

# Annex A

## SIMPLE RAPID ASSESSMENT<sup>1</sup>

### Instructions:

- Use this assessment form for all mothers/caregivers with children 0-23 months (under 2)
- Once this assessment has been completed, decide whether the caregiver/mother needs counselling/full assessment and/or other services.
  - If yes, complete the referral form
  - If no, refer for IYCF support services (e.g., education, peer support group)

SIMPLE RAPID ASSESSMENT			
Staff name/ID		Date of assesment	
Child's name		Gender	
Child's age			
Caregiver's name		Caregiver relationship	
Facility ID		Location	

ASK			
Age of baby	<input type="checkbox"/> 0-5.9 months <input type="checkbox"/> Newborn (<28 days)	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 12-24 months
Is the baby breastfed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes) Are there any difficulties breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the baby drinking infant formula/milk powder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the baby getting anything else to drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	n/a	n/a
Is the baby getting anything else to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OBSERVE			
Multiples (twins/triplets etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver requested infant formula?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby looks very thin/lethargic/ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby has sunken eyes/sagging skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver/child has an impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver looks very thin/ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver appears to be very anxious, stressed, sad or distressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Key:

- Priority 1** – refer for full assessment      **Priority 2** – refer for full assessment  
 No need for IYCF counselling – provide praise and encouragement

<sup>1</sup> Adapted from Save the Children's IYCF-E Toolkit