



## Assessment of Breastfeeding & Infant Feeding Practices Guidelines & Recommendations

### Introduction

Numerous documents exist explaining the importance of infant feeding practices. Inadequate breastfeeding & weaning practices and infant feeding practices can lead to malnutrition and mental health problems. Mental health problems can also be a source of inadequate breastfeeding and infant feeding practices.

Child care practices are strongly related with culture and religion, but also with poverty, the family composition, stress situations and with traumatising situations, experienced by the mother & child (war, natural disaster, domestic violence, gender based violence...).

There are different situations where it would be necessary to look into the specific habits and problems.



### 1. Why & when do a Breastfeeding & Infant Feeding Practices assessment?

There are different situations in which inadequate breastfeeding and infant feeding practices can exist or arise. There are many existing cultural habits and wrong beliefs in breastfeeding and infant feeding practices, that can be different from country to country, region to region or population group to population group. For example: not giving colostrum, introducing weaning food before 4 months of age, abruptly stopping with breastfeeding when there is a new pregnancy, not giving eggs to children,....

In addition, there are specific situations where there is a risk that inappropriate breastfeeding and infant feeding practices arise, due to trauma-related stress, after bereavement, displacement, sexual violence,... (cfr. 2004 Tsunami, 2005 Pakistani earthquake,...) and/or because of lack of intimacy for breastfeeding in camps (cfr. Kosovo, Macedonia 1999).

Inadequate breastfeeding and infant feeding practices can also exist or arise because there is a lack of trained and qualified staff to give advice and support and/or a lack of health care and mother & child care centres (cfr. North Caucasia, Tadjikistan).

Inadequate breastfeeding & infant feeding practices can lead to:

- Loss of benefits from breastfeeding (protection against diseases, bonding, good base for development of teeth, ...)
- Chronic and/or acute malnutrition and micronutrient deficiencies
- Psychological problems: mother-child bonding problems, retardation in child development ...

- Hygiene related diseases such as diarrhoea due to lack of clean water for preparation of infant formula, larger exposure to bacteria and lack of protection through breast milk
- Dependence on a costly and not always available product (infant formula)
- Increase in infant mortality

Taking all this into account, it is advisable to perform a breastfeeding and infant feeding assessment in the following situations, to determine the need for breastfeeding support programmes, counselling, advocacy for national protocols, training programmes, health education training...:

- ***After a natural disaster or other traumatic experience (war, displacement,...)***: It has been observed during previous ACF interventions in natural disasters, more specifically the 2004 Tsunami or the 2005 Pakistani earthquake, that in such situations there is an essential risk that inappropriate breast feeding and infant feeding practices arise. This can be caused due to stress among lactating women, caused by trauma, change in living conditions, absence of usual support (family members or other), lack of intimacy, etc. In many situations this coincides with the unmonitored distribution of large quantities of breast milk substitutes which provide an easy alternative for women, yet can have a whole variety of negative consequences. Breastfeeding support programmes can provide the help lactating women need to prevent inadequate breastfeeding & infant feeding practices arising or increasing and to return to appropriate practices.
- ***If infant mortality rates are very high or increasing***: in areas with a high infant mortality rate, or where infant mortality rates are increasing, breastfeeding and infant feeding practices should be assessed, to determine whether they are a significant cause of the mortality. If this is the case, programmes can be set up, in order to reduce the mortality rate, and provide long term solutions to improve the breastfeeding and infant feeding practices.
- ***If information is available that inappropriate breastfeeding and infant feeding practices are common, and the response to it is inadequate***: information can come through existing programmes in the area, Unicef, local government,... that breastfeeding and infant feeding is a major problem and that health personnel (community health workers, midwives, nurses, doctors) are insufficiently trained and/or health structures (MCH<sup>1</sup>, child growth monitoring,...) are insufficiently available or not qualitative. In such areas programmes to increase the capacity of these health worker and structures can bring improvement.
- ***If information is needed on breastfeeding and infant feeding practices, in order to adapt health education messages in existing programmes***: in programmes such as nutrition centres, health education messages can only be useful if they are adapted to the local problems and culture. Before determining the message, the ongoing practices and problems must be known. This can be a part of a more profound study, such as a KAP-survey<sup>2</sup>.

## **2. How to collect information during an assessment?**

How to collect information and data depends on different factors. Depending on those, you can chose, one or different types of information and data collection. Deciding factors can be:

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<sup>1</sup> Mother & Child Health Care Centre

<sup>2</sup> Knowledge, Attitude & Practices survey, Mini-module available at ACF

- *What is the goal of your assessment:* to have some initial idea of the problem, or to have quantitative data in order to make programme making decisions?
- *What is the time you have available:* if you have limited time, group discussions go faster, if you have sufficient time, individual questionnaires bring you quantified information
- *What is the homogeneity of your target group:* if your target group is very homogenous regarding cultural and religious habits, there is less need for individual questionnaires, than if the target group is very heterogeneous
- *How is the geography of the area you need to assess:* a very extended area, with remote places might need a different approach than a camp, or a town
- *How is the situation in the area you need to assess:* is it a stable situation or an emergency situation after a natural disaster or displacement. Are people available and willing to take time to answer your questions, can people be found in their houses, are there places where you can find women grouped together...

You will need to use more than one way of obtaining information. The triangulation principle of food security can be used here as well: *This principle stipulates that addressing a problem starting from a single perspective, a single tool, could lead to erroneous information. All information should be cross-checked for verification: diversity and plurality of information sources are indispensable. Triangulation in its strictest sense means using at least three points of view in the analysis of a phenomenon. It must simply be remembered that the more diversified the angles used to address a problem, the more complete and reliable the information collected will be. In this way, it is possible to triangulate the composition of the information collection teams (multiple disciplinarily, men and women, people exterior and interior to the area), the units of observation (groups of different social categories), the techniques of information collection (bibliography, observation, interview, investigation)<sup>3</sup>.*

### **2.1 Information through existing reports and documents**

In many areas you will not be the first to investigate breastfeeding & infant feeding practices. Specific assessments or studies for the subject might have been done, or larger studies/assessments such as KAP surveys might include a breastfeeding & infant feeding component.

Look for surveys, studies, assessments, activities reports,... at the MOH, Unicef, WHO, NGO's or other actors in the field. Also collect nutrition (malnutrition rates) and health (morbidity & mortality rates, ...) reports. Check whether there is a national breastfeeding policy in the country, and whether there have been recent trainings in breastfeeding counselling done. If yes, find out who organised it, for which reason, what where the goals and who participated. Try to obtain minutes of the training.

These previous studies will give you a general idea of the situation and will help you to orientate your assessment further on. When comparing the current situation with the situation before a traumatising experience, such documents can be primordial to make a conclusion.

### **2.2 Information collection from key informants**

In any kind of situation, it is useful to meet key informants. On the subject of breastfeeding this would be MOH and Unicef staff, midwives and nurses in maternity wards, traditional birth attendants, health educators, community health workers, nurses who do the growth follow up,...but also religious leaders, village leaders etc. and not to forget staff from other NGO's working in the area.

Not only can they provide you with information regarding common child care practices and problems, you can also verify what is the quantity and quality of care provided to pregnant & lactating women.

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<sup>3</sup> From ACF Food Security Module, 2004

Be vigilant with each group; note that you can be receiving information that is not reliable or not complete.

### **2.3 Group discussion**

To gather information regarding child care practices, you can meet with a group of mothers (and grandmothers) to ask them questions on their practices. The same can be done with group of men. This allows a discussion to see what is common among all, and what is different for different families. It is a good opportunity to ask detailed recipes for weaning and infant food.

Group discussions can be organised, where you ask a group of mothers to gather especially for the discussion, or spontaneous, for example you can go to a place where you are sure to meet women (pre-natal consultation, maternity ward, women's groups,...) and start the discussion there.

Group discussion have as advantage that it is not very time consuming to get a general picture of the habits and problems, and that you can see the discussion and interaction between different women. Note however, that they must be as thoroughly prepared as interviews, with a list of questions, and that you must take notes during the discussion. In fact, it will be easier and faster, if you have one person animating the discussion and one person taking the notes.

The disadvantage is that you do not always know whether the information received can be considered as representative for the whole target group. A group of educated women will most likely have different habits than non-educated women for example. If there are different "sub-groups" that can be identified in a community, a group discussion should be held with members of each sub-group, or members of each sub-group should be present within a group discussion. Another disadvantage is that group discussions give you an idea of the situation, yet no quantified information; in addition, some people might not express their opinion in public. Keep in mind that it is possible that there is a difference between what people tell you that they do, and what they actually do.

### **2.4 Individual questionnaires**

An assessment can be done where you go to different households and ask questions to individual mothers. This is a time consuming method, as a large number of people should be interviewed to have representative information. The advantage however, is that you will have quantified information, and with less risk of people withholding information because they do not want to say it in public. The risk remains that there is a difference between what people tell you that they do, and what they actually do.

To perform individual questionnaires, you must either do an exhaustive assessment (all people in the target group), or select households randomly. The methodologies used for KAP surveys can be used here as well.

The number of questionnaires that need to be done depends whether you have a homogenous population or not (more people need to be interviewed in a heterogeneous population), and of the size of your population group.

The more interviews taken, the more representative your results will be for the target group.

The criteria you decide to whom you include in the assessment or not depends, again, on your goals: do you need information on breastfeeding only, or also on other child care practices,... You can perform the assessment among women with children < 2 years (age up to which breastfeeding is strongly recommended) < 5 years etc.

When you ask recall questions<sup>4</sup>, you must take into considerations that not all mothers will remember exact time indications in the past. The same problem arises for age determination of children. The use of tools like a calendar of events (see annex) can help you forward.

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<sup>4</sup> Questions in which you ask the person to recall a specific thing (ex. what has been eaten) during a set period of time in the past, that is the same for all questioned people

## **2.5 Observations**

As mothers will not always answer freely and/or correctly to your questions, or will not identify problems where you do, observation is a very useful tool to collect information. For this it is necessary that you see mother and child together, preferably in their own surroundings.

The “gold standard” approach is the “*Continuous monitoring observations*<sup>5</sup>”, where practices are systematically recorded by passive observers. This is however, so time consuming that it is not suitable for most surveys.

A faster method is the “*Spot-Check observations*<sup>3</sup>”, where a list of predetermined conditions is observed at one point in time during a home visit.

Disadvantage of observing as a tool to collect information is:

- The need of well trained staff
- The risk of bias, because people can behave differently when an observer is present
- The risk of (wrong) subjective judgements by the observer
- The risk of bias by extrapolating observed behaviour at one point in time to continuous behaviour

Another method is the video & Hays method. Here you will videotape a woman while she is breastfeeding, and afterwards the positioning of the child to the breast is analysed by watching the video, together with a checklist (see annex).

## **3. What information can be collected**

The information collected depends on the goal of your assessment and the time available. Many questions can seem interesting, and many subjects seem worthwhile to collect information on. However, always keep in mind that all the data you collect must be entered and analysed, which is time consuming. Always think beforehand what the main objective of your assessment is, and only include those questions that are directly linked to the subject and necessary to obtain the objective. Different subjects that can be discussed are:

### **3.1 Breastfeeding**

- Up to what age do people exclusively breastfeed? What other foods are given to children < 6 months and from what age?
- Until what age is breastfeeding continued?
- Do mothers breastfeed immediately after birth?
- How many times per 24 hours is the baby put to the breast?
- Are children breastfed on demand? The whole day? At night also?
- Does the mother have any problems with breastfeeding? Which ones? What does she do about it?
- Who teaches new mothers about breastfeeding?
- If after a traumatic experience: is there any difference before (earthquake, tsunami,...) and now?

### **3.2 Weaning**

- At what age do you introduce additional food/drinks?
- What food/drinks (including tea & water) do you give (components and preparation)?
- How many times per day does the baby eat additional food?
- Who feeds the baby?

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<sup>5</sup> Measuring Childcare practices, M.T. Ruel and M. Arimond, International Food Policy Research Institute, 2003

### **3.3 Birth**

- Did the mother do prenatal consultations?
- Where was the child born (in a hospital, maternity, PHC, at a TBA, at home (with who)...)?
- How was the delivery done (normal, problematic, caesarean...)?
- What was the weight at birth ((very) low birth weight or not)?
- How was the umbilical cord taken care of?
- How long did the mother stay in hospital/maternity?
- Is there any special procedure/habits for twins?
- How long does the mother rest after birth?
- Is the colostrum given right after birth?

### **3.4 Child feeding care**

- Who takes care of the child during the day/night (mother, older sibling, grandmother...)?
- Does the child eat from the family pot or from an individual plate?
- How many times per day does the child eat?
- What does the child eat?
- Does the child receive any assistance while eating, by whom?
- Does the child sometimes refuse to eat? What does the mother do then?
- If after a traumatic experience: is there any difference before (earthquake, tsunami...) and now?

### **3.5 Health**

- Does the child go to growth monitoring sessions?
- Was the child vaccinated?
- What do you do when the child is sick (when he has diarrhoea, cough, fever...)?
- Has the child been identified as chronically/acute (moderate/severe) malnourished in his life? Was any treatment given, what?

### **3.6 Interaction mother-child**

- Is the mother interacting with her child?
- Is the mother responding to the needs and demands of the child?
- What emotion does the mother show when talking about her baby: proud, loving, disinterested...?

### **3.7 Mothers health**

- Is the mother using any form of birth control?
- Does the mother have any health problems? If yes, how is she dealing with it?
- Does the mother have any psychological problems? If yes, how is she dealing with it?
- Does the mother feel well and fit to take care of the children as she would want?

### **3.8 Breastfeeding and HIV**

- Is there a difference in breastfeeding practices between HIV+ and HIV- mothers?
- Are there organisations working with HIV+ mothers with small infants?
- Is there a national protocol, or common recommendations given for breastfeeding HIV+ mothers?

## **4. Preparation of an assessment**

### **4.1 Collecting information beforehand**

From the headquarters, the capital, the base... collect as much information as you can on the country and the area: demographic information, geographic information, religion & culture, morbidity & mortality rates, malnutrition rates, health system...; through briefings, via the internet, via country files etc. Collect previous studies and reports done within ACF or by

other organisations (via websites, contact persons). Check which actors are present with which programmes, and get in touch with contact persons. Make sure it is clear between you and your technical advisor what the objectives of the assessment are, and what are the general lines of the methodology you will use.

In the field, information can be collected from key informants (see higher). All this information should give you an idea on what methodology to use, and which specific questions to ask.

#### **4.2 Define a methodology**

Define a methodology for:

- The data collection (group discussion, interviews...)
- The selection of groups, of households, of villages...
- The processing of the data

Write out this methodology and have it validated by your technical advisor. Inform the Head of base and logistician about your plans, and check that the intended methodology will be feasible.

In some countries it is necessary to inform local government of your plans, and to provide them with the methodology in order to receive validation from their side.

If another assessment (water&sanitation, food security...) is ongoing at the same time with individual household interviews or group discussions, check if you cannot make a joint interview/discussion.

#### **4.3 Draft necessary tools**

Make a draft of the questionnaires for interviews, for group discussions, and for discussions with key informants. Send them to your technical advisor for validation. Make sure that you only include questions that are absolutely necessary (especially in individual interviews).

When making the questionnaires, simultaneously make your data capture mask (EPInut, Sphinx, Excel...) so you can adapt your questionnaire to an easy data entry in your data capture mask. Think well before making the data capture mask, so that analysis and cross checking is easy. Entering answers of multiple choice questions (although they can be presented as open questions to the mothers) is easier than entering answers of open questions. If open questions are included, regroup the answers to make analysis easier.

Adapt the questions in your questionnaire to the local culture and habits, the local food items etc. Make a calendar of events for time definition.

If you have the questionnaire translated in a local language, have it translated back by a second person, in order to prevent any mistakes from sneaking in. Number well all the questions in the original and translated questionnaire, to facilitate data entry by a person who does not know the language of the questionnaire.

#### **4.4 Recruit and train your team**

If no staff is available, recruit a team. Make sure that the members of your team are at ease with the subject of breastfeeding. Check if it is culturally accepted to have men on the team or not.

Train the team on the subject of breastfeeding, on the goal of the assessment and on the methodology. Make sure everybody understands the questions, and the interview techniques. If you use a translator for doing interviews and discussions yourself, inform the person well that he/she should only translate ALL the things said, on not make an interpretation, or a selection of what he/she judges important to tell or not.

Make a test of the questionnaire in the field: in an area where you will not assess, have your team make "test" interviews and/or group discussions, in order for them to get familiar with the questions, to see what problems they can encounter etc. Make a debriefing and evaluation after, and adapt the questionnaire or give additional training if necessary.

#### **4.5 Plan the assessment**

Inform the heads of villages of the selected villages beforehand of your coming and the reason for your coming, if possible. If not, it must be done the day itself, before starting discussions or interviews.

Check that there are no other major events the day you planned the assessment (food distribution, vaccination campaign, market day,...), so that you are sure to find a large part of the population at home. If you are doing group discussions, inform yourself well where and when you can find specific groups, or inform women beforehand you want to meet them in a group.

Make a car planning for each team with the base logistician. Make an order for the material needed (clipboards, pens...) beforehand and not at the last minute. If the assessment is done in an area with (a risk of) security problems, make sure that all the team members had a security briefing, and that all the material needed for security/visibility is available (ACF t-shirts, ACF identity cards, mission orders, communication material...).

### **5. Indicators for assessing breastfeeding practices at household level<sup>6</sup>**

The key indicators for assessing breastfeeding practices are a set of standardised measures for assessing infant and young child feeding and evaluating the progress of promotional programmes. They are derived from interviews at household level and are based on current status data, i.e. on feeding practices during the 24 hours preceding the survey.

#### **5.1 Key indicators for assessing breastfeeding practices**

##### Exclusive breastfeeding rate:

Proportion of infants less than 6 months who are exclusively breastfed:

$$\frac{\text{Infants less than 6 months (<120 days) who were} \\ \text{Exclusively breastfed in the last 24 hours}}{\text{All infants less than 6 months of age}}$$

##### Predominant breastfeeding rate:

Proportion of infants less than 6 months who are predominantly breastfed:

$$\frac{\text{Infants less than 6 months (<120 days) who were} \\ \text{Predominantly breastfed in the last 24 hours}}{\text{All infants less than 6 months of age}}$$

##### Timely complementary feeding rate:

Proportion of infants aged 6 – 9 months who are receiving breastmilk and complementary foods:

$$\frac{\text{Infants 6 – 9 months (180 – 299 days) of age who received complementary} \\ \text{Foods in addition to breastmilk in the last 24 hours}}{\text{All infants 6 – 9 months of age}}$$

##### Continued breastfeeding rate (1 year):

Proportion of children 12 – 15 months who are breastfeeding:

$$\frac{\text{Children 12 – 15 months of age who were breastfed} \\ \text{In the last 24 hours}}{\text{All children 12 – 15 months of age}}$$

<sup>6</sup> Adapted from: Indicators for assessing breast-feeding practices. Report of an Informal Meeting 11 – 12 June 1991. WHO/CDD/SER/91.14. Geneva, World Health Organisation.

All infants 12 – 15 months of age

Continued breastfeeding rate (2 years):

Proportion of children 20 – 23 months who are breastfeeding:

$$\frac{\text{Children 20 – 23 months of age who were breastfed in the last 24 hours}}{\text{All children 20 – 23 months}}$$

Bottle-feeding rate:

Proportion of infants less than 12 months of age who are receiving any food or drink from a bottle:

$$\frac{\text{Infants less than 12 months (<366 days) of age who were bottle-fed in the last 24 hours}}{\text{All infants less than 12 months of age}}$$

**5.2 Definition of infant feeding categories**

The categories of infant feeding, such as exclusive and predominant breastfeeding, complementary feeding, and bottle-feeding, are defined in Table 1.

**Table 1**  
**Criteria for inclusion in infant feeding categories**

<b>Category of infant feeding</b>	<b>Requires that the infant receive</b>	<b>Allows the infant to receive</b>	<b>Does not allow the infant to receive</b>
Exclusive breastfeeding	Breast milk (including milk expressed or from wet nurse)	Drops, syrups (vitamins, minerals, medicines)	Anything else, not even water
Predominant breastfeeding	Breast milk as the predominant source of nourishment	Liquids (water and water-based drinks, fruit juice, ORS), ritual fluids and drops or syrups	Anything else (in particular, non-human milk, food-based fluids)
Complementary feeding	Breast milk and solid or semi-solid foods	Any food or liquid including non-human milk	
Breastfeeding	Breast milk	Any food or liquid including non-human milk	
Bottle-feeding	Any liquid or semi-solid food from a bottle with nipple/teat	Any food or liquid including non-human milk  Also allows breast milk by bottle	

## **6. Analysing results & Reporting**

Debrief with each team every evening, in order to know about any problems faced, so that adjustments can be made and advice given in order to collect correct data.

Results can be entered in software programmes such as EPI-Info or Sphinx, or on an excel database. Enter data on a day to day basis, so that problems or incoherencies can be detected immediately, and adjustments or additional training for the team can be made during the assessment.

The report should contain the following parts.

### **6.1 Table of content, introduction, objectives, summary of results**

For a large report, make a table of content and a summary. It will be easier for people to use the report. People who do not have the time or motivation to read the whole report can find the most important issues in the summary. For a small report, this is not absolutely necessary.

All reports should however contain an introduction, where you present the reason why you performed this assessment, as well as the specific objectives you had wished to obtain with it (if you have obtained them or not).

### **6.2 Methodology**

All reports should have a detailed overview on the methodology. This includes:

- How and where you collected information prior to the assessment (population data, population homogeneity, geographical information...). Be sure to describe your sources and mention whether they are considered reliable or not.
- How and where you collected data:
  - Group discussion: how did you meet the group of women, where, organised/not organised, who were the women...
  - Individual household questionnaires: what was the sample size (and why), what methodology did you use to do your household selection, did any difficulties arise during the selection,...
  - Observations: what methodology/tools were used for observing
- How questions were asked: open questions, multiple choice...
- Who performed the assessment: the position, experience of staff and supervisor. Describe the kind and length of training given
- How were results processed and analysed

### **6.3 Results**

Make different categories of age groups to present the results, especially for the feeding part, as different results are expected for each group:

- < 6 months
- 6-12 months
- 12-24 months
- > 24 months

If you find significant differences in results between different population groups, it might be useful to present the results separately for each group, or at least point out in each result the difference between the two.

#### **6.4 Discussion, conclusion and recommendations**

Discuss the meaning of the results, how they can be interpreted, and where one should be careful with bias.

Discuss what the results actually mean for the care practices; what actual problems there are etc.

Make a conclusion of the results and discussion, and finally give your recommendations for programme implementation, taking into account existing services and resources.

Possible programmes for breastfeeding & infant feeding can be:

- Training of key staff for breastfeeding (midwife's, TBA's<sup>7</sup>, Growth monitoring nurses, community health workers,...) on the advantages of breastfeeding, breastfeeding counselling,...
- Baby friendly tents or corners: where mothers in difficult living conditions can come for breastfeeding, child hygiene, breastfeeding & infant feeding education, psychological support...
- Lobbying against uncontrolled distribution of infant formula, lobby with local government and Unicef for a national policy paper on infant formula
- Support to MCH
- Support to set up systems of correct distribution of infant formula, with correct follow up
- Set up of peer groups of lactating women
- Support/counselling to women with psychological problems
- ...



#### **Interesting links:**

- ACF Breastfeeding Mini-module (available at Paris HQ)
- ACF Infont 8 (available at Paris HQ)
- Infant and Child Feeding Indicators Measurement Guide, January 1999, Food and Nutrition Technical Assistance Project (FANTA)
- Sampling Guide, December 1997, Food and Nutrition Technical Assistance Project (FANTA)
- Infant and Young Child Feeding in Emergencies, May 2006, IFE Core Group
- Evidence for the 10 steps to successful breastfeeding, 1998, WHO
- Breastfeeding & Community Approach, 2003, WHO
- International Code of Marketing of Breast milk Substitutes, WHO
- [www.fantaproject.org](http://www.fantaproject.org)
- [www.ibfan.org](http://www.ibfan.org) (International Baby-Food Action Network)
- [www.enonline.net](http://www.enonline.net) (Infant Feeding in Emergencies)

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<sup>7</sup> Traditional Birth Attendant

## **Annexes**

### ***Annex 1 - Interview guidelines***

Guidelines to help you to become a good interviewer, do's and don'ts during interviews: for you and your teams!

### ***Annex 2 - Local calendar of events***

A local calendar of events is a time line of the past years, divided in months. In this frame you can enter important local events. The first column is for events that return every year such as religious festivities, harvest, rainy season etc. In the columns per year you can enter events that happened specifically in that year and that month, for example, an attack on the village, the election of a new president (or governor, or head of village), an earthquake, but also smaller events, just for the village or the region.

With the use of this calendar, it will be easier to determine dates in the past. For example, if you ask a mother for the age of her child, and she has no clear idea of the exact number of months, but knows its around one year, you can ask "was the child born in November, December or January?". In many situations, mothers don't know, but if you ask "Was the child born long before Christmas, just before Christmas, or after Christmas?", the mother might give you a better answer. Calendar of local events should be made by local people, with a good knowledge of the local events.

### ***Annex 3 - Infant & Child Feeding Indicators Measurement Guide, FANTA, 1999***

These are guidelines for the evaluation of child health and nutrition situation, by evaluating and monitoring the infant feeding practices. Use this guide to have additional information and ideas.

### ***Annex 4 - Knowledge, Practices and Coverage Survey 2000+ Field Guide, The Child Survival Technical Support Group, August 2001***

This is a field guide for KAP surveys, which you can use AFTER having done the self training with the ACF KAP survey mini-module.

### ***Annex 5 - Sampling Guide, FANTA, 1997***

This guide contains information on sampling during a survey or assessment, and can help you to define your assessment methodology.

### ***Examples 1-6: Examples of questionnaires***

In annex you can find some examples of questionnaires, used during previous assessments. Don't forget that these questionnaires were made for a specific assessment, with specific goals in mind, using the time available for that assessment and taking into consideration the level of the staff performing the assessment. So even if you can use these questionnaires as a base, they must be adapted for your assessment. In addition, everything is up for improvement, also these questionnaires, so think how you can add value.

### ***Example 7: Example of an assessment report***

This report was made after a rapid breastfeeding assessment following the Java, Indonesia earthquake in June 2006.

This report can be used to have an idea of a report, but the report of your survey must be adapted to the situation, to the kind of assessment, and moreover, can be improved largely!