**Infant and young child feeding (IYCF) counseling 6-23 months**

**Recommendations for inclusion in DHS-8 (2018-2023)**

# **Section I. Information about the requesting party**

**1. Is this request being submitted on behalf of a group? If so, please provide the name of the group and the participating parties.**

This recommendation originated in a consultation focused on measuring coverage of programs to support breastfeeding and complementary feeding, co-convened by [Alive & Thrive](https://www.aliveandthrive.org/), the [International Food Policy Research Institute (IFPRI)](http://www.ifpri.org/), and [Data for Decisions to Expand Nutrition Transformation (DataDENT)](https://datadent.org/). It was further discussed and endorsed at the September 2018 [Technical Consultation on Measuring Nutrition in Population-Based Household Surveys and Associated Facility Assessments](https://datadent.org/resources-nutrition-household-facility-survey-consultation-meeting-report/)—a 2-day working meeting convened by the Bill & Melinda Gates Foundation and United States Agency for International Development in collaboration with the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), and coordinated by DataDENT. The consultation included more than 60 technical experts, survey program representatives from DHS, MICS, LSMS and SMART, country data stakeholders, and donors from the nutrition measurement community.

The recommendation is also supported by a nutrition metrics working group that was previously anchored by the [Countdown to 2030 initiative](http://countdown2030.org/); this working group has co-authored a paper forthcoming in BMJ Global Health on the global gaps in nutrition coverage measurement, especially highlighting the gaps in measurement of infant feeding counseling and support interventions.

This recommendation was authored by IFPRI and reviewed by Laurence Grummer-Strawn (WHO), Chika Hayashi (UNICEF), Vrinda Mehra (UNICEF), Chessa Lutter (RTI), Monica Kothari (PATH), and Purnima Menon (IFPRI).

This recommendation is endorsed by the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM). Out of the 10 sets of recommendations endorsed by TEAM, this recommendation was prioritized as Tier 2 of 3 (high priority data need).

This recommendation is also endorsed by Countdown to 2030, Alive & Thrive, Global Alliance for Improved Nutrition (GAIN), the nutrition team at the Bill & Melinda Gates Foundation, and the Department of International Health at the Johns Hopkins Bloomberg School of Public Health.

# **Section II. Indicator definition and rationale**

2**. Please define the indicator or indicators you are requesting The DHS Program to incorporate. *Multiple indicators derived from a single set of questions should be included in the same submission.* (Response required)**

We propose two key indicators that can be tabulated from the set of proposed questions listed in Section III. Please refer to Section IV for details on how each indicator would be calculated.

1. **Mothers with children 6-23 months who received any Infant and Young Child Feeding (IYCF) counseling in the last 6 months**

Definition: Proportion of mothers with children 6-23 months who received any IYCF counseling in the last 6 months

1. **Mothers with children 6-23 months who received *age-appropriate* IYCF counseling in the last 6 months**

Definition: Proportion of mothers with children 6-23 months who received *age-appropriate* IYCF counseling in the last 6 months

3. **What is the rationale for measuring this indicator (each of these indicators) in DHS surveys? (Response required)**

1. **Mothers with children 6-23 months who received any IYCF counseling in the last 6 months**

Infant and young child feeding (IYCF) refers to feeding practices targeting children 0-23 months of age. The WHO Global Strategy on IYCF recommends exclusive breastfeeding (EBF) for the first 6 months (unless advised otherwise for medical reasons) and continued breastfeeding for two years or beyond with timely introduction of diverse nutrient-dense complementary foods.[[1]](#footnote-1)

Nearly 15 years ago, the WHO provided guidelines for complementary feeding of children aged 6-23 months which include messages about continued breastfeeding and the recommended diversity and frequency of foods.[[2]](#footnote-2),[[3]](#footnote-3) In February 2019, the WHO released “Guideline: Counselling of Women to Improve Breastfeeding Practices,” which recommends all pregnant women and mothers be provided with breastfeeding counseling up to 24 months or longer.[[4]](#footnote-4) Although, most countries include counseling for breastfeeding and complementary feeding in their nutrition programming efforts, few data are available to monitor population-based coverage of counseling for IYCF.[[5]](#footnote-5)

The DHS primarily collects data on indicators of breastfeeding and complementary feeding practices among children 0-23 months—with data disaggregated into 0-5, 6-11 and 12-23 month age groups.[[6]](#footnote-6),[[7]](#footnote-7) The DHS-7 questionnaire introduced a new set of questions on postnatal care in the first two days of life which includes “counseling on breastfeeding” as one of six postnatal functions.[[8]](#footnote-8),[[9]](#footnote-9) However, there are no questions related to comprehensive IYCF counseling for all children 0-23 months. The proposed indicators on IYCF counseling will, therefore, complement the existing question and provide countries with data to track coverage of IYCF counseling—promoting both breastfeeding and complementary feeding— through the first two years of life.

*NOTE: A separate recommendation has been posted about indicators of early breastfeeding counseling coverage—from pregnancy through age 1 month*

1. **Mothers with children 6-23 months who received *age-appropriate* IYCF counseling**

Regarding the second indicator proposed, given that 1) complementary feeding includes breastfeeding and food-related practices, 2) content of counseling should vary by child age/developmental stage, and 3) mothers may receive conflicting or incorrect messages, thus leading to poor practices, we have determined that it is essential to know not only if mothers are receiving any IYCF counseling, but whether they are receiving appropriate information based on the age of their child. The question is being posed to mothers of children 6-23 months with a 6-month recall period—so for children who are 6-11 months old on the day of the survey, the recall includes any messages received when the child was less than 6 months of age.

# **Section III. Proposed additions/revisions to the questionnaires or biomarkers**

**4. Please describe the requested addition or revision.**

***If the requested change is the addition of new questions to the DHS questionnaires or modules, complete questions 4.1 and 4.1.1. If the requested change is a revision to existing questions, complete question 4.2. If the change relates to anthropometry or a biomarker, please complete question 4.3.***

**4.1. For additions: If you have developed a question or set of questions to measure the indicator(s), please provide them in the space below or in a separate file attached with your submission.**

|  |  |  |
| --- | --- | --- |
| **Question** | **Responses** | **Description** |
| **Q1.** In the last six months, did any health care provider or community health worker talk with you about how to feed your child? | YES 1🡪Q1a  NO 2  DK 8 | ADDITION. To be asked with other questions on SECTION 6. CHILD HEALTH AND NUTRITION, possibly after 652. |
| **Q**1a**.** What did the health care provider or community health worker talk with you about?  Anything else?  RECORD ALL MENTIONED. | BREASTFEEDING A NOT FEEDING WATER OR OTHER LIQUIDS BEFORE SIX MONTHS B INTRODUCING FOOD AND LIQUIDS (OTHER THAN BREASTMILK) WHEN THE BABY REACHES SIX MONTHS OF AGE C GIVING A VARIETY OF FOODS D GIVNG ANIMAL SOURCE FOODS SPECIFICALLY (E.G. EGGS, MILK, MEAT, FISH) E HOW OFTEN TO FEED FOODS F NOT FEEDING SUGAR-SWEETENED BEVERAGES G  NONE Y | ADDITION. To be asked with other questions on SECTION 6. CHILD HEALTH AND NUTRITION, possibly after 652. |

**4.1.1 If requesting multiple questions, please specify the relative priority of each new question.**

Q1 is highest priority and Q1a is highly recommended for inclusion.

**4.2. For revisions to existing questions: Please specify the DHS-7 question number, the proposed revision to the question, and the rationale.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DHS-7 question number** | ***DHS-7 question text*** | **Proposed new question** | **Rationale** |
| 470 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | Keep question but only ask for children under 24 months (currently asked for live births during the last 3-5 years)\* | Information on bottle feeding for children above 2 years old is not actionable. MICS only asked bottle feeding for <24 months. |
| 653 | How many times did (NAME from 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD ‘7.’ | Keep question but do not ask for children <6 months (currently asked for children <24 months) | Not included in the tabulation of minimum meal frequency indicator |

**4.3. For anthropometry and biomarkers: Please describe the measurement procedures or specimen collection procedures, point-of-care or laboratory testing procedures (as relevant), and any recommendations for return of results.**

N/A

**5. Can any related questions be deleted from the questionnaire to make room for the proposed new content? If so please specify which questions using the DHS-7 question numbers.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DHS-7 question number** | ***DHS-7 question text*** | **Proposed deletion** | **Rationale** |
|  |  |  |  |
|  |  |  |  |

\*We support the newborn community’s recommendation to modify all Section 4. Pregnancy and Postnatal Care to include live births occurring in the previous 2 years. This would be advantageous to reduce data collection burden, align with MICS, and improve data quality. If this recommendation is adopted, the proposed change to Q470 would be automatically adopted.

**6. What are the implications of these requested changes on measurement of trends using DHS data?**

There are no implications on measuring trends since these are two new indicators. The requested deletions would reflect what is currently tabulated.

# **Section IV. Indicator calculation**

**7. Indicate how to calculate the indicator(s). Include detailed definitions of the numerator and denominator of each individual indicator. If you have developed a tabulation plan for the indicator(s), please attach a file including the suggested table(s) with your submission.**

1. **Mothers with children 6-23 months who received any IYCF counseling**

Numerator: Number of children age 6-23 months where (Q1 = YES)

Denominator: Total number of children age 6-23 months

1. **Mothers with children 6-23 months who received *age-appropriate* IYCF counseling**

Numerator: Number of children age 6-11 months where (Q1a = 1|2|3|4|5|6|7) + Number of children age 12-23 months where (Q1a = 1|4|5|6|7).

Denominator: Total number of children age 6-23 months

These indicators may be further disaggregated by type of message/information received to determine which are most or least common and where there are gaps in appropriate messages/information being reached to mothers.

**8. Is the indicator useful when measured at the national level, or is it useful only when disaggregated to specific subnational areas, such as endemicity zones or project intervention regions?**

***For each indicator, select one of the three options by clicking in the appropriate box.***

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | Useful only for subnational endemicity zones or project intervention regions. A single estimate at the national level is not meaningful. | Useful at both national and subnational regions, as sample size allows. | Useful only at the national level. Subnational estimates are not needed. |
| Mothers with children 6-23 months who received any IYCF counseling |  |  |  |
| Mothers with children 6-23 months who received age-appropriate IYCF counseling |  |  |  |

# **Section V. Prior testing of the proposed question(s)**

**9. Have the proposed questions undergone any formal validation; i.e., have the questions been tested against a “gold standard” to assess their accuracy? If yes, please describe how well or poorly the questions performed and/or provide a publication or report of the validation exercise (or a link).**

The proposed questions have not been validated yet, however, a related validation study is being planned under the IMPROVE/Coverage grant funded by the Bill & Melinda Gates Foundation.

**10. Have the questions undergone any other kind of testing; e.g., cognitive testing, pilot testing. If so, please describe the results of the testing and/or provide a publication or report of the findings (or a link).**

Q1. Several initiatives have asked these questions as part of their program evaluation surveys (e.g. [Alive & Thrive](https://www.ifpri.org/project/alive-and-thrive) in three countries) or nationally-representative surveys (e.g. [PMA2020)](https://www.pma2020.org/nutrition) with minor variations in wording. We propose to use “talk with you” rather than the term “counseling”, as counseling could be interpreted and understood in different ways. Moreover, what is most important is to capture the interaction between the women and the person providing information and support, and women do not always distinguish formal counseling from informal message sharing. The proposed terminology will allow the DHS to capture all forms of interpersonal communication around IYCF.

Q1a. Several initiatives have asked these questions as part of their program evaluation surveys (e.g. [Alive & Thrive](https://www.ifpri.org/project/alive-and-thrive) in three countries) or nationally-representative surveys (e.g. [PMA2020)](https://www.pma2020.org/nutrition) with minor variations in wording. This question is open-ended, and we recommend that response options be kept to minimum (focused on globally recommended core IYCF practices), preferably 7 or less options as is the general number of items held in short-term memory; this will help facilitate survey enumerators to understand a limited number of concepts during training and aid them in holding response options in short-term memory during data collection.[[10]](#footnote-10)

# **Section VI. Other considerations**

**11. Please provide information relevant to the kinds of questions below, and/or anything else you wish to share with us about this indicator (these indicators).**

* **Describe how the data for this indicator are being used (or will be used).** 
  + **Are the data produced by this indicator actionable?**

Both indicators are actionable, and provide decision-makers and program implementer with needed information on IYCF counseling coverage. Data are directly tied to the WHO-UNICEF IYCF guidelines that promote complementary feeding to caregivers of children 6-23 months.

* + **Who will use the data?**

Country-level decision-makers and program implementers, including ministries and other government bodies, bilateral organizations (e.g. UN), other non-governmental organizations and funding agencies/donors, global accountability and advocacy initiatives (e.g. Global Nutrition Report)

National and international research institutes and universities may also use data for a wider set of research and technical support purposes.

* + **What kinds of decisions will be made using these data?**

Data will help inform policy and program development, and appropriate funding allocations across different interventions, subnational areas, and vulnerable groups (e.g. poor, rural) to promote and support adequate IYCF throughout the first two years of life. They will also support policy and program monitoring efforts and decisions about whether to refine or extend efforts.

* **For what kinds of countries would the indicator(s) be most useful?**

Since the proposed questions and indicators are linked to WHO recommendations for all Member States, we suggest this be collected in all countries to monitor progress globally.

* **Does the DHS survey offer any particular advantage over other available data sources for measuring this indicator? If so, what?**

Because the DHS is conducted in over 90 countries, adding questions on whether mothers with children 6-23 months received IYCF counseling would provide appropriate country and regional estimates to monitor progress towards implementing the WHO-UNICEF IYCF guidelines that many countries have already adopted. Adding the proposed two indicators on IYCF counseling would complement the existing core practice indicators in DHS, which would permit additional analyses relevant to countries, regions and global audiences. The DHS is also the most commonly reported nutrition data source used,[[11]](#footnote-11) and including IYCF counseling in the DHS would allow these estimates to be used by a broad group of stakeholders.

1. [WHO Global strategy on infant and young child feeding. 2001. World Health Organization. Geneva.](http://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf?sequence=1) [↑](#footnote-ref-1)
2. [PAHO/WHO. 2003. Guiding principles for complementary feeding of the breastfed child. Washington, D.C./Geneva, Switzerland: PAHO/WHO.](https://www.who.int/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf) [↑](#footnote-ref-2)
3. [WHO. 2005. Guiding principles for feeding non-breastfed children 6-24 months of age. World Health Organization. Geneva. Switzerland.](http://apps.who.int/iris/bitstream/handle/10665/43281/9241593431.pdf?sequence=1) [↑](#footnote-ref-3)
4. [WHO. Guideline: Counselling of Women to Improve Breastfeeding Practices. 2018. World Health Organization. Geneva.](https://www.who.int/nutrition/publications/guidelines/counselling-women-improve-bf-practices/en/) [↑](#footnote-ref-4)
5. [Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for](http://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1)

   [promoting healthy diets and nutrition. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.](http://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1) [↑](#footnote-ref-5)
6. Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA. [↑](#footnote-ref-6)
7. [Mukuria, Altrena G., Monica T. Kothari, and Noureddine Abderrahim. 2006. Infant and Young Child Feeding Updates. Calverton, Maryland, USA: ORC Macro.](https://dhsprogram.com/pubs/pdf/NUT1/NUT1.pdf) [↑](#footnote-ref-7)
8. [DHS Program. Guide to DHS Statistics DHS-7: Postnatal care. Rockville, Maryland, USA.](https://dhsprogram.com/data/Guide-to-DHS-Statistics/index.htm#t=Postnatal_Care.htm) [↑](#footnote-ref-8)
9. [McCarthy KJ, Blanc AK, Warren CE, Mdawida B. Women’s recall of maternal and newborn interventions received in the postnatal period: a validity study in Kenya and Swaziland. Journal of global health. 2018 Jun;8(1).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5983915/) [↑](#footnote-ref-9)
10. [Lisman JE, Idiart MA. Storage of 7+/-2 short-term memories in oscillatory subcycles. Science. 1995 Mar 10;267(5203):1512-5.](https://www.ncbi.nlm.nih.gov/pubmed/7878473) [↑](#footnote-ref-10)
11. In an online survey conducted by DataDENT earlier this year, nutrition professionals were asked how they access and use data on nutrition. DHS was the most commonly reported data source used (73.8% of the 191 survey respondents). [↑](#footnote-ref-11)