REPUBLIC OF KENYA

MINISTRY OF HEALTH

OPERATIONAL GUIDANCE FOR RAPID ASSESSMENT FOR MATERNAL AND INFANT AND YOUNG CHILD NUTRITION IN EMERGENCIES (MIYCN-E) FOR KENYA

OCTOBER 2018

ACKNOWLEDGEMENTS

This MIYCN-E rapid assessment guidance was made possible with funding from UNICEF in close collaboration with Kenya Red Cross Society and led by the Nutrition and Dietetics Unit, Ministry of Health.

These guidelines have been largely adopted and adapted from:

- Fact Sheet on IYCF practices assessment in emergencies, Tech RRT 2016.
  Available at: http://cdn.techrrt.org/wp-content/uploads/2018/08/TechRRT-IYCF-Assesment-Factsheet.pdf
- The Operational Guidance on Infant and Young Child Feeding in Emergencies (IFE Core Group 2017).
  Available at: https://www.ennonline.net/attachments/2671/Ops-G_2017_WEB.pdf
- IYCF-E Toolkit: Rapid start-up resources for emergency nutrition personnel by Save the Children.
  Available at: https://sites.google.com/site/stcehn/documents/iycf-e-toolkit
- National Strategy for Maternal, Infant and Young Child Nutrition 2012-2017 (Kenya)

These guidelines were developed by Dr. Sophie Ochola and Faith Nzioka in close collaboration and consultation with MIYCN, NITWG and ENAC technical working groups of the Ministry of Health. Contributions were also made by partners and stakeholders from the Nutrition Sector.

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ACRONYMS

BMS:	*Breast Milk Substitute*
CBO:	*Community Based Organization*
CHMT:	*County Health Management Team*
ENA:	*Emergency Nutrition Assessment*
ENAC:	*Emergency Nutrition Advisory Committee*
EPI:	*Expanded Program for Immunization*
FGDs:	*Focus Group Discussions*
KIIs:	*Key Informant Interviews*
KIRA:	*Kenya Initial Rapid Assessment*
IYCF:	*Infant and Young Child Feeding*
MUAC:	*Mid Upper Arm Circumference*
MIYCN-E:	*Maternal, Infant and Young Child Nutrition in Emergencies*
MoH:	*Ministry of Health*
NDMA:	*National Drought Management Authority*
NDU:	*Nutrition and Dietetics Unit*
NFI:	*Non Food Item*
NGO:	*Non-Governmental Organization*
NIWTG:	*Nutrition Information Working Technical Group*
PLW:	*Pregnant and Lactating Women*
SMART:	*Standardized Monitoring Assessment in Relief and Transition*
WASH:	*Water, Sanitation and Hygiene*

1. INTRODUCTION

Various emergency situations have been experienced in the past years in Kenya and globally. These emergency situations include floods, droughts as well as insecurity just to mention but a few. In such situations, the humanitarian needs and context are bound to change rapidly. The need for improved and appropriate planning by all stakeholders in such circumstances is critical. Infants and young children are likely to be most affected unless a focused effort is made to ensure adequate promotion and protection of breast feeding, and appropriate Infant and Young Child Feeding (IYCF) practices. Currently there are no guidelines on how to conduct rapid assessment on Maternal Infant and Young Child Nutrition in Emergencies (MIYCN-E) in Kenya. A draft copy of nutrition rapid assessment guidance focusing on children under five years with limited focus on MIYCN-E was developed in 2013 but was not finalized. The draft rapid nutrition assessment guidance has therefore been reviewed and updated to form the present *Operational Guidance for Rapid Assessment for Maternal and Infant and Young Child Nutrition in Emergencies (MIYCN-E) for Kenya,* presented in this document.

2. PURPOSE OF THE GUIDANCE

Credible data is useful for stakeholders to provide appropriate and timely responses to protect the most vulnerable sub-populations to malnutrition and morbidity during emergencies. To achieve this, the data should be collected in a reliable manner using appropriate key indicators and standardized methodology. The purpose of this document is to provide guidance on how to conduct MIYCN-E rapid assessment in order to obtain quality and credible data. The guidance provides information on the whole spectrum of MIYCN-E rapid assessment including objectives, methodologies, indicators, data collection tools and how to adapt this to different emergency situations. This document is intended to be used by staff involved in planning and managing nutrition programmes in emergencies.

2.1 How was this guidance developed?

The review and update of the MIYCN-E Rapid Assessments guidance and tools was conducted in two phases. Phase one involved the desk review of the current global and national guidelines to establish if the current guidelines national guidelines were coherent with the global recommendations. The findings of the desk review were used to revise the current national guidance and tools in consultation with the MIYCN, Emergency Nutrition Advisory Committee (ENAC) and Nutrition Information Working Technical Group (NIWTG) of the Ministry of Health.

In phase two, the revised tools and guidance were used to conduct MIYCN-E Rapid Assessments in Tana River and Garissa Counties. The guidelines and tools were finalized based on the lessons learnt from the assessment.

2.2 Purpose of the rapid assessment

What is a Rapid Assessment?
A rapid assessment is a quick way of gathering information on key issues needed to develop a preliminary understanding of a situation. The purpose of MIYCN-E rapid assessments is to provide information on the status of breastfeeding and complementary feeding of children 0-23 months of age, other factors influencing MIYCN-E practices and the challenges faced in practicing appropriate feeding practices. Additional information is collected on the child and maternal nutritional status including MUAC measurements.

Purpose of Rapid Assessment
The purpose of rapid assessments is to gather information on key points in a quick manner in order to provide a preliminary MIYCN-E situation and a rough estimate of the nutritional situation in terms of the severity of the situation, main causes and the most affected groups. The information may not always be representative and the purpose is not to get data that can be checked for statistical significance, rather to rapidly verify the existence or threat of a nutrition emergency, provide an estimate of the numbers affected and establish immediate needs. This is a quick exercise whose time frame varies from one site to the other based on the complexity of an emergency. The exercise should be conducted quickly in order to provide information for the implementation of responses to the affected population by stakeholders in a timely manner.

The MIYCN-E rapid assessment can be conducted either a nutrition specific assessment or as part of a joint interagency/ multi- sectoral assessment team. In case of joint assessment, each team should have ideally a representative of each sector (health, nutrition, food security, water and sanitation, non-food items etc.). It is however recommended that MIYCN-E rapid assessments be integrated in the overall rapid assessment for easier feasibility, saving of resources and better understanding on the MIYCN-E situation by all stakeholders.

2.3 Objectives of MIYCN-E Rapid Assessments

The MIYCN-E rapid assessment objectives are:

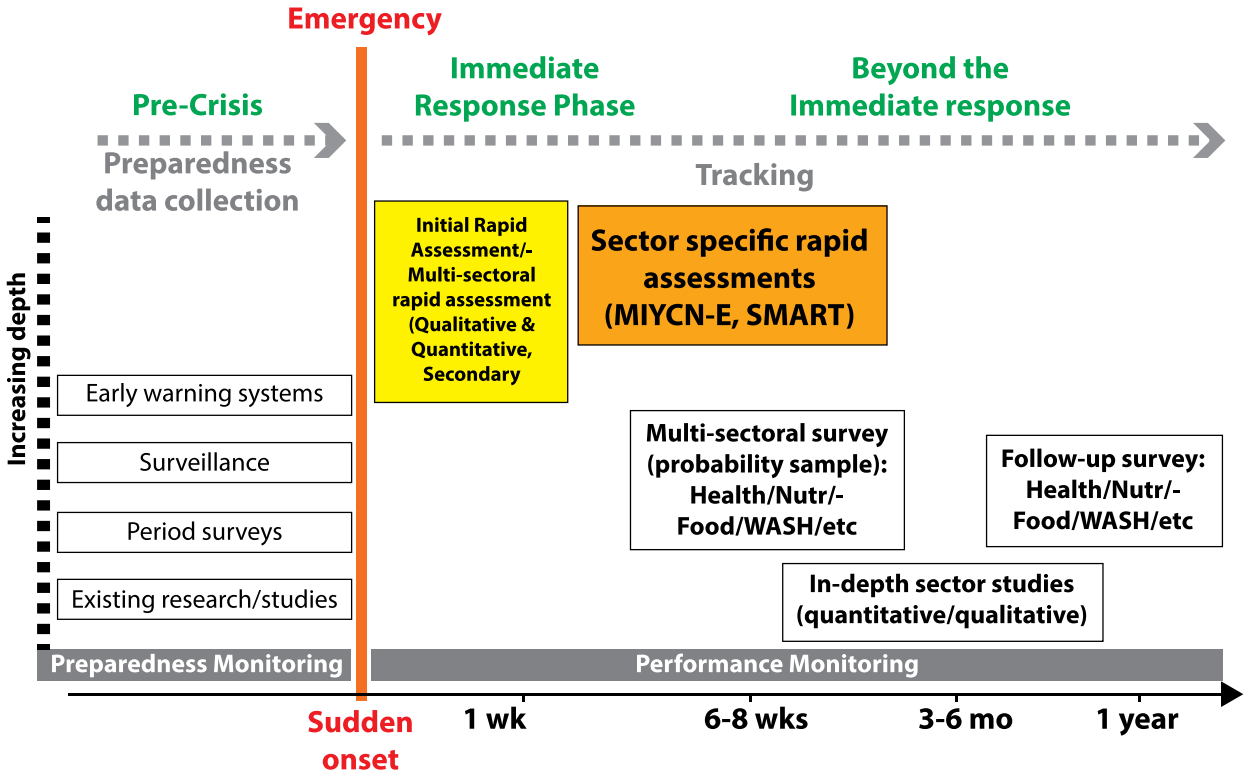
- To establish the IYCF practices for children 0-23 months old among the population affected by the disaster.
- To identify the factors influencing IYCF for children 0-23 months old.
- To establish the maternal and under-five nutrition situation among the affected population.
- To identify the groups at risk –sub-populations and geographically for inappropriate IYCF practices and malnutrition.
- To assess the use of breastmilk substitutes (either purchased, or donated), and the adherence to standard practice in using BMS.
- To establish the factors contributing to the overall nutrition of the affected population.
- To identify locally available resources and what external aid is required.
- To make recommendations to improve IYCF practices and to prevent deterioration of the nutrition situation of mothers and children.
- To document lessons learnt.

3. METHODOLOGY

3.1 Timing of the assessment

The assessment should be conducted in a timely manner to provide a better understanding of the extent of the problem and to determine whether intervention is needed and at what scale in order to prevent deterioration of children health. The chart (Figure 1) shows the different stages of an emergency and which assessments are most relevant when, but allows minimal flexibility. The MIYCN-E rapid assessment should therefore be conducted during the acute phase of the emergency following the Kenya Initial Rapid Assessment (KIRA) within eight weeks at most since the onset of the emergency.

Figure 1: Different stages of an emergency and which assessments are most relevant.



3.2 Data collection period

Data collection is a quick exercise whose time frame varies from one site to the other based on the complexity of an emergency and should not exceed four days.

3.3 Information to be collected

Initial or early rapid assessment of MIYCN-E combines multi-sectoral information and specific MIYCN information to enable a rapid analysis of the situation with regard to MIYCN-E. This information is useful to all stakeholders in making informed decisions about appropriate responses to implement.

Specific MIYCN-E information to be gathered should include the following:

- Breastfeeding practices (non-breastfed children, exclusive breastfeeding, continued breastfeeding up to 2 years and beyond, use of BMS and other milks, bottle feeding and space for breastfeeding (privacy). Information should be collected to allow for comparison of breastfeeding practices before and during the emergency.
- Complementary feeding- availability and access to appropriate foods, dietary diversity and frequency of feeding, ability to prepare and cook complementary food (availability of cooking pots, fuel, water, cooking space), and the foods are most commonly fed to children 6-23 months of age.
- Priorities/challenges expressed by parents and caregivers regarding infant and young child feeding.
- Reports of acute malnutrition in infants under six months of age.
- Nutrition situation in children under five years and PLWs
- Where there are emergency response interventions ongoing, assess how the service organization of the response affects MIYCN-E
- Factors associated with nutrition and MIYCN practices; food security, health and nutrition services availability and accessibility, WASH, culture etc.
- Maternal wellbeing in terms of the adequacy of dietary intake, nutritional status and psychosocial wellbeing.

Key multi-sectoral information that is relevant to MIYCN-E includes:

- Population profile, e.g. estimated number of children under 2 years, any orphans, any unaccompanied young children.
- Water, sanitation and hygiene conditions.
- Quality of shelter.
- Access to food suitable for preparing meals for young children.
- Access to and availability of different food types in markets, including infant formula.
- Key information to access from the health sector includes:
  - Birth rate and how/where newborns are born/managed
  - Measles vaccination coverage in U5s
  - Community and facility based health care services
  - Incidence of diarrhea, acute respiratory tract infections in infants and children
  - Any outbreaks of malaria, measles, cholera
  - Low birth weight rates

Alerts that indicate infants and young children are at risk

Alerts that indicate infants and young children are at risk should be identified during data collection and these should be reported and acted upon quickly to prevent deterioration of the children's condition. The alerts are presented in the box presented below.

3.4 Assessment design and sampling procedures

Purposively select the location/s to be assessed based on an identified need for additional nutrition information in that particular area arising, for example, by recent displacement of communities, or shocks such as floods, drought, or where there is insufficient time to conduct a more detailed assessment due to insecurity etc. The sampling will only include easily accessible populations (also called convenient sampling) and the sample size will be small. This means that the results will not be generalized to the entire population of the area but will give an insight of the situation among the population surveyed. Although the purpose of a rapid assessment is not to be representative of the population, caretakers included in the assessment should be randomly chosen as far as possible using the Expanded Program for Immunization (EPI) methodology. Snowball sampling can also be used which allows saving time and resources but also can decrease the representativeness of the sample. For example, the families might direct

you to families they know so you might interview mostly families from the same wealthy group. The subjects included in the assessment should preferably be well scattered within the targeted area with key considerations on access (security, terrain), geographical coverage, population size, and socio-economic disparities.

ALERTS THAT INDICATE INFANTS AND YOUNG CHILDREN ARE AT RISK

Early MIYCN-E assessment information is especially looking for factors that indicate that infants and young children are at increased and significant risk, and that warrant further investigation.

Here are some of the warning signs:

- General distribution of infant formula and milk products, and/or bottles and teats
- Mothers reporting difficulties in breastfeeding or stopping breastfeeding due to the crisis situation.
- Reports of infants under 6 months who are not breastfed
- Reports of increased diarrhoea in infants under 12 months
- Poor availability of food for complementary feeding in the markets/food aid provided.
- Mothers reporting difficulties feeding their children

The sampling design principle presented in this document is applicable both in displaced populations (IDPs, refugee) and non-displaced populations. However, during slow onset emergencies, whenever possible, it is recommended to conduct assessment that is representative of the population of concern because it gives more robust data on the situation and allows comparison with subsequent surveys and surveys conducted in other locations. Nevertheless, representative surveys are usually not possible to conduct in all situations at the onset of an emergency and rapid assessments can then allow generation of quick information to start programming. Take every opportunity to include MIYCN into other sector specific/multi-sectoral assessments such as sentinel site surveillance, rainfall performance assessments, IMAM surge and Outreaches. Note that there are a few limitations when incorporating IYCF within SMART surveys due to the difference in target groups and required sample sizes.

Mixed methods to include quantitative and qualitative data collection techniques as shown in Table 1 should be used.

Table 1: Data collection methods and sources of data

Quantitative data	Primary data sources: From household survey
	Secondary sources: KIRA reports, response reports, survey report and other relevant documents
Qualitative data	Primary data sources: FGDs, KII and observations

3.4.1 Collecting and analyzing secondary data

Maximum use should be made of available secondary data. This includes information collected before the crisis and during the crisis. Review the best available background information to **obtain general information about the situation** and to avoid unnecessarily collecting primary data. Collect secondary data on:

i. What was the situation before the crisis e.g. Identify **sub-optimal feeding practices which are alerts** indicating infants and young children are at risk during the emergency. It is equally important to identify optimal feeding practices, so that they can be protected.
ii. What is already known about the impact of the crisis and response
iii. What are the information gaps
iv. **Lessons learned** from previous responses

Secondary data sources may include:

- SMART surveys
- Demographic Health Survey (DHS)
- Multiple Indicator Cluster Surveys (MICS)
- KAP studies
- WHO and UNICEF databases
- Assessments implemented by clusters and partners
- Post-emergency evaluations (from previous emergencies) to provide information on – lessons learned
- Previous flash appeals and Humanitarian Response Plans (HRP)
- Rain Performance Assessment reports
- Sentinel site surveillance reports

3.4.2 Primary data collection methods

This involves collecting new information using various methods as follows:

Household Interviews: Household questionnaire should be administered to care givers of children less than 24 months in the sampled households. Where there is more than one child; the youngest child in the household should be the subject of the interview (see interview tool annex 1). MUAC measurement of all children aged between 6-59 months and PLW in the sampled households should be taken (see assessment tool annex 2). It is recommended to sample at least 30 children 6-59 months old per site for MUAC assessment, the more children the better. However, if the emergency context does not allow for at least 30 children per site, the number available should be included in the sample. Calendar of events should be used to determine the age of a child if the health clinic card is not available.

Focus Group Discussions (FGDs): Community group assessments are useful in collecting additional information to gain an understanding of the general factors contributing to the MIYCN-E practices and nutrition situation of the affected population. In each of the locations, conduct at least two focus group discussions but the number of FGDs to be conducted will depend on the geographical coverage and population of the area being assessed, available resources, security and the amount of time available for conducting the assessment.

Different groups of people for example, mothers, fathers, older women should be considered to participate in different FGDs since these are all stakeholders in MIYCN issues. Secondly, information from the different groups will be useful in triangulation of the collected data and therefore the validity of the findings.

Focus groups should preferably regroup six to ten participants that will feel comfortable talking together, e.g. people from the same socio-economic group, gender, religion or ethnicity. The categories of subjects to prioritize should be determined according to prior information on the likeliness of vulnerability of different groups and their influence in the care and feeding of infants and young children. If it is not possible to gather several people together, individual interviews can be conducted. Proportional piling technique[1] should be used during the discussions to draw consensus among the participants and provide an indication of the magnitude of the issues under discussion (see interview guide annex 3).

Key informant interviews (KIIs): Data from KIIs should be gathered through a structured KII Interview guide. Two KIIs interview guides have been developed, one targeting key informants at community level and another one specifically for decision makers. National level and field level decision makers should be interviewed to ensure information is well triangulated targeting National teams, CHMT and SCHMT (see annex 4).

[1] Proportional Piling: This is an interactive technique using visuals/tangibles to start a discussion and draw consensus. Using circles drawn on the ground or on paper to represent different categories, participants place piles of small objects such as stones or beans to estimate the number/size of the burden for that particular category. Objects in each category are counted and compared to each other. A fixed number of stones or beans may be used to aid in comparison when the exercise is performed in multiple locations. The distribution of objects shows the relative size of each burden. For example, participants may be asked to place stones representing the number of infants under 6m having (a) ONLY breast milk (b) breast milk AND something else (c) NO breast milk before an emergency and then repeat the exercise to represent the situation after the emergency. After counting, the results may show 65 beans in the (a) category before the emergency and only 47 in the same category after the emergency, indicating a drop in exclusive breastfeeding in this community.

The community level interviews should focus on the general understanding of the situation, MIYCN-E practices and additional problems due to the emergency, for example, the use of breast milk substitutes or problems with breastfeeding or complementary feeding. Various sources should be targeted for KIIs with at least two interviews per site targeting the following (see tool annex 5):

- Health workers (doctors, nurses, community health volunteers, CHEWs/CHAs, community health volunteers etc.)
- Other health care providers: traditional birth attendants, traditional healers etc.)
- Influential members of the community e.g. Elderly women, religious leaders, village elders, local administration leaders
- Staff from MOH and other relevant government departments (e.g. NDMA, Ministry of Agriculture, social protection etc.)
- Staff from NGOs and CBOs working on child survival programmes

Observations: This involves walking along a defined path (transect) through a camp observing the surroundings and people's activities, using the transect walk questionnaire as a guide (see tool annex 6). Some of the key issues to observe include:

- Does the community have physical access to functioning markets?
- Can a sufficient quantity and variety of food be observed available at the market?
- Do people appear to have access to adequate space to hygienically cook/prepare food?
- Are water points easily and safely accessible to women and children?
- Are infant formulae or other skimmed milk products widely sold in the market?
- Are functional hand washing facilities available?
- Is there adequate privacy for breastfeeding women?
- Are there any ongoing distributions of milk products, infant formula or feeding bottles?
- Are there any visibly thin young children or women?

If time and security do not allow assessment in the community or at the household, FGDs, interviews or/and observations can be conducted where the targeted population gathers, such as registration centers, food distributions, or health centers. In some settings, IT resources might be used to identify easily reachable target groups, such as caretakers through "mommy blogs" and to conduct computer-based rapid assessments, using online surveys for example. Be aware that data from those populations might be biased: represent only a specific group of population. For example, data gathered at health centers might overestimate MIYCN problems as the health and nutritional status as well as feeding practices of the children attending health centers might be worse than that of the general population. Primary data collection can be started before secondary data collection has been completed. However, ensure ALL available data has been collected prior to starting analysis.

3.5 Planning for the assessment

3.5.1 Selecting assessment teams

The rapid assessment team should ideally be composed of persons with experience and orientation to nutrition or health and also with experience in surveys or assessments. In addition team members should include those in related sectors for example, WASH, agriculture and food security. Selection of appropriate personnel will not only shorten the time of training and data collection but will also ensure collection of quality/valid information. The number of the assessment team will depend on the scope and context.

3.5.2 Training of the assessment teams

Depending on the quality of the assessment team, the training should take place one to two days. The training should focus on the objectives of the assessment, how to collect data using various methods of data collection (household interviews, FGDs, KIIs and observations) and also on ethical issues such as voluntary participation of the respondents in the assessment.

3.5.3 Requirements for the assessment

Consider and plan for logistics, equipments, transportation and other supplies depending on the scope and context of the assessment.

3.6 Data analysis and Interpretation

3.6.1 Data analysis

It involves collating and analyzing secondary data and primary data. Data should be analyzed by those with expertise on MIYCN-E to determine next steps by making appropriate recommendations. The results should be shared through the coordinating body.

The MUAC data collected can be entered and analyzed using ENA for SMART software. Alternatively the data can be entered in Excel and analyzed (frequency of the data based on MUAC classification criteria). As a last resort, in the field where access to computers is limited, a physical count can be done based on the MUAC classification criteria.

Quantitative household data can be analyzed in excel or any other suitable software. Qualitative data should be analyzed based on *content analysis* in line with the objectives of the survey and pre-determined themes. Qualitative data should receive a lot of emphasis so as to provide the people's perceptions and practices on MIYCN-E during the disaster.

3.6.2 Disaggregation of data

Data should be disaggregated as far as possible to allow for identification of the most at risk groups of child. At minimum, disaggregate data for children under two years old by age as follows:

- Breastfeeding practices: 0-5 months, 6 – 11 months, and 12-23 months.
- Complementary feeding practices: Children 6-23 months

Depending on the context, it may be necessary to disaggregate data further by other relevant factors such as ethnicity or geographic location.

MUAC for children: 6 to 23 months, 24 to 59 months. Also provide overall for children 6 to 59 months. Nutritional status of women should be disaggregated by physiological status; pregnant and lactating women (Table 2).

Table 2: Indicators and definition of child and maternal malnutrition

INDICATOR	DEFINITION
Number of children severely malnourished	Children with MUAC <11.5 cm; bilateral oedema
Number of children moderately malnourished	Children with MUAC ≥11.5 cm and <12.5 cm;
'At risk" groups	Children with MUAC ≥ 12.5 cm and <13.5 cm
Number of normal children	Children with MUAC ≥13.5 cm
Number of Pregnant and lactating who are moderately malnourished	Pregnant and lactating(specify) have MUAC <21 cm

3.6.3 Interpretation of findings

MIYCN-E rapid assessment results will form just one part of the research required to inform programme design. A rapid assessment will give you an idea of the scale of the problem and help you estimate caseload; however, it is **not** an exact measure of need. Results should therefore be compared with other assessment results conducted in the affected area as well as data before onset of the emergency. As much as possible the triangulation principle should be applied – all information needs to be cross-checked and variety of sources and methods used to include focus group discussions, key informant interviews, observations, household questionnaires and secondary information. Take into account special circumstances, such as seasonality, that might affect availability and affordability of some foods as well as care practices.

3.7 Methodology and data validation process

Standardized methodology presented in this document should be used for conducting MIYCN-E rapid assessment to allow for standardization, comparability and quality assurance. The organization implementing the MIYCN-E rapid assessment should inform Nutrition and Dietetics Unit - Ministry of Health at the national level about the plan to conduct the MIYCN-E rapid assessment, coordination team/committees (NITWG, MIYCN TWG, ENAC, county nutrition forums) and other relevant forums 48 hours before the start date of the assessment.
The NDU Coordination Team should ensure that any support and relevant comments on the assessment is provided in a timely manner to avoid delays in assessment and subsequently delay response planning and actions. **A joint analysis** session during which findings can be validated, interpreted and complemented by experts from other sectors and disciplines within 3 days after data collection should be conducted at County level. The key national nutrition coordination teams can attend the joint analysis session in the field. The preliminary results should be shared with all relevant forums for inputs and comments adhering to reporting and dissemination protocol stipulated in section **four** of this document.

4. Reporting and Information Flow

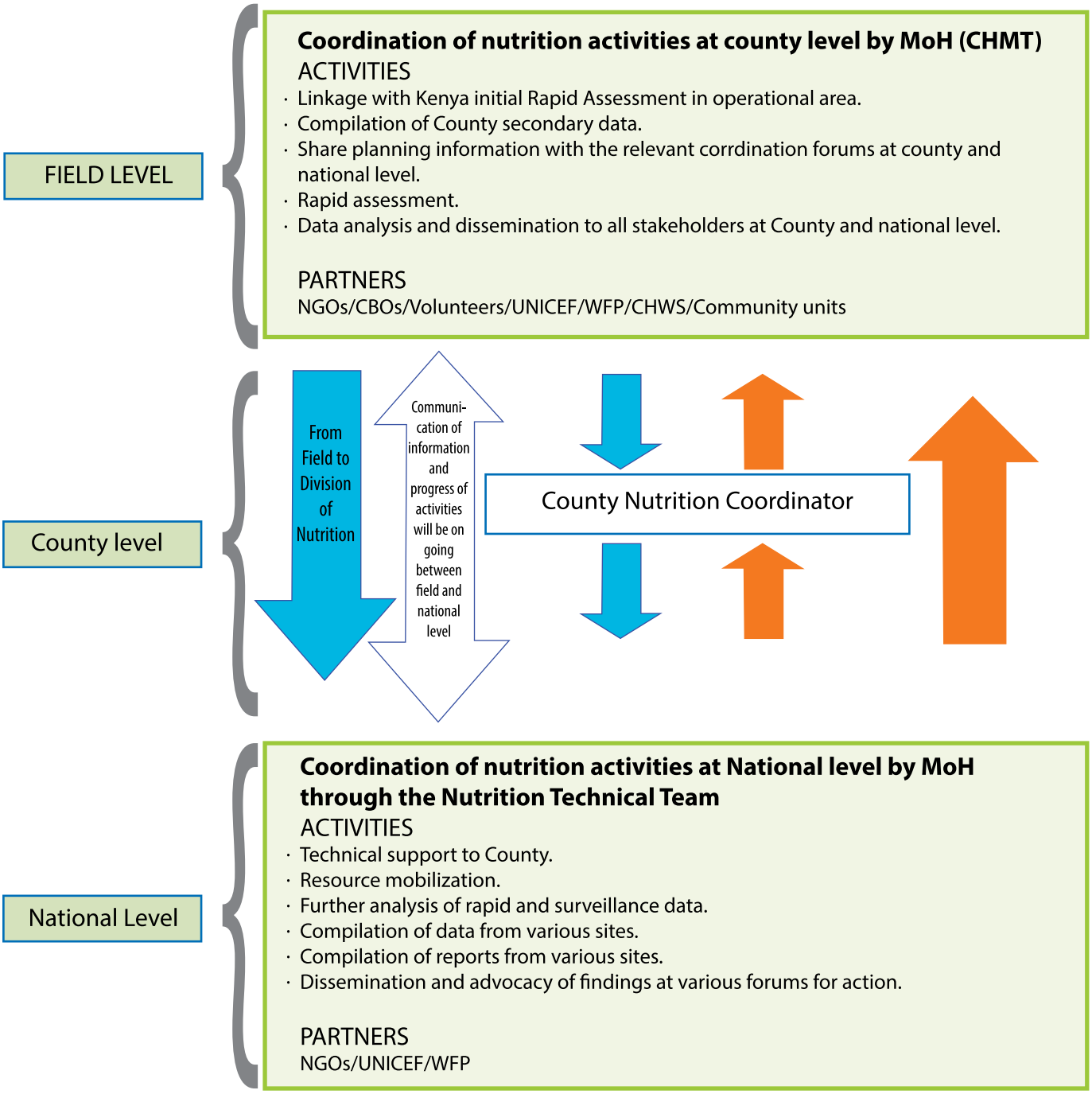
Prepare a brief presentation, to be disseminated to stakeholders within 3 days of completion of the assessment at the County level. The presentation should be included in County weekly highlights and shared with all stakeholders at national level. The presentation should contain the key findings on MIYCN-E status and factors influencing MIYCN-E, priority needs and appropriate interventions to be implemented.

The final report should be shared within ten days after data collection and should contain the following content areas:

- Executive summary
- Introduction (Brief description of affected population, geographical area and nature of crisis, dates of assessment etc)
- Objectives of the assessment
- Methodology
- Results
  - Maternal and child nutrition situation
  - Health, Water, Sanitation and Hygiene
  - Breastfeeding practices
  - Complementary feeding practices
  - BMS violations
  - Other factors affecting MIYCN practices such as Health, food security, WASH, NFI, emergency coordination mechanism
  - Priorities/challenges expressed by parents and caregivers regarding infant and young child feeding.
- Conclusion and Recommendations (Based on the overall findings of the assessment)

Please see the diagram below on the structure for dissemination and reporting of the MIYCN-E rapid assessment process.

Figure 2: Structure for dissemination and reporting of the MIYCN-E rapid assessment process



5 Tools

This guideline provides examples of assessment tools to be used during MIYCN-E rapid assessments in Kenya and contains the minimum questions/indicators to be collected. However, depending on the level of detail required (including time and resources available) the assessment tools can be modified for use in various contexts (additional questions are likely to be needed). The data collection tools are presented in Annex.

ANNEXES

ANNEX 1: Household Assessment Questions – Nutrition

The questionnaire is designed for children in the household who are less than 24 months of age – that is, the child has not yet reached his/her second birthday. This includes children from the same mother as well as children from other caregivers in the same household. If there is more than one child under 2 years of age in one household, complete a questionnaire for the youngest child only.

County:	Sub-county:	Camp/village:
Team leader:	Team No.	Household No.
Enumerator:	Date:	

1.1. (ASK FOR YOUNGEST CHILD UNDER AGE OF 2 YEARS IF MORE THAN ONE)

Age of Child:		
a) Since this time yesterday was (NAME) breastfed during the day or at night? Yes / No		
b) Please tell me everything else (NAME) had since this time yesterday during the day or at night.		
Type	Tick	Where from? (Bought / Donation from NGO / other)
Plain water		
Infant formula		
Other type of milk		
Any other liquid e.g. juice		
Food		

ASK A,B,C AND D DEPENDING ON ANSWER ABOVE.

A) If child does NOT get any breastmilk ask: Why is baby not being breastfed?	
Reason	**Tick all that apply**
Mother never breastfed	
Mother dead	
Mother / baby injured so not able to breastfeed	
Mother had problems breastfeeding so stopped. Establish if this was after the disaster or not	
Prefers to use infant formula or baby milk	
Other (state...)	

B) If child is getting breastmilk ask:			
Are **you breastfeeding more / the same / less than before the crisis?**			
More	Same	less	Child born during Emergency

If breastfeeding **more** explain why.

What problems do you have breastfeeding the baby? (PROBE)

B) If child is getting breastmilk ask:
Are **you breastfeeding more / the same / less than before the crisis?**

Problem (DO NOT READ LIST)	Tick
Lack of breastmilk	
Lack of time to breastfeed	
No privacy	
Other (state…)	
NO PROBLEMS	

C) If child is using formula or other types of milk ask:
What problems do you have feeding your baby with infant formula or other milk?

Problem (DO NOT READ LIST)	Tick
Not enough milk	
Lack of water	
Lack of fuel	
Can't sterilize feeding bottle	
Other (state…)	
No problems	
NOT APPLICABLE	

D) If child is receiving other food ask:
What problems do you have feeding your baby?

Problem (DO NOT READ LIST)	Tick
Not enough food	
Lack of cooking pots	
Lack of water	
Lack of fuel	
Other (state…)	
No problems	
NOT APPLICABLE	

What foods are you feeding your child?

Food (write in responses)
No complementary foods

How often do you feed your child these foods?

Times per day	**Tick**
1	
2	
3	
4	
5+	
No complementary foods	

How much of these foods does your child eat?

Times per day	Tick
Amount	
Small tastes	
A few bites	
Small snacks	
Full meals	
No complementary foods	

Does your child…

Eat from his/her own plate? ☐ Yes ☐ No

Eat with the family? ☐ Yes ☐ No

1.2 What nutrition supplies/ support have you received already from any organization?	Tick all	Details (Name? What was it? Who from? Every day?)
Infant formula		
Other milk products		
Complementary / weaning foods (for young children aged 6m to 2 years)		
Food for pregnant or lactating women		
Other types of food / drink (Say what and who for e.g. family, children?)		
Multiple Micronutrient powder/tablets		
Bottles / teats		
Other….(specify)		
1.3 Who do you go to for support and advice on feeding and caring for the baby or child?		**Details of support sought**
Other Mother / old women		
Doctor		
Nurse		
IMAM		
Other (specify)		

1.4 What are main problems feeding children 6m to 2 years?

- No problems
- Not enough complementary food (quantity)
- Not good quality complementary food
- No cooking equipment
- Lack water
- Lack Fuel
- Child not well
- Other (specify)_____

1.5. Is infant formula available to purchase locally? ☐ Yes ☐ No

If yes, how much does a tin cost? (In local currency)_____

ANNEX 2: Children 6-59 months and Pregnant and Lactating female caregivers.

1. Identification:	**Data Collector:**		**Team Leader:**	
1.1 County	1.2 Sub county	1.3 Location	1.4. Camp/Village	1.5 Survey Date

Child no.	**HH no.**	**Sex** F/M	**Age in Month**	**Edema** (Y/N)	**MUAC** (cm)	**In the past two weeks did the child suffer from any sickness** 0=No 1= Yes	**If yes, which sicknesses**				**Physiological Status of Female Caretaker/ mother** 1= Pregnant 2= Lactating 3= None pregnant/ lactating	**MUAC Record of Female Caretaker who is pregnant or lactating** (cm)
							Diarrhea 0= No 1= Watery diarrhea 2= Bloody diarrhea	**Fever with chills like malaria** 0= No 1= Yes	**Fever, cough, difficult breathing** 0= No 1= Yes	**Other (specify)** 0= No 1= Yes		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

ANNEX 3: Questions to mothers/caregivers: (in groups)

Guiding questions for discussion: This is a discussion about the community. The aim is to get a consensus (as much as possible) about the situation in that community. It is not to record the thoughts of individual mothers. Explain that we want to find out more about the feeding of babies and young children (under the age of 2) before the crisis and now so that we can work out how we may be able to help people like them during this time. We do not promise anything but the information that you give will help us. Thank them for their time.

County	**Sub-county**	
Camp/Village	**Team No.**	
Moderator	**Recorder**	**Observer**
Start time	**End Time**	**Date**
Sitting Arrangement		

Group Details:	
Women ◯ Men ◯ Others ◯ (specify)	
Number of participants with infants <6 months	
Number of participants with infants >6 months	
Number others	(Specify who)
Details on the group (e.g. from an organisation, people at distribution, invited by head, etc)	

1. How do most mothers in this community feed their young babies (0-5 months)?

a) normally

Age of the child[2]	Only breast milk	Breast milk AND something else	NO breastmilk BEFORE the emergency.

b) since the emergency

Age of the child[2]	Only breast milk	Breast milk AND something else	NO breastmilk BEFORE the emergency.

PP*USE proportional piling to estimate of numbers of infants under 6 m– get group to agree approximately, then put in approximate % above.

If there has been a change ask why…

[2]Be clear on the age of the infant that you are interested in. In certain areas feeding may alter near to 6 months so it may be more beneficial to ask about infants 2-3m of age to get an idea for that community

2. Where do most mothers of young children in the community seek advice/counseling? (e.g. from influential community members, specific locations such as health centers or social welfare centers. *This may be helpful to prioritize training or outreach).*

3. Before the emergency what foods were most commonly fed to children 6-23 months of age

List the three main foods

i.

ii.

iii.

How frequently were the children given food?

Times per day	Tick
1 – 2	
3 – 4	
5+	

4. Since the emergency what foods are most commonly fed to children 6-23 months of age

List the three main foods

i.

ii.

iii.

How frequently were the children given food?

Times per day	Tick
1 – 2	
3 – 4	
5+	

5. Keep probing and clarify answers

a. Do you have any problems with feeding your children? (*Refer to different age groups to get information for infants 0-5 months and children 6-23 months).*

0 – 5 months Yes ◯ No ◯
6 – 23 months Yes ◯ No ◯

	c). **IF YES**, What problems do you experience?	d). What do you think are the reasons for this problem? (**Leave open for answers but probe if emergency had an effect, or always had problems**)
0-5 months		
	c). **IF YES**, What problems do you experience?	d). What do you think are the reasons for this problem? **(Leave open for answers but probe if emergency had an effect, or always had problems)**
6-23 months		

6. Have you received any of the following?

Type	Yes / No	If yes, what and by whom
Infant formula – dried powder		
Infant formula – ready to use		
Dried milk powder		
Liquid milk		
Baby feeding bottles/teats		

7. What are your priorities regarding feeding your baby or young child feeding? (What support / help do you need to help feed your baby or young child?)

8. WASH-related questions about formula preparation (if applicable)

Explain the following.
a. How is formula/milk mixed?

b. How to caregivers clean bottles/cups?

c. Where do families get their water?

d. Is water purified? If so, how?

9. HEALTH

1. Has there been an increase in diarrhoea in infants and young children?

Yes ◯ No ◯

2. If YES, who has been most affected – breastfed/ not-breastfed/complementary fed?

Are there any visibly thin or malnourished children in the community?

Yes ◯ No ◯

Or adults?

Yes ◯ No ◯

10. OTHER

Are there any babies <12 months without mothers?

Yes ◯ No ◯

Approximately how many? _____

How are they being cared for and fed?

Rationale: To identify the most nutritionally vulnerable children who require skilled assistance to be appropriately fed.

- Are there any changes in the pattern of living for the mothers / care givers?

Yes ◯ No ◯

If YES, how has these affected the normal practice regarding feeding your baby or young child feeding? e.g. Lack of suitable place to breastfeed due to no enough space and privacy.

- Are there any changes on the daily activities/duties for the mothers / care givers?

Yes ◯ No ◯

If YES, how has these affected the normal practice regarding feeding your baby or young child feeding?

SUMMARY OF FINDINGS (to be summarized by the FGD team)

1. Are there any differences in feeding of children before and during the emergency?

   If YES, in what manner?

   a. 0-5 months

   b. 6-23 months old

2. Main challenges currently experienced in feeding children.

3. Do the mothers receive adequate advice/support on child feeding?

4. What support do mothers report they require to feed their children adequately?

ANNEX 4: Key Informant Interview (Key Decision Makers: Head of Nutrition MIYCN manager at national level, County Management and sub-county management)

County	Sub-county
Enumerator Name	Date of interview

Policy Direction, Resources and Staff Capacity	**Yes**	**No**	**Action**
1. Are government and humanitarian staff providing MIYCN support trained? Are the key resources and policy documents from the government available to government and humanitarian staff? • National Policy on Maternal, Infant and Young Child Nutrition – Summary Statement (MoPHS, 2012) • Prohibitions of Donations of Breast Milk Substitutes (MoPHS, 2011) • Breast Milk Substitute (Regulation and Control) Act (2012) • Compliance in Emergencies • Monitoring the Breast Milk Substitutes (Regulation and Control) Act (2013) • Three Fact Sheets for Optimal Infant and Young Child Feeding in Emergencies: i) Breastfeeding, ii) Feeding a Child Under Five Years and Vitamin and Mineral Powder) • National Recommendations for the Prevention of Mother to Child Transmission of HIV, Infant & Young Child Feeding • and Antiretroviral Transmission of HIV, Infant & Young Child Feeding and Antiretroviral Therapy for Children, Adults and Adolescents (Circular, MoPHS and MoMS, 2010)			
Coordination			
1. What is the perception regarding malnutrition since the emergency happened? 2. Has there been an assessment of the needs of families, mothers and young children (Including the special needs of children separated from their mothers)? 3. Are families, mothers and caregivers provided with support on infant and young child feeding (.e. counseling, information and child friendly spaces)? 4. Are families, mothers and caregivers provided with sensitization on key messages on maternal, infant and young child nutrition (refer to fact sheets)? 5. Are there children who have become separated from their usual caregivers and have no one to care for them? 6. If yes, what care arrangements are available for them? 7. Are government and humanitarian staff monitoring violations of the Breast Milk Substitutes (Regulation and Control) Act (2012) in the community, displaced populations, markets and health facilities? 8. Are violations being reported to the Division of Nutrition, MOPHs or the local health authority in the community (County/District Medical Officer)? 9. What are plans / options for coordinated purchase, targeting and monitoring of BMS? 10. Are any humanitarian interventions being planned or undertaken to address gaps in food security for the needs of the young children (6-59 months)? (please list types of interventions)			

11. Any plans for prevention of malnutrition through provision of complementary food? 12. Are existing facilities able to cope? Do they have sufficient staff, training, supplies, and facilities? 13. Are challenges being identified in access to health and nutrition services by families and mothers of young children? 14. Is the government and the health partners addressing these challenges with appropriate response efforts? 15. What are the current water and sanitation priorities? 16. What are the current priority shelter needs? (e.g. tools & construction materials, improving tent insulation/water proofing, etc) 17. What are the immediate priorities in terms of household items? (e.g. cooking utensils, clothing, fuel, etc) 18. Is the current capacity sufficient to manage the current or anticipated caseload? If not, what is the gap?			

ANNEX 5: Key Informant Interview (Community level)

Key Informant Interview for –

- Health worker (doctors, nurses, community health educators, CHEWS/CHAs, community health volunteers)
- Other health care providers traditional birth attendants, traditional healers, etc.
- Influential members of the community e.g. Elderly woman, religious leader
- Community based organization representatives (related to infants, nutrition and health in particular)
- Relevant ministries

Date	
Key Informant Name	
Position	
Organisation	
County	
Sub County	
Camp/village	
Interviewer name	

What is the perception regarding malnutrition since the emergency happened? ◯ Increased ◯ Decreased ◯ Stayed the same ◯ Unknown
What percentage of infants under 6 months of age (0-5 completed months) in the area are currently NOT breast-fed? None ◯ <10% ◯ 10-25% ◯ >25% ◯ Don't know ◯
Is this more, less or the same as before the crisis? More ◯ less ◯ same ◯ don't know ◯
What percentage of infants 6-11 months in the area are currently NOT breastfed? None ◯ <10% ◯ 10-25% ◯ >25% ◯ Don't know ◯
Is this more, less or the same as before the crisis? More ◯ less ◯ same ◯ don't know ◯
Are there any problems in feeding young babies (0-5 months) since the crisis? Yes ◯ No ◯ Don't now ◯

If YES	What BREASTFEEDING problems?	What problems for NOT BREASTFED infants?

Are there any problems with feeding older children (6-23 months) called complementary / weaning foods?

Yes ◯ No ◯

If YES, what are the problems? (E.g. 'lack of food' what kinds of food?)

Has infant formula, or other milk products (e.g. dried whole, semi-skimmed or skimmed milk powder, ready to use milk) and/or baby bottles/teats been distributed since the emergency started?

	Yes / No	If yes, when	If yes, by whom	Any additional information
Infant formula				
Other milk products				
Baby bottles/teats				

What are the priorities regarding feeding infants and young children (any child from birth up to 2 years of age) in this community?

Are there any nutrition activities (e.g. treatment for malnutrition, food provision, micronutrients, breastfeeding promotion) being undertaken in this community?

Yes ◯ No ◯

If yes, what are they?

ADDITIONAL ISSUES SINCE THE EMERGENCY:

HEALTH

Has there been an increase in prevalence of diarrhoea in infants and young children (0-23 months)?

Yes ◯ No ◯

Which group (if any) has been most affected?

1. Exclusive b/feeding	2. B/milk with cow's milk	3. B/milk with powdered milk (not infant formula)	4. B/milk with infant formula	5. B/milk with comp foods	6. Not b/fed at all	7. Other (specify)

FOOD SECURITY

How has the crisis impacted people's jobs and where people get their income from?

What strategies are households using to be able to eat and/or to increase income?

Does the community have physical access to functioning markets?

Yes ◯ No

IF YES, are there appropriate foods available in the market for complementary feeding of children 6 – 23 months? **list the foods**

SHELTER

What are the current priority shelter needs? (e.g. tools & construction materials, improving tent insulation/water proofing, etc)

WATER
What water sources are available? What is the distance and condition of the 3 main water points?
How do people transport and store drinking water (e.g. do containers have lids and is it being used hygienically?)

ANNEX 6: MIYCN-E TRANSECT WALK: TEMPLATE

Instructions: Transect walks are usually conducted during the initial phase of field work and provide a rapid overview. Walk along a defined path (transect) through a camp or community. Observe the surroundings and people's activities, using the **transect walk questionnaire** as a guide. It is recommended to ask community members to accompany you, who can answer questions and provide valuable information, or to stop and hold brief discussions with community members you meet along the way.

County	Sub-county	Camp/Village
Team leader	Team No	Houeshold No
Enumerator	Date	

BRIEF DESCRIPTION OF SITE

BREASTFEEDING			
	Are breastfeeding mothers visible?	YES	NO
	IF NOT, ask why *(e.g. won't breastfeed in public, religious reasons, mother's are busy and away from their children)*	Specify:	
	Do any infants < 6 months look visibly thin or wasted?	YES	NO
	What number of children appear to be fed using a bottle?	0-<6 months	
		6-23 months	
	Are tins of infant formula visible? *(e.g. in health facilities, shops, households)*	YES	NO
	Is milk powder visible in the community/shops?	YES	NO
	IF YES, is milk powder being given to infants < 6 months of age?	YES	NO
	Are there any distributions of infant formula or other milk products?	YES	NO
	Is anyone requesting for infant formula (baby milk)?	YES	NO
	IF YES, specify type of product, source, label language, type of distribution (blanket / targeted), number of tins/sachets given etc. Take a picture if possible. DETAILS:		
WATER			
	Is safe water source, free water readily available?	YES	NO
	On average, how long are waiting times to fill water containers?	Minutes	
	Who is commonly collecting the water?	YES	NO
	Are women observed to be breastfeeding while queing for water?	YES	NO
	Are women observed to be drinking water?	YES	NO
	Is water being stored safely? *(e.g. in a hygienic container with lid)*	YES	NO
	Is water being treated? *(e.g. boiling, chlorination, filtration, sedimentation)*	YES	NO
	SPECIFY		
	Are infants < 6 months being given water?	YES	NO

SANITATION			
	Is poor sanitation an issue?	YES	NO
	Are functional hand washing facilities available near latrines?	YES	NO
	How are children's faeces disposed of?	In latrine	
		Do nothing	
	Other SPECIFY		
HYGIENE			
	Are people observed washing their hands after using the latrine?	YES	NO
	Are people observed washing their hands with soap?	YES	NO
	Do infants & young children (<2) look relatively clean?	YES	NO
	Do feeding utensils for young children (<2) look clean?	YES	NO
	Do food preparation areas look clean?	YES	NO
COMPLEMENTARY FEEDING & MATERNAL NUTRITION			
	Are there any visibly thin young children? (6 – 23 months)	YES	NO
	Are there any visibly thin pregnant women or breastfeeding mothers?	YES	NO
	Are there visible signs of micronutrient difficiencies in young children?	YES	NO
	Are there visible signs of micronutrient defficiencies in PLWs?	YES	NO
	Do people appear to have adequate cooking utensils?	YES	NO
	Do people appear to have fuel for cooking?	YES	NO
	Do families have appropriate (energy & nutrient dense) foods for complementary feeding of children 6 – 23 months?	YES	NO
	What foods are being commonly fed to infants/young children? SPECIFY		
	Does the community have physical access to functioning markets?	YES	NO
	IF YES, are there appropriate foods available in the market for complementary feeding of children 6 – 23 months?		

	Are mothers exchanging any relief product with other food item?	YES	NO
	If YES which foods are being exchanged SPECIFY		
	Are caregivers seen around the camps ?	YES	NO
	If NO, where are they? SPECIFY		
	What kind of activities are going on mostly during the day? SPECIFY		
	How are the shelters? SPECIFY		

	Are mothers/others voicing concerns regarding feeding their infants/ young children?	YES	NO
	IF YES, what concerns do they have? SPECIFY		
	Are there any interventions in the community to support pregnant mothers and/or feeding infants and young children, e.g. by NGOs, Government Agencies?	YES	NO
	If yes, what kind of interventions? SPECIFY		

CONCLUSIONS / SUMMARY

CONCLUSIONS / SUMMARY

CONCLUSIONS / SUMMARY

REPUBLIC OF KENYA

MINISTRY OF HEALTH

OPERATIONAL GUIDANCE FOR RAPID ASSESSMENT FOR MATERNAL AND INFANT AND YOUNG CHILD NUTRITION IN EMERGENCIES (MIYCN-E) FOR KENYA

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