Understanding the Status and Drivers of Young Children’s Diets

Conducting a situation analysis
Purpose of the brief
This brief on Understanding the Status and Drivers of Young Children’s Diets: Conducting a situation analysis is a supplement to the UNICEF’s Programming Guidance on Improving Young Children’s Diets during the Complementary Feeding Period (2020). It aims to describe the key analysis components, questions and methods for designing and implementing a situation analysis on young children’s diets at the country level.

Intended audience
This brief is targeted towards nutrition programmers and other relevant sectoral staff in UNICEF country offices, programme managers and planners in governments and partners at the country level.
Poor quality diets play a central role in driving malnutrition in early childhood. Yet, despite a compelling evidence base that shows poor diets threaten children’s growth and development and hamper social and economic well-being, most children today – especially the youngest and most marginalized – are not being fed the foods they need to survive and thrive. In fact, two out of three young children worldwide are not even consuming the bare minimum diet they need to grow and develop to their full potential.

Interventions to improve young children’s diets must be implemented through the relevant systems that directly and indirectly impact the quality of young children’s foods and feeding practices, including food, health, water and sanitation and social protection systems.

To support countries in their efforts to improve young children’s diets, the Programming Guidance defines an Action Framework to facilitate programming (see Figure 1). The Action Framework is a tool to help countries identify and prioritize strategic actions for improving young children’s diets. Critically, the Action Framework recommends conducting a situation analysis as a first step towards identifying and analysing the context-specific drivers and determinants of poor diets during the complementary feeding period.²
**Why is conducting a situation analysis critical for improving young children’s diets?**

The poor quality of young children’s diets is a key driver of all forms of malnutrition (stunting, wasting, micronutrient deficiencies and overweight and obesity), yet we know too little about the barriers faced by policymakers, programme planners, service providers and families at policy, service delivery, community and household levels. To make necessary improvements to policies, programmes and behaviours, governments and their partners need data, information and evidence to assess and monitor children’s diets and make decisions on how to accelerate progress. Conducting a situation analysis can provide evidence-based insight into the drivers and determinants of young children’s diets specific to a geographical area or population of interest. These context-specific findings can help policymakers and programme planners identify and prioritize the strategic actions necessary to help families overcome the economic, political, social and cultural barriers preventing them from providing their children with enough safe, nutritious and age-appropriate food.

**Components of a situation analysis for young children’s diets**

Historically, situation analyses on young children’s diets have primarily focused on gathering information related to caregiver knowledge, child feeding practices and coverage of health sector actions. Situation analyses on young children’s diets often fail to ask the necessary questions or use appropriate methods to understand why children’s diets are suboptimal. Collecting the information on the determinants and drivers will improve the design and effectiveness of our actions to improve children’s diets.

In order to gather information on the wide range of determinants and drivers influencing young children’s diets, the UNICEF Programming Guidance recommends eight components for a comprehensive, context-specific situation analysis *(see Box 1)*. Together, these components help identify what and how young children are eating and improve understanding of the bottlenecks and barriers at the policy, institutional and household level.

In order to effectively investigate these components, the nutrition and health sectors must work more closely with non-health sector stakeholders to better understand and describe the range of drivers influencing children’s foods, food environments and feeding practices.

Deeper insights may require intensive, specialized and often costly formative research and data collection and analysis that are not always widely accessible. This brief encourages countries to start with the data available in each context. It provides references to more in-depth methods of data collection and analyses that can be done to gain greater insight into specific topics. While these more specialized approaches may not be accessible in all contexts, it is important to look for ways to build the capacities of country stakeholders to use the tools available to gain a comprehensive understanding of the drivers of children’s diets.

It may not always be feasible to include all eight recommended components of a situation analysis due to time, capacity and resource constraints at country level. As such, country teams should determine the most comprehensive situation analysis methodology possible in their given context and include all or a combination of the suggested components.

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**BOX 1**

**Recommended components of a situation analysis for young children’s diets**

1. Complementary feeding status, trends and predictors
2. Policy landscape of relevant sectors
3. Programme service delivery
4. Knowledge, attitudes and practices
5. Stakeholders mapping
6. Food consumption patterns, nutrient gaps and cost of diet
7. Barriers to accessing adequate complementary foods
8. Composition and marketing of locally and commercially prepared complementary foods
1. COMPLEMENTARY FEEDING STATUS, TRENDS AND PREDICTORS

**Purpose:** Data on what, when and how young children are fed help us track our progress, refine our strategies and hold ourselves and our governments accountable. The first recommended component of a situation analysis is to gather and examine data on the status of and trends in complementary feeding indicators and the underlying predictors. In addition to showing the current status, predictors and progress over time, analysis of these indicators can provide greater insight on the specific types of foods and drinks given to young children 6–23 months of age and disparities in children’s diets between geographic areas and/or population groups.

**Method:** Quantitative analysis of survey data.

**Data sources:** Standard indicators aligned to global recommendations for complementary feeding were recently revised by WHO and UNICEF. Details on these indicators can be found here. Since 2010, Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys have systematically collected this information to produce national (and in some instances, subnational) estimates on children’s diets. UNICEF gathers and assesses the quality of data for core indicators collected in line with standard indicator definitions from all over the world. These data on national status and trends are maintained by UNICEF in global databases and can be found here.

**Limitations:** Quantitative survey data alone are likely insufficient to understand why children are not receiving adequate nutritious foods. An overreliance on survey data can result in oversimplification of the problem, overlooking the complex factors that influence children’s diets but are not assessed in these surveys. Further, standard indicators do not exist for all recommended child feeding practices. The complexity of collecting data on responsive feeding, safe preparation of first foods, and age-appropriate amounts makes it difficult to assess these aspects using quantitative data. While quantitative data can provide preliminary insights into the predictors of complementary feeding, these data need to be complemented with qualitative data to better identify the household, community and institutional drivers that influence the food environment and the feeding choices of caregivers.

### Key Questions or Elements to Consider for This Analysis

| What is the current status of indicators on young children’s diets? | Use available data from DHS, MICS or national surveys to assess the current status of global standard indicators. |
| What are the trends in young children’s diets over time? | Where there are data available for multiple years, trend analysis for relevant indicators can help shed light on progress achieved over time. |
| What regions and/or households experience greater inequities or burden? | Young children’s diets are not all the same, even in the same country. National-level estimates can hide glaring inequalities between different geographical areas or populations. Where sample size allows, use existing data to investigate the status of (and trends in) children’s diet indicators by geographic area and/or population group. Consider investigation by subnational areas, socioeconomic status, mother’s education, area of residence, other social determinants relevant to the context (e.g., religion, caste) and other vulnerable subgroups (such as children with disabilities). If available data sources do not allow for disaggregation of indicators on young children’s diets, advocacy is required to ensure that future surveys are designed to allow for disaggregated analysis. |
| What do the data tell us about the key predictors of young children’s diets? | Various statistical methods can be used with large survey datasets to explore the key predictors of poor diets for young children. One common method is to develop multiple regression models that consider the differences among individuals and households surveyed and provide insight into what factors are more often associated with better (or poorer) quality diets for young children. Technical expertise from an academic or research institution is recommended to conduct and interpret the results of this type of analysis. |
2. POLICY LANDSCAPE OF RELEVANT SECTORS

**Purpose:** Deliberate policies and legal measures to protect and promote young children’s diets – and dedicated government budget lines to implement them and their related programmes – signal government commitment to improving the quality of children’s diets. An assessment of the policies available in the health, nutrition, water and sanitation, social protection and agricultural sectors can identify gaps and opportunities in the various sectoral policies, strategies, legislation, multi-sectoral plans, and coordination and accountability mechanisms that influence and guide actions to improve young children’s diets.

**Method(s):** Desk review of government policy and programme documents and/or key informant interviews with stakeholders from government ministries, United Nations agencies and civil society organizations.

**Data source(s):** National and/or subnational development policies and strategies; health and/or nutrition policies, strategies and legislation; non-health sector policies, strategies and legislation; policymakers in health and non-health-related sectors.

**Limitations:** Reviews of national and/or subnational policy and strategy documents can help establish strengths and weaknesses in the enabling environment for improving young children’s diets. While policies and strategies may state the priority actions to improve young children’s diets, the actual implementation of these actions must be investigated by other means. For example, the intent to rollout programming or legislation may exist in policy documents, but further investigation is required to assess the quality and scale of implementation.

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<th>KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS</th>
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| **Does the national nutrition policy/strategy include actions to improve young children’s diets?** | Where available, review commitments and actions outlined in national nutrition policy and strategy documents. Questions to consider:  
  + Do nutrition frameworks explicitly recognize the importance of addressing the quality of young children’s diets as part of broader efforts to reduce malnutrition in young children?  
  + Beyond stating the need to improve children’s diets, do policies and strategies make specific recommendations for how to improve them?  
  + How is political commitment being translated into actions across the relevant systems and allocated resources? Is commitment seen in the form of specific budget lines for improving young children’s nutrition? |
| **What legislation is currently in place that promotes quality diets for young children?** | Identify the existence (or absence) of legislation that influences children’s diets, including those that influence the availability and promotion of healthy or unhealthy foods. Questions to consider:  
  + Is there legislation that supports mothers to breastfeed through maternity protection laws? Is the legislation in line with the International Labour Organization recommendations?  
  + Is there legislation in place to limit private sector marketing of breastmilk substitutes (BMS) and unhealthy foods/beverages?  
  + Is there legislation that requires food fortification for specific foods, including foods targeted to children aged 6–23 months?  
  + Are there gaps in existing legislation that need to be narrowed and/or monitoring and enforcement activities that need to be strengthened? |
| **Do sector policies on health, agriculture, social protection, water, sanitation and hygiene (WASH), trade and others include actions to improve the diets of young children?** | Most nutrition and health policies/strategies mention children under 5 as an important target group. However, young children under 2 are less often considered in other sectoral policies. The Policy Landscape Checklist (see Box 2) provides a summary of characteristics that show the extent to which sectoral policies are considering young children’s diets. Beyond expressed commitment in national policies, it is also important to consider the level of institutional capacity to plan, finance and implement these policies. |
| **Is there coherence in the actions across policies from various sectors?** | In order to identify gaps or areas of overlap, assess the level of coherence in the priority actions on improving children’s diets across various sectors. This analysis can reveal if there is a need to formulate new policies or strengthen existing ones to ensure synergistic actions across different delivery systems. |
**BOX 2**

**POLICY LANDSCAPE CHECKLIST**

**Multi-sectoral nutrition policy, strategy, plans**
- Includes analysis of nutritional status and diets among children 6–23 months of age
- Includes the intent and priority actions to improve complementary feeding practices
- Monitoring and evaluation framework includes at least one quantitative target to assess progress in complementary feeding
- Multi-sectoral coordination structure exists for efforts to improve complementary feeding

**Legislation**
- Legal measures are in place to prevent the inappropriate marketing of BMS and complementary foods
- National policy exists to reduce the impact on children of marketing of unhealthy foods and beverages
- Mandatory legislation is in place for the fortification of foods consumed by families and young children (e.g., iodized salt, vitamin A-fortified oil, iron-fortified flour)
- Taxation of sugar-sweetened beverages exists

**Guidelines and standards**
- National food-based dietary guidelines include age-specific recommendations for children aged 6–23 months
- National standards for complementary foods are in place
- Codex Alimentarius standards for complementary foods (or equivalent national standards) are implemented nationally

**Agriculture and food sector policy, strategy, plans**
- Agriculture and/or food security policies, strategies or plans include the intent and priority actions to improve complementary feeding
- Agriculture sector policies encourage the production of diverse, nutrient-dense foods (fruits and vegetables, aquaculture, animal husbandry)
- Job descriptions and training (pre-service and in-service) of agriculture extension workers includes support for optimal complementary feeding practices
- Food system actions seek to increase access to and use of nutrient-dense foods at household level
- Social marketing of fortified complementary foods, micronutrient powders is undertaken

**Health sector policy, strategy, plans**
- Health policies, strategies or plans include the intent and priority actions to improve complementary feeding
- Complementary feeding is included in the minimum package of services for health facilities in national health policy
- Job descriptions and training (pre-service and in-service) of health facility workers include promoting, supporting or counselling on complementary feeding
- Infant and young child feeding (IYCF) programme guidance exists and is consistent with international guidelines
- Indicators on IYCF counselling for caregivers of children aged 6–23 months are included in the routine health information system
- Complementary feeding data from the routine health information system are monitored on a regular basis

**Social protection sector policy, strategy, plans**
- Social protection policies, strategies or plans include the intent to improve early childhood nutrition
- Social protection is included as an intervention to improve complementary feeding
- Maternity protection laws exist (covering duration of maternity leave; proportion of previous earning for maternity leave; source of maternity benefits; entitlement to breastfeeding breaks at work)

**WASH sector policy, strategy, plans**
- Nutrition policies, strategies or plans include the intent for WASH actions to improve water supply, sanitation and hygiene
- Nutrition policies, strategies or plans include the intent for WASH actions to ensure safe food hygiene, preparation, storage of complementary foods
- WASH sector guidance mentions complementary feeding specifically or includes messaging around use of safe food and water for young children

* This is an illustrative checklist for countries to adapt as per their context
3. PROGRAMME SERVICE DELIVERY

Purpose: A review of existing programme services delivered to children aged 6–23 months and their families is necessary to understand the extent to which these children are being targeted and reached with services. This review should also assess the monitoring systems available to track programme implementation and performance.

Methods: Desk review of policy and programme documents; key informant interviews with programme managers from government ministries, United Nations agencies and civil society organizations; analysis of programme monitoring data.

Data sources: National policy and strategy documents; programme implementation plans; health management information systems and/or other national information systems; programme monitoring reports; DHS, MICS or other national or subnational surveys; qualitative assessments of programme service delivery and/or quality.

Limitations: Programme coverage may be challenging to assess in the absence of quality monitoring data. Data on the quality of services provided are not often collected routinely or in programme evaluations. In the absence of existing information on quality of service delivery, additional data collection may need to be conducted to shed light on gaps and opportunities across sectors.

KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS

| What services are being delivered through the health system to children aged 6–23 months that influence the quality of children’s diets? | Assess the availability, targeting, implementation platforms and scale of services delivered through the health sector to promote young children’s diets. Review both health facility and community outreach services. Consider assessing the following services:  
+ Social and behaviour change communication, including:  
  • Individual counselling and/or group education on optimal IYCF practices  
  • Nutrition education activities that promote responsive parenting, responsive feeding, stimulation during early childhood and safe hygiene practices (including during preparation and feeding of complementary foods)  
  • Use of peer support groups to promote complementary feeding  
  • Use of mass media or social media to promote complementary feeding  
+ Growth monitoring and promotion  
+ Micronutrient supplementation, including micronutrient powders (MNP), lipid-based nutrient supplements, vitamin A and iron supplementation  
+ Provision and/or promotion of fortified complementary foods  
+ Treatment of moderate and severe wasting |
| What delivery platforms are being used to deliver these services? |
| Are there data available on the coverage of programme services for children aged 6–23 months? If yes, what do the data tell us? | Assess the availability of routine and/or monitoring data on the coverage of essential nutrition services that specifically target children aged 6–23 months and their caregivers. Potential data sources include:  
+ Nutrition indicators included in the health management information system (e.g., DHIS2)  
+ Nutrition programme reports, such as those on IYCF counselling, vitamin A supplementation campaigns, community-based management of acute malnutrition programmes, MNP programmes |
| Analyse available data to determine current status of (and trends in) coverage. |
**What factors may be influencing the quality, affordability and use of these programme services?**

Assess the quality, affordability and use of essential services available using routine and/or monitoring data identified or by conducting new research. Consider the following:

**Quality of services provided**
- Health worker knowledge and counselling skills related to children’s diets
- Training, supportive supervision, adequate human resources, reasonable workload for workers
- Prioritization of IYCF counselling for caregivers relative to other services

**Affordability and use of services**
- Cost of health and nutrition services, user fees
- Physical access barriers (distance to health facility, urban/rural location)
- Women’s decision-making power to seek out health/nutrition services
- Demand or perceived need for IYCF counselling services

**Are there any programme services for young children being delivered by agriculture, water and sanitation and social protection sectors?**

**Agriculture:** Assess availability and quality of efforts to increase household level production, storage, processing and use of diverse and nutrient-dense foods.

**Water and sanitation:** Assess availability and quality of programmes and services to integrate WASH-nutrition with explicit intention to improve the quality of diets of children aged 6–23 months.

**Social protection:** Assess availability, coverage and quality of social protection programmes and services with explicit intent to improve the quality of diets of children aged 6–23 months. Consider the following:
- Benefits and services that directly target young children and their diets, including cash-based approaches, food and/or micronutrient supplements, food vouchers, IYCF counselling services, nutrition education
- Subsidies that improve the affordability of nutritious foods among low-income parents with young children
4. KNOWLEDGE, ATTITUDES AND PRACTICES

**Purpose:** The feeding, care and hygiene practices of caregivers are key determinants of the quality of young children’s diets. To better understand these determinants, it is critical to explore caregiver knowledge, attitudes and practices, as well as underlying social, gender and cultural norms. Understanding the social and behavioural determinants that influence the quality and quantity of young children’s diets is essential to design context-specific policies and programmes intended to support families in overcoming barriers to improving young children’s diets.

**Methods:** Desk review of existing qualitative assessments (both organizational reports and published literature); primary data collection through focus group discussions and key informant interviews.

**Data sources:** National or subnational surveys and published research studies from local or similar contexts that assess caregiver knowledge, attitudes and practices.

**Limitations:** High-quality formative research and qualitative studies exploring key drivers of young children’s diets are rarely conducted. Further, they are often limited to a small geographic area, so their findings should be extrapolated with caution and complemented with other secondary data to gain a comprehensive understanding of social and cultural barriers.

**KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS:**

| What are the key behaviours and practices that either enable or hinder complementary feeding outcomes? | Review or collect information on household-level knowledge and practices that define children’s diets. Consider the following:  
| | ✤ Caregiver knowledge about recommended complementary feeding practices – assess information on knowledge of the importance of a diverse diet, how to prepare nutritious meals for young children, what foods are most nutritious and how to feed a child during/after illness.  
| | ✤ ‘Knowledge – practice’ gaps— assess links or gaps between caregiver knowledge on recommended child feeding guidelines and actual practices. Look for information on why caregivers may be unable or unwilling to put the recommendations into practice. |
| What are the social, gender and cultural norms that enable or hinder complementary feeding outcomes? | Review or collect information on social norms, beliefs and taboos hindering adequate child feeding practices. Consider the following:  
| | ✤ Local or cultural food beliefs and taboos that influence what young children are fed, including limiting consumption of certain nutrient-dense foods.  
| | ✤ Local family eating patterns that influence what foods are given to young children and when and how young children are fed.  
| | ✤ Local perceptions of processed snack foods.  
| | ✤ Level of family member influence on how/what young children are fed, including mothers-in-law, fathers, other households or community members.  
| | ✤ Women’s freedom/autonomy to make decisions, purchase food, and seek out health and nutrition services.  
| | ✤ Influence of women’s time and work pressure on child feeding decisions. |
5. STAKEHOLDER MAPPING

Purpose: Many government- and non-government actors are involved in infant and young child nutrition activities, including through funding and technical support. Understanding which partners are working to improve young children’s diets, which interventions and actions they are implementing and where (geographic areas), can provide insight into the current response to the problem of poor diets in young children. This process of stakeholder mapping also allows for identification of gaps and opportunities for increased coordination and leveraging resources for collective action.

Methods: Stakeholder mapping exercise – a participatory process that builds consensus among stakeholders as to ‘who is doing what and where’ (see UN Nutrition’s tool here).

Data sources: Desk review of existing stakeholder mappings; new stakeholder mapping exercise.

Limitations: Stakeholder mapping reports may at times be narrow in geographic focus, limited to selected interventions or be out-of-date.

KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS:

| Who are the partners working on improving complementary feeding outcomes? | Identify a wide range of stakeholders who may have a role in shaping policy and programme decisions, delivering services or providing funding and technical assistance related to children’s diets. This can include government ministries and departments, international and local civil society organizations, academic and advocacy organizations, professional associations, United Nations agencies and multilaterals and donors. Further, private sector stakeholders (including large food processors, distributors and retailers, as well as small- and medium-scale food enterprises) should also be included in the mapping. Determine the role of each partner identified. Assess the extent of geographical and thematic overlap between these stakeholders and their role in funding, implementing and/or monitoring the policies and programmes identified in situation analysis components #2 and #3. |
| What is each partner doing? | + Are there existing platforms being used to coordinate actions on young children’s diets? If yes, is this platform able to effectively influence the agenda of children’s diets in your context? + If not, map the other existing platforms for coordinating nutrition actions and identify the most relevant platform that can be leveraged to coordinate actions to improve young children’s diets. Such platforms may include: the national nutrition coordination body under the Scaling Up Nutrition movement or stand-alone bodies (which are often government-led and multi-sectoral); IYCF alliance or network and working groups under the nutrition clusters. |
| What are the existing platforms to coordinate the work of various stakeholders? | + Which stakeholders/sectors are not currently engaged and may need to be invited to participate in future policy and programme discussions on children’s diets? + Are stakeholders directing adequate technical and funding support to programme efforts for improving young children’s diets? Which programme components are funded (such as: enabling environment, service delivery, supplies)? Where are the gaps? + Who are the donors or the current funding streams available for improving young children’s diets? Which other donors would be interested in investing in a multi-sectoral approach to improving young children’s diets? |

| What opportunities for partnership can be identified and leveraged to maximize reach and results? |  |
6. FOOD CONSUMPTION PATTERNS, NUTRIENT GAPS AND COST OF DIET

**Purpose:** To improve children’s diets, it is important to know what foods children aged 6–23 months eat on a regular basis and whether these foods meet the unique nutrient needs of this age group. Identifying the different food groups consumed by young children, the main limiting nutrients in their diets, and the nutrient-dense foods that are locally available and affordable for families can highlight key gaps in diets and/or food availability or acceptability. In emergency contexts, it is also important to understand pre-existing nutrient gaps versus those that have been exacerbated by the situation.

**Methods:** Quantitative data analysis via various tools designed to identify and assess nutrient availability and affordability, including: Cost of Diet (CotD), Optifood analysis, and Comprehensive Nutrient Gap Assessment (CONGA). See UNICEF’s Programme Guidance Annex 2 for a detailed list of tools, how they can be used and what data are required.

**Data sources:** DHS, MICS or other national surveys; data from various tools used (CotD, Optifood, CONGA or others).

**Limitations:** Analyses such as CotD or Optifood are usually subnational in scale and/or specific to a certain population. Thus, results may not be generalizable to an entire country. Nutrient gap and affordability assessments may require specific technical expertise.

### KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS:

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<td>What are the consumption patterns of different food groups for the 6–23-month age group?</td>
<td>Undertake analysis of standard indicators for children’s diets using survey data (DHS, MICS or other national or subnational surveys) to identify patterns in food group consumption in children aged 6–23 months.</td>
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<td>What are the limiting nutrients, foods or food groups in the diets of children aged 6–23 months?</td>
<td>The specific tools listed above can be used to identify nutrients that are sufficient or insufficient in the diets of young children in specific contexts. Additional questions that can shed light on limiting nutrients or foods are listed below.</td>
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| Is it possible to meet the nutrient needs of young children through fortified local foods? | + What is the prevalence of micronutrient deficiencies among young children in the country?  
+ What is the level of availability of these nutrients in the national food supply?  
+ What do household consumption and expenditure survey data tell us about the intake of these nutrients, both among children and families?  
+ What are the most nutrient-dense, locally available food sources for these nutrients? |
| What are the affordable food groups for this age group? | CotD tool could be used to identify locally available foods that meet energy, macronutrient and micronutrient needs for children at the lowest possible cost. This tool can also be used to assess the affordability of a nutritious diet. |
| Is there any local evidence on feasibility of using fortified complementary foods to fill nutrient gaps? | Use a combination of DHS and MICS survey data and programme design and/or monitoring information (including from other UN agencies and implementing partners) to assess the current consumption of fortified foods by infants and young children. Similarly, assess the availability, quality and scale of: |
| + Home fortification with MNP  
+ Targeted fortification of foods specifically for infants and young children, such as fortified cereals and infant porridges  
+ Fortified supplementary foods, such as fortified blended food (Super Cereal Plus), small-quantity lipid-based nutrient supplements (SQ-LNS)  
+ Large-scale fortified foods, such as iodized salt, iron-fortified wheat or maize flour, iron-fortified rice and vitamin A-fortified oil or sugar  
+ Biofortified crops, including staple cereals, roots and tubers, pulses and vegetables |
7. BARRIERS TO ACCESSING ADEQUATE COMPLEMENTARY FOODS

Purpose: The way that families are accessing food is changing and efforts to improve children’s diets need to address any context-specific access barriers. An assessment of barriers to accessing nutritious, safe, affordable and desirable complementary foods, both in markets and at household level, is necessary to identify priority actions for improving children’s diets.

Methods: Desk review of existing data and research studies; primary data collection, including key informant interviews and focus group discussions.

Data sources: Household Consumption and Expenditure Survey reports; Food Balance sheets; Euromonitor Market Research country reports and database; research reports; Food Systems Dashboard (link); families and food and agriculture sector staff.

Limitations: High-quality formative research and qualitative studies exploring the barriers to adequate diets are rarely conducted or are often limited to a small geographic area or specific population group.

KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS:

| Are there any barriers to availability and access to nutritious and safe complementary foods? | Assess food supply chain barriers by considering: |
| + Availability of nutrient-dense foods, including seasonal or geographic variability in production |
| + Formal versus informal sector dominance for certain food supply chains (e.g., eggs, poultry, dairy) |
| + Production quantity and quality of fortified foods, both those targeted specifically to infants and young children and large-scale programmes (staple foods, milk, salt and other condiments) |
| + Cost and availability of processed foods, such as milk-based formulas, commercial baby food and convenient ready-to-eat products |

| What are the barriers to access at market level? | Assess food environment barriers by considering: |
| + Availability of diverse, nutritious foods in both urban and rural markets |
| + Cost of nutritious compared to staple foods, including seasonal price fluctuations |
| + The prevalence of inadequate or misleading labelling of foods targeted to young children in the local context, based on the World Health Assembly (WHA) 69.9 Guidance (see Box 3) |
| + Food quality (processing, shelf-life, food composition) and food safety risks across the supply chain |

| What are the barriers to access at household level? | Assess personal and household factors that influence food choices and purchases by considering: |
| + Physical access to food, including distance to nearby markets or food outlets, mobility or transport barriers |
| + Household purchasing power |
| + Local factors influencing shifts in diets from traditional home-prepared foods to convenient processed foods, considering the relative time and effort of preparing, cooking and consuming food, as well as time allocation |
| + Convenience, desirability and acceptability of unhealthy/processed foods |

Research on this component can be further guided by recent work on food systems by UNICEF, found [here](#).
8. COMPOSITION AND MARKETING OF LOCALLY AND COMMERCIALLY PREPARED COMPLEMENTARY FOODS

Purpose: Prepared complementary foods designed specifically for infants and young children have grown in popularity over the years and are available in a range of products and forms. To address the growing use of these foods for young children, it is important to understand the extent of availability of commercially prepared complementary foods, the methods and targets of marketing practices for these foods and the perceptions of caregivers towards these foods.

Methods: Desk review; market surveys assessing availability of, and marketing and promotions for, commercially prepared complementary foods; media surveys; assessments of packaging, labels and claims on commercially prepared complementary foods; focus group discussions and key informant interviews with families. The Assessment and Research on Child Feeding (ARCH) website provides reports showing how these methods are used to assess the availability, promotion and perception of commercially prepared complementary foods, snacks and beverages.

Data sources: Research studies; household and market surveys; consumer and market research company databases.

Limitations: Research studies are rarely conducted on complementary foods and can quickly become out-of-date as new products are introduced in the market. Studies are often conducted in urban settings, which may not fully represent products available in rural areas.

KEY QUESTIONS OR ELEMENTS TO CONSIDER FOR THIS ANALYSIS:

| What commercial foods for infants and young children are currently available on the market? | Assess the availability of:
|  + Infant cereals and flours to make porridge – including those produced by both local and commercial companies
|  + Formula and other BMS – including toddler, follow-up and ‘growing-up’ milks
|  + Commercial snack foods – including biscuits, wafers, crisps and other ‘junk food’
|  + Sugar-sweetened beverages – including juice, smoothies and powdered drinks
|  + Nutrient-dense foods – including fruit/vegetable purees, yoghurt, meat- or fish-based meal

| What methods are being used to promote these products? |  + Assess methods used to promote the foods listed above, including claims on labels, ‘point-of-sale’ promotions, media (television, radio and Internet) advertising.
|  + Consider interviews with mothers/caregivers of young children to understand their perceptions of commercial foods and exposure to promotional ads and health worker promotions.

| How does the composition of commercially available food products compare with WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children or national food-based dietary guidelines? | Do the commercial complementary foods available in the country comply with the relevant national, regional and global standards for composition, safety, quality and nutrient levels? (See Box 3.)
**WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children** – Seven recommendations

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<td><strong>1 Optimal IYCF</strong> – Reference the Guiding Principles for Complementary Feeding of the Breastfed Child and place emphasis on the use of suitable, nutrient-rich, home-prepared and locally available foods that are prepared and fed safely.</td>
<td>Do country policies reference the Guiding Principles or at least reference the six essential elements of appropriate complementary feeding?</td>
</tr>
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<td><strong>2 Breastmilk substitutes</strong> – BMS products should not be promoted; the definition of BMS includes any milks that are specifically marketed for feeding infants and young children up to the age of 3 years (this includes follow-up formula and growing-up milks).</td>
<td>Does the definition of BMS in national laws and policies to reflect the guidance (i.e., covering products for children up to age 36 months and explicitly including follow-up/growing-up/toddler milks)?</td>
</tr>
<tr>
<td><strong>3 Adherence to established standards and guidelines</strong> – Foods for infants and young children should be promoted only if they meet standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines.</td>
<td>What guidance on complementary food products, such as food-based dietary guidelines and nutrient profile models, are available to guide decisions on foods inappropriate for promotion?</td>
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<tr>
<td><strong>4 Messages for the promotion of foods for infants and young children</strong> – Messages used to promote foods for infants and young children should support optimal feeding and should not include inappropriate messages.</td>
<td>Do policies that regulate messaging used to promote foods for infants and young children cover all the messages recommended in the WHO Guidance, including messaging on digital/online platforms?</td>
</tr>
<tr>
<td><strong>5 Avoidance of cross-promotion</strong> – Cross-promotion can be avoided by adhering to four key elements: i) packaging design; ii) labelling; iii) promotional materials used to promote complementary foods are different from those used for BMS; and iv) companies that market BMS refrain from promoting their complementary food products.</td>
<td>Does the current legislation include the reference to ‘cross-promotion’ for foods marketed for infants and young children? Does the current legislation prohibit cross-promotion through restrictions on at least one of the four cross-promotion elements (package design, labelling, materials and promotion) as per the WHO Guidance?</td>
</tr>
<tr>
<td><strong>6 Avoidance of conflict of interest</strong> – Companies that market foods for infants and young children should not provide free products, donate equipment to health facilities, give incentives to health care staff, etc.</td>
<td>Does guidance that addresses conflict of interest cover health workers, health facilities as well as NGOs and health professional associations?</td>
</tr>
<tr>
<td><strong>7 Implementation of WHO recommendations on the marketing of foods and non-alcoholic beverages to children</strong></td>
<td>Is there any policy to ensure that settings where infants and young children gather are free from all forms of marketing of foods high in fats, sugars or salt?</td>
</tr>
</tbody>
</table>
Endnotes


Acknowledgements

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