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INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

IYCF-E Assessment Guide

ACTION AGAINST HUNGER

IFE CORE GROUP

Global NUTRITION CLUSTER

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Abbreviations

4W	Who, What, Where and When
BF	Breastfeeding or breastfed
BFHI	Baby-Friendly Hospital Initiative
BMS	Breastmilk substitute
BMI	Body Mass Index
BOF	Bottle feeding 0–23 months
CDC	U.S. Centers for Disease Control and Prevention
CBF	Continued breastfeeding 12–23 months
DEFF	Design effect
DHS	Demographic and Health Survey
EBF	Exclusive breastfeeding
EFF	Egg and/or flesh food consumption 6–23 months
ENA	Emergency Nutrition Assessment (software)
ENN	Emergency Nutrition Network
EvBF	Ever breastfed
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GNC	Global Nutrition Cluster
HCT	Humanitarian Coordination Team
HINI	High impact nutrition interventions
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IFE Core Group	Interagency working group on Infant Feeding in Emergencies
IDPs	Internally displaced persons
IPC AMN	Integrated Food Security Phase Classification for Acute Malnutrition
ISSSF	Introduction of solid, semi-solid or soft foods
IYCF	Infant and Young Child Feeding (used in development contexts)
IYCF-E	Infant and Young Child Feeding in Emergencies (also referred to as IFE)
IYCF-E SOP	Infant and Young Child Feeding in Emergencies Standard Operating Procedure for emergency response teams
KAP	Knowledge, Attitude and Practices
MICS	Multiple Indicator Cluster Survey
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency

MMFF	Minimum Milk Feeding Frequency for Non-Breastfed Children 6–23 Months)
MAD	Minimum acceptable diet 6–23 months
MOH	Ministry of Health
MUAC	Middle Upper Arm Circumference
MOH	Ministry of Health
NGO	Non-governmental organization
NiE	Nutrition in Emergencies
NIS	Nutrition Information System
NISWG	Nutrition Information System Working Group
NNIS	National Nutrition Information System
NutriDash	UNICEF's Nutrition Dashboard data collection system
OCHA	(United Nations) Office for the Coordination of Humanitarian Affairs
OG-IFE	Operational Guidance on Infant and Young Child Feeding in Emergencies
PIF	Powdered infant formula
PiN	People in need
PLW	Pregnant and lactating women
PSU	Primary sampling unit
PPS	Probability proportional to size
RUIF	Ready-to-use infant food
SADD	Sex-and age-disaggregated data
SC	Save the Children
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
SWB	Sweet beverage consumption 6–23 months
Tech RRT	Technical Rapid Response Team
The Alliance	Global Nutrition Cluster Technical Alliance
TWG	Technical Working Group
UFC	Unhealthy food consumption 6–23 months
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WBTi	World Breastfeeding Trends initiative
WHA	World Health Assembly
WHO	World Health Organization
WFP	World Food Programme
WHZ	Weight-for-height Z-score
ZVF	Zero vegetable or fruit consumption

Glossary

The glossary is based on Save the Children and Tech RRT's IYCF-E SOP published in 2020 unless specified otherwise.

Artificial feeding: Feeding of infants with a breastmilk substitute.

Breastfeeding: Breastfeeding is the process of feeding an infant or young child with human milk directly from the breast of the mother or another caregiver, offering essential nutrients and immune protection for the child's growth and development.

Breastmilk substitute (BMS): Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether suitable for that purpose or not. In terms of milk products, recent WHO guidance has clarified that a BMS includes any milks that are specifically marketed for infants and young children up to the age of three years. For more information, consult the International Code of Marketing of Breast-Milk Substitutes.

Caregiver: A caregiver of an infant or young child is an individual who provides direct care, supervision and support for the physical, emotional and developmental needs of the infant/child. This role may be fulfilled by the biological mother but could also be another parent or guardian, family member or other trusted individual responsible for ensuring the child's health, safety, nutrition and overall well-being.

Complementary feeding: Use of age-appropriate, adequate and safe solid or semi-solid food in addition to breastmilk or a breastmilk substitute in children aged 6–23 months.

Data: Facts and/or figures; pieces of quantitative or qualitative information (WHO & UNICEF 2022).

Data source: Type of data or modality of data collection (e.g., routine data, survey data). Calso be synonymous with data provider (WHO & UNICEF 2022).

Disaggregated data: Data that have been broken down into detailed subcategories (e.g., age, sex, economic status/income or geographic location) to support in understanding the data (WHO & UNICEF 2021b).

Exclusive breastfeeding (EBF): Exclusive breastfeeding means feeding an infant only human milk, either directly from the breast or through expressed milk, without any additional foods or liquids, including water, except for medicine.

Humanitarian and fragile context: In this document, refers to "an event or series of events involving widespread human, material, economic or environmental losses and impacts that exceed the ability of the affected community or society to cope using its own resources and therefore requires urgent action to save lives and prevent additional mortality and morbidity. The term encompasses natural disasters, man-made emergencies, health emergency/pandemic and complex emergencies [that can be] slow- or rapid-onset, chronic or acute [in nature]." Adapted from the OG-IFE 2017.

Indicator: Indicators make collected data understandable and useful for monitoring performance, assessing achievement and determining accountability. They can be used to determine a proportion (e.g., prevalence) and are often designed to track inputs, outputs, outcomes and impact (WHO & UNICEF 2022).

Infant: A child aged 0–11 completed months (may be referred to as 0–<12 months or 0–<1 year). An older infant means a child from age of 6 months up to 11 completed months of age.

Infant Feeding in Emergencies (IFE) Core Group: A global collaboration of agencies and individuals formed in 1999 to address policy guidance and training resource gaps hampering programming on infant and young child feeding support in emergencies. The IFE Core Group does not directly implement programs; instead, it develops guidance and resource materials, documents lessons learned, and builds capacity for effective Infant and Young Child Feeding (IYCF) support in emergencies. The IFE Core Group is the Global Thematic Working Group on Infant and Young Child Feeding in Emergencies as part of the Global Nutrition Cluster Technical Alliance (GNC-TA).

Infant formula: A breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards for infants. Commercial infant formula is infant formula manufactured for sale, branded by a manufacturer. Generic infant formula is unbranded. Powdered infant formula (PIF) is an infant formula product, which needs to be reconstituted with safe water before feeding. Ready-to-use infant formula (RUIF) is a type of infant formula product that is packaged as a ready-to-feed liquid and does not need to be reconstituted with water.

International Code of Marketing of Breastmilk Substitutes (the Code): The Code intends to ensure BMS will be used as safely as possible when they are necessary based on impartial, accurate information. The Code does not restrict the availability of BMS, feeding bottles or teats or prohibit the use of BMS during emergencies. In context of the Code, BMS means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether suitable for that purpose or not. The Code applies to the marketing and related practices, quality, availability and information on use, including but not limited to breastmilk substitutes (including infant formula, follow-on/follow-up milk, growing-up milk and other milk products, including bottle-fed complementary foods) specifically marketed for feeding children up to three years of age; foods and beverages (baby bottle teats, waters and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life; and feeding bottles and teats.

Introduction of solid, semi-solid or soft foods (ISSSF): The introduction of solid, semi-solid or soft foods (ISSSF) refers to the gradual process of giving an infant food in addition to breast milk (or other types of milk where the child is not breastfed), starting at six months of age.

Nutrition and health emergency response: A formal response framework, guided by a "cluster" or "sector" group and in-country technical capacity, aimed at directly meeting the health and nutrition needs of a disaster-affected population through the delivery of humanitarian health and nutrition interventions in a coordinated and principled manner and in line with agreed international and national standards and guidance. The terms "sector" and "cluster" may be used interchangeably in a particular response, for example, if the government prefers to refer to the activated cluster as a sectoral response system. Details on the transition from sector to cluster coordination platforms and their various ways of interaction are found in (UNICEF 2013) and (Hailey & Akwanyi 2017) respectively.

Preparedness: Capacities and knowledge developed by governments, professional response organizations, communities and individuals to anticipate and respond effectively to the impact of likely, imminent or current hazard events or conditions.

Qualitative data: Data collected using qualitative methods, such as key informant interviews, focus groups, observations — generally expressed in narrative form or pictures of objects (i.e., not numerically) (WHO & UNICEF 2022).

Quantitative data: Data that are measured on a numerical scale that can be analyzed using statistical methods and can be displayed using tables, charts, histograms and graphs (WHO & UNICEF 2022).

Recommended infant and young child feeding practices: Early initiation (within one hour of birth), exclusive breastfeeding for the first 6 months of life, followed by nutritionally adequate and safe complementary foods along with breastfeeding which continues for up to two years of age and beyond.

Routine data: Data continuously collected as part of a regular activity, procedure or program (WHO & UNICEF 2022).

Surveillance data: Data collected on a recurring basis from designated locations (e.g., sentinel sites) to provide insights on trends into a broader area and/or larger population (WHO & UNICEF 2022).

Young child: A child from the age of 12 months up to the age of 23 completed months (may also be referred to as 12–<24 months or 1–<2 years).

Introduction

WHAT IS THE BACKGROUND OF IYCF-E ASSESSMENTS?

Infant and Young Child Feeding in Emergencies (IYCF-E) is a critical issue in humanitarian and fragile contexts. Recommended Infant and Young Child Feeding (IYCF) practices can prevent malnutrition, reduce disease burden, and save lives. However, emergencies can disrupt breastfeeding, complementary feeding, and care practices, putting infants and young children at heightened risk. Conducting timely and reliable assessments of IYCF practices is essential for designing effective interventions and making informed decisions to protect and support the nutrition and health of this vulnerable group.

WHAT ARE SOME CHALLENGES IN IYCF-E ASSESSMENTS?

A mapping exercise conducted on IYCF-E assessments in 2022 revealed that different methodologies were employed both across countries and among various organizations, highlighting the absence of a standardized methodology for IYCF-E assessments internationally.

Despite the importance of IYCF-E, several challenges hinder effective assessment:

- Absence of a standard IYCF-E assessment methodology that can be easily followed.
- No harmonized sampling methodology for IYCF-E assessments making comparison or combination of findings challenging.
- Difficulty including IYCF-E indicators in standard surveys like SMART due to sample size requirements.
- Limited guidance on adapting surveys based on household types.
- Lack of guidelines that consider population movement and instability.
- Lack of globally recognized thresholds for IYCF indicators or standard IYCF-E indicators.

WHAT IS THE PURPOSE OF THE GUIDE?

The purpose of this IYCF-E Assessment Guide is to address these challenges by **providing a standardized methodology for the collection, analysis and interpretation of data on IYCF in emergencies.** This will enable better decision-making during emergency preparedness and response at sub-national and local levels in humanitarian and fragile contexts.

The Guide aims to streamline the IYCF-E assessment process by offering an easy-to-use, step-by-step approach to support humanitarian responders to better understand the situation and needs of infants and young children and their caregivers.

WHO IS THIS GUIDE FOR?

- Survey managers and nutrition information system (NIS) leads.
- Health and nutrition advisors, IYCF-E advisors and technical assistance providers supporting nutrition and health emergency responses and IYCF-E interventions.
- Decision-makers, including members of the Humanitarian Coordination Team (HCT), humanitarian organizations contributing to coordinated assessments, policymakers, donors, and local and national authorities, including national survey organizations.

WHAT CONTEXT SHOULD THIS GUIDE BE USED IN?

The IYCF-E Assessment Guide is designed for use in humanitarian and fragile environments, including rapid-onset, slow-onset and protracted crises. While the **primary focus is on emergency contexts,** certain principles and considerations may also be applicable to development settings.

HOW WAS THIS GUIDE DEVELOPED?

This guide was developed through a collaborative and iterative process involving multiple stages of research, field testing and expert consultation. The development began with the creation of core modules based on existing tools and methodologies, existing knowledge and best practices in Infant and Young Child Feeding in Emergencies (IYCF-E). These modules were designed under the leadership of FHI 360 and the support of AAH-UK and by a team of subject matter experts, including consultants and members of the Technical Advisory Group (TAG), who contributed to the content and structure of the guide.

The development process included the following:

- **Consultation with experts**. Specialists in nutrition, health and emergency response reviewed the initial drafts and provided feedback on the relevance, usability and comprehensiveness of the guide. Input from practitioners working in diverse humanitarian settings ensured that the content would be practical and applicable across various contexts.
- **Testing.** The guide was tested in six countries — Mozambique, Myanmar, Ukraine, Sudan, Nigeria and Afghanistan — to ensure that the methodologies and tools were appropriate for real-world application.
- **Revisions and feedback.** Based on the results from the tests and further consultations, the guide was developed by compiling the individual modules, standardizing the structure of the modules to reorganized to follow a step-by-step process. Additional examples, worksheets and tools were also added to support users in the practical implementation of IYCF-E assessments.

WHAT ARE THE OBJECTIVES OF THE IYCF-E ASSESSMENT GUIDE?

1. Define standardized methodologies for IYCF-E assessment.
2. Provide guidance on designing and planning an IYCF-E assessment that aligns with needs and available resources.
3. Guide data collection and analysis processes.
4. Provide guidance on adapting standardized methodologies to various contexts.

HOW IS THIS GUIDE STRUCTURED?

This IYCF-E Assessments Guide is structured to provide comprehensive guidance through modules which outline a step-by-step process to conduct different types of assessment.

Module 1 **Secondary Data Analysis** focuses on the collection and analysis of existing information and the identification of gaps

Module 2 **Rapid Assessment** provides guidance assessments to gain a quick impression or understanding of the situation and needs

Module 3 **In-Depth Qualitative Assessments** offers approaches to gain more detailed understanding of contextual and behavioral aspects

Module 4 **Quantitative Assessments** details methodology to gather statistically representative data

Module 5 **Using Program Data to Assess and Monitor IYCF Practices** includes guidance on the use and interpretation of data generated from ongoing programs. The final module

Module 6 **Data to Decisions: Synthesizing and Analyzing Assessment Results** synthesizes the collected data and provides insights on how to interpret and use the findings effectively

How to use this guide

This guide is designed to offer flexibility and ease of use, allowing readers to follow the content sequentially or navigate directly to specific sections as required. Each module is organized with clear, step-by-step instructions and practical tools and illustrative examples to aid implementation. Additionally, the guide includes links to supplementary resources, worksheets and scenarios that provide further insights and support. Whether conducting a comprehensive IYCF-E assessment or seeking guidance on a particular topic, users can move between sections according to their specific needs and context.

HOW TO DESIGN YOUR ASSESSMENT AND SELECT WHICH MODULES TO USE

What IYCF information do you need?

The first step is to identify the specific IYCF-E information needed. Based on this, choose from the broad categories of IYCF data listed below. These categories are not exhaustive or restrictive but are intended to help guide the selection of relevant information.

Each of the categories shown below has been broken down into example information that you might seek. These are shown as questions or indicators in Table 1 below.

The examples provided are intended to guide you but are not exhaustive so you should customize the categories as you see fit to your context.

Broad categories of IYCF data

General Context	IYCF Status and Practices *Infants Under 6 Months*	IYCF Status and Practices *Infants and Children aged 6–23 months*	Maternal health and well-being	Policy Environment	IYCF Services and Capacity	Coordination

Introduction Table 1: Categories and example information requirements

General Context	
Cultural, social and gender norms influencing infant feeding practices.	Views/perceptions on breastfeeding.
	Views/perceptions on artificial feeding.
	Cultural norms and taboos related to IYCF.
	How young children are typically fed (i.e., do they help themselves from a common plate? Or are they fed in a way that responds to their cues?).
	Intrahousehold food distribution – who is prioritized?
	Household decision-making and power dynamics.
	Gender roles.
	Confidence of caregivers to feed their child appropriate food based on age.
	Skills and time of caregiver to prepare a diverse range of foods in an appropriate way for their children.
Knowledge, attitudes, and beliefs.	Caregiver's knowledge of recommended IYCF practices.
	Caregiver's perception of availability and appropriateness/acceptability of complementary foods and supplements.
	How do caregivers in this community typically engage with infants and young children during feeding? Are feeding practices responsive?
	Change in IYCF attitudes during emergencies and reasons for these.
	Information caregivers have on IYCF.
Situation and living environment.	Availability of fresh nutritious food.
	Affordability of fresh nutritious food.
	Food storage and preparation.
	Impact of environmental and contextual factors such as water, sanitation and hygiene (WASH); displacement; and lack of infrastructure on infant feeding.
	Nature of the emergency, outbreak, and other context-specific information.
	Availability and accessibility of different types of complementary foods, fortified foods, and vitamin and mineral supplements. Barriers identified.

IYCF Status and Practices	
Infants Under 6 Months	Early initiation of breastfeeding (EIBF).
	Exclusively breastfed for the first two days after birth (EBF 2D).
	Exclusive breastfeeding 0–5 months (EBF).
	Mixed milk feeding 0–5 months (MixMF).
	Bottle feeding 0–23 months (BoF).
	Nutritional status of infants (wasting, stunting, underweight, micronutrient deficiencies).
	Perceptions of caregivers and family members on the barriers and opportunities of feeding.
	Non breastfed infants 0–5 months (NBF).
	Type of BMS given (where children are mixed fed or not breastfed).

IYCF Status and Practices

Infants and Children aged 6–23 months	Continued breastfeeding 12–23 months (CBF).
	Introduction of solid, semi-solid, or soft foods 6–8 months (ISSSF).
	Minimum dietary diversity 6–23 months (MDD).
	Minimum meal frequency 6–23 months (MMF).
	Minimum milk feeding frequency for non-breastfed children 6–23 months (MMFF).
	Minimum acceptable diet 6–23 months (MAD).
	Egg and/or flesh food consumption 6–23 months (EFF).
	Sweet beverage consumption 6–23 months (SwB).
	Unhealthy food consumption 6–23 months (UFC).
	Zero vegetable or fruit consumption 6–23 months (ZVF).
	Bottle feeding 0–23 months (BoF).
	Ever breastfed (EvBF).
	If bottle feeding, what is being provided in the bottle (i.e., stage 1 infant formula, animal milk, follow on formula, or other liquids)?

Maternal/Other Caregiver Health and Well-Being

Nutritional status (BMI, MUAC) of women of reproductive age, pregnant and breastfeeding women and girls.
Workload of caregivers.
Presence of a safe and private space for breastfeeding.
Availability, access and utilization of prenatal and postnatal services.
Availability and utilization of physical and mental health supports are available including counseling, supplementation and education for mothers and caregivers.
Common enablers and barriers identified by caregivers to provide adequate nutrition (e.g., lack of resources, stress, displacement, caregiver's time).

Policy Environment

Code Violations	Types of breast milk substitutes given to non-breastfed infants under 6 months.
	Reported donations and/or refusals of powdered milk, teats or bottles.
	Number of reported donations of commercial complementary food.
	Presence of a shared joint statement.
	Inappropriate marketing of BMS.
	Existence of an established BMS monitoring system.
Policy and Guidelines	National or subnational policy, strategy or guideline developed with key provisions and sections related to IYCF in emergencies in line with the IYCF-E Operational Guidance and global standards (WHO, UNICEF).
	HNO, HRP, and National Nutrition Strategy or Policy includes IYCF-E objectives, indicators and actions including regulations on BMS donations.
	Food quality control policy and agency in the country
	National legislation or regulation adopting International Labour Organization (ILO) recommendations on maternity protection.
	Presence of Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCI) policies or guidelines and if these are evaluated.
	Preparedness or response plan and contingency plan developed and including relevant or related IYCF-E components.
	National guidelines or interim guidance on infant and young child feeding include IYCF-E.
	Clearly defined and operationalized institutional roles for implementing IYCF/IYCF-E interventions.

IYCF Services and Capacity	
Service Availability, Accessibility, and Utilization	Are health and nutrition services for infants and caregivers available, accessible and used?
	Information on interventions which have an have not been successful in improving infant feeding practices.
	Do families have access to tailored, age-specific counseling to help them solve problems related to recommended feeding practices?
	Presence of community support groups or networks for breastfeeding and child nutrition.
IYCF Capacity	Training materials and packages for IYCF-E designed and available in the local languages.
	National/international NGOs have the capacity to support IYCF-E with a dedicated cadre of IYCF experts in-country.
	Relevant IYCF/IYCF-E topics included in the pre-service training curriculum of relevant cadre (MD, nurses, midwives, nutritionists).
	In-country repository for IYCF-E operational guidance and tools in local language(s).
	Pool of trained health and nutrition personnel and predetermined trainers on IYCF-E in-country.

Coordinate Operations	
Nutrition Coordination	IYCF-E programs systematically implemented at all levels of health and nutrition service provision, including community, outreach and health facilities such as stabilization centers.
	Is there an IYCF-E Task Force?
	Are there standardized IYCF-E activities of community volunteers across all partners?
	Are there systems to monitor and address duplication and gaps in services?
	Is there consistent delivery and quality of IYCF-E activities across all partners?
	Are there IYCF-E focal points at national or subnational level?
	Established IYCF technical working group (TWG) with terms of reference (ToRs), appointed chairs and workplan.
	Humanitarian Needs Overview (HNO) provides specific information on IYCF practices before and after emergencies and identifies the needs of non-breastfed and breastfed infants separately.
	Alignment of the HRP and nutrition cluster strategic plan with the HNO outlining planned interventions for both non-breastfed and breastfed infants, considering static and mobile populations.
Multi-Sectoral Coordination	Established links and referral systems between health, nutrition, food security, WASH, health and protection programs to promote a continuum of care.
	Counseling on IYCF-E for pregnant and breastfeeding women integrated into routine health services, such as antenatal and postnatal care consultations.

The following resources have guidance on IYCF indicators in humanitarian contexts.

Introduction Table 2: Resources with guidance on IYCF indicators

2021 Global Nutrition Cluster's Nutrition Humanitarian Needs Analysis – recommended indicators to guide the Nutrition Situation Analysis (Introduction Table 1)	• This list of indicators comes with thresholds to help guide what types of interventions may be better suited for a given humanitarian and fragile context.
2021 WHO & UNICEF's Indicators for assessing infant and young child feeding practices: Definitions and measurement methods	• List of population-level indicators not specifically designed for humanitarian and fragile contexts. • Allow for comparison with large-scale surveys or national programs and may be useful for smaller local and regional programs.
Global Nutrition Cluster's Humanitarian Indicators Registry	• Comprehensive point of reference for countries to select indicators with their standard definitions and associated applications at individual-, community- and facility-levels. • Reference indicators to track needs over time and programming monitoring, useful for strategic planning, humanitarian dashboards and bulletins.
Factsheet on IYCF practices assessment in emergencies	• Review relevancy of breastfeeding (BF) changes in frequency of feeding, BF difficulties, origin of breastmilk substitutes (BMS) if used, availability of facilities and supplies to prepare BMS, origin of complementary food given to the child, and cup feeding.
UNHCR's Standardized Expanded Nutrition Survey (SENS) guidelines for refugee populations – Module 4: Infant and Young Child Feeding (IYCF)	• Specifically for refugee contexts. The definition of some IYCF indicators differ due to the unique characteristics of refugee populations.

Specifically for refugee contexts, consult the 2018 UNHCR's Standardized Expanded Nutrition Survey (SENS) guidelines for refugee populations – Module 4: Infant and Young Child Feeding (IYCF). The definition of some IYCF indicators differ due to the unique characteristics of refugee populations.

WHAT IYCF INFORMATION IS AVAILABLE?

It is recommended that you begin any assessment process by conducting a secondary data assessment (see Module 1). This process can help you to build a picture of the situation, identify gaps where information is still missing and determine whether primary data collection is needed and what type of assessment is needed based on these gaps.

WHAT IYCF INFORMATION IS MISSING?

After completing Module 1 secondary data review, you will likely identify gaps in the available data.

The next step is to determine what specific information is missing by comparing the collected data with the IYCF data categories selected and list the specific indicators or questions where data is missing.

Following this, assess the importance of missing data decision-making and intervention planning, prioritizing those most critical to the context and objectives of your assessment.

If the missing data is found to be essential, you will need to determine the most appropriate methodology to collect this information.
It may be helpful to consult with colleagues

or other experts who have experience in similar assessments. Collaboration can provide additional perspectives and ensure that important gaps are not overlooked.

HOW DO WE CHOOSE THE TYPE OF IYCF-E ASSESSMENT TO USE?

Based on the identified data gaps and contextual considerations, the third step is to select the appropriate assessment method: rapid assessments (Module 2), in-depth qualitative assessments (Module 3), quantitative assessments (Module 4 and using program data Module 5), or a combination of these methods.

Introduction Figure 1 shows an example of the sequencing of assessments in relation to the humanitarian program cycle, where assessments progress from rapid to more in-depth, resource-intensive methods. The sequencing of assessments may vary; qualitative assessments often precede quantitative surveys to inform their design, but they can also occur simultaneously for efficiency. Rapid assessments might be conducted at any point, such as a year into a crisis to support proposal development and may focus on single sectors before the multisectoral needs assessment takes place.

Module 2 Rapid Assessment: Useful for quickly gathering data in emergency settings.

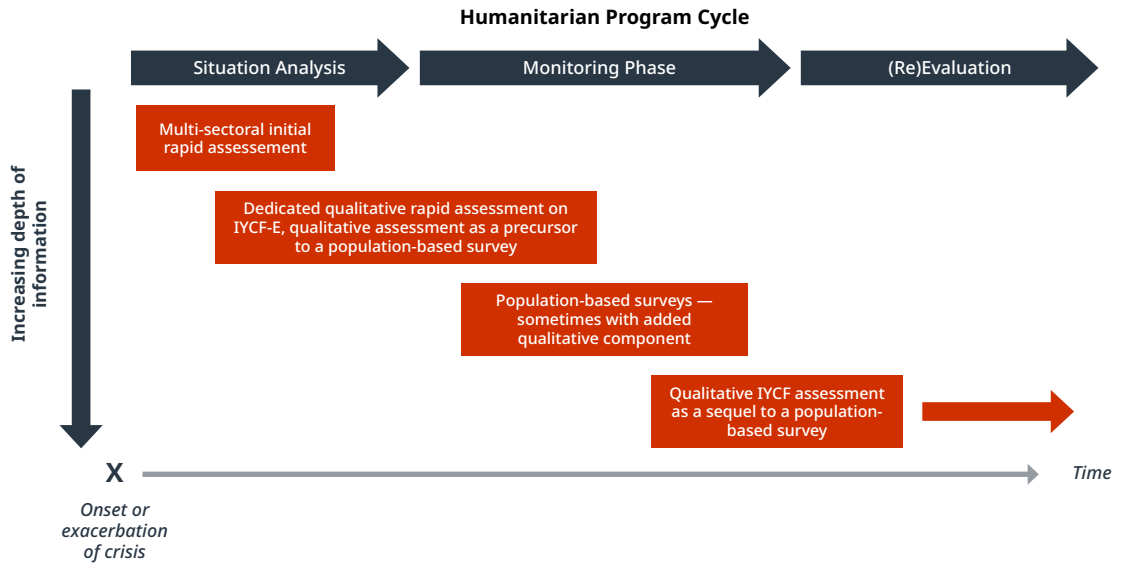
If you are in an emergency where a natural disaster has just struck and the teams are involved in the rapid lifesaving response, comprehensive data collection may not be a priority. In such a scenario, you need immediate information on the situation to quickly address needs. For instance, you might need to know how many caregivers are encountering challenges to feed their infants and young children and how many are receiving unsolicited donations of breastmilk substitute or food. This information will help you better design and prioritize the IYCF activities for the emergency response.

In this case, a rapid assessment would be the most suitable method. A rapid assessment allows you to gather essential information quickly without the need for extensive data collection processes, see Module 2 for Rapid Assessments.

Module 3 Qualitative Assessment: Recommended for understanding contextual and behavioral aspects.

Perhaps during your data review, you realize you do not have enough information on why mothers in the community are not exclusively

Introduction Figure 1: Example of the sequencing of different humanitarian assessments



breastfeeding. This can be key because understanding the reasons behind their practices can help you create more effective and culturally sensitive interventions. This understanding can help tailor your programs to address specific challenges mothers face, making your interventions more effective and well-received. In this case, you would benefit from conducting a qualitative assessment. A qualitative assessment can give you in-depth insights into the personal experiences and cultural factors affecting mothers' feeding choices. It's more about the "why" behind their actions. In this case, you might opt for a qualitative assessment (see Module 3).

Module 4 **Quantitative Survey/ Assessment:**

You may need information on the estimated percentage of exclusive breastfeeding and other recommended feeding practices among infants aged 0–5 months. This information is critical as it helps assess the risk of artificial feeding and informs interventions to support breastfeeding practices in the affected population. To gather this essential data, a quantitative survey would be the most appropriate method. A quantitative survey provides precise numerical data on the prevalence of exclusive breastfeeding, which is crucial for program planning and resource allocation. You would need to use standard questionnaires to collect data from a statistically significant sample size (see Module 4).

Module 5 **Program Data:** Leveraging existing program data to fill gaps.

You may be managing a nutrition program in a region experiencing prolonged conflict. You realize there is a need to understand how various factors related to water, sanitation and hygiene (WASH) and food security impact IYCF practices, particularly the availability and affordability of fresh nutritious food as complementary food for children aged 6–23 months. Fresh nutritious foods are vital for this age group as they provide essential nutrients needed for growth and development, in addition to the nutrition which continues to be provided by breast milk.

In this situation, you can use data from existing programs operating in the area. These programs have already collected substantial information on WASH conditions, such as access to clean water and sanitation facilities, as well as food security indicators, like market availability of fresh fruits and vegetables and household food consumption patterns. By reviewing this existing program data, you can gain critical insights into barriers caregivers face in providing nutritious complementary foods to their children, such as limited access to fresh produce due to market disruptions or economic constraints caused by the conflict.

Using existing program data allows you to draw correlations between the availability of fresh nutritious food and current IYCF practices without the need for additional, time-consuming data collection. This method, elaborated on in Module 5, not only saves time but also makes efficient use of resources already available. However, these data are not generalizable to the wider population.

Once you have completed your secondary data review, consider whether using one or a combination of these methods might be necessary to gather a complete set of data. For example, if you're responding to a sudden disaster like a flood, you might start with a quick assessment to understand the immediate needs of families and how their feeding practices have been affected. Additionally, leveraging existing program data can offer a broader perspective on factors like access to clean water and nutritious food, providing insights into longer-term trends and challenges. Combining these methods can give you a well-rounded view of the situation and help you make smart decisions to effectively support families in crisis situations (see Module 5).

WHAT ARE SOME KEY CONSIDERATIONS WHEN DESIGNING AND CONDUCTING ASSESSMENTS?

Ethical Considerations

When conducting IYCF-E assessments, it is crucial to adhere to strict ethical standards. These standards ensure that the research is conducted with respect to participants' cultural, social and personal contexts and safeguards their rights and well-being, as well as those of their children.

Basic steps to address ethical considerations in assessments:

- Provide thorough training to the assessment team on ethical considerations and local cultural norms and values.
- Engage with local experts to adapt assessment methods that respect cultural frameworks.
- Obtain informed consent throughout the assessment, adapted to local language, literacy levels and cultural norms.
- Ensure that consent is ongoing, trust is fostered, and participants understand their rights, including the ability to withdraw consent at any time.
- Participants should be fully informed of the assessment's purpose.
- Use a checklist during the process to ensure ethical and cultural considerations are managed.
- For research involving minors, including adolescent mothers, informed consent must be obtained from both the minors and their legal guardians.
- Share preliminary findings with participants to confirm that the research team's interpretations accurately reflect their experiences and perspectives.
- Share the results with participants as part of a validation process.

Introduction Table 3 below outlines key ethical considerations to consider, along with a description and importance in maintaining the integrity and ethical soundness of the assessment.

A free online course on research ethics, developed by Oxford University and WHO, is available here: Research Ethics Online Training (V2) Global Health Training Centre (tghn.org).

Collaboration and Coordination

Collaboration and coordination are key elements to consider when planning and executing IYCF-E assessments to ensure that efforts are aligned, resources are optimized, and stakeholders are actively engaged. Effective coordination allows for a unified approach across sectors, avoids duplication of efforts and enhances the quality of data collection.

Key considerations for collaboration and coordination include:

- **Engaging stakeholders.** Engage with local stakeholders, such as government agencies, UN organizations, NGOs and community leaders. These actors often have valuable insights, access to additional data sources and the ability to facilitate assessments in the field. Collaboration also ensures that local knowledge and context are incorporated into the assessment.
- **Cluster coordination.** If a nutrition cluster is active, working with the cluster is crucial to avoid redundancy and ensure consistent methodologies are used. The cluster can provide information on who is working in the area, their activities, and the data they collect, allowing for more comprehensive assessments.
- **Cross-sectoral collaboration.** Engage other sectors such as health, WASH (Water, Sanitation and Hygiene), and food security to integrate their data and services into IYCF-E assessments. Cross-sector collaboration can highlight factors that influence IYCF practices, such as access to clean water or health care, providing a more holistic understanding of the issues.

Introduction Table 3: Key considerations when designing and implementing IYCF assessments

CONSIDERATION	ACTION	IMPORTANCE
Do No Harm	Assess potential risks to participants such as the time burden and cost of participation (such as travel cost). Avoid including vulnerable or minority individuals who may be re-traumatized or stigmatized as a result of the study.	Ensures the ethical integrity of the research by safeguarding participants' physical and emotional well-being.
Obtaining Approval	Seek approval from local authorities, ethics boards, and community leaders before conducting the assessment.	Ensures that the assessment aligns with local legal and cultural expectations, protecting participants and researchers.
Confidentiality and Anonymity	Securely store all participant data in line with organizational and national policies. Where possible, avoid collecting personal information such as names. Where this is necessary, ensure that participants are aware of how their data will be used and that participant identities are protected in all documentation.	Maintains participant trust and protects them from potential harm or stigma, ensuring the integrity of the research.
Cultural Sensitivity	Train the assessment team on local cultural norms. Adapt research methods to respect cultural contexts.	Promotes respectful and relevant research that is more likely to be accepted and effective within the community.
Language Considerations	Use local languages in all communications. Employ translators familiar with cultural nuances.	Ensures that participants' views are accurately captured and understood, which is crucial for reliable data.
Reflexivity and Positionality	Encourage researchers to regularly reflect on their own identities and biases. Adjust methods to minimize bias.	Reduces researcher bias, leading to more objective and credible research outcomes.
Power Dynamics	Identify and address potential power imbalance among participants. Ensure diverse and inclusive participation.	Ensures that all voices are heard equally, leading to more inclusive and balanced research findings.
Privacy	Conduct interviews in private, interruption-free settings.	Protects participant dignity and encourages more honest and open sharing of information.

- **Regular communication.** Regular communication with stakeholders through meetings, workshops, or shared platforms ensures that findings are disseminated, feedback is incorporated, and that ongoing assessments are aligned with broader humanitarian efforts.

CONCLUSION AND NEXT STEPS

After completing the secondary data review (Module 1), you can identify information gaps that you need to fill to make informed decisions for IYCF-E interventions. Depending on the urgency and type of data required, the next steps can vary.

For urgent needs in rapidly evolving emergencies, such as natural disasters, a rapid assessment (Module 2) can be used to quickly gather essential data on how IYCF practices are being affected. If a more in-depth understanding of cultural and behavioral factors is needed, a qualitative survey (Module 3) may be more appropriate. For data that needs statistical analysis — such as exclusive breastfeeding rates — quantitative assessments (Module 4) offer valuable insights for program planning. Additionally, leveraging existing program data (Module 5) can provide a broader picture, including the influence of WASH, food security and health services. Doing so can save time and resources while addressing critical areas that impact IYCF practices.

Each of these modules offers specific tools and methodologies to fill the identified data gaps, allowing for a comprehensive and contextually relevant approach to IYCF-E assessment and intervention planning.

Module 1

Secondary Data Analysis

WHAT IS SECONDARY DATA ANALYSIS?

WHY SHOULD WE CONDUCT SECONDARY DATA ANALYSIS?

WHEN SHOULD WE CONDUCT SECONDARY DATA ANALYSIS?

WHAT ARE THE BENEFITS AND LIMITATIONS OF SECONDARY DATA ANALYSIS?

WHAT ARE THE STEPS IN CONDUCTING SECONDARY DATA ANALYSIS?

CONCLUSION

WHAT IS SECONDARY DATA ANALYSIS?

This module aims to guide practitioners in a systematic approach to gather, analyze, and synthesize data from secondary sources.

Secondary data analysis for Infant and Young Child Feeding in Emergencies (IYCF-E) involves using information that has already been collected and documented about feeding practices and factors that contribute or influence these practices, as well as about any relevant policies and services for caregivers and young children across different sectors.

There are many potential sources of secondary information. Examples include survey and assessment reports, national databases, national policies, program reports and academic literature, as well as new information about the emergency as it arises.

WHY SHOULD WE CONDUCT SECONDARY DATA ANALYSIS?

Secondary data analysis is a critical component of any IYCF-E assessment, serving as both a preparedness measure and an essential first step in understanding the context of the emergency. By analyzing different data sources, practitioners can create a baseline understanding of pre-crisis IYCF practices as well as quickly gather crucial insights that inform immediate response efforts and guide subsequent adjustments as more information becomes available. Identifying gaps in the secondary data also informs the selection of primary data collection methods that are most suitable for addressing those gaps. Data will also be required to support strategy development and fundraising proposals.

WHEN SHOULD WE CONDUCT SECONDARY DATA ANALYSIS?

It is recommended to conduct this analysis as part of emergency preparedness before a crisis occurs. Having this information allows organizations to establish a comprehensive understanding of existing data, identify gaps and prepare for swift and informed decision-making when a crisis does arise.

However, often an emergency response takes place in a location without a previous response or before preparedness planning can take place. Therefore, a secondary analysis should be initiated immediately post-crisis; an analysis may also be initiated at other stages to inform strategic planning or fundraising.

It is good practice to regularly update the analysis to ensure the data remains relevant and accurate, enabling timely and effective responses to evolving situations.

WHAT ARE THE BENEFITS AND LIMITATIONS OF SECONDARY DATA ANALYSIS?

In terms of benefits, secondary data can provide historical context, reduce the burden on affected populations and be cost-effective. However, there are limitations, such as the timing of the data collection, potential inconsistencies in data quality, ethical concerns and a lack of control over the data collection process. These factors may affect the reliability and relevance of the data, particularly in rapidly changing situations or when detailed analysis is required.

Module 1 Table 1: Example uses of secondary data in IYCF-E

CONTEXT	USES
General context	Use existing census and health survey data to understand the household size and percentage of children under two years of age. Use situation reports and displacement databases and dashboards to understand the overall emergency context, including population displacement, living conditions and public health concerns. This helps to plan the IYCF-E response.
IYCF status and practices	Analyze pre-crisis indicators on breastfeeding and complementary feeding practices from household surveys to establish a baseline and identify trends or shifts in practices during the emergency.
Policy environment	Review existing IYCF-related policies and guidelines, both pre-crisis and during past emergencies, to understand how these might support or present challenges to IYCF-E.
IYCF services and capacity	Assess the availability and effectiveness of previous IYCF services and the capacity of current systems. This includes understanding gaps in service delivery and staff capacity from past data.
Coordination	Examine past coordination efforts in similar emergencies to identify successful strategies and potential challenges. Use this to strengthen current coordination mechanisms, including multi-sectoral collaboration.

Module 1 Table 2: Benefits and limitations of secondary data analysis

	BENEFITS	LIMITATIONS
Contextual understanding	Provides historical context and can support comparison of pre- and post-emergency situations.	May not capture rapidly changing situations or differences between past and current contexts
Ethical considerations	Reusing existing data can reduce the time burden on affected populations.	Secondary data may have been collected under different ethical standards, raising concerns about its appropriateness for current use.
Data quality	High-quality if sourced from reliable entities, with potential for using validated measures.	Data quality may be inconsistent, incomplete or unreliable, with limited control over methods.
Breadth of data	Offers a wide range of information across various geographies and time periods, which can provide comprehensive insights.	Data may not be detailed enough, often lacking the specific context or granularity needed for precise analysis.
Cost-effectiveness	Secondary data is generally more cost-effective since it uses existing data, reducing the need for new data collection efforts.	Limited control over the data collection process can result in data that may not fully meet current information needs.
Data triangulation	Allows for the triangulation of data from multiple sources, improving the validity of assessment findings.	The different sources of information may show opposing themes/findings which can complicate the analysis.

MODULE 1 EXAMPLE 1

The Jabari Earthquake – A Case Study

A magnitude 7.8 earthquake has struck Jabari, a city in Examplandia, causing widespread destruction and crippling essential infrastructure. The disaster has severely disrupted the community's ability to care for and feed their youngest members, with key supply chains for nutritious foods such as milk, egg, meat, fruit and vegetables severely impacted.

Humanitarian responders at the NGO "Friends of Jabari" need to understand pre-crisis Infant and Young Child Feeding (IYCF) practices to ensure that relief efforts are effectively tailored to meet the specific nutritional needs of infants and young children.

Key information gaps that need to be addressed include:

- Exclusive breastfeeding rates before the crisis to determine the level of support needed to ensure that infants are safely fed.
- Complementary feeding practices, including what foods were used, how they were prepared and how these practices might have been disrupted.
- Nutritional status of infants and young children and morbidity rates to assess current risks and prioritize interventions.
- Cultural beliefs and practices surrounding infant feeding to ensure that interventions are culturally appropriate and accepted by the community.
- Health system capacity to support IYCF before the earthquake, including availability of trained health workers and resources.
- Supply chain and market access for essential food items pre-crisis, to understand the severity of disruptions and plan for restoration.
- Previous emergency responses to identify effective strategies and challenges in IYCF practices during past crises.
- What services are available and where across different sectors?

The team decided to conduct a secondary data analysis to gather data to guide their response strategy and funding proposals, understand where there are critical information gaps and plan any additional assessments.

WHAT ARE THE STEPS IN CONDUCTING SECONDARY DATA ANALYSIS?

Step 1 DETERMINE INFORMATION NEEDS.

Information needs will vary depending on the context and the likely approach that your organization will take to respond to the crisis. Several resources are documented in the introduction of this guide which can help responders to understand the actions that they should take to support IYCF and the information that they need to take these steps. Key documents are also included in box one below.

MODULE 1 BOX 1
Determining information needs – supporting documents

Global Nutrition Cluster. (2020). *IYCF-E Checklist: A checklist for designing and implementing interventions to protect, promote and support optimal feeding of infants and young children in emergencies.* https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-07/IYCF-E%20Checklist.pdf

Save the Children. (2020). *Infant and Young Child Feeding in Emergencies (IYCF-E) Standard Operating Procedure (SOP).* https://resourcecentre.savethechildren.net/document/infant-and-young-child-feeding-in-emergencies-iyce-standard-operating-procedure/

Save the Children. (2022). *Infant and Young Child Feeding in Emergencies: Capacity Mapping.* https://resourcecentre.savethechildren.net/document/infant-and-young-child-feeding-in-emergencies-capacity-mapping/

Step 2 CREATE AN INFORMATION WORKSHEET.

1. Begin by developing an information matrix, such as the IYCF secondary data worksheet in the IYCF Analysis Worksheet (see Annex 1). This matrix helps in categorizing the different types of information required for each aspect of the IYCF-E response. Categories might include “General Context,” “IYCF Status and Practices”, “Policy Environment,” “IYCF Services and Capacity” and “Coordination.”
2. For each category, define sub-themes that represent more focused aspects of the IYCF-E response. For instance, under “IYCF Status and Practices,” you could include sub-themes like “Breastfeeding Practices,” “Dietary Diversity” and “Complementary Feeding.” These sub-themes will help in identifying and organizing specific data points.
3. Adapt the matrix to your needs and context. This involves considering local priorities, cultural practices and existing gaps in knowledge. Add or modify categories and sub-themes as new information becomes available or as the situation evolves.

An example completed matrix can be found in the “example secondary data analysis” tab of the IYCF Analysis Worksheet (Annex 1).

Step 3 IDENTIFY RELEVANT DATA SOURCES.

1. Conduct a comprehensive search. Systematically search for secondary data sources that align with the categories and sub-themes identified in your information matrix.
2. Use a variety of methods, including online databases (such as PubMed, Google Scholar), search engines, organizational repositories (e.g., UN agencies, NGOs, government bodies) and institutional libraries.
3. Consult with stakeholders who might have access to relevant data. This includes

government agencies, the nutrition cluster/sector, UN organizations, NGOs, academic institutions and local health authorities. Stakeholders can provide valuable insights and access to unpublished data or reports that contribute to a comprehensive understanding of the situation.

A guide on designing search terms to identify documents can be found in Module 1 Annex 1. Module 1 Annex 2 provides in-depth guidance to different sources of information and how to use them.

4. Pay attention to both quantitative data (e.g., survey results, demographic data) and qualitative data (e.g., focus group reports, case studies, news reports). As part of the data collection process, it is important to consider the quality of the information, when the data collection took place, geographic coverage and population groups studied.
5. Pay particular attention to the level — national, regional/provincial, or district — at which data was collected, depending on the area for which secondary sources are being compiled. Capturing this information at the outset helps avoid the need to return to source documents later if discrepancies occur. Prioritize sources that are recent, well-documented and directly applicable to the IYCF-E response.

Step 4 ENTER AND ORGANIZE DATA INTO THE WORKSHEET.

Once you have identified relevant data sources, systematically retrieve the necessary information.

1. Extract and document key information. It is recommended to use the IYCF Analysis Worksheet (Annex 1) or an alternative template to extract key information and indicators for each sub-theme. Document details such as the quantitative findings, qualitative insights, source name, date of collection and geographic location. This documentation is crucial for ensuring transparency and traceability in your analysis.
2. Organize the data according to the categories outlined in your information matrix (see example completed secondary data sheet for further guidance).
3. As you organize the data, identify any gaps, inconsistencies or anomalies that might require further investigation. This could involve seeking additional data sources, consulting with experts or adjusting your data collection strategy. Document these gaps and plan how to address them in subsequent stages of your analysis.

MODULE 1 EXAMPLE 2

Gathering pre-crisis IYCF data in Jabari in Examplandia

The team at Friends of Jabari gathered secondary IYCF data to address immediate information needs while they considered their next steps regarding assessments. They focused on gaining a comprehensive understanding of IYCF practices prior to the earthquake and tracked updates about the current situation to guide the response strategies and initial fundraising requests.

The team used a mix of sources:

- **Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS):** These surveys provided foundational data on exclusive breastfeeding (EBF) rates and complementary feeding practices. Despite being four years old, they highlighted low EBF rates in Jabari, indicating a community at risk even before the disaster.
- **Recent SMART surveys:** These surveys added depth by providing a snapshot of the nutritional status of children under five before the earthquake. Undernutrition prevalence underscored the need for targeted nutritional interventions.
- **Current data:** In their efforts to access more current data through the Health Management Information System (HMIS), particularly the DHIS2 platform, the team encountered governmental restrictions and trust issues, as well as sparse IYCF and nutrition data within the system.
- **Qualitative insights:** Practitioners sought qualitative insights from the following sources:
- **UN/NGO reports and academic literature:** These (example) sources revealed socio-cultural factors influencing IYCF practices, including misconceptions about the sufficiency of breast milk and a preference for commercial complementary foods. This revealed that the earthquake's impact on Jabari had far-reaching implications for IYCF practices. Local markets were destroyed, roads were damaged and supply chains for perishable, nutritious foods were broken.
- **News reports:** In addition to traditional data sources, news reports played a vital role in conveying the immediate and evolving IYCF challenges in Jabari. These reports provided real-time updates, such as the destruction of markets and ongoing relief efforts.

Conclusion: Layering current information from news reports and qualitative insights with pre-crisis IYCF data in Jabari proved essential for effective relief and recovery planning. By combining these with quantitative and qualitative sources such as DHS and MICS, SMART surveys and UN/NGO reports, practitioners were able to identify key vulnerabilities, including low EBF rates and misconceptions about breastfeeding. The impact of the earthquake on markets and supply chains further underscored the urgent need to promote EBF as a sustainable practice while providing support to re-establish supply chains for fresh food.

Step 5 **ASSESS DATA QUALITY AND RELEVANCE.**

Critically appraise data sources. Begin by evaluating the reliability and validity of each data source you have collected, considering the following key factors:

- **Data collection methodology –** Review how data were gathered, including the techniques used, the rigor of the processes and whether the methodologies are appropriate for the type of information required.
- **Sample size and representativeness –** Assess whether the sample size is adequate to draw meaningful conclusions and whether the sample is representative of the population or context in question.
- **Consistency –** Look for consistency within the data and cross-check with other sources.
- **Timeliness –** Consider the timeliness of the data and whether it reflects current conditions.

MODULE 1 EXAMPLE 3

Data appraisal in Jabari, Examplandia

Following data collection and organization, the team at Friends of Jabari conducted a data appraisal and found the following:

	SAMPLE SIZE/ REPRESENTATIVENESS	CONSISTENCY/ ACCURACY	RELEVANCE
DHS and MICS surveys	Large and representative, ensuring broad applicability.	Reliable and consistent. Outdated for the current post-earthquake context.	Directly addresses IYCF-E objectives but the data was four years old, limiting relevance and may not reflect recent changes in Jabari's conditions.
NGO SMART survey	Adequate and representative, ensuring meaningful conclusions.	Consistent and recently validated, making it highly reliable.	Conducted just before the earthquake in the same district. The most up-to-date source of quantitative data on IYCF.
HMIS (DHIS2 platform)	Sparse entries reduce representativeness.	Questionable accuracy; requires cross-checking with other sources.	Limited due to outdated and incomplete data.
News reports	Focused on specific events; not broadly representative.	Varies; needs validation against other data.	Timely and contextually relevant but should supplement more robust data.
Qualitative insights from NGO reports	Targeted but not broadly representative; provide deep insights into specific issues.	Generally reliable within the local context.	Highly relevant for understanding local practices and barriers, crucial for context-specific interventions.

Conclusion: SMART surveys and NGO reports are the most reliable and relevant sources for guiding IYCF-E interventions in Jabari. DHS and MICS offer valuable historical data but may not fully reflect current conditions. News reports provide timely context but should be cross-checked with other sources.

Step 6 IDENTIFY INFORMATION GAPS.

Compare data against the information matrix: Once data has been assessed for quality and relevance, compare the compiled information against the categories and sub-themes in your information matrix. Identify where data is sufficient and where gaps exist.

Identify critical information gaps: Focus on the most significant gaps in your data — those that are essential for understanding the IYCF-E situation but are either missing or inadequately covered by secondary data. Consider:

- **Key indicators –** Are there crucial indicators (e.g., breastfeeding rates, nutritional status) that lack sufficient data?
- **Geographical coverage –** Are there areas or populations that are underrepresented in the existing data?
- **Recency –** Is the data outdated, or has the situation changed significantly since the data was collected?

Determine the need for primary data collection: Based on the identified gaps, decide whether additional primary data collection is necessary.

Step 7 PLAN ON NEXT STEPS.

1. Decide whether you need more data, according to the following scenarios.

— **No further information is required; secondary data is sufficient for response.** When secondary data fully addresses IYCF-E practices, risks and needs, no additional data collection is necessary.

This scenario is rare and only applicable when:

» The data is up to date and covers current EBF rates, complementary feeding practices, continued breastfeeding statistics, micronutrient supplementation and the impact of health systems on feeding practices.

» Cultural, socioeconomic and environmental factors are thoroughly documented. In such cases, IYCF-E interventions can be implemented based on this solid data foundation.

— **Secondary data is sufficient for quantitative understanding, but qualitative data is needed.** When quantitative data provides a broad overview but lacks insight into the cultural and community factors influencing IYCF practices, qualitative methods such as rapid assessments or in-depth qualitative assessments are needed to contextualize and enrich the quantitative findings. For example, secondary data might show high breastfeeding rates, while rapid assessments could indicate that rates may be deteriorating and provide an indication of potential barriers to be considered in the immediate response and explored in later assessments.

— **Secondary data is sufficient for qualitative understanding, but quantitative data is needed.** When rich qualitative insights exist but lack quantitative validation, there might be a need to quantify practices and program reach. Population-based surveys are required to provide numerical context to the qualitative data, ensuring a full understanding of IYCF-E practices. For instance, qualitative reports might suggest low exclusive breastfeeding rates, but a survey could provide precise prevalence figures.

— **Both qualitative and quantitative data are lacking.** A mixed-methods approach is necessary when there are significant gaps in both data types. This involves planning for both quantitative and qualitative assessments to ensure a comprehensive

understanding of IYCF-E practices, thus laying a strong foundation for effective interventions.

2. Decide whether to conduct a rapid or in-depth assessment.

   If you decide you need more information, consider whether to conduct a rapid or in-depth assessment. When choosing between a rapid or in-depth assessment for IYCF-E, consider the urgency, scope and available resources. A rapid assessment is ideal in emergencies where immediate action is needed, providing quick insights into IYCF-E (Module 2). However, it does not provide quantifiable results such as the rate of exclusive breastfeeding.

   An in-depth assessment is more appropriate for situations after the first phase of an emergency if there are resources to conduct a survey or explore IYCF-E practices comprehensively. The decision on which approach to take depends on balancing the urgency of the need for information with the level of detail and accuracy needed.

Step 8 DEVELOP A PLAN FOR FURTHER ASSESSMENT.

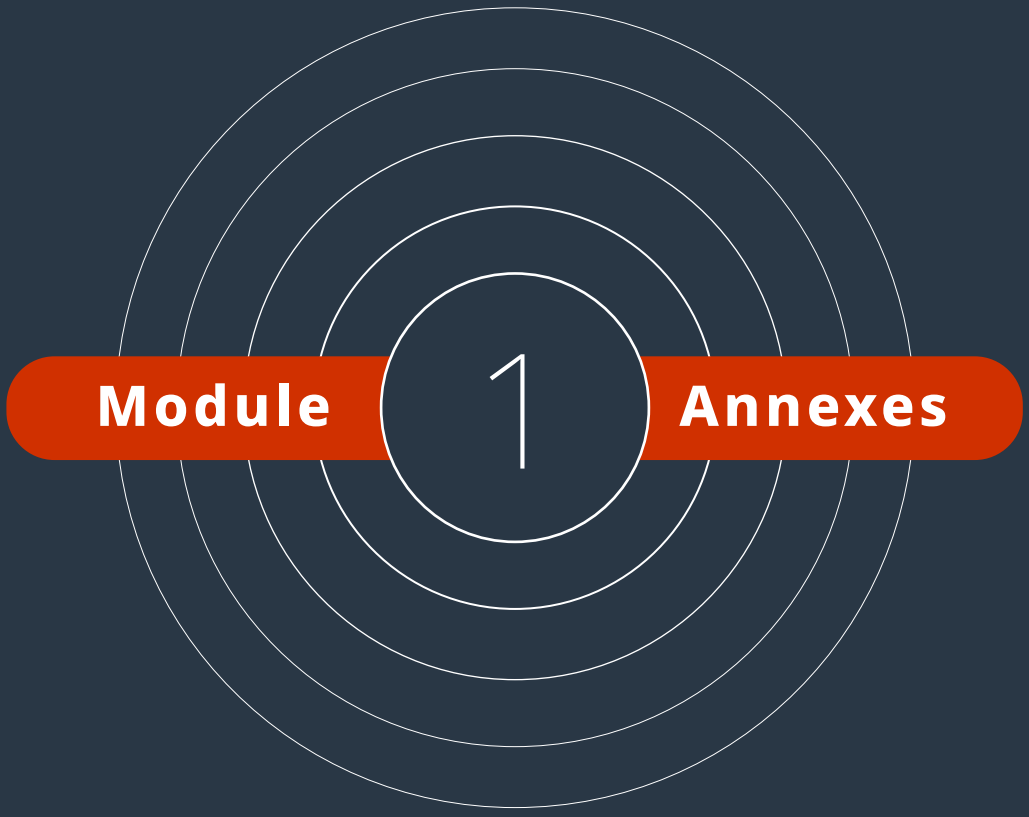
Based on the gaps identified and the quality of existing data, create a detailed plan for any further assessment activities. This plan should outline:

- **Objectives:** Clearly define what you aim to achieve with additional data collection.
- **Methods:** Specify the methodologies to be used (e.g., surveys, interviews, focus groups) and how they will address the identified gaps.
- **Timeline and resources:** Estimate the time required and resources needed for each assessment activity, ensuring that it aligns with the overall IYCF-E response timeline.
- **Stakeholder involvement:** Identify key stakeholders who need to be involved in further assessments, including local authorities, community leaders and international partners.

Further guidance on different types of assessment can be found in Modules 2 through 5.

CONCLUSION

Secondary data analysis is a key component of IYCF-E assessment, providing a foundation for understanding the context, guiding the initial response, and identifying gaps in information. If secondary data is insufficient, this analysis helps determine whether primary data collection is necessary. By thoroughly assessing and analyzing available data, informed decisions can be made about the next steps, ensuring that the response is both evidence-based and targeted to address the specific needs identified in the assessment.



MODULE 1 ANNEX 1: STEP-BY-STEP GUIDE FOR CHOOSING SEARCH TERMS FOR ONLINE SEARCHES

MODULE 1 ANNEX 2: INSTRUCTIONS FOR USING SPECIFIC DATA SOURCES

MODULE 1 ANNEX 2A: DEMOGRAPHIC AND HEALTH SURVEYS (DHS)

MODULE 1 ANNEX 2B: MULTIPLE INDICATOR CLUSTER SURVEYS (MICS)

MODULE 1 ANNEX 2C: STANDARDIZED MONITORING AND ASSESSMENT OF RELIEF AND TRANSITIONS (SMART) SURVEYS

MODULE 1 ANNEX 2D: NGO AND PROGRAMMATIC REPORTS

MODULE 1 ANNEX 2E: DATA FROM THE UN OR SIMILAR ORGANIZATIONS

MODULE 1 ANNEX 2F: UTILIZING ACADEMIC LITERATURE

MODULE 1 ANNEX 2G: HEALTH MANAGEMENT INFORMATION SYSTEMS (HMIS)

MODULE 1 ANNEX 2H: NATIONAL NUTRITION SURVEYS

MODULE 1 ANNEX 2I: QUALITATIVE SOURCES, INCLUDING NEWS REPORTS, FOR SECONDARY DATA ANALYSIS

MODULE 1 ANNEX 1:

Step-by-Step Guide for Choosing Search Terms for Online Searches

1. **Define your information needs.** Start by clearly defining the specific information or data you need. Use an information matrix to outline the types of data required for each aspect of the IYCF-E response.
2. **Identify key topics and indicators.** Break down your information needs into key topics and indicators related to IYCF. Examples include breastfeeding rates, complementary feeding practices, malnutrition prevalence and health services access.
3. **Generate keywords and phrases.** For each key topic, generate a list of relevant keywords and phrases (see examples below). Consider different terminologies and synonyms that might be used in various documents.

KEY TOPIC	KEYWORDS AND PHRASES
Breastfeeding	• Breastfeeding • Infant feeding • Baby feeding • Exclusive breastfeeding • Breastfeeding initiation • Continued breastfeeding • Breastfeeding practices • Lactation
Complementary Feeding	• Weaning • Baby food • Introduction of solid foods • Complementary feeding practices • Dietary diversity • Meal frequency • Infant and young child nutrition
Malnutrition	• Acute malnutrition • Chronic malnutrition • Stunting • Wasting • Nutritional status
Health Services	• Health service • Health center • Antenatal care • Postnatal care • Community health services • Nutrition programs
Artificial Feeding and BMS Code Violations	• Infant feeding • Infant formula • Formula • Baby milk • Infant milk • Milk powder

4. **Use Boolean operators.** Combine keywords using Boolean operators (AND, OR, NOT) to refine your search. For example:
   - "breastfeeding" AND "emergency context (e.g., "Jabari earthquake)"
   - "complementary feeding" OR "dietary diversity"
   - "acute malnutrition" NOT "chronic"
5. **Specify context and location.** Include terms that specify the context (e.g., emergency, humanitarian, conflict) and location if relevant (e.g., country names, regions).
6. **Consider time frame.** Add time-related terms (e.g., "last 5 years," "2015–2025") to focus on recent data or specific periods.

Search Term Examples

- General IYCF-E context:
  - "Infant and young child feeding practices in emergencies"
  - "IYCF humanitarian response"
  - "Breastfeeding during conflict"
- Specific indicators:
  - "Exclusive breastfeeding prevalence 2020"
  - "Complementary feeding practices in refugee camps"
  - "Acute malnutrition rates in disaster zones"
- Health and nutrition programs:
  - "Community health worker IYCF interventions"
  - "Antenatal care breastfeeding support"
  - "Postnatal nutrition services in emergencies"
  - "Nutrition programs AND antenatal care breastfeeding support"

MODULE 1 ANNEX 2:

Instructions for Using Specific Data Sources

This annex outlines how different sources can be used for secondary data analysis in IYCF-E, enriching the understanding and enhancing the relevance and impact of emergency interventions.

MODULE 1 ANNEX 2A:

Demographic and Health Surveys (DHS)

Demographic and Health Surveys (DHS) are vital for understanding the pre-crisis health and nutrition status of populations. These five-year surveys across various countries take a comprehensive look into household health topics. DHS data is especially vital for IYCF-E, offering insights into child nutrition, breastfeeding and maternal health and setting a foundation for designing effective IYCF-E programs and responses. DHS provides access to summary reports and the datasets behind the reports.

How to Access and Use the Data

- **Accessing the data:** Visit the DHS Program website to explore an download relevant surveys and datasets. Registration may be required for dataset access.
- **Analyzing the data:** Utilize statistical software like R, SPSS, Stata, or SAS, focusing on IYCF-related indicators such as breastfeeding rates and nutritional status.
- **Key IYCF-related indicators often included in DHS surveys:**

Module 1 Annex 2a Table 1: Key IYCF indicators in DHS

• Among last-born children born in the past 2 years, percentage ever breastfed.
• Among last-born children born in the past 2 years, percentage who started breastfeeding within 1 hour of birth.
• Among last-born children born in the past 2 years, percentage who started breastfeeding within 1 day of birth.
• Among last-born children born in the past 2 years who were ever breastfed, percentage who received a pre-lacteal feed.
• Among last-born children born in the past 2 years who were ever breastfed, number of last-born children ever breastfed.
• Percent distribution of youngest children under age 2 currently breastfeeding.
• Number of youngest children under age 2 using bottle with nipple.
• Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding.
• Percentage of youngest children under age 2 who are living with their mother by type of foods consumed in the day or night preceding the interview.
• Percentage of youngest children aged 6–23 months living with their mother who are fed a minimum acceptable diet based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey.
• Among youngest children aged 6–23 months who are living with their mother, percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey.
• Among all children aged 6–23 months, percentage given vitamin and mineral powder in the 7 days preceding the survey.
• Among all children aged 6–59 months, percentage who were given vitamin A supplements in the 6 months preceding the survey, given iron supplements in the 7 days preceding the survey, and given deworming medication in the 6 months preceding the survey.

Applying Data to IYCF-E Planning

Integrating DHS data insights into IYCF-E planning is nuanced, depending on the crisis stage and objectives of the response.

Initial crisis stage – rapid assessment: In the early stages of a crisis, quick action is critical. Decisions need to be made fast to address urgent needs. Therefore, the most recent DHS summary reports for the region of the emergency should be used to identify high-risk areas and vulnerable groups, especially as they relate to IYCF indicators.

Later stages – qualitative and population-based survey design: As the crisis evolves, the focus shifts to comprehensive strategies. More time allows for in-depth data exploration and investigation. During these later stages of the emergency, teams can conduct a thorough analysis of the raw DHS data. Doing so allows them to obtain answers to questions that arise in initial rapid assessments and data gathering that may not have been in the DHS summary reports. Analyzing DHS data requires technical skill and a deep understanding of the dataset's structure. Start by ensuring you have statistical software like R (with the "survey" package), SPSS, Stata or SAS, which can handle complex survey data. These tools help navigate survey data complexities, such as stratification, clustering and weighting, ensuring your analysis is accurate.

Challenges and Considerations

- Data timeliness and relevance
  - **Challenge:** DHS surveys are conducted every five years, which may limit the relevance of data for rapidly evolving emergency contexts. The gap between data collection and publication can affect the accuracy of current health and nutrition assessments.
  - **Consideration:** Utilize the most recent DHS data available while supplementing with real-time data sources to ensure a comprehensive understanding of the current IYCF situation.
- Complexity of data analysis
  - **Challenge:** Analyzing DHS data requires advanced statistical skills and software and familiarity with complex survey designs, including understanding how to apply weights, manage cluster sampling and interpret stratified analysis.
  - **Consideration:** Build capacity within emergency response teams for statistical analysis of DHS data or collaborate with academic institutions and experts who have experience in handling complex datasets.
- Access and use restrictions
  - **Challenge:** Access to raw DHS datasets often requires registration and sometimes a proposal outlining the intended use of the data. This process can delay the availability of data for urgent analysis.
  - **Consideration:** Plan by securing access to DHS datasets before an emergency occurs or focus initially on summary reports that are more readily accessible.
- Geographical and temporal variability
  - **Challenge:** DHS data may not capture the full extent of geographical and temporal variations in IYCF practices within countries, especially in regions with diverse cultural and socio-economic backgrounds.
  - **Consideration:** When planning IYCF-E interventions, complement DHS data with local surveys and studies that offer more granular insights into specific communities or regions.
- Interpretation and application
  - **Challenge:** The interpretation of DHS data requires statistical expertise and a deep understanding of the socio-cultural context to ensure that findings are correctly applied to IYCF-E planning.
  - **Consideration:** Engage with local health experts, community leaders and NGOs to interpret data in the context of local IYCF practices and to design culturally sensitive emergency responses.

Additional Resources

Visit the DHS Program website (https://dhsprogram.com/) to access DHS data. This site has ample resources to aid in understanding the many different DHS surveys and their relevance to IYCF practices, particularly the Standard DHS, which is known for its in-depth child and maternal health data.

- The DHS Program website offers tutorials, webinars and guides on accessing and analyzing DHS data. These resources can be invaluable for teams looking to enhance their understanding of the dataset's complexities.
- Online courses on health data analysis, available through academic platforms, can provide team members with the skills needed to work with DHS and similar datasets effectively.
- Collaborating with data analysis experts or institutions can facilitate a more nuanced interpretation and application of DHS data in emergencies, ensuring that IYCF-E planning is evidence-based and contextually appropriate.

Key IYCF-Related Indicators

The following table outlines common IYCF indicators found in MICS, offering vital data for emergency planning:

Module 1 Annex 2b Table 1: List of common IYCF MICS indicators

INDICATOR	DESCRIPTION
Percentage of live-born children ever breastfed	Children born in the last 2 years to women with a live birth who were ever breastfed
Percentage of children breastfed within one hour of birth	Children born in the last 2 years to women with a live birth who were breastfed within one hour of birth
Percentage of infants under 6 months exclusively breastfed	Infants under 6 months of age who are exclusively breastfed
Percentage of infants under 6 months predominantly breastfed	Infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day
Percentage of children 12–15 months who received breast milk the previous day	Children aged 12–15 months who received breast milk during the previous day
Percentage of children 20–23 months who received breast milk the previous day	Children aged 20–23 months who received breast milk during the previous day
Age when 50 percent of children 0–35 months did not receive breast milk the previous day	The age in months when 50 percent of children aged 0–35 months did not receive breast milk during the previous day
Percentage of children 0–23 months appropriately fed	Infants aged 0–5 months who are exclusively breastfed, and children aged 6–23 months who are breastfed and ate solid, semi-solid or soft foods
Percentage of infants 6–8 months who received solid, semi-solid or soft foods	Infants aged 6–8 months who received solid, semi-solid or soft foods during the previous day
Percentage of children 6–23 months with minimum dietary diversity and meal frequency	Children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day
Percentage of non-breastfed children 6–23 months who received at least 2 milk feedings	Non-breastfed children aged 6–23 months who received at least 2 milk feedings during the previous day
Percentage of children 6–23 months who received foods from 5 or more food groups	Children aged 6–23 months who received foods from 5 or more food groups during the previous day
Percentage of children 6–23 months fed the minimum number of times	Children aged 6–23 months who received solid, semi-solid and soft foods the minimum number of times or more during the previous day
Percentage of children 0–23 months who were fed with a bottle during the previous day	Children aged 0–23 months who were fed with a bottle during the previous day

Applying Data to IYCF-E Planning

Integrating MICS data into IYCF-E planning is nuanced, requiring strategic consideration based on the crisis stage and specific objectives.

- Initial crisis stage – rapid assessment: In the early stages of a crisis, swiftly applying summarized MICS reports to identify high-risk areas and vulnerable groups is crucial. This approach focuses on key IYCF indicators for immediate interventions.
- Later stages: As the emergency unfolds, a detailed analysis of raw MICS data allows for a thorough investigation into specific IYCF-related questions, informing comprehensive strategy development.

Challenges and Considerations

- Data timeliness: The interval between MICS survey cycles can present challenges in obtaining the most current data, especially in fast-changing emergency contexts.
- Complexity of analysis: MICS data's detailed and complex structure demands significant statistical expertise for accurate interpretation.
- Access and approval processes: Obtaining raw datasets may involve detailed approval processes, potentially delaying access.
- Cultural and regional variability: MICS data may not capture all nuances of local IYCF practices, necessitating supplementary data sources for a complete picture.

Additional Resources

For further assistance with MICS data, visit the MICS website for access to resources like tutorials, FAQs and contact information for support. These resources are invaluable for researchers and practitioners seeking to deepen their understanding of MICS data and its application to IYCF-E planning.

MODULE 1 ANNEX 2B:

Multiple Indicator Cluster Surveys (MICS)

UNICEF's Multiple Indicator Cluster Surveys (MICS) are vital for providing in-depth data on the well-being of children and women, making them indispensable for IYCF-E strategies. Rich in household-level data, these surveys, conducted every 3–5 years across countries, offer insights into crucial aspects like child feeding practices, nutrition status and health care access.

MICS encompasses a variety of surveys, each designed to address specific areas:

- **Household surveys:** The core of MICS, offering broad data on health, education, and well-being.
- **Water and sanitation surveys:** Focused on access to and quality of water and sanitation facilities.
- **Education surveys:** Concentrating on educational access, attendance and quality.
- **Health surveys:** Targeting maternal and child health metrics, including nutrition and immunization rates.

How to Access and Use the Data

- **Accessing the data:** Visit the MICS website (https://mics.unicef.org/) to explore and download relevant surveys and datasets. Registration may be required to access specific datasets.
- **Analyzing the data:** Employ statistical software such as R, SPSS, Stata or SAS, focusing on IYCF-related indicators to analyze the data comprehensively. Given the complex design of MICS surveys, including stratification, clustering and weighting, a deep understanding of survey analysis techniques is necessary.

MODULE 1 ANNEX 2C:

Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys

SMART surveys are pivotal in emergency settings, offering data vital for immediate action. They focus on the nutritional assessment of affected populations, providing an essential resource for addressing community crisis needs. By collecting anthropometric measurements and mortality rates, SMART surveys furnish detailed, actionable intelligence crucial for IYCF-E planning, delivering insights into the nutritional health of children and infants in these challenging contexts.

How to Access and Use the Data

- Exploring SMART resources:
  - Explore the SMART Methodology website (https://smartmethodology.org/) or other relevant data-sharing platforms. These resources offer a deep dive into the surveys' methodologies, scope and outcomes, emphasizing their application in emergency nutrition assessment.
- Accessing SMART data:
  - Engage with humanitarian organizations like Action Against Hunger or UN agencies that frequently conducting SMART surveys.
  - Utilize specialized databases such as the Integrated Food Security Phase Classification (IPC) or Relief Web for SMART survey summaries and reports or the Humanitarian Data Exchange (HDX) for accessing published SMART surveys.
  - Contact the SMART Initiative to request data.
- Analyzing SMART data:
  - Employ appropriate statistical software and methodologies to understand and analyze the anthropometric and mortality data collected through SMART surveys.
  - Focus specifically on IYCF-relevant indicators such as malnutrition rates, breastfeeding practices and dietary diversity among infants and young children.

Key IYCF-Related Insights from SMART Surveys

- SMART surveys provide crucial data, including the following:
  - Some SMART surveys collect IYCF data such as exclusive breastfeeding rates
  - The prevalence of acute malnutrition among children under five, offering a direct indicator of the nutritional crisis's severity.
  - Mortality rates can indicate the broader health environment, indirectly impacting IYCF practices.
  - Specific nutritional deficiencies that may require targeted supplement interventions.

Applying Data to IYCF-E Planning

The integration of SMART survey findings into IYCF-E strategies involves several key steps:

- **Rapid assessment and response:** Utilize immediate SMART survey findings to identify areas with critical nutritional needs, prioritizing prompt intervention to support affected infants and young children.
- **Adjusting IYCF strategies:** Continuously refine and adapt IYCF interventions based on ongoing SMART survey data to address the dynamic nutritional landscape in emergency contexts.

Challenges and Considerations

- **Timeliness of data:** While SMART surveys are designed for rapid assessment, the frequency and timing of surveys may not always align with emerging emergency needs.
- **Technical expertise Required:** The analysis of SMART survey data requires specific statistical skills and an understanding of nutritional epidemiology, which may necessitate specialized training or external expertise.

Additional Resources

For further exploration of SMART surveys and their application in IYCF-E planning, consider the following:

- **SMART Methodology training:** Participate in workshops or online courses offered through the SMART initiative to build capacity in emergency nutrition assessment.
- **Collaboration and networking:** Engage with a community of practice involving humanitarian organizations, UN agencies and academic institutions that utilize SMART data for emergency response planning.
- **Guidance and support:** Seek out guidelines, case studies and technical support provided on the SMART Methodology website and through associated networks to enhance the effective use of SMART data in IYCF-E strategies.

MODULE 1 ANNEX 2D:

NGO and Programmatic Reports

NGO and programmatic reports are invaluable resources in the health and nutrition information landscape, offering unmatched insights into the local dynamics and contextual nuances. These reports are a source of qualitative data and case studies from NGOs' distinct operational territories, covering nutrition, health and IYCF practices. They serve as a key to understanding IYCF within specific communities or regions, presenting grassroots information on practices and the hurdles they face, as well as evaluating national policies and programs supporting IYCF.

In addition to insights from NGO reports, programmatic reports such as the World Breastfeeding Trends Initiative (WBTi) reports, the Global Breastfeeding Collective Scorecard and the Monitoring progress on implementation of the WHO Global Code provide an extensive evaluation of national policies, programs and practices supporting IYCF. These reports are instrumental for assessing the global and national policy landscapes, identifying gaps in IYCF support and suggesting areas for improvement, including emergency preparedness and response.

How to Access and Use the Data

- **Exploring NGO resources:**
  - Identify NGOs actively engaged in IYCF-related work within your area of interest. Many NGOs publish their findings and reports online, providing a rich resource for practitioners and researchers.

- **Accessing NGO Reports:**
  - Identify critical NGOs and explore their websites for relevant publications and resources.
  - Utilize academic and research databases such as JSTOR or organizational archives to find reports on IYCF practices and outcomes.
- **Analyzing NGO Data:**
  - Focus on reports that use Link NCA (Nutritional Causal Analysis), KAP Surveys (Knowledge, Attitudes, and Practices) and barrier analysis for in-depth insights into IYCF challenges and solutions.
  - Assess the applicability and implications of these findings for your IYCF-E planning, considering the local context and barriers identified.

Key IYCF-Related Insights from NGO Reports

NGO reports can provide essential information on:

- Community perceptions and practices regarding breastfeeding and complementary feeding.
- Barriers to optimal IYCF practices and strategies that have successfully overcome these challenges.
- Case studies highlighting innovative approaches and interventions in IYCF.

Applying Data to IYCF-E Planning

Integrating findings from NGO reports into IYCF-E strategies:

- **Identifying best practices and barriers:** Use insights from NGO reports to identify effective IYCF practices and common barriers communities face.
- **Tailoring interventions to local contexts:** Leverage detailed case studies and qualitative data to design IYCF-E interventions that are culturally sensitive and context-specific.
- **Enhancing program effectiveness:** Apply lessons learned from NGO experiences to improve the reach and impact of IYCF programs, addressing gaps in service delivery and community engagement.

Challenges and Considerations

- **Variability in quality and focus:** The depth and focus of NGO reports can vary widely and require careful selection and evaluation to ensure relevance and reliability.
- **Access to data:** While many NGOs publish their findings, some reports may not be readily accessible to the public. Direct engagement with NGOs may be required to access these valuable resources.
- **Integration with quantitative data:** Qualitative insights from NGO reports should complement quantitative data from sources like DHS, MICS and SMART surveys to fully grasp IYCF's needs and challenges.

Additional Resources

For those interested in delving deeper into the use of NGO reports for IYCF-E planning, consider the following:

- **Direct collaboration with NGOs:** Building partnerships with NGOs can provide ongoing access to reports, insights and on-the-ground experiences.
- **Networking with IYCF professionals:** Joining forums and networks dedicated to IYCF can facilitate the exchange of knowledge, best practices and the latest research findings, including NGO reports.

MODULE 1 ANNEX 2E:

Data from the UN or Similar Organizations

Data from UN agencies and related organizations are pivotal in understanding the various health and development concerns that impact IYCF practices. Entities such as the UNFPA provide a wide range of data from their work across several domains, including reproductive health, women's rights and child welfare. This wealth of information is crucial for grasping and addressing the diverse factors influencing IYCF practices.

How to Access and Use the Data

- **Exploring data sources and focus areas:**
  - Identify UN agencies and organizations that focus on health and development issues relevant to IYCF. The vast range of data these organizations provide covers numerous aspects that could impact IYCF practices directly or indirectly.
- **Accessing the data:**
  - Identify and explore the online platforms of relevant UN agencies and similar organizations to understand the scope of their data offerings.
  - Utilize these organizations' data repositories and digital libraries to find data and studies pertinent to IYCF practices.
- **Analyzing the data:**
  - Focus on extracting insights from data and studies that explore maternal and child health, nutrition, family planning, gender equality and community development, among other areas crucial to understanding IYCF practices.
  - Employ a critical approach to assess the methodologies and findings of these studies, ensuring their relevance and applicability to your IYCF-E planning needs.

Key IYCF-Related Insights

Insights derived from UN agency data can include trends and patterns in maternal and child nutrition, socio-economic factors affecting IYCF practices and the impact of health policies and programs on IYCF practices.

Applying Data to IYCF-E Planning

Using data from UN agencies and similar organizations for IYCF-E planning involves several strategic approaches:

- **Quick contextual understanding:** Leverage the data to immediately grasp the pre-crisis nutritional status and health infrastructure.
- **Identifying vulnerable groups:** Use the data to pinpoint vulnerable populations requiring targeted IYCF interventions, ensuring resources are focused where most needed.
- **Allocating resources:** Inform your resource distribution strategy with socio-economic insights from the data.
- **Establishing a baseline for evaluation:** Establish pre-crisis data benchmarks for ongoing evaluation of IYCF-E interventions, facilitating adjustments and improvements based on evolving needs.

Challenges and Considerations

- **Data accessibility and timeliness:** Navigating UN agencies' vast and varied data offerings can be challenging, and the timeliness of data may vary.
- **Complexity of integration:** Combining qualitative and quantitative data from different sources to form a cohesive understanding of IYCF factors requires careful methodological consideration.

- **Cultural and contextual sensitivity:** Data interpretation and application must account for the cultural and contextual specifics of the target communities to ensure the relevance and effectiveness of IYCF-E strategies.

Additional Resources

For those seeking to deepen their engagement with data from UN agencies for IYCF-E planning, consider the following approaches:

- **Collaboration and networking:** Engage with UN agencies directly or through professional networks to gain deeper insights and access to unpublished data.
- **Strategic planning support:** Use guidance and support tools provided by UN agencies to effectively integrate data into strategic IYCF-E planning.
- UNICEF IYCF Database: UNICEF IYCF data repository with national-level data.

MODULE 1 ANNEX 2F:

Utilizing Academic Literature

Academic literature, including papers, dissertations and theses, is beneficial for understanding IYCF. These studies provide detailed information on how different communities or regions handle IYCF, based on cultural, social and economic factors. They provide specific information about these communities and introduce new problem-solving ideas and methods. This information is excellent for making policies and creating effective IYCF programs, especially when we need to know much about the local situation before a crisis hits.

How to Access and Use the Data

- **Finding Academic Literature:**
  - Use renowned databases such as PubMed, Google Scholar and JSTOR to search for relevant academic works using IYCF-related and geographic location keywords.
  - Explore university libraries and their digital collections for localized studies, including dissertations and theses that offer unique insights into specific community practices and challenges.
- **Analyzing Academic Studies:**
  - Carefully review selected studies to extract pertinent information on IYCF practices, focusing on methodologies, finding and recommendations.
  - Synthesize data from various studies to identify patterns, gaps and emerging themes in IYCF in your region of focus.

Key IYCF-Related Insights from Academic Literature

Academic studies contribute to IYCF knowledge by:

- Highlighting the diversity of IYCF practices and the factors influencing them in different cultural and socio-economic contexts.
- Identifying effective interventions and strategies for overcoming barriers to optimal IYCF practices.
- Proposing new theoretical frameworks and methodologies for IYCF research and program implementation.

Applying Data to IYCF-E Planning

The integration of findings from academic literature into IYCF-E planning involves:

- **Evidence-based strategy development:** Leverage insights from academic studies to develop or refine IYCF-E strategies, ensuring they are grounded in evidence and tailored to address target populations' specific needs and contexts.
- **Innovative solution implementation:** Apply innovative solutions and best practices identified in academic literature to enhance the effectiveness and sustainability of IYCF programs.
- **Continuous learning and adaptation:** Incorporate ongoing academic research findings into IYCF-E initiatives to stay abreast of the latest evidence and adapt strategies in response to new challenges and opportunities.

Challenges and Considerations

- **Accessibility and relevance:** Accessing the most relevant and recent academic literature can be challenging, requiring navigation through vast databases and ensuring the applicability of findings to specific IYCF contexts. Additionally, some of these require payment or subscriptions to access.
- **Critical evaluation:** Not all academic studies are of equal quality; critical appraisal skills are necessary to assess the validity and applicability of research findings.
- **Integration with other data sources:** To form a comprehensive view of IYCF practices and needs, it's crucial to complement academic literature with data from other sources, such as UN agencies, NGO reports and field surveys.

Additional Resources

For those seeking to enhance their use of academic literature in IYCF-E planning, consider the following options:

- **Professional development:** Engage in courses and workshops on research methodology and critical appraisal to improve the ability to effectively assess and apply academic findings.
- **Networking and collaboration:** Join IYCF-focused forums and networks to share findings, discuss interpretations and collaborate on research initiatives.
- **Cross-referencing data:** Combine insights from academic literature with data from UN databases and other reliable sources to validate findings and ensure a multi-dimensional understanding of IYCF challenges and solutions.
- Emergency Nutrition Network IYCF-E Research Repository**:** This repository provides an overview of peer-reviewed articles on IYCF-E.

MODULE 1 ANNEX 2G:

Health Management Information Systems (HMIS)

Health management information systems (HMIS) are integral in collecting, processing and managing health-related data, playing a crucial role in the surveillance and evaluation of health care services, particularly in the maternal and child health sectors. They enhance the decision-making process by providing timely and accurate health data, essential for identifying health trends, allocating resources, and improving service delivery. DHIS2, a globally recognized open-source HMIS platform, is renowned for its adaptability, scalability, and ability to manage individual patient and aggregate data, thus supporting comprehensive health management.

How to Access and Use the Data

- **Exploring HMIS Platforms and Policies:**
  - Explore HMIS platforms such as DHIS2 to understand their capabilities and how they can support comprehensive health management, including IYCF data collection and analysis.
- **Accessing HMIS Data:**
  - Investigate the functionalities of HMIS platforms like DHIS2, paying close attention to their ability to capture and report IYCF-related data.
  - Understand local data policies and identify the authorities overseeing the HMIS platforms in your region to facilitate data access.
- **Analyzing HMIS Data:**
  - Address the challenges associated with accessing and utilizing IYCF data within HMIS, such as inconsistencies in data reporting and variable collection practices.
  - Engage with local health departments, NGOs and other relevant entities to enhance data access and ensure the effective use of HMIS for IYCF-related analysis.

Key IYCF-Related Insights from HMIS

HMIS can provide critical insights into the following the following:

- Trends and patterns in maternal and child health services utilization.
- Breastfeeding rates and nutritional status indicators, despite the noted challenges in data representation.
- Gaps in service delivery and areas requiring targeted interventions for IYCF support.

Applying Data to IYCF-E Planning

The application of HMIS data to IYCF-E planning involves a strategic approach that takes into consideration the limitations and strengths of the available data:

- **Integrating HMIS insights:** Use HMIS data to inform the development and refinement of IYCF-E programs, focusing on areas highlighted by the system as needing attention.
- **Addressing data gaps and challenges:** Actively work to improve the collection and reporting of IYCF-related data within HMIS, advocating for enhanced focus and detail on crucial indicators.
- **Adapting strategies based on data:** Continuously update and adjust IYCF-E interventions based on the latest HMIS data, ensuring that programs remain relevant and effective in meeting community needs.

Challenges and Considerations

- **Data representation and accessibility:** HMIS platforms, while extensive in their coverage, often fall short in providing detailed and accessible IYCF data, necessitating supplementary data sources and targeted efforts to capture relevant indicators.
- **Technical and administrative hurdles:** The effectiveness of HMIS in supporting IYCF-E planning can be limited by technical challenges, infrastructure issues, and administrative barriers, particularly in resource-limited settings.
- **Ensuring data quality and relevance:** Continuous efforts are needed to ensure the quality, completeness, and relevance of IYCF data within HMIS, requiring collaboration among health care providers, data managers, and policymakers.

Additional Resources

For those involved in IYCF-E planning and seeking to maximize the use of HMIS data, consider the following strategies:

- **DHIS2 Academy:** Participate in the DHIS2 Academy, which offers comprehensive training programs covering various aspects of DHIS2, from basic to advanced levels. These programs enhance your understanding and skills in using DHIS2 for data management, analysis and reporting.
- **DHIS2 documentation:** Use the extensive documentation available on the DHIS2 website, which includes manuals, guides and FAQs on setting up, customizing and using DHIS2 to its full potential.
- **DHIS2 webinars and workshops:** Attend webinars and workshops conducted by the DHIS2 community or its partners. These sessions often cover new features, case studies and innovative uses of DHIS2 in public health, including IYCF programs.
- **Online forums and support groups:** Engage with the DHIS2 online community through forums and support groups. These platforms allow users to ask questions, exchange ideas and receive support from DHIS2 experts and fellow users worldwide.
- **Data quality tools:** Take advantage of DHIS2's data quality tools to ensure the accuracy and reliability of IYCF data. These tools can help identify data inconsistencies, gaps and outliers, facilitating timely corrections and improvements.
- **Policy and advocacy materials:** Access and use policy briefs, advocacy tools and guidelines available through DHIS2 and partner organizations to support advocacy efforts for more robust IYCF policies and programs.

MODULE 1 ANNEX 2H:

National Nutrition Surveys

National Nutrition Surveys (NNS) provide critical data on a country's population's nutritional status, dietary habits and health indicators. These surveys are essential tools for public health officials, policymakers and researchers to assess nutritional needs, inform policy and program development and monitor progress over time. NNS data is particularly valuable for planning and implementing IYCF programs, offering insights into the nutritional environment that infants and young children are born into.

How to Access and Use the Data

- **Exploring National Nutrition Surveys:**
  - Identify the government or public health institutions conducting NNS in your country. These surveys are typically carried out periodically and can provide trend data over several years.
- **Accessing NNS data:**
  - Visit the official websites of national health departments, nutrition institutes, or statistical offices to find published NNS reports and datasets.
  - Contact these institutions directly if detailed data or specific datasets are not publicly available online.
- **Analyzing NNS data:**
  - Use statistical analysis tools and software to examine NNS data, focusing on IYCF-related indicators such as the prevalence of undernutrition, breastfeeding rates and micronutrient deficiencies among infants and young children.
  - Compare data across different time points to assess trends and identify areas of improvement or concern.

Key IYCF-Related Insights from National Nutrition Surveys

NNS can provide a wealth of information relevant to IYCF, including:

- National and regional trends in breastfeeding practices and exclusive breastfeeding rates
- Prevalence of malnutrition, stunting, wasting and overweight among children under five
- Dietary diversity and nutrient intake of infants and young children

Applying Data to IYCF-E Planning

Incorporating insights from NNS into IYCF-E planning involves several approaches:

- **Evidence-based program development:** Use NNS data to identify nutritional deficiencies and at-risk populations.
- **Monitoring and evaluation:** Employ NNS data as a baseline for evaluating the impact of IYCF programs and policies over time, especially for comparing the emergency context to the pre-crisis situation.

Challenges and Considerations

- **Timeliness of data:** Given that NNS are conducted periodically, the most recent data may not reflect the current nutritional status or emerging trends.
- **Data accessibility:** While NNS reports are generally public, accessing raw data for in-depth analysis may require special permissions or collaborations.
- **Representativeness:** Ensure that NNS data is representative of all sub-groups within the population, including marginalized or hard-to-reach communities, to inform inclusive IYCF programs.

Additional Resources

For those involved in IYCF-E planning and looking to utilize NNS data effectively, consider the following resources:

- **Collaborate with academic institutions:** Partner with universities and research organizations with nutritional epidemiology and public health nutrition expertise to enrich analysis and program development.

MODULE 1 ANNEX 2I:

Qualitative Sources, Including News Reports, for Secondary Data Analysis

Introduction

Qualitative sources, including news reports, interviews, NGO media reports, briefs and social media provide rich, contextual information crucial for understanding the complexities of IYCF-Ein various settings. These sources offer real-time insights, capture community sentiments and highlight emerging issues that may not be immediately apparent through quantitative data alone. By incorporating these sources, practitioners can gain a deeper understanding of local dynamics, cultural practices and the challenges faced by communities in crisis.

Types of Qualitative Sources

- **News reports**:
  - **Role and value**: News reports offer up-to-date information on ongoing emergencies, public health crises and community responses. They often highlight issues such as food shortages, health service disruptions and cultural attitudes towards feeding practices.
  - **How to use**: Track news outlets that cover regions of interest. Pay attention to reports that focus on maternal and child health, nutrition and emergency responses. These reports can reveal gaps in services, community concerns and the effectiveness of ongoing interventions.
- **Community interviews and focus groups**:
  - **Role and value**: These sources provide direct insights into the experiences and perceptions of affected populations. They offer a detailed understanding of local feeding practices, barriers to optimal nutrition and community-level solutions.
  - **How to use**: Access reports from NGOs or academic institutions that conduct field research, including focus groups and interviews. Analyze these findings to identify recurring themes and specific challenges that can inform IYCF-E planning.
- **Social media and online forums**:
  - **Role and value**: Social media platforms and online forums are valuable for gauging

public sentiment, identifying emerging trends and understanding the real-time impact of crises on communities.

  - **How to use**: Monitor relevant hashtags, discussion threads and community pages to capture concerns and responses related to IYCF during emergencies. These platforms can provide early warnings of issues that may require urgent attention.

How to Access and Use Qualitative Data

- **Exploring news outlets and sources**:
  - **Identify trusted news outlets**: Focus on news organizations known for accurate and in-depth reporting on health and humanitarian issues. Use tools like Google News to set alerts for specific topics or regions.
  - **Explore media reports**: Access archives of news articles through online databases or media websites. Pay attention to investigative reports and feature articles that delve deeper into IYCF-related issues.
- **Accessing community insights**:
  - **NGO and academic reports**: Look for qualitative research published by NGOs and universities. These reports often include case studies, interviews and focus group discussions that provide valuable contextual information.
  - **Direct engagement**: In some cases, direct communication with NGOs or community leaders may be necessary to access unpublished or hard-to-find qualitative data.
- **Analyzing qualitative data**:
  - **Thematic analysis**: Identify key themes, patterns and recurring issues in the data. Focus on understanding the underlying causes of IYCF challenges and the community's coping mechanisms.
  - **Triangulation**: Cross-reference qualitative findings with quantitative data to validate and enrich your understanding. For example, use news reports to explain trends observed in survey data.

Key IYCF-Related Insights from Qualitative Sources

Qualitative data can provide crucial insights into:

  - **Community attitudes and beliefs**: Understanding how cultural practices and beliefs influence feeding decisions.
  - **Barriers to optimal feeding**: Identifying specific local challenges, such as food insecurity, misinformation or lack of access to health services.
  - **Innovative community solutions**: Highlighting grassroots efforts to improve IYCF practices, which can be adapted or scaled in other areas.

Applying Qualitative Data to IYCF-E Planning

- **Enhancing contextual understanding**:
  - **Community-centric planning**: Use qualitative insights to tailor IYCF-E interventions to the specific cultural and socio-economic context of the target population.
  - **Identifying critical issues**: Early identification of emerging issues through news reports or social media can help prioritize actions and resources.
- **Improving communication strategies**:
  - **Culturally relevant messaging**: Develop communication strategies that resonate with the community's beliefs and practices, as revealed through qualitative research.
  - **Responsive interventions**: Adjust interventions based on real-time feedback from news reports or social media, ensuring that the response remains relevant and effective.

Challenges and Considerations

- **Varied quality of data**: The reliability and depth of qualitative data can vary, especially in news reports. Ensure that sources are credible and cross-check information with other data.
- **Bias and representation**: Be aware of potential biases in media reporting and the selective nature of social media data. Use a critical approach to assess the validity of the information.
- **Integration with quantitative data**: While qualitative data provides depth, it should complement rather than replace quantitative data. Together, they offer a comprehensive understanding of IYCF challenges.

Additional Resources

- **Media monitoring tools**: Use tools like Google Alerts, Twitter feeds and RSS readers to stay updated on relevant news and social media trends.
- **Training on qualitative data analysis**: Engage in workshops or online courses that focus on analyzing qualitative data in humanitarian contexts.
- **Collaboration with media and research organizations**: Establish connections with journalists, researchers and media organizations to gain deeper insights and access to qualitative data.

Module 2

Rapid Assessments

WHAT ARE RAPID ASSESSMENTS?

WHY DO WE CONDUCT RAPID IYCF-E ASSESSMENTS?

WHAT TECHNIQUES ARE USED IN RAPID ASSESSMENTS?

RAPID ASSESSMENT METHODS AND EXAMPLES

WHAT IS THE RECOMMENDED TIMING FOR THESE ASSESSMENTS?

WHAT ARE THE LIMITATIONS AND CONSIDERATIONS OF RAPID ASSESSMENTS?

ARE THERE ETHICAL CONSIDERATIONS FOR RAPID ASSESSMENTS?

WHAT ARE THE STEPS TO CONDUCT RAPID ASSESSMENTS?

CONCLUSION

WHAT ARE RAPID ASSESSMENTS?

Rapid assessments are a swift, systematic process to collect primary data to gain an impression or basic understanding of a specific situation, community or program in a short timeframe.

Rapid assessments can range from a single individual making a quick, informal visit to gather initial observations, to a more organized and planned effort involving a larger team with a specific methodology and detailed coordination.

They may be conducted as part of a multisector rapid assessment or as a standalone exercise. Rapid assessments typically use tools such as checklists, observations and interview guides to gather essential data to inform urgent response decisions.

Rapid assessments are usually conducted immediately after a crisis occurs or escalates, but they may be used at any stage to quickly gather essential information. It is expected that as the situation stabilizes, rapid assessments will be followed by more comprehensive assessments with more rigorous methodology to confirm or refute findings and support planning and program design. (These assessments are covered in Modules 3, 4 and 5).

WHY DO WE CONDUCT RAPID IYCF-E ASSESSMENTS?

Rapid assessments are particularly useful when there is limited time, resources or access to conduct more comprehensive assessments. They can provide a quick snapshot of the situation and guide initial emergency response planning while identifying areas for further investigation. In the context of IYCF-E, rapid assessments are particularly valuable in the early stages of an emergency, when quick action is needed to address information gaps and understand the immediate needs and priorities of the affected population.

Rapid IYCF-E assessments may be conducted to achieve the following objectives:

- Gain an initial understanding of the emergency and its impact on IYCF practices.
- Identify and prioritize support to the needs of infants, young children, and their caregivers.
- Assess the availability and capacity of local resources and services to support IYCF.
- Engage with affected communities to understand their specific concerns, preferences, and coping strategies.
- Generate data to support the need for immediate funding and resource allocation.

WHAT TECHNIQUES ARE USED IN RAPID ASSESSMENTS?

Commonly used techniques in rapid assessments include:

- **Household questionnaire:** A household questionnaire is used to quickly gather essential information for immediate planning and decision-making. Households are typically selected due to their accessibility or willingness to take part (unlike a survey where they are selected at random).
- **Observational methods**: Assessment teams observe and document community conditions firsthand, either through structured checklists or unstructured exploration, to identify key issues.
- **Key informant interviews**: Brief interviews with key community members or leaders are conducted to quickly obtain critical insights relevant to the assessment.
- **Focus group discussions**: Small group discussions are held to rapidly gather collective views on immediate concerns and key issues related to the crisis

Module 2 Annex 1 describes how the use of these methods in rapid assessments differs from use in more in-depth studies.

RAPID ASSESSMENT METHODS AND EXAMPLES

Household questionnaire

This rapid, convenience-based sampling helps identify urgent needs and inform immediate interventions, such as providing cooking supplies, establishing breastfeeding-friendly spaces or distributing appropriate complementary foods.

Example: During a sudden displacement crisis, an assessment team conducts rapid visits to a selection of households in a refugee camp to gather immediate information about feeding practices. They use a simple questionnaire to ask caregivers about:

- **Breastfeeding status**: Whether infants under 6 months are currently being breastfed and if they are fed any other liquids.
- **Access to complementary foods**: Availability and types of solid or semi-solid foods being given to children aged 6–23 months.
- **Feeding challenges**: Immediate difficulties faced by caregivers, such as lack of privacy for breastfeeding, insufficient food supplies, or knowledge gaps about appropriate feeding practices.
- **Access to support services**: Whether caregivers have access to lactation support or nutrition counseling within the camp.

Observational methods (including transect walks)

*These observations provide contextual insights into environmental factors affec*ting child feeding, informing the design of appropriate support programs.

Example: An assessment team conducts a transect walk through an area affected by a natural disaster to observe and document factors impacting IYCF practices:

Observation of feeding environments:

- Note the presence and condition of designated breastfeeding spaces in communal shelters.
- Observe hygiene conditions in areas where food is prepared and served for young children.

Market assessments:

- Check local markets for availability and affordability of nutritious complementary foods suitable for young children.
- Observe any inappropriate promotion of breast milk substitutes that could undermine breastfeeding.

Health facility checks:

- Visit local clinics to understand whether services are operational and the facilities in place.
- Observe how busy the health workers appear to be to understand the feasibility of providing IYCFE services.

Community interactions:

- Note feeding practices and community support mechanisms by watching how mothers feed their children in communal settings.

Key informant interviews:

These interviews help gather targeted information quickly, providing depth to the assessment by incorporating expert and localized perspectives.

Example: The assessment team conducts short interviews with individuals who have specific knowledge about the community's IYCF practices:

Caregivers of infants and young children

- Interview primary caregivers to gain firsthand insights into the challenges they face in feeding their infants and young children during the emergency.

- Discuss how their feeding practices have changed due to the crisis, including difficulties in breastfeeding or accessing complementary foods.
- Understand their access to support services, such as counseling or nutrition programs, and any barriers they encounter in using these resources.
- Gather personal stories that highlight specific needs, such as the perceived impact of stress on breastfeeding or the unavailability of familiar complementary food options for children.

Health care worker:

- Interview nurses and midwives about common feeding issues observed among mothers and children since the onset of the emergency.
- Gather information on the prevalence of malnutrition and any recent changes in feeding behaviors.

Community leaders:

- Discuss with village elders, traditional healers or religious leaders about cultural norms and beliefs that influence infant feeding practices.
- Understand community support structures and potential barriers to implementing IYCF interventions.

Local NGO representatives:

- Speak with staff from organizations already working in the area to learn about existing nutrition programs and resources.
- Identify gaps in services and coordination needs for effective response.

Focus group discussions

These discussions facilitate a comprehensive understanding of community attitudes, beliefs, and practices related to IYCF, enabling responders to design culturally appropriate and effective interventions.

Example: Facilitators organize small group discussions with specific segments of the affected population to collect diverse viewpoints on IYCF-related issues:

Primary caregivers

- Discuss challenges faced in exclusively breastfeeding during the emergency, such as stress, lack of privacy
- Share experiences related to accessing and preparing appropriate complementary foods under current conditions.

Fathers and other caregivers (such as grandmothers)

- Understand their roles and perceptions regarding infant and young child feeding.
- Explore ways to involve them in supporting proper nutrition practices.

WHAT IS THE RECOMMENDED TIMING FOR THESE ASSESSMENTS?

Recommended timing varies for the different rapid assessments. The Multi-Cluster/Sector Initial Rapid Needs Assessment (MIRA) is recommended to take place within the first 2 weeks following a crisis.[1] These assessments do not typically assess nutrition or IYCF, but it may be possible to request the addition of two to three related questions to the questionnaire.

It is recommended that sector-specific rapid assessments follow the MIRA. However, in practice, every field trip can be an opportunity for rapid assessment, so they may be conducted in any order. It is useful to have easy, pre-prepared formats for collecting information at short notice.

On the other hand, rapid assessments may be conducted long after the beginning of the crisis when there are limited resources or information gaps that urgently need to be filled.

1 https://interagencystandingcommittee.org/sites/default/files/migrated/2019-02/mira_manual_2015.pdf

WHAT ARE THE LIMITATIONS AND CONSIDERATIONS OF RAPID ASSESSMENTS?

While rapid assessments are a valuable tool in IYCF-E, it is important to recognize their limitations:

- Initial multisector assessments such as the MIRA do not typically include IYCF and usually conduct interviews with the head of the household (not necessarily the primary caregiver).
- Rapid assessments provide a snapshot of the situation at a specific point in time and may not capture the full complexity or dynamics of the emergency context.
- The data collected through rapid assessments may be less representative compared to more systematic surveys or studies and cannot be generalized to the wider population.
- Rapid assessments often rely on qualitative data and judgment, which can be subject to bias or subjectivity.
- Rapid assessments may not always be conducted by those with expertise in IYCF.
- The urgency of rapid assessments may limit the depth and scope of data collection and analysis.

Assessment teams use the findings of rapid assessments with care, recognizing the limitations.

Module 2 Table 1: Critical ethical issues in the immediate aftermath of a crisis

ISSUE	ACTIONS
Informed consent. The chaotic post-crisis environment may make it difficult for participants to fully understand the assessment's purpose and implications.	Ensure that consent is clearly explained, culturally appropriate, and genuinely understood by all participants, especially those who are vulnerable.
Vulnerability and trauma. In the immediate aftermath of a crisis, affected populations will likely be extremely vulnerable and may be experiencing severe distress. The assessment must avoid causing harm to the participants or the team, such as triggering trauma responses or exposing participants or the team to danger.	Ensure that the team is trained to understand how to prevent further harm and are trained on the principles of psychological first aid. Get information on essential services in the location and ensure that the team agrees on a process to manage any medical emergencies, if they encounter a person in severe distress or a risk situation (i.e., GBV).
In the immediate post-crisis period, communities may be **overwhelmed or made angry by external actors** conducting assessments and not providing immediate assistance.	Coordinate with other agencies to minimize redundant data collection and avoid overburdening participants.
Privacy. Protecting participants' privacy is crucial to prevent additional risks, such as stigma or harm, particularly in sensitive situations.	Implement secure data handling procedures, anonymize personal data and ensure that participant identities are protected.
Respecting local cultural practices and norms is vital to gaining cooperation and ensuring that the assessment is appropriate and respectful.	Provide cultural competency training for the assessment team, engage local leaders and adapt methods to fit cultural norms.
Maintaining trust is critical in the aftermath of a crisis. Transparency in how information is collected and used helps build and preserve this trust.	Clearly communicate the purpose of the assessment, provide feedback to the community and establish grievance mechanisms to address any concerns.

ARE THERE ETHICAL CONSIDERATIONS FOR RAPID ASSESSMENTS?

Ethical considerations are covered in greater detail in the introduction to this guide. However, in the immediate aftermath of the crisis, it is even more important to consider these issues during planning and train the team accordingly. You should make sure to always receive the necessary permission/approval to conduct a rapid assessment.

WHAT ARE THE STEPS TO CONDUCT RAPID ASSESSMENTS?

Step 1 DETERMINE INFORMATION GAPS AND OBJECTIVES FOR YOUR ASSESSMENT.

After completing and sharing the secondary data review**,** compare the gathered data against the IYCF data categories prioritized to understand indication of change in the situation and IYCF attitudes and practices post crisis. Highlight the questions for which data was unavailable from secondary sources. Evaluate the importance of missing information in relation to decision-making and intervention planning and decide which can be supported by a rapid assessment. Prioritize the missing information based on its significance to the context and the goals of your assessment.

Step 2 DECIDE ON THE DATA COLLECTION APPROACH.

Module 2 Figure 1: Methods continuum

MODULE 2 BOX 1
Coordinating rapid assessments

It is important to ensure rapid assessments are coordinated both within the nutrition cluster and between the nutrition and other clusters. Failure to do so can lead to duplication of efforts, areas being missed in the assessment, assessments which cannot be compared, and results of assessments not being communicated. Consider the following points:

- **Identify the coordinating agency between clusters:** For rapid needs assessments in most emergencies, this will be OCHA; for refugee situations, this will be UNHCR. Note that although OCHA and UNHCR are coordinating bodies for rapid assessments, the national government should be the lead actor wherever possible.
- **UNICEF will be the lead agency within the nutrition cluster.** Although other agencies are involved in nutrition (such as WFP and FAO), UNICEF is the lead on infant and young child feeding in emergencies. They should therefore be informed of any assessments taking place, in particular dedicated IYCF assessments.
- **Key actions to ensure coordinated assessments include the following:**
  - Coordinate time, place and content of assessments. Although different organizations may be conducting assessments, if the content of the assessments are similar, they should be conducted in different areas. If the content is different, they can be conducted in the same area and combined into one assessment.
  - Use consistent tools, methods and indicators. This will ensure that as much as possible, results can be compared across assessments.
  - Ensure datasets and results are made available. This will ensure that findings are communicated to other agencies and contribute to the overall picture of the emergency.

Module 2 Table 2: Common advantages and disadvantages of multi-sector versus standalone assessments

ASSESSMENT TYPE	ADVANTAGES	DISADVANTAGES
Multisector assessment	**Less burdensome.** Covers multiple sectors at once, reducing risk of redundancy and overburden of the affected population.	**Time-consuming.** Can take longer to organize and not be possible in the first days or weeks of the emergency.
	Comprehensive overview. Provides broad information on the overall situation, including health, WASH and protection.	**Respondent is often the household head and may not be the primary caregiver.** IYCF-specific data may be minimal or superficial, as the assessment must cover many sectors.
	Cost-effective. Uses shared resources and logistics across sectors, which can be more cost-effective.	**Typically conducted by generalists** rather than IYCF specialists, leading to less detailed data.
Standalone IYCF assessment	**Typically, primary caregivers are interviewed** as part of the process. May allow for more detailed and specific information on IYCF practices, challenges, and needs depending on resources.	**Risk of over-burdening** the affected population with multiple assessments.
	Targeted interventions. Facilitates more precise planning and interventions tailored to IYCF needs.	**Potentially less cost effective** as resources are not pooled with other sectors.
	Expertise. Usually conducted by nutrition specialists, which may result in more high-quality relevant data collection.	**Narrow scope.** Focuses only on IYCF, potentially missing broader contextual factors impacting nutrition.

Coordinate with other actors to understand if any other assessments are being planned. Where possible, conduct assessments in conjunction with other agencies to avoid overburdening affected communities (as discussed above in ethical considerations), avoid wasting resources and duplicating work and ensure the highest quality data collection possible in the timeframe.

Determine the type of assessment based on the available time and resources and the possibility of combining the assessment with another planned assessment. Greater urgency, fewer resources, less access and limited expertise may require simpler, quicker methods. More resources, less urgency, better access and greater expertise allow for a broader range of options with fewer limitations.

You may decide to take advantage of multiple opportunities to gather rapid information. For example, you may wish to add IYCFE questions to a planned multi-sector assessment, do transect work during a short visit to the area and organize a one-day standalone assessment using KIIs and FGDs.

MODULE 2 EXAMPLE 1

Deciding on methods for the dedicated IYCF rapid assessment in Jabari

After completing a thorough secondary data review, the response team in Jabari identified significant information gaps in their understanding of current IYCF practices following the earthquake. The review highlighted several critical questions that could not be answered by existing data, such if any infants were not receiving breast milk, the availability of complementary foods, and the living environment and its impact on IYCF.

Step 1 DETERMINE INFORMATION GAPS AND OBJECTIVES

The team prioritized the missing information based on its importance for decision-making and intervention planning. They recognized that without this data, they could not effectively design or implement targeted IYCF interventions. The team determined that a rapid assessment was necessary to fill these gaps, focusing on the most critical areas for immediate response.

Step 2 DETERMINE THE SCOPE OF THE ASSESSMENT

Given the ongoing emergency phase, the team assessed the scope of the assessment based on available resources and current constraints. They coordinated with other actors to understand if any multisector assessments were planned and decided to align their efforts where possible to avoid overburdening the affected communities.

The team realized that, due to the urgency, limited access and constrained resources, they needed to employ simpler, quicker methods. However, they also wanted to ensure that the assessment provided the necessary depth to inform effective IYCF interventions.

Final assessment plan:

1. **Integration with a multisector assessment.** The team decided to include three specific IYCF questions in a planned multisector assessment being conducted by a number of agencies. This approach allowed them to gather some basic IYCF data without organizing a separate large-scale survey.
2. **Transect walk:** During a short visit to the affected area, the team planned to conduct a transect walk to observe conditions related to IYCF, such as whether caregivers were breastfeeding in public, food available given the market conditions, and water sources. This method provided rapid, on-the-ground insights that complemented the data collected through the multi sector assessment.
3. **Standalone IYCF rapid assessment.** Recognizing the need for more detailed information, the team organized a one-day standalone assessment focusing on key informant interviews (KIIs) and focus group discussions (FGDs).
4. **Focus group discussions.** The team planned 30-minute FGDs with caregivers in two mother-baby tents to explore beliefs and knowledge around breastfeeding and complementary feeding.
5. **Key informant interviews.** The team planned interviews with three health workers and two primary caregivers of children under 24 months currently not accessing the mother-baby tents.

By combining these methods, the team aimed to gather the critical IYCF data needed to inform immediate response efforts while working within the constraints of the ongoing emergency and resources available.

Step 3 TOOL SELECTION AND ADAPTATION.

Review existing assessment tools and checklists. There are several tools are available that can be used and adapted to the context and information needs. For example, the Save the Children IYCF- E toolkit includes several examples from various agencies dealing with different emergencies,[2] as well as different methodologies and varying levels of depth. Some tools for standalone assessments are shown below. There are also examples of multisector tools which include IYCF-E.

Household questionnaire. Save the Children. (2022). *Template for Rapid Infant and Young Child Feeding in Emergencies Household Assessment Questionnaire*. IYCF-E Toolkit. Save the Children Resource Centre. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.7_template_for_rapid_iycf-e_hh_assessment_questionnaire_0.doc&wdOrigin=BROWSELINK

This template is designed to assess the nutrition needs and gaps of infants and young children during emergencies.

Observation/transect walk. Save the Children. (2022). *Template for Transect Walk*. IYCF-E Toolkit. Save the Children Resource Centre. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.2_template_for_transect_walk_0.docx&wdOrigin=BROWSELINK

This template provides a list of questions based on observations to help understand the situation in the community regarding Infant and Young Child Feeding in Emergencies.

Key informant interviews. Save the Children. (2022). *Example of Key Informant Interview: Bangladesh 2007*. IYCF-E Toolkit. Save the Children Resource Centre. Available at:

2 Save the Children. (2022). *Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit.* Save the Children Resource Centre. Available at: https://resourcecentre.savethechildren.net/toolkits/iycf-e-toolkit/

Module 2 Table 3: Examples from the Save the Children IYCF-E toolkit

TOOL	DESCRIPTION	SOURCE
Template for Rapid Infant and Young Child Feeding in Emergencies Household Assessment Questionnaire	Household questionnaire. This template is designed to assess the nutrition needs and gaps of infants and young children during emergencies.	IYCF-E toolkit: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.7_template_for_rapid_iycf-e_hh_assessment_questionnaire_0.doc&wdOrigin=BROWSELINK
Template for transect walk	This template provides a list of questions based on observations to help understand the situation in the community regarding Infant and Young Child Feeding in Emergencies.	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.2_template_for_transect_walk_0.docx&wdOrigin=BROWSELINK
Example of Key Informant Interview: Bangladesh 2007	Key informant interview questionnaire (used in Bangladesh post-cyclone). This questionnaire can be used to interview key informants, such as health workers or influential community members, to assess the infant and young child feeding situation before and after the emergency.	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.4_example_of_key_informant_interview_bangladesh_2007_0.doc&wdOrigin=BROWSELINK
Template for Rapid Infant and Young Child Feeding in Emergencies Focus Discussion Group	This template provides a format for conducting focus group discussions with caregivers to determine predominant feeding practices and identify key challenges in providing adequate nutrition during emergencies.	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.5_template_for_rapid_iycf-e_fgd_0.doc&wdOrigin=BROWSELINK

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.4_example_of_key_informant_interview_bangladesh_2007_0.doc&wdOrigin=BROWSELINK

This sample questionnaire can be used to interview key informants, such as health workers or influential community members, in Bangladesh post-cyclone to assess the infant and young child feeding situation before and after the emergency.

Focus group discussions. Save the Children. (2022). *Template for Rapid Infant and Young Child Feeding in Emergencies Focus Discussion Group*. IYCF-E Toolkit. Save the Children Resource Centre. Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdylbw5db8047o.cloudfront.net%2Fuploads%2F2.5_template_for_rapid_iycf-e_fgd_0.doc&wdOrigin=BROWSELINK

This template provides a format for conducting focus group discussions with caregivers to determine predominant feeding practices and identify key challenges in providing adequate nutrition during emergencies.

Adapt the tools to the specific context, focusing on prioritized information. For example, focus group discussions and key informant interviews should consider local feeding practices, community dynamics and available

MODULE 2 EXAMPLE 2

Tool selection for the IYCF Rapid Assessment in Jabari

The response team reviewed available tools to support the rapid assessment and selected those that would provide both quantitative and qualitative data while being feasible within the emergency context. They then adapted and translated the tools for the Jabari context.

Tool Selection and Adaptation

- **Example of multi-sector top 5 questions (Save the Children toolkit):** This is used to guide the nutrition component of the multi-sector rapid assessment. The team reviewed these questions and considered them appropriate for the Jabari context. They also added one question to understand any challenges around complementary feeding.
- **Key informant interviews (KIIs):** Using the Concern Worldwide guide, the team planned interviews with health workers and community leaders to gather qualitative insights into barriers to breastfeeding and complementary feeding. The team tailored the questions in the guide to reflect specific concerns raised during the secondary data review, such as the availability of safe water and local beliefs about infant feeding during crises.
- **Transect walk checklist:** The team selected this tool from the Save the Children toolkit to visually assess the camp environment (breastfeeding spaces, food availability, water access). They adjusted the checklist to include observations on food distribution points and community access to makeshift breastfeeding spaces.
- **Focus group discussions (FGDs):** The team selected a guide from Action Against Hunger to support FGDs with mothers in mother-baby tents and to explore beliefs and practices around breastfeeding and complementary feeding. The guide was shortened and made more conversational to suit the time constraints and ensure that caregivers felt comfortable sharing their experiences in the disrupted setting

This combination of tools helped the team gather essential data to support the IYCF response while remaining practical in the emergency setting. The adaptations ensured that the tools were practical and responsive to the specific needs and conditions in Jabari.

resources. The tools should be flexible and allow for adjustments in language, format and emphasis on issues that are most relevant to the emergency and the population's needs.

Translate the tools into local languages, back translate them to check the accuracy of the translation and pre-test them to ensure clarity and cultural appropriateness.

Step 4 GET APPROVAL FROM THE AUTHORITIES/COMMUNITIES.

Begin by engaging with relevant government agencies and local authorities to obtain the necessary permissions, ensuring that the assessment complies with legal and ethical standards.

Step 5 ASSEMBLE AND BRIEF/TRAIN DATA COLLECTION TEAM.

Assembling the team. Start by identifying key roles, including a team leader, data collectors and analysts. Select members with expertise in nutrition, public health and the local context, ensuring a mix of technical skills and cultural understanding. Include individuals with experience in emergency settings, as well as those who speak the local language or are familiar with the community. Provide clear roles and responsibilities and conduct a briefing to align the team's objectives and methodologies before deployment.

Briefing/training the team. When briefing or training a rapid assessment team, the preparation must be adapted to the depth of the assessment, the time available and the team's existing expertise. At a minimum, the briefing should cover the following:

- Logistics and security protocols, ensuring all members are aware of the safety measures.
- Ethical considerations, including obtaining informed consent and maintaining confidentiality.
- An overview of the principles of psychological first aid and procedures for emergency referrals.
- The objectives of the assessment. A thorough review of the assessment tools, including translating and back translating the questionnaire to ensure accuracy and cultural relevance.

Step 6 DATA COLLECTION.

Meet with community leaders and stakeholders to gain their trust and endorsement. This involves explaining the purpose, scope and potential benefits of the assessment; addressing any concerns; and ensuring that the methods are culturally appropriate.

Setting up. Choose a quiet and accessible location for data collection. Ensure all necessary equipment, such as audio recorders, is tested and ready to use.

During interviews/focus groups:

- **Introductions**. Start by introducing the team and explaining the purpose of the rapid assessment and how the results will be used to inform the response.
- **Informed consent**. Obtain informed consent from participants, ensuring they understand confidentiality and that they can end the interview or leave the focus group at any time.
- **Conducting the session**. Using the interview or focus group guide, try to capture priority information where possible, but remain flexible to exploring relevant topics that emerge. Maintain neutrality and encourage everyone to contribute.

Recording and note-taking:

- **Audio recording**. Use audio recorders to capture conversations accurately where permitted.
- **Note-taking**: Take notes on key points, non-verbal cues and the context of discussions.

Data recording and transcription: When conducting a rapid assessment, data recording and transcription should be simple and efficient to ensure accuracy and clarity.

Use structured forms or digital tools to capture responses directly during interviews or focus groups, ensuring that key information is recorded consistently. Transcribe notes as soon as possible after data collection to maintain details and context. For multilingual assessments, ensure that translations are accurate by having team members cross-check and back-translate the data. Keep records secure, following guidelines for data confidentiality and storage.

Step 7 ANALYZE THE DATA.

The IYCF Analysis Worksheet (Annex 1) can serve as a tool to support analysis, but other formats can be used depending on context and experience of the analysis team. A suggested approach to the analysis is as follows:

1. **Organize data**: Start by categorizing your findings under the relevant sections, such as "General Context," "IYCF Status and Practices" or "Maternal & Caregiver Health and Well-Being."
2. **Identify subthemes**: Within each category, identify specific subthemes (e.g., Socio-economic Status, Policy Environment).
3. **Document findings**: Record the specific findings and current situations, noting the source and date of each piece of information. For example, document observations, FGDs or key informant interviews.
4. **Specify location**: Specify where the data was collected, such as "Urban informal settlements, Nairobi."
5. **Address challenges and barriers**: Identify any barriers or challenges to good practices noted in your findings, such as "Limited income prevents families from purchasing a diverse range of foods."
6. **Identify enablers and opportunities**: Highlight any positive factors or opportunities that could support improved practices, like "Roll out of cash support scheme for families of children 0–23 months."
7. **Interpret trends**: Review the information for indications of patterns or trends for further investigation (e.g., reported reduction in breastfeeding, reported reduction in the number of meals given to children 6–23 months).

Step 8 WRITE THE REPORT AND DISSEMINATE FINDINGS.

Consolidate the IYCF data analysis with other relevant assessments and disseminate the findings to inform the design and implementation of IYCF-E interventions (see Module 6 for a detailed guide) to stakeholder.

Keep the report concise, focusing on a brief introduction, a summary of key findings, a few recommendations and a short conclusion. Aim for a report that is no more than a few pages long.

Note any major limitations, such as the small sample size or lack of access to certain areas. This can be done in a few sentences rather than a detailed discussion.

Focus on key insights summarizing the most critical findings that have direct implications for action. For instance, if there is widespread concern about the availability of safe water, this becomes a priority finding.

Remind stakeholders that the findings represent a rapid snapshot of the situation, which may change as more data becomes available. It is important to avoid the temptation to present findings in quantitative terms (e.g., stating that "four of five interviews revealed problems in

accessing nutritious food"), as this can mislead readers into thinking the results are statistically representative when they are not.

Share the completed report with key stakeholders including government agencies, UN organizations, NGOs and donors to inform decision-making and response planning. Consider using one-page visual summaries or infographics to quickly communicate the main findings to a broader audience.

Disseminate the findings to the affected communities and engage them in the planning and implementation of IYCF-E interventions.

Step 9 PLAN NEXT STEPS.

When the situation and resources allow, rapid assessments should be followed by more in-depth assessments to confirm or refute rapid assessment findings, collect more robust data and address any continued gaps in information. Consider developing a plan for additional assessment to address gaps and guide longer-term strategies. The following considerations should be included in this plan:

- **Objectives:** Clearly define the aims of the additional data collection. This may include obtaining more detailed information on specific aspects of infant and young child feeding practices, understanding barriers or assessing the effectiveness of current interventions. The objectives should be closely aligned with the broader goals of the IYCF-E response.
- **Methods:** Choose appropriate methodologies based on the information gaps identified during the rapid assessment. This might involve conducting more comprehensive household surveys with probabilistic sampling for statistically representative data or using qualitative methods such as FGDs and KIIs to gain deeper insights into community behaviors, beliefs and barriers. Consider a mixed methods approach to help you capture both quantitative and qualitative data, providing a well-rounded view of the situation.
- **Timeline and resources:** Estimate the time required for each assessment activity, considering the complexity of the methods chosen, the population size and logistical constraints. Allocate sufficient human, financial and technical resources to ensure the successful completion of the assessment. Ensure the timeline aligns with the overall IYCF-E response plan to allow for timely integration of findings into ongoing interventions.
- **Stakeholder involvement:** Identify and engage key stakeholders — including local health authorities, community leaders, relevant humanitarian organizations, and international partners — who should be involved in the further assessment process. Their involvement is essential to ensure community access, gain support and coordinate efforts to avoid duplication. Engaging stakeholders early on also promotes buy-in and supports the implementation of any recommendations from the assessment.

Developing a clear plan for further assessment ensures that you systematically address the remaining data gaps and collect the information necessary to design effective, evidence-based IYCF-E interventions.

CONCLUSION

Rapid assessments are crucial for gathering timely, actionable information during the early stages of a humanitarian response. These assessments enable teams to quickly identify the most urgent IYCF needs and priorities of affected populations, providing the basis for immediate decision-making and interventions. Although rapid assessments have limitations, such as a lack of in-depth data and potential sampling biases, they are invaluable for guiding the initial prioritization of the response. They help teams allocate resources effectively and prepare for more comprehensive assessments and targeted interventions as the response progresses.

Module 2 Annexes

MODULE 2 ANNEX 1: KEY DIFFERENCES IN METHODS WHEN USED IN RAPID ASSESSMENTS COMPARED TO MORE IN-DEPTH ASSESSMENTS

MODULE 2 ANNEX 1:

Key differences in methods when used in rapid assessments compared to more in-depth assessments

METHOD	RAPID ASSESSMENTS	IN-DEPTH ASSESSMENTS
Household surveys	• Households are selected based on convenience rather than statistical random sampling. • Focus on quickly gathering sufficient information for immediate planning and decision-making. • Typically involve a simple questionnaire tool tailored for rapid information gathering.	• Probability-based surveys are used to ensure representativeness. • Households are randomly selected to produce statistically representative results. • Aim to collect comprehensive and detailed data that accurately reflects population-wide behaviors and conditions. • Use more detailed and structured questionnaires, often with multiple rounds of data collection for greater accuracy.
Observational methods (including transect walks)	• Teams enter communities to observe and document conditions quickly, either in a structured or unstructured manner. • Transect walks cover key areas such as schools, water points, clinics and markets, noting significant observations. • Provide immediate, visible insights but may be limited in scope and depth.	• Observations are more structured, systematic, and detailed, often focusing on specific research objectives. • Observational techniques may include multiple passes through areas and detailed recording of conditions and behaviors. • Aims to capture a more comprehensive picture of the community, often including follow-up observations and triangulation.
Key informant interviews	• Interviews are usually brief, focusing on urgent, high-level issues due to time constraints. • Typically involves a smaller number of informants due to the rapid nature of the assessment. In multisector assessments this may be focused on household heads and community leaders, not primary caregivers.	• Interviews are longer and more detailed, allowing for thorough exploration of complex topics. • Involve a broader range of informants to ensure a more comprehensive understanding of the situation.
Focus group discussions (FGDs)	• Conducted to quickly gather collective views from a small group on immediate issues. • Discussions are shorter and focus on key issues relevant to the crisis. • The number of FGDs is often limited due to time and logistical constraints	• Conducted with more participants and organized to cover diverse backgrounds, to explore topics in greater depth. • FGDs are longer, allowing for detailed discussions and the exploration of different viewpoints. • A larger number of FGDs are held to ensure representation from different segments of the community.

Module 3

In-Depth Qualitative Studies

WHAT ARE QUALITATIVE METHODS?

Qualitative methods use **non-numerical data,** like words and observations, to explore IYCF issues and provide deep insights into specific contexts or groups. However, these findings are not generalizable to the entire population.

Unlike quantitative surveys, which use random sampling, qualitative assessments use purposive sampling to select participants who can offer valuable insights based on their experiences. Table 1 below shows key differences between qualitative and quantitative methods.

WHY USE QUALITATIVE METHODS?

Certain questions, especially those involving motivations, beliefs, attitudes, and underlying reasons for behavior, are best answered by qualitative methods. Qualitative methods allow for a richer**, nuanced and comprehensive understanding of the complex social, cultural and environmental determinants of IYCF.**

For example, while a quantitative survey can estimate the percentage of women exclusively breastfeeding, it will not typically explore the **deeper reasons** why caregivers do or do not engage in this practice. However, qualitative methods can uncover these underlying factors and provide a more comprehensive understanding of the behaviors and beliefs surrounding exclusive breastfeeding.

A key strength of qualitative methods is their **flexibility**. Unlike quantitative research, which typically follows a predefined structure, qualitative research allows for adjustments and iterations based on ongoing findings and participant feedback. For example, you may wish

Module 3 Table 1: Key differences between qualitative and quantitative methods

QUALITATIVE METHODS	QUANTITATIVE METHODS
Based on in-depth interviews, discussions, or observations *Example:* Conducting interviews with mothers to understand cultural beliefs around breastfeeding.	**Based on numerical or statistical analysis of numeric data or surveys.** *Example:* Conducting a survey to measure the percentage of infants exclusively breastfed in the first six months.
Use smaller samples that are chosen purposively. *Example: Selecting a small group of key informants, such as community health workers, to explore barriers to breastfeeding support*	**Use larger samples representative of the population.** *Example:* Randomly selecting households across a region to survey IYCF practices.
Data collection tools are less directive and serve as a guide rather than a script to be followed exactly. *Example:* Using a semi-structured guide with open-ended questions for focus group discussions with mothers about their feeding practices.	**Data collection tools are more direct and should be delivered exactly as written. The focus is on consistent use by all data collectors.** *Example:* Administering a structured questionnaire with a choice of answers to measure dietary diversity among children aged 6–23 months.
Analysis is often manual, with some help from software programs. It is often more time-consuming and requires researchers skilled at identifying themes in large amounts of text. *Example:* Analysis of the transcripts of interviews to identify common themes about challenges to breastfeeding during an emergency.	**Analysis starts when all the data has been collected. Analysis is statistical and usually conducted using software.** *Example:* Calculating the prevalence of exclusive breastfeeding.
Used to understand the ideas, beliefs, practices and behaviors of a group, but cannot say whether these are generalizable to the population. *Example:* Why mothers stopped or never started breastfeeding	**Can be used to measure how widespread are certain ideas, beliefs, practices and behaviors in a population, but these beliefs and behaviors must be already known — we cannot generate knowledge on what those beliefs and behaviors are.** *Example:* Determining the proportion of the population who are bottle feeding infants under 6 months through a household survey.

to adapt your interview guide mid-way through data collection to explore topics that arise during the data collection that may not have been included in the original interview guide.

Qualitative assessments can take place at different times throughout an emergency. This will affect how they are used and what adaptations are necessary. Using qualitative methods for a dedicated IYCF-E rapid assessment often means having to adapt to fewer resources and a more urgent timeline. Qualitative methods may also be used later in a response to support the design of a program, such as an SBC component or with a population-based survey.

MODULE 3 EXAMPLE 1

Decision to use qualitative methods

A nutrition assessment team is working in the country of Examplandia, where a recent outbreak of a long-running civil conflict has displaced thousands of people within just a few days. During an initial rapid assessment, local clinic reports indicate that mothers of young children are experiencing difficulties with breastfeeding and are requesting infant formula.

Proposed Approach:

- One team member suggests waiting for a survey to be conducted.
- They propose brainstorming possible reasons why women might struggle with breastfeeding.
- The idea is to add a question to the survey like, “What difficulties do you have with breastfeeding?” with multiple-choice responses based on the team’s assumptions.

Team Discussion:

The team recognizes several flaws in this approach:

- The proposed question is vague and could be easily misunderstood.
- The multiple-choice responses would be based on the team’s assumptions, not on the actual experiences of the mothers.
- Waiting for a survey would delay obtaining crucial information needed for immediate action.

Decision:

- The team realizes that experiences of breastfeeding can be complex, especially in the context of conflict.
- They acknowledge that while they have general ideas about barriers to breastfeeding, they lack knowledge of the local culture and the specific situation.
- The team decides it would be more effective to conduct a qualitative assessment with breastfeeding women and local health workers who support pregnant and breastfeeding women.

This approach will allow them to gain in-depth insights directly from those most affected, ensuring that their interventions are informed by the real challenges and needs of the local population.

WHAT TECHNIQUES ARE USED IN QUALITATIVE ASSESSMENTS?

This module covers three types of qualitative assessment techniques.

Focus group discussions (FGDs): Focus group discussions (FGDs) involve bringing together a small group of participants (usually 6–12 individuals) to discuss a specific topic or set of issues related to IYCF-E. The participants are typically selected based on shared characteristics, such as being caregivers of young children, to ensure that the discussions are relevant and focused.

Focus groups require experienced facilitators to ensure all participants are heard and to explore topics in depth. They can be more complex to organize, as they require multiple people to meet at the same time. It can also often be challenging to discuss sensitive topics in groups, as confidentiality cannot be guaranteed.

Key informant interviews (KIIs): KIIs are in-depth, one-on-one interviews with individuals who have specialized knowledge or expertise in IYCF within the emergency context, such as health workers or community leaders. These interviews are flexible, typically use a semi-structured guide and are easier to organize and analyze, making them suitable when resources and expertise are limited. However, key informants, when not the primary target group (such as breastfeeding mothers), may be biased and provide inaccurate information about the target group.

Participant observation: This is the systematic observation of behaviors, practices and interactions related to IYCF-E in natural settings to gain insights into contextual factors and cultural norms. The facilitator can stand back, observe and take notes, or they may directly participate in an activity. For example, this method might be useful to directly observe how a caregiver prepares food for their child or how health workers interact with patients. However, observation may only describe what is happening, not why, and the presence of the observer may influence the behavior of the people being observed.

WHAT ARE SOME KEY CONSIDERATIONS WHEN DESIGNING AND CONDUCTING QUALITATIVE ASSESSMENTS?

When conducting qualitative assessments in the context of Infant and Young Child Feeding in Emergencies (IYCF-E), it is essential to follow strict ethical standards that safeguard the rights and well-being of participants and their children. These standards involve thorough training of the assessment team on ethical considerations, obtaining ongoing informed consent, adapting methods to local cultural contexts, and ensuring confidentiality and privacy. Key ethical principles, such as "Do No Harm," confidentiality and cultural sensitivity, must be embedded in the research design and implementation to protect participants from harm or stigma. For detailed guidance on how to follow ethical standards for IYCF-E assessments refer to page 21 of the Introduction to this guide.

A free online course on research ethics, developed by Oxford University and WHO, is available here: Research Ethics Online Training (V2) Global Health Training Centre (tghn.org).

WHAT ARE THE STEPS IN CONDUCTING QUALITATIVE ASSESSMENTS?

Step 1 CONSIDER PRIORITY INFORMATION NEEDS AND AVAILABLE RESOURCES.

Use the secondary data assessment (see Module 1) to understand information needs and gaps. The secondary data can help you to pinpoint recurring themes, challenges, and gaps related to IYCF practices before the emergency.

Determine information gaps and prioritize your needs. Secondary data often reveals areas

MODULE 3 EXAMPLE 2

Determining the types of information needed

- **Challenge identified:** The secondary data might reveal that before the emergency, only 40 percent of infants under six months were exclusively breastfed — well below the national target.
- **Gaps:** The data might not explain reasons why exclusive breastfeeding rates were low, such as cultural beliefs, lack of support or misinformation. The data will not be able to give you information on how the situation has changed since the crisis began.

where information is lacking or insufficient. Use this to determine which categories of information you would like to study and which gaps may be filled through qualitative methods.

Before embarking on a qualitative assessment, it is essential to consider the budget and human resources available. Conducting a thorough qualitative assessment requires careful planning and allocation of resources, including time, personnel, financial support and logistical arrangements.

Step 2 DEFINE THE OBJECTIVES.

Using insights from the secondary data review, clearly define both the aims and objectives of the qualitative assessment. These should consider the pre-crisis context and information needed to plan interventions.

Aims outline the broader goals or desired outcomes of the assessment, providing a clear direction for what you intend to achieve, whereas **objectives** are specific, measurable steps that will help you accomplish these aims. Both aims and objectives should be closely aligned with the overarching goals of the Nutrition and IYCF-E response, ensuring that the assessment addresses the most critical information needs and priorities.

Step 3 SELECT THE APPROPRIATE DATA COLLECTION METHOD.

Based on the assessment objectives and the resources available, select the most appropriate qualitative methods.

On one hand, greater urgency is often accompanied by fewer resources, less access and limited expertise, resulting in more constraints on method selection. On the other hand, where there is less urgency, there are often more resources, better access and greater expertise — allowing for a broader range of options with fewer limitations.

For example, using qualitative methods early on in an emergency may mean having to adapt to fewer resources and a more urgent timeline. Using qualitative methods later on, either with or after a population-based survey, usually means there is more time and resources, so more in-depth methods are more feasible. This is illustrated in diagram 1. Table 3 below illustrates the advantages and disadvantages of the different methods.

Each technique has its strengths, and often, a combination of methods is the best choice. The methods you choose depend on the participant groups you want to engage, available resources, expertise and ethical and cultural considerations, as well as time and access.

Module 3 Table 2: Example aims and objectives for qualitative IYCF-E assessments

CATEGORY(S) OF INFORMATION	EXAMPLE AIM	EXAMPLE OBJECTIVES
IYCF Status and Practices *Infants under 6 months* **IYCF Status and Practices** *Infants and children aged 6–23 months*	Understand the impact of displacement on breastfeeding practices in crisis-affected regions of Examplandia.	• Identify changes in breastfeeding initiation and duration among displaced women in three crisis-affected regions over the last 12 months. • Assess the challenges and barriers faced by breastfeeding women in maintaining breastfeeding after displacement. • Evaluate the perceptions and attitudes of displaced women towards breastfeeding in the context of their new environment and living conditions after displacement.
IYCF Status and Practices *Infants and children aged 6–23 months*	Explore the knowledge and practices of caregivers regarding complementary feeding of children aged 6–23 months in crisis-affected regions of Examplandia.	• Determine the types of complementary foods provided by caregivers to children aged 6–23 months over the last 12 months. • Assess the current level of awareness among caregivers about the nutritional needs of children in the complementary feeding age group. • Identify current barriers to safe and appropriate complementary feeding practices among caregivers in these regions.
IYCF Services and Capacity	Identify the factors that influence multi-sector collaboration in IYCF-E programming during emergencies in Examplandia.	• Assess the effectiveness of current multi-sector collaboration efforts in IYCF-E programming. • Identify barriers that currently hinder collaboration between sectors in IYCF-E initiatives. • Determine the enabling factors that facilitate effective collaboration among sectors.
IYCF Status and Practices *Infants under 6 months*	Investigate the management of unsolicited breast milk substitute (BMS) donations in crisis-affected regions of Examplandia.	• Assess the procedures currently in place for managing unsolicited BMS donations operating in these regions. • Evaluate the current level of knowledge among responders regarding the risks associated with BMS donations in emergencies. • Identify current gaps in training and resources related to the management of BMS donations.

Module 3 Table 3: Advantages and disadvantages of the different methods

METHOD	ADVANTAGES	DISADVANTAGES
Focus group discussions (FGDs)	Generate rich, diverse insights through group interaction.	Group dynamics may influence individual responses, leading to conformity.
	Participants may build on each other's ideas, leading to deeper understanding.	Sensitive topics may be difficult to discuss openly in a group.
	Useful for exploring shared experiences and cultural norms.	Requires skilled facilitation and careful planning to ensure all voices are heard.
Key informant interviews (KIIs)	Provide in-depth, detailed information from individuals with specialized knowledge.	Information is limited to the perspective of the individual, which may not represent the population of interest (if they are not included as KIs).
	Flexible and allows for probing deeper into specific issues, including sensitive topics.	Can be time-consuming if many interviews are needed.
	Can be easier to organize than FGDs.	Potential bias from individuals.
Participant observation	Allows for direct observation of behaviors and practices in their natural setting.	Observer presence may influence participant behavior (observer effect) and may be intrusive for the participant.
	Provides context-rich data that can reveal cultural norms and practices.	Difficult to understand the reasons behind observed behaviors without supplementary data.
	Can capture non-verbal cues.	Can be time-consuming and requires extensive notetaking.

MODULE 3 EXAMPLE 3

Selection of different qualitative methods in IYCF-E assessments in Examplandia

1. Focus group discussions (FGDs)

You are assessing the impact of a recent nutrition program that introduced locally made, fortified complementary foods in a rural community in Examplandia. To understand the community's reception of these foods, you conduct FGDs with mothers of children aged 6–23 months. During the discussions, you explore how these mothers have incorporated the fortified foods into their children's diets, ask about any challenges they face, and identify the acceptability of these new foods.

This approach allows you to gather a broad range of opinions and experiences, helping to identify common themes and potential barriers to the program's success.

2. Key informant interviews (KIIs)

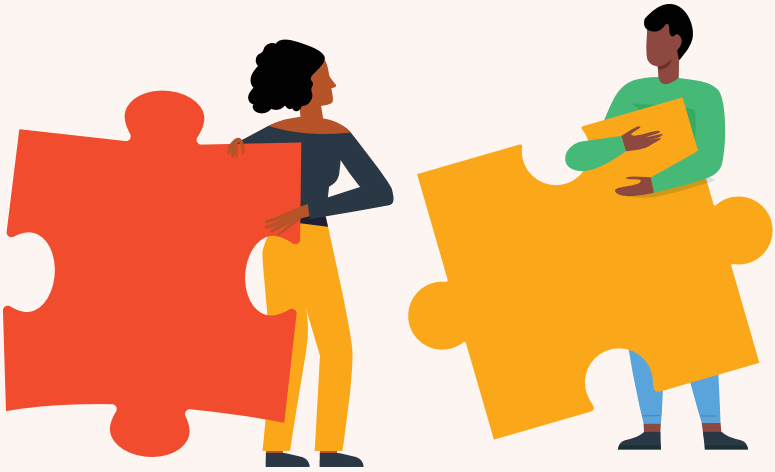
After reports of low exclusive breastfeeding rates in a conflict-affected region of Examplandia, you conduct KIIs with health workers at local clinics. These interviews seek to understand the challenges these professionals face in promoting exclusive breastfeeding, such as lack of resources, cultural resistance or misinformation being spread during the crisis. A key informant interview with a community leader might also reveal traditional beliefs that discourage exclusive breastfeeding. KIIs are also planned with mothers to get a more in-depth perspective from a few individuals and to triangulate the views of the other key informants (as their views may be biased and not accurately represent the situation for caregivers).

KIIs provide deep, context-specific insights that can inform the design of targeted interventions to support breastfeeding in the region.

3. Participant Observation

Although your program will promote exclusive breastfeeding, you hear that there are there are some infants under 6 months in a displacement camp in Examplandia who have been separated from their mothers, and other options for breastfeeding are not feasible in this context. You understand that, as a last resort, they are being fed breastmilk substitutes (BMS). You want to understand what type of BMS is being used and the practices of the caregivers preparing and feeding the BMS. You conduct participant observation by spending time in the camp's communal kitchen areas, watching how the BMS is prepared and fed, and observing the cleanliness of the environment and how water and utensils are used. This observation helps you understand more about the additional risk of mortality to these infants and the support needed for non-breastfed infants.

This method can allow you to see the real-life challenges and behaviors that might not be reported in interviews or surveys, providing critical information for improving infant feeding safety in emergency settings.



Step 4 DEVELOP THE SAMPLING STRATEGY.

Qualitative assessments typically **use purposive sampling**, which is a non-random method to select participants who can provide rich, relevant information. It is important to note that **purposive sampling is not the same as convenience sampling** (which is typically used in rapid assessments). Convenience sampling is where participants are selected based on ease of access or availability.

Purposive sampling, on the other hand, involves deliberately selecting participants based on specific characteristics or expertise, meaning they are most likely to provide the information the team is interested in. If the information you need can only be collected by speaking to respondents from different groups, some may be from difficult-to-access areas, not be available at the time you request or may be reluctant to speak to you.

Examples of key participants related to IYCF-E are described below. These individuals may be selected for any type of assessment (FGD, KII or observation). However, in FGDs, participant groups are often made up of people with similar characteristics, such as mothers of infants and children under two years from the same town or fathers or health workers who might share similar experiences.

When selecting key informants, a more diverse group is often selected, such as mothers from different ethnic or income groups or individuals with a range of roles in the community (such as health care workers, religious leaders and community leaders), to capture a broader range of insights and perspectives.

It is important to remember that the results of a few focus groups, KIIs or observations are not designed to be statistically representative of the broader population. In other words, they cannot be generalized to other groups. Therefore, if the area you are studying includes diverse cultural groups or significant differences between rural and urban populations, consider using multiple assessments to reflect the different groups.

Determine the sample size

The sample size in qualitative assessments is typically smaller than in quantitative surveys because the focus is on obtaining depth of understanding rather than breadth of data. Unlike quantitative research, where sample size can be calculated using specific formulas, determining the sample size for qualitative assessments is less clear-cut. Two approaches are typically used:

Rule of thumb (theoretical sufficiency): A common guideline is to aim for a certain number of key informant interviews (KIIs) and focus group discussions (FGDs).

Saturation point: Reaching saturation point means continuing to collect data until no new information ("themes") in the data arises.

Research on qualitative sample sizes suggests the following guidelines:

- **Key informant interviews (KIIs):** Six KIIs usually provide a substantial amount of valuable information. By the time you reach 12 KIIs, *you are likely to have reached saturation point,* where additional interviews reveal no new insights.
- **Focus group discussions (FGDs):** Similarly, two or three FGDs with each type of respondent (mothers, fathers and grandmothers) can offer significant insights, and saturation is often reached after *five or six FGDs per respondent type.*

Note: FGDs should focus on one specific theme to ensure meaningful data. If multiple themes need to be covered, additional FGDs should be conducted. Combining too many topics in one FGD can limit the depth of discussion, and three FGDs would not be enough to draw conclusions on multiple themes.

Table 5 below presents considerations for determining the appropriate sample size for your qualitative study.

Module 3 Table 4: Potential participant groups and benefits

CATEGORY(S) OF INFORMATION AND (SUBTHEME)	POTENTIAL PARTICIPANTS	BENEFITS
Feeding of children under 6 months	Breastfeeding women.	Can share the lived experience of breastfeeding, deciding whether to, for how long, and barriers to breastfeeding.
Feeding of children 6–23 months *(breastfeeding practices)*	Male partners of breastfeeding women/ mothers-in-law of breastfeeding women (or other influential persons, depending on local practices).	Can provide information on any influence, knowledge and opinions they have on breastfeeding.
	Health workers working with mothers and infants — e.g., midwives, antenatal workers.	Can provide firsthand knowledge on the support given to local women as well as insights into the local beliefs and practices of women. This cannot replace asking the women directly, but it can be useful if focus groups with local women are not possible due to lack of resources.
Feeding of children 6–23 months *(complementary feeding practices)*	Parents/caregivers with children 6–23 months, grandmothers.	Can give the lived experience of choosing what foods to introduce for children 6–23 months.
	Heads of household with children 6–23 months.	Can give insights into the importance placed upon acquiring food for young children, the decision-making process, and how this competes with other household priorities.
Services to support IYCF *(multi-sector collaboration)*	Cluster coordinators, NGO/UN staff from nutrition and related clusters, government staff.	Can give insights into the extent to which collaboration is achieved, as well as enablers and barriers.
Feeding of children under 6 months *(breastmilk substitutes)*	Health workers working with mothers and infants — e.g., midwives, nurses, doctors, OBGYNE, pediatricians.	Can provide insights into the management and knowledge of management of BMS at the service provider level.
	Logistics and procurement staff from agencies/government.	Can give insights into the knowledge of procurement staff on BMS and the code, as well as any protocols/procedures in place to manage procurement and donations.

Module 3 Table 5: Considerations for sample size determination

FACTOR	EXPLANATION	IYCF-E EXAMPLE
Use of a semi-structured data collection tool (KII or FGD guide)	Use a tool with a limited number of clear, open-ended questions. This ensures that the data collected is somewhat focused and comparable. Questions can have follow-ups or prompts if you need to collect more information.	An example of an open-ended question is: "What challenges do you face in feeding your infant?" This encourages detailed responses rather than simple "yes" or "no" answers. If the answers are not detailed, you can follow up by asking participants to "describe what you mean when you say...."
Clarification and focus on the study topic	Focus on a few well-defined topics. A narrower focus makes the study more manageable and reduces the need for a large sample size.	For example, the study focuses solely on understanding barriers to exclusive breastfeeding in the first six months. It can require fewer participants to reach saturation.
Clarity of study aim	If the study aims to gather insights from a single group rather than comparing multiple groups, a smaller sample size may be sufficient.	For instance, if the aim is to explore only the experiences of first-time mothers with breastfeeding, you can work with a smaller sample without needing to compare other groups.
Manageable geographic area	Limit your study to a smaller, more uniform geographic area. Smaller and less diverse areas typically require fewer samples to achieve saturation.	Conducting the study in a specific village or urban neighborhood where cultural practices and access to IYCF services are similar can reduce the need for a larger sample size.

There are challenges to both strategies (rule of thumb and saturation point) in humanitarian settings where factors such as urgency and access may add constraints. Table 6 below illustrates some potential challenges to these strategies and how to address these based on your setting.

Step 5 DESIGN THE DATA COLLECTION APPROACH.

Design data collection tools

Develop the data collection tools, such as FGD discussion guides or KII interview guides, based on the assessment objectives and the selected methods.

Topic guides are lists of open-ended questions used to explore the assessment topic. They should be semi-structured, allowing for flexibility and probing while ensuring that key topics are covered across different groups or informants. Examples of guides can be found in Module 3 Annex 1.

Regardless of approach, interviewers can adapt by reordering questions, adding probes, or pursuing unexpected responses to ensure comprehensive data collection.

An introduction to the semi-directive interview methodology and recommendations on conducting general interviews in the context of nutrition and child feeding during emergencies can be found here: Action Against Hunger). *Semi-Directive Interview Guidelines*. IYCF-E Toolkit. Save the Children Resource Centre. Available at: https://resourcecentre.savethechildren.net/pdf/2.4._semi-directive_interview_guidelines_acf.pdf

Example guidance which provides a brief introduction to Focus Group Discussions (FGDs) and guidelines on how to conduct them effectively in emergencies can be

Module 3 Table 6: Challenges of qualitative sampling approaches in humanitarian contexts

STRATEGY	CHALLENGE	SOLUTION
Rule of Thumb	Wide "rule of thumb" ranges (e.g., 12–50 for KIIs, 6–12 for FGDs) are based on experience rather than evidence, making it unclear how many participants to aim for.	Set clear sampling limits based on available resources and urgency rather than strictly following the broad rule of thumb ranges.
	Analyzing findings from the midpoints of these ranges (e.g., 30 KIIs, 9 FGDs) can be resource-intensive, potentially taking weeks or months, which is impractical in emergency settings.	Focus on selecting only those participants who are most likely to provide critical information, reducing the number of participants while still collecting essential data.
Saturation Sampling	Reaching saturation (when no new themes or information emerge) requires ongoing data analysis during collection, which can delay the assessment process in emergencies.	Implement real-time or rolling analysis, where data is analyzed immediately after collection. This allows themes to be identified early, enabling quicker decisions about when to stop collecting data.
	Planning around saturation is difficult because it is hard to predict how much data is needed.	Pre-plan for feasibility by proposing a flexible approach. Communicate with planners that full saturation may not be feasible in emergencies and consider stopping data collection once critical themes are identified to speed up responses.
	Determining when saturation is reached can be time-consuming. There may be a delay in realizing saturation, meaning extra data may be collected unnecessarily before analysis confirms no new themes.	Rather than relying on the planned additional interviews after saturation is thought to be reached, consider targeted follow-up interviews with specific individuals who are more likely to offer missing perspectives, ensuring any additional data adds real value.

found here: Concern Worldwide. *Focus Group Discussion Protocols*. IYCF-E Toolkit . Save the Children Resource Centre. Available at: https://resourcecentre.savethechildren.net/pdf/b._fgd_protocols.pdf

Record and write up/transcribe information

Interviews can be recorded in one of two ways: audio recording and detailed notes. While audio recording sessions significantly enhance note-taking ability and are essential for transcription, some authorities (or participants themselves) may be unwilling to allow recording. Detailed notes are an alternative if recording is not possible. It is necessary to take *very detailed notes* during the session, and typically this requires a dedicated notetaker in addition to the interviewer.

Data transcription – transcription or expanded notes:

As with recording, there are various means of transcribing interviews.

Full manual transcription — a word-for-word record of everything said during the interview — allows for extraction of useful quotes. Manual transcription is considered the "gold standard" but is time-consuming and may add costs. For example, a two-hour FGD may require five to seven person-days to transcribe, while a one-hour KII may take a day to transcribe.

In recent years, several software tools supporting recording and transcription have become available (e.g., Otter.ai, Rev, Temi, Trint, Express Scribe, NVivo, Descript). These tools support online and offline recording with some able to transcribe in real time. This software category is rapidly evolving, but some key considerations on the use of these tools (at the time of writing this guide) are discussed below.

Advantages:

- Increase accuracy and efficiency in capturing interview data.
- Allow researchers to focus on the conversation rather than taking notes.
- Provide the ability to revisit recordings for deeper analysis.
- Save time compared to manual transcription.
- Many tools offer features like speaker identification, keyword tagging and easy editing.

Challenges:

- Require high-quality audio recordings; poor sound can lead to inaccurate transcriptions.
- Automatic transcription may struggle with dialects, strong accents or non-standard grammar.
- Support for multiple languages varies between tools, and errors are more likely in non-English transcriptions.
- Language nuances and cultural context may be lost in automatic transcriptions, requiring manual corrections.
- Multilingual projects may need human transcription services for greater accuracy.

Using these tools can streamline the transcription process, but researchers must consider potential limitations, especially when working with different languages.

Expanded notes involve summarizing responses to each question, with key quotes written out in full. This process takes slightly less time than full transcription. For example, a two-hour FGD may require two to three days for detailed notes, while a one-hour KII may take up to a day for detailed notes.

While full transcription is ideal for qualitative analysis, it is resource-intensive, especially for FGDs. It is important to allocate enough time for data analysis; otherwise, the validity of the results may be compromised.

Step 6 WRITE THE TERMS OF REFERENCE (TOR)/PROTOCOL FOR THE ASSESSMENT.

Begin by outlining the background and context of the emergency, highlighting the need for the assessment. Specify the key research questions that the assessment will address, such as understanding barriers to IYCF practices or identifying cultural beliefs impacting feeding behaviors.

The TOR should detail the methodology, including the qualitative methods to be used (e.g., focus group discussions, key informant interviews), target population and sampling strategy. An example TOR can be found in Module 3 Annex 2.

Additionally, include a timeline, roles and responsibilities of the assessment team, and expected deliverables, such as a final report with actionable recommendations.

Ensure that the TOR also covers ethical considerations, such as informed consent and data confidentiality, and establishes clear criteria for quality assurance and validation of findings. This comprehensive approach will guide the assessment process, ensuring that it aligns with the needs of the affected population and contributes valuable insights for IYCF-E programming.

A useful tool to guide the protocol can be found here: Reporting Qualitative Research: A Synthesis of Recommendations. *Academic Medicine, 89*(9), 1245–1251. SRQR Checklist. Available at: https://onlinelibrary.wiley.com/pb-assets/assets/15532712/SRQR_Checklist-1529502683197.pdf

Step 7 GET APPROVAL FROM THE AUTHORITIES/COMMUNITIES.

Begin by engaging with relevant government agencies, local authorities and institutional review boards to obtain the necessary permissions and ensure that the assessment complies with legal and ethical standards. It is good practice to discuss the assessment with authorities and communities at the early stages of the planning and involve them in the design.

Once the TOR are approved, meet with community leaders and stakeholders to gain their trust and endorsement. This involves explaining the purpose, scope and potential benefits of the assessment to the community, addressing any concerns, and ensuring that the research methods are culturally appropriate.

Step 8 RECRUIT TEAM MEMBERS AND BEGIN PLANNING.

Conducting a qualitative assessment for IYCF-E requires careful planning of human resources. Your assessment team will vary depending on the aim of the assessment, but key roles in qualitative projects usually include those detailed in Table 7 below.

Table 7 is a comprehensive list of skills and experience of interviewers and facilitators that would ideally be recruited to the team. However, it is unlikely that all skills will be covered by all recruits. Gaps in skills and experience will need to be filled through training.

Step 9 TRAIN THE ASSESSMENT TEAM.

Before the assessment begins, provide comprehensive training to the data collection team on necessary technical background, qualitative methods, data collection tools and ethical considerations. Below is a suggested training plan to ensure that the team fully understands the project and is well-prepared to conduct a successful IYCF qualitative assessment. Below is an example of the training plan for a qualitative assessment.

Module 3 Table 7: Roles, responsibilities and core competencies of the assessment team.

ROLE	RESPONSIBILITIES	CORE COMPETENCIES
Team leader	• Coordinate the project and liaise with key stakeholders. • Plan and oversee data collection. • Ensure quality control throughout the project.	• Experience in overseeing qualitative data collection, including interviewing and FGDs. • Strong understanding of IYCF practices and experience in nutrition/health assessments. • Strong time management and adaptability in resource-limited settings. • Experience in emergency settings and an understanding of local social dynamics.
Data collectors/ research assistants	• Conduct interviews and facilitate focus groups. • Engage directly with participants, ideally in their preferred language.	• Skilled in conducting in-depth interviews and FGDs, with flexibility to adapt to unstructured data. • Strong understanding of IYCF practices and related challenges in emergencies. Proven ability to build trust and facilitate open communication, especially on sensitive topics. Experience working in similar cultural settings and using a gender-sensitive approach; matching interviewer and participant gender when appropriate. • Gender may be a consideration in selection (e.g., men may not be able to conduct FGD or interviews with women and vice versa).
Translators (where needed)	• Provide accurate translations to bridge language barriers. • Ensure translations reflect the original conversation and words used. • Ensure that translations to participants are culturally appropriate.	• Ability to accurately translate while preserving cultural and contextual meaning. • Ability to ensure translations are culturally appropriate. • Understanding of qualitative research to maintain the integrity of data during translation. • Familiarity with local social dynamics and cultural nuances
Notetakers (where audio recording not possible) **Data collectors may also be able to support each other to take notes*	• Document discussions during data collection. • Ensure accuracy in capturing details, especially when sessions are not recorded.	• Experience in accurately capturing qualitative data during interviews and FGDs. • Strong time management skills to keep up with fast-paced discussions and ensure completeness of notes. • Understanding of the cultural context to accurately reflect discussions in notes.
Transcribers	• Convert notes and audio recordings into digital text. • Translate content into the language of analysis, ensuring fluency and accuracy.	• Proficiency in transcribing qualitative data with attention to detail and accuracy. • Efficiency in handling transcription tasks within tight timelines, especially in resource-constrained settings. • Experience with transcription machine if using.

Step 10 PLAN LOGISTICS.

The logistical needs of your qualitative assessment will depend on the context, but some key considerations include:

- **Site organization**: Consult with local leaders to plan for safety, privacy and participant accessibility. Consider whether childcare is necessary.
- **Transport and security:** Arrange for sufficient vehicles and drivers for safe and reliable transportation of the team to and from data collection sites.
- **Informed consent tools:** These may include written and oral consent forms and participant information sheets, which have been translated into local languages. Additionally, visual aids help ensure participants fully understand their rights and the purpose of the study.
- **Data collection tools:** Provide audio recorders or adequate notetaking materials for documenting data. Make sure all equipment is functional and that backup options are available in case of technical issues.
- **Technology and IT support:** Equip the team with computers for transcription and data storage.
- **Per diem and travel costs:** Budget for any travel-related expenses for the team, including per diems, if applicable.
- **Refreshments:** Consider providing refreshments for both participants and team members during data collection, especially if sessions are long. This should be aligned with the typical practices for conducting assessments in the area.

Step 11 CONDUCT PILOT TESTING.

Before beginning the main data collection, conduct pilot tests of the FGD discussion guides or KII interview guides. Pilot testing allows you to identify any issues with the tools, such as unclear or culturally inappropriate questions and enables the assessment team to make necessary adjustments. It can also identify areas where further training is needed for members of the data collection team. Pilot tests are usually conducted in different locations with different respondents and are not included in the data analysis.

Step 12 CONDUCT DATA COLLECTION.

Setting Up

Choose a quiet and comfortable location for data collection. Make sure that the sitting area and set up are culturally appropriate. Ensure all equipment (e.g., recorders, cameras) is set up, tested and ready for use.

MODULE 3 EXAMPLE 4

Training plan for qualitative assessment

Day 1 PROJECT OVERVIEW, QUALITATIVE METHODS, AND FACILITATION SKILLS

Morning Session: Project Overview

— **Welcome and Objectives**

» Introduce the training objectives and structure.

Detailed Project Explanation

» In-depth overview of the IYCF-E assessment, including its purpose, goals and expected outcomes.

» Key terminology and correct translation

» Review of the specific research questions, key focus areas and the importance of the assessment for the local context.

» Role play and familiarization with the tools (including back translation)

» Discuss the roles and responsibilities of each project team member.

Afternoon Session: Introduction to Qualitative Methods and Facilitation Skills

— **Introduction to Qualitative Research Methods**

» Overview of qualitative research in the context of IYCF.

» Introduction to key qualitative methods: FGDs, KIIs and participant observation.

— **Facilitation Skills**

» Interactive lecture on effective facilitation, interviewing and observation (depending on the techniques used) in qualitative research.

» Role-playing exercises to practice guiding interviews and focus groups, with feedback.

Day 2 PROBING TECHNIQUES, ACTIVE LISTENING AND CULTURAL SENSITIVITY

Morning Session: Probing Techniques and Active Listening

— **Probing Techniques (where relevant)**

» Lecture on asking follow-up questions that encourage deeper responses.

» Practical session to practice probing, ensuring questions are guided by participant responses.

— **Active Listening**

» Lecture on the importance of active listening in qualitative research.

» Practical listening exercises, focusing on capturing nuances and identifying areas for further probing.

Afternoon Session: Cultural Sensitivity and Rapport-Building

— **Cultural Sensitivity**

» Lecture on understanding local customs and beliefs relevant to IYCF.

» Case studies and role-playing to practice culturally sensitive interviewing techniques.

— **Rapport-Building**

» Interactive session on building trust with participants, particularly when discussing sensitive topics.

» Role-playing exercises to practice rapport-building, with feedback.

Day 3 ETHICAL CONSIDERATIONS, TRANSLATION AND FIELDWORK PREPARATION

Morning Session: Ethical Considerations and Translation/Transcription

— **Ethical Considerations**

» Overview of ethical principles such as informed consent, do no harm, and positionality.

» Case studies and practical scenarios to address ethical dilemmas in the field.

— **Translation and Transcription**

» Lecture on the importance of accurate and verbatim translation.

» Practical session with translators to practice real-time translation and ensure proper transcription techniques.

Afternoon Session: Final Preparations and Fieldwork Planning

— **Final Preparations**

» Q&A session to address any remaining questions or concerns from the team.

» Review logistics, team roles, and timelines for the assessment.

» Summary of key learning points, emphasizing ethical and accurate data collection.

— **Field Debriefing and Support**

» Plan for ongoing mentorship and regular debriefing sessions during fieldwork.

During Interviews/Focus Groups

- **Introductions:** Welcome participants. Begin with introductions and clearly explain the purpose of the assessment to participants.
- **Informed consent:** Obtain informed consent from participants and explain confidentiality to ensure their comfort and understanding.
- **Conducting the session:** Follow the interview or focus group guide, allowing flexibility to probe deeper into relevant topics as they arise. Ensure that the facilitator maintains neutrality and encourages participation from all members.

Recording and Notetaking

- **Audio Recording:** Use audio recorders to accurately capture the conversation.
- **Notetaking:** Take detailed notes, focusing on non-verbal cues and the context of discussions.

Supervision procedures

- **Daily:** Supervision activities, check-ins, session observations, and feedback.
- **End of each day**: Debriefing sessions, interview guide updates.
- Daily data cleaning

Guidance on conducting different types of data collection can be found in Module 3 Annex 3. Guidance on supervision procedures can be found in Module 3 Annex 4.

Step 13 MANAGE AND ANALYZE DATA.

In qualitative research, data drives the analysis with thematic analysis being a common method used. This approach involves systematically identifying and interpreting overarching themes that emerge from the data and help to develop theories about people's knowledge, behaviors and beliefs.

Module 3 Table 9: Key steps in thematic analysis

COMPONENT	ACTION
Develop a data management and analysis plan	Outline procedures for transcribing, coding and interpreting qualitative data. Use appropriate methods, such as thematic analysis, to identify key patterns, themes and insights from FGDs and KIIs.
Data familiarization	Immerse yourself in the data by reading the transcripts through several times. Engage with the text by annotating and highlighting areas of interest.
Generate coding categories	Begin by identifying and labeling key concepts. Codes may be descriptive (closely reflecting participants' words) or interpretive (uncovering deeper meanings). Refine and expand codes as you delve deeper into the data.
Explore deviant cases	Examine deviant or outlier statements that do not fit emerging patterns. Understand the reasons for these exceptions, as they can provide deeper insights into the complexities of the issue.
Identify themes	After coding, identify broader themes that capture significant aspects of the data. Group related codes into these themes and explore the relationships between them. Merge, split or refine themes as necessary to capture the core messages in the data. Ensure each theme is distinct and non-overlapping.

As patterns emerge, these themes provide insights into the underlying issues within the data. While specialized software like NVIVO can expedite the analysis process, it is not essential. Tools such as Excel, Word or even manual methods like cutting up transcripts for coding can be effectively used for thematic analysis.

Important Considerations

Focus on uncovering themes rather than calculating percentages or coverage. The goal of qualitative analysis is to explore themes that emerge from the data, not quantify responses. Avoid the temptation to present findings in quantitative terms, as this can mislead readers into thinking the results are statistically representative when they are not.

For instance, stating that "8 out of 10 interviews revealed XYZ" could incorrectly imply that these findings represent the entire population when, in fact, they reflect the views of a purposive sample. If asked for percentages, it is important to explain the correct use of qualitative data and resist being drawn into providing a number that suggests a representative sample.

Step 14 VERIFY THE QUALITY OF THE ASSESSMENT.

To ensure the quality and credibility of qualitative assessments, consider the following strategies:

Validity of Findings

- **Triangulation:** Increase the validity of your results by comparing findings across different methods or sources. Triangulation might involve cross-checking between different participant groups or using various methodologies to verify consistency in the data.
- **Participant validation:** Share preliminary findings with participants to confirm that the research team's interpretations accurately reflect their experiences and perspectives. This step helps to validate the accuracy of the data interpretation.
- **Detailed documentation:** Maintain thorough records of the assessment process, including the sampling strategy, data collection tools and analysis procedures. This transparency enhances the reliability and replicability of the assessment.
- **Acknowledgement of biases:** Recognize and address potential biases and limitations within the assessment team and the methodologies used. Consider how these factors might influence the findings and take steps to mitigate their impact.

Relevance of Findings

Assess the relevance of findings when considering what to include in the report.

- **New information:** Determine if the findings offer novel insights that can be applied to IYCF-E programming in the current emergency. New, useful information is highly relevant.
- **Confirming suspicions:** Even if findings are not new, they remain relevant if they reinforce existing knowledge or hypotheses, aiding in decision-making and program design.
- **Application to programming:** Findings are only relevant if they contribute to the design or implementation of programs.
- Findings that were expected (e.g., based on the secondary data) but not found during the assessment.

In summary, by adhering to these criteria — validity and relevance — qualitative assessments can be systematically evaluated to ensure they provide credible, useful insights that effectively inform IYCF-E programming in emergency contexts.

MODULE 3 EXAMPLE 5

Managing and analyzing data in Examplandia

CONTEXT

In Examplandia, a qualitative assessment was conducted to explore the challenges faced by displaced mothers in breastfeeding. The data was gathered through focus group discussions (FGDs) and key informant interviews (KIIs) with mothers, health care workers, and community leaders.

1. **Develop a data management and analysis plan.** The team decided to transcribe all interviews and discussions manually and use Excel to organize and code the data. Each transcript was labeled with a unique identifier, and metadata (such as the interviewee's role and date of the interview) was logged for easy reference.
2. **Data familiarization.** Team members read through each transcript multiple times, highlighting frequent mentions of "lack of privacy" and "influence of male family members" as barriers to breastfeeding. These initial readings allowed them to become deeply familiar with the nuances of the participants' responses.
3. **Generate coding categories.** "Lack of Privacy" was coded whenever mothers mentioned difficulties in finding private spaces to breastfeed. "Cultural Barriers" was used to code instances where mothers discussed beliefs that discouraged breastfeeding, like the idea that colostrum is "unclean." As coding progressed, the team added sub-codes under "Self-Perceived Insufficient Milk Supply" to capture different factors contributing to this belief, such as "poor nutrition" and "psychosocial stress."
4. **Explore deviant cases.** During coding, an outlier case emerged where one mother reported no issues with breastfeeding despite similar living conditions. On further investigation, it was revealed that she had strong family support and access to nutritional supplements, which differed from the experiences of other mothers. This led to the identification of "support systems" as an influential factor in successful breastfeeding.
5. **Identify themes.** The team ensured that each theme encapsulated the core messages in the data, providing a clear structure for the final analysis.

- **Theme 1:** "Challenges Related to Breastfeeding" included codes such as "Lack of Privacy," "Cultural Barriers," and "Self-Perceived Insufficient Milk Supply."
- **Theme 2:** "Influence of Social Support" encompassed codes like "Influence of Male Family Members" and the newly identified "Support Systems."

IMPORTANT CONSIDERATIONS

The team avoided quantifying responses to ensure the analysis remained true to the qualitative nature of the data. For example, rather than stating that "8 out of 10 mothers mentioned lack of privacy," they described "Lack of Privacy" as a common barrier to breastfeeding in the community, emphasizing the richness of the qualitative insights without implying statistical representativeness.

During discussions with stakeholders, some requested quantifiable results, such as the number of mothers who faced issues with perceived insufficient milk supply. The team explained that the purpose of qualitative research is to explore and understand experiences, not to produce generalizable statistics. However, they were able to say perceived challenges with milk supply was a common theme.

To convey the depth and complexity of the themes, the team used direct quotes and detailed descriptions rather than relying on numerical summaries. For example, "one mother explained, 'Every day, I worry about where we will get our next meal. How can I focus on breastfeeding when I'm so stressed?'"

By following this process, the team in Examplandia was able to develop an in-depth understanding of the barriers to breastfeeding and provide insights for improving support systems and addressing cultural barriers.

MODULE 3 EXAMPLE 6

Assessing the quality of IYCF qualitative assessments for Examplandia

CONTEXT

In Examplandia, a qualitative assessment was conducted to understand IYCF practices in the wake of a recent emergency. The assessment aimed to gather insights into feeding behaviors, challenges, and opportunities to inform IYCF-E programming. As a team they discussed validity and relevance and made the following assessments.

EVALUATING VALIDITY

1. Triangulation:

- **Method:** The assessment used FGDs, in-depth interviews with mothers, and observational studies in health care facilities.
- **Findings:** Consistent themes emerged across all methods. For instance, both FGDs and interviews highlighted that mothers have shifted from exclusive breastfeeding to mixed feeding due to self-perceived insufficient milk production. However, there were opposing findings where mothers said that they did not get support for IYCF from the health system, but health workers said that support was available but not used.
- **Analysis:** The consistency of this finding across different methods and participant groups (e.g., mothers, health care workers) strengthens the validity of the results.

2. Participant Validation:

- **Method:** Preliminary findings were shared with a sample of the participants, including mothers and local health workers, to confirm the accuracy of the interpretations.
- **Findings:** Participants agreed with the research team's interpretation, confirming that the identified barriers, such as lack of access to lactation support, were accurately captured.
- **Analysis:** This participant validation reinforces the trustworthiness of the findings, enhancing their validity.

3. Detailed Documentation:

- **Method:** The research team documented the entire assessment process, including the sampling strategy (purposive sampling of different regions), the tools used for data collection (structured interview guides, observation checklists), and the procedures for data analysis (thematic coding).
- **Analysis:** This comprehensive documentation provides transparency, allowing others to replicate or review the process, thus bolstering the reliability of the assessment.

4. Acknowledge Biases:

- **Method:** The assessment report acknowledged potential biases introduced by the interviewers and facilitators. For example, interviewers' preconceptions or leading questions might have influenced participants' responses, or facilitators' presence could have unintentionally guided the discussion in FGDs.
- **Analysis:** By recognizing these potential biases, the research team provides a more balanced interpretation of the data. This acknowledgment helps to contextualize the findings and ensures that readers understand the limitations that could have influenced the results.

EVALUATE RELEVANCE

1. New information:

- **Finding:** The assessment revealed that in the post-emergency context, many mothers were relying on shared community kitchens, which lacked the privacy and resources needed for breastfeeding. This issue was not previously documented.

MODULE 3 EXAMPLE 6

Assessing the quality of IYCF qualitative assessments for Examplandia *(continued)*

- **Analysis:** This finding is highly relevant as it identifies a new challenge that can directly inform the design of IYCF interventions, such as establishing private breastfeeding spaces in community kitchens.

2. Confirm suspicions:

- **Finding:** The assessment confirmed suspicions that cultural beliefs in Examplandia, such as the rejection of colostrum as "dirty," were leading to delayed initiation of breastfeeding.
- **Analysis:** Although this was not new information, the assessment increased confidence in this existing knowledge, reinforcing the need for targeted educational campaigns within IYCF programming.

3. Application to Programming:

- **Finding:** The findings offered practical recommendations, such as the need for increased breastfeeding support and education about the benefits of colostrum.
- **Analysis:** These insights are directly applicable to IYCF-E programming, making the findings relevant and useful for developing targeted interventions.

CONCLUSION

The qualitative assessment conducted in Examplandia demonstrates strong validity through triangulation, participant validation, detailed documentation, and acknowledgment of biases. The relevance of the findings is evident in their ability to provide new insights and confirm existing knowledge, both of which are crucial for informing and improving IYCF-E programming in the emergency context of Examplandia.

Step 15 WRITE THE REPORT.

Prepare a clear and concise report of the qualitative assessment findings, highlighting the methods, limitations, key insights, conclusions, and recommendations. The report should logically connect the themes in a way that tells a coherent story about the data. It is good practice to include interesting quotes with the presentation of data to center the participant voices in the assessment.

Step 16 CONSOLIDATE ANALYSIS WITH OTHER ASSESSMENTS AND DISSEMINATE FINDINGS.

(This may be done as part of Step 15 or separately)

Consolidate the analysis of IYCF data with other relevant assessments and disseminate the findings to inform the design and implementation of IYCF-E interventions (see Module 6 for a detailed guide). This step involves synthesizing information from various data sources, validating results with key stakeholders and making actionable recommendations.

The final report should be shared with all relevant stakeholders, including program staff, decision-makers and community members, to ensure that insights are used to shape effective, context-sensitive interventions that address the specific needs of the community.

CONCLUSION

Qualitative assessments are a powerful tool to provide insights into the complex factors that shape IYCF practices in emergency contexts. By capturing the lived experiences, cultural norms and underlying barriers faced by communities, these assessments offer a rich understanding that complements quantitative data. This deeper perspective is crucial for designing targeted interventions that are not only effective but also culturally sensitive and contextually appropriate, ultimately leading to more sustainable improvements in IYCF practices during emergencies.

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- E-course from the READY initiative on IYCF-E and outbreak response: Infant and Young Child Feeding in Emergencies during Infectious Disease Outbreaks eLearning course

Module 3 Annexes

MODULE 3 ANNEX 1: EXAMPLES OF DATA COLLECTION TOOLSEXAMPLE KEY INFORMANT INTERVIEW (KII) GUIDE ON COMPLEMENTARY FEEDING IN EMERGENCIES (CFE)

MODULE 3 ANNEX 2: EXAMPLE TERMS OF REFERENCE TERMS OF REFERENCE (TOR) FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E) QUALITATIVE ASSESSMENT IN EXAMPLANDIA

MODULE 3 ANNEX 3: GUIDANCE ON HOW TO CONDUCT DATA COLLECTION

MODULE 3 ANNEX 4: SUPERVISION PLAN

MODULE 3 ANNEX 1

Examples of Data Collection Tools

EXAMPLE KEY INFORMANT INTERVIEW (KII) GUIDE ON COMPLEMENTARY FEEDING IN EMERGENCIES (CFE)

Administrative Details:

Date of interview: _____

Location: _____

Team members present: _____

Notes by: _____

Date completed: _____

Interviewee Details (Collected Anonymously):

Sex: ☐ M ☐ F ☐ Other: _____

Role/designation: _____

(e.g., "Community Health Worker," "Program Coordinator") _____

Area of work: _____

(e.g., "Nutrition Sector," "WASH Sector") _____

Introduction and Informed Consent:

"Thank you for agreeing to speak with us today. My name is *[Your Name]*, and I work for *[Organization Name]*. We are conducting a study in *[location]* to understand complementary feeding in emergencies.

We are interested in learning about your experiences and perspectives on complementary feeding policies, coordination, multisectoral programming and any challenges you face. The results of this study will help inform *xx* and will be used in *xx* way.

The interview will take about one hour. Participation is entirely voluntary, and you can decline to participate without any impact on your employment. You are free to not answer any question that you do not wish to answer or stop the interview at any time. Your identity and personal information will be kept confidential. The information you provide will be combined with responses from others and presented in reports without identifying you.

Do you have any questions about participating?

If yes, answer any questions. **If no, move to the next question.**

Do you agree to participate?

If yes, thank them and proceed. **If no, thank them for their time and end the discussion politely.**

Can we audio record the conversation?

If yes, proceed with recording. **If no, proceed without recording.**
For FGDs, ensure that all participants agree.

Introduction:

- Introduce yourself and your role.
- Explain the purpose of the interview, focusing on understanding complementary feeding practices in the community.
- Define what is meant by complementary feeding, for the purposes of this interview.
- Assure the interviewee of confidentiality and obtain consent.
- Explain the format of the interview (semi-structured, conversational).

Opening Questions:

1. Can you describe your role in the community and how it relates to child nutrition?
Probe: How long have you been involved in this role?

2. What are the main challenges related to complementary feeding in this community?
Probe: Are there specific groups (e.g., low-income families, single mothers) who face more challenges?

3. What are the common practices around complementary feeding for infants in this community?
Probe: At what age do most mothers start complementary feeding? What types of foods are typically introduced?

4. What resources or support are available to mothers for complementary feeding?
Probe: Are these resources sufficient? What more could be provided?

5. How do cultural beliefs and practices influence complementary feeding in this community?
Probe: Are there specific foods that are traditionally encouraged or discouraged?

6. What are the key barriers that prevent proper complementary feeding practices?
Probe: Consider economic factors, lack of knowledge or access to nutritious food.

7. In your opinion, what strategies could improve complementary feeding practices in this community?
Probe: Can you share examples of successful interventions in the past?

Closing Questions:

8. Is there anything else you think is important for us to know about complementary feeding in this community?
Probe: Is there anything we haven't covered that you think is relevant?

9. Do you have any questions for me?

Conclusion:

— Thank the interviewee for their time and insights.

— Reiterate the confidentiality of the discussion.

— Provide information on how the findings will be used and any next steps.

EXAMPLE FOCUS GROUP DISCUSSION (FGD) GUIDE FOR FATHERS ON INFANT AND YOUNG CHILD FEEDING (IYCF) ISSUES

Logistics:

- **Materials needed:** Notepads, pens, recording device (if applicable).
- **Duration:** 1.5 to 2 hours.
- **Location:** A comfortable, quiet and private setting conducive to discussion.

Introduction:

Welcome: Thank participants for attending and introduce yourself and any co-facilitators.

Purpose: Explain that the discussion aims to understand fathers' views on infant and young child feeding (IYCF) practices, their roles in childcare, and how they can support female caregivers. (define IYCF and use common words, not jargon)

Consent: Obtain informed consent from participants, including permission to record the discussion if applicable.

Ground Rules:

- Encourage respect for all opinions.
- Ensure only one person speaks at a time.
- Emphasize confidentiality — what is discussed stays within the group.
- Encourage everyone to participate.

Icebreaker Question: "Can each of you share one thing you enjoy most about being a father?"

Discussion Questions:

1. **General understanding of IYCF:**
   - What do you understand about infant and young child feeding? (be clear on ages, whether you're referring to breastfeeding as well as solid foods, etc.)
   - What are some common feeding practices for infants and young children in your community?
2. **Fathers' knowledge and attitudes towards IYCF:**
   - Do you think it is important for fathers to be involved in infant and young child feeding?
   - What do you believe are the benefits of proper feeding practices for children?
3. **Typical roles in childcare within the household:**
   - What are the typical roles that fathers and mothers (or other female caregivers) play in childcare in your household?
   - How do you and your partner share responsibilities related to childcare, such as feeding and bathing children?
   - What activities do you believe are important for fathers to be involved in when caring for young children?

4. Cultural practices and beliefs:

- Are there any cultural beliefs or practices in your community that influence how childcare responsibilities are divided between fathers and mothers?
- How do these beliefs affect your involvement in childcare and the support you offer to female caregivers?

5. Supporting female caregivers:

- Are there any ways in which you currently support the female caregivers in your household (e.g., partner, mother, or other relatives) with childcare?
- What additional support do you think female caregivers in your household need from you or from the community?
- How can fathers be more actively involved in supporting female caregivers, particularly in areas like IYCF and overall childcare?

6. Support systems:

- Do you receive any support from your family, community, or health care providers in caring for and feeding your children? If so, what?
- What additional support would help you and the female caregivers in your household in your roles?

7. Improving fathers' involvement:

- What changes would you suggest to increase fathers' involvement in IYCF and childcare in your community?
- How do you think other fathers could be encouraged to play a more active role in child feeding, childcare, and supporting female caregivers?

Closing:

- **Summary:** Briefly summarize the key points discussed during the session. Check your understanding and ask for clarification/correction.
- **Final thoughts:** Ask if anyone has any final comments or questions.
- **Thank you:** Thank all participants for their time and valuable contributions.
- **Next steps:** Inform participants about any follow-up activities or how their input will be used.

EXAMPLE QUICK OBSERVATION CHECKLIST FOR COMPLEMENTARY FEEDING PRACTICES

(This example is very prescriptive; it could also be valid to just note observations under each theme).

Objective: To systematically observe and document the feeding practices of caregivers when providing complementary foods to infants and young children.

1 General Information

Date of observation: _____

Time of observation: _____

Location: _____

Caregiver's relationship to child: *(e.g., mother, grandmother, father)* _____

Child's age: _____

Number of children being fed: _____

Observer's name: _____

2 Feeding Environment

— **Setting:**

- ☐ Home
- ☐ Community kitchen
- ☐ Health care facility
- ☐ Other: _____

— **Cleanliness of feeding area:**

- ☐ Clean *(e.g., area is free of dirt, spills, and debris)*
- ☐ Moderately clean *(e.g., some dirt or spills are present but not widespread)*
- ☐ Dirty *(e.g., area has visible dirt, spills, or debris)*

— **Seating arrangement:**

- ☐ Child is seated independently *(e.g., in a high chair)*
- ☐ Child is seated on caregiver's lap
- ☐ Child is seated on the floor
- ☐ Other: _____

3 Caregiver's Feeding Behavior

— **Feeding interaction:**

- ☐ Caregiver encourages the child to eat
- ☐ Caregiver feeds the child passively
- ☐ Caregiver is distracted while feeding *(e.g., talking to others, using a phone)*
- ☐ Caregiver is attentive and engaged with the child

— **Responsiveness to child's cues:**

- ☐ Caregiver responds promptly to child's signals of hunger
- ☐ Caregiver ignores or delays responding to the child's hunger signals
- ☐ Caregiver responds appropriately to child's fullness signals
- ☐ Caregiver forces the child to eat beyond fullness

— **Communication:**

- ☐ Caregiver talks to the child during feeding
- ☐ Caregiver uses positive reinforcement *(e.g., praise)*
- ☐ Caregiver is silent during feeding
- ☐ Caregiver uses negative reinforcement *(e.g., scolding)*

4 Type of Complementary Foods Provided

— **Food variety:**

- ☐ Single food type
- ☐ Mixed foods *(e.g., rice with vegetables)*
- ☐ Includes fruits or vegetables
- ☐ Includes animal-source foods *(e.g., eggs, meat, dairy)*
- ☐ Other: _____

— **Food texture:**

- ☐ Appropriate consistency for the child's age
- ☐ Food is too solid or difficult for the child to eat
- ☐ Food is too liquid

— **Food temperature:**

- ☐ Appropriate temperature
- ☐ Too hot
- ☐ Too cold

5 Hygiene Practices

— **Handwashing before feeding:**

- ☐ Caregiver washes hands before feeding
- ☐ Caregiver does not wash hands
- ☐ Child's hands are washed before feeding
- ☐ Child's hands are not washed

— **Utensils used:**

- ☐ Clean spoon
- ☐ Clean bowl/plate
- ☐ Unclean utensils
- ☐ No utensils used *(child fed directly by hand)*

— **Food storage:**

- ☐ Food prepared and served fresh
- ☐ Food stored properly before feeding
- ☐ Food left out or improperly stored before feeding

6 Feeding Duration and Frequency

— **Feeding Duration:**

- ☐ Less than 10 minutes
- ☐ 10–20 minutes
- ☐ More than 20 minutes

— **Feeding Frequency:**

- ☐ Appropriate frequency for the child's age *(based on observation or caregiver report)*
- ☐ Less frequent than recommended
- ☐ More frequent than recommended

7 Child's Response to Feeding

— **Child's interest in food:**

- ☐ Actively engaged and eager to eat
- ☐ Shows some interest
- ☐ Disinterested or distracted

— **Child's reaction to food:**

- ☐ Eats willingly
- ☐ Refuses food
- ☐ Spits out food
- ☐ Other: _____

— **Child's behavior during feeding:**

- ☐ Calm and content
- ☐ Fussy or irritable
- ☐ Cries during feeding
- ☐ Other: _____

8 Additional Notes

- ☐ Observations or concerns: _____
- ☐ Any cultural or contextual factors noted: _____
- ☐ Suggestions or recommendations: _____

MODULE 3 ANNEX 2

Example Terms of Reference (ToR) for Infant and Young Child Feeding in Emergencies (IYCF-E) Qualitative Assessment in Examplandia

1. Background and Context

Examplandia has been experiencing a prolonged conflict that has displaced large portions of its population, creating severe disruptions in food security, health care and access to essential services. The impact on infant and young child feeding (IYCF) practices is of particular concern, as disruptions in breastfeeding and complementary feeding could have long-term adverse effects on child health and survival. In response to these challenges, there is a need for a comprehensive qualitative assessment to understand the barriers to effective IYCF practices among displaced families in Examplandia.

2. Objectives of the Assessment

The primary objective of this qualitative assessment is to explore the key factors affecting IYCF practices among displaced populations in Examplandia. Specifically, the assessment aims to:

- Identify cultural beliefs, practices and attitudes that influence breastfeeding and complementary feeding.
- Understand the barriers that prevent mothers and caregivers from adhering to recommended IYCF practices.
- Gather insights into the support systems available to mothers, including the role of male family members and community leaders.
- Provide actionable recommendations for improving IYCF-E interventions in the context of the current emergency.

3. Scope of Work

The assessment will focus on selected communities within the most affected regions of Examplandia, particularly those with high concentrations of displaced families. The key activities will include:

- Conducting focus group discussions (FGDs) with mothers, fathers and caregivers.
- Conducting key informant interviews (KIIs) with health care workers, community leaders and local authorities.
- Observing feeding practices in selected households and communal feeding centers.
- Analyzing the collected data to identify recurring themes, patterns and insights that can inform program design and implementation.

4. Methodology

- **Sampling strategy:** The assessment will use purposive sampling to select participants who are representative of the diverse cultural and socio-economic backgrounds within the affected communities. At least 6 FGDs and 12 KIIs will be conducted, ensuring representation from various age groups, genders and social strata.
- **Data collection methods:**
  - FGDs will be structured around key themes such as cultural beliefs, challenges to breastfeeding, and the role of community support.
  - KIIs will focus on obtaining in-depth insights from key stakeholders regarding

the challenges and opportunities for improving IYCF practices.

» Direct observations will be conducted in households and community feeding centres to document feeding practices and identify contextual factors influencing IYCF.

— **Data analysis:** Thematic analysis will be used to analyze the qualitative data. Coding will be performed using software such as NVIVO or manually in Excel, depending on available resources.

5. Deliverables

The assessment team will be responsible for the following deliverables:

— **Inception report:** A detailed plan outlining the methodology, sampling and data collection tools, to be submitted within two weeks of the project start date.

— **Draft report:** A comprehensive draft report summarizing the findings, including identified themes, challenges and preliminary recommendations.

— **Final report:** A finalized report incorporating feedback from stakeholders, complete with actionable recommendations for IYCF-E programming.

— **Presentation of findings:** A presentation to stakeholders, including program staff, decision-makers and community members, to discuss the findings and proposed interventions.

6. Timeline

The assessment is expected to take place over a period of nine weeks, with the following key milestones:

WEEK	ACTIVITY
Week 1	Inception report and preparation of data collection tools
Week 2	3-day training for data collectors, translators, and notetakers
Week 3	Finalization of data collection tools and seeking approval from relevant authorities and stakeholders
Week 4–6	Data collection (FGDs, KIIs, observations)
Week 7	Data analysis and preparation of the draft report
Week 8	Finalization of the report and presentation of findings

7. Roles and Responsibilities

— **Team leader:** Oversees the entire assessment process, ensuring adherence to the ToR and maintaining communication with stakeholders.

— **Data collectors:** Conduct FGDs, KIIs and observations, ensuring accurate and ethical data collection.

— **Translators/interpreters:** Assist with language barriers, ensuring accurate and culturally sensitive translations.

— **Notetakers:** Document discussions during data collection, ensuring that all key information is captured accurately.

— **Data analysts:** Responsible for coding and analyzing the data, generating insights and contributing to the report writing.

8. Ethical Considerations

The assessment will adhere to ethical research standards, including:

— **Informed consent:** All participants will be informed about the purpose of the assessment and their right to withdraw at any time.

— **Confidentiality:** Personal information and responses will be kept confidential and anonymized in the reporting.

— **Cultural sensitivity:** The team will ensure that all interactions and data collection methods are culturally appropriate and respectful of local customs and beliefs.

9. Quality Assurance

To ensure the quality of the assessment, the following measures will be implemented:

- **Training:** A 3-day training session will be conducted for the data collection team to ensure they are well-prepared and understand the methodology, ethical considerations and tools.
- **Regular monitoring:** The team leader will conduct regular check-ins with the data collection team to address any challenges and ensure data integrity.
- **Data validation:** Preliminary findings will be shared with key stakeholders for validation before finalizing the report.
- **Peer review:** The draft report will undergo peer review to ensure accuracy and relevance.

10. Budget

A detailed budget will be developed, covering all aspects of the assessment, including personnel, travel, materials, training, and any necessary software or equipment.

MODULE 3 ANNEX 3

Guidance on how to conduct data collection

Key Informant Interviews

- Begin by establishing rapport, explaining the purpose and obtaining informed consent (including permission for recording).
- Use open-ended questions for detailed responses; guide the conversation if it veers off-topic.
- Practice active listening: nod, verbally acknowledge the interviewee and avoid interruptions.
- Use probing questions to deepen understanding; ask for examples or clarifications.
- Maintain neutrality, avoid expressing personal opinions and manage time effectively.
- Conclude by summarizing key points, thanking the interviewee and inviting any final thoughts or questions.

Focus Group Discussions

- Start by welcoming participants, explaining the purpose, obtaining informed consent and setting ground rules.
- Use icebreakers to ease participants into the discussion.
- Guide the discussion, ensuring everyone has a chance to speak and steering it back on track if needed.
- Encourage quieter participants; manage dominant voices to ensure balanced participation.
- Use open-ended and probing questions to foster in-depth discussion.
- Monitor time to ensure all key topics are covered.
- Conclude by summarizing key points, thanking participants and offering a final opportunity for comments or questions.

Participant Observation

- Gain access and establish rapport while keeping presence unobtrusive.
- Observe the setting and interactions, noting patterns, routines and unexpected behaviors.
- Take detailed, discreet notes to avoid disrupting natural events.
- Balance participation with observation, maintaining an objective perspective.
- Reflect on personal biases and their potential influence on observations.
- Identify recurring themes and behaviors; review and expand notes after each session.
- Maintain ethical standards, including informed consent and confidentiality, and be respectful of participants.

MODULE 3 ANNEX 4

Supervision Plan

Responsibility: Each activity will be assigned to specific team members; the team leader will oversee the entire plan to ensure all components are effectively implemented.

1 DAILY PROCEDURES

Daily team check-ins

Schedule daily check-in meetings with the data collection team.

— **Purpose:** Discuss progress, address any issues and provide guidance.

Real-time session observation

Assign a supervisor to observe data collection sessions as they happen.

— **Purpose:** Ensure protocols are followed and maintain consistency in data collection.

Immediate feedback

Provide feedback to the team immediately after observing each session.

— **Purpose:** Correct any deviations from the protocol and reinforce best practices.

2 DAILY DEBRIEFINGS

End-of-day debriefing sessions

Hold debriefing meetings at the end of each day's data collection.

— Agenda:

- Review what went well and what challenges were faced.
- Discuss any issues that arose during data collection.
- Identify lessons learned and share insights with the team.

Updating interview guides

Based on the debriefing, refine and adjust interview guides or methods as needed.

— **Purpose:** Improve the effectiveness of the data collection process.

3 QUALITY CHECKS

Regularly review notes and translation:

Schedule regular sessions to review field notes and translations for accuracy and consistency.

— **Purpose:** Ensure the data collected is reliable and accurate.

Verify back-translation:

Implement a back-translation process for key responses.

— **Purpose:** Verify the accuracy of translations and maintain the integrity of the data.

Double-check by a second team member:

Assign a second team member to review all translations and transcriptions.

— **Purpose:** Add an extra layer of verification to the data collection process.

Verify cultural accuracy:

Have bilingual team members verify that translations accurately reflect cultural nuances.

— **Purpose:** Ensure data is culturally appropriate and relevant.

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4 FIELD NOTES DOCUMENTATION

Consistent notetaking:

Instruct all team members to take clear and detailed field notes during and after each session.

— **Purpose:** Capture all relevant information accurately.

Document key decisions and observations:

Record any important decisions, changes in protocol or significant observations made in the field.

— **Purpose:** Maintain a clear and transparent record of the research process.

Quality control record-keeping:

Document all quality control steps taken throughout the data collection process.

— **Purpose:** Ensure transparency and accountability in the research process.

Regular notes review:

Regularly review field notes to ensure they are complete, accurate, and understandable.

— **Purpose:** Maintain high standards of data quality and consistency.

Module 4

Infant and Young Child Feeding in Emergencies (IYCF-E) Quantitative Surveys

SURVEYS

QUICK SUMMARY GUIDE

Do we need a survey?

A quantitative infant and young child feeding (IYCF) survey may be cumbersome and expensive. You should consider first using secondary quantitative information from MICS and DHS and then doing a qualitative assessment, which is quicker, lighter and better suited to find out what changed due to the emergency. Even if you find changes from the baseline in the quantitative survey, those may be non-significant because the confidence intervals may be quite wide. Also, DHS and MICS do not report confidence intervals, although they exist, so it is difficult to assess whether there was a significant change. For more details on quantitative surveys, you can read starting from "What are IYCF-E quantitative surveys?"

What questionnaire to use?

WHO has developed a questionnaire to help generate all the IYCF indicators. We recommend not deleting questions from the WHO questionnaires, as doing so may impact multiple indicators (including key ones such as EBF and MDD). A one-question indicator is relatively quick to collect and should probably be allowed in any circumstances since we spend so much time finding these rare children. Therefore, we recommend using the WHO IYCF questionnaire in most circumstances.

Some additional context-specific questions that are not part of the standard IYCF questionnaire can be added to elicit programmatically necessary information (such as effect of the conflict, assistance or resources from the health system; receipt of infant formula and other complementary foods, etc.). If you need more details, see "Step 4: Decide what IYCF-E quantitative indicators to collect" and "Step 6: Adapt the survey questionnaire and data collection tools to the specific context and cultural setting."

Should we nest the survey with SMART or standalone?

If a SMART survey is coming soon, you can add IYCF survey questions to it. If there is no SMART survey happening soon, and you need IYCF quantitative information, conduct a standalone survey. For more details, see "Step 5: Decide if you will nest your survey questions within a planned survey or conduct a standalone survey."

Standalone Survey Steps:

1. Calculate sample size in terms of children 0–23 months. We are trying to achieve at least 10 percent precision for EBF indicator, which requires about 400 children 0–23 months if EBF expected prevalence is close to 50 percent (25–75 percent), and only 280 children 0–23 months if expected EBF prevalence is low (<25 percent) or high (>75 percent). Refer to Module 4 Table 3 for more information.

   If you achieve 10 percent precision for EBF, you will also achieve about 14 percent precision for ISSSF, which should be enough in most cases. All other indicators will have +/-10 percent precision or even better. If you really want to achieve 10 percent precision even for ISSSF, this will double your sample sizes to 800 or 560 (depending on expected prevalence of ISSSF indicator),

which is difficult to justify in emergencies. Please note, this simplified guidance on sample size is adequate for consistency and standardization in emergency situations but If you need more details on IYCF stand-alone surveys please see: How to implement scenario A: a standalone population-based representative survey?

2. Convert from children 0–23 to the number of households needed to find these children. Refer to Module 4 Table 4 for more details. Use standard conversion formula:

$$n_{HH} = \frac{n_{\text{children 0–23 months}}}{(\text{HH size} \times \%\ \textit{of Under 5} \times 0.4)} \times \frac{1}{(1 - \%\ \text{of non-response rate})}$$

n_{HH} = sample size in terms of households

$n_{children}$ = sample size in terms of children

HH size = average household size

% Under 5 = proportion of children under-five in the population

(x 0.4 since sampling children 0–23 months, representing 40% of children aged 0–59 months)

% of non-response rate — generally between 5–10%

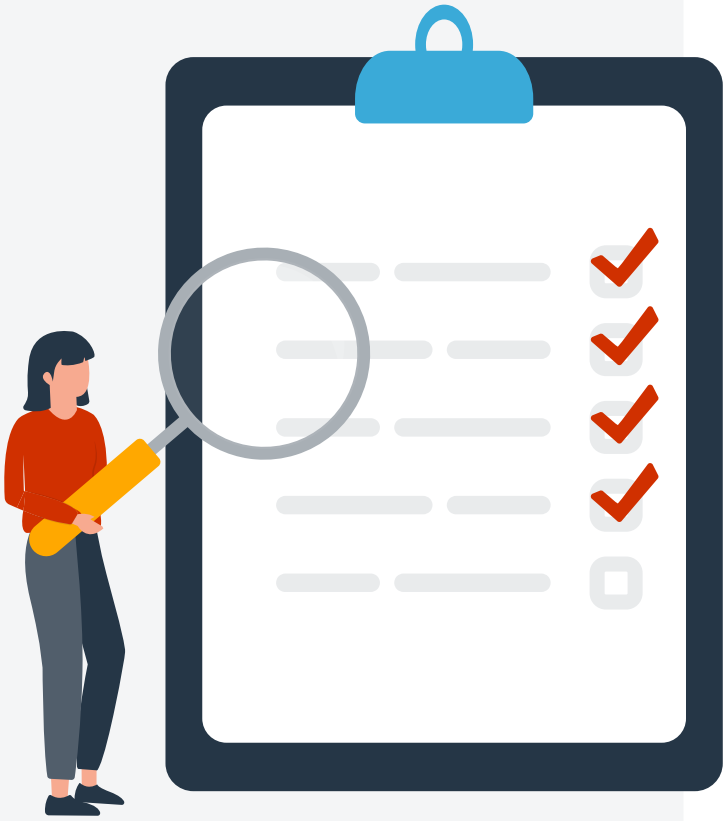
3. Decide on the sampling strategy. You have two practical choices for sampling: (1) population-based cluster sampling or (2) random sampling from the list. If your sample size of households calculated in step B is reasonably small (<1,000–1,500), consider doing a normal cluster survey. If the sample size is too large and logistically unfeasible in emergencies (>1,000–1,500), your only option is to find lists of households with children under two and sample randomly from these lists. For example, you might look at lists of displaced or lists of registered for humanitarian assistance.

For more details on IYCF stand-alone surveys, please go to: How to implement scenario A: a standalone population-based representative survey?

Nesting with SMART

The sample size will be determined by anthropometry, which is a priority indicator for SMART. If SMART will survey at least 400 children 6–59 months, you will likely achieve a minimally acceptable precision of +/-15 percent for all IYCF indicators except for one (ISSSF). Refer to Module 4 Table 1 for more information. Just use the complete IYCF questionnaire and ensure all IYCF indicators in the report are presented with sample sizes and confidence intervals. If some indicators have CI wider than +/-15 percent, they should be marked as unreliable (too imprecise) to be used for action.

For more details on IYCF nested surveys, please go to: How to implement scenario B: Nesting an IYCF component within an upcoming population-based, representative survey?



WHAT ARE IYCF-E QUANTITATIVE SURVEYS?

An infant and young child feeding in emergencies (IYCF-E) quantitative survey is a structured and systematic process to collect numerical data on key infant and young child feeding indicators.

Unlike qualitative assessments, quantitative surveys aim to measure and quantify variables of interest, such as the prevalence of exclusive breastfeeding or the proportion of children receiving a minimum acceptable diet. Quantitative surveys use standardized methodologies, structured questionnaires and representative samples to generate data that can be analyzed using statistical methods, generalized to the target population and when possible, compared to other quantitative survey results.

WHAT ARE THE OBJECTIVES OF AN IYCF-E QUANTITATIVE SURVEY?

1. Gather robust IYCF data on the magnitude and distribution of needs for response and decision-making purposes.
2. Ensure comparability, consistency, impartiality and representativeness of the collected IYCF data by following widely accepted principles for cross-sectional surveys and employing internationally accepted sampling methods.
3. Gather IYCF data as a baseline and endline to monitor changes in infant and young child feeding practices and assess the outcome of humanitarian responses.

WHAT ARE THE KEY CONSIDERATIONS FOR AN IYCF-E QUANTITATIVE SURVEY?

Narrow age range means you need a large sample size

Infants and children aged 0–23 months are a small segment of the population. Locating and selecting enough infants and young children for a study that measures all indicators can be quite a task. Getting your sample for this narrow age range often requires visiting a large number of households for a more precise estimate. Consider what are the implications for the affected population.

MODULE 4 BOX 1
What is the purpose, audience and scope of this Quantitative Surveys Module?

This module aims to streamline the collection, analysis and interpretation of data on IYCF practices for decision-making at the national and sub-national/local level in humanitarian and fragile contexts. It is intended for survey managers and technical assistance providers supporting nutrition and health emergencies and the IYCF-E response.

It targets humanitarian practitioners such as health and nutrition advisors, IYCF-E advisors from UN agencies, international and local NGOs, government/Ministry of Health and members of technical working groups like the Assessment Working Group. The outputs are relevant to all humanitarian actors, including decision-makers, Humanitarian Coordination Team (HCT) members, humanitarian organizations involved in coordinated assessments, policymakers, donors, and local and national authorities, including national survey organizations.

While this guidance focuses on humanitarian and fragile environments, including acute and slow-onset disasters, conflicts and protracted crises, some principles may also apply to development contexts.

Ethical considerations

When conducting quantitative assessments in IYCF-E, strict ethical standards must be followed to protect the rights and well-being of participants and their children. This includes training the assessment team on ethical considerations, obtaining ongoing informed consent, adapting methods to local cultures and ensuring confidentiality and privacy. Key principles like "Do No Harm," confidentiality and cultural sensitivity should guide the design to prevent harm or stigma. Refer to page 21 of the introduction for more detailed guidance on ethical considerations in IYCF-E Assessments.

MODULE 4 BOX 2
What is a sample?

Sampling involves selecting a subset of a large or widely dispersed population when it's impractical to collect data from the entire population. This subset, known as a sample, is chosen using either probability or non-probability sampling methods. Probability sampling ensures that each member of the population has a known chance of being included in the sample, which is essential for achieving a representative sample. A representative sample accurately reflects the characteristics of the target population, such as age, sex distribution and other relevant factors. This paper focuses exclusively on probability sampling methods to ensure the sample is representative and suitable for making meaningful conclusions about the target population.

The concept has been adapted from Sampling Methods and Sample Size Calculation for the SMART Methodology. June 2012

MODULE 4 BOX 3
What is precision?

Precision refers to how consistently we get the same results when repeating a measurement or survey. It indicates the degree of variability in the results, with higher precision meaning less variability.

Example: Imagine we are measuring the rate of exclusive breastfeeding in a community. If our survey results show an exclusive breastfeeding rate of 60 percent +/-10 percent, this means our measurements are relatively precise. In other words, if we repeated the survey multiple times, most results would fall within the 50 percent to 70 percent range. However, if our precision was lower, such as 60% +/-30 percent, the results would vary more widely, from 30 percent to 90 percent.

Thus, precision is about the consistency of the results we get from repeated measurements or surveys. Increasing the sample size generally improves precision, making our results more reliable and reducing the margin of error.

Time and budget required. An important consideration is understanding early on if your sample size will need to be large as this might not be aligned with the resources or the time planned for the survey.

MODULE 4 BOX 4
What are the key concepts in IYCF quantitative surveys?

Exhaustive survey: An exhaustive survey involves measuring the entire population to obtain comprehensive and accurate data on characteristics. Specifically for an IYCF quantitative survey, it would mean questioning every household with infants and young children aged 0–23 months in our targeted area. This method is feasible in instances where the target population is geographically concentrated — such as in refugee camps — and does not exceed approximately 1,000 households. However, it is rarely practical for larger populations due to its lengthy, costly and complex nature.

Representative sample: A representative sample is characterized by its similarity to the target population it aims to reflect. For instance, if our target group comprises infants and young children aged 0–23 months from a pastoralist community, our sample must include infants and young children within this age range residing in similar pastoralist settings. The sample should mirror the target population regarding age, sex distribution and other relevant characteristics. Additionally, achieving a representative sample entails two key principles: every individual or sampling unit within the population must have a known, non-zero probability of selection, and each selection should be independent of others. Since sampling involves data collection from a subset of the population, the results obtained serve as estimates of the indicators being measured. To obtain the precise value, an exhaustive survey covering the entire population would be necessary.

Sampling universe: Population from which we are sampling.

Sampling frame: Description of the sampling universe, usually in the form of the list of sampling units (for example, villages, households or individuals). Sometimes, this may be outdated or otherwise not accurate and thus would not provide an accurate description of the sampling universe (census data not recent, recent population movements, etc.).

Sampling unit: The unit selected during the process of sampling. If you are selecting districts during the first stage of cluster sampling, the sampling unit (also called primary sampling unit) is the district. If you select households from a list of all households in the population, the sampling unit would be household.

Household: In general, a household should be defined as a person or a group of persons, related or unrelated, who live together in the same dwelling unit, make common provisions for food and regularly take their food from the same pot or share the same grain store, or pool their income for the purpose of purchasing food (DHS 2017). Country-specific definition of household needs to be determined for the survey protocol.

The concepts have been adapted from Sampling Methods & Sample Size Calculation for the SMART Methodology. June 2012.

WHAT ARE THE STEPS TO IMPLEMENT AN IYCF-E QUANTITATIVE SURVEY?

Step 1 DETERMINE WHETHER YOU NEED TO CONDUCT A QUANTITATIVE IYCF-E SURVEY.

Reviewing secondary data (see Module 1) is key to determining whether you need to conduct an IYCF-E quantitative survey, as it helps you understand what information is available and what is missing and whether there is a need for additional numerical IYCF and IYCF-E data. Is the information missing essential? What is the purpose of collecting this missing numerical information? Robust answers are critical, as embarking on an IYCF-E quantitative survey is a considerable investment of time and resources.

Step 2 DETERMINE THE OBJECTIVE OF YOUR SURVEY.

Be clear on the purpose of the survey and what information is needed. Define the specific objectives you aim to achieve through this survey. Are you conducting a baseline assessment to gather initial data on IYCF practices? It's important to clarify whether the survey aims to assess the impact of recent interventions or establish a foundation for future comparisons. Additionally, consider if you want to include qualitative data to provide more context and depth to the quantitative findings. This clarity will guide the design of your survey and your choice of indicators.

Step 3 IDENTIFY THE GEOGRAPHIC SCOPE OF YOUR SURVEY.

Establishing the geographic scope of your survey is important for planning, especially in emergency settings. This step involves defining the boundaries of the survey area, which could range from local communities and districts to entire regions or countries, depending on the survey's objectives. If there is variation in the population (i.e., refugees and host or nomads and city dwellers) or the topography, consider doing separate surveys or make sure you have a sufficient sample to disaggregate (see Box 5 below). Additionally, in emergency settings, some areas may be inaccessible due to insecurity, conflict or other hazards, and these areas should be excluded from the survey at the planning stage.

Step 4 DECIDE WHAT IYCF-E QUANTITATIVE INDICATORS TO COLLECT.

As you are deciding what indicators to collect, first consider what information is missing — the objective of your survey. WHO has developed a questionnaire to help generate all the IYCF indicators. We recommend not deleting questions from the WHO questionnaires, as doing so may impact multiple indicators.

For guidance on the IYCF-E quantitative indicators to collect, refer to the WHO and UNICEF's 2021 publication "Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Method." This resource provides an overview of the 17 IYCF-E indicators, along with a rationale and definition for each one. It also

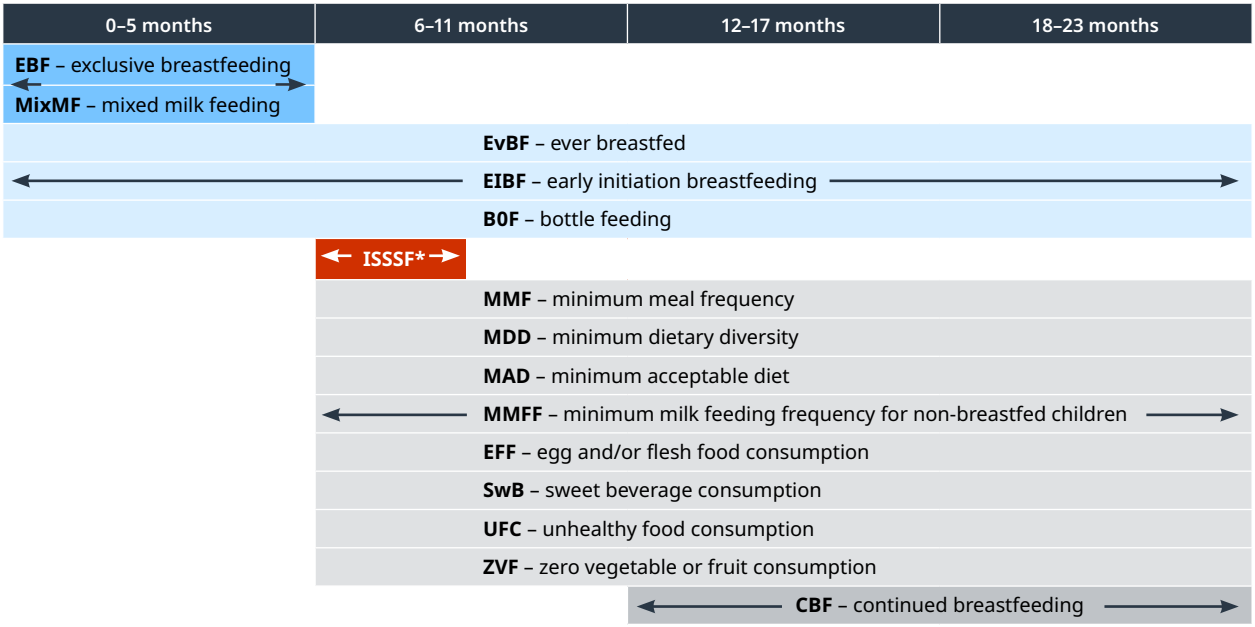
MODULE 4 BOX 5
Example: Two independent IYCF-E surveys in Cox's Bazar

Objective: To determine key breastfeeding and complementary feeding practices from caregivers of children aged 0–23 months, all globally accepted indicators from WHO and UNICEF's guidance (2021) were included.

Geographic scope: One survey in the Rohingya refugee camps and a separate survey in host communities in eight upazilas.

includes additional indicators based on specific information needs, instructions for calculating indicators and area graph values and recommendations for adapting the questionnaire to your survey context. Below, you'll find tables listing the breastfeeding and complementary feeding indicators as in the guidance.

Module 4 Figure 1: IYCF indicators and age ranges



*ISSSF – introduction to solid, semi-solid or soft foods (6–8 months)

Module 4 Table 1: Breastfeeding indicators

	INDICATOR	SHORT NAME	AGE GROUP	DEFINITION
Breastfeeding indicators				
1	Ever breastfed	EvBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were ever breastfed
2	Early initiation of breastfeeding	EIBF	Children born in the last 24 months	Percentage of children born in the last 24 months who were put to the breast within one hour of birth
3	Exclusively breastfed for the first two days after birth	EBF2D	Children born in the last 24 months	Percentage of children born in the last 24 months who were fed exclusively with breast milk for the first two days after birth
4	Exclusive breastfeeding under six months	EBF	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day
5	Mixed milk feeding under six months	MixMF	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed formula and/or animal milk in addition to breast milk during the previous day
6	Continued breastfeeding 12–23 months	CBF	Children 12–23 months of age	Percentage of children 12–23 months of age who were fed breast milk during the previous day

Module 4 Table 2: Complementary feeding indicators

	INDICATOR	SHORT NAME	AGE GROUP	DEFINITION
Complementary indicators				
7	Introduction of solid, semi-solid or soft foods 6–8 months	ISSSF	Infants 6–8 months of age	Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day
8	Minimum dietary diversity 6–23 months	MDD	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day
9	Minimum meal frequency 6–23 months	MMF	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day
10	Minimum milk feeding frequency for non-breastfed children 6–23 months	MMFF	Children 6–23 months of age	Percentage of non-breastfed children 6–23 months of age who consumed at least two milk feeds during the previous day
11	Minimum acceptable diet 6–23 months	MAD	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day
12	Egg and/or flesh food consumption 6–23 months	EFF	Children 6–23 months of age	Percentage of children 12–23 months of age who consumed egg and/or flesh food during the previous day
13	Sweet beverage consumption 6–23 months	SwB	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed a sweet beverage during the previous day
14	Unhealthy food consumption 6–23 months	UFC	Children 6–23 months of age	Percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day
15	Zero vegetable or fruit consumption 6–23 months	ZVF	Children 6–23 months of age	Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day
Other indicators				
16	Bottle feeding 0–23 months	BoF	Children 0–23 months	Percentage of children 0–23 months of age who were fed from a bottle with a nipple during the previous day
17	Infant feeding area graphs	AG	Infants 0–5 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breast milk, breast milk and water only, breast milk and non-milk liquids, breast milk and animal milk/formula, breast milk and complementary foods, and non breastfed during the previous day

Step 5 DECIDE IF YOU WILL NEST YOUR SURVEY QUESTIONS WITHIN A PLANNED SURVEY OR CONDUCT A STANDALONE SURVEY.

Once you determine you need an IYCF-E quantitative survey and identify the goals and indicators to collect, the next step is to decide whether to conduct a standalone survey or integrate one into an already planned survey.

Consider whether an annual plan to conduct assessments is available at country-level. Managed by the in-country Assessment Working Group or equivalent, an annual assessment plan or equivalent provides information on upcoming population-based, representative surveys and points of contacts of the lead agency(s). Such an assessment allows you to see whether there is an option of nesting the IYCF-E quantitative survey into a planned upcoming assessment or if you would need to conduct a standalone survey.

Following is a discussion of the advantages and disadvantages of each option:

Scenario A: Standalone population-based, representative survey with a sampling strategy informed by IYCF data gaps.

Advantages: Conducting a standalone survey allows you to determine the exact sample size, ensuring it is sufficiently large to achieve the desired level of precision. As well, you can tailor the survey methodology specifically to meet the objectives related to data gaps in IYCF, ensuring high-quality data. A standalone survey will allow greater flexibility in choosing the number and type of questions included, allowing comprehensive exploration of the IYCF topic without constraints.

Disadvantages: A standalone survey is typically more expensive as it requires dedicated resources for planning, sampling, data collection and analysis. The process of designing, implementing, and analyzing a

MODULE 4 BOX 6
Birth rate and sample size

The sample of quantitative standalone IYCF-E surveys depends on the birth or fertility rate in the concerned population. A low or very low birth rate means you would need to visit a large number of households to find infants or young children for your study. Conversely, a high birth rate means you would need to visit fewer households to find infants.

You can find reliable birth rate information from several sources. The World Bank, United Nations (UN DESA) and WHO provide comprehensive and regularly updated global demographic data. National statistical offices, such as the U.S. Census Bureau and the UK's Office for National Statistics, also offer accurate country-specific data. Additionally, UNICEF Data is a trusted source for children and maternal health statistics, including birth rates.

For example, Niger has a crude birth rate of 45 per 1,000 people whereas China has 7 per 10,000 as per the World Bank database. Clearly, you are more likely to encounter households with infants under two years old in Niger than in China.

This thought process is essential for estimating upfront whether you have the resources and time required to visit numerous households for your standalone survey using a cluster sampling method.

Alternatively, you could consider contacting relevant authorities to obtain *a list of households with infants aged 0–23 months*, which would allow you to apply systematic random sampling more efficiently. If you have a list of infants and young children aged 0–23 months, then you would only need to apply systematic random sampling to this list and visit the selected units. This strategic choice can significantly reduce time and resources needed for your data collection efforts.

In some contexts, such as internally displaced or refugee camps, such lists exist or it is possible to construct one. In other contexts, this may not be possible or the list may not capture all eligible infants and children 0–23 months.

Module 4 Table 3: Sample size parameters and recommended sample size in number of children 0–23 months for a standalone SRS on IYCF

1.PREVALENCE (P) % OF EBF OR ISSSF	2.DESIRED PRECISION (D)	3. SAMPLE SIZE BASED ON EITHER EBF (CHILDREN AGED 0–5 MONTHS) OR ISSSF (CHILDREN AGED 6–8 MONTHS)	4. SAMPLE SIZE IN NUMBER OF CHILDREN AGED 0–23 MONTHS
25–75%	+/-10%	100 children aged 0–5 months	**400 children aged 0–23 months**
		100 children aged 6–8 months	**800 children aged 0–23 months**
<25% or >75%	+/-10%	70 children aged 0–5 months	**280 children aged 0–23 months**
		70 children aged 6–8 months	**560 children aged 0–23 months**

standalone survey is time-intensive, often taking several months or even years. In addition, coordinating and managing a standalone survey can be complex, requiring significant effort in terms of manpower and logistical planning.

Scenario B: Nesting an IYCF component within an upcoming population-based, representative survey.

Advantages: Nesting your survey questions within an existing survey reduces the overall cost, since many of the logistical and administrative expenses are shared. Utilizing an upcoming survey can significantly reduce the time required for survey planning and implementation, as many elements are already in place. In addition, leveraging the existing survey infrastructure — including trained personnel and established data collection systems — enhances efficiency. Finally, integrating IYCF questions within a broader survey may provide valuable contextual data, offering insights into how IYCF practices are influenced by other factors captured in the larger survey.

Disadvantages: Nesting an IYCF component within an upcoming survey comes with several disadvantages. You have less control over the sample size, which might not be perfectly tailored to your precision requirements for IYCF data. Additionally, the number and nature of questions you can include may be limited by the scope of the main survey, potentially constraining the depth of IYCF data collected. The data collection methods and timing are determined by the primary survey, which might not align perfectly with the needs for IYCF data collection. Moreover, the success and quality of your nested survey component are heavily dependent on the main survey's design, execution and timing.

When deciding whether to conduct a standalone survey or nest your IYCF-E questions within an upcoming survey, consider your budget, timeframe, data precision needs and the scope of the existing survey. Do you have sufficient funds to support a standalone survey, or do you need to economize by nesting within an existing survey? Is there an urgency to collect IYCF data quickly, or do you have the luxury of time to design and implement a standalone survey? How critical is the precision and specificity of the IYCF data? Can a nested survey meet these requirements? Finally, does the existing survey provide an appropriate context and opportunity to capture the necessary IYCF data effectively?

The next sections unpack the steps to implement a standalone survey and those needed to nest an IYCF-E survey within an already planned assessment. If you are still unsure how to process, a careful review of both sections will make clear the advantages and disadvantages of each option will be clearer, making your decision easier.

HOW TO IMPLEMENT SCENARIO A: A STANDALONE POPULATION-BASED REPRESENTATIVE SURVEY?

In some cases, a standalone survey may be conducted specifically for IYCF-E assessment purposes. This is particularly relevant in humanitarian and fragile contexts where there is a need for precise estimates of a full range of IYCF indicators to inform program planning and decision-making. Standalone surveys allow for a dedicated sampling strategy and data collection process focused on IYCF.

Step A.1: Define the geographic scope and target population, based on the assessment objectives and information needs.

In designing the survey, the geographic area and the population to be surveyed need to be carefully defined. A detailed map of the survey area is useful to outline the areas included and those excluded (due to insecurity or accessibility constraints) from the survey. The geographic scope is usually defined based on needs flagged in a rapid assessment or during interviews with key informants, migrants and refugees, or administrative areas most affected by a given humanitarian and fragile context where programming can occur.

Step A.2: Determine the sampling design or type of sampling method to be used.

As stated, the main challenge with IYCF quantitative surveys is the magnitude of the sample, since IYCF indicators have narrow age ranges and thus are difficult to find the target population.

As a possible solution, consider using a list of households with infants and young children ages 0–23 months to apply simple or systematic random sampling. Once you have applied simple or systematic random sampling, you would then collect IYCF data from those selected units. This method can greatly reduce the time and resources needed to search for infants and young children in the population.

MODULE 4 BOX 7
What are simple random sampling and systematic random sampling?

Simple random sampling: Simple random sampling is a method used to select a sample from a larger population where each member of the population has an equal chance of being chosen. This involves creating a complete list of all sampling units, assigning a unique number to each, and then randomly selecting the desired number of units using a random number generator or table. This process ensures representativeness and minimizes selection bias, similar to drawing names out of a hat. The Emergency Nutrition Assessment application has a random number generator function on its planning tab.

Systematic random sampling: Systematic random sampling involves selecting units from a population at predetermined intervals and is suitable for small-scale surveys (1,000 to 5,000 units). To conduct systematic random sampling, a complete list of units is typically needed unless households are well-organized in a clear pattern, such as in rows or blocks, where they can be easily numbered. Calculate the sampling interval (n) by dividing the total number of units by the sample size needed. Choose a random starting point within the first interval, then select every nth unit, where n is the sampling interval. This method ensures a structured, evenly distributed sample across the population.

Refer to SMART. Sampling Methods and Sample Size Calculation for the SMART Methodology. June 2012 for more information.

The recommended sampling design for a standalone, population-based, representative survey on IYCF practices constitutes a simple or a systematic random survey (SRS).

If it is not possible to obtain a list of households with children aged 0–23 months, the other option is to conduct cluster sampling. This means choosing a small number of smaller areas, or clusters, using probability proportional to size within the larger area (first stage) and conducting simple or systematic random sampling in those clusters (second stage).

Depending on the number of infants born in the last two years, the field teams might need to visit many households before finding a household with infants and young children 0–23 months. This is why this two-stage sampling method takes more time and resources to collect data. For this reason, cluster sampling, although a valid methodology, isn't recommended.

Although a cluster survey is often the most common sampling design in humanitarian and fragile contexts for other types of surveys, a cluster sampling design would incur more time and resources during data collection to achieve the desired precision by going to various clusters, then household to household, to look for, find and assess children aged 0–23 months old and their caregivers.

Due to the magnitude of the sample size, a standalone cluster survey with a dedicated sampling strategy based on IYCF practices is an option only if a simple random sampling cannot be conducted or there are no upcoming population-based, representative surveys to nest IYCF indicators for response planning and decision-making purposes.

Your sampling design will determine how you will calculate for your sample in the next step.

Step A.3: Calculate the required sample size based on the desired level of precision and the expected prevalence of key indicators.

MODULE 4 BOX 8
What is cluster sampling?

Cluster sampling: Cluster sampling is a method used when the survey area is too large or the population is dispersed. It is the most frequently used method in the field. In cluster sampling, the population is divided into groups called clusters (such as villages, administrative areas or camps). This method aims to select a limited number of smaller geographic areas where simple or systematic random sampling can be conducted, making it a multi-stage sampling method. Cluster sampling typically involves two stages:

1. Random selection of clusters: The entire population is divided into small, distinct geographic areas. Each area's population size is estimated, and clusters are randomly assigned using software like ENA, ensuring each individual has an equal chance of being selected.
2. Random selection of households within clusters: Within each selected cluster, households are chosen randomly using simple or systematic random sampling.

Refer to Sampling Methods and Sample Size Calculation for the SMART Methodology, June 2012 for more information.

WHAT INFORMATION DO YOU NEED TO CALCULATE YOUR SAMPLE SIZE?

Step A.3.1: Expected prevalence of the indicator with the narrowest age range.

For example, the age range for the introduction of solid and semi-solid food (ISSSF) indicator is 3 months (6–8 months, counting the eighth month). If you have chosen ISSSF as one of your indicators for the survey, then you would need to use its expected prevalence to calculate your sample size. If ISSSF is not one of the indicators you have selected for the survey, then you would need to use the expected prevalence of the next indicator with the narrowest range, for instance exclusive breastfeeding (EBF) whose age range is 6 months (0–5 months, counting the fifth month).

If this information is missing, how can you estimate the prevalence of those indicators? To estimate EBF or ISSF indicators, start by checking recent national or sub-national surveys (such as DHS, MICS, NNS, or SMART) and program records to see if a monitoring system is already in place; UNICEF's expanded IYCF database is a useful resource. Review the results of previous surveys in the area or at the national level, paying attention to the reported confidence intervals. If no surveys exist, estimate prevalence using data from rapid assessments, anecdotal reports or feeding program admission trends. Adjust these previous estimates based on your understanding of any changes or aggravating factors since the last surveys were conducted. Finally, determine a range of values where you think the current prevalence might be, and to be cautious, use the higher limit of this range for your calculation.

Step A.3.2: Desired precision.

The other information you need to calculate your sample size is your desired precision. How precise would you like your results to be? Would a precision of +/-15 percent be sufficient? For example, would you be able to decide if the results are stated in the following way: EBF is 60 percent (95 percent CI: 45–75 percent), meaning EBF can be anywhere between 45 percent and 75 percent? If so, then +/-15 percent is the precision you need. See Module 4 Box C for a definition of precision.

A precision of +/-20 percent would give results that are difficult to interpret. For example: EBF is 60 percent (95 percent CI 40–80 percent), which means the results can be anywhere between 40 percent and 80 percent — this wide range is not precise. Those results won't help you understand what the approximate percentage of women exclusively breastfeeding is.

Therefore, a precision of +/-10 percent is recommended for standalone surveys.

Be careful, as the more precision needed, a greater sample size is required. This is why you need to balance your need for precision with the size of your sample.

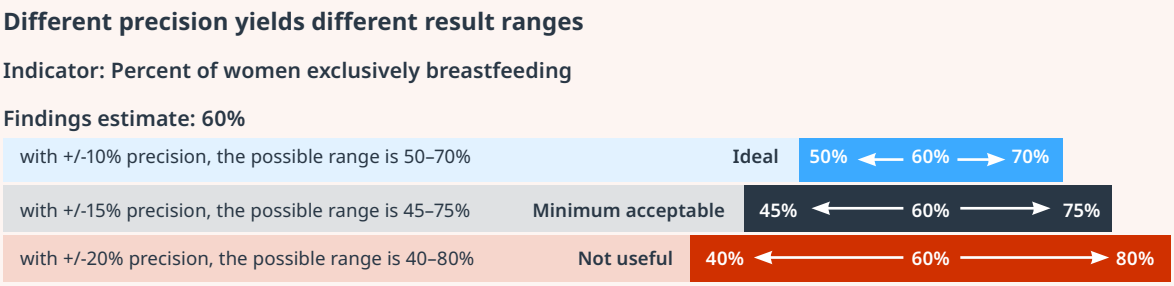
It is important to keep in mind that a larger sample size not only increases the precision of the results, nor does it guarantee the absence of bias, which affects the validity or accuracy of the estimate (SMART 2017). With a very large sample size, quality control becomes difficult due to the high number of teams needing training and supervision. There may also be a higher risk of bias, even if the sample is selected randomly and representatively.

Step A.3.3: Sampling design.

Were you able to find or develop a list of households with infants and young children aged 0–23 months? If yes, then a straightforward and effective sampling design will use simple or systematic random sampling, based on that list.

The formula for calculating sample size varies based on whether you opt for simple or systematic random sampling or choose cluster sampling.

Module 4 Figure 2: How different precision yields different result ranges



MODULE 4 BOX 9
Sampling frame preparation

A complete, up-to-date list — known as a *sampling frame* — of the sampling units (e.g., households or individuals with children aged 0–23 months) is required for the defined geographic scope in humanitarian and fragile contexts, with a final sampling strategy expressed in number of children aged 0–23 months.

Sampling units from this up-to-date, complete list are selected using random, probabilistic methods using either a random number generator/application/table (simple) or a sampling interval derived from the total number of sampling units (systematic).

Randomness ensures the statistical representativeness of the sample, where each sampling unit has a known, non-zero chance or probability of being selected, and the selection of one sampling unit is independent from the selection of another.

Careful consideration in obtaining an up-to-date, complete sampling frame or list of all households or individuals with children aged 0–23 months is critical before random selection can begin.

Due diligence on the completeness and recent relevancy, given recent shock(s) of the sampling frame, is critical to ensure IYCF results remain representative. This requires coordination across multiple entities to update or build a comprehensive list through the triangulation of provided information. The Office for the Coordination of Humanitarian Affairs (OCHA) as well as the Assessment Working Group or equivalent can generally provide a starting sampling frame as a base. This step entails a significant amount of planning so it should not be left to the last minute.

When updating or building the sampling frame of households/individuals with children aged 0–23 months, consider the following:

- Review the consistency of the metric used (households or individuals with children aged 0–23 months). A simple conversion can be done using the average household size from a previous national-level survey (e.g., DHS, MICS).
- Make sure the area and population you're looking at match the area and population you plan to study. Check that the sample has the same characteristics as the ones you defined (e.g., displaced people or locals). Also, ensure that the information isn't outdated due to recent events or changes.
- Incorporate information from registries held by local health clinics to capture newborns.
- Inquire whether there have been any recent distributions of humanitarian assistance for caregivers of young children, as well as any vaccination campaigns, as those lists tend to be more complete and up to date.

Despite all due diligence to update or build the most comprehensive sampling frame, there will always be an inherent caveat, that this list is not fully representative of all eligible households/individuals with children aged 0–23 months within the defined geographic scope. This sacrifice of representativeness permits the timely collection of data to inform IYCF-E response planning and programmatic decision-making in humanitarian and fragile contexts. This differs significantly from the purpose of national-level surveys and the level of representativeness of those sampling frames. Therefore, the below should always be explicitly outlined in the survey report:

- Data sources used, with authors/key agency(s) and associated dates of development.
- Inclusion and exclusion criteria of the sampling frame.
- Potential pitfalls and threats to representativeness, i.e., who may have been missed?

WHAT MATHEMATICAL FORMULA SHOULD YOU USE TO CALCULATE YOUR SAMPLE?

The following formula can be used to calculate the sample size for simple or systematic random sampling.

Module 4 Figure 3: Formula to calculate sample size when using simple or systematic random sampling

$$n = \left[z^2 \times \frac{p \times q}{d^2} \right]$$

Where:
- n = sample size
- z = lined to 95% confidence interval (use 1.96)
- p = expected prevalence (as fraction of 1)
- q = 1- p (expected non-prevalence)
- d = relative desired precision

Using this formula, the sample size will be either the number of infants aged 6–8 months or 0–5 months, depending on which primary IYCF indicator you will use for the sample size calculation. For example, if you used the expected prevalence of ISSSF to calculate your sample, the sample size will be in the number of infants aged 6–8 months.

To calculate your sample size, you can use the standalone survey tab in the IYCFE Sample Size Calculator (Annex 2), specifically Scenario A.1.

Once you calculate the sample size for this indicator (i.e., ISSSF), you will use this to calculate the sample size for the rest of the indicators. To do this, you convert the sample size to the number of children aged 0–23 months based on a simple conversion using the proportion of children in either the 6–8 months age range (3 months) or the 0–5 months age range (6 months).

If your sample size is based on a 3-month age range (i.e., if you are using ISSSF), multiply your sample by 8 to estimate the number of children

MODULE 4 BOX 10
Examples of estimated prevalence used to calculate the sample.

Example 1:

- **Survey objective:** Assess the severity and magnitude of the humanitarian and fragile context on IYCF practices in certain districts (enumeration areas) in Northern Burkina Faso.
- **Prevalence of EBF based on previous national survey:** 57.9 percent (54.3–61.4, 95 percent) from a National Nutrition Survey done in 2019.
- **Context:** Presence of several aggravating factors (i.e., displacement, conflict) which may have affected IYCF practices.
- **Estimated prevalence:** 45 percent for EBF, given the potential effect of aggravating factors. Since 45 percent EBF prevalence was chosen based on the current context, a sample of 400 infants and young children aged 0–23 months is required.

Example 2:

- **Survey objective:** Establish precise IYCF estimates for endline purposes to evaluate the effectiveness of IYCF-E programming in 2021 earthquake-affected areas of Haiti.
- **Prevalence of ISSSF based on previous national survey:** 91.3 percent (86.4–95.4, 95 percent) from 2017 Demographic Health Survey.
- **Context:** IYCF-E programming has been in place for two years.
- **Estimated prevalence:** 95 percent for ISSSF, given the potential effectiveness of IYCF-E programming over the past two years.

Since 95 percent ISSSF prevalence was chosen, a sample of 560 infants and young children aged 0–23 months is required.

in the 0–23 months age range. Alternatively, you can divide by 3 and multiply by 24. Similarly, if your sample size is based on a 6-month age range (i.e., if you are using EBF), multiply your sample by 4. Note that these calculations exclude the non-response rate, so you'll need to account for potential non-responses separately. Module 4 Box 10 lists two examples to illustrate this calculation.

If you have a *list of households with infants and young children aged 0–23 months*, you can use the sample size calculated above for this age group and apply systematic random sampling. If you don't have this list, and you have a *list of households*, the below shows how you can adapt

In some situations, like humanitarian contexts, you can convert the sample size from the number of children aged 0–23 months to the number of households before you start fieldwork, using the following formula, which accounts for the non-response rate.

To calculate sample size in number of households, you can use the standalone survey tab in the IYCFE Sample Size Calculator (Annex 2), specifically scenario A.3.

However, in other contexts, due to low fertility rate and small household sizes, the sample size is too inflated, and this might not be possible. Instead, you'll need a list of caregivers or households with children aged 0–23 months to choose your sample units. Two examples are illustrated in Module 4 Box 11.

Module 4 Figure 4: Formula to calculate sample size in number of households

$$n_{HH} = \frac{n_{\text{children 0–23 months}}}{(\text{HH size} \times \%\ \textit{of Under 5} \times 0.4)} \times \frac{1}{(1\text{-}\% \text{ of non-response rate})}$$

n_{HH} = sample size in terms of households

$n_{children}$ = sample size in terms of children

HH size = average household size

% Under 5 = proportion of children under-five in the population

(x 0.4 since sampling children 0–23 months, representing 40% of children aged 0–59 months)

% of non-response rate — generally between 5–10%

The examples further illustrate the role of country-level demographics in determining the final sampling strategy for a standalone IYCF population-based representative survey.

MODULE 4 BOX 11
Birth rate or fertility rate and sample size

High fertility/birth rate; large average household size: Using the previous example from Burkina Faso with an average household size of six persons per household and 16.2 percent percentage of children under-five and a 5 percent non-response rate, 1,083 households would need to be visited in the field to find 400 children aged 0–23 months. *Practically speaking, in approximately every fourth household, you can expect to find one child aged 0–23 months.*

$$1{,}083 = \frac{400}{(6 \times \textit{16.2\% of Under 5} \times 0.4)} \times \frac{1}{(1\text{–}5\% \text{ of non-response rate})}$$

The final sampling strategy can be converted into number of households. Assuming 25 randomly selected households can be safely visited per day per team and there are 4 field teams, fieldwork would last about 11 days, which is deemed feasible to guide an IYCF-E response.

Low fertility rate; small average household size: In a context like Ukraine with an average household size of 3 persons per household and 4% percentage of children under-five and the same non-response rate of 5 percent, 8,772 households would need to be visited to find 400 children aged 0–23 months. *This is not feasible for fieldwork.*

$$8{,}772 = \frac{400}{(3 \times \textit{4\% of Under 5} \times 0.4)} \times \frac{1}{(1\text{–}5\% \text{ of non-response rate})}$$

In this type of humanitarian and fragile context, the planned sample size in number of children aged 0–23 months cannot be converted into number of households. The final sampling strategy remains in number of children 0–23 months, requiring a list (known as a sampling frame) of children 0–23 months to be obtained or built with inputs from key informants already supporting the nutrition and health response (more details provided in the next section).

It highlights the limited feasibility and inefficiency of converting into "number of households" to guide fieldwork in humanitarian and fragile contexts with low fertility rate and/or small average household size. The key takeaways are (1) assume field teams can safely visit 25 randomly selected households using simple or systematic random sampling methods, and (2) the duration of data collection is less than two weeks with four field teams (this is a common timeline to guide decision-making for an IYCF-E response).

Note: In the table above, country-level demographics are used to illustrate the point; you can use local information if available.

Module 4 Table 4: Role of country-level demographics on determining the final sampling strategy

	COUNTRY-LEVEL DEMOGRAPHICS TO DETERMINE NUMBER OF HOUSEHOLDS (Use caution in terms of planning)			KEY TAKEAWAYS WHEN DETERMINING FINAL SAMPLING STRATEGY IN EITHER NUMBER OF CHILDREN OR NUMBER OF HOUSEHOLDS
SAMPLE SIZE IN NUMBER OF CHILDREN 0–23 MONTHS	**High % of children under five (≥15%) Large average HH size (≥5.5 persons per household)**	**≥10% children under-five) Large average HH size (≥5.5 persons per household)**	**Low % of children under five (<5%) children under-five) Small average HH size (≤3 persons per household)**	
280 children aged 0–23 months	894 households	1,341 households	**6,147 households**	Final sampling strategy can be converted into households in contexts with a population of children under-five ≥10% and a large average household size (≥5.5 persons)
400 children aged 0–23 months	1,276 households	**1,914 households**	**8,772 households**	Final sampling strategy can be converted into households ONLY in contexts with a population of children under-five ≥15% and a large average household size
560 children aged 0–23 months	**1,788 households**	**2,682 households**	**12,293 households**	Do not convert into number of households. The final sampling strategy remains in number of children 0–23 months, requiring a list/sampling frame of children 0–23 months
800 children aged 0–23 months	**2,451 households**	**3,676 households**	**16,849 households**	

Sample size calculation for cluster sampling: The sample size formula for cluster surveys is slightly different than the one for simple or systematic random sampling, with the addition of design effect (DEFF) and different value for the constant t (t=2.045).

MODULE 4 BOX 12
What is the design effect (DEFF)?

Design effect: In cluster sampling, design effect (DEFF) refers to a "correction factor" to account for the heterogeneity between clusters with regards to the measured indicator.

The concepts have been adapted from Sampling Methods and Sample Size Calculation for the SMART Methodology. June 2012.

Module 4 Figure 5: Formula for calculating the sample size when using cluster sampling

$$n = \frac{t^2 \times (p) \times (1-p) \times DEFF}{d^2}$$

n = sample size

t = constant (2.045 for df=29 and p=0.05)

p = expected prevalence (fraction 1)

d = relative desired precision (fraction of 1)

DEFF = Design Effect for Cluster Surveys

Since issued design effects for IYCF practices are not being readily generated from cluster survey findings, the default design effect of 1.5 put forward by the SMART methodology when there aren't any previous survey results is recommended. For IYCF-E surveys, the DEFF used in the calculations is 1.1.

Here is the formula for calculating the sample size for cluster sampling:

Using this formula, the sample size will be either in the number of infants aged 6–8 months or 0–5 months depending on which primary IYCF indicator for sample size calculation.

To calculate your sample size, you can use the standalone survey tab in the IYCFE Sample Size Calculator (Annex 2) (scenario A.2).

You would need to convert the sample size to the number of children aged 0–23 months based on a simple conversion using the proportion of children in either the 6–8 months age range (3 months) or the 0–5 months age range (6 months).

If your sample size is based on a 6-month age range, multiply your sample by 4. When you sample children aged 0–5 months (covering a 6-month age range), each child in your sample represents approximately one-fourth of the total 0–23 months age range. This is because the 24-month age span divided by the 6-month age range equals 4.

If your sample size is based on a 3-month age range, multiply your sample by 8 to estimate the number of children in the 0–23 months age range. Note that these calculations exclude the non-response rate, so you'll need to account for potential non-responses separately.

Then you need to convert the sample size from the number of children aged 0–23 months to the number of households before you start fieldwork. See Module 4 Figure 4 for the formula for this conversion into number of households while accounting for the non-response rate.

To calculate your sample size in number of households, you can use the standalone survey tab in the calculator IYCFE Sample Size Calculator (Annex 2) (scenario A.3).

A large sample size in terms of the number of households is expected; however, a cluster survey is not logistically feasible in certain humanitarian and fragile contexts. Additional planning considerations are provided below with regards to fieldwork planning.

You could aim for a minimum cluster size of 25 households to ensure that your field teams are not overwhelmed during daily data collection. In areas where access may be limited due to security or recent events like earthquakes, aim for one day per cluster per team. If accessibility is not an issue, consider logistical factors and aim for field team stays of two days per cluster, allowing for larger cluster sizes.

Taking the total number of clusters from the final sampling strategy, cluster allocation is generally performed using ENA for SMART software. Additional clusters called Reserve Clusters (RC) are automatically chosen (see 2017 SMART's Manual's Assigning Clusters p. 43–45 for more details). Towards the end of fieldwork, all RC should be incorporated into the fieldwork planning in the following two scenarios: (1) 10 percent or more of the planned number of clusters were impossible to reach or (2) final sample size in terms of the number of individuals is less than 80 percent of the required number.

Selection of households during fieldwork: To ensure a population-based, representative survey, household selection must use randomized probabilistic methods, allowing all households in each selected Primary Sampling Unit (PSU) to have at least a non-zero equal probability of selection (equal non-zero chance of being selected). Besides the methods outlined for simple or systematic random sampling (see Module 4 Box 7), segmentation is another technique used during fieldwork, particularly in large or dispersed areas. This method involves dividing the village or PSU into smaller segments and randomly selecting one segment. All households in the chosen segment are then randomly selected using either simple or systematic random sampling. Providing consistent guidance on household mapping and selection based on the context is crucial, often resulting in a sampling decision tree included in the survey protocol. Depending on the survey manager, one or a combination of three sampling methods (segmentation, simple and systematic) may be recommended, with clear instructions on when to use each method.

Step A.4: Develop your survey protocol.

To assist with the development of the survey protocol, review existing survey guidelines and associated tools to ensure its completeness and robustness for validation by the in-country Assessment Working Group or equivalent, survey steering committee, and/or relevant humanitarian coordination bodies (Module 4 Annex 1). At a minimum, the following information should be clearly outlined:

- Objectives, type of population, survey timeline, geographic scope and areas excluded from the sampling frame.
- Final sampling strategy expressed in either number of children aged 0–23 months or households within the defined geographic scope.
- Sampling design, limitations of the sampling frame (see Module 4 Box 1), definition of the sampling units (e.g., local household definition), probabilistic methods for selecting sampling units.
- Assumptions for sample size calculation and final sampling strategy.

- Recruitment of field teams, including but not limited to local language, good physical condition and literacy requirements.
- Questionnaire development and its contextualization, equipment for questionnaire administration, pre-testing and its translated versions (see Step 6 below).
- Training schedule, content, facilitation and field-testing procedures.
- Data tabulation plan, statistical software for analysis, procedures to check data quality.
- Methodological limitations and plan for results sharing and dissemination, including involved stakeholders and feedback to the surveyed population.

HOW TO IMPLEMENT SCENARIO B: NESTING AN IYCF COMPONENT WITHIN AN UPCOMING POPULATION-BASED, REPRESENTATIVE SURVEY?

Based on a recent review of the current practices, most IYCF-E assessments are nested into larger assessments. This can be an efficient option to obtain IYCF data.

However, unlike a standalone survey, the sampling strategy and size will not be under your control, and the sample may not be sufficient for precise estimates for all IYCF indicators given the narrow age ranges. Below are some considerations when considering this option for an IYCF quantitative assessment.

Step B.1: In what type of survey are you nesting your IYCF-E quantitative assessment?

First understand the type of survey being planned. Is it a SMART survey, a multi-sector assessment, or another type of survey? Understanding the nature of the primary survey will help you:

- Understand whether you can align the IYCF-E component with the overall survey objectives and sampling plan.
- Ensure that the sample includes sufficient representation of the narrow age ranges specific to IYCF indicators.
- Understand whether the timeline of the data collection aligns with your needs.

Step B.2: Which population group and age range are being sampled and what is the sample size?

Next it is necessary to understand who is being sampled and their age range to determine whether the sample size of children 0–23 months is sufficient for estimating IYCF practices. For example:

- A multi-sector assessment might include other population groups (such as men), as well as mothers and caregivers of children under two years old. In this case, you would need to understand what portion of the total sample is caregivers of children 0–23 months.
- In a SMART survey, the typical target for the sample is children aged between 6–59 months. In this case you need to (1) understand if there are sufficient infants and young children aged 6–23 months in the planned sample, and (2) request that infants 0–5 months be added to the sample if you plan to capture all indicators. This is further explained below.

Step B.3: Will the sample size planned be sufficient to measure all of the IYCF indicators?

As discussed in section A3.2 above it is recommended that +/-15 percent is the minimum precision used. This is the minimum recommended, but a higher precision of +/-10 percent is often used.

Calculate the precision of each indicator using the sample size. You can use scenario B.2 in the nested survey tab on the IYCFE Sample Size Calculator (Annex 2) if the planned survey will use cluster sampling. If the survey planned will use simple or systematic random sampling, you will need to use scenario B1 on the same tab.

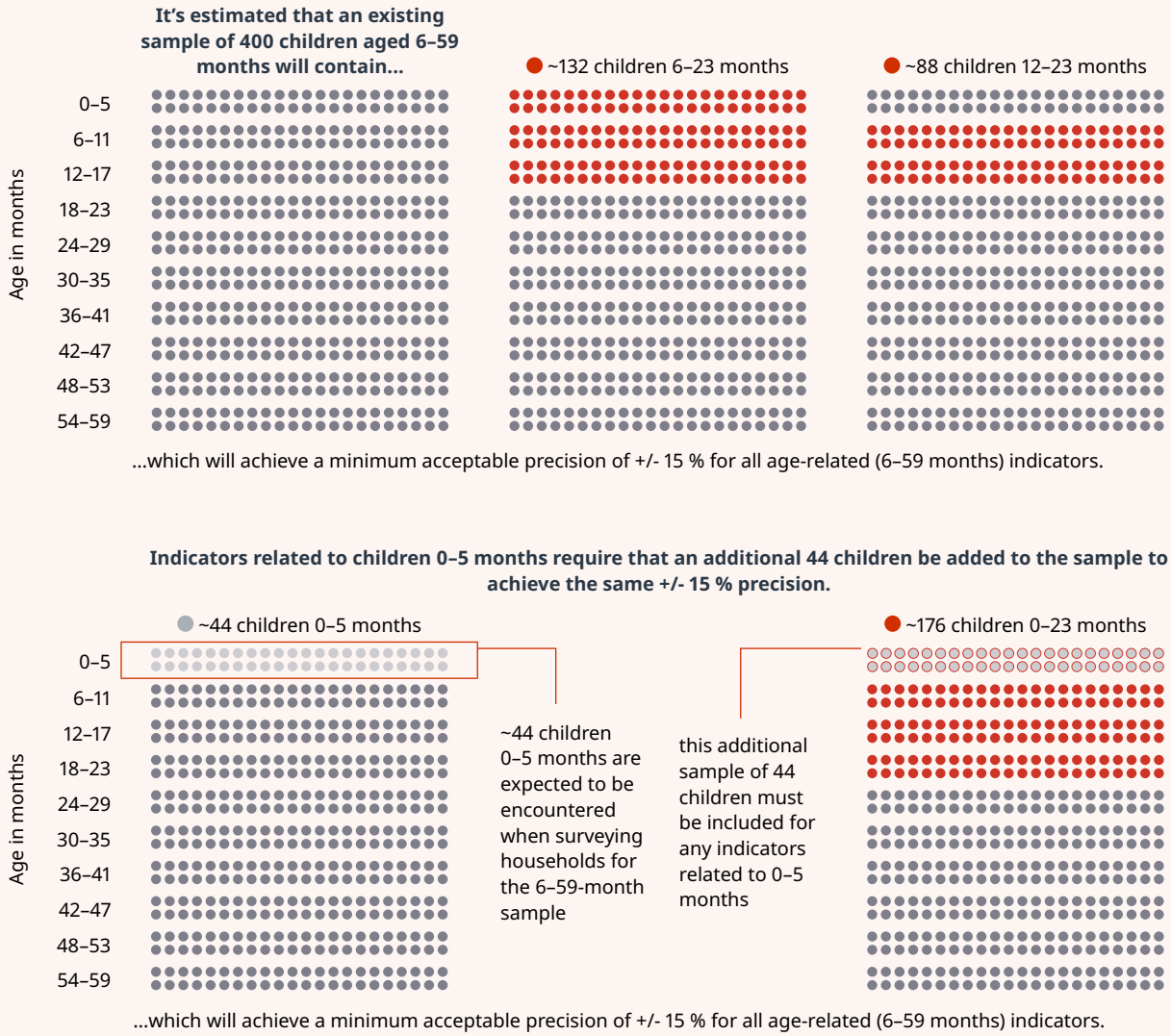
As there is a narrow age range for our indicators, this can be a challenge as illustrated in Module 4 Figure 6 below. With this in mind, we need to understand what the sample size planned for the upcoming survey means for the different IYCF indicators. To do this, we estimate the number of children who will be in each age category for the different indicators.

We assume that there will be an even distribution of children within our group in terms of their age (for example, there will be a similar number of children aged 11 months as other ages such as 18 months or 36 months).

We then divide the total sample size by the number of months in age covered. For a sample of children 0–59 months, the sample covers 60 months of age. For example, for a sample of 400 children of 0–59 months calculation would be as follows: 400/60=6.7.

This means that there are approximately 6.7 children for every month of age in the sample.

Module 4 Figure 6: Sample needed to achieve minimum acceptable precision for each indicator



If we apply that to some of our indicators, we get the following:

Module 4 Table 5: Sample of each indicator based on the associated age range for a survey planning a sample of 400 children of 0–59 months

NUMBER OF CHILDREN IN THE SAMPLE	AGE RANGE OF CHILDREN OF INDICATOR	NUMBER OF MONTHS INCLUDED IN SAMPLE	SAMPLE
MAD – Minimum Acceptable Diet	6–23 months	18	120
CBF – Continued Breastfeeding	12–23 months	12	80
EBF – Exclusive breastfeeding under six months	0–6 months	6	40
MixMF – Mixed milk feeding under six months	0–6 months	6	40
ISSSF – Introduction of solid/semi solid food	6–8 months	3	20

To calculate the sample size for each indicator, you can use the nested survey tab in the IYCFE Sample Size Calculator (Annex 2). Enter the total sample size, and the sample per indicator will be estimated.

Calculate whether the sample size for each indicator gives you the precision you need. Remember the minimum precision is +/-15 percent.

Calculate the precision of each indicator using the sample size. You can use scenario B.2 in the nested survey tab in the IYCFE Sample Size Calculator (Annex 2) if the planned survey will use cluster sampling. If the survey planned will use simple or systematic random sampling, use scenario B1 on the same tab.

WHAT IF MY SAMPLE DOES NOT INCLUDE CHILDREN 0–5 MONTHS?

Many SMART surveys sample only children 6–59 months. As many IYCF indicators also measure children under 6 months, we need to make sure that they are included. It is expected that some households visited for the 6–59-month sample will also have infants aged 0–5 months. Therefore, we need to estimate the number of children 0–5 months likely to be found, then request the survey team to add these children to the sample.

If we assume an even distribution of ages of children in the under 5 age group, we can divide the sample into 1-month age groups. The age range 6–59 months cover 54 months of age. For example, for a sample of 400 we make the following calculation: 400/54=7.4.

We estimate that there are 7.4 children for every month of age. If we assume the number will be the same for the 0–5 months age group, then we can estimate the sample for this group.

We multiply 7.4 by the number of months in the 0–5 age group (6 months).

Estimated extra sample of 0–5 months = 44.5

Step 5 CHOOSE WHICH INDICATORS TO MEASURE.

Based on the sample size calculation, assess which of the indicators will have an adequate sample to meet the minimum precision.

You may decide to not measure indicators where the sample is not sufficient. If these indicators are essential to your assessment objectives,

then it may be necessary to plan a standalone IYCF survey. However, even if you cannot measure all the indicators by nesting the IYCF in a survey, it still may be useful to measure some of the indicators with a broader age range.

Step 6 **ADAPT THE SURVEY QUESTIONNAIRE AND DATA COLLECTION TOOLS TO THE SPECIFIC CONTEXT AND CULTURAL SETTING.**

Step 6.1: Adapt the survey questions.

The final list of priority IYCF indicators guides the development of the questionnaire. This list is determined by the chosen type of data collection method and its implications for addressing previously identified IYCF information gaps.

The questionnaire is a critical measurement instrument and each of its components require careful attention to ensure relevance to the local context and purpose of the assessment.

Building on the guidance provided by the 2019 WHO and UNICEF's Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old, your IYCF questionnaires should include:

- The survey purpose, estimated length to administer the full questionnaire, confidentiality measures of data collected, selection of sampling units (e.g., random and not targeted), no penalty for refusal, informed consent process and clarity that acceptance to participate does not lead to any incentives.
- Survey date, team number, number of household (and cluster if applicable) and unique ID.
- Tracking sheet for each questionnaire outcome per sampling unit (e.g., complete, refusal, incomplete, etc.).
- An accompanying local events calendar to guide accurate child age estimation in number of completed months if no date of birth is available. In many countries, vital registration is not universal, and documentary evidence of the date of birth may not be available in the household, i.e., the actual date of birth may be unknown.

In addition to existing resources outlined in Module 4 Annex 1, consider the following:

- Specify the calendar's timeline. If data collection lasts more than one month, adding a new month and deleting the last eligible month should be anticipated and discussed when developing the events calendar.
- Pre-test and adapt prior to the survey data collection. When pre-testing the local events calendar, it should include children whose date of birth is known to verify that it functions properly.
- Invest adequate time to train field teams properly so they can accurately estimate each child's age, during both theoretical training and the field test.
- The standard set of questions follows globally accepted IYCF indicators, using defined numerators and denominators. Understanding local food terminology and availability is essential for effectively adapting global guidelines. The WHO-UNICEF guidelines incorporate provisions for localization, recognizing the variability in food names and availability across different regions. This adaptation ensures sensitivity to local dietary habits and challenges, such as food security concerns or cultural or religious preferences (for example, avoiding pork due to religious beliefs). The questionnaire needs to include a contextualized list of liquids and foods.
- Keep additional variables or indicators at a minimum. Any additional variable/indicator must be clearly justified by decision-making

relevance; the longer the questionnaire, the higher the risk of respondent fatigue and erroneous entries (WHO & UNICEF 2019).

Using the same questions and number of questions to collect IYCF data makes comparing results straightforward and prevents bias in the indicators. That's why harmonization is important.

Adapting the standard IYCF questionnaire to fit your local population or setting involves tailoring the questionnaire to meet local needs while still enabling global data comparison.

The following references are useful when contextualizing the questionnaire:

World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (2021) Indicators for assessing infant and young child feeding practices: definitions and measurement methods

UNHCR Standardized expanded nutrition survey Module 4: IYCF.

Step 6.2: Translate, back translate and pre-test the questionnaire.

Once you develop and contextualize the questionnaire, it should be properly translated into all relevant languages or main dialects within the geographic scope. Mistranslations can lead to measurement bias, affecting accuracy. Include multiple names for popular foods if needed, based on local input. Avoid leading, misleading, double-barreled, ambiguous or irrelevant questions. Each IYCF questionnaire should undergo translation and back-translation by separate translators to prevent mistranslations or ad-hoc translations by field teams. Finally, convert the questionnaire into a digital format to minimize recording errors and streamline administration.

Before the questionnaire is ready for training purposes, it should be pre-tested for content, translation and length with local community members to ensure its contents are easily understood by both interviewers and respondents. Additional comments from the field teams can also be incorporated during the training.

Step 6.3: Select data collectors and organize teams.

Select data collectors based on education, language skills, experience and physical ability, and confirm they can commit to the entire assessment duration. Ideal teams should consist of three to four members, with a balance of genders and a mix of experienced and new members. Organize teams based on strengths and cultural norms, with clearly defined roles: team leader, primary interviewer and data recorder. See Annex 2 for more details.

Step 6.4: Train the field teams.

Poorly trained or inexperienced field teams can introduce measurement and selection bias, affecting the reliability of assessment results. Common issues include incorrect questioning, recording errors and skipping questions to save time. See Annex 3 for what to include in an assessment guide and an example of a training agenda.

HOW DO WE ANALYZE AND REPORT SURVEY DATA?

Data Preparation

1. **Clean the data:** This process typically includes handling missing values, correcting data entry errors, removing duplicates, standardizing formats and verifying the integrity of the data by cross-checking against known sources or validation rules.
2. **Conduct descriptive analysis:** Calculate basic statistics for key indicator, frequencies and percentages for categorical variables,

means, medians and standard deviations for continuous variables. Stratify results by relevant factors: age groups (0–5 months, 6–23 months, etc.) gender, geographic areas and socioeconomic status.

3. **Calculate prevalence for each core indicator:** early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year and 2 years, introduction of solid, semi-solid or soft foods, minimum dietary diversity, minimum meal frequency, minimum acceptable diet and consumption of iron-rich or iron-fortified foods.
4. **Calculate confidence intervals for main indicators.**
5. **Analyze additional indicators based on assessment objectives:** (a) bottle feeding, (b) milk feeding frequency for non-breastfed children, (c) consumption of specific food groups.
6. **Trend analysis (if applicable):** (a) compare current results with previous assessments, (b) analyze changes over time using appropriate statistical tests.
7. **Conduct subgroup analysis:** Examine IYCF practices across different subgroups: (a) maternal education level, (b) household wealth quintiles, (c) urban vs. rural residence and (d) ethnicity or cultural groups. Conduct chi-square tests for categorical variables; use t-tests or ANOVA for continuous variables.

Use appropriate statistical software (e.g., SPSS, Stata, R) for complex analyses. Always interpret results in the context of the local situation and consider involving local stakeholders in the interpretation process to ensure culturally relevant conclusions and recommendations.

MODULE 4 BOX 13
Tools to support analysis of IYCF data

Tools to support analysis of IYCF data can be found here in this set of tools to guide Multiple Indicators Cluster Survey (MICS) in data processing, analysis, interpretation, documentation and dissemination: https://mics.unicef.org/tools

UNICEF's Indicator for assessing infant and young child feeding practices guide also includes STATA and SPSS analytical codes, and this allows for STATA and SPSS programs to be used as well.

Presentation of results

Once the assessment has been completed and analyzed with close attention to data quality, then the IYCF results and any other variables collected should be presented and shared with relevant stakeholders for validation and action.

Perform data visualization

Create clear, informative visualizations using (1) bar charts for prevalence of IYCF practices, (2) line graphs for trend analysis, (3) maps for geographic distribution of key indicators and (4) infographics to summarize main findings.

Conduct contextual analysis

1. Compare results with programs, national, global IYCF targets where appropriate.
2. Analyze findings alongside information from other assessments for context (see Module 6).
3. Consider the impact of any recent interventions or programs.

Interpret results

1. Identify key findings and patterns.
2. Assess the statistical and practical significance of results.
3. Consider potential explanations for unexpected findings.
4. Relate results to existing knowledge and previous assessment.

Consider limitations

1. Evaluate potential biases in sampling or data collection.
2. Consider the impact of missing data or low response rates.
3. Acknowledge any methodological limitations.

Develop recommendations

Based on the analysis, formulate actionable recommendations (see Development of Recommendations section below).

1. Prioritize interventions for different subgroups or geographic areas.
2. Suggest areas for further research or investigation.

Write the Report

1. **Clearly describe methodology and limitations.** This should include the rationale for the assessment: clear details of the methodology, survey protocol namely the sampling design and strategy and the population to which the results apply. Also include the sample description: achieved sample size in number of sampling units compared to those planned in the survey protocol (and clusters if applicable), disaggregated by sex and age categories (e.g., 0–5 months) and details on the number of children with estimated age vs. date of birth.
2. **Present results in a logical, easy-to-understand format.** IYCF results should be presented as proportions with 95 percent confidence intervals and associated age ranges, including disaggregation by sex and disability.

   Whenever applicable, information concerning refugees and their distinct context, needs, vulnerabilities, and situation should also be incorporated.
3. **Use tables and figures to summarize complex data.**

   Area graphs are useful in understanding patterns of exclusive breastfeeding at different age groups across the 0–5 month window, and provide insight into the types of beverages (and in some cases solid foods) being consumed in addition to breastmilk at each age across these six categories: exclusively BF; BF and plain water only; BF and non-milk liquids (no solid or semi-solid foods and no animal milk-based liquids or infant formula); BF and animal milk or formula (no solid or semi-solid foods); BF and solid or semi-solid foods; or not BF. For more information, consult 2021a WHO & UNICEF's Indicators for assessing IYCF practices: definitions and measurement methods p.15, 40–41.

   A report card may also be used to help share information with community members, colleagues and donors on IYCF practices at different stages of program implementation in an effort to track progress and performance. Consult 2010 CARE's Infant and Young Child Feeding Practices: Collecting and Using Data: A Step-by-Step Guide, p.109–111.
4. **Discuss implications of findings for policy and practice.**

   In alignment with WHO's High Impact Nutrition Interventions (HINI) and Essential Nutrition Actions, consult the

PiN calculation formulas per IYCF practice disaggregated by sex, age group and disability from 2021 Global Nutrition Cluster's *Nutrition Humanitarian Needs Analysis*.

5. Plan for dissemination.

a. Prepare presentations for different audiences (technical, policymakers, community).

b. Develop policy briefs or fact sheets highlighting key findings.

c. Plan for peer-reviewed publication if appropriate.

MODULE 4 BOX 14
Thresholds and Their Sources

Thresholds are provided for each indicator used in the severity phases, following IPC/OCHA terminology. Some of these thresholds are preliminary, particularly in cases where global thresholds for that indicator aren't yet available.

Develop evidence-informed recommendations for IYCF-E response

The IYCF results from population-based, representative surveys should be validated and reviewed by the Assessment Working Group or equivalent. Once validated, the IYCF results can be compared to the following thresholds of Module 4 Table 6 below to feed into a situation analysis for the Humanitarian Needs Overview (HNO), IPC Acute Malnutrition Analysis (IPC AMN) or Humanitarian Response Plan (HRP), taking note:

Evidence-informed recommendations should be developed by stakeholders such as MOH and other government staff; humanitarian practitioners from UN agencies, international and local NGOs; decision-makers and donors; and local and national authorities including national survey organizations.

Resources to support program and policy design can be found here:

- IYCF-E Standard Operating Procedure (SOP) For Emergency Response Teams.
- The OG-IFE outlines six actions to support mothers and caregivers in feeding infants and young children in emergencies to maximize health and minimize morbidity and mortality. Interventions were based on preparedness and investment in IYCF programs, including the Baby-Friendly Hospital Initiative (BFHI), nutrition counseling, and implementation of the Code, which could then be expanded as needed in response to changes in context.

In refugee contexts, 2018 UNHCR's IYCF in refugee situations: a multisectoral framework for action would be more pertinent for the development of an action plan to guide response planning and decision-making.

See Module 6 for additional information on interpreting and analyzing the data.

CONCLUSION

Quantitative surveys are a powerful tool for gathering reliable and representative data on Infant and Young Child Feeding (IYCF) practices in emergency contexts. By carefully designing your survey, selecting your sample and methodically collecting data, your assessment team can produce high-quality evidence that will be invaluable for program planning, monitoring and evaluation. When you combine these surveys with qualitative assessments and other data sources, you get a well-rounded understanding of the needs, challenges and opportunities for promoting optimal IYCF practices in humanitarian and fragile settings.

Module 4 Table 6: Subset of recommended indicators to guide the Nutrition Situation Analysis as per 2021 Global Nutrition Cluster's Nutrition Humanitarian Needs Analysis

			SEVERITY SCALE BASED ON IPC/OCHA PHASES					
Alignment with *IPC AMN Analytical Framework*	**Core Nutrition Indicators to Guide Response Planning**	**Humanitarian Consequence**	**Phase 1 Acceptable/ Minimal**	**Phase 2 Alert/ Stress**	**Phase 3 Serious/ Severe**	**Phase 4 Critical/ Extreme**	**Phase 5 Extremely Critical/ Catastrophic**	**Sources Used for the Thresholds**
Immediate Causes (*Food consumption*)	Minimum Dietary Diversity in children 6 to 23 months	*Living Standards*	>70%	40–70%	20–39.9%	10–19.9%	<10%	*Preliminary thresholds* suggested by IFE Core Group
	Minimum Acceptable Diet in children 6 to 23 months*	*Living Standards*	>70%	40–70%	20–39.9%	10–19.9%	<10%	*Preliminary thresholds* suggested by IFE Core Group
	Exclusive breastfeeding for infants 0 to 5 months	*Living Standards*	>70%	50–70%	30–49.9%	11–29.9%	<11%	Adapted from UNICEF Breastfeeding Score Card
Underlying Causes (*Caring and feeding practices*)	Infants **0 to 5 months** that are not breastfed who have access to Breast Milk Substitutes supplies and support in line with the Code and the IFE Operational Guidance's standards and recommendations	*Living Standards*	>60%	40–60%	20–39.9%	10–19.9%	<10%	*Preliminary thresholds* suggested by IFE Core Group
	Infants **6 to 11 months** that are not breastfed who have access to Breast Milk Substitutes supplies and support in line with the Code and the IFE Operational Guidance's standards and recommendations	*Living Standards*	>60%	40–60%	20–39.9%	10–19.9%	<10%	*Preliminary thresholds* suggested by IFE Core Group

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- Global Nutrition Cluster (n.d.) Indicators registry (nutrition cluster)
- Global Nutrition Cluster (2020) Infant and Young Child Feeding in Emergencies IYCF-E Checklist
- Global Nutrition Cluster (2021a) Nutrition Humanitarian Needs Analysis Guidance
- Global Nutrition Cluster (2021b) HNO Quality Assessment Criteria Checklist Nutrition Cluster/sector
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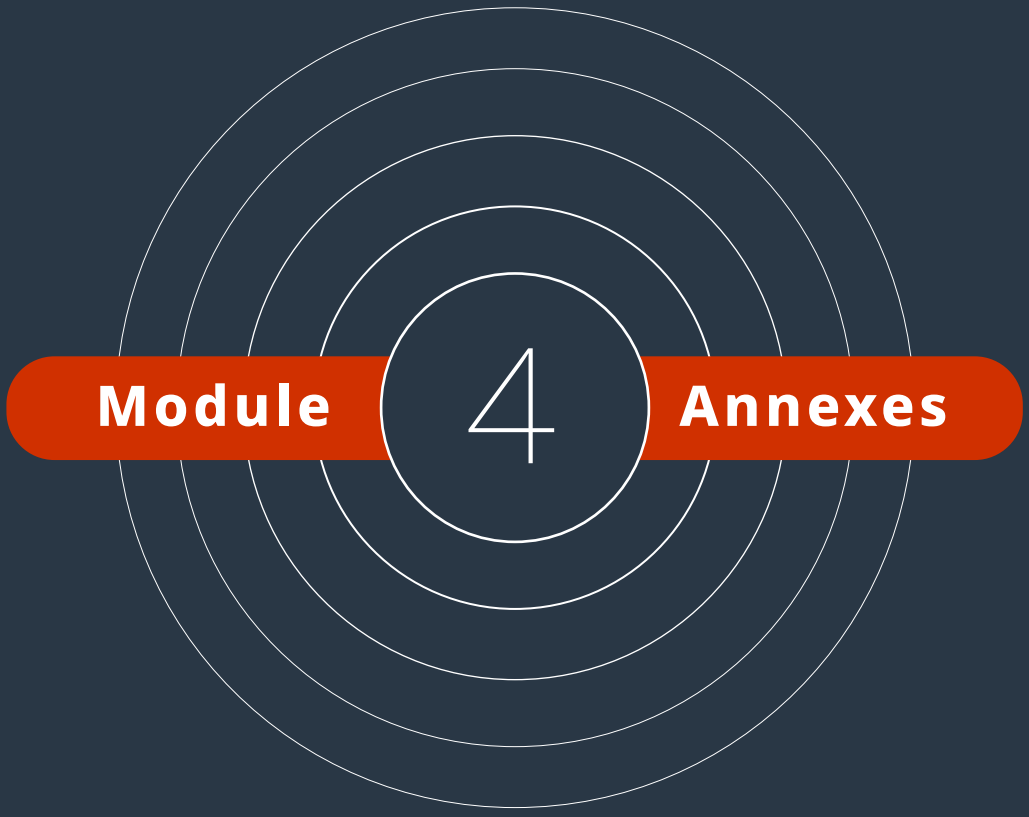


MODULE 4 ANNEX 1: ADDITIONAL GUIDANCE TO SUPPORT STEP-BY-STEP PROCESS, ORGANIZED BY MAIN/ CONTRIBUTING AUTHOR

MODULE 4 ANNEX 2: DETAILED RECRUITMENT CRITERIA AND TEAM ORGANIZATION

MODULE 4 ANNEX 3: ASSESSMENT GUIDE AND TRAINING AGENDA

MODULE 4 ANNEX 1

Additional guidance to support step-by-step process, organized by main/contributing author

Authors of Key Guidance (as lead or contributor)	IFE Core Group	Save the Children	WHO and/or UNICEF	SMART	UNHCR	SPHERE	Global Nutrition Cluster (including Tech RRT)
PREPAREDNESS — PRE-CRISIS, EXISTING DATA							
	Operational Guidance for Emergency Relief Staff and Program Managers: p.6 & 14 IYCF-E Standard Operating Procedure (SOP) For Emergency Response Teams: p.18–20	IYCF-E Toolkit Guidance on health equity & language in emergency preparedness context, emergency preparedness, including guidelines on reaching out to shelters and milk banks, handling and storage of RTF/ instant formula, guidance on cleaning feeding items and alternative feeding methods, etc.	IYCF programming guide: p.27		IYCF in Refugee situations: A multi-sectoral Framework for action: p.33–36	The Sphere Handbook	Nutrition Cluster Handbook: p.154–157 Nutrition Humanitarian Needs Analysis Guidance — assessment of reliability of nutritional need data: p.15 Nutrition Cluster Coordination Toolkit
HUMAN RESOURCES, CAPACITY AND COORDINATION							
	Operational Guidance for Emergency Relief Staff and Programme Managers v3, 2017: p.7–9 Global Progress Report: Capacity mapping in Kenya, Somalia, and South Sudan: p.31–32	IYCF-E Toolkit v3 — Example job descriptions: IYCF-E Breastfeeding counsellor, IYCF-E Counsellor/ Community mobilizer/ Psychosocial Worker/ MEAL Officer or Supervisor; IYCF-E Program Officer/ Supervisor/ Manager IYCF-E Consultant.	Infant and Young Child Feeding in Emergencies (IYCF-E) Capacity Mapping and Assessment Toolkit		IYCF in Refugee situations: A multi-sectoral Framework for action: p.40–42		GNC IYC-E checklist p.1–6 Request GNC-TA support

Authors of Key Guidance (as lead or contributor)	IFE Core Group	Save the Children	WHO and/or UNICEF	SMART	UNHCR	SPHERE	Global Nutrition Cluster (including Tech RRT)
SURVEY PLANNING AND BUDGET							
			See Annex 4 in Indicators for assessing infant and young child feeding practices: definitions and measurement methods Multiple Indicator Cluster Survey MICS 6: Survey plan template & budget calculations template	See Annex 1 in Manual: survey planning p.8–11	SENS example survey timeline: p.26–27 Survey Budget: p.9 SENS Pre-Module tool: [Tool 1 — Survey Budget], Survey equipment, Survey consultant Terms of Reference]	The Sphere Handbook — Appendix 3: Nutrition assessment checklist, guidance on p.169	Nutrition Humanitarian Needs Analysis Guidance: annual assessment plan: p.13–14, Indicators guiding nutrition situation analysis (Table 1, p. 18) Factsheet: Survey timeline, venue suggestions, etc.: p.14–15, budget p.16
RECRUITMENT							
	Global Progress Report: p. 34–35 Case Study 3: Syria — awareness & training: p. 37–38		Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old: Survey team selection process detailed on p. 5, job descriptions in Annex 2, recommended use of DHS data collection form for fieldworks		SENS: Survey consultant ToR, Annex 2 provides theory, practical exercises, and written/verbal test — Guidance for survey managers & teams p.15		
SAMPLING							
			Multiple Indicator Cluster Survey MICS 6: Manual for mapping and household listing	SMART Manual: p.27–34, sample size calculation parameters (based on anthropometry) p.35–44; number of clusters p.43–45	SENS: Sampling and survey design guidance p.31–43, Sampling decision tree p.33, Annex 1 — Sample size calculation & sampling example, Annex 2 Correction for small population size	The Sphere Handbook: Random sampling, systematic sampling, or cluster sampling (p. 171)	Factsheet: exhaustive surveys & random-sampled surveys, i.e. simple random sampling, systematic sampling, cluster sampling (p.3)

Authors of Key Guidance (as lead or contributor)	IFE Core Group	Save the Children	WHO and/or UNICEF	SMART	UNHCR	SPHERE	Global Nutrition Cluster (including Tech RRT)
QUESTIONNAIRE							
			Indicators for assessing infant and young child feeding practices: definitions and measurement methods: Indicators p.20 and methods for discussing food group recalls p.22–23, Sample questionnaires p.24–31 - Discussion of adapting food group recall p.43 Multiple Indicator Cluster Survey MICS 6: GPS data collection manual & questionnaire, questionnaire templates		SENS: Recommendations on how to build liquid list, indicators, etc. p.9, Technical forms for MDC surveys, Paper questionnaires for paper-based surveys (always carry extra copies), SENS IYCF questionnaire for children 0–23 months is shown in Annex 1 or see SENS Pre-Module tool: [Tool 12 — Full SENS Questionnaire with Instructions] — Adaptations for local context and explanations of questionnaire p.16		
TRAINING							
			Indicators for assessing infant and young child feeding practices: definitions and measurement methods: Interviewer training p.47–48; fieldwork practice p.53–55 Multiple Indicator Cluster Survey MICS 6: Fieldwork training recommendations and template agenda	SMART Manual: p.12–13; Field test on p.24–26; Estimating Age p.60	SENS: Annex 2 provides theory, practical exercises, and written/verbal test, guidance for survey managers & teams p.15		Factsheet: Interview guidance & ethical considerations p.12–13

Authors of Key Guidance (as lead or contributor)	IFE Core Group	Save the Children	WHO and/or UNICEF	SMART	UNHCR	SPHERE	Global Nutrition Cluster (including Tech RRT)
DATA COLLECTION & RECORDING							
			Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old: Data collection p.36–37; data capture/ entry p.44, Fieldwork guidance, equipment, and common errors (p. 38–43) Multiple Indicator Cluster Survey MICS 6: Listing and fieldwork duration, staff and supply estimates template, instructions for interviewers and supervisors, field check tables, GPS data recording example monitoring sheet, digital data collection system developer's guide	SMART Manual: Second Stage sampling p.45–52	SENS: common errors and challenges in data collection listed p.14, Annex 3 — Data collection control sheet, Guidance on survey data file naming p.62–63, Annex 4 — Guidance on Key EPI Info commands		
DATA ANALYSIS PLAN							
			Indicators for assessing infant and young child feeding practices: handling missing information p.32–33; Calculations (numerators & denominators) p. 32–41; Syntax for calculating indicators & constructing area graphs — Annex 7 Multiple Indicator Cluster Survey MICS 6: Tabulation Plan, SPSS syntax files	SMART Manual: Types of bias p.64, Annex 1	SENS: Calculations for WHO and UNHCR indicators provided p.10 - Tables 14–15 and Annex 3 provide analysis procedures — Indicators, challenges in data analysis, and common errors p.33–38	The Sphere Handbook: Suggested models/ approaches on p. 171, link to Food security and nutrition assessments standard 1.1: Food security assessment.	

Authors of Key Guidance (as lead or contributor)	IFE Core Group	Save the Children	WHO and/or UNICEF	SMART	UNHCR	SPHERE	Global Nutrition Cluster (including Tech RRT)
PRESENTATION AND INTERPRETATION OF RESULTS, EVIDENCE-INFORMED RECOMMENDATIONS							
	Global Progress Rep. — Action 3: Coordinate operations to support IYCF-E (p.39–41) Case Study 4: Coordinating emergency nutrition response in Nigeria (p.44–45) Case Study 7: Multi-sectoral engagement (p.60)		Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old: Good reporting practices p.83–86, 88 Multiple Indicator Cluster Survey MICS 6: Survey findings report (with report & snapshot guidelines), cover template (with instructions), tutorials on customizing snapshots, statistical snapshots including IYCF example	SMART Manual: p.116	SENS: Indicators & precision thresholds given p.28–32, Recommendations p.28; Annex 5 — Assessing trends & changes; Annex 6 — Statistical comparisons between 2 surveys	The SPHERE Handbook: Data disaggregation suggestions p.189	Nutrition Humanitarian Needs Analysis Guidance: Overview of figures and summary facts to be reported p.33

MODULE 4 ANNEX 2

Detailed Recruitment Criteria and Team Organization

Recruitment Criteria:

- Education: Minimum secondary education, preferably some health or nutrition background.
- Language: Fluency in local language(s) and in the language used for reporting.
- Experience: Previous survey work is advantageous but not always necessary.
- Skills: Good communication, numeracy, comfortable with technology (if using a digital system).
- Physical ability: Capable of traveling to and working in various field conditions.
- Availability: Must commit to the entire duration of the assessment.

Selection Process:

1. Initial screening of applications/CVs.
2. Written test to assess basic knowledge and comprehension.
3. Short interview to evaluate communication skills and motivation.
4. Practical test on using mobile devices (if applicable).

Team Composition:

- Ideal team size: Three to four members per team.
- Roles: Team leader, interviewer(s), data recorder (roles may overlap).
- Gender balance: Ideally female, at least one woman per team for cultural sensitivity and privacy with IYCF questions.
- Skills mix: Combine experienced members with newcomers.

Organizing Teams:

- Assess individual strengths and weaknesses during training.
- Balance teams based on skills, experience, and language abilities.
- Consider local cultural norms and acceptability.
- Assign roles based on demonstrated capabilities:
  - Team leader: Strongest in organization and problem-solving.
  - Primary interviewer: Best communication skills.
  - Data recorder: Most comfortable with technology (or writing, recording if using paper-based questionnaires).

Team Leader Selection:

- Strong leadership and decision-making skills.
- Excellent understanding of the survey methodology.
- Ability to manage and motivate team members.
- Good problem-solving skills.
- Experience in previous surveys (preferably).

Special Considerations:

- Local knowledge: Include team members familiar with the survey area.
- Cultural sensitivity: Ensure teams can respectfully interact with all community members.
- Logistics: Consider transportation and accommodation when forming teams.

Team Building:

- Conduct team-building exercises during training.
- Allow teams to practice working together before field deployment.
- Encourage open communication and mutual support within teams.

Supervision Structure:

- Assign supervisors to oversee multiple teams (e.g., one supervisor for every three to four teams).
- Ensure supervisors are experienced and can provide on-the-spot guidance.

Backup Personnel:

- Train a few extra data collectors to serve as backups in case of dropouts or illness.

Final Team Confirmation:

- Review team compositions after the training and field test.
- Adjust based on performance and team dynamics.
- Clearly communicate roles, responsibilities, and reporting structures.

Ongoing Assessment:

- Monitor team performance during data collection.
- Be prepared to reshuffle teams if significant issues arise.
- Provide additional support or training for underperforming team members.

MODULE 4 ANNEX 3

Assessment Guide and Training Agenda

Assessment Guide: Develop an assessment manual with clear instructions on roles and responsibilities:

- Identifying randomly selected sampling units, including special cases (e.g., absent respondents, call-backs).
- Identifying eligible children and their respondents.
- Administering questionnaires uniformly.
- Clear instructions on handling special cases (e.g., refusals, incomplete questionnaires).
- Immediate issue resolution in the field.

Example Training Agenda for IYCF Assessment Survey Teams *(3–4 Days)*

Day 1: Theory and Introduction

Morning:

- Introduction to IYCF concepts and assessment objectives. *(1 hour)*
- Overview of sampling methodology and random selection. *(1 hour)*
- Ethical considerations: consent, confidentiality, cultural sensitivity. *(1 hour)*

Afternoon:

- Interview techniques and questionnaire review. *(2 hours)*

  - Proper introduction and rapport building.
  - Asking questions clearly and consistently.
  - Active listening and neutral probing.
    - Handling sensitive topics.
- Age estimation using local events calendar. *(1 hour)*
- Understanding skip patterns and questionnaire flow. *(1 hour)*

Day 2: Practical Skills and Technology

Morning:

- Detailed review of survey questions. *(2 hours)*
- Role-playing exercises in pairs. *(2 hours)*
  - Practice interviewing with feedback.
  - Switch roles between interviewer and respondent.

Afternoon:

- Introduction to mobile/computer-based data collection tool. *(1 hour)*
- Hands-on practice with devices. *(2 hours)*
  - Data entry, editing, and submission procedures.
  - Troubleshooting common technical issues.
- Data quality checks and importance. *(1 hour)*

Day 3: Field Test and Refinement

Morning:

- Conduct field test in a non-study area. *(3–4 hours)*

Afternoon:

- Debrief and discuss challenges encountered. *(1 hour)*
- Review and reinforce key points based on field test. *(1 hour)*
- Final assessment of trainees' readiness. *(1 hour)*
- Safety protocols and cultural sensitivity reminder. *(30 minutes)*
- Team selection and role assignments. *(30 minutes)*

Optional Day 4 (if time allows):

Morning:

- Advanced role-playing with complex scenarios. *(2 hours)*
- Refresher on challenging questionnaire sections. *(1 hour)*
- Additional practice with data collection devices. *(1 hour)*

Afternoon:

- Team building exercises. *(1 hour)*
- Final Q&A session. *(1 hour)*
- Written assessment and practical skills evaluation. *(2 hours)*

Throughout the training:

- Emphasize data quality and accuracy at every stage.
- Encourage questions and clarifications.
- Provide printed quick reference guides.
- Assess trainee progress continuously and adjust focus as needed.

Post-training follow-up:

- Provide a comprehensive printed manual.
- Set up a communication system for field support.
- Schedule check-ins during the first week of data collection.

Module 5

Using Program Data to Assess and Monitor IYCF Practices

WHAT DOES PROGRAM DATA ON IYCF REFER TO?

WHAT ARE THE OBJECTIVES OF USING DATA ON IYCF FROM PROGRAMS?

HOW COMPREHENSIVE IS THE IYCF DATA FROM PROGRAMS?

WHAT ARE THE STEPS TO COLLECTING PROGRAM DATA?

CONCLUSION

WHAT DOES PROGRAM DATA ON IYCF REFER TO?

Program data on IYCF comes from various sources like private, governmental and NGO-run nutrition and health programs. It refers to the collection, analysis and use of information regarding the feeding practices, nutritional status and related health outcomes of infants and young children, typically from birth to two years old.

The data on IYCF can also include information generated by other relevant programs in sectors such as health; water, sanitation and hygiene (WASH); protection; and food security, which have a direct link to infant and young child feeding.

WHAT ARE THE OBJECTIVES OF USING DATA ON IYCF FROM PROGRAMS?

The objectives of using IYCF data from programs are as follows:

1. Assess and monitor IYCF practices in humanitarian and fragile contexts.
2. Identify gaps in service delivery related to IYCF practices.
3. Inform policy and program improvements aimed at enhancing IYCF practices.

HOW COMPREHENSIVE IS THE IYCF DATA FROM PROGRAMS?

While monitoring program data is valuable, it is important to recognize its limitations.

- Program data may not represent the entire population, as it only reflects the situation of program participants. For example, it might miss the poorest or those living in remote areas and overestimate the sick. If the program doesn't cover certain groups, it may miss important insights about their needs, which limits our understanding of the broader community.
- Inconsistencies in indicator definitions, data collection, recording and reporting across programs and locations can make data standardization and comparison difficult.
- Program data may not always be accessible or up-to-date, or they may be collected over long periods of time, potentially leading to reviewing information that is outdated or comparing data from different moments in time.

WHAT ARE THE STEPS TO COLLECTING PROGRAM DATA?

Step 1 CHOOSE WHAT BROAD CATEGORY OF DATA TO COLLECT.

An essential first step is to determine which program data could be appropriate for your needs. Refer to the categories of information outlined in the Introduction ("How to design your assessment and select which modules to use") to select the data you wish to monitor, keeping in mind that you will need to customize those categories as needed.

Before proceeding, you'll want to conduct a thorough secondary data review (see Module 1). Assess the relevance of each type of data in relation to your objectives and priorities when making decisions on what data to seek and monitor.

Furthermore, consider whether any critical data is missing. The secondary data review will help identify gaps in IYCF information. Could these gaps potentially be filled using program data?

Step 2 SELECT INDICATORS AMONG WHAT IS COLLECTED IN DIFFERENT PROGRAMS IN YOUR TARGET AREA.

Whether you will gather IYCF data from programs at the national or subnational level, most programs typically collect some, if not all, of the information listed in Table 1 below. Consider which information fits into the broader category of data you seek and are therefore of interest for you to collect and/or monitor.

Module 5 Table 1: Key IYCF data points and indicators

KEY IYCF	DATA POINT DESCRIPTION	INDICATOR/S
Nutrition Programs	Breastfeeding practices	• Exclusive breastfeeding rate (EBF) • Continued breastfeeding rate at 1 year (CBF1) • Continued breastfeeding rate at 2 years (CBF2) • Early initiation of breastfeeding (EIBF)
	Complementary feeding practices	• Introduction of solid, semi-solid or soft foods (ISSSF) • Minimum dietary diversity (MDD) • Minimum meal frequency (MMF) • Minimum acceptable diet (MAD)
	Nutrition status	• Percentage of children under 5 years who are wasted, especially those under 2 years and under 6 months
	Donations of products targeting children under age two (e.g., infant formula, commercially prepared foods)	• Number and type of unsolicited donations of infant feeding products
	IYCF-E services	• Number of mother and baby spaces established • Number of appointed and trained IYCF cadre
	Feeding difficulties faced by care-givers of children under age two	• Percentage of caregivers reporting difficulties in feeding children aged 0–23 months

KEY IYCF	DATA POINT DESCRIPTION	INDICATOR/S
Nutrition Programs *(continued)*	Societal and cultural norms	• Views/perceptions on breastfeeding • Views/perceptions on relactation and wet nursing • Views/perceptions on artificial feeding (if bottle feeding is common) • Preferred foods for CF and taboos • How young children are typically fed (i.e., Do they help themselves from a common plate? Are they active and responsive?) • Intrahousehold distribution (i.e., who is prioritized)
	Knowledge, attitudes and beliefs	• Caregiver's knowledge of recommended IYCF practices • Caregiver's perception of availability and quality of complementary foods and supplements • Feeding practice
Health Programs	Access to functional mobile or static health services for children under age two	• Number of children under age two and their caregivers with access to health services
	Availability of psychosocial support services for caregivers	• Number of caregivers with access to psychosocial support services
	Current outbreaks affecting children under two	• Number and type of reported disease outbreaks affecting children under age two
	Increases in morbidity and mortality linked to health status affecting children under two	• Morbidity and mortality rates among children under age two
	Maternal counseling on IYCF	• Number of mothers of children aged 0–23 months who received counseling on infant and young child feeding during their antenatal care visits
Maternal Health and Nutrition	Maternal dietary diversity	• Average number of food groups consumed by mothers of children aged below two years in the past 24 hours
	Maternal micronutrient supplementation	• Number of mothers of children aged 0–23 months who received iron and folic acid supplements during their most recent pregnancy
	Maternal or caregiver's mental health	• Number of caregivers experiencing high levels of mental health stress
Protection Programs	Risk of abuse, neglect, exploitation, or violence among children and women	• Number of reported cases of abuse, neglect, exploitation or violence
	Concerns regarding the separation of children from their caregivers	• Number of reported cases of child-caregiver separation
Food Security and Cash Working Group Programs	Safety and accessibility of markets	• Percentage of population reporting safe and accessible markets
	Availability of nutrient-rich foods in markets	• Availability and variety of nutrient-rich foods in local markets
	Accessibility of specific food groups or types	• Percentage of population reporting difficulty accessing specific food groups
	Major increases in food costs	• Percentage change in food prices over the last month
	Access to fuel, equipment, utensils, and facilities for food preparation and storage	• Percentage of caregivers with adequate fuel, equipment, and facilities
	Access to fuel, equipment, utensils, and facilities for food preparation and storage	• Percentage of caregivers with adequate fuel, equipment, and facilities

KEY IYCF	DATA POINT DESCRIPTION	INDICATOR/S
WASH Programs	Access to clean water for drinking, personal hygiene and food preparation for caregivers of children under two	• Percentage of households with access to clean water
	Cleanliness of the environment for hygienic food storage and preparation	• Percentage of households with clean food storage and preparation areas
	Sanitation facilities	• Percentage of households with children aged less than two years with access to sanitation facilities
	Handwashing practices	• Percentage of caregivers who practice appropriate handwashing at critical times
	Availability of sanitizing equipment for mixed-fed or non-breastfed infants	• Percentage of caregivers with access to sanitizing equipment
Coordination Mechanisms	Existence of a coordination mechanism for nutrition, food security, WASH, social protection/cash, protection and health	• Number of active coordination mechanisms in place
	Inter-cluster coordination group	• Existence of an inter-cluster coordination group
Community Mobilization and Communication Programs	Best channels of communication to target women and children aged less than two years old	• Most effective communication channels identified for targeting caregivers (e.g., community health workers, peer groups, radio, public talks, music, door-to-door visits, phones)
	Best channels of communication to target men, older people and community and religious leaders	
	Community-based support systems and expertise	• Number and type of community-based support systems identified

Step 3 CHOOSE YOUR DATA SOURCES.

As this guide is meant primarily for data collection in emergency or protracted contexts, it is likely that the nutrition cluster has been activated. If this is the case, start by contacting the cluster team responsible for nutrition in the region. The nutrition cluster has a role of information management and collects information such as who is doing what and where and specific performance data from nutrition programs in the country or in the emergency response area.

If a standalone nutrition cluster team is not available, reach out to the cluster responsible for nutrition within the broader emergency response coordination structure. The cluster coordination teams can provide valuable support by identifying actors such as NGOs working in nutrition and other related sectors in-country, detailing their services and sharing the types of data they collect. Additionally, the cluster coordination teams can share insights and information gathered related to IYCF practices. It might also be helpful to engage directly with the government, UN agencies, NGOs and other organizations

active in nutrition, health, food security, WASH and related sectors to understand their data collection methods and insights

Depending on the need of information identified, prioritize sources that directly capture IYCF practices and collaborate with cluster teams and/or local actors to gather comprehensive data Key data sources include the following:

- Health and nutrition program reports detailing infant and young child feeding practices.
- Health facility records, including but not limited to antenatal and postnatal visits.
- Reports from community health workers (CHWs) focusing on nutrition and health education sessions.
- Feedback mechanisms offering insights into the quality and effectiveness of IYCF service delivery.

Supplementary data sources such as WASH data, market price monitoring, protection data and information on outbreaks provide valuable contextual information Key supplementary data sources include:

WASH Data:

- Ministry of Health or relevant government departments.
- WASH cluster or sub-cluster if activated.
- NGOs working in water, sanitation and hygiene (e.g., UNICEF, Red Cross).

Food Security:

- Food security cluster or relevant sub-clusters.
- Ministry of Agriculture or Trade.
- NGOs or UN agencies focused on food security (e.g., WFP, FAO).
- Local food security monitoring reports.

Protection Data:

- Protection cluster or relevant sub-cluster.
- UNHCR, UNICEF or other agencies focused on protection.
- National or local government protection departments.
- NGOs working in protection sectors.

Health:

- Ministry of Health or national disease control centers.
- World Health Organization (WHO).
- Health cluster or sub-cluster if activated.
- NGOs involved in health and disease surveillance.

The nutrition cluster coordinator can help link you with coordinators from the food security, health and other relevant sectors to facilitate your gathering data from programs.

Step 4 COMPILE THE DATA FROM THE CHOSEN SOURCES.

Once you have identified existing program data sources, the next step is to discuss with the nutrition cluster or local actors the importance of regularly sharing this information and the methods through which it can be shared.

Compile the verified data into a centralized database or repository (such as the IYCF Worksheet proposed in Module 6).

Step 5 EXAMINE THE DATA COLLECTED.

Following are some things to keep in mind as you examine the data you collected:

- Evaluate your programs' geographical coverage and note on a map any areas that lack data.
- Use consistent data formats for accurate comparisons.
- Remove duplicate entries and carefully check for errors, typos and missing information.
- Verify dates for accuracy and organize data by collection date to simplify analysis.

Step 6 **INTERPRET THE RESULTS.**

Module 6 provides detailed guidance on interpreting and analyzing data from programs or other assessment methods. The following points offer a more specific focus on program data within this module:

- **Conduct comparative analysis –** Compare data across different variables such as time periods, geographical regions or demographic groups. Look for disparities or trends that may indicate important differences.
- **Visualize data –** Create charts, graphs or maps to visually represent the data and make it easier to understand. Visualizations can highlight trends, outliers, and relationships within the data.
- **Triangulate data –** Combine quantitative findings with qualitative insights from field observations, interviews or focus group discussions. This approach enhances the depth and context of the data by cross-referencing multiple sources of information.
- **Contextualize findings –** Consider the broader context in which the data was collected, including socio-economic factors, cultural practices and policy environments. This can help explain patterns and guide recommendations for action.
- **Draw conclusions –** Based on the analysis, draw conclusions about the effectiveness of the programs, identify areas of strength and pinpoint areas for improvement.

Please review the program data limitations in section 73. The following examples illustrate two possible ways of interpreting program data.

MODULE 5 EXAMPLE 1

Maternal counseling on IYCF during antenatal care visits

Data Collection: A health facility records the number of mothers who received counseling on IYCF practices during their antenatal care visits.

Interpretation: High coverage of maternal counseling (e.g., 90 percent) indicates that a significant proportion of pregnant women are receiving essential information on breastfeeding initiation, exclusive breastfeeding, complementary feeding and responsive feeding practices. This assumes that the counseling is provided and that it is quality counseling. It is key to make sure you understand the context before interpreting the data.

A low coverage rate (e.g., 50 percent) suggests missed opportunities in delivering key IYCF messages to pregnant women, potentially leading to suboptimal feeding practices postpartum.

Recommendation: When the coverage is low, programs would need to focus on integrating IYCF counseling into routine antenatal care services, training health care providers and improving counseling quality to enhance maternal and child health outcomes.

MODULE 5 EXAMPLE 2

Access to clean water and sanitation facilities

Data Collection: A WASH program assesses the percentage of households with children under two years old that have access to clean water for drinking, personal hygiene and food preparation, as well as improved sanitation facilities.

Interpretation: High access rates (e.g., 80 percent) indicate that a majority of caregivers have access to clean water and sanitation facilities, crucial for maintaining hygiene standards during infant feeding practices. Note that the interpretation is based on a number of assumptions and the inherent limitations of program data.

Low access rates (e.g., 30 percent) highlight challenges such as inadequate infrastructure, geographic isolation or economic barriers affecting sanitation and hygiene practices.

Recommendation: If access is low, it is key to engage with WASH program implementers to prioritize interventions such as improving water source infrastructure, promoting hygiene education and ensuring equitable access to sanitation facilities to safeguard infant health and nutrition.

Step 7 USE THE COLLECTED DATA TO DRIVE PROGRAM IMPROVEMENTS.

- Continuously update the database with new data as it becomes available.
- Engage with stakeholders beyond nutrition — such as WASH program managers and health service providers — to share the findings. For instance, in example 1 above, you could engage with the health sector colleagues to share the findings and discuss how antenatal care visits can integrate IYCF counseling.
- Collaborate with these stakeholders to identify challenges and opportunities for cross-sectoral interventions that enhance IYCF practices.
- Use these consultations not only to inform decision-making within nutrition programs but also to advocate for improved multisectoral services that support IYCF in humanitarian and fragile contexts. See example 2 above.

CONCLUSION

In conclusion, this module highlights the importance of using program data to monitor data on IYCF. By collecting, analyzing and interpreting IYCF data from health and nutrition programs, WASH initiatives and food security programs, to name a few, stakeholders can gain a thorough understanding of factors affecting IYCF practices.

Module 6 will delve deeper into analyzing and interpreting results to support more effective and responsive IYCF interventions.

Module 6

Data to Decisions: Synthesizing and Analyzing Assessment Results

WHAT IS THIS MODULE ABOUT?

This module is designed to guide practitioners through the process of systematically reviewing and interpreting assessment data to make informed decisions. The module emphasizes the importance of synthesizing information from various types of assessments and or data/information — such as secondary data analysis, rapid assessments, qualitative assessments, quantitative surveys and program data — to gain a comprehensive understanding of the current situation regarding Infant and Young Child Feeding (IYCF) practices.

This analysis will enable practitioners to (1) understand the current situation as well as key challenges and opportunities and (2) prioritize actions to protect and improve IYCF practices in emergency contexts. Practitioners are guided through the process of compiling, triangulating and analyzing data to support decision-making, advocacy and resource allocation.

WHAT ARE THE OBJECTIVES OF SYNTHESIZING AND ANALYZING THE RESULTS?

1. Gain a comprehensive understanding of the situation and changes in IYCF practices.
2. Understand the current situation and identify themes across different data sources.
3. Identify challenges surrounding IYCF practices and opportunities for support.
4. Guide advocacy and prioritize interventions aimed at protecting and improving IYCF practices in emergency contexts.

WHAT ARE THE STEPS TO SYNTHESIZING AND ANALYZING THE RESULTS?

Step 1 ORGANIZE THE ASSESSMENT RESULTS.

It is recommended to use a worksheet or matrix to organize results by assessment type and information category. By entering data into a workbook, practitioners can compare findings across assessment types, identify themes and highlight data gaps or inconsistencies that may require further investigation. An example matrix can be found here: IYCF Analysis Worksheet (Annex 1).

The example worksheet has data entry tabs relating to the different assessment types (secondary data, rapid assessment, quantitative surveys, qualitative assessment and program data). It also has an overall synthesis tab and instruction sheet. The tabs/sheets are organized by category of information; users should adapt these tabs to reflect the categories covered in their assessments.

First, gather the data from the different assessments you have conducted: secondary data analysis, rapid assessments, quantitative surveys, qualitative studies and program data. Next, enter data into the relevant tabs. The Instruction tab in the Excel file provides guidance on how to use each worksheet.

It is important to note that the analysis sheet is only a guide. You may not have all the relevant information to fill in every row or column; just use the data you have.

Module 6 Table 1: Example of a completed IYCF rapid assessment worksheet

	Sub-theme	Finding/Current Situation (source and date)	Location	Challenges/barriers to good practice	Enablers/opportunites
General Context	How Young Children Are Typically Fed	Practice of feeding young children from a common family plate. Lack of responsive feeding practices. Typical diet is limited and lacks animal-source foods (ASF) or green vegetables.	XX district	Time of caregivers. Limited knowledge and confidence about responsive feeding.	A local NGO is running cooking demos and a daily radio program on child care during the emergency.
	Food Storage and Preparation	Poor food storage, leading to food spoilage and waste at the HH level.	XX IDP camp	Inadequate storage equipment available in shelter. Lack of knowledge on safe food handling practices.	Suitable storage containers widely available in the local market.
IYCF Status and Practices Infants under 6 months	Exclusive Breastfeeding	Some women report EBF; others have switched to mixed feeding since the emergency.	XX village	Self-reported insufficient breastmilk (SRIM).	High CHW coverage. CHWs indicated willingness to support lactation counseling.
	Early Initiation of Breastfeeding	Many mothers report delayed initiation of breastfeeding, up to one week.		Reduced institutional delivery due to destruction of health centers.	Field hospitals being established; potential to train traditional birth attendants in initiating BF.

Module 6 Table 2: Categories to be Addressed

CATEGORY	ENTER THE CATEGORY BEING ADDRESSED (FROM CATEGORIES OF INFORMATION)
Subtheme	Identify the specific subtheme of IYCF being addressed, e.g., feeding practices, food storage and preparation, breastfeeding and more. Use the themes from the initial banks of information.
Situation and Trend	Summarize the current situation and look for trends related to the theme, including detailed findings from various assessments and data sources that show how the situation has evolved over time.
Barriers Identified	List the key barriers and challenges that have been identified in relation to the theme. These could be related to socio-cultural practices, infrastructure, knowledge gaps or other factors inhibiting good IYCF practices.
Opportunities Identified	Highlight any enablers or opportunities that can be leveraged to improve the situation. This may include ongoing programs, available resources, community strengths or other supportive factors.
Triangulation	Triangulate the information by comparing findings from different sources and assessment types. Note any discrepancies or opposing findings and analyze possible reasons for these differences. This step helps ensure the reliability and validity of the data.

Module 6 Table 3: Example synthesis sheet

	Sub-theme	Finding/Current Situation	Barriers identified	Opportunities identified	Triangulation — any discrepancies or opposing findings?	Recommendations
IYCF Status and Practices ***Infants under 6 months***	Exclusive Breastfeeding	Some women report EBF; others report switching to mixed feeding since the emergency.	Challenges with milk supply.	High CHW coverage willing to support breastfeeding counseling.	Discrepancy: Some reports of EBF vs. mixed feeding trends.	**(COMPLETE IN STEP 3)**
	Early Initiation of Breastfeeding (EIBF)	Delayed initiation of breastfeeding due to cultural practices. Lack of support for breastfeeding immediately after birth.	Cultural norms of throwing away colostrum. Lack of support for breastfeeding immediately after birth.	High rates of institutional delivery.	None detected	
IYCF Status and Practices ***6-23 months infants and children***	Minimum Meal Frequency 6-23 Months (MMF)	Inconsistent feeding frequency due to caregiver workload. Lack of knowledge on recommended feeding frequencies.	Train families on how to keep consistent mealtimes.		None detected	
	Minimum Dietary Diversity (6-23m)	Limited access to fresh fruits and vegetables.	Geographic remoteness. High cost of nutritious foods.	Functional market with local traders.	Market surveys show high prices of fresh foods, while community leaders report that prices are more affordable later in the year.	

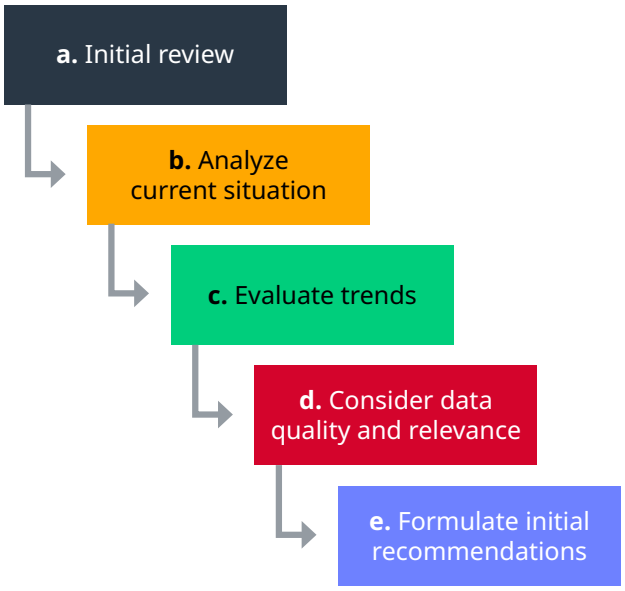
Step 2 SYNTHESIZE AND COMBINE THE RESULTS.

Once the results from the rapid assessments have been organized, the synthesis worksheet can be completed. In this step, we combine and analyze findings from various assessment types to gain a comprehensive understanding of the situation, trends, barriers and opportunities related to IYCF. The IYCF Analysis Worksheet (Annex 1) can support this process of synthesizing data.

An example of a completed synthesis sheet follows. A longer example table can be found on the "Example" tab of the IYCF Analysis Worksheet (Annex 1).

Step 3 ANALYZE THE COMBINED DATA.

Module 6 Figure 1: Data analysis process



Conduct initial review. Review the combined data by theme (using the worksheet or whichever tool you have chosen) to get an overview of the findings. Review the specific IYCF practices and the types of information captured for each.

Analyze current situation. Examine the situation for each theme to understand the current status of IYCF in the location. Look for and highlight patterns or significant findings, such as areas with particularly low breastfeeding rates or poor diet (in terms of frequency, diversity, etc.).

Currently, there are no established thresholds in terms of percentages to alert on the need for an intervention. However, Table 6 in Module 4 shows some preliminary thresholds for five indicators which were suggested by the IFE Core Group and indicate the severity of the situation. These are graded from Phase 1: Acceptable/Minimal to Phase 5: Extremely Critical/Catastrophic and ca support decision-making and prioritization.

Identify challenges by reviewing the "Challenges/Barriers" column to understand the factors that are hindering good practices. Consider different types of challenges such as economic, environmental, care and service-related challenges. Understanding these barriers helps in designing targeted interventions that address specific challenges faced by caregivers during emergencies.

Assess enablers and opportunities. Look at the "Enablers/Opportunities" to identify supportive factors that can be leveraged, including any existing programs, services or resources that can be used or expanded. Identify community networks or support groups that promote positive behaviors related to infant feeding and maternal health. Evaluate if there are policies or guidelines in place that support breastfeeding and complementary feeding practices during emergencies.

Evaluate trends. Determine if the practices appear to be improving, stable or deteriorating. For example, deteriorating breastfeeding practices or reported increases in bottle feeding should be highlighted. It is helpful to assess the triangulation and relevance of the finding when evaluating trends. For example, representative surveys and other methods such as focus group discussions may provide additional insights. Likewise, take into consideration the relevance of the different assessments. For example, the survey data might have a more rigorous methodology, but focus groups may be more relevant in terms of location and when they were conducted). It's also important to highlight where information is conflicting or where findings may warrant further investigation.

Consider data quality and relevance. Evaluate the comments on data relevance and quality. Highlight any gaps or uncertainties in the data that may affect decision-making.

Formulate initial recommendations. Based on the analysis, develop actionable recommendations to address the identified barriers and leverage the opportunities. These recommendations should be specific, practical and aimed at improving IYCF practices. Examples can be found in the "example completed analysis" tab on the IYCF Analysis Worksheet (Annex 1).

- In the example above, less than 60 percent of mothers of children under 6 months are exclusively breastfeeding. Addressing this could involve targeted interventions, educational programs and support systems to promote and facilitate EBF. Actions such as provision of targeted support, promotion of EBF, and wet nursing and relactation should be put in place to minimize high rates of artificial feeding.

Other Tools Available for Data Synthesis

A workbook to be used across nutrition themes can be found here:

USAID and FANTA III. (2015). Nutrition Program Design Assistant: A Tool for Program Planners (NPDA) Workbook, Version 2, Revised 2015. Nutrition Program Design Assistant (NPDA) | Food and Nutrition Technical Assistance III Project (FANTA)

A workbook focused on using research for SBC programs can be found here:

USAID Advancing Nutrition. (September 2022). Using Research to Design a Social and Behavior Change Strategy for Multi-Sectoral Nutrition. Using Research to Design a Social And Behavior Change Strategy for Multi-Sectoral Nutrition (September 2022)

Step 4 CONDUCT A STAKEHOLDER VALIDATION AND ACTION PLANNING WORKSHOP.

Validating findings with the government leads for nutrition and related sectors is essential to ensure agreement with the findings and for actions to be taken.

To validate findings, support the government to conduct a workshop with focal points as well as other key stakeholders, UN agencies and NGOs. Where possible, include community members, health workers and policymakers in the process.

Example one-day workshop format

Session 1: Present findings. Present findings and recommendations (jointly with government lead where possible) to the group with a PowerPoint presentation. Support stakeholders to understand the findings by providing context, explaining the significance of the results, and discussing the implications for decision-making and action. Create opportunities for stakeholders to ask questions, provide feedback, and contribute their perspectives on the findings and recommendations, fostering a sense of ownership and buy-in.

Session 2: Validate findings and recommendations. As a group, discuss and agree on findings and recommendations. The table below provides scoring examples.

Session 3: Rank by importance and urgency. Divide the participants into groups — one for each theme — and use the prioritization table. Each group should discuss the recommendations and rank them in terms of importance (3 = most important, 1 = least important) and urgency (3 = most urgent, 1 = least urgent). Following are some guiding questions for the groups to consider:

Importance:

- Which recommendations are most critical to achieving the desired outcomes (i.e., improving IYCF practices)?
- How well does each recommendation contribute to addressing the identified challenges?
- Which recommendations will most benefit the target population, such as infants and mothers?
- Do we have examples or evidence of these interventions being successful in this context or similar contexts?

Urgency:

- Which recommendations need to be implemented immediately to prevent further deterioration of the situation?
- Are there any recommendations that are time-sensitive, requiring prompt action due to external factors (e.g., funding cycles, seasonal factors, likely deterioration in the situation)?
- What are the potential consequences of delaying the implementation of each recommendation?

Session 4: Rank findings by difficulty and resource required. Swap the groups, with each group taking a different theme. Each group should rank the recommendations by difficulty and level of resources needed. In this case, higher resource needs and higher cost will receive a lower ranking (3 = most difficult, 1 = most difficult; 3 = low resource needs, 1 = high resource needs).

Following are some guiding questions for groups to consider:

Difficulty:

- How easy or hard do you think it will be to get this recommendation up and running?
- How challenging do you expect it will be to get everyone on board with this recommendation?
- Do you anticipate any major difficulties that could make this recommendation harder to achieve?
- Does this recommendation require specific skills or expertise that the current staff may not have?

Resources needed:

- Does this recommendation seem like it would be expensive, or does it appear to be low-cost?
- Does it seem likely that there is already money available for this recommendation, or will it be hard to find the necessary funds?
- Do you think the costs for this recommendation will be a one-time expense, or will it need continuous funding?
- Will this recommendation require additional staff, or can it be handled by the current staffing levels?

Session 5: Score recommendations. Each group should sum the score of the recommendations.

Session 6: Prioritize interventions. Using the findings of the combined analysis, prioritize the most challenging practices to follow in the context and design interventions that are likely to have the greatest impact. As a group, using the scores as a guide, prioritize the behaviors and recommendations. Please note that the scores are only intended to guide prioritization; recommendations with low scores can be prioritized if the group believes them to be important.

Session 7: Develop an action plan. Based on the analysis, coordinate with stakeholders to develop recommendations. Ensure that these are culturally appropriate and have community support. Once the recommendations have been developed, prioritize recommendations.

For example, in contexts where exclusive breastfeeding is not the norm, the nutrition cluster needs to be on high alert for the needs of non-breastfed infants at the onset of the emergency. Breastfed infants also need to

Module 6 Table 4: Example scoring table

RECOMMENDATION	IMPORTANCE SCORE	URGENCY SCORE	DIFFICULTY SCORE	RESOURCE REQUIRED SCORE	TOTAL SCORE
	(3 = most important, 1 = least important)	(3 = most urgent, 1 = least urgent)	(3 = least difficult, 1 = most difficult)	(3 = low budget, 1 = high budget)	
1. Example: Implement food voucher programs for low-income families	**3**	**2**	**2**	**1**	**8**
2.					
3.					
4.					
5					

be protected from donations of breast milk substitutes (BMS) that are common during an emergency and displace breastfeeding.

Assessing how the shock affected the way mothers and caregivers feed their infants should be high on the priority list of a nutrition cluster when responding to an emergency. An assessment of the health environment, including water, fuel, sanitation, housing and facilities for BMS preparation, should also be carried out.

Develop a detailed action plan outlines specific, actionable steps to address the identified challenges, leverage opportunities and implement the recommended interventions. Assign responsibilities, set timelines and allocate resources needed for each intervention.

WHAT ARE THE NEXT STEPS AFTER THE COMBINED ASSESSMENT?

Once the assessment results have been analyzed and communicated, the next steps involve translating the findings into action. This may include the following steps:

Disseminate findings and recommendations to inform the design and adaptation of IYCF programs to better meet the needs of the target population, considering cultural, social and environmental factors that may influence feeding practices. Share the assessment results through multiple channels, such as reports, presentations, websites or social media, to reach a broad audience and promote transparency and accountability.

Mobilize resources. Identify and secure the necessary resources, including funding, personnel, and supplies, to support the implementation of the action plan.

Build capacity. Build an IYCF counseling cadre in the location. Provide training and support to program staff and partners to strengthen their skills and knowledge in delivering IYCF interventions in emergency contexts.

Establish monitoring and evaluation systems. Put in place mechanisms to track the progress and effectiveness of interventions, using indicators and targets based on the assessment findings.

Document and share lessons learned. Capture and disseminate the experiences, challenges and successes of implementing interventions based on the assessment results, contributing to the evidence base and informing future programming.

Module 6 Table 5: Sample action plan template based on analysis results

WHAT	WHO	BY WHEN	MILESTONES	COMMENTS

CONCLUSION

Analyzing the combined results of IYCF-E assessments is essential for understanding the current situation and identifying themes across various data sources. By systematically examining findings from secondary data, rapid assessments, qualitative and quantitative surveys, and program data, practitioners gain a comprehensive understanding of pre-crisis practices, expected changes and associated challenges and opportunities.

This analysis informs the design of interventions and advocacy efforts, guiding decisions to protect and improve IYCF practices in emergency contexts. The use of a worksheet provides a structured approach to compile, triangulate and interpret data, ensuring that key themes, barriers and enablers are systematically considered.

Effective communication of results ensures stakeholder engagement and promotes transparency and accountability. By following these steps, practitioners can prioritize interventions, allocate resources effectively, advocate for necessary policy changes and monitor progress to ensure the success of IYCF programs in emergency contexts.

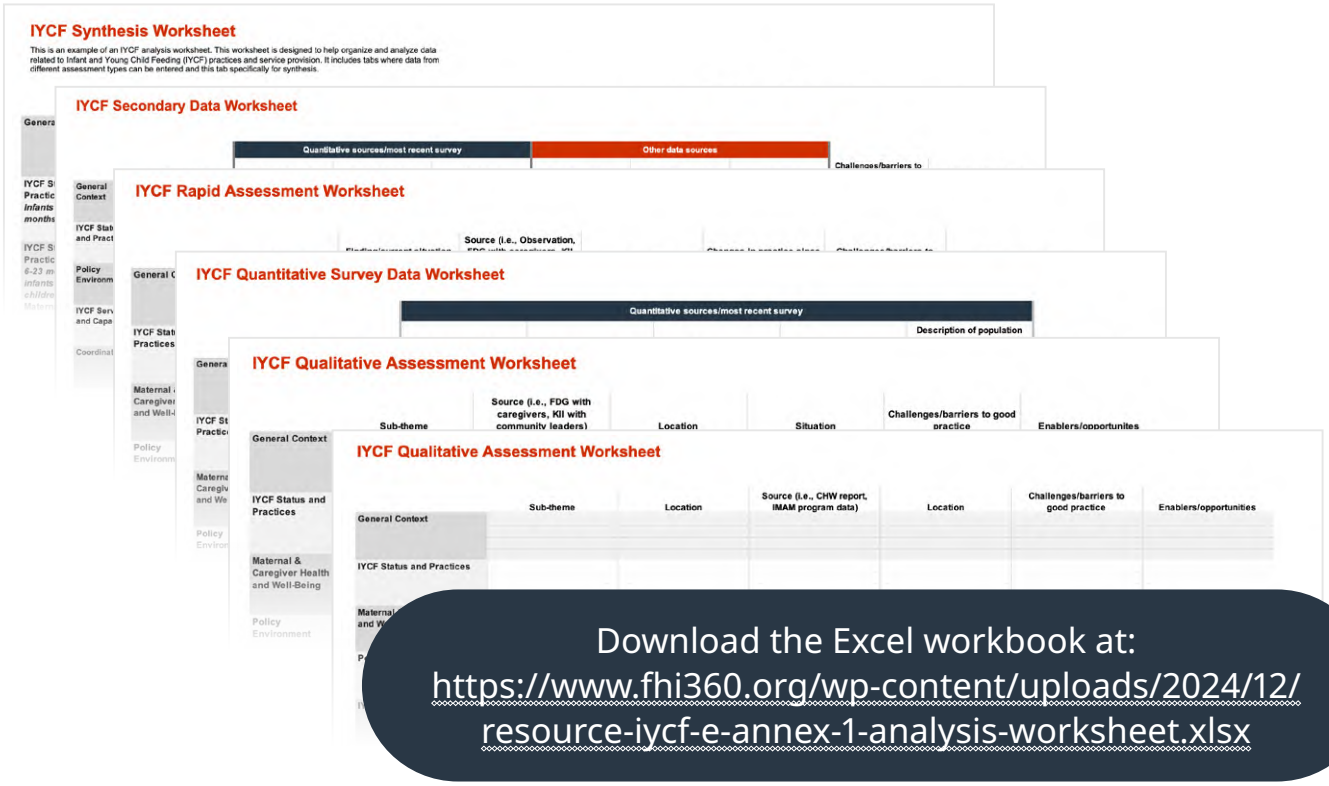
Annexes

ANNEX 1: IYCF ANALYSIS WORKSHEET

ANNEX 2: IYCF SAMPLE SIZE CALCULATOR

ANNEX 1

IYCF Analysis Worksheet



Download the Excel workbook at:
https://www.fhi360.org/wp-content/uploads/2024/12/resource-iycf-e-annex-1-analysis-worksheet.xlsx

How to use the IYCF Analysis worksheets

Step 1 COLLECT DATA

Collect data from the data sources: secondary data analysis, rapid assessments, quantitative surveys, qualitative studies, and program data.

Step 2 ENTER INFORMATION

Enter the information from the different sources into the relevant tabs.

2A: SECONDARY DATA ANALYSIS SHEET

Category

- **Description:** This column identifies the theme from the Categories of Informations such as “General Context”
- **How to Fill:** Select the appropriate category that corresponds to the data or thematic area you are analyzing.

Sub-theme

- **Description:** This column specifies a more focused aspect of the category, such as “Breastfeeding Practices”, “Dietary Diversity,”

- **How to Fill:** Enter the specific sub-theme relevant to the data or indicator you are analyzing.

Quantitative Sources/Most Recent Survey

- **Description:** This column identifies the primary source of quantitative data, including the most recent survey or study that provided this information.
- **How to Fill:** Specify the name of the survey or dataset, and include the year or date when it was conducted. For example, "DHS Survey 2021" or "SMART Survey 2022."

Finding/Current Situation (for Quantitative Sources)

- **Description:** This column captures the specific data or outcomes from the quantitative source, providing an overview of the current situation related to the sub-theme.
- **How to Fill:** Summarize the key findings or statistics relevant to the sub-theme from the quantitative source. For example, "60% of children aged 6–23 months received minimum dietary diversity."

Source and Date (for Quantitative Sources)

- **Description:** This column identifies the origin of the quantitative data and the date when it was collected.
- **How to Fill:** Specify the name of the survey, study, or dataset that provided the quantitative data, along with the date of data collection. For example, "DHS Survey 2021, June 2021."

Location (for Quantitative Sources)

- **Description:** This column specifies the geographical area where the quantitative data was collected.
- **How to Fill:** Provide the name of the location(s) where the quantitative data collection took place. For example, "Northern Region, Ghana" or "Urban areas, India."

Other Data Sources

- **Description:** This column identifies any additional data sources that complement the quantitative findings, such as qualitative studies, reports, or expert assessments.
- **How to Fill:** List any secondary data sources that provide relevant information for the sub-theme, such as "Focus Group Discussions" or "UNICEF Report 2022."

Finding/Current Situation (for Other Data Sources)

- **Description:** This column captures specific data or insights from the other data sources, giving a broader understanding of the current situation.
- **How to Fill:** Summarize key findings or qualitative insights relevant to the sub-theme from the other data sources. For example, "High levels of mixed feeding"

Source and Date (for Other Data Sources)

- **Description:** This column identifies the origin of the additional data and the date when it was collected or published.
- **How to Fill:** Specify the name of the other data sources and the date of data collection or publication. For example, "UNICEF Report 2022, July 2022."

Location (for Other Data Sources)

- **Description:** This column specifies the geographical area where the other data was collected or relevant.
- **How to Fill:** Provide the location(s) where the other data collection took place or where the insights are applicable. For example, "Southern Region, Malawi" or "National Level, Kenya."

Challenges/Barriers to Good Practice

- **Description:** This column identifies obstacles or issues that hinder the implementation of good IYCF practices or other related interventions.
- **How to Fill:** Describe any challenges or barriers identified in the findings or other data sources. For example, "High prevalence of misinformation about breastfeeding practices."

Enablers/Opportunities

- **Description:** This column identifies factors or conditions that facilitate good IYCF practices or present opportunities for improvement.
- **How to Fill:** Describe any enablers or opportunities identified in the findings or other data sources. For example, "Strong government commitment to nutrition programs" or "Existing community health worker network."

2B QUALITATIVE ASSESSMENT, RAPID ASSESSMENT, PROGRAM DATA WORKSHEETS

Category

- **Description:** This column identifies the theme from the Categories of Informations such as "General Context"
- **How to Fill:** Select the appropriate category that corresponds to the data or thematic area you are assessing.

Sub-theme

- **Description:** This column specifies a more focused aspect of the category, such as "Breastfeeding," "Antenatal Care," or "Role of Community Leaders."
- **How to Fill:** Enter the specific sub-theme relevant to the data or issue you are analyzing.

Source

- **Description:** This column identifies the type of source from which the data or insights were gathered, such as Focus Group Discussions (FGDs) or Key Informant Interviews (KIIs).
- **How to Fill:** Specify the source of the data, including the method and participants involved. For example, "FGD with Mothers of Infants" or "KII with Community Health Workers."

Location

- **Description:** This column specifies the geographical area where the data collection took place, such as a specific community, region, or country.
- **How to Fill:** Provide the name of the location(s) where the data collection occurred. For example, "Western Province, Kenya" or "Urban Slums, Dhaka, Bangladesh."

Situation

- **Description:** This column captures the current situation or key findings related to the sub-theme as revealed by the source.
- **How to Fill:** Summarize the main points or observations relevant to the sub-theme from the source. For example, "Low rates of exclusive breastfeeding due to lack of awareness" or "High reliance on traditional healers for maternal health advice."

Challenges/Barriers to Good Practice

- **Description:** This column identifies obstacles or issues that hinder the adoption of good practices related to the sub-theme.
- **How to Fill:** Describe any challenges or barriers identified in the data. For example, "Cultural beliefs discouraging early initiation of breastfeeding" or "Limited access to healthcare facilities."

Enablers/Opportunities

- **Description:** This column identifies factors or conditions that support the adoption of good practices or present opportunities for improvement within the sub-theme.
- **How to Fill:** Describe any enablers or opportunities identified in the data. For example, "Strong peer support networks among mothers" or "Existing government programs promoting maternal health."

2C. QUANTITATIVE SURVEY DATA

Category

- **Description:** This column identifies the Category of Information within the IYCF assessment, such as "General Context," "IYCF Status and Practices," "Maternal Health and Well-being," etc.
- **How to Fill:** Enter the categories assessed

Indicator

- **Description:** This column specifies the particular measure or metric used to assess the IYCF practices or related factors, such as "Exclusive breastfeeding rate," "Introduction of solid foods,"
- **How to Fill:** Enter the specific indicator relevant to the IYCF category you are evaluating. Fill in which indicator was measured.

Finding

- **Description:** This column captures the specific data or outcomes related to the indicator being assessed, providing an overview of the current situation as revealed by the survey.
- **How to Fill:** Summarize the key findings or statistics relevant to the indicator. For example, you might note, "45% of infants aged 0–5 months are exclusively breastfed." Be sure to describe the current situation in clear terms, highlighting any significant trends or issues identified in the data.

Confidence Interval

- **Description:** This column indicates the range within which the true value of the finding is expected to fall, with a certain level of confidence (usually 95%).
- **How to Fill:** Enter the confidence interval for the finding, such as "95% CI: 40–50%." If the confidence interval is not provided in the source, this column may be marked as "Not available" or left blank.

Number (n)

- **Description:** This column refers to the sample size, or the number of individuals or units surveyed, that provided the data for the finding.
- **How to Fill:** Record the total number of respondents or observations relevant to the indicator. For example, if the finding is based on data from 250 mothers, you would enter "n=250."

Location

- **Description:** This column specifies the geographical area that the finding is related to (if you have disagreggated data by location) such as a country, region, or specific community.
- **How to Fill:** Enter the name(s) of the location(s) relevant to the finding, such as "Gambella Refugee Camp, Ethiopia," "Urban Informal Settlement in Kibera, Nairobi, Kenya," or "Jacobabad District, Sindh, Pakistan."

Description of Population Surveyed

- **Description:** This column describes the characteristics of the population from whom the data was collected, such as internally displaced persons (IDPs), host communities, rural populations, or urban populations.
- **How to Fill:** Describe the surveyed population in terms of their social, economic, or demographic characteristics. For example, you might write, "IDPs living in temporary shelters" or "Low-income households in urban areas."

Source/Date

- **Description:** This column identifies the origin of the data and the date when it was collected, providing context and credibility to the findings.
- **How to Fill:** Specify the name of the survey, study, or dataset that provided the data, along with the date of data collection or publication. For example, "DHS Survey 2022" or "UNICEF Nutrition Survey, March 2023."

Step 3 ANALYZE DATA USING THE SYNTHESIS SHEET

Start by reviewing the entire combined data by theme to get an overview of the findings. Review the specific IYCF practices and the types of information captured for each.

Analyze Current Situation

Examine the situation for each theme to understand the current status of IYCF in the location. Look for patterns or significant findings, such as areas with particularly low breastfeeding rates or poor diet (in terms of frequency, diversity etc) and highlight these.

Evaluate Trends

Determine if the practices are improving, stable, or deteriorating

Consider Data Quality and Relevance.

Evaluate the comments on data relevance and quality. Highlight any gaps or uncertainties in the data that may affect decision-making.

Recommendations

Based on the analysis, develop actionable recommendations to address the identified barriers and leverage the opportunities.

How to fill in the columns:

Category

- **Description:** This column identifies the broad thematic area that is being synthesized, from the Categories of Information
- **How to Fill:** Select the appropriate category that corresponds to the overarching theme of the data you are analyzing.

Sub-theme

- **Description:** This column specifies a more focused aspect of the category, such as "Exclusive Breastfeeding," "Antenatal Care," or "Community Involvement."
- **How to Fill:** Enter the specific sub-theme that reflects the particular focus of the data being synthesized.

Situation/Findings

- **Description:** This column summarizes the key findings from various data sources regarding the sub-theme. It provides a consolidated view of the current situation.
- **How to Fill:** Provide a brief summary of the situation based on the data from different sources. For example, "High rates of exclusive breastfeeding reported, but challenges in sustaining it beyond three months due to returning to work."

Barriers Identified

- **Description:** This column identifies the obstacles or challenges to achieving good practices or positive outcomes related to the sub-theme.
- **How to Fill:** List the main barriers identified across the different sources. For example, "Cultural stigma against breastfeeding in public," "Lack of breastfeeding support in workplaces," or "Inadequate health education."

Opportunities Identified

- **Description:** This column identifies potential enablers or opportunities that could be leveraged to improve practices or outcomes within the sub-theme.
- **How to Fill:** Highlight opportunities or strengths identified in the data. For example, “Existing community health worker networks,” “Government interest in maternal health programs,” or “Strong local leadership support for nutrition initiatives.”

Triangulation — Any Discrepancies or Opposing Findings?

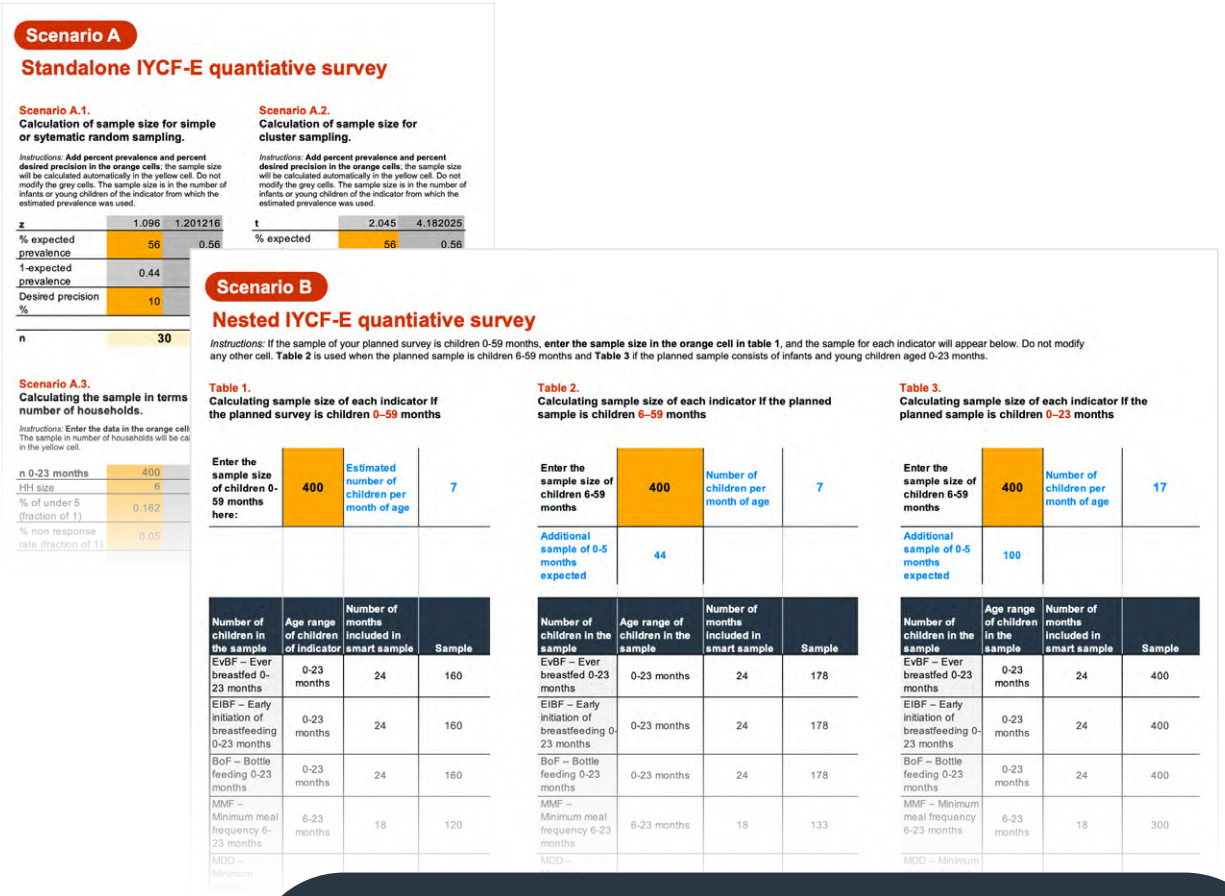
- **Description:** This column is used to assess the consistency of findings across different sources. It identifies any discrepancies, contradictions, or areas where findings from different sources do not align.
- **How to Fill:** Note any discrepancies between sources, such as “FGDs report high breastfeeding rates, but survey data indicates low rates,” or “Inconsistent findings on maternal health service accessibility.” If all sources align, you might note “No significant discrepancies identified.”

Recommendations

- **Description:** This column provides actionable recommendations based on the synthesis of findings, barriers, opportunities, and any discrepancies noted during triangulation.
- **How to Fill:** Offer clear, practical recommendations for improving practices, addressing barriers, or capitalizing on opportunities. For example, “Implement workplace breastfeeding support policies,” “Strengthen community-based education on infant feeding,” or “Harmonize data collection methods for more accurate monitoring.”

ANNEX 2

IYCF Sample Size Calculator



Scenario A

Standalone IYCF-E quantiative survey

Scenario A.1.
Calculation of sample size for simple or sytematic random sampling.

Instructions: **Add percent prevalence and percent desired precision in the orange cells**; the sample size will be calculated automatically in the yellow cell. Do not modify the grey cells. The sample size is in the number of infants or young children of the indicator from which the estimated prevalence was used.

z	1.096	1.201216
% expected prevalence	56	0.56
1-expected prevalence	0.44	
Desired precision %	10	
n	30	

Scenario A.2.
Calculation of sample size for cluster sampling.

Instructions: **Add percent prevalence and percent desired precision in the orange cells**; the sample size will be calculated automatically in the yellow cell. Do not modify the grey cells. The sample size is in the number of infants or young children of the indicator from which the estimated prevalence was used.

t	2.045	4.182025
% expected	56	0.56

Scenario A.3.
Calculating the sample in terms number of households.

Instructions: **Enter the data in the orange cell** The sample in number of households will be ca in the yellow cell.

n 0-23 months	400
HH size	6
% of under 5 (fraction of 1)	0.162
% non response rate (fraction of 1)	0.05

Scenario B

Nested IYCF-E quantiative survey

Instructions: If the sample of your planned survey is children 0-59 months, **enter the sample size in the orange cell in table 1**, and the sample for each indicator will appear below. Do not modify any other cell. **Table 2** is used when the planned sample is children 6-59 months and **Table 3** if the planned sample consists of infants and young children aged 0-23 months.

Table 1.
Calculating sample size of each indicator If the planned survey is children 0–59 months

Enter the sample size of children 0-59 months here:	400	Estimated number of children per month of age	7

Number of children in the sample	Age range of children of indicator	Number of months included in smart sample	Sample
EvBF – Ever breastfed 0-23 months	0-23 months	24	160
EIBF – Early initiation of breastfeeding 0-23 months	0-23 months	24	160
BoF – Bottle feeding 0-23 months	0-23 months	24	160
MMF – Minimum meal frequency 6-23 months	6-23 months	18	120

Table 2.
Calculating sample size of each indicator If the planned sample is children 6–59 months

Enter the sample size of children 6-59 months	400	Number of children per month of age	7
Additional sample of 0-5 months expected	44		

Number of children in the sample	Age range of children in the sample	Number of months included in smart sample	Sample
EvBF – Ever breastfed 0-23 months	0-23 months	24	178
EIBF – Early initiation of breastfeeding 0-23 months	0-23 months	24	178
BoF – Bottle feeding 0-23 months	0-23 months	24	178
MMF – Minimum meal frequency 6-23 months	6-23 months	18	133

Table 3.
Calculating sample size of each indicator If the planned sample is children 0–23 months

Enter the sample size of children 6-59 months	400	Number of children per month of age	17
Additional sample of 0-5 months expected	100		

Number of children in the sample	Age range of children in the sample	Number of months included in smart sample	Sample
EvBF – Ever breastfed 0-23 months	0-23 months	24	400
EIBF – Early initiation of breastfeeding 0-23 months	0-23 months	24	400
BoF – Bottle feeding 0-23 months	0-23 months	24	400
MMF – Minimum meal frequency 6-23 months	6-23 months	18	300

Download the Excel workbook at:
https://www.fhi360.org/wp-content/uploads/2024/12/resource-iycf-e-annex-2-sample-size-calculator.xlsx