

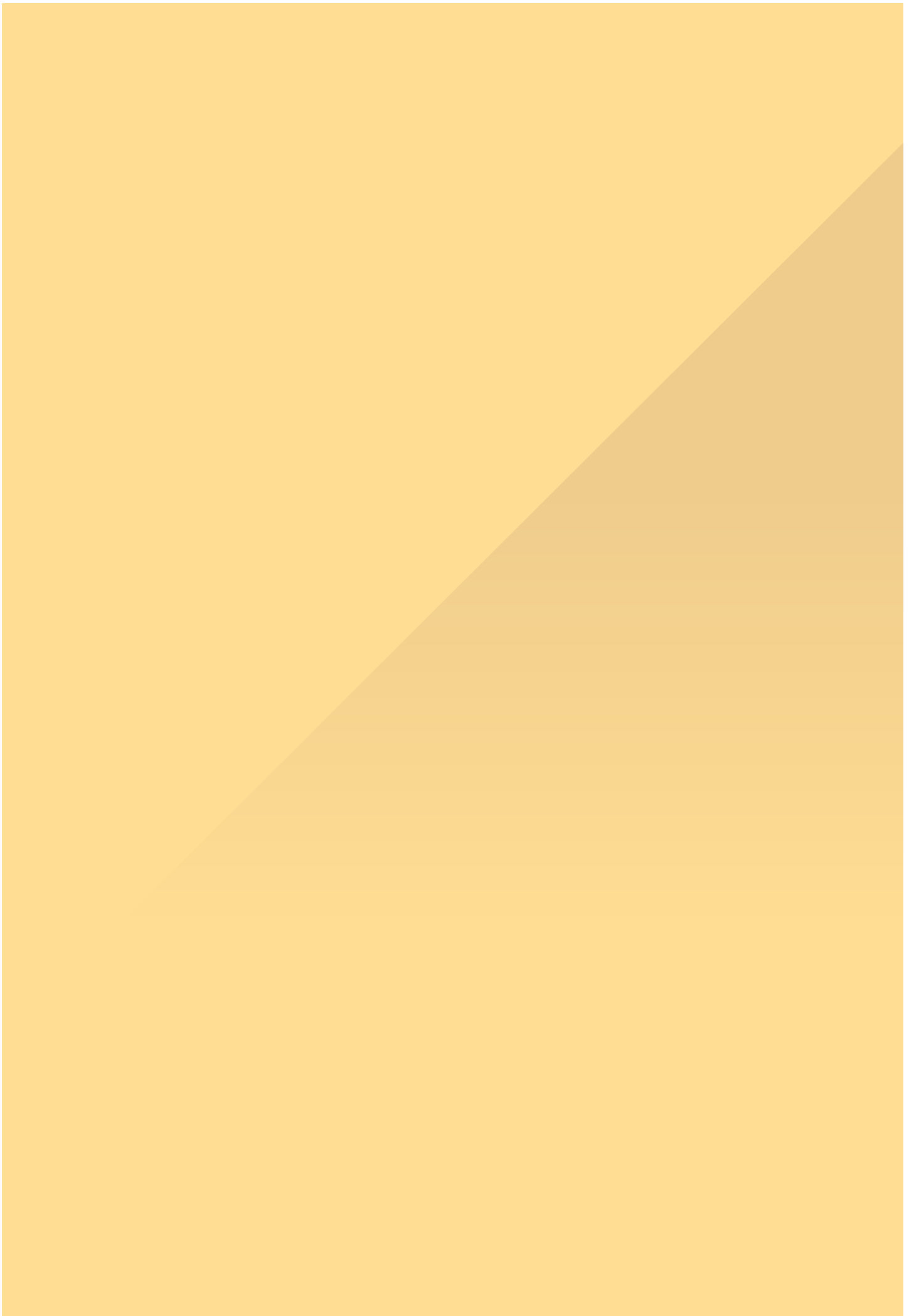
UNHCR
STANDARDISED EXPANDED
NUTRITION SURVEY (SENS) GUIDELINES
FOR REFUGEE POPULATIONS

MODULE 4:
INFANT AND YOUNG CHILD FEEDING
(IYCF)

A PRACTICAL STEP-BY-STEP GUIDE

VERSION 3 (2018)





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Table of Contents

KEY MESSAGES	3
DEFINITION OF SOME KEY TERMS	5
OBJECTIVES AND TARGET GROUPS	7
DATA COLLECTION	9
MEASUREMENT METHODS	9
MATERIAL NEEDED	10
ETHICAL CONSIDERATIONS	12
STANDARD PROCEDURE AND QUALITY ASSURANCE	12
TRAINING	13
THEORETICAL COMPONENT	13
PRACTICAL COMPONENT	15
QUESTIONNAIRE AND RATIONALE FOR QUESTIONS	16
DATA REVIEW	27
DAILY QUESTIONNAIRE CHECK AND OVERSEEING INTERVIEWS	27
DATABASE CHECK	27
PRESENTATION OF RESULTS	28
RESULTS TABLES AND FIGURES	29
DATA ANALYSIS	33
ANALYSIS PROCEDURES	33
COMMON ERRORS AND CHALLENGES IN DATA ANALYSIS	38
USE OF RESULTS	39
RECOMMENDATIONS	40
REFERENCES	41
ANNEX 1 - SENS IYCF QUESTIONNAIRE	44
ANNEX 2 - TRAINING IDEAS	48
ANNEX 3 - EPI INFO DATA ANALYSIS	51

Key messages

- UNHCR supports the policy of the World Health Organization (WHO) concerning safe and appropriate infant and young child feeding, in particular by protecting, promoting and supporting exclusive breastfeeding for the first six months of life and continued breastfeeding for two years or beyond, with timely and correct use of adequate complementary foods. The use of milk products in refugee settings must conform to the UNHCR milk policy¹. UNHCR is required and committed to protecting the interests of artificially fed infants who may or may not be breastfed. This protection has two components: minimising the risks associated with artificial feeding while maximising the nutrition, health and development of non-breastfed children in refugee settings.
- Breastfeeding guarantees food and fluid security in infants for the first six months and provides active immune protection and remains a significant source of energy, nutrients and protection up to two years and beyond.
- Breastfeeding is an unequalled way of providing complete hygienic food for the healthy growth and development of infants, and forms a unique biological and emotional basis for the health of both mother and child. In addition, the active anti-infective properties of breastmilk help to protect infants against disease, and there is an important relationship between exclusive breast-feeding and child spacing. Breastmilk alone (exclusive) satisfies the nutritional and fluid requirements of an infant for the first complete six months of life in all settings and climates. After six months, adequate and appropriate infant complementary foods become necessary to complement breastmilk in order to meet the energy and other nutrient requirements of the infant (timely complementary feeding). Breastmilk remains a significant source of energy, nutrients and protection up to two years and beyond.
- Infant and young child feeding (IYCF) practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. Protecting, and where necessary, improving on, infant and young child feeding practices in children aged 0-23 months of age is therefore critical to improved nutrition, health and development of children. Infants and young children who are not breastfed – temporarily or long-term – need early identification and appropriate support to minimise risks.
- The inclusion of this IYCF module in routine SENS surveys will provide information on some priority IYCF indicators among children 0-23 months. If a more detailed analysis of IYCF is needed to assess programme impact, it is recommended to implement a stand-alone IYCF survey using the CARE guidelines (January 2010).
- The majority of questions for this IYCF module are taken from the WHO and CARE Guidelines on IYCF that seek to harmonise the surveys undertaken in the sector. The harmonisation of survey instruments and survey design allows for comparison e.g. between national populations and refugee populations. Providing good quality training to survey teams and supervising them well will help ensure that data are reliable.

¹ Infant and young child feeding practices Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months, UNHCR – 2015 (Version 1.1)
<http://www.unhcr.org/publications/operations/55c474859/infant-young-child-feeding-practices-standard-operating-procedures-handling.html>

- Standard questionnaires should be used for the collection of IYCF indicators and the exact same questions and number of questions should be asked from year to year to allow direct comparisons of results. The questions on liquids and foods should be adapted to the local context (the wording of the actual questions should not be changed). Attention to accurate estimation of age is critical for quality indicator measurement.
- There are standard ways of reporting IYCF indicators that should be followed in all SENS survey reports produced in refugee contexts.

Definition of some key terms

Breastmilk substitutes: also referred to as BMS. It includes any food being marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. In practical terms, foods may be considered a BMS depending on how they are marketed or represented. These include infant formula, other milk products, therapeutic milk, and bottle-fed complementary foods marketed for children up to two years of age and complementary foods, juices and teas marketed for infants under six months.

Commercial baby foods: industrially produced and marketed infant complementary foods, such as branded jars, packets of dried, semi-solid or solid foods.

Complementary feeding (previously called ‘weaning’ and more accurately referred to as ‘timely complementary feeding’): the child receives age-appropriate, adequate and safe solid or semi-solid food in addition to breastmilk or a breastmilk substitute.

Exclusive breastfeeding: an infant under 6 months receives only breastmilk and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Food group: a group of foods that have similar nutritional properties and is part of the hierarchy of the food pyramid, such as cereal group, milk group, meat and protein group, fruit and vegetable group, fats and sweets group.

Infant: a child aged less than 12 months.

Infant complementary food: any food, whether industrially produced or locally prepared, used as a complement to breastmilk or to a breast-milk substitute. The term ‘infant complementary food’ is used to distinguish between complementary food referred to in the context of infant and young child complementary feeding, and complementary food used in the context of Food Assistance, which are foods (beyond the basic food aid commodities) provided to an affected population to diversify their dietary intake and complement the ration, e.g. fresh fruits and vegetables, tinned fish/meat, condiments or spices. Infant complementary foods should not be marketed for infants under six (completed) months.

Infant formula: is a breastmilk substitute formulated industrially that should be in accordance with applicable Codex Alimentarius standards.

Lipid-based nutrient supplement (LNS): these are a family of products designed to deliver nutrients to vulnerable people. They are considered ‘lipid based’ because the majority of the energy provided by these products is from lipids (fats). All LNS provide a range of vitamins and minerals, as well as energy, protein, and essential fatty acids. LNS formulations can be tailored to meet the nutrient needs of specific groups and to fit in particular programmatic contexts. Product brand names include Nutributter®, Plumpy’doz®, Wawa Mum, eeZee20™ and eeZee50™.

Micronutrient powder (MNP): MNPs provide no energy (kcal) in the diet. They are usually packaged in individual sachets to provide a dose of selected vitamins and minerals in powder form, to be added to foods directly after cooking. MNPs have been shown to be efficacious in treating and preventing anaemia. Product brand names include Sprinkles™, MixMe™ and Pushtikona.

Milk products: dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk; soya milks; evaporated or condensed milk; fermented milk or yogurt.

Optimal infant and young child feeding: early initiation (within one hour of birth) of exclusive breastfeeding, exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods, while breastfeeding continues for up to two years of age or beyond.

Powdered milk: dehydrated milk or dried milk in the form of a powder. Powdered milk is different than infant formula (see definition above).

Predominant breastfeeding: this is an optional WHO IYCF indicator and represents the proportion of infants under 6 months who are predominantly breastfeeding. As the proportion of infants under 6 months who are exclusively breastfed may be quite low in some populations, the intent of this indicator is to identify infants whose predominant source of nourishment is breastmilk, but who also receive other fluids. These include liquids such as water-based drinks, fruit juice and ritual fluids. Non-human milk and food-based fluids are not allowed.

Ready-to-use supplementary foods (RUSF): these are mostly oil seed or peanut-based pastes (although other recipes are being tested in the field). RUSF can be designed to include precise quantities of macro and micronutrients for different target groups. Increasingly RUSF are being used in the field to address moderate acute malnutrition (MAM). Product brand names include but are not limited to Plumpy'Sup® and eeZeeRUSF®.

Ready-to-use therapeutic foods (RUTF): these are soft pastes or crushable foods that can be consumed directly from the packet by children from the age of six months. The formula for RUTF is specifically designed for the dietary treatment of severe acute malnutrition (SAM) before the onset of medical complications or when these are under control after stabilisation. Product brand names include but are not limited to Plumpy'Nut® and eeZeePaste™. RUTF is being increasingly manufactured at a national or sub national scale.

Young child: a child aged 12-<24 months (12-23 completed months, 12 through 23 months or 12 up to 24 months). This age group is equivalent to the definition of toddler (12-23 months) as defined in the World Health Report 2005, p.115.

Objectives and target groups

The standard age group to include in an IYCF assessment is children aged 0-23 months (meaning children aged 0 to <24 months).

This IYCF module aims to measure the following priority indicators:

WHO IYCF indicators

1. Timely initiation of breastfeeding in children aged 0-23 months (meaning children aged 0 to <24 months)
2. Exclusive breastfeeding under 6 months (meaning infants aged <6 months)
3. Predominant breastfeeding under 6 months (meaning infants aged <6 months)
4. Continued breastfeeding at 1 year in children aged 12-15 months (meaning children aged 12 to <16 months)
5. Continued breastfeeding at 2 years in children 20-23 months (meaning children aged 20 to <24 months)
6. Introduction of solid, semi-solid or soft foods in infants aged 6-8 months (meaning infants aged 6 to <9 months)
7. Consumption of iron-rich or iron-fortified foods in children aged 6-23 months (meaning children aged 6 to <24 months)
8. Bottle feeding in children aged 0-23 months (meaning children aged 0 to <24 months)

UNHCR IYCF indicators

9. No breastfeeding under 6 months (meaning infants aged <6 months)
10. No breastfeeding under 12 months (meaning infants aged <12 months)

Objectives should be worded as follows in the survey protocol and report:

- To investigate IYCF practices among children 0-23 months.

Things to note:

- When IYCF indicators are collected in nutritional surveys based on GAM in children aged 6-59 months, it is not feasible to achieve a large enough sample size for some of the indicators to be estimated as precisely as desired, especially for indicators covering a very narrow age range (e.g. 6-8 months, 12-15 months, 20-23 months). Nevertheless, including this IYCF module in the SENS survey will provide trend data from year to year for certain priority indicators to monitor programme performance (see Results section) and will flag major problems with IYCF, which need further investigation. The confidence intervals are an integral part of the results in this IYCF module².

² The 'precision' of the estimate is measured by a statistical term known as the confidence interval (CI). This reflects the error introduced by the sampling method and the sample size. Confidence intervals are usually associated with a probability of 95 per cent, which is equivalent to saying that if the survey is done 100 times the true population value will be within the range of the confidence interval 95 times out of 100.

- Guidance is provided in the **Results section** on the precision level that should be achieved for two of the key, WHO indicators (**continued breastfeeding at 2 years; introduction of solid, semi-solid or soft foods**) to be considered valid. If the recommended precision level is not achieved for these two IYCF indicators at the end of the SENS survey, then the indicators should be excluded and not reported in the final SENS report. No precision level recommendations are provided for the other IYCF indicators as analyses of 155 SENS surveys conducted between 2011 and 2016 indicated that in most surveys, an acceptable precision level was reached.

Data collection

Measurement methods

IYCF indicators are assessed using interviews with mothers or the main caregiver of young children.

In order for the measurement methods to be reliable, it is vital that the questions are asked exactly as they are written and that any modification is agreed with all the surveyors so that the methodology is as standardised as possible.

What people eat varies by geography, wealth and custom. Therefore, the locally available liquids and iron-rich / iron fortified foods used in the specific context must be investigated and categorised correctly in the generic SENS questionnaire.

When adapting the liquid list, it is critical to include all special liquids that may be given to infants under six months of age. Otherwise, estimates of the prevalence of exclusive breastfeeding may be biased (inflated).

It is crucial to invest time in assessment of infant age as IYCF indicators rely on accurate age assessment. A tendency to round age upwards and to key ages, e.g. rounding age up to 6 months when the child is actually still 5 months of age, will bias the prevalence of exclusive breastfeeding and introduction of solid, semi-solid or soft foods, for example.

It is crucial to ask the exact same questions from year to year in surveys conducted in the same areas once you have well adapted the standard questionnaire to the context.

The following steps should be followed to adapt the liquid and iron-rich / iron fortified food lists to the specific refugee contexts:

- Consult staff and nutritionists from health facilities, nutrition programmes, UNHCR, WFP, UNICEF and other partners.
- Visit homes and talk with mothers or other primary caregivers.
- Visit markets and stores to look at available brand names of products in the survey area (take pictures of the various products you see if possible).
- Consult existing liquid and food lists from previous surveys in the refugee settings and in the country (e.g. DHS, WFP / FAO, UNICEF).
- Name specific liquids and foods that your target population is familiar with.
- When asking about commercially available foods, use local brand names.
- Include all common names for items: because beverage and food names can vary significantly, even in the same language, care should be taken during translation. If a popular food has more than one common name, consider including several names in the questionnaire. Therefore, it is useful to discuss the liquid and food with individuals familiar with local names used throughout the survey area.

- Consider distributed food commodities: distributed foods in refugee settings often include fortified blended foods such as CSB+ / WSB+, CSB++/WSB++, and may include micronutrient powders or lipid-based nutrition supplements. Children being treated for SAM as an outpatient in the community will be receiving RUTFs and children being treated for MAM will either receive RUSFs or a fortified blended food or pre-mix.

Material needed

- IYCF survey questionnaire (1 per child surveyed).
- Technical forms for MDC surveys. Paper questionnaires for paper-based surveys (always carry extra copies).
- The SENS IYCF questionnaire for children 0-23 months is shown in **Annex 1** or see SENS Pre-Module tool: [**Tool 11-** Full SENS Questionnaire] and [**Tool 12-** Full SENS Questionnaire with Instructions].



Calculations

WHO INDICATORS

- IYCF feeding practices are assessed based on standard WHO recommendations (WHO, 2007) as follows:

Timely initiation of breastfeeding in children aged 0-23 months: Proportion of children 0-23 months who were put to the breast within one hour of birth

$$\frac{\text{Children 0-23 months who were put to the breast within one hour of birth}}{\text{Children 0-23 months of age}}$$

Exclusive breastfeeding under 6 months: Proportion of infants 0–5 months of age who are fed exclusively with breast milk: (including expressed breast milk or from a wet nurse, ORS, drops or syrups (vitamins, breastfeeding minerals, medicines))

$$\frac{\text{Infants 0–5 months of age who received only breast milk during the previous day}}{\text{Infants 0–5 months of age}}$$

Predominant breastfeeding under 6 months: Proportion of infants 0–5 months of age who are predominantly breastfed

$$\frac{\text{Infants 0–5 months of age who received breast milk as the predominant source of nourishment during the previous day}}{\text{Infants 0–5 months of age}}$$

Continued breastfeeding at 1 year: Proportion of children 12–15 months of age who are fed breast milk

$$\frac{\text{Children 12–15 months of age who received breast milk during the previous day}}{\text{Children 12–15 months of age}}$$

Continued breastfeeding at 2 years: Proportion of children 20–23 months of age who are fed breast milk

Children 20–23 months of age who received breast milk during the previous day
 Children 20–23 months of age

Introduction of solid, semi-solid or soft foods: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

Infants 6–8 months of age who received solid, semi-solid or soft foods during the previous day
 Infants 6–8 months of age

Consumption of iron rich or iron fortified foods: Proportion of children 6–23 months of age who receive an iron-rich or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home

Children 6–23 months of age who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day
 Children 6–23 months of age

Bottle feeding: Proportion of children 0–23 months of age who are fed with a bottle

Children 0–23 months of age who were fed with a bottle during the previous day
 Children 0–23 months of age

UNHCR indicators

No breastfeeding under 6 months: Proportion of infants 0–5 months of age who are not breastfed

Infants 0–5 months of age who did not receive breast milk during the previous day or were never breastfed
 Infants 0–5 months of age

No breastfeeding under 12 months: Proportion of infants 0–11 months of age who are not breastfed

Infants 0–11 months of age who did not receive breast milk during the previous day or were never breastfed
 Infants 0–11 months of age

Ethical considerations

- A standard IYCF questionnaire will be administered with the consent of the household. Refer to **SENS Pre-Module Step 13** for guidance on approaching households and seeking informed consent.

Standard procedure and quality assurance

- A standard IYCF questionnaire will be administered at each of the selected households for all children 0-23 months of age, if any, with the consent of the household (**refer to the SENS Pre-Module Step 8**).
- The respondent should be the mother or the main carer responsible for feeding the child aged 0-23 months in the household.

Training

- The training needs to contain a mix of theory, practical exercises (especially role plays) as well as a written or verbal test. **Annex 2** provides some training ideas.
- It is crucial that the survey manager(s) refresh their skills before beginning the training and read all of the background material provided.
- The training on the SENS IYCF questionnaire will require at least half a day.
- The IYCF questionnaire should be adapted prior to the training by listing the locally available liquids and iron-rich / iron fortified foods that apply to the specific context.
- The training session is also a useful opportunity to identify any previously unseen problems with the liquid and food lists or question formats.

Theoretical component

The theoretical component of the IYCF module should include:

- Overview of module, questionnaire and procedure to be followed
- The rationale for asking specific questions
- Information on specific liquids and iron-rich / iron fortified foods
- Information to help surveyors distinguish different liquids and foods specific to their area
- A short written or verbal test (see **Annex 2**)

Things to watch out for:

- **Table 1** describes the most common errors experienced by survey workers in data collection. These should be emphasised during the training and the survey supervisor / manager should focus on these when assessing the teams' performance during supervision throughout the survey.

TABLE 1 COMMON ERRORS AND CHALLENGES IN DATA COLLECTION

Common errors	Examples	Solution
Wrongly assessing age eligibility of the child	Completing the IYCF interview on a child that is 24 months of age and has reached his / her second birthday.	Ensure that the inclusion and exclusion birthdates and months are clear to the surveyors.
Respondents feel embarrassed to answer the questions	Women may not feel comfortable answering questions if the enumerator is male.	Investigate the likelihood of this being a problem prior to the survey and ensure that there is at least one female interviewer per survey team.
Respondents do not understand the questions or the information is too difficult to report	High percentage of 'don't know' categories.	Review questions and translation. Ensure that the respondent is the main caregiver of the child.
Inconsistencies in data collection	The child has never been breastfed (response 'no' to 'ever breastfed') but the child was breastfed yesterday.	The supervisor must check the questionnaires; either in the field or at the end of the day and rectify any errors as quickly as possible.
Question is not read exactly as it is written	The surveyor asks about liquids given the day of the survey and does not use the 24 hours recall period by asking specifically about 'yesterday, during the day or at night...?'	The training needs to highlight the common pitfalls. During supervision, close attention must be paid to these pitfalls.
Surveyor does not understand the question well enough	The surveyor thinks that a clear broth is a solid or semi-solid (soft, mushy) food as opposed to a water-based liquid.	The training needs to ensure that surveyors are well prepared so that they can explain this question to the respondents in a standardised fashion.
The respondent does not understand the reasons for the survey	The respondent thinks it will entitle them to additional food and hence answers that no liquids or no foods were given to their child, biasing the answers.	The training needs to ensure that surveyors understand the purpose of the survey and explain it well to respondents.

Practical component

- The practical component should form the main part of the training and should employ role-play to ensure that surveyors are following standard procedures and that they communicate effectively and respectfully with respondents.

Guidance for survey managers

- **Tables 2-6** provide instructions on the questionnaire for adaptation to the local context and instructions to be given to the surveyors.
- The IYCF module training should ensure that surveyors have adequate practice in using the questionnaire.
- Revise the list of liquids and iron-rich / iron-fortified foods to reflect the specific context of the survey.
- Prepare / translate and back translate the questionnaire: do not change the wording of the questions.
- Breastfeeding may be a sensitive topic in some situations and this should be assessed prior to the survey so that acceptable ways of asking the mother or main caregiver about breastfeeding can be determined. It may be necessary to have female surveyors interviewing female respondents.
- Some participants will learn more quickly than others and they should be paired with the less able surveyors both in the training and in the field.

Basic instructions for survey teams

- Survey teams need to be trained on interview techniques: introduction, consent, confidentiality etc.
- It is very important that surveyors ask each question exactly as it is written on the questionnaire.
- The question may need to be repeated again but the wording should not be changed too quickly as it may be that the respondent did not hear properly or was not concentrating.

Questionnaire and instructions

- The IYCF SENS questionnaire for children 0-23 months is shown in **Annex 1**. See SENS Pre-Module tools: [**Tool 11-** Full SENS questionnaire] and [**Tool 12-** Full SENS Questionnaire with Instructions].
- The **Tables 2-6** below provide instructions on the questionnaire for adaptation to the local context, explain the rationale of each question and highlight special instructions to be given to the surveyors.



TABLE 2 IYCF MODULE: EXPLANATION OF QUESTIONS FOR SECTION CHILD1

Question number/ Section CHILD1	Variable name	Question	Special Instructions
			<p>This section is to be administered to all children in the selected households between 0-59 months if the IYCF module is included (or 6-59 months if the IYCF module is not included).</p> <p>These questions need to be asked to the mother or the main caregiver.</p>
CH1	ID	ID number	<p>Include as many eligible children as there are in the household.</p> <p>The ID number is automatically generated in mobile data collection (MDC) surveys for each household starting at 1.</p>
CH2	CHCONST	<p>Was consent given for conducting the interview and the measurements?</p> <p>1= Yes 2= No</p>	<p>Ensure that you have introduced the team and informed them about the interview and the measurements.</p> <p>If answer is « 2 » (No), stop here for the child questionnaire.</p>
CH3	CHNAME	Name of the child	This is asked to facilitate the interview process. Usually only the first name is entered. The name of the child/respondent will not be used.
CH4	SEX	Sex of [NAME OF CHILD]?	Sex is recorded as male ("m") or female ("f").

Question number/ Section CHILD1	Variable name	Question	Special Instructions
CH5	XDOBK	<p>Do you have an official age documentation for [NAME OF CHILD]?</p> <p>1= Yes 2= No</p>	<p>The exact date of birth (day, month, year) is recorded from either an EPI card, child health card or birth notification if available. Note that the 'UNHCR manifest' should <u>never</u> be used for recording the age of a child.</p> <p>If no reliable proof of age is available, age is estimated in months using a local events calendar or by comparing the selected child with a sibling or the child of a neighbor whose ages are known, and is recorded in months on the questionnaire (question CH7).</p> <p>If the child's age can absolutely not be determined by using a local events calendar or by probing, the child's height can be used for inclusion; the child must measure between 67 cm and 110 cm.</p> <p>This variable is not used during analysis. Refer to SENS Anthropometry and Health tool: [Tool 2- Setting-up ENA software for SENS] for guidance on how to format age data.</p> <p>If answer is « 2 » (No), go to CH7.</p>
CH6	BIRTHDAT	<p>[NAME OF CHILD]'s date of birth (Day/ Month/Year)</p> <p>dd/mm/yyyy</p>	<p>The exact birth date should only be taken from an age documentation showing day, month and year of birth.</p> <p>For paper-based surveys: record from age documentation. Leave blank if no valid age documentation.</p>
CH7	MONTHS	<p>Age of [NAME OF CHILD] in months</p> <p>Lower limit=0 months (or 6 months if the IYCF module is not included)</p> <p>Upper limit=59.99 months</p>	<p>Since no age documentation is available, estimate age using a local events calendar.</p> <p>For paper-based surveys: if age is documentation available, record the age in months from the date of birth.</p> <p>This is automatically calculated in MDC if birthdate is available.</p> <p>Refer to SENS Module Anthropometry and Health tool: [Tool 1- Local events calendar] for a model local events calendar with instructions on how to use and adapt.</p>

TABLE 3 IYCF MODULE: EXPLANATION OF QUESTIONS FOR SECTION IYCF1

Question number/ Section IYCF1	Variable name	Question	Rationale	Special Instructions
				<p>This section is to be administered to the mother or the main caregiver who is responsible for feeding the child and the child should be between 0 and 23 months of age. Exclude if SENS IYCF module is not included.</p> <p>In MDC surveys, this section is automatically skipped for the children not eligible based on age (≥ 24 months).</p>
IF1	EVERBF	Has [NAME] ever been breastfed? 1=Yes 2=No 8=Don't know	The aim of this question is to confirm whether or not the child has ever received breastmilk from his / her own mother or another woman, even if the breastmilk was given by spoon, cup or bottle. For this question, it does not matter how long the child was breastfed for.	If the answer is '2' (No) or '8' (Don't know), the interviewer should skip to Question IF4.
IF2	INITBF	How long after birth did you first put [NAME] to the breast? 1=Less than one hour 2=Between 1 and 23 hours 3=More than 24 hours 8=Don't know	Early initiation (within one hour of birth) of exclusive breastfeeding significantly reduces the risk of neonatal mortality. Infants for whom initiation of breastfeeding is delayed to more than 24 hours after birth are 2.4 times more likely to die during their first month of life. The risk of neonatal death is increased approximately fourfold if milk-based fluids or solids are provided to breastfed neonates.	If respondent reports she put the infant to the breast immediately after birth, select '1' (less than one hour).
IF3	YESTBF	Was [NAME] breastfed yesterday during the day or at night? 1=Yes 2=No 8=Don't know	The aim of this question is to confirm whether or not the child received breastmilk from his / her own mother or another woman, even if the breastmilk was given by spoon, cup or bottle in the last 24 hours.	-

TABLE 4 IYCF MODULE: EXPLANATION OF QUESTIONS FOR SECTION IYCF2

Question number/ Section IYCF2	Variable name	Question	Rationale	Special Instructions
			The aim of these questions (IF4: 4A-4I and IF5) is i) to learn if the child is being exclusively breastfed for 6 months, ii) to determine infant formula intake and iii) to assess introduction of solid, semi-solid or soft foods using a 24-hour recall.	<p>This section is to be administered to the mother or the main caregiver who is responsible for feeding the child and the child should be between 0 and 23 months of age. Exclude if SENS IYCF module is not included.</p> <p>In MDC surveys, this section is automatically skipped for the children not eligible based on age (≥ 24 months).</p>
IF4		<p>Now I would like to ask you about liquids that [NAME] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods.</p> <p>Yesterday, during the day or at night, did [NAME] receive any of the following?</p> <p>1=Yes 2=No 8=Don't know</p>	<p>The aim of these questions is to learn about different types of liquids the child may have consumed the day before the interview (yesterday during the day or at night). It is extremely important to ask about all the different kinds of liquids listed. None of the liquid categories should be deleted. This is because if a child consumed any of the liquids, that child 0-5 months was not exclusively breastfed. Keep all liquid categories, they must not be deleted.</p>	<p>These questions are asked to all children aged 0-23 months to determine exclusive breastfeeding in children 0-5 months and to determine infant formula intake in children 0-23 months.</p> <p>It is crucial that the list of liquids be adapted to the local context.</p> <p>Read the question slowly and then read through each item in the list. Wait for the response after each item and record whether the child consumed the liquid or not.</p>
4A	WATER	Plain water	When a child is exclusively breastfed, s/he receives only breastmilk and no other liquids or solids, not even water.	This question only applies to plain water. If sugar or sweetened water was given, this is included in question 4I (other water-based liquids).

Question number/ Section IYCF2	Variable name	Question	Rationale	Special Instructions
4B	INFORM	Infant formula	Infant formula is a nonhuman milk product formulated from animal milk or vegetable protein (soy) and adapted to the physiological characteristics of infants. The risks of infection or malnutrition from using breastmilk substitutes are likely to be greater than the risk of HIV transmission through breastfeeding. Therefore, in accordance with global guidance, support breastfeeding mothers living with HIV to breastfeed for at least 12 months (early initiation and exclusive breastfeeding for the first six months) and to continue breastfeeding for up to 24 months or longer while being fully supported for adherence to ART. Where ARV drugs are unlikely to be available (such as interrupted supply in an emergency), breastfeeding of HIV-exposed infants is recommended in the interests of child survival. Breastfeeding should only stop once a nutritionally adequate and safe diet without breastmilk can be provided (Ops Guidance on IFE, section 6.34, v3, October 2017).	Add locally available brand names of fortified and non-fortified infant formula. Make sure that the surveyors distinguish between infant formula and milk powder (see below).
4C	MILK	Milk such as tinned, powdered, or fresh animal milk	Animal milks (in addition to infant formula) are also considered a breastmilk substitute.	Add locally available brand names of tinned and powdered milk. Powdered milk is dehydrated milk or dried milk in the form of a powder. Powdered milk is different from infant formula.
4D	JUICE	Juice or juice drinks	Juice and juice drinks are listed together because it is usually very difficult to distinguish between them in the field.	Add locally available brand names of juice drinks.
4E	BROTH	Clear broth	Clear broths are essentially water-based drinks.	Soups that are thickened in any way or include solid pieces of food should not be included here. They should be included in question IF5 (see below).

Question number/ Section IYCF2	Variable name	Question	Rationale	Special Instructions
4F	YOGURT	Sour milk or yogurt	<p>Thin, liquid yogurt is fed to infants and young children in some countries. However, the question is intended to capture all types of yogurt, not just thin, liquid yogurt.</p> <p>Sour milk is a food product, distinguished from spoiled milk, and is a general term for milk that has acquired a tart taste, either through the addition of an acid, such as lemon juice or vinegar, or through bacterial fermentation.</p>	Add local names of yogurt, including specific types of yogurt that are given to infants and young children.
4G	THINPOR	Thin porridge	Thin porridge or gruels are often the first semi-solid foods given to infants, including infants less than 6 months of age. Any type of thin porridge should be counted here, regardless of main ingredients (for example, it may be grain-based, root / tuber based, etc.).	In many countries, there are different terms for different consistencies of porridge. Use local terms for thin porridge that are usually fed to infants. Thick porridge (for example, as usually eaten by older children and adults) should be included in Question IF5 (see below).
4H	WHTACOF	Tea or coffee with milk	Although large amounts of tea and coffee would not be recommended for infants and young children, they are often given either with water alone or with milk. This question will capture tea or coffee given with milk.	Even if tea or coffee with milk is not given to infants and young children in the survey area, you should not delete this question. This question is necessary for the calculation of the WHO indicator on predominant breastfeeding under 6 months.
4I	WATLQD	Any other water-based liquids	<p>If there are other specific water-based liquids that are fed to infants and / or young children in particular, these should be specified here.</p> <p>Clear tea with no milk and black coffee should be listed here if given to infants and young children.</p>	List other water-based liquids available in the local setting, for example: sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids.

Question number/ Section IYCF2	Variable name	Question	Rationale	Special Instructions
IF5	FOOD	<p>Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food?</p> <p>1=Yes</p> <p>2=No</p> <p>8=Don't know</p>	<p>Solid / semi-solid foods include family foods, and also many special dishes prepared for infants.</p>	<p>Thick soups, stews and thick porridges should be included. Very thin, watery soups and gruels should not be included here because infants and young children do not get enough energy (calories) from very thin soups and gruels. These should be included under 'thin porridge' in Question 4G.</p> <p>Special nutrition products (e.g. CSB++, CSB+, RUSF, LNS) should be included here. Do not include RUTF.</p>

Note: For the calculation of the WHO indicator on predominant breastfeeding under 6 months, the following items from the above list are not 'allowed': infant formula, fresh animal milk or any tinned or powdered milk, sour milk or yogurt, thin porridge, tea or coffee with milk, solid or semi-solid food. All other items from the list above are 'allowed' under predominant breastfeeding. More explanations are provided in the Data Analysis section on pages 33-37.

TABLE 5 IYCF MODULE: EXPLANATION OF QUESTIONS FOR SECTION IYCF3

Question number/ Section IYCF3	Variable name	Question	Rationale	Special Instructions
				In MDC surveys, this section is automatically skipped for the children not eligible based on age (≥ 24 months).
IF6	BOTTLE	<p>Did [NAME] drink anything from a bottle with a nipple / teat yesterday during the day or at night?</p> <p>1=Yes 2=No 8=Don't know</p>	<p>Information on bottle feeding is useful because of the potential interference of bottle feeding with optimal breastfeeding practices, and the association between bottle feeding and increased diarrhoeal disease, morbidity and mortality. Bottles with a nipple / teat are particularly prone to contamination.</p> <p>Spoons, cups and gourds may also be dirty, but bottles with nipples / teats are even more likely to be contaminated and to make the baby sick.</p>	Make sure that the interviewer is aware that this question investigates whether the child received any food or drink from a bottle with a nipple / teat during the previous day including breastmilk, regardless of whether or not the infant was breastfed.

TABLE 6 IYCF MODULE: EXPLANATION OF QUESTIONS FOR SECTION IYCF4

Question number/ Section IYCF4	Variable name	Question	Rationale	Special Instructions
				In MDC surveys, this section is automatically skipped for the children not eligible based on age (≥ 24 months).
IF7		<p>Now I would like to ask you about some particular foods [NAME] may eat. I am interested in whether your child had the item even if it was combined with other foods.</p> <p>Yesterday, during the day or at night, did [NAME] consume any of the following?</p> <p>1=Yes 2=No 8=Don't know</p>	<p>The aim of these questions is to learn if the child is being fed iron-rich or iron-fortified products using a 24-hour recall.</p> <p>If a category of iron-rich or iron-fortified food is not available in the survey context, delete the question and do not ask to the respondent.</p> <p>Products that are specifically fortified to meet the needs of infants and young children can be extremely helpful in filling common nutrient gaps. Fortified products include: iron-fortified foods specifically formulated for infants and young children; ready-to-use therapeutic foods; ready-to-use supplementary foods; lipid-based nutrient supplements (which may be mixed with porridges or other foods); and other home fortification products such as micronutrient powders (or crushable tablets).</p>	<p>It is crucial that the list of iron-rich and iron fortified foods, and distributed commodities be adapted to the local context.</p> <p>Read the question slowly and then read through each item in the list. Wait for the response after each item and record whether the child consumed the food or not.</p> <p>Use local names for products.</p>
7A	FLESHFD	Flesh foods	<p>This includes meat, fish, poultry and liver / organ meats as shown below:</p> <ul style="list-style-type: none"> - beef, goat, lamb, mutton, pork, rabbit or other large wild (bush meat) or domesticated mammals - chicken, duck, or other wild or domesticated birds - cane rat, guinea pig, rat, agouti or other small wild (bush meat) or domesticated mammals - frogs, snakes, and other reptiles - insects - liver, kidney, heart or other organ meats or blood-based foods. 	<p>This group includes different types of flesh foods and red organ meats.</p> <p>Any processed / cured products made from these organ meats should also be included.</p> <p>Only include as example the flesh foods and red organ meats commonly used for infants and young children in the local context.</p>

Question number/ Section IYCF4	Variable name	Question	Rationale	Special Instructions
7B	FBF	FBF (IF APPLICABLE)	This includes fortified blended foods such as corn-soy blend (CSB) and wheat-soy blend (WSB). Most worldwide CSB supplies are now known as CSB+ or CSB Supercereal which contain an improved formulation of vitamins and minerals.	Only include the blended foods being distributed in the local context as examples. If there are no fortified blended foods being distributed in the local context, you should delete this question.
7C	FBFSUPER	FBF++ (IF APPLICABLE)	This includes newly developed fortified blended foods for infants and young children such as CSB++ / WSB++. FBF++ contains milk powder and lipids, and has a higher energy density than other types of FBF.	Only include the special blended foods being distributed in the local context as examples. If there is no FBF++ being distributed in the local context, you should delete this question.
7D	RUTF	RUTF (IF APPLICABLE)	This includes ready-to-use therapeutic foods such as Plumpy'Nut® and eeZeePaste™.	Only include the products being distributed in the local context as examples. The sachets of the product should be shown to the respondent to assist in the recall. If there are no RUTFs being distributed in the local context, you should delete this question.
7E	RUSF	RUSF (IF APPLICABLE)	This includes ready-to-use supplementary foods such as Plumpy'Sup® and eeZeeRUSF™.	Only include the products being distributed in the local context as examples. The sachets of the product should be shown to the respondent to assist in the recall. If there are no RUSFs being distributed in the local context, you should delete this question.
7F	LNS	LNS (IF APPLICABLE)	This includes lipid-based nutrient supplements such as Nutributter®, Plumpy'doz®, eeZee20™ and eeZee50™.	Only include the products being distributed in the local context as examples. The sachets or pot of the product should be shown to the respondent to assist in the recall. If there are no LNS being distributed in the local context, you should delete this question.
7G	INFORMFE	Infant formula (IF APPLICABLE)	This includes iron fortified infant formula <i>only</i> .	Note that the brand names may differ from Question 4B because only iron fortified infant formula is included here.

Question number/ Section IYCF4	Variable name	Question	Rationale	Special Instructions
7H	FOODFE	Iron fortified solid, semi-solid or soft foods (IF APPLICABLE)	This includes any iron fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local settings that are different than distributed commodities.	Include commercial baby foods that are iron fortified such as industrially produced and marketed complementary foods. Fortified bread/flour is designed to cover the needs of the entire population and hence should <u>not</u> be included in this question.
IF8	MNP	Yesterday, during the day or night, did [NAME] consume any food to which you added a [powder or sprinkles] like this? 1=Yes 2=No 8=Don't know (IF APPLICABLE)	This should only be asked in a setting where MNP are used.	The sachets of the product should be shown to the respondent to assist in the recall. If there are no MNPs being distributed in the local context, you should delete this question.

Data review

- Refer to SENS Pre-module Tool: [**Tool 15**- Standard Operating Procedure (SOP) for SENS data management] for guidance on how to conduct these checks.



Daily questionnaire check and overseeing interviews – for consistency, completeness and missing data

- The survey manager and supervisors will not have the chance to observe every interview conducted but they are responsible for reviewing every questionnaire for errors. Reviewing questionnaires should be done in the field, if possible, so that any problem can be resolved immediately and if not then at the end of each day.
- While in the field or at the end of each field work day, look at the filled forms on the smartphones (or the questionnaires if a paper-based survey was conducted) from each team and follow the procedure described below:
 - Check that consent was given for the interview (variable: CHCONST). If consent was not given, ask the surveyors if they know the reasons. If there are many refusals, understanding why will help clarify any misunderstandings, concerns or misconceptions with the community being surveyed.
 - Check for missing data and ‘don’t know’ answers (these should always be minimal). If there are missing values, the survey teams should be told the next day to be more careful and not miss any question. If there is a significant number of ‘don’t know’ answers for certain teams, the survey manager or supervisor(s) should accompany the teams the next day to the field to check on the way they conduct the interviews.

Database check

- Brief guidance on the data review process is provided in **Annex 3** using Epi Info 7 and in the SENS Pre-module Tool: [**Tool 15**- Standard Operating Procedure (SOP) for SENS data management].
- Free guidance on the use of Epi Info for Windows and training material on Epi Info can be found at the following site: <http://www.cdc.gov/EpiInfo>



Presentation of results

- IYCF results should be presented as proportions with 95% confidence interval (CI).
- When presenting the results from several camps with a representative sample drawn from each camp into one report, results can be presented two different ways: i) reporting results for each indicator from each camp separately or ii) combining results from all camps into one table per indicator. See SENS Pre-Module tools: [Tool 19- Dolo SENS Report 2017] and [Tool 20a- Jordan SENS Report 2016].
- When several camps are surveyed with a representative sample drawn from each camp, it is sometimes necessary and important to report combined results for each indicator. Weighting of the data will need to be done if you have conducted surveys in a number of different camps or areas, and need to combine the results for reporting or planning purposes. It is not required to report the combined results for all indicators or to report the confidence intervals for the combined estimates. See the SENS Pre-Module tool that will automatically generate weighed results for proportions and means: [Tool 21- Weighting Data Tool].
- All survey reports should present results according to the tables and figure shown below.
- Where an exhaustive (census) survey is conducted, confidence intervals should not be presented for IYCF indicators because all eligible children will be interviewed for IYCF practices.

Meaningful IYCF indicators results

- IYCF results collected within a SENS survey should be interpreted with caution.
- When IYCF indicators are collected in SENS surveys based on GAM in children aged 6-59 months, it is not feasible to achieve a large enough sample size for some of the indicators to be estimated as precisely as desired, especially for indicators covering a very narrow age range (e.g. 6-8 months, 20-23 months). Nevertheless, including this IYCF module in the SENS survey will provide trend data from year to year for certain priority indicators to monitor programme performance and will flag major problems with IYCF, which need further investigation. **The confidence intervals are an integral part of the results in this IYCF module³.**
- Guidance is provided below on the precision level that should be achieved for two of the key, WHO indicators (**continued breastfeeding at 2 years, introduction of solid, semi-solid or soft foods**) to be considered valid. If the recommended precision level is not achieved for these two IYCF indicators at the end of the SENS survey, then the indicators should be excluded and not reported in the final SENS report. **No precision level recommendations are provided for the other IYCF indicators as analyses of 155 SENS surveys conducted between 2011 and 2017 indicated that in most surveys, an acceptable precision level was reached.**


³ The 'precision' of the estimate is measured by a statistical term known as the confidence interval (CI). This reflects the error introduced by the sampling method and the sample size. Confidence intervals are usually associated with a probability of 95 per cent, which is equivalent to saying that if the survey is done 100 times the true population value will be within the range of the confidence interval 95 times out of 100.

- If the acceptable precision shown in **Table 7** is not achieved for either of the two indicators on continued breastfeeding at 2 years and introduction of solid, semi-solid or soft foods, the following sentence should be included in the final SENS report: *[specify the IYCF indicator name] was excluded from final analysis because the achieved precision was insufficient for meaningful results.*

TABLE 7 PRECISION LEVEL REQUIRED FOR MEANINGFUL IYCF RESULTS

Indicator	Age range	Minimal acceptable precision (%)
WHO INDICATORS		
Continued breastfeeding at 2 years	20-23 months	±15%
Introduction of solid, semi-solid or soft foods	6-8 months	±15%
<p>Instructions on how to derive the precision level from the results: calculate the half width of the confidence interval.</p> <p>e.g.: prevalence of 41% (23%-64% 95% CI).</p> <p>Precision is estimated as follows: $64-23=41$; $41 / 2 = \pm 20.5\%$.</p> <p>In this example the indicator would be excluded from final analysis because the achieved precision was insufficient for meaningful results.</p>		

Results tables and figures

- There is a trend graph that is recommended to be included in the final SENS report even though sample sizes are small for IYCF indicators collected as part of SENS surveys. Refer to **SENS Pre-Module Step 15** for a description on constructing trend graphs and on how to interpret trends and differences. For a tool that will automatically generate trend graphs, see SENS Pre-Module tool: [**Tool 17**-Trends and Graphs]. 
- Showing the recommended figure will allow for the assessment of trends. Note that, to identify a trend, it is advised that prevalence data from at least three time points are obtained. Trend analyses need to be interpreted with caution. Nevertheless, they can be useful for assessing the situation and major differences seen from year to year should warrant further investigation. The confidence intervals are an integral part of the results⁴. Assessment of changes over time should take into consideration population arrivals/departures, outbreaks, major changes in assistance, new nutrition programmes, etc.
 - In refugee camp settings, there can be large population movements in and out of the camps. These should not be ignored when interpreting change (or absence of change) in indicators over time.
 - When the surveyed population is not stable and varies in number and / or composition over time, a lack of change in a specific indicator (e.g. timely initiation of breastfeeding) is not necessarily due to a lack of effect of the interventions implemented in a refugee camp.
 - Contact UNHCR HQ / Regional offices for support on how to interpret trends⁵.

4 The 'precision' of the estimate is measured by a statistical term known as the *confidence interval (CI)*. This reflects the error introduced by the sampling method and the sample size. Confidence intervals are usually associated with a probability of 95 per cent, which is equivalent to saying that if the survey is done 100 times the true population value will be within the range of the confidence interval 95 times out of 100.

5 Monitoring and evaluation of programmes in unstable populations: Experiences with the UNHCR Global SENS Database <https://www.enonline.net/fex/57/unhcrglobalsensdatabase>

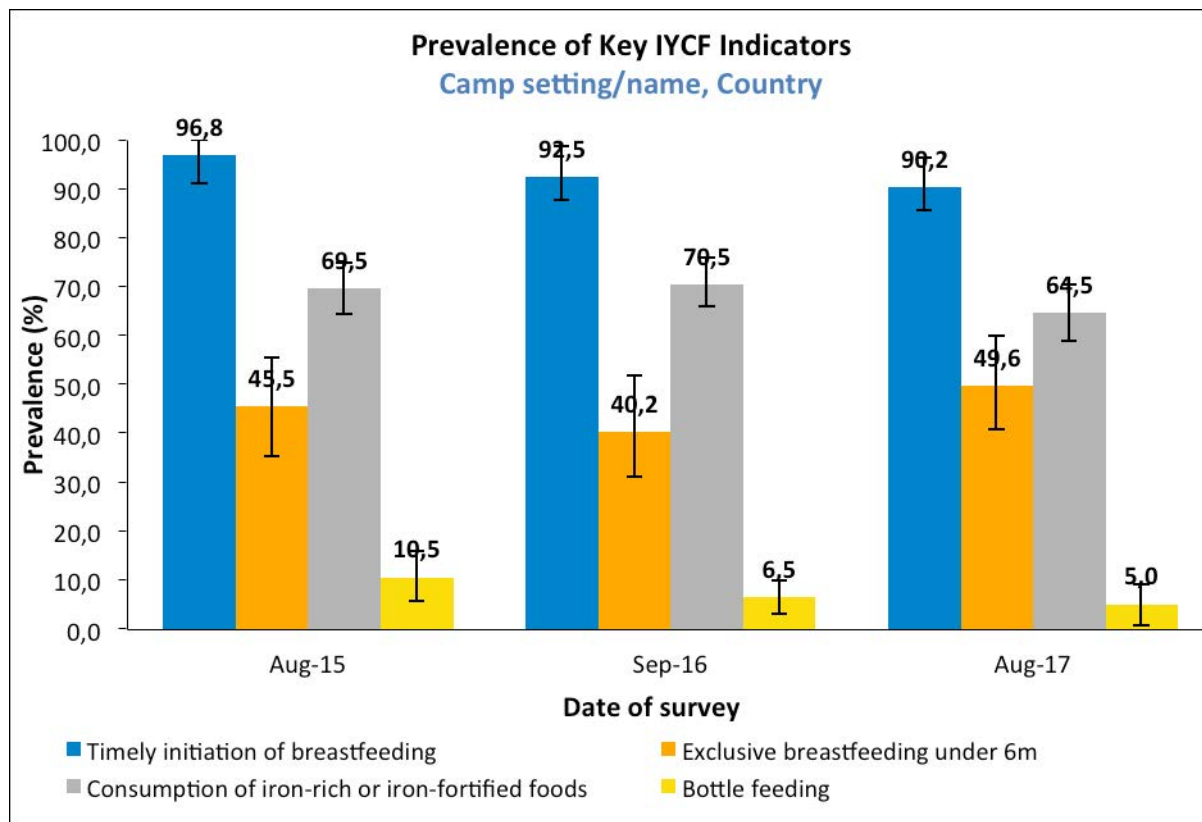
IYCF indicators

TABLE 8 PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS

Indicator	Age range	Number/ total	Prevalence (%)	95% CI
WHO INDICATORS				
Timely initiation of breastfeeding	0-23 months			
Exclusive breastfeeding under 6 months	0-5 months			
Predominant breastfeeding under 6 months	0-5 months			
Continued breastfeeding at 1 year	12-15 months			
Continued breastfeeding at 2 years	20-23 months			
Introduction of solid, semi-solid or soft foods	6-8 months			
Consumption of iron-rich or iron-fortified foods	6-23 months			
Bottle feeding	0-23 months			
UNHCR INDICATOR				
No breastfeeding under 6 months	0-5 months			
No breastfeeding under 12 months	0-11 months			

- The prevalence of a few IYCF indicators should be presented from year to year as shown in the example figure below.

FIGURE 1 KEY IYCF INDICATORS FROM 2015-2017 (THIS FIGURE CAN BE AUTOMATICALLY GENERATED BY USING SENS PRE-MODULE TOOL 17 – TRENDS AND GRAPHS)



Prevalence of intake

Infant formula

TABLE 9 INFANT FORMULA INTAKE IN CHILDREN AGED 0-23 MONTHS

	Number/total	% (95% CI)
Proportion of children aged 0-23 months who receive infant formula (fortified or non-fortified)		

Fortified blended foods (if applicable)

TABLE 10 FBF INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE FBF MAY BE CSB+ FOR EXAMPLE; DO NOT INCLUDE TABLE IF NO FBF DISTRIBUTED] (IF APPLICABLE)

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive FBF		

TABLE 11 FBF++ INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE FBF++ MAY BE CSB++ FOR EXAMPLE; DO NOT INCLUDE TABLE IF NO FBF++ DISTRIBUTED] (IF APPLICABLE)

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive FBF++		

Special nutritional products (if applicable)

TABLE 12 LNS INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE LNS PRODUCT MAY BE NUTRIBUTTER® OR PLUMPY'DOZ® FOR EXAMPLE; DO NOT INCLUDE TABLE IF NO LNS DISTRIBUTED] (IF APPLICABLE)

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive LNS		

TABLE 13 MNP INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE MNP MAY HAVE A SPECIFIC NAME; DO NOT INCLUDE TABLE IF NO MNP DISTRIBUTED] (IF APPLICABLE)

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive MNP		

Data analysis

Analysis procedures

- The first step in the data analysis process is to classify the categories into more easily manageable variables that relate to the indicators you are trying to measure. This involves recoding *some* of the responses into ‘new’ variables. **Tables 14-15** provide some guidance on calculating the indicators and recoding the variables and on using Epi Info software.
- Make sure that the data has been reviewed before starting the analysis process.
- Brief guidance on using Epi Info software for analysis is provided below. Refer to **Annex 3** for standard analysis commands using Epi Info 7. Free guidance on the use of Epi Info for Windows and training material on Epi Info can be found at the following site: <http://www.cdc.gov/EpiInfo>

TABLE 14 SUMMARY TABLE OF INDICATOR DEFINITIONS, CALCULATION AND QUESTIONS USED TO CONSTRUCT INDICATORS

Indicator Name	Definition	Calculation, variable names and remarks
1. Timely initiation of breastfeeding (children 0-23 months)	Proportion of children 0-23 months old who were put to the breast within one hour of birth	<p>Numerator: Number of children 0-23.99 months who were put to the breast within the first hour of birth (IF2=1 / INITBF=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of children 0-23.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') or with answer missing for IF2 (INITBF=8 or INITBF=(.))</p> <p><i>Timely</i> initiation of breastfeeding is calculated on <i>living</i> children only; it is different from <i>early</i> initiation (the indicator WHO recommends), which measures the number of <i>living</i> and <i>deceased</i> children who received breastmilk in the first hour of life.</p>
2. Exclusive breastfeeding under 6 months	Proportion of infants 0-5 months old who were fed exclusively with breastmilk in the past 24 hours	<p>Numerator: Number of infants 0-5.99 months who received breastmilk in the past 24 hours (IF3=1 / YESTBF=1) and did not receive any other liquids or foods in the past 24 hours (all of IF4: 4A-I=2 and IF5=2 / WATER and INFORM and MILK and JUICE and BROTH and YOGURT and THINPOR and WHITEACOF and WATLQD and FOOD=2)</p> <p><u>Divided by</u></p> <p>Denominator: Number of infants 0-5.99 months old</p> <p>Exclude from analysis children with answer 8 ('Don't know') for any of IF3, IF4: 4A-I or IF5 (YESTBF or WATER or INFORM or MILK or JUICE or BROTH or YOGURT or THINPOR or WHITEACOF or WATLQD or FOOD=8)</p> <p>Exclude from analysis children with answer missing for any of IF4: 4A-I or IF5 (WATER or INFORM or MILK or JUICE or BROTH or YOGURT or THINPOR or WHITEACOF or WATLQD or FOOD=(.))</p>
3. Predominant breastfeeding under 6 months	Proportion of infants 0-5 months old who were predominantly breastfed in the past 24 hours	<p>Numerator: Number of infants 0-5.99 months who received breastmilk in the past 24 hours (IF3=1 / YESTBF=1) and did not receive any non-human milk and food-based fluids in the past 24 hours (4B, 4C, 4F, 4G, 4H=2 and IF5=2 / INFORM and MILK and YOGURT and THINPOR and WHITEACOF and FOOD=2)</p> <p><u>Divided by</u></p> <p>Denominator: Number of infants 0-5.99 months old</p> <p>Exclude from analysis children with answer 8 ('Don't know') for IF3, IF4: 4B, 4C, 4F, 4G, 4H or IF5 (YESTBF or INFORM or MILK or YOGURT or THINPOR or WHITEACOF or FOOD=8)</p> <p>Exclude from analysis children with answer missing for IF4: 4B, 4C, 4F, 4G, 4H or IF5 (INFORM or MILK or YOGURT or THINPOR or WHITEACOF or FOOD=(.))</p>

Indicator Name	Definition	Calculation, variable names and remarks
4. Continued breastfeeding at 1 year	Proportion of children 12-15 months old who are fed breastmilk	<p>Numerator: Number of children 12-15.99 months who received breastmilk in the past 24 hours (IF3=1 / YESTBF=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of children 12-15.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') or with answer missing for IF3 (YESTBF=8 or YESTBF=(.))</p>
5. Continued breastfeeding at 2 years	Proportion of children 20-23 months old who are fed breastmilk	<p>Numerator: Number of children 20-23.99 months who received breastmilk in the past 24 hours (IF3=1 / YESTBF=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of children 20-23.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') or with missing answer for IF3 (YESTBF=8 or YESTBF=(.))</p>
6. Introduction of solid, semi-solid or soft foods	Proportion of infants 6-8 months old who receive solid, semi-solid or soft foods	<p>Numerator: Number of infants 6-8.99 months who received solid or semi-solid (soft mushy) food in the past 24 hours (IF5=1 / FOOD=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of infants 6-8.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') or with missing answer for IF5 (FOOD=8 or FOOD=(.))</p>
7. Consumption of iron-rich or iron-fortified foods	Proportion of children 6-23 months old who receive an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home	<p>Numerator: Number of children 6-23.99 months who received at least one iron-rich or iron-fortified food (from the types of foods listed in IF7: 7A-H and IF8 / FLESHFD or FBF or FBFSUPER or RUTF or RUSF or LNS or INFORMFE or FOODFE or MNP=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of children 6-23.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') for any of IF7: 7A-H or IF8 (FLESHFD or FBF or FBFSUPER or RUTF or RUSF or LNS or INFORMFE or FOODFE or MNP=8)</p> <p>Exclude from analysis children with answer missing for IF7: 7A-H or IF8 (FLESHFD or FBF or FBFSUPER or RUTF or RUSF or LNS or INFORMFE or FOODFE or MNP=(.))</p>
8. Bottle feeding	Proportion of children 0-23 months old who were fed with a bottle	<p>Numerator: Number of children 0-23.99 months who were fed with a bottle during the previous 24 hours (IF6=1 / BOTTLE=1)</p> <p><u>Divided by</u></p> <p>Denominator: Number of children 0-23.99 months</p> <p>Exclude from analysis children with answer 8 ('Don't know') or with answer missing for IF6 (BOTTLE=8 or BOTTLE=(.))</p>

Indicator Name	Definition	Calculation, variable names and remarks
9. No breastfeeding under 6 months	Proportion of infants 0-5 months old who were not fed breastmilk in the past 24 hours or were never breastfed	Numerator: Number of infants 0-5.99 months who did not receive breastmilk in the past 24 hours or were never breastfed (IF3=2 / YESTBF=2 or IF1=2 / EVERBF=2) <u>Divided by</u> Denominator: Number of infants 0-5.99 months Exclude from analysis children with answer 8 ('Don't know') or with answer missing for IF3 (YESTBF=8 or YESTBF=(.)) and IF1 (EVERBF=8 or EVRBF=(.))
10. No breastfeeding under 12 months	Proportion of infants 0-11 months old who were not fed breastmilk in the past 24 hours or were never breastfed	Numerator: Number of infants 0-11.99 months who did not receive breastmilk in the past 24 hours or were never breastfed (IF3=2 / YESTBF=2 or IF1=2 / EVERBF=2) <u>Divided by</u> Denominator: Number of infants 0-11.99 months Exclude from analysis children with answer 8 ('Don't know') for IF3 (YESTBF=8 or YESTBF=(.)) and IF1 (EVERBF=8 or EVERBF=(.))

TABLE 15 SUMMARY TABLE OF CALCULATION FOR PREVALENCE OF INTAKE BY CHILDREN

Question	Reported results (SENS questionnaire variable names)	Action
4B. Infant formula 1=Yes 2=No 8=Don't know	Proportion of children aged 0-23 months who receive infant formula (fortified or non fortified) (INFORM)	No recoding needed. Run the 'Frequencies'/'Complex Sample Frequencies' command on the variable termed INFORM to fill out Table 9 . The frequency of answer 1 ('yes') is reported. Exclude from analysis children with answer 8 ('Don't know') or missing for 4B (INFORM=8, INFORM=(.))
7B. FBF 1=Yes 2=No 8=Don't know	Proportion of children aged 6-23 months who receive FBF (FBF) (IF APPLICABLE)	No recoding needed. Run the 'Frequencies'/'Complex Sample Frequencies' command on the variable termed FBF to fill out Table 10 . The frequency of answer 1 ('yes') is reported. Exclude from analysis children with answer 8 ('Don't know') or missing for 7B (FBF=8, FBF=(.))
7C. FBF++ 1=Yes 2=No 8=Don't know	Proportion of children aged 6-23 months who receive FBF++ (FBFSUPER) (IF APPLICABLE)	No recoding needed. Run the 'Frequencies'/'Complex Sample Frequencies' command on the variable termed FBFSUPER to fill out Table 11 . The frequency of answer 1 ('yes') is reported. Exclude from analysis children with answer 8 ('Don't know') or missing for 7C (FBFSUPER=8, FBFSUPER=(.))
7F. LNS 1=Yes 2=No 8=Don't know	Proportion of children aged 6-23 months who receive LNS (LNS) (IF APPLICABLE)	No recoding needed. Run the 'Frequencies'/'Complex Sample Frequencies' command on the variable termed LNS to fill out Table 12 . The frequency of answer 1 ('yes') is reported. Exclude from analysis children with answer 8 ('Don't know') or missing for 7F (LNS=8, LNS=(.))
IF8. MNP 1=Yes 2=No 8=Don't know	Proportion of children aged 6-23 months who receive MNP (MNP) (IF APPLICABLE)	No recoding needed. Run the 'Frequencies'/'Complex Sample Frequencies' command on the variable termed MNP to fill out Table 13 . The frequency of answer 1 ('yes') is reported. Exclude from analysis children with answer 8 ('Don't know') or missing for IF8 (MNP=8, MNP=(.))

Common errors and challenges in data analysis

- **Table 16** describes the most common errors experienced by survey managers / supervisors when conducting the final data analysis.

TABLE 16 COMMON ERRORS AND CHALLENGES IN DATA ANALYSIS

Common errors	Examples	Solution
Miscalculating the denominator when reporting on exclusive breastfeeding	One of the liquids is missed and not taken into consideration, or a 'don't know' response is included as a 'yes' answer due to a recoding error.	Ensure to include all relevant variables and to recode carefully.
Not taking into consideration a weighting factor when combining prevalence estimates from several camps	When surveying several camps with a representative sample drawn from each camp, combining the samples from all camps to calculate the overall prevalence without taking into consideration a weighting factor.	For a tool that will automatically generate weighed prevalence results, see SENS Pre-Module tool: [Tool 21-Weighting Data Tool].
Reporting IYCF results according to certain aggregates of clusters	Reporting the IYCF results per groups of cluster.	Do not disaggregate cluster surveys according to clusters in the presentation of results. All clusters merged together from all section / blocks of the camp are representative of the camp as a whole and should not be disaggregated.
Reporting a change in IYCF indicators without any evaluation of whether the observed change is statistically significant or real	Using the point estimate results of two surveys (e.g. 56% vs. 59%) and concluding that there has been a change in e.g. exclusive breastfeeding in children less than 6 months without looking at the confidence intervals or conducting a statistical test.	Assess whether the confidence intervals overlap and conduct a statistical test using the CDC IERHB calculator. See SENS Pre-Module tool: [Tool 18- CDC Calculator two surveys].

Use of results

- Including this IYCF module in the SENS survey will allow to detect areas of concern where further assessment is needed.
- Special attention should be given to the nutritional value of the food ration distributed to older infants and young children whose particular nutritional requirements are often not covered by the general ration. Where a population is dependent on food assistance, UNHCR advocates that micronutrient-fortified food should also be included within the general ration for older infants and young children where the regular distribution of fresh foods is not an option.
- UNHCR recognises that non-breastfed infants and young children in refugee settings are a particularly vulnerable group. Infants and young children who are not breastfed are at heightened risk of malnutrition, increased morbidity and mortality (the level of risk depends on the context). Artificial feeding in refugee settings is a last resort. This requires skilled breastfeeding assessment and support. Where artificial feeding is indicated, infants will need an appropriate breastmilk substitute, adequate and safe solid or semi-solid food to help meet all their nutritional requirements, facilities for food and breastmilk substitute preparation and storage, and supportive health care. To minimise the risks of non-breastfed infants and for the protection of breastfed infants, key conditions must be met if BMS are used for feeding non-breastfed infants. Refer to UNHCR 2015, Infant and young child feeding practices Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months (Version 1.1) for guidance (see reference section).

Organizational Targets and UNHCR standard

- As no standard targets exist for IYCF indicators (except for exclusive breastfeeding)⁶, the indicator targets were developed based on technical consultations and review of current refugee populations with assistance from CDC. SENS IYCF data over a period of six years (2011-2017) were analysed to help set realistic and achievable targets. These targets may be subject to change in future versions of SENS as more evidence is gathered.

⁶ [The Global Nutrition Targets 2025](#) specify that the target for breastfeeding is: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%.

TABLE 17 UNHCR IYCF TARGETS

IYCF Indicator	Target
Timely initiation of breastfeeding	≥85%
Exclusive breastfeeding under 6 months	≥75%
Predominant breastfeeding under 6 months	≥90%
Continued breastfeeding at 1 year	≥90%
Continued breastfeeding at 2 years	≥60%
Introduction of solid, semi-solid or soft foods	>60%
Consumption of iron-rich or iron-fortified foods	>60%
Bottle feeding	<5%
No breastfeeding under 6 months	<2%
No breastfeeding under 12 months	<5%

Recommendations

- The IYCF survey results should be used in conjunction with qualitative assessments, IYCF strategies and plans, and monitoring data to help UNHCR and partners plan and prioritise IYCF interventions. For example, the results can:
 - Provide a quantitative baseline for subsequent monitoring and evaluation of IYCF programme progress and effectiveness;
 - Highlight the need to strengthen the awareness, promotion, and protection of IYCF through for example baby tents and expanded mother to mother support groups;
 - Identify areas of concern with regards to IYCF practices used by the refugee populations. For example, determining the proportion of non-breastfed infants that will necessitate identification and skilled assessment and support; detecting low prevalence figures of exclusive breastfeeding or a downward trend in prevalence that will require skilled breastfeeding support; identifying risky IYCF practices to inform areas to target in a population, e.g. bottle feeding; identifying inadequate intake of micronutrient rich foods that will necessitate improving the quality of food available for complementary feeding; investigating the factors determining bottle feeding;
 - Help to inform advocacy efforts to improve funding and / or the deployment of resources.

References

UNHCR/Save the Children Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action (May 2018):

<https://www.unhcr.org/publications/operations/5c0643d74/infant-young-child-feeding-refugee-situations-multi-sectoral-framework.html>

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<https://www.enonline.net/attachments/1321/module-17-infant-and-young-child-feeding-full.pdf>

Infant and Young Child Feeding Practices (2010): Collecting and Using Data: A Step-by-Step Guide. Cooperative for Assistance and Relief Everywhere, Inc. (Care USA):

<https://www.enonline.net//iycfdataguide>

WHO Indicators for assessing infant and young child feeding practices Part 1 Definitions (2007) and Part 2 Measurement (2009):

<http://www.who.int/nutrition/publications/infantfeeding/en/index.html>

UNHCR (2006). Policy of the UNHCR on the acceptance, distribution and use of milk products in refugee settings: <http://www.unhcr.org/4507f7842.html>

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World Health Organization, United Nations Children's Fund. Guideline: updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. Geneva: World Health Organization; 2016:

http://www.who.int/nutrition/publications/hivaid/guideline_hiv_infantfeeding_2016/en/

World Health Organization, United Nations Children's Fund. HIV and infant feeding in emergencies: operational guidance: The duration of breastfeeding and support from health services to improve feeding practices among mothers living with HIV. Geneva: World Health Organization; 2018:

<https://www.who.int/nutrition/publications/hivaid/hiv-if-emergencies-guidance/en/>

Operational Guidance on Infant Feeding in Emergencies (OG-IFE):

https://www.enonline.net/attachments/2671/Ops-G_2017_WEB.pdf

IFE Module 2. Infant Feeding in Emergencies. For health and nutrition workers in emergency situations. Version 1.1 December 2007:

www.enonline.net/ifemodule_2

UNHCR (2015). Infant and young child feeding practices Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months. Version 1.1 August 2015.

<http://www.unhcr.org/publications/operations/55c474859/infant-young-child-feeding-practices-standard-operating-procedures-handling.html> and annexes

<http://www.unhcr.org/publications/operations/55c474f09/infant-young-child-feeding-practices-standard-operating-procedures-handling.html>

ANNEXES



Annex 1 - SENS IYCF questionnaire

See SENS Pre-Module tools: [Tool 11- Full SENS questionnaire] and [Tool 12- Full SENS Questionnaire with Instructions].



No	QUESTION	ANSWER CODES	
SECTION CHILD1: Details of the Child 0-59 months or 6-59 months			
THIS SECTION IS TO BE ADMINISTERED TO ALL CHILDREN IN THE SELECTED HOUSEHOLDS BETWEEN 0-59 MONTHS OR 6-59 MONTHS: DEPENDING ON WHICH SENS MODULE IS INCLUDED.			
Note	THESE QUESTIONS NEED TO BE ASKED TO THE MOTHER OR THE MAIN CAREGIVER.		
CH1	ID Number ID		__ __
CH2	Was consent given for conducting the interview and the measurements? ENSURE THAT YOU HAVE INTRODUCED THE TEAM AND INFORMED THEM ABOUT THE INTERVIEW AND THE MEASUREMENTS. CHCONST	Yes.....1 No.....2	__ IF ANSWER IS 2 STOP HERE
CH3	Name of the child ONLY WRITE FIRST NAME. CHNAME	_____	
CH4	Sex of [NAME OF CHILD]? SEX	Malem female.....f	__
CH5	Do you have an official age documentation for [NAME OF CHILD]? XDOBK	Yes.....1 No.....2	__ IF ANSWER IS 2 GO TO CH7
CH6	[NAME OF CHILD]'s date of birth THE EXACT BIRTH DATE SHOULD ONLY BE TAKEN FROM AN AGE DOCUMENTATION SHOWING DAY, MONTH AND YEAR OF BIRTH. FOR PAPER-BASED SURVEYS: RECORD FROM AGE DOCUMENTATION. LEAVE BLANK IF NO VALID AGE DOCUMENTATION. BIRTHDAT	Day/Month/Year.... __ _ _ / __ _ _ / __ _ _ _ _	
CH7	Age of [NAME OF CHILD] in months Lower limit=0 months (or 6 months if the IYCF module is not included) Upper limit=59.99 months MONTHS	SINCE NO AGE DOCUMENTATION IS AVAILABLE, ESTIMATE AGE USING A LOCAL EVENTS CALENDAR. FOR PAPER-BASED SURVEYS: IF AGE DOCUMENTATION AVAILABLE, RECORD THE AGE IN MONTHS FROM THE DATE OF BIRTH.	__ __ months
Note	Verify that the child is \${MONTHS} months old. Remember, if they are older than 59 months; they are not eligible for inclusion and you should stop here.		

SECTION IYCF1: Breastfeeding Status for the Child 0-23 months (part 1)			
<p>THIS SECTION IS TO BE ADMINISTERED TO THE MOTHER OR THE MAIN CAREGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.</p> <p>IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).</p>			
Note	THESE QUESTIONS NEED TO BE ASKED TO THE MOTHER OR THE MAIN CAREGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD.		
IF1	Has [NAME OF CHILD] ever been breastfed? EVERBF	Yes.....1 No.....2 Don't know8	<input type="checkbox"/> IF ANSWER IS 2 or 8 GO TO IF4
IF2	How long after birth did you first put [NAME OF CHILD] to the breast? INITBF	Less than one hour1 Between 1 and 23 hours.....2 More than 24 hours3 Don't know8	<input type="checkbox"/>
IF3	Was [NAME OF CHILD] breastfed yesterday during the day or at night? YESTBF	Yes.....1 No.....2 Don't know8	<input type="checkbox"/>
SECTION IYCF2: Breastfeeding Status of the Child 0-23 months (part 2)			
<p>THIS SECTION IS TO BE ADMINISTERED TO THE MOTHER OR THE MAIN CAREGIVER WHO IS RESPONSIBLE FOR FEEDING THE CHILD AND THE CHILD SHOULD BE BETWEEN 0 AND 23 MONTHS OF AGE. EXCLUDE IF SENS MODULE 3 (IYCF MODULE) IS NOT INCLUDED.</p> <p>IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).</p>			
IF4	Now I would like to ask you about liquids that [NAME OF CHILD] may have had yesterday during the day and at night. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] receive any of the following? ASK ABOUT EVERY LIQUID. EVERY QUESTION MUST HAVE AN ANSWER. IF ITEM WAS GIVEN, SELECT 'YES'. IF ITEM WAS NOT GIVEN, SELECT 'NO'. IF CAREGIVER DOES NOT KNOW, SELECT 'DON'T KNOW'. <div style="text-align: right;">Yes No DK</div>		
	4A. Plain water WATER	4A.....1 2 8	
	4B. Infant formula, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF INFANT FORMULA, ALL TYPES] INFORM	4B.....1 2 8	
	4C. Milk such as tinned, powdered, or fresh animal milk, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF TINNED AND POWDERED MILK] MILK	4C.....1 2 8	
	4D. Juice or juice drinks, for example [INSERT LOCALLY AVAILABLE BRAND NAMES OF JUICE DRINKS] JUICE	4D.....1 2 8	
	4E. Clear broth BROTH	4E.....1 2 8	

	4F. Sour milk or yogurt, for example [INSERT LOCAL NAMES] YOGURT	4F.....1 2 8	
	4G. Thin porridge, for example [INSERT LOCAL NAMES] THINPOR	4G.....1 2 8	
	4H. Tea or coffee with milk WHTACOF	4H.....1 2 8	
	4I. Any other water-based liquids, for example [INSERT OTHER WATER-BASED LIQUIDS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. sodas, other sweet drinks, herbal infusion, gripe water, clear tea with no milk, black coffee, ritual fluids) WATLQD	4I.....1 2 8	
IF5	Yesterday, during the day or at night, did [NAME] eat solid or semi-solid (soft, mushy) food? FOOD	Yes.....1 No.....2 Don't know.....8	_
SECTION IYCF3: Bottle Feeding for child 0-23 months IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (≥24 MONTHS).			
IF6	Did [NAME OF CHILD] drink anything from a bottle with a nipple yesterday during the day or at night? BOTTLE	Yes.....1 No.....2 Don't know.....8	_
SECTION IYCF4: Iron -fortified or Iron-rich Foods for the Child 6-23 months IN MDC SURVEYS, THIS SECTION IS AUTOMATICALLY SKIPPED FOR THE CHILDREN NOT ELIGIBLE BASED ON AGE (<6 MONTHS AND ≥24 MONTHS).			
IF7	Now I would like to ask you about some particular foods [NAME OF CHILD] may eat. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or at night, did [NAME] consume any of the following? ASK ABOUT EVERY ITEM. EVERY QUESTION MUST HAVE AN ANSWER. IF ITEM WAS GIVEN, SELECT 'YES'. IF ITEM WAS NOT GIVEN, SELECT 'NO'. IF CAREGIVER DOES NOT KNOW, SELECT 'DON'T KNOW'.		
	7A. [INSERT COMMON MEAT, FISH, POULTRY AND LIVER/ORGAN FLESH FOODS USED THE LOCAL SETTING] (e.g. beef, goat, lamb, mutton, pork, rabbit, chicken, duck, liver, kidney, heart) FLESHFD	7A.....1 2 8	
	7B. [INSERT FBF AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. CSB+, WSB+) (IF APPLICABLE) FBF	7B.....1 2 8	
	7C. [INSERT FBF++ AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. CSB++, WSB++) (IF APPLICABLE) FBFSUPER	7C.....1 2 8	

	<p>7D. [INSERT RUTF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. <i>Plumpy'Nut</i>[®], <i>eeZeePaste</i>[™]) (IF APPLICABLE)</p> <p>SHOW SACHET.</p> <p>RUTF</p>	<p>7D.....1 2 8</p>	
	<p>7E. [INSERT RUSF PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. <i>Plumpy'Sup</i>[®], <i>eeZeeRUSF</i>[™]) (IF APPLICABLE)</p> <p>SHOW SACHET.</p> <p>RUSF</p>	<p>7E.....1 2 8</p>	
	<p>7F. [INSERT LNS PRODUCTS AVAILABLE IN THE LOCAL SETTING AND USE LOCAL NAMES] (e.g. <i>Nutributter</i>[®], <i>eeZee20</i>[™], <i>Plumpy'doz</i>[®], <i>eeZee50</i>[™]) (IF APPLICABLE)</p> <p>SHOW SACHET / POT.</p> <p>LNS</p>	<p>7F.....1 2 8</p>	
	<p>7G. [INSERT LOCALLY AVAILABLE BRAND NAMES OF <i>IRON FORTIFIED</i> INFANT FORMULA] (e.g. <i>Nan</i>, <i>S26 infant formula</i>) (IF APPLICABLE)</p> <p>INFORMFE</p>	<p>7G.....1 2 8</p>	
	<p>7H. [INSERT ANY <i>IRON FORTIFIED</i> SOLID, SEMI-SOLID OR SOFT FOODS DESIGNED SPECIFICALLY FOR INFANTS AND YOUNG CHILDREN AVAILABLE IN THE LOCAL SETTING THAT ARE DIFFERENT THAN DISTRIBUTED COMMODITIES AND USE LOCALLY AVAILABLE BRAND NAMES] (e.g. <i>Cerelac</i>, <i>Weetabix</i>) (IF APPLICABLE)</p> <p>FOODFE</p>	<p>7H.....1 2 8</p>	
<p>IF8</p>	<p>Yesterday, during the day or at night, did [NAME] consume any food to which you added a [INSERT LOCAL NAME FOR MICRONUTRIENT POWDER OR SPRINKLES] like this? (IF APPLICABLE)</p> <p>SHOW MICRONUTRIENT POWDER SACHET.</p> <p>MNP</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>	<p><input type="checkbox"/></p>
	<p>Interviewer: I confirm that questionnaire is complete: yes/no</p>		
	<p>Supervisor: I confirm that questionnaire is complete.: yes/no</p> <p>MESSAGE TO INTERVIEWER: DO NOT ANSWER THIS QUESTION.</p>		

Annex 2 - Training ideas

MATERIALS REQUIRED

- 10 copies of the questionnaire per surveyor (please note that even in MDC surveys, it is recommended to print paper copies of the questionnaire to be used during training).
- Pens.
- Notebooks.
- Clipboards.

EXERCISE

Exercise 1: The questionnaire

- Divide participants into pairs and ask them to go through the questionnaire taking turns to be the respondent and the surveyor.
- Ask them to note any problem they have as they go along. Discuss in plenary.

ROLE PLAYING

Role Play 1

- Divide the participants into their interview teams.
- The survey manager will set up a simulation household with various mothers feeding their children differently the previous day.
- The survey manager takes the role of the respondent and asks each interview team to practice delivering the IYCF questionnaire and recording their answers.
- The survey manager uses this opportunity to identify the possible pitfalls or to identify issues that might be a problem.
- After each questionnaire, review the answers and discuss any problem identified such as poor communication or showing displeasure at a particular response.
- The other survey teams will take the opportunity to observe their colleagues and contribute with feedback.

Role Play 2

- Two sets of interview teams will be paired together to practice delivering and answering the questions.
- The survey manager will provide each survey team with a scenario to re-enact where there will be different challenges that may be encountered in the field:
 - Refusal to enter the house to observe the tin of Infant Formula or type of fortified infant complementary food.
 - Respondent delivers conflicting information.
- After the questionnaires have been completed, the survey manager will review the questionnaires with the interview teams and compare them with the scenario given to assess whether the data recording has been performed properly.
- Ask the participants to identify the problems in each role-play once they have been performed and clarify the correct procedure.

FIELD PRACTICE

- Interview teams will go to the field in a location where the survey will not be taking place.
- Teams will practice delivering the questionnaire to the households.
- Field practice will assist the survey manager and interview teams in identifying any additional difficulties that may be faced in the field.

TEST


- The questions in the training test shown below can be used as a basis for the written test and can be adapted according to circumstances.
- A passing grade of at least 70% should be achieved to continue as a surveyor.
- The results of the test can help the survey manager to assess which of the surveyors will need more support in the field. The weaker surveyors can also be paired with stronger ones.
- The questions should be given out with a copy of the finalised questionnaire so that participants can refer to this.

TABLE 18 TRAINING TEST

IYCF Module	
PRACTICE	
1.	<p>If a mother tells you during the interview that she has never breastfed her child, should you counsel her during the interview and tell her that she should breastfeed her child?</p> <p>Answer: No</p>
2.	<p>What do you do if the mother or the primary caregiver responsible for feeding the child 0-23 months is absent from the household?</p> <p>Answer: Return to the household when the mother / main caregiver is back</p>
3.	<p>If the mother tells you that she fed breastmilk to her baby by spoon, does this mean that the child was breastfed?</p> <p>Answer: Yes</p>
4.	<p>If the mother tells you that her baby was breastfed by another woman, does this mean that the child was breastfed?</p> <p>Answer: Yes</p>
5.	<p>What do you do if the mother says repeatedly that she does not know what liquids her child received the previous day?</p> <p>Answer: Probe and explain the question in a different way</p>
6.	<p>If there are two children aged 0-23 months in the household, do you have the fill out a questionnaire for each child?</p> <p>Answer: Yes</p>
7.	<p>If the mother tells you that the child received yesterday during the day a broth with some pieces of vegetables and potatoes. Is this a liquid or a semi-solid food?</p> <p>Answer: Semi-solid food</p>
8.	<p>If the child is 24 months and has reached his / her second birthday, should s/he be included in the IYCF questionnaire?</p> <p>Answer: No</p>
9.	<p>When asking about all liquids the child received, what is the recall period to use?</p> <p>Answer: 24 hours or yesterday during the day and at night</p>
10.	<p>When assessing the liquids that the child received, do all liquids count?</p> <p>Answer: Yes</p>
11.	<p>If the mother tells you that the child received yesterday during the day a sachet of Plumpy Nut' (RUTF). Is this should be recorded as a solid or semi-solid food?</p> <p>Answer: No</p>

Annex 3 - Epi info Data Analysis

Below are the standard Epi Info codes to use for analysis.

Refer to the fictitious dataset available for practical purposes; Go to the SENS IYCF tool: [**Tool 1- IF Data**], and see the Excel database PIL_0618_IF_PILOT. 

The practical Excel database PIL_0618_IF_PILOT is from a survey using *simple random sampling*.

Data REVIEW

Ranges and codes

Run these commands (together or separately; regardless of the survey design) and make sure that the ranges and codes of the variables entered in the database match the standard questionnaire. This step can be omitted when using MDC surveys given that ranges and codes are pre-set, and that values outside of the pre-set ranges and codes cannot be entered during data collection.

[FREQ CHCONST](#) (MDC surveys)

[FREQ IFCONST](#) (paper-based surveys only)

For the below variables, only perform these checks on children having provided consent, i.e. [SELECT CHCONST=1](#) ([IFCONST=1](#) in paper-based surveys).

[FREQ SEX](#)

[MEANS MONTHS](#)

[FREQ EVERBF](#)

[FREQ INITBF](#)

[FREQ YESTBF](#)

[FREQ WATER](#)

[FREQ INFORM](#)

[FREQ MILK](#)

[FREQ JUICE](#)

[FREQ BROTH](#)

[FREQ YOGURT](#)

[FREQ THINPOR](#)

[FREQ WHITEACOF](#)

[FREQ WATLQD](#)

[FREQ FOOD](#)

[FREQ BOTTLE](#)

[FREQ CHELIG](#) (paper-based surveys only)

[FREQ FLESHFD](#)

For the following variables, only include the variables collected in the survey context:

FREQ FBF
 FREQ FBFSUPER
 FREQ RUTF
 FREQ RUSF
 FREQ LNS
 FREQ INFORMFE
 FREQ FOODFE
 FREQ MNP

Missing data

You should check the missing data in your database and make a note on this in the final SENS report. **Refer to the Data Review section for detailed instructions to follow with missing data.**

The commands below need to be run separately, one by one. After selecting the variable using the code shown below, use the “LIST” command to view the specific records with missing data. Then cancel the selected variable by typing “SELECT” and proceed with checking another variable.

This step is important to do with MDC surveys as well as paper-based surveys.

For the below variables, only perform these checks on children having provided consent, i.e. `SELECT CHCONST=1` (`IFCONST=1` in paper-based surveys).

`SELECT MONTHS=(.)` (note that children with missing age value should not be included in any of the IYCF indicators)

`SELECT` (this will cancel the selected variable)

`SELECT MONTHS<24 AND EVERBF=(.)`

`SELECT MONTHS<24 AND EVERBF=1 AND INITBF=(.)`

`SELECT MONTHS <24 AND EVERBF=1 AND YESTBF=(.)`

`SELECT MONTHS <24 AND WATER=(.)`

`SELECT MONTHS <24 AND INFORM=(.)`

`SELECT MONTHS <24 AND MILK=(.)`

`SELECT MONTHS <24 AND JUICE=(.)`

`SELECT MONTHS <24 AND BROTH=(.)`

`SELECT MONTHS <24 AND YOGURT=(.)`

`SELECT MONTHS <24 AND THINPOR=(.)`

SELECT MONTHS <24 AND WHEACOF=(.)

SELECT MONTHS <24 AND WATLQD=(.)

SELECT MONTHS <24 AND FOOD=(.)

SELECT MONTHS <24 AND BOTTLE=(.)

SELECT MONTHS >= 6 AND MONTHS <24 AND CHELIG=(.) (paper-based surveys only)

SELECT CHELIG=1 AND FLESHFD=(.)

For the following variables, only include the variables collected in the survey context (paper-based survey only):

SELECT CHELIG=1 AND FBF=(.)

SELECT CHELIG=1 AND FBFSUPER=(.)

SELECT CHELIG=1 AND RUTF=(.)

SELECT CHELIG=1 AND RUSF=(.)

SELECT CHELIG=1 AND LNS=(.)

SELECT CHELIG=1 AND INFORMFE=(.)

SELECT CHELIG=1 AND FOODFE=(.)

SELECT CHELIG=1 AND MNP=(.)

DATA ANALYSIS

Results from the practical survey dataset entitled PIL_0618_IF_PILOT (simple random sampling survey) are illustrated below. Refer to the SENS Pre-Module **Annex 4** for detailed explanations on how to interpret Epi-info analysis outputs when using different survey designs.

INFANT AND YOUNG CHILD FEEDING INDICATORS ANALYSIS

PREVALENCE OF INFANT AND YOUNG CHILD FEEDING PRACTICES INDICATORS

Indicator	Age range	Number/ total	Prevalence (%)	95% CI
WHO INDICATORS				
Timely initiation of breastfeeding	0-23 months	231/247	93.5%	(89.7-96.3)
Exclusive breastfeeding under 6 months	0-5 months	60/65	92.3%	(83.0-97.5)
Predominant breastfeeding under 6 months	0-5 months	61/65	93.9%	(85.0-98.3)
Continued breastfeeding at 1 year	12-15 months	37/39	94.9%	(82.7-99.4)
Continued breastfeeding at 2 years	20-23 months	27/32	84.4%	(67.2-94.7)
Introduction of solid, semi-solid or soft foods	6-8 months	24/34	70.6%	(52.5-84.9)
Consumption of iron-rich or iron-fortified foods	6-23 months	173/182	95.1%	(90.8-97.7)
Bottle feeding	0-23 months	11/247	4.5%	(2.2-7.8)
UNHCR INDICATOR				
No breastfeeding under 6 months	0-5 months	2/65	3.1%	(0.4-10.7)
No breastfeeding under 12 months	0-11 months	4/135	3.0%	(0.8-7.4)

Timely initiation of breastfeeding (0-23 months)

DEFINE INITBF_c

```
IF INITBF=1 THEN
  INITBF_c="YES"
ELSE
  INITBF_c="NO"
END
```

```
IF INITBF=8 THEN
  INITBF_c=(.)
END
```

```
IF EVERBF=1 AND INITBF= (.) THEN
  INITBF_c=(.)
END
```

SELECT CHCONST=1 AND MONTHS<24

FREQ INITBF_c

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ INITBF_c PSUVAR=CLUSTER

INITBF_C	Frequency	Percent	Cum. Percent	
NO	16	6,48%	6,48%	
YES	231	93,52%	100,00%	
Total	247	100,00%	100,00%	

Exact 95% Conf Limits

NO	3,75%	10,31%
YES	89,69%	96,25%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Exclusive breastfeeding under 6 months (0-5 months)

DEFINE EBFSUM NUMERIC

ASSIGN EBFSUM=WATER+INFORM+MILK+JUICE+BROTH+YOGURT+THINPOR+WHTEACOF+WATLQD+FOOD
(this command should be used exactly as shown, no liquids or foods should be deleted from the questionnaire)

DEFINE EBF TEXTINPUT

IF EBFSUM=20 AND YESTBF=1 THEN

 EBF="YES"

ELSE

 EBF="NO"

END

IF WATER= (.) OR INFORM= (.) OR MILK= (.) OR JUICE= (.) OR BROTH= (.) OR YOGURT= (.) OR THINPOR= (.) OR WHTEACOF= (.) OR WATLQD= (.) OR FOOD= (.) THEN

 EBF=(.)

END (this command may be used with any analysis; however if you have no missing data for any of these variables, you may delete this command or if you only have a few variables with missing data, you may only include these variables in the command)

IF YESTBF=8 OR WATER=8 OR INFORM=8 OR MILK=8 OR JUICE=8 OR BROTH=8 OR YOGURT=8 OR THINPOR=8 OR WHTEACOF=8 OR WATLQD=8 OR FOOD=8 THEN

 EBF=(.)

END

IF EVERBF=1 AND YESTBF= (.) THEN

 EBF=(.)




END

SELECT CHCONST=1 AND MONTHS<6

FREQ EBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ EBF PSUVAR=CLUSTER

EBF	Frequency	Percent	Cum. Percent	
NO	5	7,69%	7,69%	
YES	60	92,31%	100,00%	
Total	65	100,00%	100,00%	

Exact 95% Conf Limits

NO	2,54%	17,05%
YES	82,95%	97,46%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Predominant breastfeeding under 6 months (0-5 months)

DEFINE PREBFSUM NUMERIC

ASSIGN PREBFSUM=INFORM+MILK+YOGURT+THINPOR+WHTACOF+FOOD (this command should be used exactly as shown, no liquids or foods should be deleted from the questionnaire)

DEFINE PREBF TEXTINPUT

IF PREBFSUM=12 AND YESTBF=1 THEN

PREBF="YES"

ELSE

PREBF="NO"

END

IF INFORM= (.) OR MILK= (.) OR YOGURT= (.) OR THINPOR= (.) OR WHTACOF= (.) OR FOOD= (.) THEN

PREBF=(.)

END (this command may be used with any analysis; however if you have no missing data for any of these variables, you may delete this command or if you only have a few variables with missing data, you may only include these variables in the command)

IF YESTBF=8 OR INFORM=8 OR MILK=8 OR YOGURT=8 OR THINPOR=8 OR WHTACOF=8 OR FOOD=8 THEN

PREBF=(.)

END

IF EVERBF=1 AND YESTBF= (.) THEN

PREBF=(.)

END

SELECT CHCONST=1 AND MONTHS<6

FREQ PREBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ PREBF PSUVAR=CLUSTER

PREBF	Frequency	Percent	Cum. Percent	
NO	4	6,15%	6,15%	
YES	61	93,85%	100,00%	
Total	65	100,00%	100,00%	

Exact 95% Conf Limits

NO	1,70%	15,01%
YES	84,99%	98,30%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Continued breastfeeding at 1 year (12-15 months)

DEFINE CONTBF

```
IF YESTBF=1 THEN
    CONTBF="YES"
ELSE
    CONTBF="NO"
END
```

```
IF YESTBF=8 THEN
    CONTBF=(.)
END
```

```
IF EVERBF=1 AND YESTBF= (.) THEN
    CONTBF=(.)
END
```

SELECT CHCONST=1 AND MONTHS>=12 AND MONTHS<16

FREQ CONTBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ CONTBF PSUVAR=CLUSTER

CONTBF	Frequency	Percent	Cum. Percent	
NO	2	5,13%	5,13%	
YES	37	94,87%	100,00%	
Total	39	100,00%	100,00%	

Exact 95% Conf Limits

NO 0,63% 17,32%

YES 82,68% 99,37%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Continued breastfeeding at 2 years (20-23 months)

Use the newly generated variable named 'CONTBF' defined above to conduct the following analysis.

SELECT CHCONST=1 AND MONTHS>=20 AND MONTHS<24

FREQ CONTBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ CONTBF PSUVAR=CLUSTER

CONTBF	Frequency	Percent	Cum. Percent	
NO	5	15,63%	15,63%	
YES	27	84,38%	100,00%	
Total	32	100,00%	100,00%	

Exact 95% Conf Limits

NO 5,28% 32,79%

YES 67,21% 94,72%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Introduction of solid, semi-solid or soft foods (6-8 months)

SELECT FOOD<>8 (this is equivalent to SELECT FOOD=1 OR FOOD=2)

SELECT MONTHS>=6 AND MONTHS<9

FREQ FOOD

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ FOOD PSUVAR=CLUSTER

FOOD	Frequency	Percent	Cum. Percent	
1	24	70,59%	70,59%	
2	10	29,41%	100,00%	
Total	34	100,00%	100,00%	

Exact 95% Conf Limits

1	52,52%	84,90%
2	15,10%	47,48%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Consumption of iron-rich or iron-fortified foods (6-23 months)

Delete the variables that were not measured in the survey; for example, if RUSF, LNS or MNP are not used in the survey setting, these variables need to be deleted from the PGM shown below.

DEFINE FERICH

IF FLESHFD=1 OR FBF=1 OR FBFSUPER=1 OR RUTF=1 OR RUSF=1 OR LNS=1 OR INFORMFE=1 OR FOODFE=1 OR MNP=1 THEN

 FERICH="YES"

ELSE

 FERICH="NO"

END

IF FLESHFD=(.) OR FBF=(.) OR FBFSUPER=(.) OR RUTF=(.) OR RUSF=(.) OR LNS=(.) OR INFORMFE=(.) OR FOODFE=(.) OR MNP=(.) THEN

 FERICH=(.)

END (this command may be used with any analysis; however if you have no missing data for any of these variables, you may delete this command or if you only have a few variables with missing data, you may only include these variables in the command)

IF FLESHFD=8 OR FBF=8 OR FBFSUPER=8 OR RUTF=8 OR RUSF=8 OR LNS=8 OR INFORMFE=8 OR FOODFE=8 OR MNP=8 THEN

FERICH=(.)

END

SELECT CHCONST=1 AND MONTHS>=6 AND MONTHS<24

FREQ FERICH

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ FERICH PSUVAR=CLUSTER

FERICH	Frequency	Percent	Cum. Percent	
NO	9	4,95%	4,95%	
YES	173	95,05%	100,00%	
Total	182	100,00%	100,00%	

Exact 95% Conf Limits

NO	2,29%	9,18%
YES	90,82%	97,71%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Bottle feeding (0-23 months)

SELECT BOTTLE<>8 (this is equivalent to SELECT BOTTLE=1 OR BOTTLE=2)

SELECT MONTHS<24

FREQ BOTTLE

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ BOTTLE PSUVAR=CLUSTER

BOTTLE	Frequency	Percent	Cum. Percent	
1	11	4,45%	4,45%	
2	236	95,55%	100,00%	
Total	247	100,00%	100,00%	

Exact 95% Conf Limits

1	2,24%	7,83%
2	92,17%	97,76%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

No breastfeeding under 6 months (0-5 months)

DEFINE NOBF

IF EVERBF=2 OR YESTBF =2 THEN

NOBF = "YES"

ELSE

NOBF = "NO"

END

IF YESTBF=8 THEN

NOBF=(.)

END

IF EVERBF=8 THEN

NOBF=(.)

END

IF EVERBF=(.) THEN

NOBF=(.)

END

IF EVERBF=1 AND YESTBF=(.) THEN

NOBF=(.)

END

SELECT MONTHS < 6 AND CHCONST=1

FREQ NOBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ NOBF PSUVAR=CLUSTER

NOBF	Frequency	Percent	Cum. Percent	
NO	63	96,92%	96,92%	
YES	2	3,08%	100,00%	
Total	65	100,00%	100,00%	

Exact 95% Conf Limits

NO	89,32%	99,63%
YES	0,37%	10,68%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

No breastfeeding under 12 months (0-11 months)

Use the newly generated variable named 'NOBF' defined above to conduct the following analysis.

SELECT MONTHS < 12 AND CHCONST=1

FREQ NOBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ NOBF PSUVAR=CLUSTER

NOBF	Frequency	Percent	Cum. Percent	
NO	131	97,04%	97,04%	
YES	4	2,96%	100,00%	
Total	135	100,00%	100,00%	

Exact 95% Conf Limits

NO	92,59%	99,19%
YES	0,81%	7,41%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

PREVALENCE OF INTAKE ANALYSIS

Infant formula

INFANT FORMULA INTAKE IN CHILDREN AGED 0-23 MONTHS

	Number/total	% (95% CI)
Proportion of children aged 0-23 months who receive infant formula (fortified or non-fortified)	14/247	5.7% (3.1-9.3)




SELECT INFORM<>8 (this is equivalent to SELECT INFORM=1 OR INFORM=2)

SELECT MONTHS<24

FREQ INFORM

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ INFORM PSUVAR=CLUSTER

INFORM	Frequency	Percent	Cum. Percent	
1	14	5,67%	5,67%	
2	233	94,33%	100,00%	
Total	247	100,00%	100,00%	

Exact 95% Conf Limits

1	3,13%	9,33%
2	90,67%	96,87%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

FBF intake

FBF INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE FBF MAY BE CSB+ FOR EXAMPLE]

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive FBF	67/182	36.8% (29.8-44.3)

SELECT FBF<>8 (this is equivalent to SELECT FBF=1 OR FBF=2)

SELECT MONTHS>=6 AND MONTHS<24

FREQ FBF

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ FBF PSUVAR=CLUSTER

FBF	Frequency	Percent	Cum. Percent	
1	67	36,81%	36,81%	
2	115	63,19%	100,00%	
Total	182	100,00%	100,00%	

Exact 95% Conf Limits

1	29,80%	44,26%
2	55,74%	70,20%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

FBF++ intake

FBF++ INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE FBF++ MAY BE CSB++ FOR EXAMPLE]

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive FBF++	156/182	85.7% (79.8-90.5)

SELECT FBFSUPER<>8 (this is equivalent to SELECT FBFSUPER=1 OR FBFSUPER=2)

SELECT MONTHS>=6 AND MONTHS<24

FREQ FBFSUPER

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ FBFSUPER PSUVAR=CLUSTER

FBFSUPER	Frequency	Percent	Cum. Percent	
1	156	85,71%	85,71%	
2	26	14,29%	100,00%	
Total	182	100,00%	100,00%	

Exact 95% Conf Limits

1	79,77%	90,45%
2	9,55%	20,23%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Special nutritional product-LNS intake

LNS PRODUCTS INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE LNS PRODUCT MAY BE NUTRIBUTTER® FOR EXAMPLE]

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive LNS	98/182	53.9% (46.3-61.3)

SELECT LNS<>8 (this is equivalent to SELECT LNS=1 OR LNS=2)

SELECT MONTHS>=6 AND MONTHS<24

FREQ LNS

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ LNS PSUVAR=CLUSTER

LNS	Frequency	Percent	Cum. Percent	
1	98	53,85%	53,85%	
2	84	46,15%	100,00%	
Total	182	100,00%	100,00%	

Exact 95% Conf Limits

1	46,32%	61,25%
2	38,75%	53,68%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).

Special nutritional product-MNP intake

MNP INTAKE IN CHILDREN AGED 6-23 MONTHS [PRODUCT TO BE ADAPTED: THE MNP MAY HAVE A SPECIFIC NAME]

	Number/total	% (95% CI)
Proportion of children aged 6-23 months who receive MNP	98/182	53.9% (46.3-61.3)

SELECT MNP<>8 (this is equivalent to SELECT MNP=1 OR MNP=2)

SELECT MONTHS>=6 AND MONTHS<24

FREQ MNP

If you are analysing a cluster survey, you need to use the Complex Sample commands in the Advanced Statistics module and the code is as follows:

FREQ MNP PSUVAR=CLUSTER

MNP	Frequency	Percent	Cum. Percent	
1	98	53,85%	53,85%	
2	84	46,15%	100,00%	
Total	182	100,00%	100,00%	

Exact 95% Conf Limits

1	46,32%	61,25%
2	38,75%	53,68%

SELECT (this will cancel the selected variable(s); only to be executed after the analysis is done and the results recorded).



UNHCR
STANDARDISED EXPANDED
NUTRITION SURVEY (SENS) GUIDELINES
FOR REFUGEE POPULATIONS

MODULE 4:
INFANT AND YOUNG CHILD FEEDING (IYCF)