



Technical Rapid Response Team

Fact sheet on Infant and young child feeding practices assessment in emergencies



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The purpose of the fact sheet is to give basic principles of infant and young child feeding assessments in emergencies, including objectives, methodologies, indicators, and best practices. It embraces different types of assessments, such as rapid assessments and representative surveys, and different methodologies, such as household interviews and focus group discussions. It does not cover monitoring. The document points to resources with detailed guidance, which are listed at the end of the document.

The fact sheet can be useful to staff involved in planning and managing nutrition programmes in emergencies.

## Contents

1.	Why should I conduct an Infant and Young Child Feeding (IYCF) assessment in emergencies and what are the objectives?.....	2
2.	When should I conduct an IYCF assessment?.....	2
3.	Who is the target population?.....	2
4.	Where should I conduct an IYCF assessment?.....	2
5.	What methodology should I use?.....	3
6.	What indicators should I measure?.....	6
7.	How should I choose IYCF indicators to measure?.....	8
9.	Can I integrate IYCF assessment with anthropometric nutrition surveys, such as SMART?.....	9
10.	Knowledge, Attitudes and Practices surveys.....	10
11.	Where can I find questionnaires for IYCF assessment?.....	10
12.	How should I conduct interviews?.....	12
13.	What ethical issues should I be aware of?.....	12
14.	How many staff do I need to conduct an IYCF assessment?.....	14
15.	What considerations should be made for an IYCF assessment training?.....	14
16.	What software can I used for data processing and analysis?.....	15
17.	How to interpret IYCF assessment results?.....	15
18.	What should I budget for an IYCF assessment?.....	16
19.	Where can I get support on IYCF assessment?.....	16
20.	Additional information needed for planning an IYCF programme.....	17
21.	What should I do or not do?.....	17
22.	Where can I find the most important documents on IYCF assessment?.....	19
	Annex 1 Example of a quantitative questionnaire.....	22
	Annex 2 Qualitative questionnaire.....	16
	Annex 3 Example of inform consent.....	18

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## **1. Why should I conduct an Infant and Young Child Feeding (IYCF) assessment in emergencies and what are the objectives?**

IYCF-E assessment should be conducted to:

- Assess the impact of the emergency on IYCF practices and determine the likely scenarios and evolution of the situation, taking into account secondary information, including food security, health and WASH and overall response to the crisis;
- Determine the groups most affected or at risk in regards to IYCF practices;
- Assess the needs for IYCF in Emergency (IYCF-E) interventions and identify the most effective measures and programming methods to improve IYCF practices;
- Inform advocacy and support resource mobilisation by highlighting needs;
- Establish IYCF baseline data;
- Measure the evolution of IYCF practices through comparison of initial and follow on assessments. This can help evaluate programme effectiveness.

## **2. When should I conduct an IYCF assessment?**

- At the onset of an emergency;
- In the event of a change in the situation which might affect IYCF;
- During the implementation of an IYCF-E programme, periodic (regular) assessments assist evaluation of response effectiveness. They might be conducted at least yearly or at the end of the programme, depending on programme duration.

## **3. Who is the target population?**

- The target population is caregivers of infants and young children 0-23 months affected by an emergency;

## **4. Where should I conduct an IYCF assessment?**

- IYCF assessment can be conducted in various areas, such as administrative areas, health facility catchment population, camps for internally displaced persons (IDPs) or refugees, or livelihoods zones;

- Livelihoods can play a role on IYCF practices by influencing food security, availability and affordability of specific foods, and care practices;
- Conducting assessments in areas that are thought to be homogeneous in terms of IYCF practices will enable the design of a response that will benefit the most people in the area.

## 5. What methodology should I use?

- Secondary data, including results from previous assessments such as DHS, MICS surveys and NGOs surveys, assessments and programmes, should always be collected before undertaking an assessment. They provide general information about the situation and can avoid collecting primary data if the information already exists.
- Whenever possible, preferred methods for IYCF assessments are exhaustive or random-sampled surveys that are representative of the population.
- It is usually not possible to conduct this type of assessment at the acute onset of an emergency. In this case, a rapid assessment can give a rough indication of the IYCF situation.

### *IYCF surveys representative of the population*

- Whenever possible, it is recommended to conduct a household survey, interviewing caregivers of children 0-23 months, that is representative of the population of concern because it gives more robust data on the situation and allows comparison with subsequent surveys and surveys conducted in other locations. However these are usually not possible to conduct at the onset of an emergency and rapid assessments can then allow generation of quick information to start programming.
- The sampling methods to conduct a representative IYCF survey are the same as for anthropometric surveys, such as SMART: exhaustive surveys and random-sampled surveys, such as simple random sampling, systematic sampling and cluster sampling;
- The sample size needed should be calculated according to the objectives of the survey, the likely levels of the principal indicators you want to measure (determined from available data) and the precision desired. Sample size will be calculated differently if the objective of the survey is to assess the situation (one-off survey) or if it is to evaluate the difference between two surveys, for example to assess any change

in IYCF after programme implementation (see CARE guidelines and sample size calculation sheet in section 21 below);

- Focus group discussions (FGD) mainly aim at gathering qualitative information. They can be used before the household surveys to understand the IYCF environment and better define the indicators to be assessed. They can also be used during or after the household survey to put the results into perspective. FGD should also be representative of the population as far as possible (communities interviewed are randomly selected). It can be of interest to conduct FGDs among different groups, such as mothers, fathers, other family members, health workers, and community leaders, to see any differences and levels of influence. The number of FGD to conduct is difficult to determine because, ideally, they should be pursued: until no new information is gathered (also called saturation). Focus groups should preferably regroup six to ten participants that will feel comfortable talking together, e.g. people from the same socio-economic group, sex, or ethnicity.

### [Related documents and guidelines](#)

#### *Rapid assessments*

- FGD or individual interviews can be conducted during rapid assessments. The same questions can be used as in representative surveys but the sampling will only include easily accessible populations (also called convenient sampling) and the sample size will be small. This means that the results will not be generalisable to the entire population of the area but will give an insight of the situation among the population surveyed.
- FGDs allow the collection of a wealth of information from different people concurrently, saving time and resources. You might be able to conduct only a small number of FGDs. In this case, the categories of subjects to prioritise can be determined according to prior information on the likeliness of vulnerability of different groups and their influence in the care and feeding of infants and young children.
- If it is not possible to gather several people together, individual interviews can be conducted. There is no clear ideal number of interviews. Rather, the number of interviews will depend on the size of the area and the time and resources available for the assessment.

- Although the purpose of a rapid assessment is not to be representative of the population, caretakers included in the assessment should be randomly chosen as far as possible. In a village (or a town district), this can be done by going to the centre of the village, tossing a pen in the air and following the direction of the pen to the outside edge of the village. All the eligible subjects in the households to the right along a line in that direction should be measured until the required number is attained. If the required number of subjects is not reached when getting to the edge of the village, a new direction is chosen by tossing a pen and the inclusion of subjects continues as above.
- Snowball sampling can also be used. Snowball sampling means that, when you have identified a family with infants and young children, you ask the caretakers you are interviewing that they point you to another family where there are infants and young children, and so on. This allows saving time and resources but also can decrease the representativeness of the sample. For example, the families might point you to families they know so you might interview mostly families from the same wealth group.
- The subjects included in the assessment should preferably be well scattered within the targeted area. In a town, different districts should be included. In a larger administrative area, several villages should be included. For each district, or village, repeat the process described above. As far as possible, socio-economic disparities should be taken into account. Including both more and less affluent parts of an area will give an overall picture, while focusing on underprivileged districts will reflect the situation of the more vulnerable families.
- If time and security do not allow assessment in the community or the household, FGD or interviews can be conducted where the targeted population gathers, such as registration centres, food distributions, or health centres. In some settings, IT resources might be used to identify easily reachable target groups, such as caretakers through “mommy blogs” and to conduct computer-based rapid assessments, using on-line surveys for example. Be aware that data from those populations might be biased: represent only a specific group of population. For example, data gathered at health centres might overestimate IYCF problems as the health and nutritional status as well as feeding practices of the children attending health centres might be worse than that of the general population.

- Key informants such as health staff and community volunteers can also be interviewed. The interview should focus on the general understanding of the situation, IYCF practices and additional problems due to the emergency, for example, the use of breast milk substitutes or problems with breastfeeding or complementary feeding. The interview should not ask for specific numbers such as % of breastfed children that the key informants are unlikely to be able to provide.
- Direct observation can be useful as well. It can be:
  - Structured, where the observer is looking for a specific behaviour, object or event, for example breastfeeding, hygiene conditions in areas where artificial feeding is common, and type of food available for complementary feeding or conversely for its non-existence;
  - Unstructured where the observer is looking to see how things are done and what issues exist.

For example, transect walks where you walk along a defined path in the camp or village and observe the surroundings and people's activities, can give useful information.

#### [Related documents and guidelines](#)

## 6. What indicators should I measure?

- It is always better to use standard indicators which have been internationally agreed because they have been validated and they allow comparison with other contexts.
- As well as assessing current situation, it is also interesting to investigate changes that have occurred because of the emergency.

### *IYCF practices indicators*

- The indicators that should be used primarily are the IYCF practices indicators developed by WHO/UNICEF (see guidelines below). All of them might not be relevant depending on the situation and the objectives of the assessment.

They include fifteen indicators:

1. Early initiation of breastfeeding
2. Exclusive breastfeeding under 6 months
3. Continued breastfeeding at one year

4. Introduction of solid, semi-solid or soft food
5. Minimum dietary diversity
6. Minimum meal frequency
7. Minimum acceptable diet
8. Consumption of iron-rich or iron-fortified foods
9. Children ever breastfed
10. Continued breastfeeding at 2 years
11. Age appropriate breastfeeding
12. Predominant breastfeeding under 6 months
13. Duration of breastfeeding
14. Bottle feeding
15. Milk feeding frequency for non-breastfed children

➤ Depending on the situation and the objective of the assessment, other indicators might be assessed such as:

1. Frequency of breastfeeding
2. Change in breastfeeding frequency compared to pre-emergency
3. Reasons for difficulties with breastfeeding if any difficulties
4. Change in overall feeding practices compared to pre-emergency
5. Origin of breast milk substitute if any is used
6. Source of water for preparing breast milk substitute
7. Availability of facilities and supplies to prepare breast milk substitutes
8. Origin of the complementary food given to the child
9. Cup feeding

➤ In addition to IYCF indicators, you will need to record general information such as location, age, sex, status (e.g. refugee, displaced). It is especially important to determine age with accuracy as age will determine which children are included in the survey and whose data are used to calculate the different indicators.

### *IYCF-E programme coverage*

➤ An IYCF assessment might also be the opportunity to evaluate the coverage of on-going IYCF programmes. For example, in a response programme including behaviour

change inter-personal counselling, a question could ask if the caregiver has participated in any group counselling or has had any home-based counselling in the past month depending on the type of services offered.

### [Related documents and guidelines](#)

## 7. How should I choose IYCF indicators to measure?

- Indicators to measure should be based on an analysis of the situation, including pre-crisis data, potential impact of the emergency on specific IYCF practices and the gaps in information;
- Before establishing your questionnaire, you should:
  - Ask yourself the question: what do I want to know from the assessment?
  - List the indicators/information that are of interest to you;
  - Develop an analysis plan, including target population, indicators, sub-group analysis that might be interesting, etc;
  - From the analysis plan, develop your questionnaire.
- The indicators to assess will depend on the objectives of the survey, the context, gaps in information and the resources;
- Don't forget that a long questionnaire is time consuming both for the interviewees and the interviewers and the longer it is the higher the risk of respondent and interviewer fatigue and decrease in the quality of the responses. Therefore, the questionnaire should be kept to the minimum. You should not include indicators that are not relevant for the objectives of the survey or that can be obtained by other means.
- For example, the SENS UNHCR guidelines include the following WHO/UNICEF indicators from the above list because they are deemed to be the most important in the refugee context:
  1. Early initiation of breastfeeding
  2. Exclusive breastfeeding under 6 months
  3. Continued breastfeeding at 1 year
  4. Continued breastfeeding at 2 years
  5. Timely introduction of solid, semi-solid or soft foods
  6. Consumption of iron-rich or iron-fortified foods
  7. Bottle feeding in children aged 0-23 months

- In contexts where use of breast milk substitute is common, a larger number of indicators related to its procurement, use and preparation should be included in comparison to situations where use of breast milk substitute is rare.

## **8. Can I integrate IYCF assessment with multi-sectoral rapid assessment**

- Assessment of IYCF should be included in multi-sectoral rapid assessment such as the IASC multi-cluster/sector assessment
- Questions in multi-sectoral rapid assessments could include problems about feeding infants and young children, such as breastfeeding, care for non-breastfed infants and complementary food as well as questions related to infant formula, other milk products and/or baby bottles/teats

### [Related documents and guidelines](#)

## **9. Can I integrate IYCF assessment with anthropometric nutrition surveys, such as SMART?**

- IYCF assessment can be integrated with anthropometric surveys, such as SMART surveys, but there are a number of limitations due to the difference in target groups and required sample sizes. In addition, as staff and families tend to get tired if the survey is too long, integrating both surveys will increase the risk of measurements, response and recording inaccuracy.
- In circumstances where resources do not allow conducting separate surveys and an anthropometric survey is planned, measures of IYCF practices can be added to the anthropometric survey that can provide an initial rough appraisal of the IYCF situation but precision of the results will generally be low. UNHCR has developed a module for integration of IYCF assessments with anthropometric surveys with sampling and sample size based on the requirements for anthropometric surveys (see below).
- It is also possible to integrate IYCF and anthropometric assessment and to use the methodology developed for anthropometric surveys (population figures, sampling methodology and sampling frame) but at the same time expanding the target group to 0-6 month children and increasing the sample size of children 0-23 months so that precision is sufficient. In practice, this means that in households surveyed for the anthropometric measurements, 0-6 months children will be also surveyed and that

households with children 0-6 months but no older children will also be included in the IYCF assessment. As the sample size of children 0-23 months for the IYCF assessment will be higher than that for the anthropometric assessment, a higher number of households will be included in the IYCF survey.

## 10. Knowledge, Attitudes and Practices surveys

- Depending on the objectives of the assessment and the resources, adding questions about knowledge and attitudes towards IYCF will provide interesting information for designing a programme.
- It might also be used to monitor the effect of a programme on attitudes, practices and knowledge of the targeted population by comparing baseline and end line surveys.
- IYCF KAP assessments can be coupled with KAP surveys of other sectors, such as WASH or health, but the same limitations for target population, sample size and length of questionnaire as with SMART surveys apply.

## 11. Where can I find questionnaires for IYCF assessment?

- Standard questionnaires for IYCF assessment can be found in different guidelines (see below). Examples of quantitative and qualitative questionnaires are provided in Annex 1 and Annex 2, respectively.
- It is important to use standard questionnaires because they have been validated. However, you will need to adapt the questionnaire for foods and liquids commonly eaten in the survey area. It is also possible that a questionnaire adapted to your context has already been developed at local level – it may be preferable to use this if it has been validated by the nutrition working group / cluster.
- If you need to develop additional questions, remember that the questions should be written following some rules, such as: the question should be specific; should not be leading or judgemental; and should use simple words (see table below).
- Translation of questionnaires should be done carefully and back translation should be used to ensure accuracy.

### [Related documents and guidelines](#)

**Table: Examples of question formulations**

<b>Poorly formulated questions</b>	<b>Adequately formulated questions</b>	<b>Comment</b>
Do you currently breastfeed (NAME)?	Was (NAME) breastfed yesterday during the day or at night?	“Currently” is too vague. Might be interpreted as in the past 2 hours or past 2 days.
If you breastfed (NAME), how long did you wait to put your child to the breast?	Did you ever breastfeed (NAME)? How long after birth did you first put (NAME) to the breast?	Two questions in one. Not clear how the answer will be recorded for those not breastfeeding. Asking for the action, rather than for waiting time might be easier to recall.
Do you give the baby any solid foods?	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?	No mention of timing so could be interpreted as today yesterday, in the past week... To calculate the indicator, it is important to precise solid, semi-solid or soft food. “Do you give” means that the respondents might take into account only what they have given to the children, although the children might have been fed by other people.
With what frequency do you breastfeed (NAME)?	How many times yesterday during the day or at night did you breastfeed (NAME)?	The word frequency is too vague and might be difficult to interpret for the respondent. No mention of time, so could be interpreted, as today, yesterday, within last week...

## 12. How should I conduct interviews?

- It is important that the questions are asked as they are written to guarantee that the measurement method is reliable;
- Translation and back translation of the questionnaire should be done in advance to ensure standardisation and reliability; standard translations for terms such as exclusive breastfeeding may not exist in all languages and it is important to gain consensus on the translation to be used;
- Questionnaires should be piloted and any modification agreed with all the surveyors so that the methodology is as standardised as possible;
- Surveyors should be chosen according to the context. For example, male surveyors might not be adapted in some circumstances because female caregivers will not feel comfortable answering the questions. Religion and ethnicity might also need to be taken into account in some contexts;
- Surveyors should be well selected and trained so that they have an empathic attitude towards the respondent, can explain well the purpose of the assessment, can explain some questions that the respondents might not understand and can interpret the answers, in a standardised fashion.

## 13. What ethical issues should I be aware of?

- Informed consent of the respondent is always needed before starting any interview.
- No formal agreement from an ethical committee is generally needed to conduct an assessment that aims at informing programmatic humanitarian response, however, this might depend on the country of implementation and the organisation;
- Some ethical principles (listed below) need to be considered when conducting an IYCF assessment;
- Authorities, such as ministry of health, local authorities, and communities should be informed of the assessment.
- An assessment has always some cost. You should ensure that the results of the assessment will provide some benefits in informing the response. This does not mean that the results of the assessment will automatically lead to more humanitarian aid but that the assessment will have a significant added value for the design of the response.

### *Do no harm*

- You should consider and avoid any potential risk for the participants;
- In some circumstances, it might be better to avoid doing a survey and to collect information by other means instead. For example in some contexts, participants might be threatened by military/political parties if they participate in a survey, or the population might have resentment towards humanitarian action.
- Some risks associated with the survey might also be related, for example, to psychological distress when recalling traumatic experiences. As far as possible, surveyors should be trained in dealing with such situations and should be able to refer the participant to adequate services. In general, surveyors should always know where to refer participants of the survey for specific problems, such as medical, protection, etc.

### *Confidentiality*

- Data should be kept confidential, preferably by making the data anonymous: not collecting any details (such as names) that could allow participants to be identified;
- If the data collected include names or other identifying details, confidentiality should be ensured by keeping the research data secure at all times;
- If during an assessment, problems are identified and a family needs to be referred for support and their name written, this information should be recorded separately from the assessment.

### *Informed consent*

- In order to respect the principle of autonomy, informed consent from the participants must be sought. An autonomous choice means that the choice is made intentionally, with understanding and without controlling influences. An example is given in Annex 3.
- Participants must be given enough information, such as the purpose of the study, the type of information asked for and the length of the study, to make an informed choice about whether or not to take part in the study;
- Making the choice without controlling influence means that you should ensure that people are not put under pressure to participate (or not) by, for example, health staff, study staff, political/military parties or family members. The information sheet should

also clearly stipulate that the participation (or not) in the survey will not affect the potential support that people might receive. No controlling influence also entails that participants should not be induced to take part in the assessment by being given incentives.

#### [Related documents and guidelines](#)

### **14. How many staff do I need to conduct an IYCF assessment?**

- First, an overall survey coordinator is needed, who will have the competencies in designing the assessment methodology, calculating the sample size, developing survey questionnaires, adjusting the questionnaires, training and supervising teams, entering (clerks can also be employed to enter data) and analysing data and writing the report.
- In addition, interviewer teams will be needed. Each team should have one or two interviewers with at least one speaking interviewee language (for security reasons and to help with the child during interviews, it might be better to have two people per team).
- Four teams is the most manageable number of teams, but this may vary according to staff availability and duration allowed for the survey. It is recommended to limit the number of teams to six at a maximum.
- Things to watch out for:
  - The more surveyors, the more chances to have variability between interviewers;
  - Training, supervision and logistics are also more difficult;
  - It is critical to have good reliable team interviewers.

### **15. What considerations should be made for an IYCF assessment training?**

- A suitable venue must be determined that can accommodate all staff and facilitators for the duration of the training.
- A sufficient number of days must be allocated for the training. A typical IYCF assessment training could take 3-4 days (including field test) and up to 6

days if SMART anthropometry is included (including field test and standardization test).

- The main objectives of the training are to review the roles and responsibilities of each team member, provide sufficient time to practice implementing the questionnaire (role play and field test day) and ensure that teams can follow proper procedures when selecting households to maintain a representative sample (through in-class sessions and field test day).
- The main sessions of the training may include: training overview, survey teams, questionnaire, event calendar, field procedures, segmentation and random number table (if required for assessment), household selection method (simple/systematic depending on assessment), special cases, field test

## **16. What software can I used for data processing and analysis?**

- There is no specific software for IYCF data analysis. ENA for SMART does not include this functionality. However, any statistical software can be used to analyse these data, such as excel, EpiInfo, Stata;
- Some manuals give guidance on calculating indicators using excel or epiinfo (see below) and on reporting format.

[Related documents and guidelines](#)

## **17. How to interpret IYCF assessment results?**

- Special circumstances should be taken into account in the interpretation, such as seasonality that might affect availability and affordability of some food as well as the care practices.
- Results can also be compared with
  - results of other assessments conducted in the country, including DHS and MICS surveys;
  - results of previous surveys if available;

[Related documents and guidelines](#)

## 18. What should I budget for an IYCF assessment?

An IYCF assessment budget should include:

- Staff costs, including salary, per diem, accommodation costs and other expenses;
- Translation costs;
- Logistics, mainly transport to the assessment areas;
- Materials: stationary, computer, hard copies of questionnaires or tablets to enter data, analysis software, voice recorders for FGDs/KII;
- Security, communications and branding materials (e.g. t-shirts, ID cards)

## 19. Where can I get support on IYCF assessment?

- Each organisation might have its own technical referees.
- At global level, support can be sought from various sources, including:
  - Technical Rapid Response Team<sup>1</sup>: This mechanism allows for the deployment of technical experts in IYCF-E and in assessment for up to 6 weeks. They can be requested and deployed to any organisation as long as their assignment will benefit the entire humanitarian nutrition response in the country. Contact: [techrrt@internationalmedicalcorps.org](mailto:techrrt@internationalmedicalcorps.org)
  - Technical Support Cell: This cell is composed of NGO and UN staff and can provide remote technical guidance on IYCF surveys and assessments, such as methodology, questionnaire, data analysis, interpretation, and identification of external resources if needed. Contact: [iycfe.tech.cell@gmail.com](mailto:iycfe.tech.cell@gmail.com)
  - En-net: this forum allows you to ask questions on IYCF assessments that will be answered by your peers. [www.en-net.org](http://www.en-net.org)

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<sup>1</sup> <http://www.techrrt.org/>

## 20. Additional information needed for planning an IYCF programme

- When planning for an IYCF programme, there is a variety of information that needs to be collated or collected as part of formative research to inform programme design. Data from the IYCF assessments described above are important information but they need to be complemented with additional information, such as availability, affordability and price of nutrient-dense foods or barrier-analysis aiming at identifying barriers and enablers for designing social and behaviour change communication (SBCC) programmes. This is not described in detail here as it is beyond the scope of this fact sheet.

## 21. What should I do or not do?

### *Do's*

- Conduct IYCF assessment immediately after the onset of an emergency and when significant changes occur that may impact IYCF behaviours;
- Conduct IYCF surveys representative of the population whenever possible;
- Prepare for potential IYCF assessment before an emergency strikes, such as gathering and regularly updating background data, pre-identifying indicators and questions and training assessment team(s);
- Include a budget for IYCF assessments in proposals and preparedness plans and plan IYCF assessments in advance whenever possible;
- Take into account ethical considerations;
- Use standard indicators and questionnaires;
- Test questionnaire and translation;
- Train interviewers adequately;
- Use IYCF assessment results to inform response planning;
- Develop a dissemination plan to ensure all relevant stakeholders, including the community, have access to the results as is appropriate.

### *Don'ts*

- Conduct an assessment without proper planning and design
- Develop a questionnaire before listing the indicators/information that are of interest to you and developing an analysis plan;

- Invent your own questions when standard questions already exist;
- Include questions that will not be of use for programme planning;
- Use a questionnaire that is too long;
- Lose site of the objective of your assessment
- Use non random sampling methodologies when it is possible to do otherwise;
- Insufficiently train assessment staff;
- Have too many assessment teams;
- Put assessment participants or staff at risk.

22. Where can I find the most important documents on IYCF assessment?

<p>Methodology for surveys representative of the population, including sampling and sample size</p>	<p><b>Main</b></p> <p><a href="#">CARE (2010) Infant and Young Child Feeding- Collecting and Using Data: A Step-by-Step Guide.</a></p> <p><a href="#">CARE (2010) Sample size calculation spreadsheet</a></p> <p><a href="#">UNHCR (2013) Standardised Expanded Nutrition Survey (SENS) guidelines – Pre Module: Survey steps and sample.</a></p> <p><b>Additional</b></p> <p><a href="#">MSF (2002) A guide to using qualitative research.</a></p> <p><a href="#">DFID and Evidence for Action (2007) Introduction to qualitative research methodology.</a></p> <p><a href="#">IYCF-E Tool Kit, in References, Determine the needs.</a></p>
<p>Methodology for rapid assessments</p>	<p><a href="#">IYCF-E Tool Kit, in Core tool kit, Key Implementation Resources, and References, Determine the needs.</a></p> <p><a href="#">MSF (2002) A guide to using qualitative research.</a></p> <p><a href="#">DFID and Evidence for Action (2007) Introduction to qualitative research methodology.</a></p>
<p>Indicators, questionnaires and data collection</p>	<p><b>Main</b></p> <p><a href="#">WHO/UNICEF (2010) Indicators for assessing infant and young child feeding practice- Part 1 Definition</a></p> <p><a href="#">WHO/UNICEF (2010) Indicators for assessing infant and young child feeding</a></p>

	<p><a href="#"><u>practice- Part 2 Measurement</u></a></p> <p><a href="#"><u>CARE (2010) Infant and Young Child Feeding- Collecting and Using Data: A Step-by-Step Guide.</u></a></p> <p><a href="#"><u>CARE (2010) Generic IYCF questionnaire.</u></a></p> <p><a href="#"><u>UNHCR (2013) Standardised Expanded Nutrition Survey (SENS) guidelines - Module 3: Infant and Young Child Feeding</u></a></p> <p><b>Additional</b></p> <p><a href="#"><u>SMART Survey Enumerator and accompanying slides can be adapted for an IYCF assessment.</u></a></p> <p><a href="#"><u>FAO (2014) Guidelines for assessing nutrition-related Knowledge, Attitudes and Practices.</u></a></p> <p><a href="#"><u>Havard University (2007) Tip sheet on question wording.</u></a></p> <p><a href="#"><u>MSF (2002) A guide to using qualitative research.</u></a></p> <p><a href="#"><u>DFID and Evidence for Action (2007) Introduction to qualitative research methodology.</u></a></p> <p><a href="#"><u>IYCF-E Tool Kit, in Core tool kit, Key Implementation Resources, and References, Determine the needs.</u></a></p>
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<p><b>Indicators calculation and data entry, analysis and report writing</b></p>	<p><b>Main</b></p> <p><a href="#"><u>WHO/UNICEF (2010) Indicators for assessing infant and young child feeding practice- Part 2 Measurement</u></a></p> <p><a href="#"><u>CARE (2010) Infant and Young Child Feeding- Collecting and Using Data: A Step-by-Step Guide.</u></a></p> <p><a href="#"><u>CARE (2010) Excel data entry sheet</u></a></p> <p><a href="#"><u>CARE (2010) Excel report card template</u></a></p> <p><a href="#"><u>CARE (2010) Chi-square test calculation</u></a></p> <p><a href="#"><u>UNHCR (2013) <i>EpiInfo data entry and analysis</i> in Standardised Expanded Nutrition Survey (SENS) guidelines - Module 3: Infant and Young Child Feeding</u></a></p> <p><b>Additional</b></p> <p><a href="#"><u>MSF (2002) A guide to using qualitative research.</u></a></p> <p><a href="#"><u>DFID and Evidence for Action (2007) Introduction to qualitative research methodology.</u></a></p> <p><a href="#"><u>IYCF-E Tool Kit, in References, Determine the needs.</u></a></p>
<p><b>Ethical issues</b></p>	<p><a href="#"><u>CDC Distinguishing Public Health Research and Public Health Non research.</u></a></p> <p><a href="#"><u>LSHTM <i>Ethical issues in data collection in The use of epidemiological tools in conflict-affected populations.</i></u></a></p> <p><a href="#"><u>UNHCR (2013) <i>Approaching community and households and informed consent forms in Standardised Expanded Nutrition Survey (SENS) guidelines – Pre Module: Survey steps and sample.</i></u></a></p>

## Annex 1 Example of quantitative questionnaire

1. Team

2. Location of the interview

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3. Household ID

---

4. Child ID

Number of child interviewed within the household, eg 1,2

---

5. What is the name of your child?

You cannot enter the name because of confidentiality but use the name during the interview

6. How many months is (NAME)?

7. What is (NAME)'s date of birth?

yyyy-mm-dd

---

8. From which nationality is (NAME)?

Do not read the answers aloud

AA

BB

OTHER

DO NOT KNOW

9. Precise

Precise nationality if other

---

10. Is (NAME) male or female?

Male

Female

**11. When did you leave your original residence?**

If do not know enter 01101/2000

yyyy-mm-dd

---

**12. Where were you yesterday?**

---

**13. When did you arrive in ZZ?**

yyyy-mm-dd

---

**14. Now, I would like to ask you how you fed (NAME) yesterday**

**15. Was (NAME) breastfed yesterday during the day or at night?**

Yes

No

Do not know

**16. How many times yesterday during the day or at night did you breastfeed (NAME):**

Record 99 if do not know

**17. Have you changed the frequency of breastfeeding (NAME) since the start of your journey?**

Yes

No

Do not know

**18. Are you now breastfeeding (NAME) more or less than before the start of your journey?**

More

Less

Do not know

**19. Were there any difficulties with breastfeeding (NAME) yesterday?**

Yes

No

Do not know

**20. What were the difficulties with breastfeeding(NAME) yesterday?**

Do not read the answers aloud. Several answers may apply.

- BABY NOT ABLE TO SUCKLE
- BABY REFUSED BREASTFEEDING
- MOTHER STRESSED
- MOTHER ILL
- MOTHER HAD NOT ENOUGH FOOD
- POOR QUALITY OF MILK
- CLOGGED MILK DUCTS
- NOT ENOUGH MILK SUPPLY
- NO PRIVACY
- OTHER
- DO NOT KNOW

**21. Precise**

Precise if the answer is other to the previous question

---

**22. Next I would like to ask you about some medicines and vitamins that are sometimes given to infants.**

**23. Was (NAME) given any vitamin or other medicines yesterday during the day or at night?**

- Yes
- No
- Do not know

**24. Was (NAME) given [LOCAL NAME FOR ORS] yesterday during the day or at night?**

- Yes
- No
- Do not know

25. Next I would like to ask you about some liquids that (NAME) may have had yesterday during the day or at night.

26. Did (NAME) have any plain water yesterday:

- Yes
- No
- Do not know

27. Did (NAME) have any Infant formula yesterday:

- Yes
- No
- Do not know

28. How many times yesterday during the day or at night did (NAME) consume any Infant formula?:

If do not know enter 99

29. Where did you get the Infant formula you fed (NAME) yesterday?

Do not read the questions aloud. There might be several answers.

- HAD IT FROM HOME
- PURCHASED IN SHOPS
- DONATED BY CHARITIES
- GIVEN BY FRIEND
- OTHER
- DO NOT KNOW

30. Precise

Precise if the answer is other to the previous question

---

**31. What was the main source of water you used for preparing infant formula for (NAME) yesterday?**

Do not read the questions aloud. There might be several answers.

- BOTILED
- TAP
- TANK WATER
- PUMP
- OTHER
- DO NOT KNOW

**32. Precise**

Precise if the answer is other to the previous question

---

**33. Did you have the facilities and supplies to boll the water you used for preparing Infant formula for (NAME) yesterday?**

- Yes
- No
- Do not know

**34. Did (NAME) have any milk such as tinned, powdered, or fresh animal milk, sour milk or yogurt, yesterday?**

- Yes
- No
- Do not know

**35. How many times yesterday during the day or at night did (NAME) consume any milk, sour milk or yogurt?**

If do not know enter 99

**36. Did (NAME) have any juice or juice drinks, for example orange juice, lemon juice, Squeeze, DarIna, Tang. Slush yesterday?**

- Yes

No

Do not know

**37. Did (NAME) have thin porridge, for example Cerelac ,Oatmeal yesterday?**

Yes

No

Do not know

**38. Did (NAME) have tea or coffee with milk yesterday?**

Yes

No

Do not know

**39. How many times yesterday during the day or at night did (NAME) consume any tea or coffee with milk?**

If do not know enter 99

**40. Did (NAME) have any other water-based liquids, for example clear broth, tea or coffee without milk. Pepsi, Shinina, methe, yesterday?**

Yes

No

Do not know

**41. Next I would like to ask you to describe everything that (NAME) ate yesterday during the day or night?**

This refer to any solid, semi-solid or soft food

**42. Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time.**

Probe: Anything else? Until respondent says nothing else. IF NO, continue to Question 43

If respondent mentions mixed dishes like a porridge, sauce or stew, probe: What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else. If respondent mentions specific baby foods, ask the respondent to show you the food if she has some with her and fill the questionnaire according to the ingredients mentioned on the *jar* if possible. As the respondent recalls foods, tick YES in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Only tick Yes once for any food group.

**43. What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. Probe: Anything else? Until respondent says nothing else.**

If respondent mentions mixed dishes like a porridge, sauce or stew, probe: What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else. If respondent mentions specific-baby foods, ask the respondent to show you the food if she has some with her and fill the questionnaire according to the ingredients mentioned on the *jar* if possible. As the respondent recalls foods, tick YES in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Only tick Yes once for any food group.

**44. Porridge, bread, rice, noodles, or other foods made from grains**

- Yes
- No
- Do not know

**45. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside**

- Yes
- No
- Do not know

**46. White potatoes or any other foods made from roots**

- Yes
- No
- Do not know

**47. Any dark green leafy vegetables, for example...**

- Yes
- No
- Do not know

**48. Any vitamin A-rich fruits, for example...**

- Yes
- No

Do not know

**49. Any other fruits or vegetables**

Yes

No

Do not know

**50. Liver, kidney, heart, or other organ meats**

Yes

No

Do not know

**51. Any meat, such as beef, lamb, goat, chicken, or duck**

Yes

No

Do not know

**52. Egg**

Yes

No

Do not know

**53. Fresh or dried fish, shellfish, or seafood**

Yes

No

Do not know

**54. Any foods made from beans, peas, lentils, nuts, or seeds**

Yes

- No
- Do not know

**55. Cheese, yogurt, or other milk products**

- Yes
- No
- Do not know

**56. Any oil, fats, or butter, or foods made with any of these**

- Yes
- No
- Do not know

**57. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits**

- Yes
- No
- Do not know

**58. Condiments for flavor, such as chilies, spices, herbs, or fish powder**

- Yes
- No
- Do not know

**59. Grubs, snails, or insects**

- Yes
- No
- Do not know

**60. Foods made with red palm oil, red palm nut, or red palm nut pulp sauce**

- Yes

No

Do not know

**61. Other foods**

: Please write down other foods that respondent mentioned and are not in the list above

---

62. Once the respondent finishes recalling foods eaten, read each food group where "YES" was not circled, ask the following question: **Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)? and tick the appropriate answer**

**63. Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?**

- Yes
- No
- Do not know

64. If the answer is yes to the previous question, PROBE: **What kind of solid, semi-solid, or soft foods did (NAME) eat?** Then go back to food groups and records food eaten

**65. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?**

If do not know, record 99

**66. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?**

If do not know, record 99

**67. Where did you get the food you fed (NAME) yesterday?**

Do not read the responses aloud. Several answers may apply

- EATED IN RESTAURANTS
- HAD IT FROM HOME
- PURCHASED IN SHOPS
- DONATED BY CHARITIES
- GIVEN BY FRIENDS
- OTHER
- DO NOT KNOW

**68. Precise**

Precise if the answer is other to the previous question

---

69. Did (NAME) drink anything from a bottle with a teat yesterday during the day or night?

Yes

No

Do not know

70. Did (NAME) drink anything from a cup yesterday during the day or night?

Yes

No

Do not know

71. Now I would like to ask you about the health status of (NAME)

72. Has (NAME) had diarrhea at any time In the last 2 weeks?

Yes

No

Do not know

73. Has (NAME) had an illness with a cough at any time in the last 2 weeks?

Yes

No

Do not know

74. When (NAME) had a cough, did he/she have fast, short, rapid breaths or difficulty breathing?

Yes

No

Do not know

75. Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?  
\*

CHEST ONLY

- NOSE ONLY
- BOTH
- OTHER
- DO NOT KNOW

**76. Precise**

Precise if the answer is other to the previous question

---

**77. The last time (NAME) passed stools. what was done to dispose of the stools?**

Don't read the responses aloud. Several answers may apply.

- CHILD USED TOILET OR LATRINE
- PUT/RINSED INTO TOILET OR LATRINE
- PUT/RINSED INTO DRAIN OR DITCH
- THROWN INTO GARBAGE
- BURIED
- DIAPERS THROWN INTO GARBAGE
- LEFT IN THE OPEN
- OTHER
- DO NOT KNOW

**78. Precise**

Precise if the answer is other to the previous question

---

**79. Now I would like to ask you about the serious problems that you have experienced during your journey regarding (NAME)**

**80. Have you had any serious problems regarding (NAME) during the journey?**

- Yes
- No

Do not know

**81. Which serious problems regarding (NAME) have you experienced?**

---

**82. Read out the serious problems listed above.**

**83. Out of these problems, which one is the most serious problem?**

Precise if the answer is other to the previous question

---

**84. Regarding the support offered In the camp, have you heard about the mother-baby areas provided by Save the Children?**

Yes

No

Do not know

Not applicable

**85. Have you used the mother-baby areas provided by Save the Children?**

Yes

No

Do not know

Thank you very much for your time and participation

## Annex 2 Example of qualitative questionnaire

Identification

Interviewer

Location of interview

Date of interview

1 First, we'd like to hear about the way you've been feeding your child along the journey compared to when you were home.

Were there any changes in the way you've been feeding your children compared to when you were at home?

Probe: this can relate to breastfeeding, use of infant formula, and other foods or drinks you've been given to the child.

What have been the main changes?

What have been the main challenges to try keeping the same diet as before?

How have you coped with the challenges of feeding your child along the journey?

2 Secondly, we'd like to hear about the use of bottle feeding.

Since your departure from home, have you used bottles to feed your children?

If yes, how have you been able to clean the bottles? How and what were the main constraints?

Probe: For example, have you had access to detergent, clean water, sterilisation facilities, and utensils?

What are some obstacles or reasons why you might be hesitant to use a cup instead of a bottle to feed your child?

What are some things Save the Children could do to help alleviate these obstacles?

3 Thirdly, we'd like to hear about the well-being of your child

Have you noticed any change in your child well-being since your departure? If yes, what has been the main change?

Does it seem to you that your child has lost weight since departure or has not grown optimally? Could you explain why?

Does it seem to you that your child has been more ill since departure? Could you explain why?

Does it seem to you that your child has been more distressed since departure? Could you explain why?

How have you coped with the challenges of keeping your child well since your departure ?

4 Fourthly we'd like to hear about your own well-being

Were there any changes in your own diet compared to when you were at home?

What have been the main changes?

What have been the main challenges to try keeping the same diet for you as before?

How have you coped with the challenges of having adequate diet for yourself along the journey?

Have you suffered from any illnesses since your departure? Could you explain why?

How have you coped with the challenges of any illness since your departure?

5 Finally, we would like to hear what you think about the support that has been provided to you regarding your child in this camp

Has the mother-baby area been helpful to you?

In what ways was the mother-baby area helpful to you?

In what ways do you feel that the services fell short in helping you reach your goals?

Probe: this can relate to the comfort, atmosphere or facilities.

In what ways do you feel that the mother-baby areas fell short in helping you and your child?

In what ways were the supplies that have been provided to you for your child helpful?

In what ways do you feel that the supplies fell short in helping you and your child?

In what ways was the food that has been provided to you for your child helpful?

In what ways do you feel that the food fell short in helping you and your child?

What are your suggestions for support that we could offer to make it easier for you and your child during the journey?

Probe: This can be services, supplies or food.

Before concluding, is there anything else we haven't discussed yet that you think is important for us to know about child feeding and the support you've received in the camp?

We thank you very much for your time and participation.

### Annex 3 Example of inform consent

Hello, my name is \_\_\_\_\_ and I work with \_\_\_\_\_. We would like to invite your household to participate in a survey that is looking at the feeding practices of children up to 2 years of age in this settlement in order to better understand the needs and refine programs to meet those needs. We estimate the survey will take around 30 minutes.

Do you have any children less than 2 years with you today?

*If yes continue to read the statement, otherwise, thank the interviewee and begin interviewing next family*

Taking part in this survey is your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time. The decision to take part or to refuse to take part will have no influence on your access to assistance or protection. Be assured that any information that you will provide will be kept strictly confidential – no individual's names or contact details will be used for any purpose.

The questionnaire is designed for all children in the household who are less than 24 months of age – that is, the child has not yet reached his/her second birthday. This includes children from the same mother as well as children from other caregivers in the same household. If there is more than one child under 2 years of age we will complete a questionnaire for each child individually. We would request to speak with the caregivers of the children under 2 years.

If you agree to participate, I will ask you some questions about your child.

Do you agree to participate?