

3.4 Assessment and monitoring

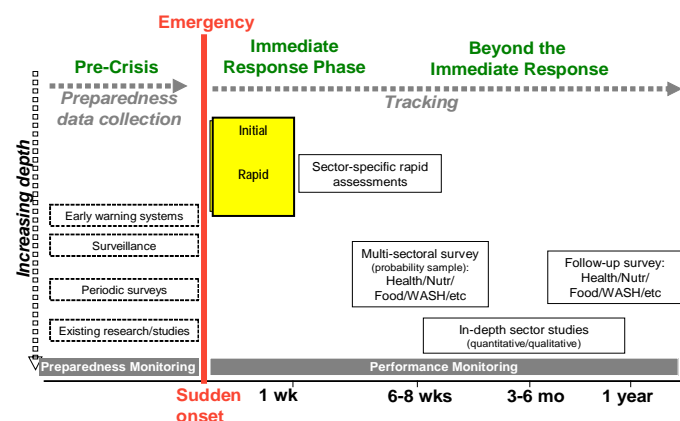
Operational Guidance on IFE. Key point Key information on infant and young child feeding needs to be integrated into routine rapid assessment procedures. If necessary, more systematic assessment using recommended methodologies could be conducted.

Ops Guidance on IFE Practical Step 4: Assess and Monitor

In an emergency, initial or early rapid assessments are used to guide the early planning of urgent humanitarian interventions, identify needs for follow up assessments, and inform initial funding decisions. Initial rapid assessment may be followed by more in-depth assessments and surveys requiring infant and young child feeding expertise in planning, undertaking and analysis. (See Figure 1 for overview).

The *Operational Guidance on IFE* highlights the importance of integrating key information on infant and young child feeding into routine rapid assessment and suggests key information to include in initial assessment. This section looks on how to put this into practice in an emergency.

Figure 1: An overview of assessment and monitoring process at a population level, from initial rapid assessment to statistically representative surveys.



3.4.1 Multi-sectoral initial rapid assessment in an emergency

An initial or early rapid assessment typically takes place in the acute stage of an emergency (within days of the onset of a crisis). Initial rapid assessments are often multi-sectoral – assessing water and sanitation, food security, health, nutrition, logistics, and child protection. A multi-sectoral approach to early assessment is an efficient means to gather assessment information, avoiding duplication of effort. Initial rapid assessments (IRA) will most likely be carried out by teams of personnel with core skills (e.g. participatory rapid appraisal experience, international and national team members, local knowledge, multi-agency representation and previous disaster experience), working in or near the affected area.

Example of a multi-sectoral initiative on initial rapid assessment

To enable faster and better multi-sectoral rapid assessments in the first few days of a sudden-onset crisis, a Multi-sectoral Initial Rapid Assessment (IRA) Tool is under development by the Inter-Agency Standing Committee (IASC) global Health, Nutrition and WASH Clusters in 2006-2009. Key questions on IFE are integrated into the IRA tool. For update on IRA tool and guidance progress, visit: www.humanitarianreform.org

Initial rapid assessment on IFE needs a) key multi-sectoral information and b) specific information on infant and young child feeding. Combined, this enables a rapid analysis of the situation with regard to IFE concerned with what are the risks to infants and young children around feeding practices.

a) Key multi-sectoral information that is relevant to IFE includes:

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

b) Specific information on infant and young child feeding should *always* be gathered in initial rapid assessment in an emergency. The next sections focus on key information on IFE to gather in a multi initial rapid assessment.

3.4.2 Specific information on IFE

An initial rapid assessment involves:

1. Secondary data review and background information
 2. Focused primary data collection
 3. Expert analysis
- 1. Secondary data review and background information**

Secondary data review involves looking at relevant information that is already existing. It helps build the picture of the population in the current crisis and informs the collection and interpretation of primary data. Typical sources are large surveys and assessments carried out pre-emergency, e.g. Demographic Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS). Secondary information on pre-crisis feeding practices is important and key data to gather includes;

- Exclusive breastfeeding rates in 0-6 month old infants in the population pre-emergency
- Pre-crisis rates of initiation of breastfeeding in newborn infants
- Proportion of infants or groups of infants (e.g. through a PMTCT programme) that were not breastfed pre-emergency
- Common complementary feeding practices
- Continued breastfeeding at 1 year of age.

Background information gathering should include:

- Resources available to support IFE programming, both in terms of supplies and capacity. For example:

- Availability of skilled breastfeeding counsellors locally or nationally that could be mobilised to support breastfeeding, e.g. La Leche League Groups, International Lactation Consultant Association networks
- Availability of local appropriate (energy and nutrient dense) foods for complementary feeding of children 6-24 months of age
- Availability of infant formula supplies where artificial feeding support is indicated.

- Institutional factors that could influence the humanitarian response, e.g. legislative status of the International Code in the country affected by the emergency.

2. Focused primary data collection

Primary data collection involves gathering information directly from key informants. Key informants should include government staff (MOH/MCH, etc), UN/NGOs working in humanitarian response, health facility staff, carers of children < 2 years and direct observations in the emergency (e.g. distribution of milk products). Regarding IFE, it is especially important to include mothers and caregivers of infants and young children in interviews.

Box 1 contains infant and young child questions to include in a multi-sectoral initial rapid assessment. These questions complement information gathered from other sectors, i.e. access to safe water and sanitation, sheltered housing, access to fuel, foods available to households, vaccination rates. Adaptation of standard assessment tools may be needed at country level/in response to specific concerns or contexts.

Box 1: Minimum questions on IFE in initial rapid assessment
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Q.1 Has infant formula (dried or ready to use) or other milk products (e.g., dried whole, semi-skimmed or skimmed milk powder, ready to use milk)) and/or baby bottles/teats been distributed since the emergency started?

YES NO

If YES, what products, and by whom?

Why is this question useful? It is important to investigate if products are circulating that may be used as a BMS and expose infants to increased risk. Investigation of the spectrum of milk products (not just infant formula) that may be distributed is relevant too. If any products are marketed or represented as a breastmilk substitute, then they will fall under the scope of the International Code.

Q.2 a) Estimate what percentage of infants are currently are **not breastfed**?

Infants 0-< 6months: None < 10% 10-25% > 25% Do not know

Why is this question useful? Infants under six months are especially vulnerable in an emergency if they are not breastfed. If it is estimated that more than 10% of infants under six months are not breastfed, then further assessment will be needed to guide targeted skilled support.

Infants 6-<12 months: None < 10% 10-25% > 25% Do not know

Why is this question useful? Older infants are also vulnerable in an emergency ,if they are not breastfed. If more than 10% of infants 6-12 months of age are not breastfed, then further assessment to guide interventions to support them will be needed.

Q.3 Has the community/health staff/parents/caregivers identified any problems in feeding children < 2 years since the crisis started?

YES NO

If YES, what problems? _____

Why is this question useful? This will help determine what ar the immediate problems faced in feeding infants and young children, to inform early assistance in an emergency.

Q. 4 Since the emergency, what foods are most commonly fed to children 6-24 months of age?

Most common: 1. 2. 3.

Why is this question useful? Inadequate complementary feeding increases the risk of malnutrition and illness in children. This information can be used toinvestigate whether basic food needs are being met and to inform decisions about complementary feeding interventions.

Q.5 What are the priorities expressed by parents and caregivers regarding infant and young child feeding?

Why is this question useful? Understanding what the family priorities are to meet the immediate feeding needs can be used to inform early assistance.

3. Expert analysis

Information gathered in a multi-sectoral initial rapid assessment should be analysed by those with expertise on infant and young child feeding to determine next steps, and results shared through the co-ordinating body. Collecting standardised data and making this available should help the timeliness of assessment and a coordinated response.

Early assessment information is especially looking for factors that indicate that infants and young children are at increased risk. Here are some of the warning signs:

In primary data collected, be alert to:

- Distribution of infant formula and milk products, and/or bottles and teats
- Mothers reporting difficulties in breastfeeding or stopping breastfeeding due to the crisis situation.
- More than 10% infants under 6 months are not breastfed
- Reports of increased diarrhoea in infants under 12 months

In secondary data and background information, be alert for:

- Low exclusive breastfeeding rates (e.g. <25% exclusive breastfeeding)
- Low initiation of breastfeeding (e.g. < 75% initiation of breastfeeding)
- Mixed feeding in infants under 6 months (artificial feeding combined with breastfeeding)
- Risky complementary feeding practices (e.g. early introduction of complementary foods poor quality foods used)
- Use of baby bottles for feeding infants
- History of International Code violations

3.4.3 Key considerations for further assessment & monitoring

Analysis of information gathered in an initial rapid assessment may indicate cause for concern and the need for more detailed assessment of the infant and young child feeding situation. More detailed assessment may be undertaken as 'standalone' IFE assessments, or incorporated into other assessments, e.g. nutrition surveys, reproductive health. It is important that standard indicators and methods of data collection and careful determination of child age are used when collecting data on infant and young child feeding practices (see key resources below). This enables comparison between assessments. Expertise will also be needed to guide on sampling, methodology, data analysis and to inform development of any necessary interventions.

Even if there is no immediate cause for concerns, ongoing monitoring is needed to watch the infant and young child situation, and to monitor the effectiveness of the emergency response and interventions. Both *process* or performance indicators and *outcome* indicators may be used. Using standard definitions of indicators and methods of collecting data will enable comparison over time and with other programmes.

Sphere indicators should be used to monitor the humanitarian response (See Section 2 for Sphere Indicators relevant to IFE).

3.4.4 Key links in this section

IASC Nutrition Cluster. Initial Rapid Assessment tool. Latest update, visit, www.humanitarianreform.org

3.4.5 Checklist

Some examples of 'do's and don'ts' on assessment & monitoring: you can add your own.....

Do's	Don'ts
Always include infant and young child feeding questions in early rapid assessment	Don't undertake IFE interventions without assessment
Consult with mothers and caregivers regarding their concerns around infant and young child feeding	Don't undertake analysis or further assessment on IFE without technical expertise.
Use multi-sectoral information to build a picture on IFE	Don't undertake assessment without liaising with the coordinating agency on IFE

3.1.7 Key resources

WHO, UNICEF, USAID, AED, UCDAVIS, IFPRI. Indicators for assessing infant and young child feeding practices. 2008

<http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html>

FAO. Guidelines for estimating the month and year of birth of young children 2008.