

## **IYCF-E Assessment Guide: Measuring progress to improve practice**

### **WEBINAR Q&A**

4 December 2024

1. Currently, emergency situations in Sudan are wars, displacement from one place to another, so how can the questionnaire be successful?

1. The Guide helps you agree with the team what are the information gaps and the best method you can use based on the context and the priorities. The Guide does provide for some standardised questionnaires that can be adapted depending on your needs.
2. The important questions that the IYCF-E Assessment Guide will help you answer are: what data/information on IYCF-E do you need in the context where you work? How urgently needed is that information? How fluid is the situation? What is the best methodology to use considering the situation? A quantitative survey may not be the first and more effective approach, maybe a rapid assessment? A more qualitative assessment? The IYCF-E Guide suggests questionnaires and tools appropriate for the methodology you decide to use, based on the specific needs and priorities.

2. Is there a link to SMART + which I believe has a component for IYCF indicators analysis? Is it possible to use SMART + / another software to automatically analyse IYCF indicators?

More information about SMART is in the Index: MODULE 1 ANNEX 2C. The link to the guide and the tools are [here](#).

3. What is the recommended IYCF indicator to regularly monitor complementary feeding consumption in emergency contexts? How regularly should it be measured?

1. For quantitative assessments we are using the WHO IYCF Indicators and for complementary feeding a very important indicator is the Minimum Dietary Diversity (MDD). MDD is measured as a 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. You may think of using more rapid assessment methodologies to assess the availability, quality, and diversity of foods available in the HHs. If you plan seasonal SMART surveys, and it is feasible to include IYCF, you may be able to capture MDD based on the various seasons. Again, the guide suggests other methodologies that may be more appropriate to measure complementary feeding practices.

2. We do have standard complementary feeding indicators like timely introduction of complementary feeding, MDD, MAF and MMF. All described in the guide and suggestions on how to estimate the needed sample size. But at the same time, we recommend using other sector information that may help understand the complementary feeding situation. Think about the type of food ration provided to the populations or how families use the cash or vouchers provided.

4. Can this guidance be used in non-emergency or protracted contexts as well? What are the recommendations from Dr. Oleg?

Yes, it can absolutely be used in non-emergency contexts as those contexts are usually less challenging! What was important was to have a guide that could adapt to the challenges of emergencies such as lack of access or lack of time and resources.

5. Could we possibly consider the application of the questionnaire in a nutrition surveillance system through pre-defined health facilities and a specific but modest sampling for community data collection? If yes, how regularly in a year this data should be collected per sentinella (district) site?

Yes, indeed, you can use the module on 'Using programme data' and adapt it to your nutrition surveillance system using sentinel sites.

6. How to conduct sampling in an insecure situation in a country when it is impossible to visit all the localities in the country? Should inaccessible areas be removed from the sampling frame?

I believe you are talking about quantitative assessments here. If it's impossible to get information by phone or through the local health workers, then yes, as SMART they would be removed but it needs to be mentioned in your report!

7. Since culture and context is quite different based on the geographical and natural, will you develop the standardised guideline for global, or separately? For instance, you mentioned that complementary feeding isn't usual practice as caregiver workload, but actually in our country not only workload but also, accessibility and logistical challenges in terms of intense conflict happen between government and ethnic groups.

This is exactly what a qualitative assessment would tell you about! A quantitative one would tell you how much of a practice it is or not in given areas. Then a qualitative one will explain all the contextual reasons why it happens or not.

8. If a project doesn't need all the IYCF indicators but some main selected based on project MEAL plan - what are the recommendations from Dr. Oleg on this?

The guide provides which indicator can be included based on the number of children. The tricky indicator is introduction of complementary foods (6-8 months) due to small sample size hence low precision in these results.

9. In which situation should we do rapid assessment or qualitative assessment? Which one should we choose and what should the sample size of that assessment be?

These are exactly the answers that you will find in the guide. A rapid assessment is usually made at the start of an emergency or when access is difficult, to help you identify what the biggest problems are. Once you have those answers, you can then do a qualitative assessment on the biggest issue your quantitative assessment (rapid or not) identified. A quantitative assessment tells you about the 'WHAT', and a qualitative assessment will tell you about the 'WHY' so that you can design your project accordingly.

10. What are the implications of including IYCF in a SMART survey given it's going to increase the length of the survey questionnaire quite a lot, as well as increase burden on the survey enumerators? What are the cautionaries from the global SMART team?

This is the question that needs to be asked every time we build a questionnaire in general, less is more, indeed, which is why it's really important to look at secondary data and programme data first as you might have your answers there. Additional questions nested in SMART should be the ones that couldn't be answered through those means.

11. What were the main challenges and limitations in the pilot countries when they use this guidance - especially when they are nested in a standard SMART survey?

The pilot helped shape and finalise the current guide. All countries have called for a simpler and easy to understand guide that provides detailed steps in conducting IYCF-E Assessment (qualitative, quantitative, rapid assessment, etc).

12. What's the relationship/difference between IYCF assessments and MIYCN surveys?

In general, the IYCF quantitative assessments focus on IYCF indicators, these are generally the standard WHO/UNICEF Indicators. The maternal nutrition component contains additional indicators for pregnant women and lactating mothers. In case of other methodologies, the same applies, you will have information that is more focused on the child and information that is more focused on the pregnant woman or the lactating mother.

13. How to conduct a rapid IYCF assessment in a situation of emergency? As it affects at a country level.

Please refer to the guidance. The IYCF-E Assessment Guide will give you the step-by-step procedure on how to go about deciding what assessment and methods you can use in your context and based on your data gaps.

14. About CARE guidance, was CARE involved in this work? Is it agreed that the CARE guidance should be disregarded/ not recommended anymore?

Many GNC partners collaborated on this guide, especially the members of the IFE Core Group and the Nutrition Information Working Group. The IYCF-E Guide includes some of the recommendations of the Care Guide but expands on the scope. The new Guide includes a set of other methodologies that the Care Guide does not include.

15. To the SMART Global speaker, do you see the adaptation of SMART Plus or nutrition assessment with this new IYCF guideline?

Yes, this Guidance will be used for the SMART+ implementation.

16. Does the tool offer guidance on remote data collection for heard to reach areas.

We have some guidance on this. Please let us know if you think this will suffice at this stage. Thanks.

For any questions about the webinar, feel free to email us at:  
ife@enonline.net and aiellamo@fhi360.org.

Access the webinar recordings and related resources [here](#).

If you need nutrition in emergencies support, you can [reach out to the GNC team](#).

