



MINISTRY OF HEALTH

# Baby Friendly Community Initiative

External Assessment Protocols

May 2016





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# FOREWORD

The maternal Infant and young child nutrition (MIYCN) programme in Kenya aims at accelerating the reduction of maternal, newborn and child mortality through the introduction, development, and scale up of high-impact nutrition interventions. The primary objective of the division of nutrition in Kenya is to work together with partners and other stakeholders to improve optimal infant and young child nutrition (MIYCN). Addressing community level interventions for improving MIYCN is key to achieving this objective. Community MIYCN activities align with and complement the community strategy as outlined in the “Kenya Essential Package for Health” identifying gaps in the community based interventions and focusing on household and the communities (level I) around infant and young child nutrition is a priority area.

The baby friendly community initiative (BFCI) is based on the principals of Baby Friendly Hospital Initiative (BFHI) “Ten Steps” and extends the tenth step to include services at the community level in order to provide women with a comprehensive support system to improve MIYCN. The BFCI is based on the MIYCN policy on protection, promotion and support for breast feeding in the community and involves the implementation of eight point plan and compliance with the Kenyan Breast Milk Substitute (BMS) regulation and control act 2012. BFCI also supports optimal maternal nutrition and infant feeding during 6-23-month period, which includes complementary feeding and continued breast feeding up to 2 years and beyond. The BFCI eight point plan include.

1. Have a written MIYCN policy summary statement that is routinely communicated to all health providers, community health volunteers (CHVs) and the community;
2. Train all health- care providers and CHVs in the knowledge and skills necessary to implement the MIYCN policy;
3. Promote optimal maternal nutrition among women and their families;
4. Inform all pregnant women and their families about the benefits of breastfeeding and risks of artificial feeding;
5. Support mothers to initiate breastfeeding within the first one hour of birth, establish and maintain exclusive breastfeeding for first six months;
6. Encourage sustained breastfeeding beyond six months to two years or more alongside timely introduction of appropriate, adequate and safe complementary foods;
7. Provide a welcoming and conducive environment for breastfeeding families;
8. Promote collaboration between healthcare staff, maternal, infant and young child nutrition support groups and the local community.



**Dr. Jackson Kioko**

Ag. Director of Medical Services  
Ministry of Health

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To all of you we say thank you!



**Dr. Patrick Amoth**

Head Division of Family Health

# PRELIMINARY ARRANGEMENTS FOR EXTERNAL ASSESSMENT

## Protocol

The community request the external assessments after self-appraisal. The process should be carried out in a spirit of professional cordiality whether or not immediate designation as a Baby friendly community follows.

The assessors prepare an official letter of introduction and a short description outlining the assessment process for the Baby-friendly community Initiative.

On the day of the assessment, after appropriate discussions with the medical officer of health in the sub-county and his/her team, the assessment meets with the community baby friendly committee. This helps ensure that all members begin with a similar understanding of the process.

## Human Subject Research Reviews

The assessment process is not physically or psychologically invasive and is very unlikely to cause any harm to the subjects involved. Strict confidentiality will be maintained.

## Previous Use of community Self-Appraisal Tool

Communities should complete the Self-Appraisal Tool before seeking outside assessment. This simple set of yes/no questions will help to identify areas in which practice needs improvement.

The following written documents should be available before the external assessment:

- The Maternal Infant and Young child nutrition policy statement
- Key points of the policy translated in the language(s) most commonly used by the community or in pictorial posted in various areas of the facility.
- Any other related documents that the community uses, such as leaflets or other printed materials for pregnant women and new mothers.
- A list of health care workers and community health volunteers taking care of pregnant women, mothers and their babies.

Scoring well on the community Self-Appraisal Tool and having the written documents assembled, will help the community know that it is ready for assessment. A community may wish to find out before the formal assessment process if health workers, CHV s and mothers' own knowledge and experience meets the required standards by carrying out a preliminary informal survey of its clientele.

# Assessors

## Selection of Assessors and their Roles

Assessors should be very knowledgeable about BFCI and what is necessary for a community to be baby-friendly. An assessment team should include members selected for their experience in working with breastfeeding mothers. It is advantageous to have a multi-disciplinary team. Use of women as assessors is desirable, particularly for the interviews with mothers. External Assessment Tool assumes that the assessors will be able to evaluate skills and the accuracy and completeness of maternal, breastfeeding and infant feeding information given to mothers. The use of knowledgeable assessors is crucial for the assessment process, in particular because the role requires the ability to listen to responses and judge if they are adequate enough to ensure client care in line with the eight Steps.

In the interests of impartiality, assessors should have no connection with the facilities being assessed (hence the term “external assessors”).

Usually one experienced assessor is designated as the lead assessor or director/manager of the assessment team.

The lead assessor usually:

- Makes the formal contacts with the community being assessed prior to the team’s arrival,
- Conducts any assessor training activities that may be necessary,
- Serves as the lead spokesperson with sub-county and community managers
- Guides the selection of the sample,
- Assigns appropriate data collection and analysis roles to other members of the assessment team,
- Guides and ensures the timing and quality of the data collection, tallying, and scoring of results,
- Plays the lead role in presentation of the team’s report to the community at the end of the assessment; and
- Has final responsibility for reporting the results and team’s recommendations to the national authority responsible for BFCI.

## Training of Assessors

Arrangements should be made for orientation of assessors for a day before the assessment. The assessors should be oriented on the assessment protocol, the data collection tools and the summary sheet. The instruments that are included in the assessment package include:

1. Health facility tool – meant for assessing the health facility
2. Health worker tool. This tool serves also as the tool for the Community health volunteers. Enough copies of this should be available for the health workers and the CHVs interview.
3. House hold tool- this targets the mothers who are members of the mother to mother support group.

4. Community external assessment tool- this serves to consolidate the data from the health facility, health worker, community health worker and household tools.
5. Summary sheet. The summary sheet will be used to consolidate data from different community units for purposes of comparison and as a data base for use in the sub-county, county and national level.

The training period for the assessors will be used as a time for planning for the up-coming assessment and sorting out assessment roles and issues specific to the particular assessment. The training involves learning on-the-job, with close supervision, while serving as a new assessor during an actual assessment.

### Interpreters and Translation

If interpreters are needed for the assessment, staff members from the facility should not be used. Use of staff can make respondents uneasy and reluctant to say anything negative. In addition, confidentiality may be compromised. One of the assessors familiar with the local area may be able to suggest local interpreters independent of the facility. It is important that they know something about breastfeeding, as this subject is quite vulnerable to translation error. Some or all of the assessment instruments may have to be translated, depending on the site. The interview questionnaires should be adapted so that terminology is locally appropriate, but items should not be omitted. It is important to attempt re-translation of the items from the local language back to English, or to use some other method of ensuring precision of translation. At the very minimum, there should be a total read-through by a native speaker of the language in question with breastfeeding expertise and a good knowledge of English, and pilot testing of the translated questionnaires, before use.

## The Assessment Process

### Scheduling of assessments

An external assessment should only be scheduled when a community has demonstrated that it has implemented the eight Steps to the best of its knowledge. The timing of the assessment should be agreed on with the community.

## Sampling Guidelines

### Criteria for Sample Selection

The assessment calls for random samples of various categories of staff and mothers to be selected and interviewed during the assessment.

All the primary care facilities in the community unit should be assessed.

A sample of the health workers and community health volunteers to be interviewed should be a proportion of those in contact with the mother and child. For the primary care facilities with less than ten health care worker, all those on duty should be interviewed.



30% Community health volunteers within each community unit should be interviewed. A list of all the community health volunteers should be availed from which the random sample is chosen.

A list of all the mothers in the mother support groups should be availed from which the sample is drawn. Three mothers per mother to mother support group should be interviewed. The sample should include a pregnant mother, a breastfeeding mother with a child below six months and a mother doing complementary feeding (child between 6-23 months). It is important to attempt to draw a random sample rather than to interview the most convenient sample to avoid biases.

After completing any translation needed and deciding on sample size for each type of interview, copies of the interview questionnaires and summary sheets should be made available for use during the assessment.

## Reporting of Findings and Follow-up Activities

### 1. Presentation of Findings at community Level

The process of assessment should culminate in recognition of accomplishments and practical suggestions for improvements, if needed. On the last day of an assessment, the assessors may present their summary of findings verbally to the relevant authorities, and make their recommendations concerning improvements needed. The authorities should receive a copy of the results and recommendations before the assessors team departs.

### 2. Reporting to national authorities

Following the assessment, the national MIYCN SC, will determine if it is appropriate to award the community Designation as Baby-friendly. The national MIYCN SC should not designate a community as Baby-friendly unless it has passed the external assessment.

## Baby-friendly Designation Awards and Recognition

The designation/certification posters and plaques will be available at the Nutrition and Dietetics Unit. Plaques will bear both the date of designation and the date when designation expires. Reassessment is needed as designation will be limited to 3 years.

Achieving baby-friendly designation should be linked to acquisition of tangible benefits for the communities such as featuring in the press and other media during World Breastfeeding Week.

It is critical that communities ensure that they sustain the level of support for mothers and babies that they have achieved as soon as their community has received the Baby-friendly designation

The protocol for what to do if a community does not meet the criteria at the assessment varies depending on the outcome of the external assessment:

### **A score of 0 - 49% is poor**

The health workers and CHVs need to be trained on BFCI as well as the importance of improved infant feeding practices and how to initiate and support mothers to establish and sustain successful exclusive breastfeeding for 6 months and to continue breastfeeding for 2 years and beyond. They should also be able to translate the information and skills to mothers in a way that can be understood and adapted in their communities.

The community should be asked to work to improve, carry out self-assessment and based on the results they can be scheduled again for a full external assessment.

### **A score of 50-79% is satisfactory**

Highlighting the achievements the community has made thus far, stressing how important their work in becoming baby-friendly is for their mothers and babies, and offering some type of technical support, if possible, to help them to efficiently make the improvements needed.

The health workers and the CHV should enhance their service by promoting, protecting and supporting exclusive breastfeeding for 6 months and to continue breastfeeding up to 2 years and beyond. They should also encourage and direct mothers on where and when to seek prompt help. They should be supported to do self-evaluation for readiness for external evaluation and certification.

Special Certificates of Commitment when the community has been assessed and has attained 50-79% will be awarded.

### **A score of 80%-100% is good**

The communities/facilities are BFCI compliant and can now be certified as Baby Friendly. They should be encouraged to do regular self-evaluation for sustainability and apply for re-certification after every 3 years. They should work on areas needing improvement.

## Community External Assessment Tool

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
<b>Step 1.</b> Have a written MIYCN policy summary statement that is routinely communicated to all health care workers, CHEWs and community health volunteers	I	<b>Written MIYCN policy summary statement present and strategically displayed in all relevant areas of the health facility.</b> <b>Indicator 1-1:</b> At least 80% of relevant areas at health facility have the MIYCN policy statement posted	I	3
	I	MIYCN policy summary statement translated and simplified to the local context and displayed in all relevant areas in health facility <b>Indicator 1-2:</b> MIYCN policy statement illustrated in a pictorial and/or any other possible way of simplifying and contextualized in a way that can be understood by the local population	I	
	I	Policy communicated to all health care providers and community health volunteers who have any contact with pregnant women, parents and caregivers of infants and young children <b>Indicator 1-3:</b> At least one continuous medical education (CME) focusing on orientation of health care providers, community health extension workers and community health volunteers on the MIYCN Policy conducted in the last six months. (Verifiable proof should be available)	I	
<b>Step 2.</b> Train all health-care providers and community health volunteers in the knowledge and skills necessary to implement the MIYCN policy	I	Health-care providers and community health volunteers trained on BFCI <b>Indicator 2-1a:</b> At least 80% of health care providers who have contact with pregnant women, parents and caregivers of infants and young children have received training on BFCI.	I	4
	I	<b>Indicator 2-1b:</b> At least 80% of community health volunteers who have contact with pregnant women, parents and caregivers of infants and young children have received training on BFCI.	I	
	2A	<b>Indicator 2-2a:</b> At least 80% of health care providers know at least 8 out of the 10 community baby friendly key messages	I	
	2B	<b>Indicator 2-2b:</b> At least 80% of community health volunteers know at least 8 out of the 10 community baby friendly key messages	I	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
<b>Step 3:</b> Promote optimal maternal nutrition among women and their families.		<b>Women and families counseled on optimal maternal nutrition during pre-pregnancy, pregnancy and after delivery</b>		7
	2A	<b>Indicator 3-1a:</b> At least 80% of randomly selected health care workers can mention at least 3 key messages for optimal maternal nutrition (e.g. diversity, frequency & IFAs).	2	
	2B	<b>Indicator 3-1b:</b> At least 80% of randomly selected community health volunteers can mention at least 3 key messages for optimal maternal nutrition. (E.g. diversity, frequency & IFAs).	2	
	3	<b>Indicator 3-1c:</b> At least 80% of randomly selected pregnant and lactating women indicate receiving information on optimal maternal nutrition during pregnancy and after delivery and can mention 3 key messages.	1	
	3	<b>Indicator 3-2:</b> At least 80% of randomly selected pregnant women and mothers of infants and young children indicate receiving information and counseling on the benefits of IFAs during pregnancy and can mention at least two benefits	1	
	1	<b>Indicator 3-3:</b> Facility data indicate that all pregnant women attending ANC are supplemented with IFAs	1	
<b>Step 4:</b> Inform all pregnant women about the benefits of breastfeeding and Risks of artificial feeding	2A	<b>Pregnant women counseled on the benefits of early initiation of breastfeeding (within one hour after birth)</b> <b>Indicator 4-1a:</b> At least 80% of health workers offer information on benefits of early initiation of breastfeeding (within one hour after birth) and can mention at least 4 benefits.	1	26
	2B	<b>Indicator 4-1b:</b> At least 80% of CHVs offer information on benefits of early initiation of breastfeeding (within one hour after birth) and can mention at least 4 benefits.	1	
	3	<b>Indicator 4-1c:</b> At least 80% of randomly selected pregnant and lactating women report receiving information about benefits of early initiation of breastfeeding (within one hour after birth) and can mention at least 3 benefits.	1	
		Pregnant women counseled on the benefits of feeding the baby on colostrum <b>Indicator 4-2a:</b> At least 80% of health workers offer		

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	2A	information on benefits of feeding the baby on colostrum and can mention at least 3 benefits of colostrum	1	
	2B	<b>Indicator 4-2b:</b> At least 80% of CHVs offer information on benefits of feeding the baby on colostrum and can mention at least 3 benefits of colostrum	1	
	3	<b>Indicator 4-2c:</b> At least 80% of randomly selected pregnant and lactating women report receiving information about benefits of feeding the baby on colostrum and can mention at least 3 benefits of colostrum	1	
	2A	Pregnant women counseled on benefits of exclusive breastfeeding <b>Indicator 4-3a:</b> At least 80% of health workers offer information on benefits of exclusive breastfeeding and can mention at least 5 benefits.	1	
	2B	<b>Indicator 4-3b:</b> At least 80% of CHVs offer information on benefits of exclusive breastfeeding and can mention at least 5 benefits.	1	
	3	<b>Indicator 4-3c:</b> At least 80% of randomly selected pregnant and lactating women report receiving information about benefits of exclusive breastfeeding and can mention at least 4 benefits.	1	
	2A	Pregnant women counseled on the risks of artificial feeding <b>Indicator 4-4a:</b> At least 80% of health workers offer information on the risks of artificial feeding and can mention at least 4 risks.	1	
	2B	<b>Indicator 4-4b:</b> At least 80% of CHVs offer information on the risks of artificial feeding and can mention at least 4 risks	1	
	3	<b>Indicator 4-4c:</b> At least 80% of randomly selected pregnant and lactating women report receiving information on the risks of artificial feeding and can mention at least 3 risks.	1	
	2A	<b>Indicator 4-5a:</b> At least 80% of health workers offer information on the dangers of using bottles, teats or dummies and can mention at least 4 dangers	1	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	2B	<b>Indicator 4-5b:</b> At least 80% of CHVs offer information on the dangers of using bottles, teats or dummies and can mention at least 4 dangers	1	
	3	<b>Indicator 4-5c:</b> At least 80% of randomly selected pregnant and lactating women report have information about the dangers of using bottles, teats or dummies and can mention at least 3 dangers	1	
	2A	<b>Indicator 4-6a:</b> At least 80% of Health workers know how HIV is transmitted from a mother to a child and can mention all the key modes of transmission.	1	
	2B	<b>Indicator 4-6b:</b> At least 80% of community health volunteers know how HIV is transmitted from a mother to a child and can mention all the key modes of transmission	1	
	3	<b>Indicator 4-6c:</b> At least 80% of pregnant and lactating mothers know how HIV is transmitted from a mother to a child and can mention all the key modes of transmission.	1	
	2A	<b>Indicator 4-7a:</b> At least 80% of health workers know the duration of exclusive breastfeeding and the duration of continued breastfeeding for HIV exposed infants and can mention the correct duration.	1	
	2B	<b>Indicator 4.7b:</b> At least 80% of community health volunteers know the duration of exclusive breastfeeding and the duration of continued breastfeeding for HIV exposed infants and can mention the correct duration	1	
	3	<b>Indicator 4.7c:</b> At least 80% of mothers know the duration of exclusive breastfeeding and the duration of continued breastfeeding for HIV exposed infants and can mention the correct duration	1	
	2A	<b>Indicator 4-8a:</b> At least 80% of health workers know the factors that facilitate mother to child transmission of HIV and can mention at least 4 factors.	1	
	2B	<b>Indicator 4-8b:</b> At least 80% of community health volunteers know the factors that facilitate mother to child transmission of HIV and can mention at least 4 factors	1	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	3	<b>Indicator 4-8c:</b> At least 80% of mothers know the factors that facilitate mother to child transmission of HIV and can mention at least 3 factors.	1	
	1	<b>Indicator 4.9:</b> Facility records indicate at least 80% of pregnant women who attend ANC receive information about breast feeding and have a health talk schedule	1	
	1	<b>Indicator 4.10:</b> The facility does not accept free BMS substitute samples or donations and if present the facility adheres to the provisions of the BMS Act.	1	
<b>Step 5.</b> Support mothers to initiate breastfeeding within the first one hour of birth, establish and maintain exclusive breastfeeding for the first six months.	2A	<b>Indicator 5-1a:</b> At least 80% of healthcare workers report offering assistance to mothers for skin to skin contact and can describe the process.	1	18
	3	<b>Indicator 5-1b:</b> At least 80% randomly selected of newly delivered mothers confirm or report that their babies were placed on skin-to-skin contact immediately after birth.	1	
	3	<b>Indicator 5-2a:</b> At least 80% randomly selected mothers confirm or report that they were supported to initiate breastfeeding immediately after birth (within 1 hour).	1	
	1	<b>Indicator 5.2b:</b> Maternity register indicate that 80% of mothers initiate breastfeeding within the first one hour and that the facility encourages rooming-in	1	
	3	<b>Indicator 5-3:</b> At least 80% randomly selected mothers report that their baby's did not receive pre-lacteal feeds immediately after birth or, if they did, there was a medically justified reason.	1	
	2A	<b>Indicator 5.4a:</b> At least 80% of Healthcare workers report offering mothers assistance with breastfeeding and are able to describe correct positioning, attachment and suckling.	1.5	
	2B	<b>Indicator 5.4b:</b> At least 80% of community health volunteers report offering mothers assistance with breastfeeding and are able to describe correct positioning, attachment and suckling	1.5	
	3	<b>Indicator 5.4c:</b> At least 80% randomly selected mothers reported that health care providers and CHVs offered assistance with breast feeding and they are able to describe correct positioning, and attachment and suckling.	2	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	2A	<b>Indicator 5.5a:</b> At least 80% of health care workers can describe the process of expressing breast milk by hand, storing and warming the breast milk.	2	
	2B	<b>Indicator 5.5b:</b> At least 80% of community health volunteers can describe the process of expressing breast milk by hand, storing and warming the breast milk?	2	
	3	<b>Indicator 5.5c:</b> At least 80% randomly selected mothers reported that health care providers and CHVs informed them on how to express milk by hand, how to store and warm the milk when the baby needs to take and can correctly describe the process.	2	
	3	<b>Indicator 5.6:</b> At least 80% of randomly selected mothers know at least three ways to tell that their babies are hungry and can mention at least 3 hunger cues.	1	
	3	<b>Indicator 5.7:</b> At least 80% of randomly selected mothers know at least three ways to tell that their babies are getting enough breast milk.	1	
<b>Step6.</b> Encourage sustained breastfeeding beyond six months to two years or more alongside timely introduction of appropriate, adequate and safe complementary foods	3	<b>Indicator 6.1:</b> At least 80% randomly selected mothers reported receiving information on duration for continued breastfeeding and can mention the correct duration.	1	22
	3	<b>Indicator 6-2:</b> At least 80% randomly selected mothers reported receiving information on the benefits of continued breastfeeding and can mention at least 3 benefits of continued breastfeeding.	1	
	3	<b>Indicator 6-3:</b> At least 80% randomly selected mothers reported receiving information on the appropriate age for introduction of appropriate, adequate and safe complementary foods to their babies and can mention the correct age.	1	
	3	<b>Indicator 6-4:</b> At least 80% randomly selected mothers know how many meals a breastfed baby who is 6-8 months; and 9-23 months should receive in a day.	3	
	3	<b>Indicator 6-5:</b> At least 80% randomly selected mothers know the quantity of foods a breastfed baby who is 6-8 months; 9-11 months and 12-23 months should receive in a day.	3	
	3	<b>Indicator 6-6:</b> At least 80% randomly selected mothers are able to correctly state at least 4 food groups (out of 7	1	



STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
		<i>recommended by WHO) breastfeeding babies 6-23 months should receive in day.</i>		
	3	<b>Indicator 6-7:</b> At least 80% of randomly selected mothers can correctly state the four critical times to wash hands	1	
	3	<b>Indicator 6-8:</b> At least 80% of randomly selected mothers have knowledge on the correct responsive feeding techniques during meal times and can mention at least 2 techniques.	1	
	3	<b>Indicator 6-9:</b> At least 80% of randomly selected mothers have correct information on how to feed their children during and after illness and can give at least 3 ways during and 3 ways after.	1	
	2A	<b>Indicator 6-10a:</b> At least 80% of HCWs have knowledge on duration for continued breastfeeding, its benefits and optimal complementary feeding practices.	3	
	2B	<b>Indicator 6-10b:</b> At least 80% of CHVs have knowledge on duration for continued breastfeeding, its benefits and optimal complementary feeding practices.	3	
	1	<b>Indicator 6-11:</b> The facility conducts cooking demonstrations on appropriate adequate, safe complementary foods and has hand washing facilities in points accessible by mothers/caregivers in the last 6 months	1	
	3	<b>Indicator 6-12:</b> At least 80% of randomly selected mothers report having participated in a cooking demonstrations on appropriate adequate, safe complementary foods in the last 6 months	1	
	1	<b>Indicator 6-13:</b> Presence of guidelines/job aids to inform mothers on appropriate, adequate and safe complementary foods	1	
<b>Step 7.</b> Provide a welcoming and conducive environment for breastfeeding families	1	<b>Indicator 7-1:</b> At least 80% of randomly selected public places have a designated place for mothers to breastfeed	1	6
	2a	<b>Indicator 7.2a</b> At least 80% of HCWs have report having encouraged spouses to accompany their wives to the health facility for clinics?	1	
	2b	<b>Indicator 7.2b</b> At least 80% of CHVs have report having encouraged spouses to accompany their wives to the health facility for clinics?	1	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	3	<b>Indicator 7-3:</b> At least 80% of pregnant and lactating mothers report being accompanied by their partners or relatives to the health facility.	1	
	1	<b>Indicator 7-4:</b> At least 80% of all designated breastfeeding places have information, education and communication (IEC) materials informing mothers on breastfeeding.	1	
	3	<b>Indicator 7-5:</b> At least 80% randomly selected breastfeeding mothers report that they are enabled and supported by their partners, family and the community around them to breastfeed and can mention at least 4 ways in which they were supported.	0.5	
		<b>Indicator 7-5b:</b> At least 80% of randomly selected breastfeeding mothers report having a conducive space in public places for breastfeeding	0.5	
<b>Step 8.</b> Promote collaboration between healthcare staff, maternal, infant and young child nutrition support groups and the local community.	1	<b>Indicator 8-1:</b> Presence of at least one functional community MIYCN support group in every Community Unit	1	14
	3	<b>Indicator 8-2:</b> At least 80% of pregnant and lactating mothers report that they are members of a MSG and can mention the name of the support group	1	
	3	<b>Indicator 8-3:</b> At least 80% of randomly selected mothers report that they were given information on where they can get support if they need help with feeding their babies and can mention one source of information	1	
	3	<b>Indicator 8-4:</b> At least 80% randomly selected pregnant women and caregivers of infant and young children report to have been referred to a MIYCN Support Group whether based at the facility or at community level and can mention at least 4 activities that the MSG carries out.	1	
	1	<b>Indicator 8-5:</b> At least 80% of the MIYCN support groups formed have linkages with other nutrition sensitive sectors.	1	
	2A	<b>Indicator 8-6a:</b> At least 80% of HCWs have knowledge of the available MSGs, know at least 5 activities carried out by the support groups and refer mother to the MSG for infant feeding support.	1	
	2B	<b>Indicator 8-6b:</b> At least 80% of CHVs have knowledge of the available MSGs, know at least 5 activities carried out by the support groups and refer mother to the MSG for infant feeding support.	1	

STEPS	TOOL	INDICATORS	ASSIGNED SCORE	EXPECTED SCORE
	<b>2A</b>	<b>Indicator 8-7a:</b> At least 80% of HCWs report to have provided at least one supportive supervision to each of the existing MSG in the last six months	1	
	<b>2b</b>	<b>Indicator 8-7b:</b> At least 80% of CHVs report to have provided at least one supportive supervision to each of the existing MSG in the last six months	1	
	<b>I</b>	<b>Indicator 8-8:</b> Presence of BFCl committee at the facility level with representation of key persons from the community	1	
	<b>I</b>	<b>Indicator 8-9:</b> Availability of MONTHLY reports of the activities of the support group	2	
	<b>I</b>	<b>Indicator 8-10:</b> Facility records indicate existence of established referral system from the facility to MSGs and plan for regular supervision by SCHMT	2	
		<b>TOTAL SCORE</b>	<b>100</b>	<b>100</b>

# ANNEX 1: GUIDANCE NOTES

<b>Step 1.</b>	<b>Indicator 1-1:</b> Proportion of relevant areas at health facilities where the MIYCN policy statement is posted	<p>The MIYCN policy statement (which includes at minimum the 16 steps) is displayed in the following areas:</p> <p>Health facility (Dispensary, Health Center, Hospitals): waiting bay, antenatal clinic, PMTCT clinic, well-baby clinic, observation areas, labor and delivery area, postpartum wards/rooms, outpatient clinic, notice boards, in-charge's office (MCH, Nutrition, maternity and facility In-charge).</p> <p>Denominator will depend on the number of relevant areas within the health facility.</p>
	<b>Indicator 1-2:</b> MIYCN policy statement translated into local language	<p>The policy should be illustrated in a manner that is consistent with the policy summary statement in a culturally acceptable pictorial and any other possible way of simplifying and contextualizing in a way that can be understood by the local population.</p>
	<b>Indicator 1-3:</b> At least one CME focusing on orientation of health workers, community health extension workers and volunteers on the MIYCN Policy conducted in the last six months – verify from available records - minutes, health talk schedules, special/feedback CMEs, supervision reports, visitors book)	<p>Staff from at least 80% of the relevant areas should have received the CME</p> <p>Interview to be clear:</p>
<b>Step 2.</b> Train all health- care providers and community health volunteers in the knowledge and skills necessary to implement the MIYCN policy	<p><b>Indicator 2-1:</b> Proportion of health care providers who have contact with pregnant women, parents and caregivers of infants and young children who have received training on BFCI.</p> <p><b>Indicator 2-2:</b> Proportion of community health volunteers who have contact with pregnant women, parents and caregivers of infants and young children who have received training on BFCI.</p>	<p>Documented in-service training on integrated MIYCN course.</p> <p>Volunteers, health care workers including Community Health Extension workers and the health management team members who have contact with pregnant women, parents and caregivers of infants and young children should be trained on BFCI.</p>

	<p><b>Indicator 2-3:</b> Proportion of health workers, community health extension workers at least 8 of the 10 key baby friendly messages</p> <p><b>Indicator 2-4:</b> Proportion of community volunteers who know at least 8 of the 10 key baby friendly messages.</p>	Health workers, community health extension workers, community health workers and volunteers interviewed know at least 8 of the 10 key baby friendly messages
<b>Step 3:</b> Promote optimal maternal nutrition among women and their families	<p><b>Indicator 3-1:</b> At least 8/10 pregnant women and mothers of infants and young children indicate receiving counseling on consuming diversified diet from a variety of locally available foods for good health during pregnancy and after delivery</p>	<p>At least 80% of pregnant women and mothers of infants and young children indicate receiving information/counselling on diversified diet from a variety of locally available foods for good health during pregnancy and after delivery/ while breastfeeding. Infants and young children refer to children aged less than 2 years.</p> <p>Diversified diet receiving at least 4 food groups from the 12 food groups every day. The 12 food groups include:</p> <ol style="list-style-type: none"> <li>1. Grains/cereals (Bread, food made from millet, sorghum, maize, rice, ugali, porridge, mandazi, chapati)</li> <li>2. Roots and tubers (potatoes, sweet potato, cassava, nduma or any foods made from roots)</li> <li>3. Legumes and nuts (Beans, peas, nyoyo, ndengu, nuts seeds or other foods made from these)</li> <li>4. Dairy products (milk, yoghurt, cheese, sour milk [mala])</li> <li>5. Flesh foods (meat, fish, poultry, pork and organ meats like liver, kidney)</li> <li>6. Eggs</li> <li>7. Green leafy Vegetables (sukuma wiki, managu, terere, sucha, saga, mitoo, mrenda, pumpkin leaves, cabbage, sweet potato leaves, osuga, kunde, and other locally available leaves)</li> <li>8. Vitamin A rich (non-leafy) vegetables (pumpkin, yellow yams, butternut, carrots)</li> <li>9. Vitamin A rich fruits (mango, pawpaw, guava)</li> <li>10. Other Fruits (Orange, lemon (or other citrus fruits), pineapple, banana etc)</li> <li>11. Oils and fat (Oils, fats or butter added to food/used for cooking)</li> <li>12. Sugar (Sugar/honey added to food such as tea, porridge)</li> </ol>

	<p><b>Indicator 3-2:</b> At least 7/10 pregnant women and mothers of infants and young children indicate receiving any information and counseling on the benefits of iron and folic acid supplementation (IFAS) during pregnancy and can mention at least two benefits</p>	<p>Iron and folic acid supplements ensure a healthy pregnancy and healthy baby. It helps to:</p> <ul style="list-style-type: none"> <li>• Reduce anaemia,</li> <li>• Reduce risks of low birth weight</li> <li>• Sustain your strength during pregnancy;</li> <li>• Ensures enough blood stores in the body during and after delivery</li> <li>• If taken before conception, folic acid helps to reduce the incidence of neural tube defects</li> </ul>
	<p><b>Indicator 3-3:</b> At least 7/10 pregnant women and mothers of infants and young children indicate receiving IFAS during pregnancy and have taken one tablet daily since they started clinic</p>	<p>IFAS should be a part of focused antenatal care (FANC) and mothers should be encouraged to take one combined IFA tablet which contains both 60mg Iron (Ferrous Fumarate) and 400mg Folic Acid daily from the time of conception throughout the duration of pregnancy. <b>Assess to ensure that pregnant women attending ANC were counselled on IFAS and actually given, and are currently consuming the IFAS, or consumed for at least 180 days during their pregnancy.</b></p>
	<p><b>Indicator 3-4:</b> At least 7/10 pregnant women, parents and caregivers of infants and young children who indicate receiving counseling on additional meals during pregnancy and lactation.</p>	<p>Women's nutrient needs increase during pregnancy and lactation. During pregnancy all women need more food, a varied diet, and micronutrient supplements, .pregnant women need extra and varied food each day (one or more servings of the staple food) in addition to 3 extra meals to provide energy and nutrition for her and the growing baby.</p>
	<p><b>Indicator 3-5:</b> At least 7/10 partners of pregnant women and mothers of infants and young children who indicate receiving counseling on maternal nutrition during pregnancy and after delivery</p>	<p>Counseling on maternal nutrition can be done on one-to-one counseling or group counseling. The mother should show some knowledge on maternal nutrition through mentioning the at least three of the following points, on what she was counseled on:</p> <ul style="list-style-type: none"> <li>• Women's nutrient needs increase during pregnancy and lactation.</li> <li>• During pregnancy all women need more food, and a varied diet.</li> <li>• During pregnancy all women need micronutrient supplements or IFAS.</li> <li>• Eat one extra small meal or "snack" each day in addition to 3 meals to provide energy and nutrition for her and the growing baby.</li> <li>• Eat a diversified diet, to ensure variety in the food choices using the locally available foods.</li> </ul>

		<ul style="list-style-type: none"> <li>• Daily consumption of fruits, vegetables, legumes, and whole grain cereals to promote healthy weights.</li> <li>• Take plenty of fluids and water.</li> <li>• Avoid taking tea or coffee with meals as it inhibits iron absorption and it can interfere with the body's use of the foods.</li> <li>• Consume Iodized salt as a pregnant woman requires sufficient iodine for brain development of the child in the womb.</li> <li>• Take small frequent meals</li> <li>• Engage in some form of physical activity to stay healthy.</li> </ul>
<b>Step 4: Inform all pregnant women about the benefits of breastfeeding and Risks of artificial feeding</b>	<b>Indicator 4-1: Information of benefits of early initiation to breastfeeding</b> <b>Indicator 4-1a:</b> At least 7 out of 10 pregnant and lactating women report receiving information about benefits of early initiation to breastfeeding while they were pregnant and can mention at least 3 benefits. <b>Indicator 4-1b:</b> At least 8 out of 10 health care providers have information of the benefits of early initiation of breastfeeding and can mention at least 6 benefits. <b>Indicator 4-1c:</b> At least 8 out of 10 community health volunteers have information of the benefits of early initiation of breastfeeding and can mention at least 5 benefits.	Check for health talk schedules on breastfeeding topics taught to mothers; <b>Check for availability and use of national materials on IYCF (National Infant and Young Child Feeding in the Context of HIV and AIDS: 1) Counseling Cards, 2) A Question and Answer Guide and IEC Brochures: i) How to Breastfeed Your Baby, ii) How to Hand Express Breast Milk, iii) How to Feed a Baby After 6 Months and iv) Nutrition During Pregnancy and Breastfeeding);</b> Check ANC register, PMTCT register and the mother child booklet to confirm that mothers are counseled on breastfeeding; <b>Interview the mothers through the exit interviews to confirm that mothers can mention at least 3 benefits of BF;</b> Benefits of breastfeeding see Annex 1; <b>Interview the health care workers to find out if they can mention at least 6 benefits of early initiation to breastfeeding.</b>
	<b>Indicator 4-2: Information on benefits of Colostrum Feeding</b> <b>Indicator 4-2a:</b> At least 8 out of 10 pregnant and lactating women report receiving information about benefits of feeding colostrum to their babies while they were pregnant and can mention at least 3 benefits.	Assess pregnant and lactating mother's knowledge of colostrum feeding (including benefits). <b>Assess health care workers and community health volunteers on knowledge of colostrum feeding (including benefits) and confirm that the same is given to mothers (pregnant and lactating).</b>

	<p><b>Indicator 4-2b:</b> At least 8 out of 10 health care providers have information of the benefits of colostrum feeding and can mention at least 6 benefits.</p> <p><b>Indicator 4-2c:</b> At least 8 out of 10 community health volunteers have information of the benefits of colostrum feeding and can mention at least 6 benefits.</p>	
	<p><b>Indicator 4-3: Information/Encouragement to Exclusively Breastfeed for 6 months</b></p> <p><b>Indicator 4-3a:</b> At least 8 in 10 randomly selected mothers of babies &lt;6 months report that they received information to encourage them to breastfeed exclusively for 6 months.</p> <p><b>Indicator 4-3b:</b> At least 8 in 10 randomly selected health care workers possess information on the benefits of exclusively breastfeeding their babies for 6 months.</p> <p><b>Indicator 4-3c:</b> At least 8 in 10 randomly selected community health volunteers have information on the benefits of exclusively breastfeeding of babies for 6 months and report providing this information mothers.</p>	<p>Assess pregnant and lactating mothers knowledge of exclusive breastfeeding (duration of EBF for six months, 4 key points of good attachment, positioning and successful suckling, frequency of breastfeeding and duration of a breastfeed and information on management of breastfeeding involves observing the 16 points on the MIYCN policy statement: see Annex 2: <b>Assess health care workers and community health volunteers on their knowledge of exclusive breastfeeding (duration of EBF for six months, 4 key points of good attachment, positioning and successful suckling, frequency of breastfeeding and duration of a breastfeed and information on management of breastfeeding involves observing the 16 points on the MIYCN policy statement: see Annex 2</b></p>
	<p><b>Indicator 4.4 information on dangers of artificial feeding</b></p> <p><b>Indicator 4.4a:</b> At least 8 in 10 randomly selected mothers of babies &lt;6 months report that they received information on dangers of artificial feeding.</p> <p><b>Indicator 4.4b:</b> At least 8 in 10 randomly selected health care workers possess knowledge on dangers of artificial feeding and can mention at least 6 of them.</p>	<p>Assess breastfeeding mothers of children &lt;6 months on knowledge of dangers of artificial feeding and:</p> <p><b>Assess health care workers and community health volunteers on their knowledge dangers of artificial feeding, and confirm that the information is actually passed on to the mothers and their babies.</b></p>





	<p><b>Indicator 4.4c:</b> At least 8 in 10 randomly selected community health volunteers possess information on dangers of artificial feeding and can mention at least 6 of them.</p>	
	<p><b>Indicator 4-5: Information on Dangers of using Teats/Bottles/or Dummies</b></p> <p><b>Indicator 4.5a:</b> At least 8 out of 10 pregnant and lactating women report to have information about the dangers of using bottles, teats or dummies and can mention at least 3 dangers</p> <p><b>Indicator 4.5b:</b> At least 8 out of 10 health care workers have information on the dangers of using bottles, teats or dummies and can mention at least 3 dangers</p> <p><b>Indicator 4.5c:</b> At least 8 out of 10 community health volunteers have information on the dangers of using bottles, teats or dummies and can mention at least 3 dangers</p>	<p>Assess breastfeeding mothers of children &lt;6 months on knowledge of dangers of using bottle feeding, teats and dummies: <b>Assess health care workers and community health volunteers on their knowledge on knowledge of dangers of using bottle feeding, teats and dummies, and confirm that the information is actually passed on to the mothers and their babies as they visit the clinic/households.</b></p>
<b>Step 5</b>	<p><b>Indicator 5-1:</b> At least 8 out of 10 health care provider can support mothers to put the baby for skin to skin contact</p>	<p>Observe skin to skin contact immediately after birth</p> <p>The steps include:</p> <ul style="list-style-type: none"> <li>• While the mother is holding the baby, describe to her each step of KMC, demonstrate them, and then allow her to go through the steps herself.</li> <li>• Clothe the baby with a pre-warmed shirt open at the front, a napkin, a hat, and socks.</li> <li>• Place the baby on the mother's chest: <ul style="list-style-type: none"> <li>• Place the baby in an upright position directly against the mother's skin;</li> <li>• Ensure that the baby's hips and elbows are flexed into a frog-like position and the baby's head and chest are on the mother's chest, with the head in a slightly extended position.</li> </ul> </li> <li>• Place the baby on the mother's chest under the mother's clothes (Fig. 8) and cover with a pre-warmed blanket:</li> </ul>

		<ul style="list-style-type: none"> <li>• Special garments are not needed as long as the mother's clothes keep the baby firmly and comfortably in contact with her skin;</li> <li>• Use a soft piece of fabric (about 1 square metre), folded diagonally in two and secured with a knot. Make sure it is tied firmly enough to prevent the baby from sliding out if the mother stands, but not so tightly that it obstructs the baby's breathing or movement.</li> <li>• After positioning the baby, allow the mother to rest with the baby, and encourage her to move around when she is ready.</li> </ul>
	<b>Indicator 5-2:</b> At least 8 out of 10 randomly selected mothers in the health facility report that their babies were placed on skin-to-skin contact immediately after birth	Ask mothers whether their babies were given or placed on them for skin to skin contact
	<b>Indicator 5-3:</b> At least 8 out of 10 randomly selected mothers confirm or report that they were supported to initiate breastfeeding immediately afterbirth (within 1 hour)	<p>Observe in the maternity ward if the facility practices early initiation of breastfeeding</p> <p>Ask mothers whether they were given their babies assisted for early initiation</p>
	<b>Indicator 5-4:</b> At least 8 out of 10 recorded deliveries indicate that breastfeeding was initiated within the first one hour	Check maternity register for correct recording of early initiation of breastfeeding
	<b>Indicator 5-5:</b> At least 8 out of 10 randomly selected mothers in the community report receiving information on early initiation of breastfeeding during ANC and at delivery.	Interview mothers during home visits. Information should include initiation of breastfeeding within the first hour of birth.
	<b>Indicator 5-6:</b> At least 8 out of 10 CHWs can demonstrate knowledge on early initiation of breastfeeding (move to step 2)	<p>Check CME register for records of CME to sensitize HWs, CHEWS and CHWs early breastfeeding and supporting mothers to maintain exclusive breastfeeding</p> <p>Information on early initiation should include:</p> <p>Breastfeeding in the first one hour of birth:</p>

		<ul style="list-style-type: none"> <li>• Facilitates milk production.</li> <li>• Helps in the release of oxytocin hormone which helps the uterus to contract and control post-partum bleeding.</li> <li>• The baby gets colostrum which has the following benefits: <ul style="list-style-type: none"> <li>○ Rich in Antibodies - protects against allergy &amp; infection</li> <li>○ Many white cells - protects against infection</li> <li>○ Purgative - clears meconium helping to prevent jaundice</li> <li>○ Growth factors - helps intestine to mature, prevents allergy and intolerances</li> <li>○ Rich in Vitamin A – prevents and reduces severity in case of infection</li> </ul> </li> </ul>
	<b>Indicator 5-7:</b> CHW report at least 80% of mothers in their catchment population who delivered at home were assisted for early initiation of breastfeeding	<p>Assessment of mother's care and support for early initiation of breastfeeding</p> <p>CHWs able to report initiation is within one hour of birth for women who delivered at home</p>
	<b>Indicator 5-8:</b> At least 8 out of 10 randomly selected mothers in the community (with infants <6 months) report that they have not given their infants any food or drinks, including water after birth other than breast milk	<p>Encourage and promote exclusive breastfeeding for infants from birth up to six months (no food or drink, not even water should be given to the baby during this period)</p> <p>Pre-lacteal feeds include any other food/drink given immediately after birth including water unless medically indicated.</p>
	<b>Indicator 5-9:</b> At least 8 out of 10 randomly selected mothers reported that health workers offered assistance with breast feeding and they are able to describe correct positioning, and attachment and suckling.	<p>Assess in the maternity for continued support for good practice of rooming in and minimal separation for mother's with special care needs (i.e. caesarian section or babies in nursery)</p> <p>Assess/Monitor competencies in attachment (More areola seen above baby's top lip, Baby's mouth open, Lower lip turned out)</p> <ul style="list-style-type: none"> <li>• Baby's chin touches breast, positioning (Baby's head and body in line, Baby held close to mother's body, Baby's whole body supported, Baby approaches breast, nose to nipple) suckling (Slow, deep sucks with pauses, cheeks round when suckling, baby releases breast when finished, mother notices signs of oxytocin reflex) and hand expression of breast milk in maternity, nursery and MCH</li> </ul>

	<b>Indicator 5-10:</b> At least 8 out of 10 randomly selected mothers reported that health workers informed them on how to express milk by hand, how to store and warm the milk when the baby needs to take.	Exit interviews for mothers from maternity
	<b>Indicator 5-11:</b> At least 8 out of 10 randomly selected mothers 0-23 months in the facility report that they did not give their infants < 6 months any food or drinks, including water, other than breast milk	Assess that the mother did not give anything else to the baby apart from breast milk for their children, < 6 months including food, water and other drinks.
	<b>Indicator 5-12:</b> At least 8 out of 10 randomly selected mothers in the community (with infants < 6 months) report that they have not given their infants < 6 months any food or drinks, including water, within the past one week. other than breast milk	Assessment of mother's care and support for optimal infant feeding practices (feeding cues)
	<b>Indicator 5-13:</b> At least 8 out of 10 CHWs report giving assistance to mothers to support them to exclusively breastfeed	Health workers and CHW are required to support and encourage mothers to exclusively breastfeed
	<b>Indicator 5-14:</b> At least 8 in 10 randomly selected mothers know how to increase breast milk production.	Assess mother's knowledge of how to increase breast milk production (i.e. feed more frequently and longer from each breast) conduct exit interviews.
	<b>Indicator 5-15:</b> At least 8 in 10 randomly selected health workers know how to increase breast milk production	Assess health workers' knowledge of how to increase breast milk production (i.e. feed more frequently and longer from each breast, breastfeeding on demand) conduct exit interviews.
<b>Step 6</b>	<b>Indicator 6-1:</b> At least 8 out of 10 randomly selected health workers know duration for	Assess community health workers knowledge. (Health workers should be able to state the correct duration for continued breastfeeding up to two years)

	continued breastfeeding up to two years and beyond	
	<b>Indicator 6-2:</b> At least 8 out of 10 randomly selected CHWs correctly mention duration for continued breastfeeding for up to two years and beyond	Assess health workers knowledge. (community health workers should be able to state the correct duration for continued breastfeeding up to two years)
	<b>Indicator 6-3:</b> At least 8 out of 10 randomly selected mothers in the community reported receiving information on duration for continued breastfeeding up to two years and beyond	Assess CHW knowledge of correct duration of continued breastfeeding) assess availability of teaching aids (CHW counselling cards for IYCN). Assess CHW report for evidence of teachings on continued breastfeeding Exit interview for mothers (Assess mothers knowledge duration of continued breastfeeding) CHW knowledge on duration of continued breastfeeding.
	<b>Indicator 6-4:</b> At least 8 out of 10 randomly selected health workers know the appropriate age for introduction of adequate and safe complementary	Assess health workers knowledge on appropriate age for introduction of adequate and safe complementary feeds. Health workers should be able to state the appropriate age for introduction of adequate and safe complementary feeds. Check for availability of teaching materials (posters fliers for IYCN)
	<b>Indicator 6-5:</b> At least 8 out of 10 randomly selected CHWs know the appropriate age for introduction of adequate and safe complementary	Assess community health workers knowledge on appropriate age for introduction of adequate and safe complementary feeds Community health workers should be able to state the appropriate age for introduction of adequate and safe complementary feeds.
	<b>Indicator 6-6:</b> At least 8 out of 10 randomly selected mothers in the community reported receiving information on the appropriate age for introduction of adequate and safe complementary feeding to their babies.	Assess mother's knowledge on appropriate age for introduction of other foods through community interviews.
	<b>Indicator 6-7:</b> At least 8 out of 10 randomly selected mothers at the community know how many meals/day a	Assess mother's knowledge on meals/day a baby who is 6-8 months,9-23months should receive Mothers should be able to state the correct meals/day a baby who is 6-8months,9-23months should receive

	baby who is 6-8 months; 9-23 months should receive in a day.	
	<b>Indicator 6-8:</b> At least 8 out of 10 randomly selected mothers at the community know the amount of food a baby 6-8 months, 9-23 months should receive in a day.	Assess knowledge of amount of food a baby 6-8 months and 9-23 months should receive Mothers should be able to state the correct amount of food a baby 6-8 months and 9-23 months should receive
	<b>Indicator 6-9:</b> At least 8 out of 10 randomly selected health workers know how many meals/day a baby who is 6-8 months; 9-23 months should receive in a day.	Assess health workers knowledge on meals/day a baby who is 6-8 months, 9-23 months should receive Health workers should be able to state the meals/day a baby who is 6-8 months, 9-23 months should receive  Check if posters and flyers are displayed Check health talk registers for evidence on talks on complementary feeding
	<b>Indicator 6-10:</b> At least 8 out of 10 randomly selected health workers know the amount of food a baby 6-8 months, 9-11 months, and a baby 12-23 months should receive in a day.	Assess knowledge of amount of food a baby 6-8 months and 9-11 months and 12-23 months should receive Health workers should be able to state the amount of food a baby 6-8 months and 9-11 months and 12-23 months should receive
	<b>Indicator 6-11:</b> At least 8 out of 10 randomly selected mothers reported receiving information on the minimum number of food groups BF babies 6-23 months should receive in a day	Assess mother knowledge on the minimum number of food groups babies 6-23 months should receive in a day
	<b>Indicator 6-12:</b> At least 8 out of 10 randomly selected mothers are able to state at least 4 food groups (out of 7 recommended by WHO) BF babies 6-23 months should receive in a day.	Mothers should state at least 4 food groups (out of the 7 WHO recommended) babies should receive in a day
	<b>Indicator 6-13:</b> At least 8 out of 10 randomly selected mothers are able to state the	Mothers should state at least the four critical times to wash hands, which is before eating, after visiting the toilets, after changing the baby.

	four critical times to wash hands.	
	<b>Indicator 6-14:</b> At least 8 out of 10 randomly selected mothers are able to report responsive feeding behavior during meal times	Mothers able ensure active/Responsive Feeding for Young Children by actively encouraging them to eat and being patient.
	<b>Indicator 6-15:</b> At least 8 out of 10 randomly selected mothers are able to report that they fed their children more frequently as recommended during and after illness	Mothers should be able to breastfeed more frequently during illness, including diarrhoea to help the baby fight sickness, reduce weight loss and recover more quickly.
<b>Step 7</b>	<b>Indicator 7-1:</b> At least one seating place(s) or a breastfeeding corner designated for mothers to breastfeed within the community ( Health facility, Places of Worship, Market, Workplaces) NB: These should have been the agreed on places at the beginning of BFCI	Ask the relevant authority guiding the assessor Check if designated places are reserved in the community and mothers are informed and referred to them (Look for signage, posters e.t.c.)
	<b>Indicator 7-2:</b> At least 7 in 10 randomly selected mothers report that they were shown designated places for breast feeding (Mother questionnaire)	Health talk registers
	<b>Indicator 7-3:</b> At least 7 in 10 randomly selected mothers report that their partners and other relatives were encouraged by CHWs or healthcare providers to accompany them to the facility	Health talk registers
	<b>Indicator 7-4:</b> At least 70% of pregnant and lactating mothers are accompanied by their partners or relatives to the facility	(ask and check Facility records)



	<b>Indicator 7-5:</b> At least 70% of pregnant and lactating mothers report being accompanied by their partners or relatives	Verify documentation on registers-ANC and PNC register, key messages in the MCH, maternity encouraging partner involvement, Health Education Attendance registers)
	<b>Indicator 7-6:</b> At least 70% of health workers in the facility report that they encourage partners and relatives to accompany breast feeding mothers	Ask and observe
	<b>Indicator 7-7</b> At least 80% of Health workers can list four ways to encourage partner to accompany mothers to ANC	Health worker lists the following: <ul style="list-style-type: none"> <li>- Give priority to mothers accompanied by spouses</li> <li>- Provide food and transport for mother</li> <li>- Actively involving the spouse in the care of the mother</li> <li>- Take care of other children while mother is in hospital during delivery/postnatal period</li> </ul>
	<b>Indicator 7-8:</b> At least 70% of all public places have posters and signage informing mothers on breastfeeding (observation)	<ul style="list-style-type: none"> <li>• Check if posters and signage are strategically displayed in public places (e.g. cafes, restaurants, public facilities, Chief Offices) , churches/mosques, social halls, public</li> </ul>
	<b>Indicator 7- 9</b> At least 5 different MIYCN IEC materials covering policy, pregnancy, breastfeeding, expressing/cup feeding and complementary feeding	Ask and observe if breastfeeding corner has MIYCN IEC materials visible—wall/take away fliers
	<b>Indicator 7-10:</b> At least 7 out of 10 randomly selected pregnant or lactating women report that they have been told where they can get information and where they can breastfeed their babies in public places (household/exit)	Ask and observe in worship places, markets, workplaces

<b>Step 8</b>	<b>Indicator 8-1:</b> Presence of minutes of MSGs meeting in the previous month	Check for minutes, topics discussed/key messages passed, if the meetings are held regularly, membership)
	<b>Indicator 8-2:</b> At least 7 out of 10 randomly selected pregnant or lactating mothers report that they have been provided with details of a contact person and where to find MIYCN community support group	Check whether details of name and contact person of MIYCN support groups are available and strategically displayed in points of contact with the Mothers (e.g. MCH, Pediatric wards, ANC clinic, maternity)
	<b>Indicator 8-3:</b> At least 70% of CHW and volunteers are able to produce reports of the activities of the support group. (Documentation) – need to develop a template for reporting on the support group activities?	Check if referral forms are available and in use in the facility and community
	<b>Indicator 8-4:</b> At least 80% of the health workers report providing support supervision to MSGs  At least 80 % of CHVs report providing support to MSGs	Reports for supportive supervision for health workers and CHVs
	<b>Indicator 8-5:</b> At least 8 in 10 randomly selected pregnant women and caregivers of infant and young children report having been referred to a Mothers' Support Group whether based at the facility or at community level.	Presence of a nominated individual in the health facility with responsibility for monitoring, and training with regard to MIYCN. Presence of a MIYCN committee Composed of health care providers (CHEWS, in charge/representative) and volunteers (support group leader, male ) and community representatives (Men rep, youth rep, women rep, CHC member, lead CHW, administrative leader, religion )
	<b>Indicator 8-6</b> At least 80 % of mothers referred to MTMSGs on discharge	Ask and verify the existence of referral records to MSGs

## ANNEX 2: HEALTH FACILITY TOOL

When filling the form, check and verify information provided in the relevant registers, tally and summary sheets and other documentation tools used, and also observe.

<b>HEALTH FACILITY NAME</b> _____		
<b>TYPE</b> _____		
<b>No of health workers in the facility by cadre:</b>		
Doctors _____ Clinical officers _____ Nurses _____, Nutritionists _____,		
Public health Officers _____ Others _____ Catchment population _____		
Number of CHEWs attached to the facility _____		
Number of CHVs attached to the facility _____		
Number of Pregnant and lactating women in catchment area _____		
Population of Under-fives in the catchment area _____		
	<b>START TIME (24HRS)</b>	
	<b>END TIME (24 HRS) – For pretesting</b>	
	<b>FIELD WORKER'S CODE</b>	
	<b>DATE OF INTERVIEW (DD/MM/YY)</b>	
	<b>NAME OF FIELD WORKER</b>	
	<b>NAME OF COMMUNITY UNIT ATTACHED TO THE FACILITY</b>	

Indicator	Question	Response	Assigned Score																																								
<b>Step 1: Have a written MIYCN policy summary statement that is routinely communicated to all health care workers, CHEWs and community health volunteers.</b>																																											
1.1	<p>(Observe) The facility has a written policy summary statement present and displayed in all relevant areas of the health facility (MCH, maternity, pediatric wards, notice boards, Critical Care Center)</p> <p>Relevant areas – at least 80% of existing areas have policy displayed</p> <table> <tr> <td>Labor and delivery area</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Antenatal clinic</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Postpartum ward/room</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Well baby clinics/Rooms</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Antenatal inpatient ward</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Consultation rooms</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Special baby units</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>PMTCT clinic</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Waiting Bay</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> <tr> <td>Pediatric ward</td><td>Yes</td><td>No</td><td>Area does not exist</td></tr> </table>	Labor and delivery area	Yes	No	Area does not exist	Antenatal clinic	Yes	No	Area does not exist	Postpartum ward/room	Yes	No	Area does not exist	Well baby clinics/Rooms	Yes	No	Area does not exist	Antenatal inpatient ward	Yes	No	Area does not exist	Consultation rooms	Yes	No	Area does not exist	Special baby units	Yes	No	Area does not exist	PMTCT clinic	Yes	No	Area does not exist	Waiting Bay	Yes	No	Area does not exist	Pediatric ward	Yes	No	Area does not exist	Adequate Yes No	1
Labor and delivery area	Yes	No	Area does not exist																																								
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Pediatric ward	Yes	No	Area does not exist																																								
1.2	(Observe) Is MIYCN policy statement displayed, illustrated in a pictorial and/or any other possible way of simplifying, contextualized and understood by the local population?	Yes No	1																																								
1.3	Ask and check records - minutes, health talk schedules, special/feedback CMEs,) The written policy summary statement is <b>ROUTINELY</b> communicated to all Health workers/CHWs when new information comes up?	Yes No	1																																								
<b>Step 2. Train all health- care providers and community health volunteers in the knowledge and skills necessary to implement the MIYCN policy</b>																																											
2.1a	(Ask the health facility in charge) At least 80% health workers have been trained (classroom, OJT, CME) on MIYCN in the last six months?	Yes No	1																																								
2.1b	(Ask and Check documentation) At least 80% of community health volunteers have been trained (classroom, OJT, CME) on MIYCN in the last six months?	Yes No	1																																								
<b>Step 3: Promote maternal nutrition among women and their children</b>																																											
3.3	(Check records) Facility records (ANC register) indicate that pregnant women who attend ANC are supplemented with IFAS	Yes No	1																																								
<b>Step 4. Inform pregnant women and their families about the benefits of breastfeeding</b>																																											

4.9	(Check records) Facility records indicate that at least 80% of pregnant women who attend ANC receive information about breast feeding	Yes	No	0.5
	(Ask and check the health talk schedule) Facility carries out health talks to educate mothers on the benefits of breast feeding? (If schedule not present circle No)	Yes	No	0.5
4.10	(Observe) Absence of materials promoting infant formula, bottles, teats or dummies displayed or distributed to pregnant women?	Absent Yes	No	0.5
	(Observe) Presence of infant formula samples/donations present in the facility? If yes (Note the Donor, brand names)	Yes	No	
	If yes, Donations followed the provisions of the BMS act for approval (written approval for donation from the national committee on IYCN)	Yes	No	0.5
<b>Step 5. Support mothers to initiate breast feeding within the first one hour of birth, establish and maintain exclusive breastfeeding to six months</b>				
5.2b	(Check records) Facility records indicate that 80% of mothers initiate breastfeeding within the first one hour	Yes	No	0.5
	(Observe and if in doubt ask) Facility promote rooming in?	Yes	No	0.5
<b>Step 6: Encourage sustained breast feeding beyond 6 months to two years or more alongside timely introduction of appropriate adequate and safe complementary foods</b>				
6.11	The facility/community conducts cooking demonstrations on appropriate adequate, safe complementary foods every 6 months	Yes	No	0.5
	(Observe) The facility has hand washing facilities in points accessible by mothers/caregivers?	Yes	No	0.5
6.13	(Observe) Presence of guidelines/job aids to inform mothers on appropriate, adequate and safe complementary foods?	Yes	No	1
<b>Step 7. Provide a welcoming and conducive environment to breastfeeding mothers and their families.</b>				
7.1	(Ask and observe) There are sitting places or a breastfeeding corner reserved for mothers to breastfeed within the community?	Yes	No	1
7.4	(Ask and observe) There are MIYCN/IEC materials in the breastfeeding corners/spaces at the health facility?	Yes	No	1
<b>Step 8: Promoting collaboration between health care staff, MIYCN support groups and the local community</b>				

8.1	How many Community units are attached to this facility? <b>Write in....</b>		
	In each community unit how many functional MSGs exist? <b>Write in....</b>		
	There is at least one functional community MIYCN support group in every Community Unit	Yes      No	1
8.5	(Ask and check records) The MIYCN support groups' activities have linkages with other nutrition sensitive sectors?	Yes      No	1
8.8	Presence of a committee in this health facility with responsibility for Implementing BFCI?	<b>Available</b> Yes      No	1
8.9	(Check records) Presence of monthly reports for activities for the MSGs	Available Yes      No	2
8-10	(Observe and check records) <i>Existence of established referral system from the facility to MSGs</i>	Yes      No	1
	(Ask and check records - minutes, supervision reports, visitors book) A plan is in place for regular supervision by SCHMT	Yes      No	1

Additional comments

## ANNEX 3: HEALTH WORKER TOOL

When filling the form, check and verify information provided in the relevant registers, tally and summary sheets and other documentation tools used, and also observe.

BACKGROUND INFORMATION			
	BACKGROUND		
	HEALTHY FACILITY		
	START TIME (24HRS)		
	DATE OF INTERVIEW (DD/MM/YY)		
	PROFESSIONAL CADRE		
	DESIGNATED WORKPLACE		
	COMMUNITY UNIT		
	NO OF CUS/VILLAGES		
Step 2. Train all health- care providers/CHW's in the knowledge and skills necessary to implement the MIYCN policy and Guidelines			
2.2a 2.2b	Have you been trained (classroom, OJT, CME) on BFCI in the last six months?	Yes      No	
	<p>If YES, state the TEN (10) key messages to baby friendly community?</p> <p><b>The Ten key messages to baby friendly Community:</b></p> <ol style="list-style-type: none"> <li>1. Informs and advises all pregnant and lactating women and their spouses on the importance of an adequate maternal diet using locally available foods by explaining the benefits to both maternal and infant health.</li> <li>2. Advise and encourages mothers to initiate breastfeeding within an hour after birth and not to give any pre-lacteal feeds unless on the advice of a medical personnel.</li> <li>3. Advise both mothers and fathers about the benefits of exclusive breastfeeding including colostrum and encourages all mothers to breastfeed exclusively for six months.</li> <li>4. Advise and encourages mothers to introduce other locally available complementary foods in addition to breast milk at 6 months to help the child to grow well.</li> <li>5. Advise and encourages mothers to breastfeed for two years of age or longer to help the child to develop and grow strong and healthy.</li> <li>6. Advise and encourages mothers to give a growing child 2 – 4 meals a day plus 1 – 2 snacks if hungry.</li> <li>7. Advise and encourages mothers to give a variety of foods including Animal-source foods, legumes, nuts, eggs,</li> </ol>	<p>Adequate Yes      No</p> <p>Don't know</p>	I

	<p>dark-green leaves and yellow-colored fruits and vegetables</p> <p>8. Advise and encourages mothers to encourage children to drink and eat during illness and to provide extra food after illness to help them recover quickly</p> <p>9. Teach all mothers and caregivers about the benefits of adequate personal hygiene and environmental sanitation to infant health, including the basic principles for the preparation of safe foods for infants and young children.</p> <p>10. Encourages mothers to support each other to practice optimal maternal nutrition, breastfeeding and complementary feeding by forming their own support groups on infant feeding.</p>		
<b>Step 3: Promote optimal maternal nutrition among women and their families</b>			
<b>3.1a3.1b</b>	<p>What information did you give mothers and families regarding diet during pregnancy and lactation?</p> <p>(Key messages – at least 3 needed)</p> <ol style="list-style-type: none"> <li>1. Consumption of adequate nutritious diet</li> <li>2. One extra meal and snack every day</li> <li>3. At least 3-4 food groups every meal</li> <li>4. Drink plenty of fluids and water</li> <li>5. Avoid taking tea or coffee with meals</li> <li>6. Consume locally available foods</li> </ol>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	I
	Do you counsel mothers on the benefits of IFAS	<b>Yes      No</b>	
	<p>What information do you give to mothers on the benefits of IFAS?</p> <p>(Benefits of IFAS – 3 needed)</p> <ol style="list-style-type: none"> <li>1. Prevents anemia</li> <li>2. Prevents low birth weight and premature births</li> <li>3. Prevent neural tube defects</li> <li>4. <b>Prevents post-partum hemorrhage</b></li> </ol>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	I
<b>Step 4. Inform pregnant women and their families about the benefits of breastfeeding and risks of artificial feeding</b>			
<b>4.1a 4.1b</b>	Do you inform pregnant women and lactating mothers on the benefits of early initiation?	<b>Yes      No</b>	
	<p>What information do you give to mothers on the benefits of early initiation?</p> <p>Key points – at least 4 needed</p>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	I



	<ol style="list-style-type: none"> <li>Helps stop bleeding</li> <li>It helps the milk to come fast</li> <li>Helps mother to make enough milk</li> <li>Helps reduce the risk of new born dying</li> <li>Babies learn to suckle more effectively</li> <li>Allow skin to skin contact for warmth and colonization of baby with maternal organisms</li> <li>Provides colostrum as baby's first immunization</li> <li>Improved developmental outcomes</li> <li>takes advantage of the first hour of alertness</li> <li>Others (specify)</li> </ol>		
<b>4.2a</b> <b>4.2b</b>	Do you inform pregnant women and lactating mothers on the benefits of colostrum?	<b>Yes      No</b>	
	What are the benefits of feeding baby on colostrum  Key points – at least 3 needed <ol style="list-style-type: none"> <li>Protects against allergy</li> <li>Protects against/ reduces severity of infections</li> <li>Provides immunity</li> <li>Clears meconium (black stool)</li> <li>Prevents jaundice</li> <li>Helps intestine mature</li> <li>prevents intolerance</li> <li>Others (specify)</li> </ol>	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	<b>I</b>
<b>4.3a</b> <b>4.3b</b>	Do you give information to pregnant women on exclusive breast feeding?	<b>Yes      No</b>	
	What information do you give regarding benefits of exclusive breastfeeding?  Key points – at least 5 needed <ol style="list-style-type: none"> <li>Decrease chances of new pregnancy</li> <li>Increases bonding opportunities</li> <li>close, loving relationship between mother and baby</li> <li>Allows for uterine contraction</li> <li>Baby cries less</li> <li>Perfect nutrient</li> <li>Efficiently used</li> <li>Protects against infection</li> <li>Improves immunity</li> <li>Baby grows healthy and strong</li> <li>children perform better on intelligence tests</li> <li>Others (specify)</li> </ol>	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	<b>I</b>

<b>4.4a</b> <b>4.4b</b>	Do you give pregnant women and lactating mothers information on the risks of artificial feeding?	<b>Yes      No</b>	
	What information would you give to a mother on risks of artificial feeding?  Key points – at least 4 needed 1. Interferes with bonding 2. More diarrhoea and persistent diarrhoea 3. More frequent respiratory infections 4. Malnutrition and vitamin A deficiency 5. More allergy and milk intolerance 6. Increased risk of some chronic diseases 7. Lower score on some intelligence tests 8. Mother may become pregnant sooner 9. Increased risk of anaemia, ovarian cancer and breast cancer 10. Others (specify)	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	I
<b>4.5a</b> <b>4.5b</b>	What are the dangers of using bottles, teats and dummies?  Key points – at least 4 needed 1. Reduces duration of breast feeding 2. Decrease frequency or effectiveness of suckling 3. Some infants have difficulty attaching to the breast if fed by bottle 4. Delayed milk production 5. Reduced milk supply 6. Increased risk of infection	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	I
<b>4.6a</b> <b>4.6b</b>	How can HIV be transmitted from mother to a child? Key points – all 3 needed 1. During pregnancy 2. During labour and delivery 3. During Breast feeding	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	I
<b>4.7a</b> <b>4.7b</b>	Should a HIV positive mother breastfeed her child?	<b>Yes      No</b>	<b>0.5</b>
	If yes, how long should a HIV positive mother exclusively breastfeed their child? 1. 6 months 2. Any other response	Response: 6 months <b>Yes      No</b>	<b>0.25</b>
	At what recommended age should a HIV exposed infant stop breastfeeding? 1. 12 months 2. Any other response	Response: 12 months <b>Yes      No</b>	<b>0.25</b>

4.8a 4.8b	<p>What factors facilitate MTCT when a woman is breast feeding</p> <p>Key points – at least 4 needed</p> <ol style="list-style-type: none"> <li>1. Mixed feeding</li> <li>2. High viral load</li> <li>3. Low CD4 count</li> <li>4. Recent infection</li> <li>5. breast conditions</li> </ol>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	I
<b>Step 5. Support mothers to initiate breast feeding within the first one hour of birth and establish and maintain exclusive breast feeding for first six months.</b>			
5.1 a asked only to HWs	<p>(Ask) Do you encourage skin-to-skin contact of newborns with their mothers immediately after birth?</p> <p>If YES, describe and demonstrate the process of ensuring skin to skin contact between mother and baby? <b>Key points – correct procedure needed;</b> The steps include:</p> <ul style="list-style-type: none"> <li>• While the mother is holding the baby, describe to her each step of KMC, demonstrate them, and then allow her to go through the steps herself.</li> <li>• Clothe the baby with a pre-warmed shirt open at the front, a napkin, a hat, and socks.</li> <li>• Place the baby on the mother's chest:</li> <li>• Place the baby in an upright position directly against the mother's skin;</li> <li>• Ensure that the baby's hips and elbows are flexed into a frog-like position and the baby's head and chest are on the mother's chest, with the head in a slightly extended position.</li> <li>• Place the baby on the mother's chest under the mother's clothes (Fig. 8) and cover with a pre-warmed blanket: <ul style="list-style-type: none"> <li>• Use a soft piece of fabric (about 1 square metre), folded diagonally in two and secured with a knot. Make sure it is tied firmly enough to prevent the baby from sliding out if the mother stands, but not so tightly that it obstructs the baby's breathing or movement.</li> </ul> </li> <li>• After positioning the baby, allow the mother to rest with the baby, and encourage her to move around when she is ready.</li> </ul>	<p><b>Yes      No</b></p> <p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	I
5.4a 5.4b	<p>(Ask) Do you offer any breastfeeding support to mothers</p> <p>If yes, (Ask) Describe the key points for correct positioning?</p> <p><b>Key points to positioning - all 4 needed</b> Baby's head and body in line Baby held close to mother's body</p>	<p><b>Yes      No</b></p> <p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	0.5

	Baby's whole body supported Baby approaches breast, nose to nipple		
	<p>(Ask) Describe the key points for correct attachment?</p> <p><b>Key points to attachment - all 4 needed</b></p> <p>More areola seen above baby's top lip Baby's mouth open Lower lip turned out Baby's chin touches breast</p>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><i>Don't know</i></p>	<b>0.5</b>
	<p>(Ask) Describe the key points for correct suckling?</p> <p><b>Key points to effective suckling - all 4 needed</b></p> <p>Slow, deep sucks with pauses Cheeks round when suckling Baby releases breast when finished Mother notices signs of oxytocin reflex</p>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><i>Don't know</i></p>	<b>0.5</b>
<b>5.5a</b>	(Ask) Do you offer assistance to mothers on how to express milk by hand, storing and warming?	<b>Yes      No</b>	
<b>5.5b</b>	<p>Can you describe the procedures that a mother would use in expressing breast milk by hand?</p> <p><b>Note: Ask the respondent to describe how she/he express breastmilk by hand using a breast model to demonstrate</b></p> <p><b>Key points to hand express milk – correct procedure needed</b></p> <ol style="list-style-type: none"> <li>1. Wash your hands well</li> <li>2. Sit or stand comfortably, and hold a clean container near your breast</li> <li>3. Place your thumb on the upper edge of the areola and your first finger below the nipple and areola, opposite the thumb. Support your breasts with your other fingers.</li> <li>4. Press your thumb and first finger inwards towards the chest. Press your breast behind the nipple and areola between your finger and the thumb so that you are pressing on milk ducts beneath the areola.</li> <li>5. Press and release in a rolling movement. This should not hurt. After pressing a few times milk starts to come out.</li> <li>6. Then press the areola from the sides so that all the milk is expressed from all parts of the breast.</li> <li>7. Express each breast for at least 3-5 minutes until the flow slows; repeat with both breasts</li> </ol>	<p><b>Correct procedure</b> <b>Yes      No</b></p> <p><i>Don't know</i></p>	<b>0.5</b>

	<p>How can breast milk be stored without a fridge</p> <p><i>Key points – all needed</i> Keep the milk in a cool dry place. In a clean container and covered</p>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
	<p>How long should expressed breast milk be stored without a fridge</p> <p><i>Key points – all needed</i> Up to 8 hours at room temperature In very hot places 1 to 2 hours only</p>	<p><b>Correct</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
	<p>How can a mother warm expressed breast milk when she needs to feed the baby?</p> <p><i>Key points – needed</i> On indirect heat in a warm water birth</p>	<p><b>Correct</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
<b>Step 6: Encourage sustained breast feeding beyond 6 months to two years or more alongside timely introduction of appropriate, adequate and safe complementary foods</b>			
<b>6.10</b>	<p>What is the recommended minimum age in years that a baby may stop breast feeding?</p>	<p><b>Correct - 2 years</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.25</b>
	<p>What are the benefits of continued breast feeding?</p> <p><i>Key points - At least 3 needed</i></p> <ol style="list-style-type: none"> <li>1. Provides half or more of the child's nutritional needs at 6-12 months</li> <li>2. provides at least one third of the child's nutritional needs 12-24 months</li> <li>3. It provides protection to the child against illnesses</li> <li>4. It provides bonding for psychological development</li> </ol>	<p><b>Adequate</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.25</b>
	<p>At what age should a baby be introduced to other foods in addition to breast milk</p>	<p><b>Correct - 6 months of age</b> <b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.25</b>
	<p>How many meals/day should a baby 6-8 months, 9-23 months receive every day?</p>		

	6-8 months  Correct: 2-3 meals per day + frequent breastfeeds + Depending on the child's appetite 1-2 snacks may be offered	Correct Yes      No  Don't know	0.25
	9-11 months  Correct: 3-4 meals + breastfeeds Depending on the child's appetite 1-2 snacks may be offered	Correct Yes      No  Don't know	0.25
	12-23 months  Correct: 3-4 meals plus breastfeeds Depending on the child's appetite 1-2 snacks may be offered	Correct Yes      No  Don't know	0.25
	<b>What is the amount of food a baby 6-8 months, 9-11 months, and a baby 12-23 months should receive every day?</b>		
	6-8 months  Correct: Start with 2-3 tablespoonful/feed increasing gradually to ½ of a 250 ml cup	Correct Yes      No  Don't know	0.25
	9-11 months  Correct: ½ of 250 ml cup/bowl	Correct Yes      No  Don't know	0.25
	12-23 Months  Correct: ¾ to one 250 ml cup/bowl	Correct Yes      No  Don't know	0.25
	State at least 4 food group a breastfeeding baby 6-23 months should receive in a day.  <b>Food groups – at least 4 needed</b> 1    Grains, roots and tubers 2    Legumes and nuts 3    Dairy products (milk, yoghurt, cheese) 4    Flesh foods (meat, fish, poultry and liver/organ meats) 5    Eggs	Adequate Yes      No  Don't know	0.25

	6 Vitamin a rich fruits and vegetables 7 Other fruits and vegetables		
	What are the critical times that a mother/ care giver should wash their hands?  Key critical times – all 4 needed <ol style="list-style-type: none"> <li>1. Before preparing food for the baby</li> <li>2. After using the toilet</li> <li>3. Before feeding the baby</li> <li>4. After changing the baby and properly disposing off its feaces</li> </ol>	Adequate Yes      No  Don't know	0.25
	What can a mother/caregiver do to encourage a baby 6-23 months to eat his/her food?  <b>Key points – at least 2 needed</b> <ol style="list-style-type: none"> <li>1 Offer another food/liquid</li> <li>2 Encourage verbally</li> <li>3 Model eating</li> <li>4 Order strongly/force child to eat</li> <li>5 Minimize distractions</li> <li>6 Try different food combinations, taste and textures</li> <li>7 Another person help to feed the child</li> </ol>	Adequate Yes      No  Don't know	0.25
Step 7: Provide a welcoming and conducive environment for breastfeeding families			
	What do you do to encourage spouses to accompany their wives to the health facility for clinics?  <b>Key points: At least 2 needed</b> <ol style="list-style-type: none"> <li>1. Giving accompanied mothers priority to be seen</li> <li>2. Having special services e.g. Blood sugar, HT tests</li> <li>3. Community mobilization</li> <li>4. Other (Specify)</li> </ol>	Adequate Yes      No  Don't know	1
Step 8: Promote collaboration among health services, and between health services and the local community			
8.6a 8.6b	(Ask and check records) Are there functional mother support groups linked to this facility?	Yes      No	0.25
	How many are MSGs are available for each community Unit  Key point At least one per community Unit	Adequate Yes      No  Don't know	0.25

	<p>What activities do you carry out in the MSG meetings?</p> <p><b>Key points – 5 needed</b></p> <p>1 Education on MIYCN</p> <p>2 Cooking demonstrations</p> <p>3 Community dialogue</p> <p>4 Participate in national campaigns/days (Malezi Bora, World Breast feeding week)</p> <p>5 Community action days</p> <p>6 Table banking</p> <p>7 Farming</p> <p>8 Animal keeping</p> <p>9 Other (specify)</p>	<p>Adequate</p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.25</b>
	( Ask and check records) Do you refer pregnant and lactating mothers to a support group where they can get support on infant feeding?	<b>Yes      No</b>	<b>0.25</b>
<b>8.7a</b>	(Ask and check records) Do you provide support supervision to the MSGs in the community?	<b>Yes      No</b>	<b>0.5</b>
<b>8.7b</b>	(Ask and check records) How many times in the last six months have you provided supportive supervision for each of the MSGs?	<p>At least once in 6 months</p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
<p><b>Conclusion</b></p> <p><b>Record any general comments</b></p> <p><b>Do you have any comments you would like to make regarding the questions?</b></p>			<p><b>End time</b></p>



# HOUSEHOLD TOOL

	<b>BACKGROUND</b>		
	<b>COUNTY/VILLAGE</b>		
	<b>START TIME (24HRS)</b>		
	<b>DATE OF INTERVIEW (DD/MM/YY)</b>		
	<b>FIELD WORKERS CODE</b>		
	<b>HOUSEHOLD HEAD NAME</b>		
	<b>MOTHER'S NAME</b>		
	<b>MOTHER'S ID</b>		
<b>Step 3: Promote optimal maternal nutrition among women and their families.</b>			
<b>Indicator</b>	<b>Question</b>	<b>Response</b>	<b>Assigned Score</b>
<b>3.1c</b>	Have you received counselling on eating a variety of foods?	Yes    No	<b>0.5</b>
	What information were you given regarding diet during pregnancy and while breastfeeding?  (Key messages – at least 3 needed) 7. Consumption of adequate nutritious diet 8. One extra meal and snack every day 9. At least 3-4 food groups every meal 10. Drink plenty of fluids and water 11. Avoid taking tea or coffee with meals 12. Consume locally available foods	<b>Adequate</b> Yes    No  <b>No advice given</b>	<b>0.5</b>
<b>3.2</b>	Have you been counseled on the use and benefits of Iron Folic Acid Supplementation (IFAS)?	Yes    No	
	What were you told were the benefits of the use of IFAS?  (Benefits of IFAS – 2 needed) 1. Prevents anemia 2. Prevents low birth weight and premature births 3. Prevent neural tube defects 4. Prevents post-partum hemorrhage	<b>Adequate</b> Yes    No  <b>No advice given</b>	<b>1</b>
<b>Step 4. Inform pregnant women and their families about the benefits of breastfeeding and risks of artificial feeding</b>			
<b>4.1c</b>	Did you receive information on benefits of early initiation of breastfeeding	Yes    No	
	What are the benefits of early initiation?  Key points – at least 3 needed 11. Helps stop bleeding 12. It helps the milk to come fast 13. Helps mother to make enough milk 14. Helps reduce the risk of new born dying 15. Babies learn to suckle more effectively	<b>Adequate</b> Yes    No  <b>No advice given</b>	<b>1</b>

	16. Allow skin to skin contact for warmth and colonization of baby with maternal organisms 17. Provides colostrum as baby's first immunization 18. Improved developmental outcomes 19. takes advantage of the first hour of alertness 20. Others (specify)		
4.2c	Were you given information on the benefits of feeding on colostrum?	Yes      No	
	What are the benefits of feeding the baby on colostrum  Key points – at least 3 needed 9. Protects against allergy 10. Protects against/ reduces severity of infections 11. Provides immunity 12. Clears meconium (black stool) 13. Prevents jaundice 14. Helps intestine mature 15. prevents intolerance 16. Others (specify)	Adequate Yes      No  No advice given	I
4.3c	Did you receive information on benefits of Exclusive breast feeding when you were pregnant?	Yes      No	
	What information did you receive regarding benefits of exclusive breastfeeding?  Key points – at least 4 needed 13. Decrease chances of new pregnancy 14. Increases bonding opportunities 15. close, loving relationship between mother and baby 16. Allows for uterine contraction 17. Baby cries less 18. Perfect nutrient 19. Efficiently used 20. Protects against infection 21. Improves immunity 22. Baby grows healthy and strong 23. children perform better on intelligence tests Others (specify)	Adequate Yes      No  No advice given	I
4.4c	Did you receive information on risks of artificial feeding??	Yes      No	
	What information were you given on risks of artificial feeding?  Key points – at least 3 needed 11. Interferes with bonding 12. More diarrhoea and persistent diarrhoea 13. More frequent respiratory infections	Adequate Yes      No  No advice given	I

	14. Malnutrition and vitamin A deficiency 15. More allergy and milk intolerance 16. Increased risk of some chronic diseases 17. Lower score on some intelligence tests 18. Mother may become pregnant sooner 19. Increased risk of anaemia, ovarian cancer and breast cancer 20. Others (specify)		
<b>4.5c</b>	What information were you given on the dangers of using bottles?  Key points – at least 3 needed 7. Increased risk of infection 8. Reduces duration of breast feeding 9. Decrease frequency or effectiveness of suckling 10. Some infants have difficulty attaching to the breast if fed by bottle 11. Delayed milk production 12. Reduced milk supply	<b>Adequate</b> <b>Yes      No</b>  <b>No advice given</b>	<b>1</b>
<b>4.6c</b>	How can HIV be transmitted from mother to a child?  Key points – all 3 needed 4. During pregnancy 5. During labour and delivery 6. During Breast feeding	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	<b>1</b>
<b>4.7c</b>	Should a HIV positive mother breastfeed her child?	<b>Yes      No</b>	<b>0.5</b>
	If yes, how long should a HIV positive mother exclusively breastfeed their child? 3. 6 months 4. Any other response	6 months <b>Yes      No</b>	<b>0.25</b>
	At what recommended age should a HIV exposed infant stop breastfeeding? 3. 12 months 4. Any other response	12 months <b>Yes      No</b>	<b>0.25</b>
<b>4.8c</b>	What factors facilitate MTCT when a woman is breast feeding  Key points – all 3 needed 6. Mixed feeding 7. High viral load 8. Low CD4 count 9. Recent infection 10. breast conditions	<b>Adequate</b> <b>Yes      No</b>  <b>Don't know</b>	<b>1</b>
<b>Step 5: Support mothers to initiate breast feeding within the first one hour of birth establish and maintain exclusive breast feeding for first six months</b>			
<b>5.1b</b>	Was your baby placed on skin to skin contact with you immediately after birth?	Baby placed on skin to skin <b>Yes      No</b>	<b>1</b>

		Cannot remember	
5.2a	<p>How soon after you delivered, was your baby put to the breast?</p> <p><i>Key points – all needed</i> Within the first one hour</p>	<p>Within the first one hour</p> <p><b>Yes      No</b></p>	1
5.3	<p>Was your baby given something else other than breast milk in the first 3 days after birth before your milk started flowing?</p> <p>If yes, why was your baby given something else (other than breast milk) to drink in the first 3 days?</p> <p><b>Medical reasons for replacement feeding</b></p> <ul style="list-style-type: none"> <li>Severe illness that prevents a mother from caring for her infant, for example sepsis</li> <li>Herpes simplex virus type 1 (HSV-1): direct contact between lesions on the mother's breasts and the infant's mouth should be avoided until all active lesions have resolved</li> </ul>	<p>Pre-lacteal feeds <b>NOT</b> given and if given there is a medically justified reason</p> <p><b>Yes      No</b></p>	1
5.4c	<p>(Ask) Were you offered any support with breast feeding?</p>	<p><b>Yes      No</b></p> <p>Cannot remember</p>	0.5
	<p>(Ask and observe) Can you show and describe to me how you position your baby for breastfeeding?</p> <p><b>Note: Ask the respondent to describe how she/he would position a baby if breast feeding or using a baby model to demonstrate</b></p> <p>Key points to <b>positioning</b> - all 4 needed</p> <p>Baby's head and body in line</p> <p>Baby held close to mother's body</p> <p>Baby's whole body supported</p> <p>Baby approaches breast, nose to nipple</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p>Don't know</p>	0.5
	<p>(Ask and observe) Can you show and describe to me how you attach your baby for breastfeeding?</p> <p><b>Note: Ask the respondent to describe how she/he would attach a baby if breast feeding or using a baby/breast model to demonstrate</b></p> <p>Key points to <b>attachment</b> - all 4 needed</p> <p>More areola seen above baby's top lip</p> <p>Baby's mouth open</p> <p>Lower lip turned out</p> <p>Baby's chin touches breast</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p>Don't know</p>	0.5

	<p>(Ask and observe) Can you show and describe to me how the baby suckles well?</p> <p>Key points to <b>effective suckling</b> - all 4 needed</p> <p>Slow, deep sucks with pauses</p> <p>Cheeks round when suckling</p> <p>Baby releases breast when finished</p> <p>Mother notices signs of oxytocin reflex</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
<b>5.5c</b>	<p>(Ask) Were you given information on how to express breastmilk by hand?</p>	<p><b>Yes      No</b></p>	
	<p>Can you describe the procedures that you use in expressing breast milk</p> <p><b>Note: Ask the respondent to describe how she/he express breastmilk by hand using a breast model to demonstrate</b></p> <p><b>Key points to hand express milk – all needed</b></p> <p>8. Wash your hands well</p> <p>9. Sit or stand comfortably, and hold a clean container near your breast</p> <p>10. Place your thumb on the upper edge of the areola and your fast finger below the nipple and areola, opposite the thumb. Support your breasts with your other fingers.</p> <p>11. Press your thumb and first finger inwards towards the chest. Press your breast behind the nipple and areola between your finger and the thumb so that you are pressing on milk ducts beneath the areola.</p> <p>12. Press and release in a rolling movement .This should not hurt. After pressing a few times milk starts to come out.</p> <p>13. Then press the areola from the sides so that all the milk is expressed from all parts of the breast.</p> <p>14. Express each breast for at least 3-5 minutes until the flow slows; repeat with both breasts</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
	<p>(Ask) Were you taught how to store breast milk after expressing it?</p>	<p><b>Yes      No</b></p>	
	<p>How can breast milk be stored without a fridge</p> <p>Key points – all needed</p> <p>Keep the milk in a cool dry place.</p> <p>In a clean container and covered</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>
	<p>How long should expressed breast milk be stored without a fridge</p> <p>Key points – all needed</p> <p>Up to 8 hours at room temperature</p> <p>In very hot places 1 to 2 hours only</p>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	<b>0.5</b>

	(Ask) Were you taught how to warm the milk when the baby needs to take it?	Yes No	
	How were you taught to warm expressed breast milk?  Key points – needed On indirect heat in a warm water birth	Adequate Yes No  Don't know	0.5
5.6	Did the health worker give you information on how to recognize when a baby is hungry?	Yes No	
	If yes, what signs were you told to look for?  Key points – 4 needed 1. Baby opens mouth; searches for the breast 2. Makes sucking motions or sounds; licks lips 3. Sticks out his tongue 4. Puts hand in his mouth 5. Makes rapid eye movement before his eyes are open 6. Moves head back forth frowning 7. Gets restless and may cry 8. Others (specify)	Adequate Yes No  Don't know	1
5.7	What were you told on how you can recognize that the baby is receiving enough breast milk?  Key points – 3 needed 1. Baby is satisfied after breast feeds 2. Baby does not cry often 3. Less frequent breast feeds 4. Short and normal breast feeds 5. Baby does not refuse to breast feed 6. Baby does not have hard dry green stool 7. baby has frequent small stools 8. Milk comes out when mother expresses 9. Breasts did enlarge (during pregnancy) 10. Milk “came in” (after delivery) 11. Other (specify)	Adequate Yes No  Don't know	1
<b>Step 6: Encourage sustained breast feeding beyond 6 months up to two years and beyond alongside timely introduction of appropriate, adequate and safe complementary foods.</b>			
6.1	Were you informed about the minimum age in which a child may stop breastfeeding?		
	What is the recommended minimum age in years that a baby may stop breast feeding?	Correct - 2 years Yes No  Don't know	1
6.2	Were you informed about the benefits of continued breastfeeding?	Yes No	

	<p>What were you told are the benefits of continued breast feeding?</p> <p><i>Key points - At least 3 needed</i></p> <ol style="list-style-type: none"> <li>Provides half or more of the child's nutritional needs at 6-12 months</li> <li>provides at least one third of the child's nutritional needs 12-24 months</li> <li>It provides protection to the child against illnesses</li> <li>It provides bonding for psychological development</li> </ol>	<p><b>Adequate</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I
6.3	Did you receive information on the age of introducing OTHER foods in addition to breast milk to a baby?	<b>Yes      No</b>	
	At what age should a baby be introduced to other foods in addition to breast milk	<p><b>Correct - 6 months on age</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I
6.4	How many meals/day should a baby 6-8 months, 9-23 months receive every day?		
	<p>6-8 months</p> <p>Correct:</p> <p>2-3 meals per day + frequent breastfeeds + Depending on the child's appetite 1-2 snacks may be offered</p>	<p><b>Correct</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I
	<p>9-11 months</p> <p>Correct:</p> <p>3-4 meals + breastfeeds Depending on the child's appetite 1-2 snacks may be offered</p>	<p><b>Correct</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I
	<p>12-23 months</p> <p>Correct:</p> <p>3-4 meals plus breastfeeds Depending on the child's appetite 1-2 snacks may be offered</p>	<p><b>Correct</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I
6.5	<b>What is the amount of food a baby 6-8 months, 9-11 months, and a baby 12-23 months should receive every day?</b>		
	<p>6-8 months</p> <p>Correct:</p> <p>Start with 2-3 tablespoonful/feed increasing gradually to ½ of a 250 ml cup</p>	<p><b>Correct</b></p> <p><b>Yes      No</b></p> <p><b>Don't know</b></p>	I

	<p>9-11 months</p> <p>Correct: ½ of 250 ml cup/bow</p>	<p>Correct Yes      No</p> <p>Don't know</p>	I
	<p>12-24 Months</p> <p>Correct: ¾ to one 250 ml cup/bowl</p>	<p>Correct Yes      No</p> <p>Don't know</p>	I
6.6	<p>Did you receive information on the minimum number of food groups a breastfeeding baby 6-23 months needs per day.</p> <p>State at least 4 food group a breastfeeding baby 6-23 months should receive in a day.</p> <p><b>Food groups – at least 4 needed</b></p> <p>8    Grains, roots and tubers</p> <p>9    Legumes and nuts</p> <p>10   Dairy products (milk, yoghurt, cheese)</p> <p>11   Flesh foods (meat, fish, poultry and liver/organ meats)</p> <p>12   Eggs</p> <p>13   Vitamin a rich fruits and vegetables</p> <p>14   Other fruits and vegetables</p>	<p>Yes      No</p> <p>Adequate Yes      No</p> <p>Don't know</p>	I
6.7	<p>What are the critical times that a mother/ care giver should wash their hands?</p> <p>Key critical times – all 4 needed</p> <ol style="list-style-type: none"> <li>1. After visiting the toilet</li> <li>2. Before preparing the food</li> <li>3. Before eating</li> <li>4. After changing the baby.</li> </ol>	<p>Adequate Yes      No</p> <p>Don't know</p>	I
6.8	<p>What can a mother/caregiver do to encourage a baby 6-23 months to eat his/her food?</p> <p><b>Key points – at least 2 needed</b></p> <ol style="list-style-type: none"> <li>1 Offer another food/liquid</li> <li>2 Encourage verbally</li> <li>3 Model eating</li> <li>4 Order strongly/force child to eat</li> <li>5 Minimize distractions</li> <li>6 Try different food combinations, taste and textures</li> <li>7 Another person help to feed the child</li> </ol>	<p>Adequate Yes      No</p> <p>Don't know</p>	I
6.9	<p>How would you feed them a sick baby 6-23 months?</p> <p><b>Key points – at least 3 needed</b></p> <p>Encourage them with patience.....1</p> <p>Feed the child frequently.....2</p> <p>Give foods that the child likes.....3</p>	<p>Adequate Yes      No</p> <p>Don't know</p>	0.5



	Give a variety of nutrient rich foods.....4 Continue to breastfeed.....5 Other (Specify).....96		
	How would you feed a baby 6-23 months who has just recovered from sickness?  <b>Key points – at least 2 needed</b> 1 Give extra breastfeeds 2 Feed an extra meal 3 Give an extra amount 4 Use extra rich foods 5 Feed with extra patience and love 6 Other (Specify).....	Adequate Yes No  Don't know	0.5
6.12	Have you participated in a cooking demonstrations on appropriate adequate, safe complementary foods in the last 6 months?	Adequate Yes No  Don't know	1
<b>Step 7: Provide a welcoming and conducive environment to breastfeeding mothers and their families.</b>			
7.3	Was your spouse or relatives encouraged by CHWS or health care providers to accompany you to the facility?	Yes No	0.5
	Were you actually accompanied by your spouse or relative to the health facility?	Yes No	0.5
7.5	Does your partner, family and the community around you support you to breastfeed?	Yes No	0.5
	How does your partner, family and the community around you support you in breastfeeding?  Key points – 4 needed 1 Support with household chores 2 Encouragement 3 Provision of adequate diet 4 Taking care of other children 5 Cared for and recognized by the community 6 Offered breastfeeding space in public spaces 7 Respect while breastfeeding in public 8 Other (Specify)	Adequate Yes No  Don't know	0.5
7.5b	Do the public places that you frequently visit offer a conducive environment for you to breastfeed?	Yes No	0.25
	Does your work place offer a conducive environment for you to breastfeed?	Yes No	0.25
<b>Step 8: Promote collaboration among health services, and between health services and the local community</b>			
8.2	Are you a member of mother support group?	Yes No	0.5
	What is the name of the mother support group	Can name Yes No	0.5

<b>8.3</b>	Were you given information on where you can get support if you need help with feeding your baby?	<b>Yes      No</b>	<b>0.5</b>
	If Yes, what are the sources of support?  <b>Key sources – at least one mentioned</b> 1      Facility 2      CHW 3      Friends and relatives 4      Mass media 5      Others (Specify)	At least one mentioned <b>Yes      No</b>  <b>Don't know</b>	<b>0.5</b>
<b>8.4</b>	Were you referred to a mother support group in the community?	<b>Yes      No</b>	<b>0.5</b>
	What activities do you carry out in the MSG meetings? <b>Key activities – at least 4 needed</b> 10      Education on MIYCN 11      Cooking demonstrations 12      Farm days 13      Community dialogue 14      Community action days 15      Table banking 16      Farming 17      Animal keeping 18      Other (specify)	Adequate <b>Yes      No</b>  <b>Don't know</b>	<b>0.5</b>
<b>Record any general comments</b> <b>Do you have any comments you would like to make regarding the questions?</b>			






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