons (e.g. for orphans or infants of HIV-positive mothers), efforts are made to provide them as long as they are needed by the concerned infants (WHO & UNICEF, 2003).


#### SUB-ACTION 1b
Counselling and SUPPORT on recommended breastfeeding practices in difficult circumstances

**CAUSAL LEVEL**
Underlying

**EVIDENCE CATEGORY**
Synthesized evidence and practice-based studies depending upon the circumstances

**NOTES/REMARKS**
This sub-action includes counselling and support on recommended breastfeeding practices in the context of low-birth-weight, emergencies, HIV and other circumstances such as Zika or Ebola virus disease (EVD).

Further information about counselling and support on recommended breastfeeding practices provided through health services is presented under the thematic areas on Nutrition Interventions Delivered through Reproductive & Paediatric Health Services and Nutrition-related Disease Prevention & Management.


ACTION 1 continued...
**SUB-ACTION 1c**
Institutionalization of the 10 Steps to Successful Breastfeeding in all facilities that provide maternity services, including via implementation of the Baby-friendly Hospital Initiative (BFHI)

**CAUSAL LEVEL**
Underlying

**EVIDENCE CATEGORY**
Synthesized evidence

**NOTES/REMARKS**
WHO recommends that every maternity facility practice the 10 Steps to Successful Breastfeeding as described in the guidance document.

This sub-action helps by "ensuring that hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding" and "expanding the Initiative to include clinics, health centres and paediatric hospitals" (WHO & UNICEF, 2003). This sub-action also encompasses initiatives to make communities baby-friendly.

This sub-action includes support that is provided during emergencies. Additional IYCF support provided through healthcare systems is captured in the thematic areas on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services, and Nutrition-related Disease Prevention and Management.


---

**SUB-ACTION 2a**
SUPPORT for access to diversified nutrient-dense foods for complementary feeding

**CAUSAL LEVEL**
Immediate/Underlying

**EVIDENCE CATEGORY**
Synthesized evidence

**NOTES/REMARKS**
These foods may include fortified complementary foods to meet documented nutrient gaps in children 6-23 months.

For best results, this sub-action should be carried out in conjunction with nutrition education (Lassi et al., 2013; Girard & Olude, 2012).

This sub-action includes support that is provided during emergencies. Further information about support for access to diversified nutrient-dense foods for complementary feeding (and associated evidence) is disaggregated by support type/modality within the thematic area on Social Assistance (see sub-actions 1a, 2a, 3a, 5b and 6b).

WHO recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while continuing to breastfeed until 2 years or beyond.


---

**SUB-ACTION 2b**
Nutrition education on appropriate complementary feeding

**CAUSAL LEVEL**
Underlying

**EVIDENCE CATEGORY**
Synthesized evidence

**NOTES/REMARKS**
WHO recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed until 2 years or beyond. This sub-action should therefore include education on food hygiene in the preparation of complementary foods and counselling on other important behaviours (e.g. responsive feeding) for appropriate complementary feeding (see WHO’s guiding principles regarding complementary feeding).


ACTION 3
PROTECTION of recommended IYCF practices

<table>
<thead>
<tr>
<th>SUB-ACTION 3a</th>
<th>Protection of recommended IYCF practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting appropriate IYCF through restricting marketing of breast-milk substitutes and complementary foods as well as through maternity protection for working mothers</td>
<td></td>
</tr>
<tr>
<td>CAUSAL LEVEL</td>
<td>Underlying/Basic</td>
</tr>
<tr>
<td>EVIDENCE CATEGORY</td>
<td>Synthesized evidence</td>
</tr>
</tbody>
</table>

NOTES/REMARKS
This sub-action includes restricting the marketing of breast milk substitutes in line with the International Code of Marketing of Breast-milk Substitutes and the guidance on ending the inappropriate marketing of complementary food. It also encompasses maternity protection based on the International Labour Organization (ILO) Maternity Protection Convention 183 (2000) and Recommendation 191 (2000).
Such protection entails the implementation of procedures and mechanisms to enforce and monitor compliance with legislation, regulation/standards, protocols and guidelines to protect recommended IYCF practices.

Enabling Environment

These sub-actions reflect factors that contribute to an enabling environment for nutrition, such as policy coherence, legislation, regulations, standards, trade mechanisms, social marketing, and behaviour change communication; the absence of these factors may contribute to a disabling environment. The factors listed in this section are supported by varying levels of evidence; applicable references are cited, when available. These Enabling Environment sub-actions were not classified by evidence category because they are considered to be key to fostering an enabling environment irrespective of the existing level of evidence.

ACTION 1. Assessment and information

<table>
<thead>
<tr>
<th>SUB-ACTION 1a</th>
<th>Assessments of recommended IYCF practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUSAL LEVEL</td>
<td>Basic</td>
</tr>
</tbody>
</table>

NOTES/REMARKS
This sub-action includes assessment of the following nutrition indicators:
(1) Early initiation of breastfeeding (% children born in last 24 months who were put to breast within 1 hour of birth);
(2) Exclusive breastfeeding of infants 0–5 months (% infants 0–5 months of age who received only breast milk during the previous day);
(3) Continued breastfeeding (either % children 12–15 months of age who received breast milk during the previous day or % children 20–23 months of age who received breast milk during the previous day); and
(4) Minimum adequate diet among children 6–23 months (% of children 6–23 months of age who receive a minimum acceptable diet).
It should also involve efforts to include these nutrition indicators in health management information systems.

<table>
<thead>
<tr>
<th>SUB-ACTION 1b</th>
<th>HIV testing in pregnant &amp; lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUSAL LEVEL</td>
<td>Underlying</td>
</tr>
</tbody>
</table>

NOTES/REMARKS
This sub-action may also be implemented through health services for nutrition-related disease prevention and management, and reproductive health.
For more information, refer to the thematic areas on Nutrition Interventions Delivered through Reproductive and Paediatric Health Services, and Nutrition-related Disease Prevention and Management.

<table>
<thead>
<tr>
<th>SUB-ACTION 1c</th>
<th>Vulnerability assessment and early warning analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUSAL LEVEL</td>
<td>Basic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUB-ACTION 1d</th>
<th>Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUSAL LEVEL</td>
<td>Basic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUB-ACTION 1e</th>
<th>M&amp;E of sub-actions covered by this thematic area</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUSAL LEVEL</td>
<td>Basic</td>
</tr>
<tr>
<td>ACTION 2. Policy coherence</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>SUB-ACTION 2a</strong> Policy coherence between policies/strategies on maternal/reproductive and neonatal health, agriculture/food, labour, trade, gender, social protection, industry and nutrition</td>
<td>CAUSAL LEVEL Basic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION 3. Legislation, regulations/standards, protocols and guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACTION 3a</strong> Legislation and regulations on the following to PROTECT optimal IYCF practices: (1) Maternity protection based on International Labour Organization (ILO) Maternity Protection Convention 183 (2000) and Recommendation 191 (2000); (2) Occupational health based on ILO Occupational Safety and Health Convention No.155 (1981); (3) Ending the inappropriate marketing of complementary food; (4) Implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these; and (5) Standards for childcare centres and services</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
This sub-action includes the formulation, implementation and enforcement of the legislation and regulations. It reflects the content of all three bullet points listed under ‘For protection’ in the Global Strategy for IYCF. It may also involve legislation and regulations on physical labour (e.g. heavy lifting) and other types of occupational health issues (e.g. exposure to chemical substances such as fertilizers), which may compromise the health or nutrition of pregnant women, their foetuses or their infants.


<table>
<thead>
<tr>
<th>ACTION 4. Fiscal policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACTION 4a</strong> Taxes and subsidies to support good nutrition</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
This sub-action includes subsidization or removal of taxation on products and related inputs (e.g. fortificants, micronutrient pre-mixes and packaging materials for fortified complementary foods) in order to protect, promote and support recommended IYCF practices.

<table>
<thead>
<tr>
<th>ACTION 5. Planning, budgeting and management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUB-ACTION 1a</strong> Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, labour, trade, gender, social protection, industry, and nutrition planning and implementation</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**
This sub-action helps to foster coordinated planning and budgeting for nutrition.
### ACTION 6. Social norms: Education/sensitization, BCC and social marketing

**SUB-ACTION 6a**  
BCC (media and social marketing) to PROMOTE recommended IYCF practices  

**CAUSAL LEVEL**  
Underlying

**NOTES/REMARKS**  
This sub-action entails, “ensuring that all who are responsible for communicating with the general public, including educational and media authorities, provide accurate and complete information about appropriate IYCF practices, taking into account prevailing social, cultural and environmental circumstances” (WHO & UNICEF, 2003). Maximum impact is achieved when mass communication is combined with community interpersonal communication and community mobilization (Alive and Thrive, 2014).


### ACTION 7. Infrastructure and technology

**SUB-ACTION 7a**  
Use of time-saving technologies in other nutrition-related actions/programming to help free time that may be dedicated to childcare, particularly where women/mothers are targeted  

**CAUSAL LEVEL**  
Underlying/Basic

**NOTES/REMARKS**  
Mobile phone-based or electronic transfers of cash or vouchers instead of food distribution are examples of how time-saving technology can be used to protect recommended IYCF practices. Nutrition-related aspects of child care include adopting the recommended IYCF practices. This sub-action involves guidance on how to use these technologies.

### ACTION 8. Coordination

**SUB-ACTION 8a**  
Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding IYCF to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level  

**CAUSAL LEVEL**  
Basic

**NOTES/REMARKS**  
This sub-action includes supporting ministries of health, agriculture, labour, gender and social affairs, industry, and others engaged in multi-stakeholder, multi-sectoral nutrition platforms - both at decision-making and technical levels - to ensure policies, plans and guidelines are operationalized, and that a coherent, multi-sectoral approach is used to address malnutrition.
## ACTION 9. Other enabling environment actions

<table>
<thead>
<tr>
<th>SUB-ACTION 9a</th>
<th>CAUSAL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT for availability of appropriate, diversified, nutrient-dense foods for complementary feeding, preferably locally available</td>
<td>Immediate/Underlying</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

These foods may include fortified complementary foods to meet documented nutrient gaps in children 6-23 months. This sub-action concerns the production of complementary foods. Further information is provided in the thematic areas on Crops/Horticulture, Livestock and Fisheries, and Food Processing, Fortification and Storage.

For best results, this sub-action should be accompanied by nutrition education (Lassi et al. 2013).

WHO recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while continuing to breastfeed until 2 years or beyond.


<table>
<thead>
<tr>
<th>SUB-ACTION 9b</th>
<th>CAUSAL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare services and support to protect recommended IYCF practices</td>
<td>Immediate/Underlying</td>
</tr>
</tbody>
</table>

**NOTES/REMARKS**

For example, food assistance for assets (FFA) activities (see Action 6 in the thematic area on Labour Market Programmes) "need to envisage the support to pregnant and lactating women to minimize workloads by focusing on lighter activities, and on establishing specific support systems such as crèches for small children while women are at work" (WFP, 2016).


<table>
<thead>
<tr>
<th>SUB-ACTION 9c</th>
<th>CAUSAL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders</td>
<td>Underlying/Basic</td>
</tr>
</tbody>
</table>
Infant and Young Child Feeding

BIBLIOGRAPHY

POSSIBLE INTERVENTION RESPONSES

ACTION 1. Support for optimal breastfeeding practices

1a. Breastfeeding education and counselling to support optimal breastfeeding practices at the community level


- WHO. Breastfeeding education for increased breastfeeding duration. eLENA. Available at http://www.who.int/elena/titles/breastfeeding_education/en/.


1b. Counselling and support on recommended breastfeeding practices in difficult circumstances


Information about the systematic review on this topic is reported in the referenced WHO Guideline (2016).
1c. Institutionalization of the 10 Steps to Successful Breastfeeding in all facilities that provide maternity services, including via implementation of the Baby-friendly Hospital Initiative (BFHI)

2a. Support for access to diversified, nutrient-dense foods for complementary feeding


2b. Nutrition education on appropriate complementary feeding


3a. Protecting appropriate IYCF through restricting marketing of breast-milk substitutes and complementary foods as well as through maternity protection for working mothers


- Euromonitor International Consulting Ltd. 2015. Baby food trends in Brazil and Norway. WHO.


- WHO. Reducing the impact of marketing of foods and non-alcoholic beverages on children. eLENA. Available at http://www.who.int/elena/topics/food_marketing_children/en/.
ACTION 3. Legislation, regulations/standards, protocols and guidelines

3a. Legislation and regulations on the following to PROTECT optimal IYCF practices:

(1) Maternity protection based on ILO Maternity Protection Convention 183 (2000) and Recommendation 191 (2000);

(2) Occupational health based on ILO Occupational Safety and Health Convention No.155 (1981);

(3) Ending the inappropriate marketing of complementary food;

(4) Implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent World Health Assembly resolutions and national measures adopted to give effect to these; and

(5) Standards for childcare centres and services


- Euromonitor International Consulting Ltd. 2015. Baby food trends in Brazil and Norway. WHO.


• WHO. Reducing the impact of marketing of foods and non-alcoholic beverages on children. eLENA. Available at http://www.who.int/elena/titles/food_marketing_children/en/.

• WHO. Regulation of marketing breast-milk substitutes. eLENA. Available at http://www.who.int/elena/titles/regulation_breast-milk_substitutes/en/.


ACTION 4. Fiscal policy

4a. Taxes and subsidies to support good nutrition


ACTION 6. Social norms: Education/sensitization, BCC and social marketing

6a. BCC (media and social marketing) to PROMOTE recommended IYCF practices


• Girard, A.W., Self, J.L., McAuliffe, C., & Olude, O. 2012. The effects of household food production strategies on the health and nutrition outcomes of women and young children: A systematic review. Paediatric and Perinatal Epidemiology, 26(Suppl. 1):205–222.


ACTION 9. Other enabling environment actions

9a. Support for availability of appropriate, diversified, nutrient-dense foods for complementary feeding, preferably locally available


• WHO. Appropriate complementary feeding. eLENA. Available at http://www.who.int/elena/titles/complementary_feeding/en/.
9b. Childcare services and support to protect recommended IYCF practices

9c. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders