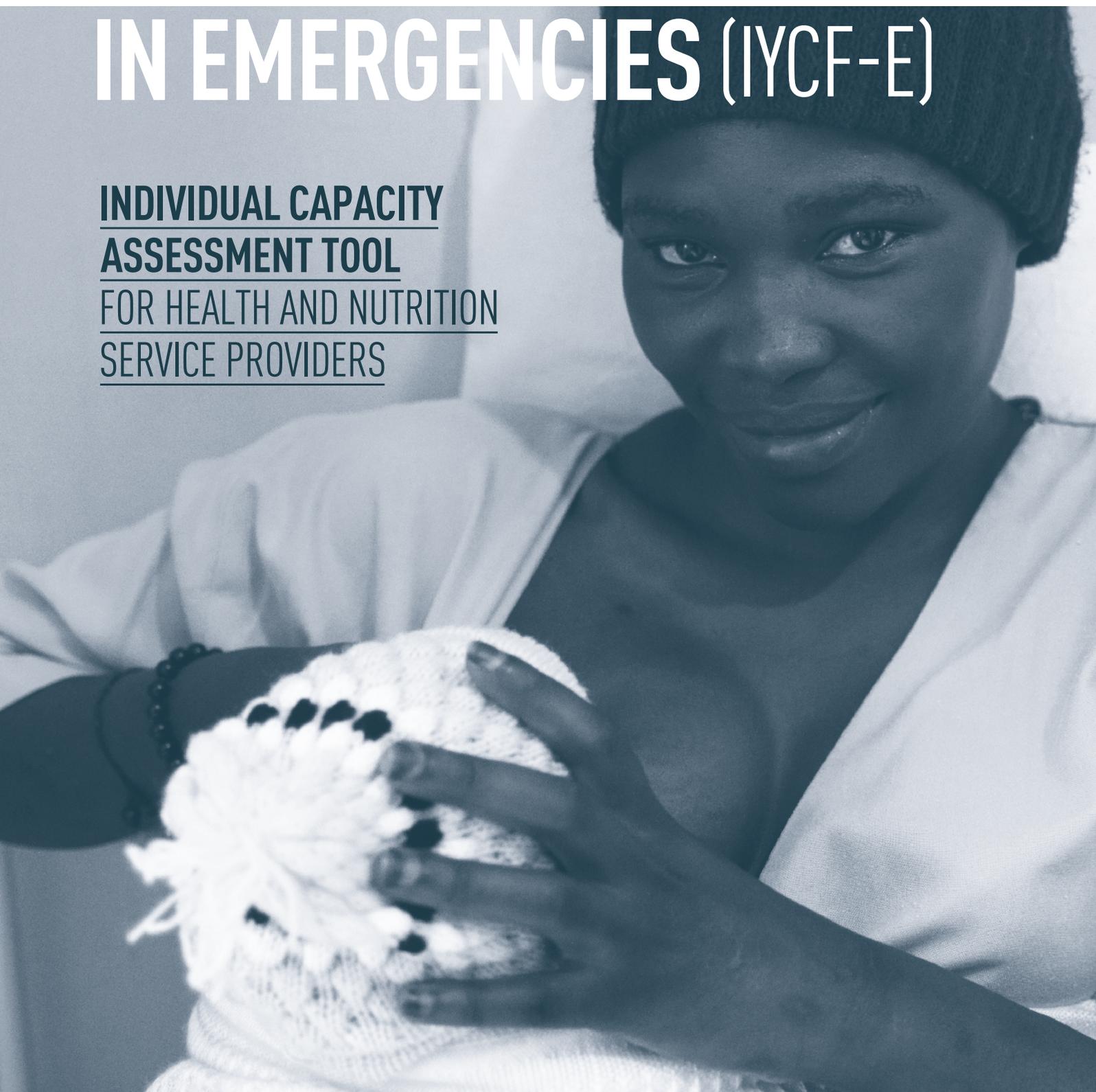


NOVEMBER 2020

INFANT & YOUNG CHILD FEEDING

IN EMERGENCIES (IYCF-E)

INDIVIDUAL CAPACITY
ASSESSMENT TOOL
FOR HEALTH AND NUTRITION
SERVICE PROVIDERS



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CONTENTS

ACRONYMS	4
DEFINITION OF TERMS	5
1 INTRODUCTION	7
2 THE OBJECTIVES OF THE TOOL	8
3 WHO IS THE TARGET OF THE ASSESSMENT TOOL?	8
4 WHO WILL USE THE TOOL?	8
5 HOW TO USE THE TOOL	9
6 SUGGESTED PREPARATORY ACTIVITIES	10
7 THE THREE SECTIONS OF THE ASSESSMENT TOOL	11
8 DATA ANALYSIS	23
ANNEXES	24
REFERENCES	29



ACRONYMS

BFHI	Baby-Friendly Hospital Initiative
BMS	Breastmilk substitutes
CMAM	Community-based management of acute malnutrition
HIV	Human immunodeficiency virus
IFE	Infant Feeding in Emergencies
IYCF	Infant and Young Child Feeding (used in development contexts)
IYCF-E	Infant and Young Child Feeding in Emergencies*
MOH	Ministry of Health
NGOs	Non-governmental organisations
UN	United Nations
WHO	World Health Organization

* Now more commonly used than IFE

DEFINITION OF TERMS*

Attachment: The way a baby takes the breast into his/her mouth; a baby may be well attached or poorly attached to the breast.

Baby-friendly Hospital Initiative (BFHI): An approach to transforming maternity practices as recommended in the joint World Health Organization (WHO)/United Nations Children's Fund (UNICEF) statement on Protecting, promoting and supporting breastfeeding: the special role of maternity services (1989).

Breastfeeding: The provision of breastmilk, either directly from the breast or expressed.

Breastmilk Substitute (BMS): Any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. 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 check the International Code of Marketing of Breast-milk Substitutes.

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

Cup-feeding: Feeding from an open cup without a lid, whatever is in the cup.

Group education/Counselling: In the context of infant and young child feeding (IYCF), education encompasses activities designed to enhance the ability and motivation of caregivers to voluntarily adopt nutrition-related behaviours conducive to health and wellbeing.

IFE Core Group: An interagency collaboration concerned with the development of training materials and related policy guidance on infant and young child feeding in emergencies.

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 the age of 6 months up to 11 completed months of age.

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 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 the 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, other milk products, including bottle-fed complementary foods) specifically marketed for feeding children up to three years of age; foods and beverages (waters and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life; feeding bottles and teats.

* From the Operational Guidance on Infant Feeding in Emergencies version 3.0 and Baby-friendly Hospital Initiative training course for maternity staff: trainer's guide. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO

Inverted nipple: A nipple that goes in instead of pointing out, or that goes in when the mother tries to stretch it out.

IYCF Counselling: A conversation between a counsellor and caregiver, based on a three-step process that includes assessment, analysis, and action to help the caregiver decide on what is best for the caregiver and the child in their situation. Counselling is different from education and messaging.

IYCF support group:

- **Mother-to-mother support group:** a meeting where pregnant women and mothers with young children, as well as other people with similar interests, come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support in breastfeeding, child rearing, and women's health
- **Father-to-father support group:** similar to mother-to-mother support groups except the participants are fathers.

Lactation: The process of producing breastmilk

Positioning: How a mother holds her baby at her breast; the term usually refers to the position of the baby's whole body.

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

Skin-to-skin contact: A mother holding her naked baby against her own skin.

Wet nurse: a woman who breastfeeds another's child.

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).



1 INTRODUCTION

1.1 Infant and young child feeding

Breastfeeding is one of the most cost-effective interventions to improve child survival. It is estimated that the scaling up of breastfeeding to a near universal level could prevent 823,000 annual deaths, or 13.8% of all deaths of children younger than 24 months. In addition, breastfeeding prevents almost 20,000 annual deaths from breast cancer.¹

Suboptimal breastfeeding results in an increased risk for mortality in the first two years of life. It is estimated that undernutrition in the aggregate—including foetal growth restriction, stunting, wasting, and deficiencies of vitamin A and zinc along with suboptimal breastfeeding—is the cause of 3.1 million child deaths annually or 45% of all child deaths in 2011.² Non-breastfed infants are 14 times more likely to die from pneumonia and 10 times more likely to die of diarrhoea than breastfed children.³

Complementary feeding interventions have the potential to improve the nutritional status of children in low- and middle-income countries. Provision of appropriate complementary foods, with or without nutritional education, and maternal nutritional counselling alone, lead to significant increases in weight and height in children 6–24 months of age; these interventions can also significantly reduce the risk of stunting.⁴

There is a need to support infant and young child feeding (IYCF) in all humanitarian settings. Increased risks such as poor sanitation, disease outbreaks, donation of Breastmilk substitutes (BMS) including infant formula, overcrowding, stress, and trauma, mean that support for appropriate feeding is critical for child survival and the protection of infants and young children. IYCF in emergencies (IYCF-E) must be included as one of the first activities of a response and there is opportunity to integrate IYCF-E with other sectors. However, despite the evidence that appropriate and timely support of IYCF-E saves lives, it is rarely prioritised or adequately supported.

1.2 Individual capacity assessment tool

Assessment of available capacities to provide context-specific orientation/training on IYCF-E is one of the six practical steps set out in the Operational Guidance on Infant and Young Child Feeding in Emergencies developed by the IFE Core Group.⁵ The capacity assessment tool can be used before an emergency (in the preparedness phase) as well as during an emergency.

This tool was developed to help organisations understand what individual technical capacity exists and what types of capacity development activities are needed to provide high quality IYCF services during a humanitarian emergency. Lack of organisational, financial, and human resource capacity can be a barrier to providing quality IYCF services. Therefore, this individual capacity assessment tool should be used as part of a wider capacity assessment.

1.3 Contents of the tool

This tool includes an introduction about the importance of infant and young child feeding, objectives of the tool, the target groups, who can use this tool and how to use it. It also includes questions to assess personal profile, experience, and past training as well as participants' knowledge of IYCF-E. A brief description about data analysis and utilisation is also included.

2 THE OBJECTIVES OF THE TOOL

- Assess capacity of frontline health and nutrition workers (at the individual level) to understand their level of knowledge, skills and confidence for the delivery of IYCF-E services
- Identify capacity gaps (such as knowledge, skills and confidence) and create a capacity development/professional development plan (for individuals and/or groups)
- Collect information and data that will help estimate the resources needed to implement capacity development activities
- Establish baseline data to monitor/evaluate the progress of capacity development activities/projects

3 WHO IS THE TARGET OF THE ASSESSMENT TOOL?

The main target for this capacity assessment tool are frontline health and nutrition workers who are or are supposed to provide IYCF-E service to individuals and communities in humanitarian and fragile environments. This includes humanitarian workers from UN agencies, international NGOs, local NGOs, government/Ministry of Health staff and both community and facility-based IYCF staff and volunteers who provide services at different levels including in households and communities, Mother Baby Areas, Baby-friendly Spaces, IYCF/breastfeeding corners and health facilities (at health posts, health clinics, health centres, hospitals etc.).

4 WHO WILL USE THE TOOL?

This capacity assessment tool can be used by any organisation that provides or is planning to provide IYCF-E services, or as part of an emergency preparedness/response plan. This includes Government/Ministry of Health, UN agencies, international and local NGOs, national and international Red Cross or Red Crescent Societies, etc.

5 HOW TO USE THE TOOL

Individual agencies, or groups of them, as well as coordination mechanisms, may decide to use the tool when supporting capacity assessment of frontline workers.

It is important that there is an agreed and clear objective for the assessment, as this will inform whether all or just some of the components of the tool are needed.

The introduction (7.1) and section 1 (7.2.1) should always be completed during an assessment. However, organisations can select either section 2 (7.2.2) or section 3 (7.2.3) or both depending on the need and context. Additionally, the questions in all three sections can be modified to the context and/or translated into local languages depending on the need. A Word file of the questionnaire is available [here](#).

Data can be collected on paper during a face-to face-interview* or it can be collected online using tools such as Kobo or Google Forms where appropriate, for example in contexts where movement restrictions may exist. Confidentiality, data protection, security, feasibility, budget, human resource, and profile of respondents are some of the factors to consider when selecting the data collection methodology.

When beginning the assessment, always explain the purpose of the assessment and ask for the participant's consent to complete the assessment form. At the end of the interview, don't forget to thank the participant for their participation and contribution.

* It is advisable line managers or senior managers are not involved in the interview, in order to get transparent and honest responses and hence accurate data.

6 SUGGESTED PREPARATORY ACTIVITIES

Make sure that you dedicate adequate time to the preparation of the assessment exercise.

During preparation, it is important to agree/decide the following:

- 1 When the assessment will be conducted (as part of emergency preparedness work, during emergency, after emergency)
- 2 Agree on target groups (health workers in facilities only, all health and nutrition workers, primary health care workers only, national, and international NGOs and partners only, Ministry of Health staff only, etc.)
- 3 Number of participants/respondents
- 4 Geographical coverage of the assessment (nationwide, region, district, etc.)
- 5 Sample size
- 6 Assessment method
 - a) In person (face-to-face)
 - b) Remote/Online
 - c) Administered or self-administered
- 7 Identify people who will be involved in conducting interviews (if not self-administered), data processing and analysis
- 8 Identify who will produce the assessment report and presentation
- 9 Agree on how the assessment findings will be used.



7 THE THREE SECTIONS OF THE ASSESSMENT TOOL

The capacity assessment tool is divided into three sections. The first section is to document the respondent's profile, the second section is used to assess past training on IYCF-E, and the third section is to assess the respondent's knowledge of IYCF-E.

7.1 Introduction to the assessment and receiving consent

This section provides you with an example of a script to use to introduce the tool. You can modify it based on context, need and data collection method.

Introduce yourself and your organisation:

Hello, my name is _____ and my position is _____. I work for _____.

Introduce the tool:

The purpose of this assessment is to help us understand what capacity currently exists to provide high quality infant and young child feeding services during a humanitarian emergency. We want to understand what training has already been delivered to IYCF-E service providers, which IYCF-E knowledge and skills service providers already have, and, in which areas is further capacity development required. This will help us to identify a tailored plan to address any identified gaps.

Therefore, we ask you to be as honest and realistic as possible when answering the questions. This is not an evaluation of your work performance. It will not be possible to identify you through the results during data analysis and reporting. We are interested in the overall results. The more accurate the information we receive, the better we can address any learning needs and support you in meeting your professional development needs. This interview will take approximately _____ hours (*the time will depend on how many modules/sections will be included*). You can stop answering the questions if you feel uncomfortable at any stage of the interview and your responses will not be counted.

Have you understood the above information, and do you agree to complete the survey?

Yes

No

Thank you for your willingness to participate in the assessment.

7.2 Questionnaire

There are three sections to be completed to assess capacity of each IYCF-E service provider:

- Section 1 covers respondent profile
- Section 2 covers training and experience
- Section 3 is to assess basic technical knowledge on IYCF-E

7.2.1 Section 1: Respondent Profile

1. **Date of interview:** _____

2. **Sex of the participant?**

- Male
 Female
 Prefer not to say

3. **Which organisation do you work for?**

- Government/Ministry of Health
 International NGO
 Local NGO
 UN agency
 National Red Cross or Red Crescent Society
 International Red Cross or Red Crescent Society
 Other (please specify) _____

4. **Where do you work?**

- a. Country: _____
b. Region: _____
c. District: _____
d. Subdistrict: _____
e. Village: _____

5. At which type of setting do you work? (Select one option)

- Health Post
- Health Clinic
- Health Centre
- Hospital
- Mother Baby Area Baby-friendly space
- IYCF/Breastfeeding corner
- Village/community
- Outreach/mobile service
- Other (please specify): _____

6. What is your position (job role)? (Select one option)

- Community health worker
 - Health Extension Worker
 - IYCF Support Group facilitator
 - Nutrition/Health promoter/educator
 - Nutrition/Health volunteer
 - IYCF/breastfeeding peer counsellor
 - Traditional Birth Attendant
- Nutrition/Health worker (select all that apply)
 - Medical Doctor
 - Medical Assistant
 - Nurse
 - Nursing Assistant
 - Health Assistant
 - Midwife
 - Midwife Assistant
 - Nutritionist
 - IYCF/breastfeeding counsellor
- Other (please specify): _____

7. Assessment of language skills

Assessment of language skills will help us to ensure we deliver training and share training materials in the correct language for you. *Include all the languages the participant speaks and complete the assessment for all languages.*

Language	Reading	Writing	Speaking	Comprehension
National (_____)	Basic / Good / Very Good / Mother Tongue			
Other	Basic / Good / Very Good / Mother Tongue			
Other	Basic / Good / Very Good / Mother Tongue			
Other	Basic / Good / Very Good / Mother Tongue			

8. What would be your most preferred mode of training?

- Practical/on the job training/coaching/shadowing
- Classroom training
- Materials shared online for self-paced learning and online interactive training
- Remote offline training (SMS, WhatsApp, microlearning videos, others)
- Webinars
- Combination of methods
- Other (please specify): _____

9. What is the highest level of education you have completed?

- No formal schooling completed
- Elementary School (up to grade 6)
- Junior Elementary (grade 7 to 8)
- Senior Secondary / High School
- Technical / Vocational Education
- College Diploma/Higher Diploma
- University – undergraduate
- University – postgraduate
- Certified breastfeeding counsellor
- Other (please specify): _____

Practical experience and self-assessment of competencies and skills

3. **Have you ever worked on infant and young children feeding as part of your job? (e.g. providing information and advice to mothers on feeding their baby, helping mothers to overcome breastfeeding difficulties, etc.)**

- No, never
- Yes, in a development setting
Duration: (months / years): _____
- Yes, in a humanitarian (emergency) setting
Duration: (months / years): _____
- Yes, in development and humanitarian settings
Duration: (months / years): _____

4. **Select all the types of IYCF programming/IYCF activity you have been involved with (check all that apply):**

- Supervision of an IYCF/IYCF-E programme /project/activity
- Management of an IYCF/IYCF-E programme/project/activity
- Community sensitisation and education on key IYCF messages
- IYCF one-on-one counselling
- IYCF group counselling/education
- IYCF support groups/peer support
- Mother Baby Areas
- Baby-friendly space
- Breastfeeding support in health facilities offering maternity and newborn services
- Other IYCF supportive spaces
- IYCF Corners
- Monitoring the International Code of Marketing of Breast-milk Substitutes (also known as the Code)
- Counselling of caregivers of non-breastfed Infants/BMS-dependent infants
- Provision of BMS to eligible children
- Cooking demonstration for complementary feeding
- Other (please specify): _____
- Other (please specify): _____
- Other (please specify): _____

5. Below are listed different actions that can be undertaken as part of Infant and Young Child Feeding programmes. There are four questions to answer for each action:

- Is it part of your job to carry out this activity?
- Do you currently carry out this activity?
- Have you been trained to carry out this activity?
- How confident do you feel carrying out doing this activity?
(Rate between 1 and 5: 1 = not confident, 5 = highly confident)

IYCF ACTION	Is it part of your job?	Are you currently doing this?	Have you been trained to do this?	How confident do you feel about doing this? (1 = Not confident, 3 = Somewhat confident, 5 = Very confident)
Perform a one-to-one assessment of a breastfeed and recognise a mother who needs help				
Provide one-to-one support to a mother to help position and attach her baby at the breast				
Provide one-to-one support to a mother to express her breastmilk by hand				
Provide one-to-one support to a mother or caregiver to cup feed their baby				
Take a feeding history for an infant aged 0–6 months				
Take a feeding history for a child aged 6–23 months				
Provide one-to-one counselling to a pregnant woman about maternal nutrition				
Help a mother to initiate breastfeeding after birth				
Help a mother to practice skin-to-skin contact				
Help a mother who feels she doesn't have enough milk to breastfeed				
Help a mother to relactate				
Help a woman to breastfeed someone else's baby (wet nursing)				
Help a mother with a crying baby to breastfeed				

IYCF ACTION	Is it part of your job?	Are you currently doing this?	Have you been trained to do this?	How confident do you feel about doing this? (1 = Not confident, 3 = Somewhat confident, 5 = Very confident)
Deal with special situations (e.g., flat, or inverted nipples, breast surgery, C-section birth, twins, etc.)				
Help a mother with engorged breasts				
Help a mother with sore or cracked nipples				
Help a mother to breastfeed a low birthweight baby/undernourished child				
Counsel a HIV-positive woman about feeding choices				
Counsel an individual caregiver on complementary feeding				
Counsel groups of caregivers on complementary feeding (for children aged 6-23 months)				
Demonstrate/explain to a caregiver how to prepare complementary foods hygienically				
Monitor and control provision of prescribed BMS				
Explain to a caregiver how to feed a sick child				
Supervise/facilitate IYCF support groups				
Counsel on acceptable, feasible, affordable, sustainable, and safe feeding of a non-breastfed infant				
Monitor and report on Code violations				
Counsel a caregiver on IYCF during an infectious disease outbreak/epidemic/pandemic				
Counsel a caregiver during an Ebola outbreak				
Counsel a caregiver on IYCF during another infectious disease outbreak/epidemic/pandemic (e.g. TB, HIV, hepatitis, COVID-19, etc)				

7.2.3 Section 3: Knowledge assessment

In this section we ask questions to assess the respondent's knowledge. Correct answers are included separately in Annex 1. This should be removed when distributing the assessment tool and only used during the data analysis stage.

1. What is the global recommendation for duration of exclusive breastfeeding? (choose one)

- a. Four to six months
- b. Six months
- c. Twelve months
- d. At least one month

2. Identify three skills to build a mother's confidence and give her support (choose three)

- a. Correct caregiver's thoughts and feelings if you think they are wrong
- b. Recognise and praise what a caregiver is doing correctly
- c. Give practical help
- d. Give a lot of information using technical language
- e. Use simple language
- f. Give orders on what the mother should do

3. Identify two signs of good positioning of the baby during breastfeeding (choose two)

- a. Baby approaches breast, nose to nipple with a wide, gaping mouth
- b. The baby's head and body are in a straight line



Source: WHO/UNICEF IYCF counselling: Integrated course 2006



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

- c. Baby's body away from mother



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

- d. Baby's chin touches the breast



Taken from BFHI training course 2020. Photo © Felicity Savage

4. Identify two signs of good attachment of the baby to the breast (choose two)

- a. Lower lip turned inwards



Taken from BFHI training course 2020. Photo © Felicity Savage

- b. Baby's mouth wide open



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

- c. The baby's head and body are in a straight line



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

- d. Chin not close to breast



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

- e. Mother feels no pain

5. When should a mother breastfeed her baby? (choose one)

- a. Whenever the baby shows signs that s/he is ready
b. Every three hours, according to a set schedule

6. Identify two RELIABLE signs that a baby less than six months is not getting enough breast milk (choose two)

- a. Poor weight gain
b. Baby cries often
c. Baby has hard, dry, or green stools
d. No milk comes out when the mother expresses
e. Baby passes a small amount of concentrated urine
f. Very frequent breastfeeds

- 7. A breastfeeding mother complains that her breasts are painful, feel hot, heavy, and hard. The skin around her breast is slightly shiny. Might her breasts be (choose one)**
- a. Engorged
 - b. Full
- 8. What advice on complementary feeding would you give a caregiver who is concerned about how much her child is eating? (choose one)**
- a. The child will eat when they are hungry; let them feed themselves
 - b. Assist the child to eat, encourage but don't force them
 - c. Don't give too many different foods, this will confuse the child
 - d. Discipline the child if they become distracted from the meal
- 9. Maternal conditions that may justify temporary avoidance of breastfeeding (select all that apply)**
- a. The mother is COVID-19 positive
 - b. Severe illness that prevents a mother from caring for her infant, for example sepsis
 - c. Herpes simplex virus type 1 (HSV-1)
 - d. The mother is worried she is not producing enough milk
 - e. The mother is stressed
 - f. The mother is taking sedating psychotherapeutic drugs
- 10. Once a mother has stopped breastfeeding, she cannot restart (choose one)**
- a. True
 - b. False
- 11. Which statement is true? (choose one)**
- a. During emergencies, it is safer to feed children using a bottle than a feeding cup
 - b. During emergencies, feeding a child using a bottle can increase the risks of disease
- 12. What advice could you give the caregiver of a one-year-old child who has an illness? (Select all that apply)**
- a. Give the child infant formula
 - b. Give the child less to eat than usual
 - c. Continue to breastfeed
 - d. Feed small amounts frequently
 - e. Wait for the child to ask for food

13. Which item is covered by the International Code of Marketing Breast-milk Substitutes? (choose one)

- a. Formula/any milk marketed for children up to three years
- b. Breast pumps
- c. Nipple shields
- d. Complementary foods marketed for infants over six months

14. Which of the following undermines breastfeeding? (choose one)

- a. Discussing individualised infant feeding plans with mothers
- b. Offering formula in the first few hours after birth
- c. Providing a list of community support groups
- d. Affirming that the mother is doing a good job

15. What are the safer feeding options for non-breastfed infants under six months? (choose two)

- a. Provide any milk as available, including animal milk
- b. Wet nursing, feeding the infant from the breast of another breastfeeding mother (if culturally accepted)
- c. Infant formula
- d. Relactation, re-establishing or building up the mother's breastmilk supply
- e. Giving water and sugar until the child reaches six months of age

16. Below is a list of statements which describe how you might feel about your job. Please check all that apply

- I feel motivated to do my job
- I am well managed at work
- I have received enough training to do my job well
- I have support for professional development
- I receive feedback and support during supervision visits
- I have a good working environment
- I have the right amount of responsibilities
- My work environment is secure enough to allow me to do my job
- I have the support from my organisation that I need to do my job properly
- I have access to reference materials, guidelines, and other resources
- I can ask for guidance and advice if I have a question
- I have all the required knowledge to do my job effectively
- I have all the required skills to do my job effectively

8 DATA ANALYSIS

The main objective of the capacity assessment tool is to understand the capacity of staff working in IYCF-E services to be able to improve the quality of the services. Therefore, it is vital to analyse the data to understand the level of education, experience, previous training, knowledge and motivation of staff.

An Excel sheet to show how to analyse the data is included as an Annex to this tool (Annex 2). It is a simple data analysis table for each question. The Excel sheet includes basic analysis and each organisation can do detailed data analysis based on their need.

Data analysis can be done for all data collected during assessment or it can be done for selected questions. The Excel sheet is not designed for data entry and analysis. It is developed to give idea how the data can be analysed. Each organisation or agency using the tool will need to design their own data entry tool, with automatic analyses, based on their need and context.

Based on the findings and identified gaps, a capacity development plan can be developed for the areas/facilities who participated in the assessment or for a group of people providing IYCF-E services.

The capacity development plan can include but is not limited to:

- theoretical and practical face-to-face trainings on IYCF-E
- webinars
- online training
- on-the-job training/coaching/mentoring
- experience sharing/field visits
- supportive supervision
- opportunities for further education.



ANNEXES

Annex 1 (next page) IYCF/IYCF-E answer sheet. Available as a Word file [here](#).

Annex 2 Excel sheet to show how to analyse results. Available [here](#).



Annex 1

Knowledge assessment answer sheet

1. What is the global recommendation for duration of exclusive breastfeeding? (choose one)

- a. Four to six months
- b. Six months
- c. Twelve months
- d. At least one month

2. Identify three skills to build a mother's confidence and give her support (choose three)

- a. Correct caregiver's thoughts and feelings if you think they are wrong
- b. Recognise and praise what a caregiver is doing correctly
- c. Give practical help
- d. Give a lot of information using technical language
- e. Use simple language
- f. Give orders on what the mother should do

3. Identify two signs of good positioning of the baby during breastfeeding (choose two)

- a. Baby approaches breast, nose to nipple with a wide, gaping mouth
- b. The baby's head and body are in a straight line



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

c. Baby's body away from mother



Source: WHO/UNICEF IYCF counselling: Integrated course 2006



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

d. Baby's chin touches the breast



Taken from BFHI training course 2020. Photo © Felicity Savage

4. Identify two signs of good attachment of the baby to the breast (choose two)

a. Lower lip turned inwards



Taken from BFHI training course 2020. Photo © Felicity Savage

b. Baby's mouth wide open



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

c. The baby's head and body are in a straight line



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

d. Chin not close to breast



Source: WHO/UNICEF IYCF counselling: Integrated course 2006

e. Mother feels no pain

5. When should a mother breastfeed her baby? (choose one)

- a. Whenever the baby shows signs that s/he is ready
- b. Every three hours, according to a set schedule

6. Identify two RELIABLE signs that a baby less than six months is not getting enough breast milk (choose two)

- a. Poor weight gain
- b. Baby cries often
- c. Baby has hard, dry, or green stools
- d. No milk comes out when the mother expresses
- e. Baby passes a small amount of concentrated urine
- f. Very frequent breastfeeds

7. **A breastfeeding mother complains that her breasts are painful, feel hot, heavy, and hard. The skin around her breast is slightly shiny. Might her breasts be (choose one)**
- a. Engorged
 - b. Full
8. **What advice on complementary feeding would you give a caregiver who is concerned about how much her child is eating? (choose one)**
- a. The child will eat when they are hungry; let them feed themselves
 - b. Assist the child to eat, encourage but don't force them
 - c. Don't give too many different foods, this will confuse the child
 - d. Discipline the child if they become distracted from the meal
9. **Maternal conditions that may justify temporary avoidance of breastfeeding (select all that apply)**
- a. The mother is COVID-19 positive
 - b. Severe illness that prevents a mother from caring for her infant, for example sepsis
 - c. Herpes simplex virus type 1 (HSV-1)
 - d. The mother is worried she is not producing enough milk
 - e. The mother is stressed
 - f. The mother is taking sedating psychotherapeutic drugs
10. **Once a mother has stopped breastfeeding, she cannot restart (choose one)**
- a. True
 - b. False
11. **Which statement is true? (choose one)**
- a. During emergencies, it is safer to feed children using a bottle than a feeding cup
 - b. During emergencies, feeding a child using a bottle can increase the risks of disease
12. **What advice could you give the caregiver of a one-year-old child who has an illness? (Select all that apply)**
- a. Give the child infant formula
 - b. Give the child less to eat than usual
 - c. Continue to breastfeed
 - d. Feed small amounts frequently
 - e. Wait for the child to ask for food

13. Which item is covered by the International Code of Marketing Breast-milk Substitutes? (choose one)

- a. Formula/any milk marketed for children up to three years
- b. Breast pumps
- c. Nipple shields
- d. Complementary foods marketed for infants over six months

14. Which of the following undermines breastfeeding? (choose one)

- a. Discussing individualised infant feeding plans with mothers
- b. Offering formula in the first few hours after birth
- c. Providing a list of community support groups
- d. Affirming that the mother is doing a good job

15. What are the safer feeding options for non-breastfed infants under six months? (choose two)

- a. Provide any milk as available, including animal milk
- b. Wet nursing, feeding the infant from the breast of another breastfeeding mother (if culturally accepted)
- c. Infant formula
- d. Relactation, re-establishing or building up the mother's breastmilk supply
- e. Giving water and sugar until the child reaches six months of age

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