



**Protecting maternal and child
nutrition during crises in Latin
America and the Caribbean:
Key messages**

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January 2026
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Acknowledgements

This publication was prepared by the UNICEF Regional Office for Latin America and the Caribbean (UNICEF LACRO).

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Photo cover:

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Acronyms

BMS	Breast-milk substitutes
CCCs	Core Commitments for Children
IFA	Iron and Folic Acid
IYCF-E	Infant and Young Child Feeding in Emergencies
LAC	Latin America and the Caribbean
MMS	Multiple micronutrient supplements
NiE	Nutrition in Emergencies
MUAC	Middle Upper Arm Circumference
PAHO	Pan-American Health Organization
SQ-LNS	Small-Quantity Lipid-based Nutrient Supplements
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Introduction

Emergencies, whether driven by conflict, climate, or economic shocks, pose an immediate and profound threat to child survival and development. When food systems collapse, health services are disrupted, families are displaced, and children’s nutritional status can deteriorate within days. In such contexts, nutrition is not a secondary concern, it is a matter of life and death. Nutrition in Emergencies (NiE) represents the front line of humanitarian action. It encompasses a set of proven, life-saving interventions that prevent and treat malnutrition among the most vulnerable, especially pregnant and breastfeeding women, infants, and young children. When delivered early and at scale, NiE interventions save lives, protect development gains, and lay the foundation for recovery and resilience.



In Latin America and the Caribbean (LAC), recurrent hurricanes, floods, droughts, and migration crises have intensified the need for urgent and sustained nutrition preparedness and response. Behind every statistic is a child, a mother, or a caregiver facing impossible choices, often without the support they need. Yet, malnutrition in emergencies is preventable. With timely, coordinated, and adequately financed responses, we can ensure that every child not only survives but thrives, even in the most challenging circumstances.

Guided by its Core Commitments for Children in Humanitarian Action, UNICEF supports governments to prepare for crises, coordinates emergency nutrition

responses, scales up life-saving services, and drives advocacy to ensure that children and mothers receive the protection and care they need when disasters strike. As part of the implementation of the Advocacy Strategy for Nutrition in Emergencies in Latin America and the Caribbean (2025–2026), UNICEF developed this document to present key advocacy messages aimed at mobilizing action and investment for NiE across the region. It offers concise, evidence-based arguments, technical, emotional, and ethical, to support advocacy with governments, donors, and humanitarian partners. At its core, it underscores a simple truth: protecting nutrition means safeguarding the right to life, dignity, and hope in every emergency.

2. Framing/general messages

2.1. Why nutrition in emergencies matters

Technical

- The first 1,000 days, from conception to a child's second birthday, form a critical window for growth and development. Nutrition during this period is foundational to child survival, cognitive function, and lifelong health outcomes.¹
- One in five children in LAC suffers from anaemia, and one in ten children live with stunting. These are not just public health statistics, they are markers of failure to uphold the rights to food, health, and equitable development.²
- Emergencies exacerbate malnutrition risks by reducing access to food, safe water, health services, and hygiene, which increases vulnerability to infection and accelerates nutritional deterioration.
- Malnutrition is life-threatening and can deteriorate within days during emergencies, especially for young children and pregnant women, making rapid response essential.
- In emergencies, child mortality rates can increase more than twenty-fold and have been documented at levels up to seventy times higher.³
- Young children, pregnant and lactating women, older persons, people with disabilities, and chronically ill individuals are the most vulnerable to malnutrition during



emergencies, and face higher risks of illness, death, and long-term impairment.

- Breastfeeding saves lives in emergencies and non-breastfed children are more likely to die from pneumonia and diarrhoea than breastfed children.⁴
- Micronutrient deficiencies can develop or be exacerbated if already present in a population during humanitarian crises, increasing the risk of death and impairment.⁵
- Young children suffering from micronutrient deficiencies have an increased risk of death due to infectious diseases and impaired physical and mental development.⁶
- Women suffering from micronutrient deficiencies have a greater risk of dying

during childbirth, giving birth to an underweight or mentally impaired baby, and poor health and development of breastfed infants.⁷

- Malnutrition is not inevitable in emergencies, it is a preventable outcome of inadequate response, and nutrition must be prioritized in all emergency responses.
- NiE refers to a set of coordinated, evidence-based interventions aimed at preventing, identifying and treating malnutrition in populations affected by humanitarian crises.
- NiE includes both life-saving treatment (e.g., for severe acute malnutrition) and essential preventive actions (e.g., micronutrient supplementation, infant and young child feeding in emergency (IYCF-E) counselling)
- Effective NiE responses rely on: pre-positioned nutrition supplies, trained human resources and community mobilization, and real-time data and early warning systems for targeting and tracking.
- NiE is more than a humanitarian obligation, it is a practical, lifesaving solution. When delivered early and at scale, NiE prevents needless deaths, protects children's futures, and strengthens entire systems for long-term recovery and resilience.
- NiE interventions are practical, scalable, and effective, even in fragile settings. From therapeutic foods to counselling and micronutrient support, these tools are simple but powerful.
- Protecting nutrition protects everything else. When nutrition is addressed, medical complications are reduced, children stay in



school, and household economic stability improves.

- NiE is not a siloed activity, nutrition must be embedded in emergency planning across sectors including health, WASH, food security, and social protection. Evidence shows that an integrated response that include interventions to support responsive caregiving, early stimulation, and nurturing care, not only improve nutritional status but also boost cognitive, social and emotional development, accelerating recovery and strengthening resilience in young children and their caregivers.⁸
- Food security and health interventions are essential in emergencies, but do not substitute for targeted nutrition actions, food security programmes (e.g., general

food distribution or cash assistance) aim to improve food access but often lack the nutritional quality or individual focus needed to prevent malnutrition in vulnerable groups.

- UNICEF's Core Commitments for Children (CCCs) outline Nutrition as a key sector in humanitarian response, and a key aspect of UNICEF's areas of accountability.
- UNICEF as global lead in the Nutrition Sector collaborates across every stage of the emergency operation process from preparedness to response, to recovery in recognition of the multiple determinants of malnutrition in emergencies.

Human

- Global commitments have expanded wasting treatment, yet funding gaps still leave up to 1.8 million children with life-threatening wasting without timely care each year. No child should die or suffer lifelong harm because emergency nutrition services were unavailable, delayed, or underfunded.⁹
- In the aftermath of hurricanes Eta and Iota, underfunding and limited scale meant that only 31% of the ideal NiE package reached children in LAC. This shortfall cost lives: achieving 95% coverage could have saved over 1,000 additional children.¹⁰
- Behind every statistic is a mother, child, or caregiver facing impossible choices, often without the support they need.

Ethical

- Nutrition is a human right, and humanitarian action must uphold that right even in crisis.
- Failing to prioritize NiE violates the humanitarian principles of dignity, protection, and non-maleficence.
- Emergencies demand equitable, needs-based action. Overlooking NiE reinforces systemic neglect of the most vulnerable, particularly women and children.
- Malnutrition in emergencies is preventable. Failing to act reflects a systemic neglect of vulnerable populations' right to health and life.
- Dignity, safety, and adequate nutrition are basic rights for all, even in emergencies, and most critically for those most at risk.



2.2. What's at stake if we do nothing

Technical

- A severely wasted child is up to 11 times more likely to die compared to well-nourished peers.¹¹
- During the 2020 Central America hurricanes, child mortality could have been reduced by over 60% with full coverage of basic nutrition services.¹²
- Malnourished children are less likely to survive common childhood diseases and more likely to drop out of school, lowering their productivity and earnings in adulthood. Undernutrition directly undermines a child's right to education and future opportunities, entrenching cycles of poverty and vulnerability.
- In emergencies, failing to deliver essential nutrition services is not just a logistical issue, it's a failure of protection. Malnutrition fuels neglect, exposes children to abuse, and erodes resilience.
- Pregnant women with poor nutrition are more likely to suffer complications during childbirth, and their children face a higher risk of dying before age five.
- Emergencies exacerbate inequalities, nutrition support in crises protects the most marginalized.
- Underfunding NiE in disaster preparedness leads to costlier, slower, and less effective recovery.

Human

- Behind every data point is a preventable tragedy, a child who could have survived, a mother who deserved care.
- Without NiE, children face a lifetime of disadvantage, malnourished children are less likely to succeed in school and more likely to earn less as adults.¹³
- Failing to invest in NiE undermines broader emergency response efforts and prolongs recovery.
- Every missed intervention represents a lost chance to preserve a child's future, undernutrition can leave permanent physical and cognitive scars.

Ethical

- Inaction violates the principle of "do no harm" in humanitarian response leading to preventable deaths, stunting, and long-term disability.
- Investing in NiE is not optional, it is a moral obligation to protect the most vulnerable.
- Emergencies amplify existing inequalities, inaction reinforces systemic neglect of marginalized populations.
- Ethical humanitarian response demands that we reach the most at-risk groups first. NiE is a test of our collective commitment to dignity and justice.
- Protecting nutrition is not only life-saving, it affirms the inherent worth and potential of every child, even in the most difficult circumstances.

3. Target Group-Specific Messages

3.1. Pregnant Women

- Women living in emergency settings or humanitarian crisis are especially vulnerable to malnutrition.
- Emergency settings can disrupt access to antenatal care, making it more difficult to detect and manage nutritional risk early in pregnancy.
- In crisis-affected areas across LAC, antenatal care coverage often drops below 60%, compromising nutrition screening and support.¹⁴
- In humanitarian situations, pregnant women access to nutrient-rich food, care and services is compromised which increase their risk of malnutrition, illness, and death.
- All pregnant women require nutritious diets containing adequate energy, protein, vitamins and minerals, along with adequate services and practices for optimal maternal and newborn outcomes.
- Pregnant women in emergencies are at high risk of anaemia and undernutrition, leading to complications such as preterm birth and low birth weight.
- Following the August 2021 earthquake in Haiti, at least 66 health facilities in the three most affected departments (Grand'Anse, Nippes, and Sud) were reported as damaged or destroyed, significantly hindering the delivery of health and nutrition services, including treatment for anaemia and other nutrition-related conditions.¹⁵



- Pregnant adolescent girls face a higher risk of malnutrition because they are still growing, and their nutritional needs may compete with the nutritional demands of pregnancy and impact their growth.
- Adolescent pregnancy rates in LAC are among the highest globally, and young mothers in crisis-affected settings face compounded nutritional risks, including low weight gain and micronutrient deficiencies.¹⁶
- In crisis, every pregnancy becomes high-risk, and every safe birth becomes a milestone of resilience.

- Recommended nutrition-specific interventions targeting pregnant women¹⁷:
 - Weight monitoring and nutrition counselling.
 - Micronutrient supplementation, such as iron and folic acid (IFA) supplementation and multiple micronutrient supplements (MMS) to prevent and treat maternal deficiencies and reduce risks of anaemia and prevent adverse pregnancy outcomes.
 - Deworming prophylaxis, in accordance with WHO and national guidelines, to reduce helminth-related anaemia and support maternal nutritional status in settings with high prevalence.
 - Screening and treatment of maternal anaemia using WHO-recommended methods.
 - Identification and support for undernourished pregnant women, with special attention to pregnant adolescent girls, and provision of balanced energy-protein (BEP) supplements.
 - Provision of small-quantity lipid-based nutrient supplements (SQ-LNS) where appropriate according to context (e.g. food insecurity) to improve birth outcomes.
 - Integration of maternal nutrition services into all emergency antenatal care delivery platforms, including fixed, outreach, and mobile services.



3.2. Breastfeeding Women

- UNICEF and the World Health Organization (WHO)/the Pan-American Health Organization (PAHO) recommend exclusive breastfeeding during the first 6 months of life followed by continued breastfeeding and the addition of complementary foods until 2 years of age and beyond.¹⁸
- Breastfeeding provides all the nutrients and water a baby needs for the first six months of life, and protection against infections. Colostrum, the breastmilk produced in the first days, is the first vaccine, or immunization.¹⁹
- Exclusive breastfeeding is the safest, most nutritious, and cost-effective response in crises, providing all the nutrients and hydration a baby needs without requiring clean water, fuel, or preparation, making it the safest and most reliable option in collapsed systems.²⁰
- Following Hurricanes Eta and Iota, only 26% of displaced infants were exclusively breastfed, increasing risks of disease and death of the remaining 74% of infants.²¹

- Globally, scaling up breastfeeding could prevent more than 800,000 child deaths each year, especially from diarrhoea and pneumonia, even in emergencies.²²
- In resource-scarce and high-risk environments, lactating women may require targeted food support to meet energy and micronutrient needs.
- Protecting maternal nutrition during emergencies sustains breastfeeding, which is the safest feeding option in crisis settings.
- In Nicaragua, 32% of surveyed women reported challenges continuing breastfeeding in shelters post-hurricane Eta.²³
- Postpartum nutritional needs are elevated (+640 kcal/day), yet food rations in some LAC humanitarian responses provide less than 50% of daily energy and iron needs.²⁴
- Recommended nutrition-specific interventions targeting breastfeeding women:
 - Nutrition counselling.
 - Micronutrient supplementation, including IFA or MMS, to prevent and treat maternal deficiencies and reduce risks of anaemia.
 - Deworming prophylaxis, in accordance with WHO and national guidelines, to reduce helminth-related anaemia and support maternal nutritional status.
 - Identification and support for undernourished breastfeeding women, with special attention to adolescent girls, and provision of

balanced energy–protein (BEP) supplements.

- Provision of SQ-LNS where appropriate according to context (e.g. food insecurity) to support maternal nutritional status.



3.3. Infants and Young Children (0–2 Years)

- Infants and young children have very specific nutritional needs and have an underdeveloped immune system, making them susceptible to infections.²⁵
- In emergency situations, infants and young children are among the most vulnerable; they face risks from diarrhoeal diseases, pneumonia and undernutrition.²⁶
- Infants and children who are not breastfed are vulnerable to infection and to developing diarrhoea.²⁷
- Infant and young child feeding in emergencies (IYCF-E) programming must include safe spaces for breastfeeding, clear guidance against inappropriate formula use, and community outreach to dispel myths.²⁸

- Exclusive breastfeeding is protective but underutilized in LAC emergencies, only 38% of infants under 6 months are exclusively breastfed across the region.²⁹
- Infections (such as diarrhoea or pneumonia) can be fatal: in resource poor contexts non-breastfed children are more likely to die from pneumonia and diarrhoea than breastfed children.
- These risks are heightened in emergencies since there may be no clean water with which to make up infant formula or to clean bottles and teats.
- Infants are at the greatest risk if they are not breastfed and it is essential that newborn babies begin breastfeeding immediately after birth (within an hour) and are given only breastmilk.
- Breastmilk substitutes (BMS) should only be used as a last resort with the support of trained technical personnel.
- Recommended nutrition-specific interventions targeting children under 2:
 - Provide counselling to caregivers on infant and young child feeding (IYCF), including exclusive breastfeeding, and age-appropriate, responsive and safe complementary feeding.
 - Support exclusive breastfeeding for infants under 6 months and continued breastfeeding for children 6–23 months, providing practical assistance to overcome feeding difficulties, maintain lactation, and prevent unnecessary introduction of BMS.
 - Provide complementary food support for children 6–23 months, when

needed, ensuring that foods are nutrient-dense, appropriate for age, safely prepared, and paired with feeding education for caregivers.

- Identify infants who are not breastfed or cannot be breastfed and provide targeted, skilled support, including relactation assistance, wet-nursing and use of donor breastmilk, where culturally acceptable. Provide BMS and counsel caregivers only when the need is identified by the skilled professional who can guarantee and follow-up the safe and appropriate use of BMS following strict IYCF-E and CCC guidelines.

3.4. Children 6–59 Months

- Young children over 6 months are most vulnerable to malnutrition in emergencies.

If they do not receive an adequate food diversity and frequency they will rapidly become malnourished.

- Diarrhoeal diseases spike in emergencies, and non-breastfed infants are 10–15 times more likely to die from diarrhoea and pneumonia.³⁰
- In Honduras and Haiti, wasting rates among young children rose significantly after hurricanes and earthquakes, often exceeding emergency thresholds.^{31 32}
- Over 1 in 5 children in LAC still suffer from anaemia, particularly in food-insecure and crisis-prone areas.³³

- In Guatemala, nearly 47% of children under five are stunted, with rates often higher in communities recovering from hurricanes.³⁴
- In protracted crises or displacement, severe and chronic malnutrition often becomes more common and persistent, especially without regular nutrition screening and supplementation. Children with severe acute malnutrition (SAM) are up to 9 times more likely to die than their well-nourished peers.³⁵

Programmes must prioritize continuity of care, screening and treatment of child wasting must be maintained even when services are interrupted.

- Recommended nutrition-specific interventions targeting children 6-59 months:
 - Ensure access to age-appropriate nutrient-rich diets.
 - Provide deworming prophylaxis and micronutrient supplementation, including multiple micronutrient powders (MNPs) to prevent and address micronutrient deficiencies, where appropriate and aligned with national policies.
 - Conduct nutritional screening using Middle Upper Arm Circumference (MUAC) and/or weight-for-height, and bilateral edema detection to rapidly identify children with acute malnutrition.
 - Once identified, ensure timely referral and treatment of acute malnutrition in community- or facility-based services.



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3.5. School-Aged Children (5–9 Years)

- Children 5-9 years of age have high nutritional needs due to continued growth and development, particularly when they experience growth spurts.³⁶
- Physical, social and mental skills develop at a steady pace during middle childhood and children become much more capable of making decisions, maintaining sustained attention and making and following plans.³⁷
- In LAC, iron-deficiency anaemia contributes to poor learning outcomes, with up to 30% of school-aged children affected in some settings.³⁸
- Post-emergency assessments in the Dominican Republic and Ecuador revealed a 2–3 month lag in school attendance recovery due to illness and undernutrition among displaced children.³⁹

- School feeding programmes are often disrupted in emergencies, yet they are one of the most cost-effective platforms for delivering essential nutrition support in LAC.⁴⁰
- Hungry children can't learn. In emergencies, a school meal may be a child's only reliable food source.
- Recommended nutrition-specific interventions:
 - Nutrition education and counselling to promote healthy diets, adequate nutrient intake, and positive hygiene behaviours, strengthening family practices and supporting safe, nutritious diets during and after emergencies.
 - Provide deworming prophylaxis and micronutrient supplementation, including at minimum IFA to prevent and address micronutrient deficiencies, where appropriate and aligned with national policies.
- Nearly 20% of girls aged 15–19 in the LAC region are anemic, with rates higher in humanitarian contexts.⁴³ Access to iron, folic acid, and nutrition education is crucial to break the intergenerational cycle of malnutrition.
- Crises increase exposure to gender-based violence, early pregnancy, and dropout from school, all of which compound poor nutrition outcomes and intergenerational poverty.⁴⁴
- Emergency responses should recognize adolescent girls' unique needs, including menstruation, early pregnancy, and the increased demands of physical labor.
- Recommended nutrition-specific interventions targeting adolescents:
 - Nutrition education and counselling to promote healthy diets, adequate nutrient intake, and positive hygiene behaviors, strengthening family practices and supporting safe, nutritious diets during and after emergencies.
 - Provide deworming prophylaxis and micronutrient supplementation, including at minimum IFA to prevent and address micronutrient deficiencies, where appropriate and aligned with national policies.
 - Adolescent-friendly nutrition services in shelters, schools, and community centers, including screening for anaemia, counselling, and linkage to health and protection services.

3.6. Adolescents (10–19 Years)

- Adolescence, between the ages of 10 and 19 years, offers a second window of opportunity for physical and cognitive growth and development.⁴¹
- Adolescents in emergencies face increased nutritional and protection risks. In Central America, adolescent girls affected by displacement reported skipping meals to feed younger siblings.⁴²

4. Audience-Specific Messages

4.1. Policymakers

- Integrate NiE into national disaster preparedness and response plans as a standard component of emergency readiness.
- Adopt country-specific public policies that ensure rapid, coordinated, and nutrition-inclusive emergency response.
- Embed NiE within health, education, and social protection systems to accelerate delivery and reduce response fragmentation.
- Allocate dedicated domestic funding for NiE within annual budgets and national contingency plans.
- Legislate to ban unsolicited donations of BMS and enforce regulations that protect safe infant and young child feeding in crises, in line with the International Code of Marketing of BMS⁴⁵ and World Health Assembly Resolution 69.9.⁴⁶



4.2. Government, including Ministries of Health and disaster risk management agencies:

- Pre-position essential supplies in high-risk regions to prevent deadly delays and ensure rapid deployment of life-saving nutrition interventions such as micronutrient supplements, therapeutic foods and equipment for screening and treatment of acute malnutrition.
- Maintain a roster of trained health personnel ready for rapid deployment to support IYCF in emergencies, including assessment of feeding practices and provision of tailored counselling and assistance for each infant and young child.
- Institutionalize national protocols for IYCF-E, acute malnutrition management, and micronutrient supplementation for use in emergency response.
- Conduct simulation exercises and strengthen logistics, cold-chain, and supply chain mechanisms, as a preparedness measure to support NiE.
- Integrate nutrition preparedness into disaster risk management plans, strengthen multisectoral coordination, and enforce the International Code of Marketing of BMS⁴⁷ and World Health Assembly Resolution 69.9.⁴⁸

4.3. Donors

- Invest in NiE now to save lives and reduce future recovery costs - every \$1 invested in nutrition yields up to \$35 in economic returns.⁴⁹
- Increase access to flexible funding that can be released quickly during emergencies, enabling organizations working on the ground to respond without delays when needs arise.
- Recent UNICEF analyses in Latin America and the Caribbean show that emergency nutrition responses continue to be severely underfunded: across major recent crises, only 13–68 percent of required funding was mobilized, leaving funding gaps of up to 87 percent and preventing delivery of the full package of essential NiE interventions. As a result, more than half of targeted children under five and pregnant and lactating women were not reached with life-saving nutrition services in recent responses.⁵⁰
- Prioritize early financing for NiE- failing to fund nutrition early increases total response costs by 50% or more due to preventable complications and delays humanitarian recovery by an average of 6–12 months.⁵¹



- Make NiE a pillar of humanitarian investments, recognizing its role in accelerating recovery and protecting human capital.

4.4. Humanitarian Actors

- Position nutrition at the center of your emergency response strategy. It is not optional, it's foundational to survival and recovery.
- Establish or strengthen nutrition coordination platforms to ensure multisectoral action and mutual accountability across health, water, sanitation and hygiene, food security, and protection.
- Use UNICEF's CCCs to define clear nutrition roles and responsibilities across all phases of emergency response.
- Train and equip frontline responders in key NiE competencies, including IYCF-E, management of acute malnutrition, and maternal nutrition.
- Localize NiE delivery by investing in and empowering community health and nutrition workers, ensuring culturally appropriate and timely action.

4.5. Community Leaders

- Create and protect safe, supportive spaces for infant feeding in shelters, homes, and communal areas.
- Be the first line of defense for nutrition, mobilize your networks to ensure no child or caregiver is left behind by promoting safe infant and young child feeding practices, identifying families in need, and promptly

referring cases of feeding difficulties or suspected acute malnutrition to trained health personnel for specialized support.

- Identify experienced breastfeeding mothers within the community and organize a peer-support network to assist caregivers facing feeding challenges. Ensure these peer supporters are linked to health services for guidance and encourage regular group or one-on-one sessions where mothers can share practical tips, emotional support, and refer any cases of feeding difficulties or suspected malnutrition to trained health personnel.
- Host regular open discussions on nutrition to create safe spaces for families to share concerns and learn accurate information. Use these sessions to challenge harmful practices, such as discarding colostrum or introducing water and other foods too early and replace them with evidence-based guidance.
- Encourage caregivers to seek help promptly when facing feeding difficulties and provide clear referral pathways to trained health personnel for specialized support.
- Enable communities to cope with and recover from emergencies by leveraging their own cultural practices, food systems, and social networks to maintain safe and adequate nutrition for infants, young children, and pregnant/lactating women, including:
 - Map traditional practices that support maternal and child nutrition (e.g., breastfeeding norms, postpartum care, local complementary food recipes, food preservation techniques).
 - Validate these practices with health/nutrition professionals to ensure safety and alignment with emergency standards.
 - Engage respected figures (elders, faith leaders, women's groups, traditional birth attendants) to champion positive feeding behaviors.
 - Use existing social structures (community committees, shelters, informal groups) to spread accurate information and counter harmful rumors.
 - Organize community cooking demonstrations using locally available, nutrient-rich foods for children 6–23 months, while encouraging safe food storage and hygiene practices adapted to emergency conditions.
 - Support breastfeeding-friendly cultural practices (e.g., postpartum support circles, peer counselling).
 - Pair experienced mothers with those struggling to breastfeed or feed young children.
 - Create mother-to-mother groups in shelters or community spaces for shared learning and emotional support.
 - Link families to health and nutrition services for specialized care.
 - Report challenges (e.g., lack of safe water, harmful feeding practices) to local authorities or humanitarian partners.

5. Key Message By Theme

5.1. Infant and Young Child Feeding in Emergencies (IYCF-E)

- Exclusive breastfeeding for the first six months, followed by continued breastfeeding with appropriate complementary foods until age two or beyond, supports optimal immune function, growth, and cognitive development, even during crises.⁵²
- Breastfeeding is the safest, most reliable source of infant nutrition in emergencies, requiring no clean water, no fuel, and offering immune protection.⁵³
- In emergencies, breastmilk plays a critical role in infant survival by providing safe nutrition and immune protection when health and food systems are disrupted.⁵⁴
- In LAC, exclusive breastfeeding rates remain below 40%, and conflict, migration, or natural disasters often cause sharp declines.⁵⁵
- Stress and disruption of daily routines during emergencies pose new challenges for breastfeeding women, increasing the need for assistance.
- Promote, support and protect breastfeeding during emergencies to safeguard child survival and maternal well-being.
- During the displacement crisis following Hurricanes Eta and Iota, only 26% of displaced infants were exclusively breastfed, leaving the majority at elevated risk of infection and malnutrition.⁵⁶
- Provide adequate support to non-breastfed infants including safe BMS, clean water, and caregiver counselling.
- Ensure timely and appropriate complementary feeding practices for children 6–24 months using locally available nutrient-dense foods.
- Emergencies often lead to displacement. It may be difficult for mothers to find comfortable, private places to breastfeed, and gaps in breastfeeding support can lead to sharp declines in exclusive breastfeeding rates.
- Unregulated distribution and donations of breast-milk substitutes during emergencies — often driven by unclear institutional protocols and weak enforcement of the International Code — can undermine breastfeeding, heighten exposure to unsafe feeding practices, and increase the risk of disease and mortality among infants.⁵⁷
- BMS must only be provided under strict criteria to infants under 6 months, following an individual assessment of



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need, and distributed by trained personnel as part of a managed and monitored programme to ensure safe preparation and use, and regular monitoring the health and nutrition of the infant.

- Uncontrolled donations of infant formula during emergencies violate humanitarian principles and can endanger lives. Such donations often lead to indiscriminate distribution without proper assessment, safe preparation guidance, or follow-up, increasing the risk of contamination, diarrhoea, malnutrition, and undermining breastfeeding practices that are critical for infant survival.

- IYCF-E programming should⁵⁸:

- Promote, protect, and support breastfeeding through family and community outreach.
- Establish and safeguard breastfeeding-friendly spaces while ensuring privacy, protection, and respect for maternal dignity.
- Support caregivers under stress with mental health, psychosocial assistance, and individualized feeding counselling.
- Ensure access to age-appropriate, nutrient-dense complementary foods, using locally available ingredients where feasible, and pair with caregiver guidance on safe preparation and feeding.



5.2. Nutrition in Emergencies and Climate Resilience

- As climate shocks become more frequent, NiE must be recognized not just as a humanitarian response, but a cornerstone of climate resilience for protecting vulnerable populations from climate-related shocks.
- Climate-related disasters heighten malnutrition risks. Nutrition interventions, such as micronutrient supplementation, breastfeeding support, and growth monitoring, are among the most cost-effective strategies for reducing vulnerability to climate shocks.
- Climate-induced emergencies have the potential to worsen food insecurity and increase child wasting, especially in dry corridors of Central America and Caribbean Island states.
- NiE acts as a frontline defense: by maintaining essential nutrition services before, during, and after disasters, it helps mitigate long-term human and economic losses.

- Governments must recognize NiE as a climate-smart investment and integrate it into national climate adaptation, early warning, and disaster risk reduction frameworks. This means allocating climate finance to nutrition-sensitive interventions that protect vulnerable populations from climate-induced shocks and embedding nutrition indicators into early warning systems to trigger timely responses. By doing so, NiE becomes a cornerstone of resilience strategies, reducing mortality and long-term vulnerability while supporting sustainable, low-carbon practices such as breastfeeding and local food solutions.
- Strengthening local capacity to deliver NiE is critical for sustaining life-saving services when external support is delayed or limited. Building skills among local health workers, community volunteers, and institutions ensures continuity of screening, counselling, and treatment for malnutrition, while fostering resilience and ownership within the affected population.



5.3. Nutrition in Migration and Displacement

- LAC faces growing displacement due to conflict, insecurity, and climate; migrants and displaced populations face unique barriers to nutrition services.
- Displacement disrupts breastfeeding and access to safe, nutritious food; NiE is essential in migrant response plans.
- The LAC region hosts multiple protracted displacement situations (e.g., Venezuela, Northern Triangle) and is the second-largest region for migration-related humanitarian need.⁵⁹
- In Colombia, Ecuador, and Peru, Venezuelan migrant children are more likely to experience undernutrition and lower immunization rates than host populations.⁶⁰
- Displacement disrupts breastfeeding practices, severs access to child nutrition services, and limits maternal dietary diversity, especially in shelters or camps without appropriate services.
- NiE in migration settings must:
 - Ensure continuity of care through mobile outreach, hotlines, and portable nutrition kits.
 - Respect the rights and dignity of migrant women and children.
 - Partner with local health systems to avoid exclusion based on legal status.

5.4. Gender and Protection in Nutrition in Emergencies

- Women and girls are disproportionately affected by crises, facing food deprivation, early and forced marriage, sexual exploitation, and disrupted access to health and nutrition services.
- Adolescent girls, pregnant women, and breastfeeding mothers have unique and elevated nutritional needs. Ignoring these needs in emergencies deepens existing inequalities and compounds risks.
- Gender-responsive NiE programming means designing and delivering interventions that address the different needs, roles, and barriers faced by women, men, girls, and boys. This includes ensuring safe spaces for breastfeeding, involving women in decision-making, and considering gender dynamics in access to food, care, and information to reduce inequalities and protect vulnerable groups.
- Gender-responsive NiE programming can reduce exposure to exploitation, early pregnancy, and gender-based violence by providing safe, supportive environments and essential services.
- In LAC, adolescent girls reported trading food for safety or shelter in shelters without adequate protection protocols.⁶¹
- NiE must go beyond nutrition, it must promote safety, empowerment, and dignity for women and girls. Involving women and adolescent girls in the design, delivery, and monitoring of NiE interventions improves relevance, coverage, and trust, especially in contexts of displacement or instability.



- Protecting maternal and adolescent nutrition during emergencies is not only lifesaving, it is foundational for breaking cycles of malnutrition, poverty, and inequality.
- Gender-responsive NiE programming includes:
 - Gender-responsive and protection-integrated NiE increases equitable coverage of services for adolescent girls and women.
 - Safe, accessible spaces for maternal, infant, and young child nutrition in shelters strengthen protection and health outcomes.
 - Integrating gender and protection considerations builds community trust and ensures culturally appropriate NiE services.
 - Women's leadership and meaningful participation in NiE design and delivery improve targeting, uptake, and sustainability.

5.5. Systems Strengthening through Nutrition in Emergencies

- Emergencies expose and amplify weaknesses in nutrition systems; NiE is both a response and a system-building opportunity.
- NiE investments in training, data systems, and community platforms build capacity that strengthens long-term delivery of NiE interventions.
- Embedding NiE in national plans and early warning systems increases country readiness and reduces future costs.
- In LAC, localizing NiE has shown strong results. In Haiti, partnerships with women's cooperatives improved the distribution of ready-to-use therapeutic foods (RUTF) in remote communes post-earthquake.⁶²
- Scaling NiE within national protocols enables faster responses and more resilient systems.
- **Investing in NiE builds stronger, more resilient systems:**
 - A trained and ready community health workforce capable of delivering life-saving nutrition services before, during, and after crises, including screening for acute malnutrition, supporting breastfeeding and complementary feeding, providing micronutrient supplementation, and linking families to essential health and protection services.



- Early warning and risk-monitoring systems that detect nutrition deterioration before it becomes life-threatening, through routine MUAC screening, anaemia monitoring, surveillance of feeding practices, and integration with food security and disease-outbreak data.
- Coordination platforms that link nutrition, health, social protection, and disaster risk management sectors for faster, more coherent emergency response, ensuring unified protocols, streamlined decision-making, harmonized messaging, and effective resource mobilization.
- Enhanced accountability and community feedback mechanisms, enabling families, including women, adolescents, and marginalized groups, to shape NiE services and report barriers or risks.

5.6. Economic Impact

- NiE is one of the smartest crisis investments governments and donors can make: it saves lives now, protects human capital, and pays for itself many times over through avoided health costs, higher productivity, and faster recovery.⁶³
- Undernutrition reduces productivity and increases healthcare costs, and malnutrition in early childhood leads to:
 - 10% lower earnings in adulthood.⁶⁴
 - Increased healthcare costs (from repeat illnesses and poor pregnancy outcomes).
 - Education system strain due to learning delays and school dropout.
- Investing \$1 in proven nutrition interventions yields returns of \$16 to \$35, primarily due to increased productivity, reduced healthcare costs, and enhanced cognitive development in children.⁶⁵
- Underfunding NiE not only costs lives but also leads to higher healthcare expenditures, greater reliance on social protection systems, and lost economic potential for entire generations.
- Early investment is cost-saving - rapidly funding NiE interventions during emergencies reduces the need for costly recovery measures, preventing long-term malnutrition that is expensive, and sometimes impossible, to reverse.
- NiE serves as a crisis-to-resilience investment: Funds allocated to NiE build stronger health and food systems, trained local workforces, and data infrastructure that benefit communities beyond immediate emergencies.
- Investments in NiE can catalyze leverage often triggering additional domestic and multilateral resources by demonstrating cost-effectiveness and rapid impact.
- The cost of not delivering timely NiE interventions is associated with higher long-term spending (e.g., emergency health care, social protection) and loss in economic productivity, totaling hundreds of millions USD in future losses per crisis.
- Investing in NiE helps stabilize future markets, improves workforce quality, and supports the economic resilience of regions where companies operate or source labor.
- Undernutrition reduces individual earnings by up to 10% annually, and countries can lose up to 3% of GDP due to poor childhood nutrition.⁶⁶
- The cost of not breastfeeding is enormous: countries lose an estimated \$302 billion each year in cognitive losses, higher healthcare spending, and reduced productivity due to inadequate breastfeeding.⁶⁷
- Failure to protect, promote, and support breastfeeding during emergencies amplifies child illness, preventable mortality, and long-term human capital losses. Evidence from the 2017 Mexico earthquakes shows that weak enforcement of the International Code of Marketing of Breastmilk Substitutes and unregulated formula donations undermined breastfeeding practices during the crisis.⁶⁸

6. Supporting Content and Tools

Effective NiE programming relies not only on technical interventions but also on clear, compelling communication and practical tools that drive action. This section provides resources to strengthen advocacy, inform decision-making, and support frontline implementation. From data snapshots that illustrate the scale of malnutrition to real-life testimonials that humanize the response, these materials aim to mobilize stakeholders and ensure timely, coordinated efforts. Social media messages amplify urgent calls for funding and dispel harmful myths, while checklists equip teams with essential steps for NiE preparedness and response. Together, these tools help translate evidence into impact for children and caregivers in crisis settings:

Data Snapshots:

- Regional NiE indicators (e.g., anaemia, stunting, breastfeeding rates in crisis zones)
- Use visuals showing pre/post-crisis malnutrition data (e.g., post-Eta/Iota child wasting in Honduras and Guatemala)

Human interest stories: Quotes/ Testimonials:

- Frontline health worker stories (e.g., community workers supporting breastfeeding in shelters)
- Caregiver perspectives from emergency-affected zones (e.g., Venezuelan mothers in Colombia shelters)



Social Media Messages:

- Highlight urgent calls to fund NiE in LAC
- Feature evidence-based myths vs. facts on breastfeeding, formula, and child feeding in emergencies

Checklist for NiE Response:

- Pre-positioned supplies (RUTF, MMS, SQ-LNS)
- Community health worker and community mobilization tools
- Nutrition screening protocols and referral pathways
- Guidelines for integration into health, social protection, child protection, and food systems

7. Key Resources

UNICEF Core Guidance

1. UNICEF. *Procurement and Use of Breastmilk Substitutes in Humanitarian Settings*. 2023.
<https://www.unicef.org/documents/procurement-and-use-breastmilk-substitutes-humanitarian-settings>
2. UNICEF. *Nutritional Management of Non-Breastfed Infants in Emergencies: Case Studies*. 2023.
<https://www.unicef.org/reports/case-studies-nutritional-management-non-breastfed-infants-emergencies>
3. UNICEF. *Nutrition in Emergencies: Saving Lives Today, Strengthening Systems for Tomorrow*. 2021.
<https://www.unicef.org/media/97011/file/Nutrition-in-emergencies-Saving-Lives-Today-Strengthening-Systems-for-Tomorrow.pdf>
4. UNICEF. *Core Commitments for Children in Humanitarian Action (CCCs)*. 2020.
<https://www.unicef.org/documents/core-commitments-children-humanitarian-action>
5. UNICEF AGORA — NiE and IYCF-E Training Modules.
<https://agora.unicef.org/course/info.php?id=22555>

IFE / IYCF-E Global Guidance (IFE Core Group, ENN, GNC)

6. IFE Core Group. *Advocacy for Early, Safe and Appropriate Infant and Young Child Feeding in Emergencies (IFE-CG Support for Life-Saving Interventions)*. 2025.
https://www.ennonline.net/sites/default/files/2025-04/ife_cg_support_lifesaving_interventions_0.pdf
7. IFE Core Group. *Operational Guidance on Infant and Young Child Feeding in Emergencies (Version 3.0)*. 2017.
<https://www.ennonline.net/resource/ife/operational-guidance-infant-feeding-emergencies-og-ife-version-30-oct-2017>
8. IFE Core Group. *Operational Guidance on Infant and Young Child Feeding in Emergencies (Version 4.0)*. 2025. Available in English and Spanish.
<https://www.ennonline.net/resource/ife/operational-guidance-infant-feeding-emergencies-og-ife-version-40-2025>
9. IYCF-E Hub – Global Clearinghouse for IYCF-E Resources.
<https://iycfhub.org/>
10. IYCF-E Research Repository (ENN).
<https://www.ennonline.net/about/iycf-e-repository>
11. Save the Children. *IYCF-E Toolkit*.
<https://resourcecentre.savethechildren.net/toolkits/iycf-e-toolkit/>
12. GNC. *Nutrition in Emergencies Resource Library*.
<https://www.nutritioncluster.net/resources>

Data & Dashboards

13. UNICEF. *Child Nutrition Dashboard*.
<https://data.unicef.org/topic/nutrition/>
14. WHO, UNICEF & World Bank. *Joint Child Malnutrition Estimates (JME) – Global Database*.
<https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates>

Learning Platforms & Technical Exchanges

15. ENN. *Field Exchange – Real-World Learning from Nutrition in Emergencies*.
<https://www.ennonline.net/fex>



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References

1. **Victora, C. G., et al.** 2021. Revisiting maternal and child undernutrition in low-income and middle-income countries: Progress, setbacks, and future priorities. *The Lancet*, 397(10282): 1388–1399.
2. **United Nations Children’s Fund (UNICEF), Pan American Health Organization (PAHO) and World Food Programme (WFP).** 2023. *Regional overview of food security and nutrition in Latin America and the Caribbean 2023: Towards sustainable and resilient agri-food systems*. Santiago: United Nations.
3. **United Nations Children’s Fund (UNICEF) and World Health Organization (WHO).** 2023. *Levels and trends in child mortality 2023*. New York/ Geneva: UNICEF/WHO.
4. **Black, R. E., et al.** 2008. Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet*, 371(9608): 243–260.
5. **Black, R. E., L. H. Allen, Z. A. Bhutta, L. E. Caulfield, M. de Onis, M. Ezzati, C. Mathers and J. Rivera; Maternal and Child Undernutrition Study Group.** 2008. Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet*, 371: 243–260.
6. **World Health Organization (WHO), World Food Programme (WFP) and United Nations Children’s Fund (UNICEF).** 2007. *Preventing and controlling micronutrient deficiencies in populations affected by an emergency: Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months*. Geneva: WHO.
7. **World Health Organization (WHO), World Food Programme (WFP) and United Nations Children’s Fund (UNICEF).** 2007. *Preventing and controlling micronutrient deficiencies in populations affected by an emergency: Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months*. Geneva: WHO.
8. **Global Nutrition Cluster (GNC) and United Nations Children’s Fund (UNICEF).** 2023. *Quick Guide for Maximizing Early Childhood Development within Nutrition in Emergencies Programmes*. New York: UNICEF.
9. **United Nations Children’s Fund (UNICEF).** 2024. *No Time To Waste: 2024 Update and Call to Urgent Action*. New York: UNICEF.
10. **United Nations Children’s Fund (UNICEF).** 2025. *The Cost of Inaction: The consequences of underfunded emergency nutrition responses in Latin America and the Caribbean*. Panama City: UNICEF LACRO.

- 11. United Nations Children's Fund (UNICEF).** 2020. *Wasting: A Concern for Every Child*. UNICEF Media for Global Nutrition Monitoring. New York: UNICEF.
- 12. United Nations Children's Fund, Latin America and Caribbean Regional Office (UNICEF LACRO).** 2022. *Nutrition in emergencies: Regional lessons from the Hurricanes Eta and Iota*. Internal report.
- 13. Black, R. E., et al.** 2013. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890): 427– 451.
- 14. United Nations Children's Fund, Latin America and Caribbean Regional Office (UNICEF LACRO).** 2022. *Nutrition in emergencies: Regional lessons from the Hurricanes Eta and Iota*. Internal report.
- 15. Pan American Health Organization (PAHO).** 2021. *Haiti Earthquake Situation Report No. 5 (27 August 2021)*.
- 16. United Nations Population Fund (UNFPA), Latin America and Caribbean Regional Office.** 2021. *Accelerating progress to reduce adolescent pregnancy in Latin America and the Caribbean*. Available at: lac.unfpa.org/en/publications.
- 17. United Nations Children's Fund (UNICEF).** 2020. *Core commitments for children in humanitarian action*. New York: UNICEF.
- 18. World Health Organization (WHO) and United Nations Children's Fund (UNICEF).** 2003. *Global strategy for infant and young child feeding*. Geneva/New York: WHO/UNICEF.
- 19. World Health Organization (WHO).** 2023. *Infant and young child feeding: Fact sheet*. Geneva: WHO.
- 20. United Nations Children's Fund (UNICEF) and World Health Organization (WHO).** 2018. *Breastfeeding in emergency situations: Advocacy brief*. Global Breastfeeding Collective.
- 21. United Nations Children's Fund, Latin America and Caribbean Regional Office (UNICEF LACRO).** 2022. *Nutrition in emergencies: Regional lessons from the Hurricanes Eta and Iota*. Internal report.
- 22. The Lancet.** 2016. *The Lancet breastfeeding series*. Available at: www.thelancet.com/series/breastfeeding.
- 23. Save the Children Nicaragua.** 2021. *Rapid assessment of maternal and child nutrition in shelters post-hurricane Eta*. Regional partner data (available on request).
- 24. World Food Programme (WFP).** 2021. *Nutritional adequacy of food assistance in emergencies: LAC case studies*. Rome: WFP.
- 25. World Health Organization (WHO) and United Nations Children's Fund (UNICEF).** 2003. *Global strategy for infant and young child feeding*. Geneva/New York: WHO/UNICEF.
- 26. United Nations Children's Fund (UNICEF).** 2020. *Infant and young child feeding in emergencies: Programming guidance*. New York: UNICEF.

- 27. Sphere Association.** 2018. *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response*. Geneva: Sphere Association.
- 28. World Health Organization (WHO).** 2009. *Infant and young child feeding: Model chapter for textbooks for medical students and allied health professionals*. Geneva: WHO.
- 29. United Nations Children's Fund (UNICEF), Pan American Health Organization (PAHO) and World Food Programme (WFP).** 2023. *Regional overview of food security and nutrition in Latin America and the Caribbean 2023*. Santiago: United Nations.
- 30. World Health Organization (WHO) and Pan American Health Organization (PAHO).** 2020. *Infant and young child feeding: Guiding principles in emergencies*. Geneva: WHO.
- 31. United Nations Children's Fund (UNICEF).** 2022. *Honduras post-hurricane nutrition assessment report*. Available at: www.unicef.org/honduras/informes.
- 32. Pan American Health Organization (PAHO).** 2021. *Acute malnutrition in Haiti following earthquake and cholera*. Available at: www.paho.org/en/news
- 33. World Health Organization (WHO).** 2023. *Global anaemia estimates – Latin America and Caribbean region*. Geneva: WHO. Available at: www.who.int/publications/i/item/9789240076136
- 34. ENSANUT Guatemala.** 2022. *Encuesta Nacional de Salud Materno Infantil 2022*. Available at: www.segeplan.gob.gt
- 35. United Nations Children's Fund (UNICEF).** 2020. *Wasting: A Concern for Every Child*. New York: UNICEF.
- 36. World Health Organization (WHO).** 2019. *Human growth: A comprehensive review*. Geneva: WHO.
- 37. United Nations Children's Fund (UNICEF).** 2021. *The State of the World's Children 2021: On my mind – Promoting, protecting and caring for children's mental health*. New York: UNICEF.
- 38. World Health Organization (WHO).** 2023. *Global anaemia estimates – LAC region*. Geneva: WHO.
- 39. World Food Programme (WFP).** 2021. *Aftershock: Emergency response and school meal disruption in the Dominican Republic and Ecuador*. Rome: WFP.
- 40. World Food Programme (WFP).** 2022. *State of school feeding worldwide 2022 – LAC update*. Available at: www.wfp.org/publications/state-school-feeding-worldwide-2022
- 41. United Nations Children's Fund (UNICEF).** 2017. *Adolescent nutrition: A review of the situation in selected South-East Asian countries*. Bangkok: UNICEF Regional Office for South Asia.
- 42. Plan International.** 2022. *Adolescent needs in Central America's humanitarian crisis: Regional rapid assessment*. Plan International.
- 43. World Health Organization (WHO).** 2023. *Micronutrient deficiencies and anaemia among adolescent girls in Latin America and the Caribbean*. Geneva: WHO.

- 44. United Nations Population Fund (UNFPA), Latin America and Caribbean Regional Office.** 2021. *Adolescent pregnancy in Latin America and the Caribbean: A regional challenge.* UNFPA.
- 45. World Health Organization (WHO).** 1981. *International code of marketing of breast-milk substitutes.* Geneva: WHO.
- 46. World Health Assembly.** 2016. Resolution WHA69.9: Ending inappropriate promotion of foods for infants and young children. Geneva: World Health Organization.
- 47. World Health Organization (WHO).** 1981. *International code of marketing of breast-milk substitutes.* Geneva: WHO.
- 48. World Health Assembly.** 2016. Resolution WHA69.9: Ending inappropriate promotion of foods for infants and young children. Geneva: World Health Organization.
- 49. Global Nutrition Report.** 2022. *Global nutrition report 2022: Investment case for nutrition.* Global Nutrition Report.
- 50. United Nations Children's Fund (UNICEF).** 2025. *The Cost of Inaction: The consequences of underfunded emergency nutrition responses in Latin America and the Caribbean.* Panama City: UNICEF LACRO.
- 51. Office for the Coordination of Humanitarian Affairs (OCHA), Financial Tracking Service.** 2024. *Latin America and the Caribbean: Nutrition sector funding gaps.* United Nations.
- 52. World Health Organization (WHO) and United Nations Children's Fund (UNICEF).** 2003. *Global strategy for infant and young child feeding.* Geneva/New York: WHO/UNICEF.
- 53. IYCF-E Core Group.** 2017. *Infant and young child feeding in emergencies: Operational guidance, version 3.0.* Oxford: Emergency Nutrition Network.
- 54. United Nations Children's Fund (UNICEF).** 2018. *Breastfeeding: A mother's gift, for every child.* New York: UNICEF.
- 55. Pan American Health Organization (PAHO).** 2022. *Exclusive breastfeeding in Latin America: Current status and challenges.* PAHO.
- 56. United Nations Children's Fund, Latin America and Caribbean Regional Office (UNICEF LACRO).** 2022. *Nutrition in emergencies: Regional lessons from the Hurricanes Eta and Iota.* Internal report.
- 57. Vilar-Compte, M., Pérez Navarro, C., Burrola-Méndez, S., Sachse-Aguilera, M., & Veliz, P.** 2020. *Barriers and enablers of breast-feeding protection and support after the 2017 earthquakes in Mexico.* *Public Health Nutrition*, 24(8), 2286–2296. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10195463/>
- 58. IYCF-E Core Group.** 2017. *Infant and young child feeding in emergencies: Operational guidance, version 3.0.* Oxford: Emergency Nutrition Network.
- 59. United Nations High Commissioner for Refugees (UNHCR).** 2024. *Global trends: Forced displacement in 2023.* Geneva: UNHCR.

- 60. ACAPS.** 2023. *Venezuelan migration crisis: Nutrition needs in Colombia, Ecuador and Peru*. Geneva: ACAPS.
- 61. Plan International.** 2022. *Adolescent girls in emergencies: Voices from the Northern Triangle*. Plan International.
- 62. United Nations Children’s Fund (UNICEF) Haiti.** 2022. *Local nutrition partnerships in earthquake response*. Internal briefing note.
- 63. United Nations Children’s Fund (UNICEF).** 2020. *Nutrition in emergencies: Programming guidance*. New York: UNICEF.
- 64. Hoddinott, J., et al.** 2013. *The economic rationale for investing in stunting reduction*. Washington, DC: World Bank.
- 65. Shekar, M., J. Kakietek, M. D’Alimonte, et al.** 2017. *An investment framework for nutrition*. Washington, DC: World Bank.
- 66. Shekar, M., J. Kakietek, M. D’Alimonte, et al.** 2017. *An investment framework for nutrition*. Washington, DC: World Bank.
- 67. Rollins, N. C., et al.** 2016. Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017): 491–504.
- 68. Vilar-Compte, M., Pérez Navarro, C., Burrola-Méndez, S., Sachse-Aguilera, M., & Veliz, P.** 2020. *Barriers and enablers of breast-feeding protection and support after the 2017 earthquakes in Mexico*. *Public Health Nutrition*, 24(8), 2286–2296. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10195463/>

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January 2026

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