A COLLABORATION OF THE UNITED NATIONS CHILDREN'S FUND AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Emergency Infant and Young Child Feeding Assessment among Internally Displaced Persons – Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine

Final Report

June 2015

Aimee Summers, PhD, MHS
Centers for Disease Control and Prevention
Emergency Response and Recovery Branch
Division of Global Health Protection
Center for Global Health
Centers for Disease Control and Prevention
Atlanta, Georgia, USA

Oleg Bilukha MD, PhD
Centers for Disease Control and Prevention
Emergency Response and Recovery Branch
Division of Global Health Protection
Center for Global Health
Centers for Disease Control and Prevention

Atlanta, Georgia, USA

Acknowledgements

The authors gratefully acknowledge the contribution of UNICEF for their support and assistance in the preparation and completion of the survey.

Thank you to the survey teams, the staff at InMind and New Image Marketing Group whose hard work and diligence made the completion and success of this survey possible; and a special thanks to the internally displaced persons and their families who welcomed us into their homes.

Executive Summary

In April 2014, fighting began between pro-Russian separatists groups and government forces in the Donbass region in Eastern Ukraine. This followed a revolution which occurred in February 2014, resulting in the expulsion of then president Yanukovych. Since the fighting began, almost one and a half million people have been internally displaced and over five million people have been affected by the conflict. Internally displaced persons (IDPs) face many economic hardships and many have been unable to find work. The majority of IDPs from the conflict region live in Donetsk and Luhansk oblasts, along with the three bordering oblasts of Kharkiv, Dnipropetrovsk, and Zaporizhia.

In response to the ongoing conflict, a member of the Global Nutrition Cluster (GNC) was sent to evaluate the nutritional situation and recommended that more attention be focused on nutrition in the affected areas. The Nutrition sub-cluster in Ukraine is focusing on Infant and Young Child Feeding (IYCF) education and counseling and providing guidance to volunteer and humanitarian organizations on what to include in complementary baby baskets given to IDPs and their families. The goal of this assessment was to determine the areas where IYCF education needed strengthening and to inform what products should be included in the complementary baby baskets.

In June 2015, the Centers for Disease Control and Prevention in collaboration with the United Nations Children's Fund conducted an Emergency Infant and Young Child Feeding Assessment (E-IYCF) among IDPs in Kharkiv, Dnipropetrovsk, and Zaporizhia oblasts. This assessment included both quantitative and qualitative segments. For the quantitative survey portion of the assessment, a total of 458 households, with 477 children less than two years of age, were randomly selected and surveyed in the three oblasts. The qualitative portion consisted of two focus group discussions with IDP mothers with children less than two years of age and two key informant interviews with health care providers working in either pre-natal, birth, or post-natal clinics in each oblast for a total of six focus group discussions and six key informant interviews.

Some key results from this assessment are shown in Table 1. These results highlight the low rates of exclusive breastfeeding and the high rates of early introduction of other fluids and of bottle feeding in IDPs in Eastern Ukraine. Both water or tea and formula are introduced on average at less than six months of age (Table 15). In addition, breastfeeding on a schedule was also a problem, with almost 30% of mothers breastfeeding on a schedule instead of on demand. There were no cases of severe acute malnutrition and a very low number of cases of moderate acute malnutrition (0.5%) in children less than two years of age. There were no cases of either severe or moderate acute malnutrition in children 2-4 years. Stress related to the conflict was a common reason women listed for stopping breastfeeding. Most mothers were feeding their children complementary foods by six months of age, although some were starting before six months. Foods and drinks that were commonly introduced before six months of age were water, teas, formula, mashed potatoes, commercial porridges, and fruit and vegetable purees. Some mothers were recommended by doctors to give their children water, formula, or other complementary foods before six months, with some even offered formula in the birth clinic if their baby was crying and perceived to be hungry.

Table 1: Indicators of infant and young child feeding practices, beliefs, and nutrition status of IDP mothers and children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Indicator	n/N	% (95%CI)
Feeding Indicators		
Ever breastfed (N=children 0-23 mo)	445/477	93.3 (90.7-95.2)
Early Initiation of Breastfeeding (within 1st hour of birth) (N=children 0-23 mo)	304/477	63.7 (59.3-67.9)
Exclusive breastfeeding (N=children <6 mo)	17/66	25.8 (15.8-38.0)
Predominant breastfeeding (N=children <6 mo)	30/66	45.5 (33.1-58.2)
Continued breastfeeding at 1 year (N=children 12-15 mo)	53/99	53.5 (43.2-63.6)
Continued breastfeeding at 2 years (N=children 20-23 mo)	13/63	20.6 (11.5-32.7)
Introduction of solid, semi-solid, or soft foods (N=children 6-8 mo)	71/72	98.6 (88.5-99.9)
Age-appropriate breastfeeding[1] (N=children 0-23 mo)	202/477	42.3 (37.9-46.9)
Bottle Feeding (N=children 0-23 mo)	325/477	68.1 (63.7-72.3)
Minimum Meal Frequency[2] (N=children 6-23 mo)	401/411	97.6 (95.6-98.8)
Breastfeed on a schedule (N=children 0-23 mo currently breastfeeding)	70/235	29.8 (24.0-35.1)
Age in months of water or tea introduction (mean, SD) (N=458)	3.1	2.6
Age in months of formula introduction (mean, SD) (N=288)	3.0	3.3
Reason stopped breastfeeding among mothers who ever breastfed but stopped prior to the survey		
Stress related to conflict	63/210	30.0 (23.9-36.7)
Stress unrelated to conflict	7/210	3.3 (1.4-6.7)
Not enough food for mother	14/210	6.7 (3.7-10.9)
Work schedule	1/210	0.5 (0.01-2.6)
Problems with attachment	23/210	11.0 (7.1-16.0)
Use of bottle for feeding	4/210	1.9 (0.5-4.8)
Other	89/210	42.4 (35.6-49.4)
Don't know	9/210	4.3 (2.0-8.0)
MUAC (mm) (N=children 6-23 mo)		
<115	0/411	0
115-124	2/411	0.5 (0.06-1.7)
≥ 125	409/411	99.5 (98.3-99.9)
MUAC (mm) (N=children 2-4 yr)		

<115	0/57	0
115-124	0/57	0
≥ 125	57/57	100

[1]Infants 0-5 months who received only breastmilk during the previous day and children 6-23 months who received breastmilk as well as solid, semi-sold or soft foods during the previous day

[2]Breastfed children 6-23 months who received solid, semi-solid, or soft foods the minimum number of times (2 times for infants 6-8 months and 3 times for infants 9-23 months) or more per day and non-breastfed children 6-23 months who received solid, semi-solid, or soft foods or milk feeds 4 times or more per day.

Table 2 shows some key results related to access to healthcare services and humanitarian assistance provided for IDP households. A majority of families had received some humanitarian assistance, although very few mothers had received baby food assistance regularly. Some humanitarian assistance packages received were not age-appropriate, as over half of families with children less than six months had received infant formula in their most recent baby food assistance package. Most children were registered with a health clinic, however, 6% of mothers had not attempted to register their children, leaving them vulnerable to health problems. No women had received any information on IYCF with their humanitarian aid packages and many mothers did not know where they could get a list of aid organizations who were assisting IDPs.

Table 2: Access to healthcare services and humanitarian assistance for IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Indicator	**n/N**	**%**
Humanitarian Assistance		
Cash or voucher assistance received	353/458	77.1
Food assistance received	399/458	87.1
Non-food assistance received	397/458	86.7
Times baby food assistance received		
0	135/458	29.5
1	130/458	28.4
2-3	125/458	27.3
>3	68/458	14.8
Months since last baby food assistance received (mean, SD) (N=323)	2.8	2.6
Items included in baby food assistance package		
Infant formula	143/323	44.3
Fruit or vegetable puree	159/323	49.2
Meat puree	9/323	2.8
Commercial baby porridge	182/323	56.3
Semolina	17/323	5.3
Other porridge	33/323	10.2
Other	34/323	10.5
Households with children<6 months receiving formula in assistance package (N=Households with children <6 months receiving baby food assistance)	20/39	51.2
Child Polyclinic Registration		
Attempted to register child at clinic	448/477	93.9

Child registered at clinic (N=children who were attempted to register at clinic)	444/448	99.1

Based on the results from this assessment the following actions are recommended:

Recommendation 1: Strengthen IYCF educational services and counseling from healthcare providers by educating healthcare workers on the correct information to provide to mothers and increasing the availability of counseling and other forms of educational resources for mothers in polyclinics.

Recommendation 2: Strengthen IYCF educational services and counseling outside of the healthcare system by providing additional counseling capacity outside of the polyclinics, especially at collective centers and points of assistance distribution. Skilled consultants should be available on a free hotline to address women's questions and concerns.

Recommendation 3: Provide IYCF information using various forms of media such as a website which provides correct and up-to-date information on breastfeeding and complementary feeding that mothers can access and leaflets with key educational messages on infant and young child feeding in complementary baby baskets provided for families.

Recommendation 4: Key educational topics to be addressed should be focused on:

1) Advocating for exclusive breastfeeding
2) Advocating for early initiation of breastfeeding
3) No early introduction of other liquids (water, teas, formula, etc.)
4) Timely six month introduction of complementary foods
5) No complementary foods for children less than six months
6) Continued breastfeeding up until two years of age
7) Breastfeeding on demand
8) Effects of bottle feeding
9) Effects of stress on breastfeeding
10) Problems with attachment

Recommendation 5: Appropriate content of baby food packages needs to be ensured by educating humanitarian and volunteer aid organizations who are distributing baby food assistance on the inappropriateness of blanket indiscriminate distribution of formula and the importance of providing targeted assistance packages for different age groups.

Recommendation 6: Availability of information on humanitarian assistance should be improved by providing beneficiaries with a list of humanitarian and volunteer organizations who are providing baby food assistance. These lists could be posted on a website and placed in centers where IDPs register, in polyclinics, and in social services offices.

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List of Acronyms

BF	Breast Milk
BMS	Breast Milk Substitutes
CDC	Centers for Disease Control and Prevention
CF	Complementary Feeding
CI	Confidence Interval
ERRB	Emergency Recovery and Response Branch
E-IYCF	Emergency Infant and Young Child Feeding
GNC	Global Nutrition Cluster
Hb	Hemoglobin
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IQR	Inter-Quartile Range
IYCF	Infant and Young Child Feeding
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
OB/GYN	Obstetrician Gynecologist
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SD	Standard Deviation
SES	Socio-economic Status
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Introduction

In February 2014, political demonstrations resulted in a revolution and the expulsion of then president Yanukovych and his government from Ukraine. Following these events, in March, the Autonomous Republic of Crimea was formed and in April fighting began between pro-Russian separatist groups and government forces in the Donbass region in Eastern Ukraine (Donetsk and Luhansk Oblasts).

A cease fire called in September 2014 failed and led to the activation of select Inter-Agency Standing Committee (IASC) clusters on December 23, 2014, including the Food Security and Nutrition Clusters. Fighting intensified during January and February 2015, with continued deterioration of the humanitarian situation. A second ceasefire in February 2015 has been repeatedly violated, with the first week in June 2015 experiencing the heaviest fighting since the ceasefire was put in place. High levels of inflation, decreasing purchasing power among the affected populations, and food access issues related to market breakdown, physical access and movement restrictions enforced by both sides of the conflict has resulted in a deteriorating food security situation. The United Nations High Commissioner for Refugees' (UNHCR) monitoring network of humanitarian severity identified widespread coping strategies used to deal with the increasing food security issues, such as switching to less preferred foods and high level of reliance on in-kind humanitarian food distributions. Humanitarian aid agencies report demands for baby and young children's food specifically.

According to OCHA as of July 2015, there were a total of 1.4 million Internally Displaced Persons (IDPs), and over 5 million people are affected by the conflict. Overall, more than 2.3 million Ukrainians, including IDPs and those who moved abroad, have been uprooted by conflict since April 2014. (1) The majority of IDPs live in Donetsk and Luhansk oblasts and in the bordering regions of Kharkiv, Dnipropetrovsk, and Zaporizhia. There was an increase of 32,800 IDPs registered with the Ministry of Social Policy between June 8th and June 25th, which indicates a deteriorating situation in the conflict area. IDPs face many economic hardships as many IDPs have been unable to find work due to the current economic situation in Ukraine and the perception among employers that IDPs will only remain temporarily. (2)

Given Ukraine's problematic pre-crisis infant and young child feeding practices, families with infants and young children affected by the conflict are of particular concern. According to MICS 2012, only 21.3 percent of children in the Eastern Region of Ukraine were exclusively breastfed and more than half (51.1%) of children less than 2 years in the Eastern region were fed with a bottle. (3) The International Code of Marketing on Breast-milk Substitutes (The Code) has not been enforced in Ukraine yet, while some provisions were included in some Ukrainian Laws and Ministry of Health (MOH) orders. A member of the Global Nutrition Cluster (GNC) Rapid Response team was sent to evaluate the existing nutritional situation and provide recommendations on a strategy to move forward. The rapid response team confirmed there was little consideration of nutritional issues in the 2015 Strategic Response plan, which was mainly due to the lack of quality assessment data to inform a needs analysis and consideration of response options. The GNC report outlines several areas of concern in both the food security contexts and the cultural caring and feeding practices. It also detailed several code violations concerning the provision of breast-milk substitutes (BMS). (4)

The Nutrition sub-cluster strategy is focusing on further IYCF education and counseling and providing guidance to volunteer and humanitarian organizations on what to include in complementary baby baskets given to IDP families with young children. (5) The goal of this assessment was to determine areas where IYCF education and counseling needs strengthening along with locations where this education and counseling would be most beneficial and utilized by the most people and also to help inform which products should be included in the complementary baby baskets.

Methods

This assessment involved two portions, a quantitative portion consisting of a household survey and a qualitative portion consisting of focus group discussions and key informant interviews. The assessment was conducted in Kharkiv, Dnipropetrovsk, and Zaporizhia oblasts, which border the Donbass region in Eastern Ukraine (consisting of Donetsk and Luhansk oblasts) where ongoing fighting is occurring. (See Figure 1.) These oblasts are the three regions in Ukraine with the highest numbers of IDPs outside of the conflict zone. At the time of the assessment the number of registered IDPs in these oblasts were 169,800, 82,986, and 63,434 in Kharkiv, Dnipropetrovsk, and Zaporizhia respectively.

Figure 1: Emergency infant and young child feeding assessment among IDPs in Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Survey Methods

Study Population and Location

The survey portion of this assessment was conducted among IDP households with children less than two years of age, who were residing in Kharkiv, Dnipropetrovsk, or Zaporizhia oblasts.

Sample Size and Sampling Methods

This was a cross-sectional survey. Lists of IDPs registered with volunteer and humanitarian agencies in each oblast were provided as the sampling frame. The most up to date lists available as of June 2015 were obtained for each oblast and multiple lists were obtained when possible. Lists were checked for duplicates and merged into one complete list per oblast. When the ages of children living in the household was available, lists were filtered to only provide information for families with a child less than two years of age living in the household. Families were eligible if they met the following criteria:

Inclusion criteria: 1) Child <2 years old living in household; 2) Household included in one of the lists received; 3) Telephone number provided on registration list working at the time of survey and able to reach respondent; 4) Currently residing in either Kharkiv, Dnipropetrovsk, or Zaporizhia oblast; and 5) Consented to participate in survey.

Households were excluded for the reasons below:

Exclusion criteria: 1) No child <2 years living in household; 2) Household not included in one of the lists received; 3) No telephone number provided or telephone not working at time of phone call; 4) Telephone not answered at time of phone call after 3 calling attempts; 5) Residing in an oblast not included in sampling area; or 6) Refused participation in the survey.

The total sample size of 477 children was determined based on expected 20% rate of exclusive breastfeeding (3), a +/-3.6% precision, and simple random sampling design of the survey. The sample size for each oblast was determined based on the proportion of IDPs living in each, which resulted in a sample size of 230, 130, and 117 in Kharkiv, Dnipropetrovsk, and Zaporizhia respectively.

To estimate the non-response rate, sample telephone calls were made to 20 randomly selected households in each oblast. During these phone calls the interviewer explained to the respondent the purpose of the survey and the respondent was asked the following questions: 1) Were they currently residing in the oblast in which they were listed?; 2) Did they have a child less than two years of age residing in their household?; and 3) If selected, would they agree to participate in the survey?.

Households were randomized by oblast and were called in that random order until the required sample size for that oblast was reached. Households were called three times before they were determined ineligible for inclusion in the survey.

If the household agreed to participate and was eligible, appointments were scheduled to visit the household. On the morning of the appointment the members of the household were again called to determine if they would be home and were still willing to participate. Households were called three times on the day of the appointment. If after three calls no one was able to be reached, if feasible, the survey teams would visit the house to see if there was anyone at home. Households who did not answer their phones after three tries and did not answer their doors were considered unreachable and a new household was then randomly selected from the list.

Questionnaire Development

All data was collected on standardized data collection forms. Questions were developed regarding household, mother, and child characteristics, along with questions on infant and child feeding practices, which were based on WHO IYCF assessment guidelines. (6) Questions on humanitarian assistance, safe water, and handwashing were also included. All questions were developed and reviewed by CDC and UNICEF staff. The questionnaires were developed in English and translated into Russian (see Appendices A and B). Informed consent forms were also translated into Russian.

Staff and Training

Staff for conducting the survey were hired from a company identified by UNICEF Ukraine who were located in Eastern Ukraine and were experienced in conducting surveys. The survey staff consisted of eight interviewers, four supervisors, two persons to make telephone calls, one overall survey coordinator/data entry person, and one translator.

Prior to data collection, a three-day training was conducted, led by CDC supervisors. Staff were trained on survey design, detailed review of each question, interview techniques, how to conduct telephone calls to identify households who met the inclusion criteria, and measuring mid-upper arm circumference (MUAC) in children. The final day of training consisted of a field test where interviewers practiced conducting surveys with eight IDP mothers and children at a local collective center who were not included in the final survey sample. In addition to practicing survey administration, a standardization exercise of MUAC measurements of the children was also conducted.

Data Collection

The household survey was conducted between June 8, 2015 and June 19, 2015. All households who were randomly selected were called initially to assess their eligibility and their willingness to participate. Each morning, survey teams were given lists of households to visit based on geographic proximity to each other. If one of the households on the list given was considered unreachable, the interviewer would call back to the survey coordinator and a new household was selected from the list. The survey coordinator would then call the interviewer who was in charge of that household's geographic region to complete the new interview.

Interview

After arriving at the household or at an agreed upon meeting location, the interviewer first received verbal informed consent prior to administering the questionnaire. If there was more than one child less than two years of age living in the household, questionnaires were completed for all eligible children. MUAC was measured using measuring tapes provided by Medecins Sans Frontieres for each child who was between six and twenty-three months of age. In addition, if there was a child living in the household who was between two and four years of age and who was home at the time of the assessment, MUAC was also measured for that child.

Quality Control

At the end of each day, interviewers gave all of their assessment forms to their respective supervisor to check for completeness and accuracy. The following morning, the supervisors gave the forms to the CDC supervisor who again checked each form for completeness and accuracy. Data was entered in Epi Info v7.1.5.0. Double data entry was performed and each discrepancy checked against the original paper form to ensure data integrity.

Data analysis

All analyses for the household survey were conducted using STATA v13 (College Station, TX) and Microsoft Excel 2013. Frequencies were calculated for child, maternal, and household characteristics and stratified by oblast.

WHO indicators for assessing infant and young child feeding practices were calculated. (6) These indicators included: whether the child was ever breastfed, early initiation of breastfeeding, exclusive breastfeeding, predominant breastfeeding, continued breastfeeding at one and two years, bottle feeding, and minimum meal frequency. Minimum dietary diversity and consumption of iron-rich foods were also calculated. Frequencies were calculated for the household's access to services, receipt of humanitarian assistance, and access to safe water and handwashing practices. In addition, the children's feeding practices were assessed by calculating the frequencies of the types of foods children consumed in the 24 hours preceding the survey, the mean and median at which age different types of foods were introduced, and the mean and median number of days per week different types of food were consumed. Frequencies for MUAC measures <115 mm, 115-124 mm, and $\geq$125 mm were calculated for children 6-23 months and children 2-4 years.

Possible risk factors related to the child, mother, and household that may be associated with indicators of infant and young child feeding and receipt of humanitarian assistance were evaluated. These included measures of household demographics (current location, length of displacement, total number of people living in the household, who is considered head of household, oblast of origin) and socioeconomic status (SES) (living situation, whether someone in the household is earning money), maternal age, maternal education, total number of children born to the mother, and child characteristics (sex, age, and whether the child was born before or after the household was displaced). The same set of independent variables was used for IYCF and humanitarian assistance indicators. A bivariate logistic regression model was completed for each potential risk factor to determine whether there was an association between the potential risk factors and the feeding indicators or the receipt of humanitarian assistance. Additionally, a multivariate logistic regression model was constructed from risk factors that were statistically significantly associated with each of the feeding indicators or the receipt of humanitarian assistance in the bivariate analyses. Collinearity was assessed using variance inflation factors and co-linear variables were excluded from the multivariate models.

Qualitative Methods

Focus Group Discussions

For each oblast, two focus groups were conducted with IDP mothers who had children between 0 and 23 months of age, for a total of six focus group discussions. In each oblast, one focus group was conducted in a collective center and one with women who were living in rented housing, in order to obtain a good representation of mothers with different socioeconomic status. The focus groups living in rented housing consisted of seven, nine, and three mothers in Kharkiv, Dnipropetrovsk, and Zaporizhia respectively. The focus groups living in collective centers consisted of ten, nine, and five mothers in Kharkiv, Dnipropetrovsk, and Zaporizhia respectively. All focus group participants were identified by organizations who regularly work with IDPs and whom with regional UNICEF staff had experience working. The focus groups were conducted in Kharkiv by CDC staff on April 16, 2015 and in Dnipropetrovsk on May 28, 2015. In Zaporizhia, the focus groups were conducted by UNICEF staff and supervised by CDC staff on June 12, 2015. All focus groups were conducted following a standardized focus group discussion guide developed by CDC and UNICEF. The discussion guides were developed in English and translated into Russian. See Appendices C and D.

Key Informant Interviews

Two key informant interviews were conducted in each oblast, for a total of six key informant interviews. Key informant interviews were conducted with a variety of health care providers in order to get multiple perspectives. All key informants were identified by regional UNICEF staff. In Kharkiv, both interviews occurred in a post-natal clinic with pediatricians. In Dnipropetrovsk, one interview was conducted in a post-natal clinic with a pediatrician and one in a pre-natal clinic with an OB/GYN, and in Zaporizhia one interview was conducted in a birth clinic with a midwife and one in a post-natal clinic with a pediatrician. CDC staff conducted the key informant interviews in

Kharkiv on April 16, 2015 and in Dnipropetrovsk on May 28, 2015. The key informant interviews in Zaporizhia were conducted by UNICEF staff and supervised by CDC staff on June 12, 2015. The interviews were conducted following a standardized key informant interview guide developed by CDC and UNICEF. The interview guides were developed in English and translated into Russian for each different type of healthcare provider. See Appendices E-J.

Results

Survey Results

A total of 2278 households were called and, of these, 770 were eligible. Of those eligible households, data were collected on 458 (with a total of 477 children less than 2 years of age) resulting in an overall response rate of 59.5%. See Table 3. Zaporizhia had the highest response rate with a rate of 77.9%, followed by response rates of 55.8% in Kharkiv and 54.2% in Dnipropetrovsk. Personal safety concerns and not wanting to let strangers into their homes were the main reasons for refusal of those households who refused. The high number of ineligible households was due to the varying degrees of accuracy of the lists of households that were received. The reasons for ineligibility were similar in all three oblasts.

Table 3: Response rate and reasons for non-response among IDPs, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Ineligible (N=1508)			**Eligible (N=770)**	
Oblast	**Could not be reached by phone n/N (%)**	**Moved n/N (%)**	**Child ≥ 2 years n/N (%)**	**Refused n/N (%)**	**Consented n/N (%)**
Dnipropetrovsk (N=886)	246/659 (37.3)	182/659 (27.6)	231/659 (35.1)	104/227 (45.8)	123/227 (54.2)
Zaporizhia (N=409)	98/264 (37.1)	84/264 (31.8)	82/264 (31.1)	32/145 (22.1)	113/145 (77.9)
Kharkiv (N=983)	198/585 (33.9)	199/585 (34.0)	188/585 (32.1)	176/398 (44.2)	222/398 (55.8)
Total (N=2278)	542/1508 (36.0)	465/1508 (30.8)	501/1508 (33.2)	312/770 (40.5)	458/770 (59.5)

Demographics

The mean overall age of children was 12.8 (±5.8) months and 51.8% of children were male. Children from Dnipropetrovsk oblast were slightly older on average than children from the other two oblasts. Child characteristics by oblast are shown in Table 4.

Table 4: Child characteristics among IDPs <2 years Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Child Characteristics	**Kharkiv (N=230)**	**Dnipropetrovsk (N=130)**	**Zaporizhia (N=117)**	**Total (N=477)**
Gender (n, %)				
Male	123 (53.5)	62 (47.7)	62 (53.0)	247 (51.8)
Female	107 (46.5)	68 (52.3)	55 (47.0)	230 (48.2)
Age (months) (n, %)				

0-5	33 (14.4)	11 (8.5)	22 (18.8)	66 (13.8)
6-11	90 (39.1)	38 (29.2)	35 (30.0)	163 (34.2)
12-17	84 (36.5)	38 (29.2)	30 (25.6)	152 (31.9)
18-23	23 (10.0)	43 (33.1)	30 (25.6)	96 (20.1)
Mean (SD)	11.9 (5.3)	14.3 (5.9)	12.8 (6.3)	12.8 (5.8)

The mean age of mothers surveyed was 30.1 (±5.3) years. The majority of mothers surveyed (59.6%) had completed higher education or above. Age and level of education were similar among oblasts. Few mothers (3.7%) had four or more children, with mothers in Kharkiv being slightly more likely to have four or more children than mothers in Dnipropetrovsk and Zaporizhia. Table 5 shows maternal characteristics by oblast.

Table 5: Maternal Characteristics IDPs with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Maternal Characteristics	**Kharkiv (N=222)**	**Dnipropetrovsk (N=123)**	**Zaporizhia (N=113)**	**Total (N=458)**
Age, years (n, %)				
< 25 years	23 (10.4)	21 (17.1)	20 (17.7)	64 (14.0)
25-29 years	72 (32.4)	42 (34.1)	43 (38.1)	157 (34.3)
30-34 years	79 (35.6)	37 (30.1)	35 (31.0)	151 (33.0)
>=35 years	48 (21.6)	23 (18.7)	15 (13.3)	86 (18.8)
Mean (SD)	30.7 (5.3)	29.7 (5.0)	29.4 (5.6)	30.1 (5.3)
Education level (n, %)				
Incomplete secondary school	2 (0.9)	3 (2.4)	2 (1.8)	7 (1.5)
Complete secondary school	12 (5.4)	2 (1.6)	6 (5.3)	20 (4.4)
Professional secondary education	64 (28.8)	42 (34.1)	33 (29.2)	139 (30.3)
Incomplete higher education	8 (3.6)	6 (4.9)	5 (4.4)	19 (4.1)
Complete higher education or above	136 (61.3)	70 (56.9)	67 (59.3)	273 (59.6)
Total # of children born to mother (n, %)				
1	93 (41.9)	46 (37.4)	58 (51.3)	197 (43.0)
2-3	118 (53.2)	73 (59.3)	53 (46.9)	244 (53.3)
>= 4	11 (5.0)	4 (3.2)	2 (1.8)	17 (3.7)

Household characteristics by oblast are shown in Table 6. Most households surveyed were located in the oblast center (75.8%) and were renting an apartment or a house for a fee (76%). In Zaporizhia, all of the households surveyed were living in the oblast center. The percentage of households paying rent was similar for all oblasts. The majority of households surveyed had moved from Donetsk oblast (63.1%), however households residing in Kharkiv oblast had a more equitable split between those who moved from Donetsk oblast and Luhansk oblast (52.7% and 46.4% respectively) when compared to Dnipropetrovsk and Zaporizhia. Households from Dnipropetrovsk were more likely to be displaced for a longer period of time (96.7% had been displaced longer than six months) compared with households in Kharkiv and Zaporizhia (88.7% and 88.5% of households displaced longer than six months respectively). The mean number of people living in households was 4.2 (±1.6) and 94.3% had only one child under two years of age. Overall, 50% of households reported a male as being the head of the household, however households from Dnipropetrovsk were more likely to report a female as head of the household (57.7% compared with 45.9% and 44.2% in Kharkiv and Zaporizhia respectively). About half of all households (53.5%) reported having someone in the household who was currently earning money.

Almost all households reported being registered as displaced (99.6%). Households in Dnipropetrovsk were less likely to be registered with a state service (Ministry of Social Policy or State Emergency Service) than households in Kharkiv and Zaporizhia (29.3%, 8.2%, and 4.4% **not** registered with either state service respectively). Households in Zaporizhia were less likely to be registered with a volunteer or humanitarian organization than households in Kharkiv and Dnipropetrovsk (39.8%, 13.2%, and 19.5% **not** registered with either humanitarian or volunteer organizations respectively).

Table 6: Household Characteristics among IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Kharkiv (N=222)	**Dnipropetrovsk (N=123)**	**Zaporizhia (N=113)**	**Total (N=458)**
Household location (n, %)				
Oblast Center	169 (76.1)	65 (52.8)	113 (100)	347 (75.8)
Other City	43 (19.4)	49 (40.0)	0 (0)	92 (20.1)
Village	10 (4.5)	9 (7.3)	0 (0)	19 (4.1)
Living situation (n, %)				
Renting an apartment or house (for fee)	165 (74.3)	94 (76.4)	89 (78.8)	348 (76.0)
Living w/ relatives or friends (no fee)	42 (19.4)	22 (17.9)	14 (12.4)	78 (17.0)
Collective center (no fee)	14 (6.3)	7 (5.7)	10 (8.8)	31 (6.8)
Other	1 (0.5)	0 (0)	0 (0)	1 (0.2)
Permanent Address Left From (n, %)				
Donetsk oblast	117 (52.7)	78 (63.4)	94 (83.2)	289 (63.1)
Luhansk oblast	103 (46.4)	44 (35.8)	15 (13.3)	162 (35.4)
Other	2 (0.90)	1 (0.8)	4 (3.5)	7 (1.5)
Length of displacement, months (n, %)				
<6 months	25 (11.3)	4 (3.3)	13 (11.5)	42 (9.2)
6-11 months	141 (63.5)	83 (67.5)	65 (57.5)	289 (63.1)
>= 12 months	56 (25.2)	36 (29.3)	35 (31.0)	127 (27.7)
Total # of people in household (Mean, SD)	4.3 (1.5)	4.1 (1.5)	4.2 (1.8)	4.2 (1.6)
Total # of children <2 years in household (n, %)				
1	212 (95.5)	115 (93.5)	105 (92.9)	432 (94.3)
2	10 (4.5)	8 (6.5)	8 (7.1)	26 (5.7)
Total # of children 2-4 years in household (n, %)				
0	188 (84.7)	95 (77.2)	98 (86.7)	381(83.4)
1	31 (14.0)	26 (21.1)	14 (12.4)	71 (15.7)
>=2	3 (1.4)	2 (1.6)	1 (0.9)	6 (1.3)
Head of household (n, %)				
Male	118 (53.2)	51 (41.5)	60 (53.1)	229 (50.0)
Female	102 (45.9)	71 (57.7)	50 (44.2)	223 (48.7)
Don't know	2 (0.9)	1 (0.08)	3 (2.7)	6 (1.3)
Resident of household currently earning money (n, %)				
No	107 (48.2)	60 (48.8)	46 (40.7)	213 (46.5)
Yes	115 (51.8)	63 (51.2)	67 (59.3)	245 (53.5)

Registered as displaced (n, %)				
No	2 (0.9)	0 (0)	0 (0)	2 (0.4)
Yes	220 (99.1)	123 (100)	113 (100)	456 (99.6)
Organization registered with (n, %)				
	N=220	**N=123**	**N=113**	**N=456**
Ministry of Social Policy	203 (92.3)	86 (70.0)	100 (88.5)	389 (85.3)
State Emergency Service	11 (5.0)	1 (0.08)	58 (51.3)	70 (15.4)
Humanitarian Organization	108 (49.0)	59 (48.0)	63 (55.8)	230 (50.4)
Volunteer Organization	159 (72.3)	69 (56.0)	30 (26.5)	258 (56.6)
Other	13 (5.9)	6 (4.9)	12 (10.6)	31 (6.8)
State Service Registration[1] (n, %)				
Both	10 (4.5)	0 (0)	50 (44.2)	60 (13.2)
Neither	18 (8.2)	36 (29.3)	5 (4.4)	59 (12.9)
Humanitarian/Volunteer Organization Registration[2] (n, %)				
Both	74 (33.6)	29 (23.6)	25 (22.1)	128 (28.1)
Neither	29 (13.2)	24 (19.5)	45 (39.8)	98 (21.5)

[1]State Service includes Ministry of Social Policy and State Emergency Service
[2]Humanitarian/Volunteer Organization includes Humanitarian Organizations and Volunteer Organizations

Feeding Beliefs and Practices

Table 7 shows information on child feeding practices. The majority of children were ever breastfed (93.3%) and this was similar among children who were born in the last 11 months and those born in the last 12-23 months. After adjusting for other risk factors, older mothers were statistically significantly less likely to have ever breastfed their children than younger mothers (p=0.017) and mothers who had competed higher education were more likely to have ever breastfed their children than mothers who had not completed higher education (p=0.001). The majority of children (63.7%) were breastfed during the first hour after birth (early initiation of breastfeeding) and 84.5% were breastfed within the first day. These are similar to the results of the 2012 MICS survey in the Eastern region which found 61.5% and 83.2% of babies breasted within the first hour and within the first day of birth respectively (3). There was a trend toward waiting longer to breastfeed (a lower proportion of babies were breastfed within the first hour of birth and a higher proportion of babies were breastfed after one day) in babies who were born more recently compared to those who were born earlier, although this was not statistically significant (See Figure 2).

Overall, 49.3% of children 0-23 months and 74.2% of children 0-5 months were being breastfed at the time of the survey. Almost 30% of mothers currently breastfeeding breastfed on a schedule and 40.8% of breastfeeding mothers with children less than six months were breastfeeding on a schedule. Mothers living in Kharkiv oblast with children less than six months old were more likely to breastfeed on a schedule (52%) than mothers living in Dnipropetrovsk (37.5%) or Zaporizhia (25%), which was statistically significant after controlling for other variables (p=0.027). Women with children who were less than six months and who were originally from Luhansk oblast were more likely to breastfeed on a schedule (52.6%) than women who were originally from Donetsk oblast (26.9%) (p=0.018). Of all children less than six months of age, 18.2% received non-liquid foods on the day preceding the survey. Children ate on average 5 (±2.0) meals or snacks the day before the survey was conducted, with non-breastfeeding children eating a higher number of meals and snacks (5.9 ±1.3) than breastfeeding children (4.0 ±2.1). The mean number of meals and snacks eaten the day preceding the survey was conducted by age group is shown in Figure 3.

Table 7: Child Feeding Practices among IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Age (months)				
	0-5 n (%)	6-11 n (%)	12-17 n (%)	18-23 n (%)	0-23 n (%)
How soon after birth breastfed					
	N=66	N=163	N=152	N=96	N=477
Never breastfed	5 (7.7)	9 (5.5)	12 (7.9)	6 (6.2)	32 (6.7)
<1 hour	37 (56.0)	103 (63.2)	95 (62.5)	69 (71.9)	304 (63.7)
1-24 hours	15 (22.7)	35 (21.5)	33 (21.7)	16 (16.7)	99 (20.8)
>24 hours	9 (13.6)	13 (8.0)	10 (6.6)	5 (5.2)	37 (7.8)
Don't know	0 (0)	3 (1.8)	2 (1.3)	0 (0)	5 (1.0)
Child breastfed yesterday					
	N=66	N=163	N=152	N=96	N=477
No	17 (25.8)	71 (43.6)	80 (52.6)	74 (77.1)	242 (50.7)
Yes	49 (74.2)	92 (56.4)	72 (47.4)	22 (22.9)	235 (49.3)
Breastfed on a schedule					
	N=49	N=92	N=72	N=22	N=235
No	26 (53.1)	58 (63.0)	49 (68.1)	15 (68.2)	148 (63.0)
Yes	20 (40.8)	27 (29.4)	18 (25.0)	5 (22.7)	70 (29.8)
Sometimes	3 (6.1)	6 (6.5)	5 (6.9)	2 (9.1)	16 (6.8)
Don't know	0 (0)	1 (1.1)	0 (0)	0 (0)	1 (0.4)
Received non-liquid foods yesterday					
	N=66	N=163	N=152	N=96	N=477
No	54 (81.8)	1 (0.6)	1 (0.7)	0 (0)	56 (11.7)
Yes	12 (18.2)	162 (99.4)	151 (99.3)	96 (100)	421 (88.3)
Number of meals and snacks child ate yesterday (excluding breastfeeding) (mean, SD)					
Breastfeeding	1.4 (2.1)	4.3 (1.6)	4.9 (1.2)	5.2 (1.8)	4.0 (2.1)
Non-breastfeeding	6.3 (1.6)	6.1 (1.2)	6.0 (1.4)	5.7 (1.3)	5.9 (1.3)
Total	2.7 (2.9)	5.1 (1.6)	5.5 (1.4)	5.7 (1.5)	5.0 (2.0)

Figure 2: Proportion of IDP children <2 years breastfed within one hour and one day of birth, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

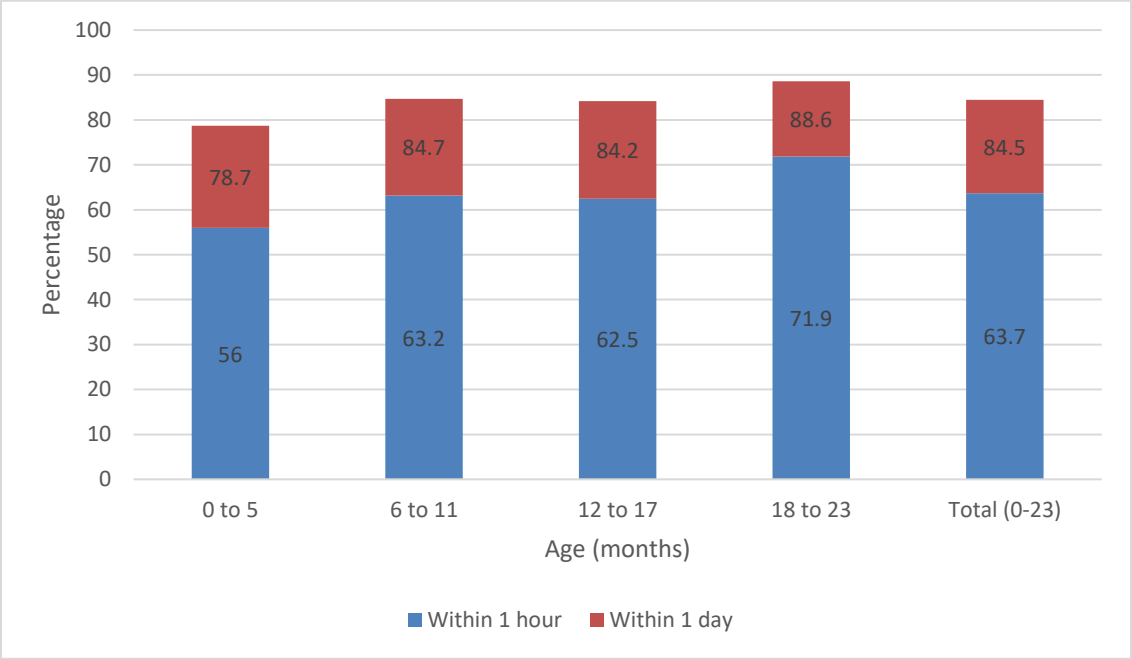
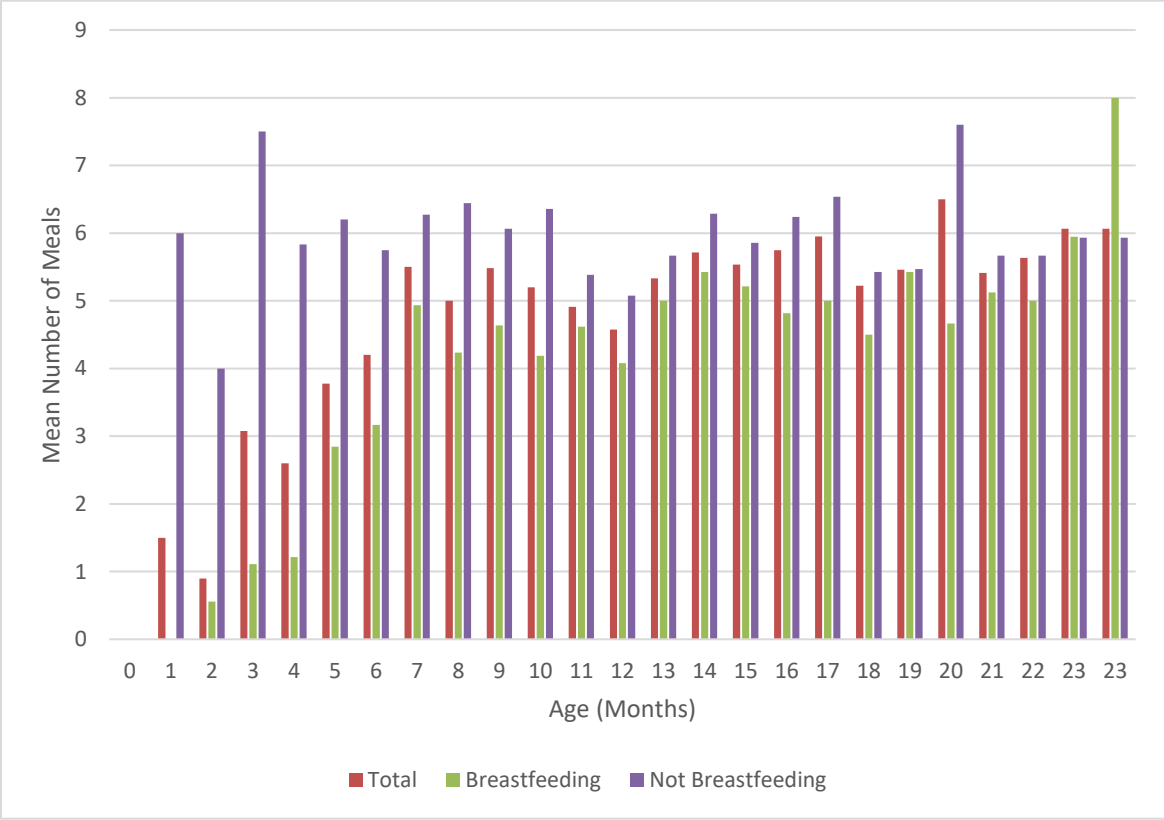


Figure 3: Mean number of meals child ate in the day preceding the survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



The main reasons mothers who ever breastfed stopped breastfeeding were: stress related to the conflict, problems with attachment, and other reasons not listed. Almost half of all mothers (46.9%) believe they should not be breastfeeding beyond 12 months (see Table 8). Table 9 shows the reasons that mothers stopped breastfeeding when their babies were less than six months old compared with mothers who stopped breastfeeding when their babies were between 6 and 23 months old. Mothers who stopped breastfeeding when babies were less than six months old were more likely to list stress related to the conflict as the main reason they stopped breastfeeding (45.7%) compared with mothers who stopped breastfeeding when their babies were between 6 and 23 months (14.3%) .

Table 8: Breastfeeding practices and beliefs among IDP mothers with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Indicator	n (%)
Reason stopped breastfeeding among mothers who ever breastfed but stopped prior to the survey (N=210)	
Stress related to conflict	63 (30.0)
Stress unrelated to conflict	7 (3.3)
Not enough food for mother	14 (6.7)
Work schedule	1 (0.5)
Problems with attachment	23 (11.0)
Use of bottle for feeding	4 (1.9)
Other	89 (42.4)
Don't know	9 (4.3)
Mother's opinion of age child should stop breastfeeding (N=458)	
< 6 months	1 (0.2)
6-11 months	16 (3.5)
12 months	198 (43.2)
13-17 months	33 (7.2)
18-23 months	71 (15.5)
24 months	114 (24.9)
> 24 months	21 (4.6)
Don't know	4 (0.9)

Table 9: Reasons for stopping breastfeeding among IDP mothers with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Indicator	Mothers who stopped when baby was 6-23 months (N=105)	Mothers who stopped when baby was <6 months (N=105)
Reason stopped breastfeeding among mothers who ever breastfed but stopped prior to the survey		
Stress related to conflict	15 (14.3)	48 (45.7)
Stress unrelated to conflict	4 (3.8)	3 (2.9)
Not enough food for mother	4 (3.8)	10 (9.5)

Work schedule	1 (0.9)	0 (0)
Problems with attachment	13 (12.4)	10 (9.5)
Use of bottle for feeding	3 (2.9)	1 (1.0)
Other	60 (57.1)	29 (27.6)
Don't know	5 (4.8)	4 (3.8)

Table 10 shows WHO indicators used for assessing infant and young child feeding practices among the IDP mothers in our survey population.

Early initiation of breastfeeding: Children born in the last 12-23 months were more likely to have been breastfed during the first hour of birth (66.1%) compared with children born in the last 11 months (61.1%), however this was not statistically significant. After adjusting for other risk factors, women with a greater number of children less than 2 years old in the household were less likely to have initiated breastfeeding within the first hour of birth than women with fewer children less than two years old in the household (p=0.004). In contrast, women with a greater number of children between two and four years old in the household were more likely to breastfeed within the first hour of birth after controlling for other risk factors (p=0.035). Older mothers were less likely to initiate breastfeeding early than younger mothers (p=0.037). Mothers displaced from Luhansk oblast were less likely to initiate breastfeeding early than mothers displaced from Donetsk oblast, with 58.6% of mothers displaced from Luhansk and 68.2% of mothers displaced from Donetsk initiating breastfeeding within the first hour of birth (p=0.020).

Exclusive breastfeeding: Exclusive breastfeeding among mothers with children less than 6 months old was low (25.8%) and was comparable to the MICS 2012 survey for the Eastern Region (21.3%). (3) Longer length of displacement and younger age of the child were both associated with children less than 6 months old being exclusively breastfed (p=0.047 and p=0.027 respectively). Children less than six months old in households where women were considered the head of the household were statistically significantly less likely to be exclusively breastfed (7.1% exclusively breastfed) after controlling for other risk factors than children in households where males were considered the head of the household (38.2% exclusively breastfed) (p=0.025).

Predominant breastfeeding: Predominant breastfeeding of children less than 6 months was also comparable between this assessment and the MICS 2012 survey (45.5% and 47.5% respectively) and only the age of the child was statistically significantly associated with predominant breastfeeding, with younger children more likely to be predominantly breastfed (p<0.001). (3)

Continued breastfeeding: Mothers from this assessment were more likely to continue breastfeeding at one year (53.5%) and less likely to continue breastfeeding at two years (20.6%) when compared to the MICS survey (37.9% and 22.0% respectively). (3)

Introduction to solid, semi-solid, or soft foods: Almost all of the children between 6 and 8 months in this assessment had been receiving solid or semi-solid foods (98.6%), which is a much higher percentage than reported in the MICS survey (43.2%). (3)

Age appropriate breastfeeding: Overall, 42.3% of children in this assessment were being breastfed appropriately for their age. Children 6-11 months were more likely to be breastfed appropriately (56.4%) than either children 0-5 months of age (25.8%) or children 12-23 months of age (37.5%) which was statistically significant (p<0.001). Figure 4 shows the percentage of children currently being breastfed along with the percentage of children currently being fed solid or semi-solid foods by age.

Bottle Feeding: Children in this assessment were more likely to be fed by a bottle (68.1%) than children in the MICS survey in 2012 (51.1%). (3) Families not paying rent and living with relatives were less likely to bottle feed

their children than households who were paying rent (55.1% and 69.0% bottle fed respectively) (p=0.037) after adjusting for other risk factors. Children born to mothers who had completed higher education were also less likely to be bottle fed than children born to mothers who had not completed higher education (63.7% and 73.0% bottle fed respectively) (p=0.027).

Minimum Meal Frequency: Almost all children in this assessment met the requirements for minimum meal frequency (97.6%) and this was similar among those children breastfeeding and those not breastfeeding.

Table 10: WHO indicators of infant and young child feeding practices among IDP mothers with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Indicator	**IYCF Survey (n/N) (%, 95%CI)**	**MICS 2012 (3) Eastern Region (%)**
Ever breastfed		
Children born in last 11 mo	215/229 93.9 (90.0-96.6)	
Children born in last 12-23 mo	230/248 92.7 (88.8-95.6)	
Total	445/477 93.3 (90.7-95.2)	96.7
Early Initiation of Breastfeeding (within 1st hour of birth)		
Children born in last 11 mo	140/229 61.1 (54.5-67.5)	
Children born in last 12-23 mo	164/248 66.1 (60.0-72.0)	
Total	304/477 63.7 (59.3-67.9)	61.5
Exclusive breastfeeding <6 mo		
0-1 month	3/5 60.0 (14.7-94.7)	
2-3 months	9/23 39.1 (19.7-61.5)	
4-5 months	5/38 13.2 (4.4-28.1)	
Total	17/66 25.8 (15.8-38.0)	21.3
Predominant breastfeeding <6 mo	30/66 45.5 (33.1-58.2)	47.5
Continued breastfeeding at 1 year (N=children 12-15 mo)	53/99 53.5 (43.2-63.6)	37.9[1]
Continued breastfeeding at 2 years (N=children 20-23 mo)	13/63 20.6 (11.5-32.7)	22.0[1]
Introduction of solid, semi-solid, or soft foods (N=children 6-8 mo)	71/72 98.6 (88.5-99.9)	43.2[1]
Age-appropriate breastfeeding[2]		
0-5 months	17/66	

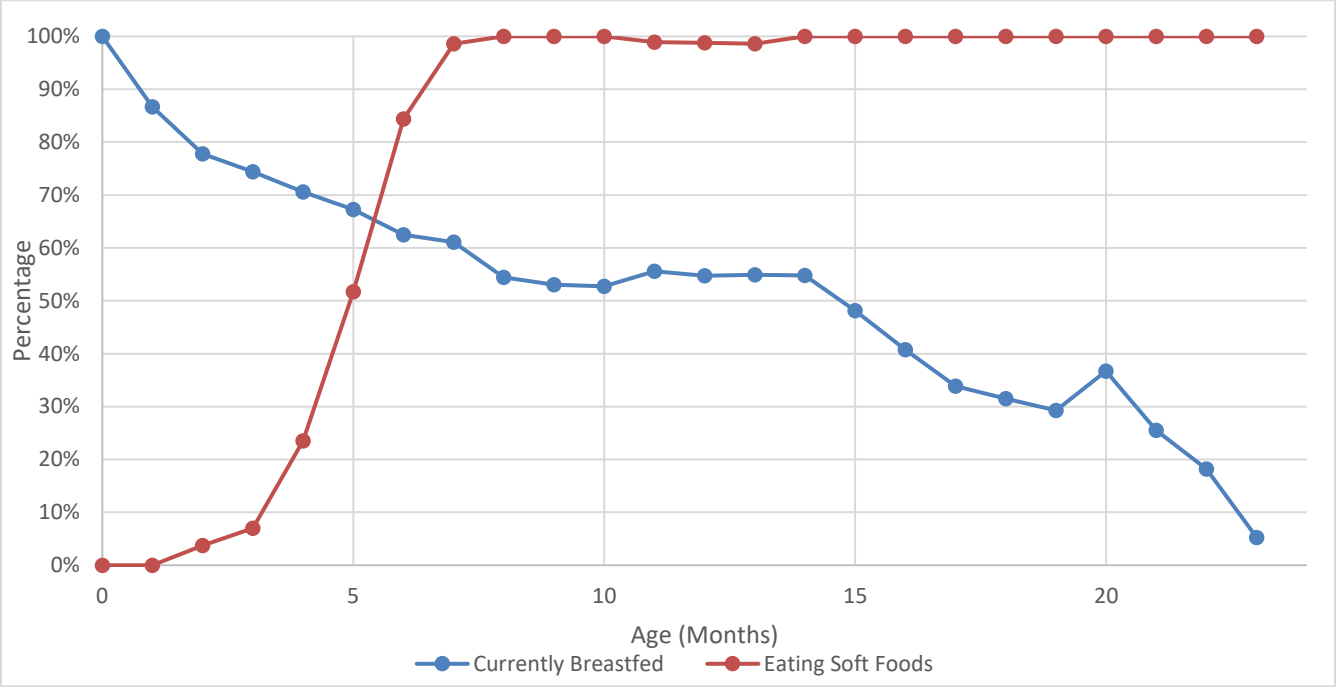
	25.8 (15.8-38.0)	
6-11 months	92/163 56.4 (48.5-64.1)	
12-23 months	93/248 37.5 (31.5-43.8)	
Total	202/477 42.3 (37.9-46.9)	
Bottle Feeding		
0-5 months	43/66 65.1 (52.4-76.5)	
6-11 months	132/163 81.0 (74.1-86.7)	
12-23 months	150/248 60.5 (54.1-66.6)	
Total	325/477 68.1 (63.7-72.3)	51.1
Minimum Meal Frequency[3] (N=children 6-23 mo)		
Breastfeeding	179/186 96.2 (92.4-98.5)	
Non-breastfeeding	222/225 98.7 (96.1-99.7)	
Total	401/411 97.6 (95.6-98.8)	

[1]All regions

[2]Infants 0-5 months who received only breastmilk during the previous day and children 6-23 months who received breastmilk as well as solid, semi-sold or soft foods during the previous day

[3]Breastfed children 6-23 months who received solid, semi-solid, or soft foods the minimum number of times (2 times for infants 6-8 months and 3 times for infants 9-23 months) or more per day and non-breastfed children 6-23 months who received solid, semi-solid, or soft foods or milk feeds 4 times or more per day.

*Figure 4: Percentage of IDP children <2 years currently breastfed and percentage receiving soft, semi-solid, or solid foods, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015**



*3-month running average

Information on dietary diversity and consumption of iron-rich foods is shown in Table 9.

Dietary diversity: Most children 6-23 months ate food from three or more food groups in the 24 hours preceding the survey (93.2%). Older children were statistically significantly more likely to have eaten foods from three or more food groups than younger children after adjusting for other risk factors (p<0.001).

Consumption of iron-rich foods: The majority of children ate iron-rich foods in the day preceding the survey (89.2%). Only the age of the child (p<0.001) was statistically significantly associated with whether the child ate iron-rich foods, with older children being more likely to have eaten iron-rich foods than younger children.

Table 11: Complementary feeding indicators for assessing infant and young child feeding practices among IDP mothers with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Age (months)			
Indicator	**6-11 mo (N=163) (n, %, (95%CI))**	**12-17 mo (N=152) (n, %, (95%CI))**	**18-23 mo (N=96) (n, %, (95%CI))**	**6-23 mo (N=411) (n, %, (95%CI))**
Dietary Diversity[1]				
<3 Food groups given yesterday	22 13.5 (8.6-19.7)	4 2.6 (0.72-6.6)	2 2.1 (0.25-7.3)	28 6.8 (4.6-9.7)
3 Food groups given yesterday	53 32.5 (25.4-40.3)	25 16.4 (10.9-23.3)	14 14.6 (8.2-23.3)	92 22.4 (18.4-26.7
≥ 4 Food groups given yesterday	88 54.0 (46.0-61.8)	123 80.9 (73.8-86.6)	80 83.3 (74.4-90.1)	291 70.8 (66.1-75.2)

Consumption of Iron-Rich Foods Yesterday[2]	138 84.7 (78.2-89.8)	134 88.2 (81.9-92.8)	95 98.9 (94.3-99.9)	367 89.2 (85.9-92.1)

[1]Includes 6 Foods Groups: Grains, roots, and tubers; Legumes and nuts; Dairy products (milk, yogurt, and cheese); Flesh foods (meat, fish, poultry, and liver/organ meats); Eggs; Fruits and vegetables
[2]Includes meat, eggs, and formula

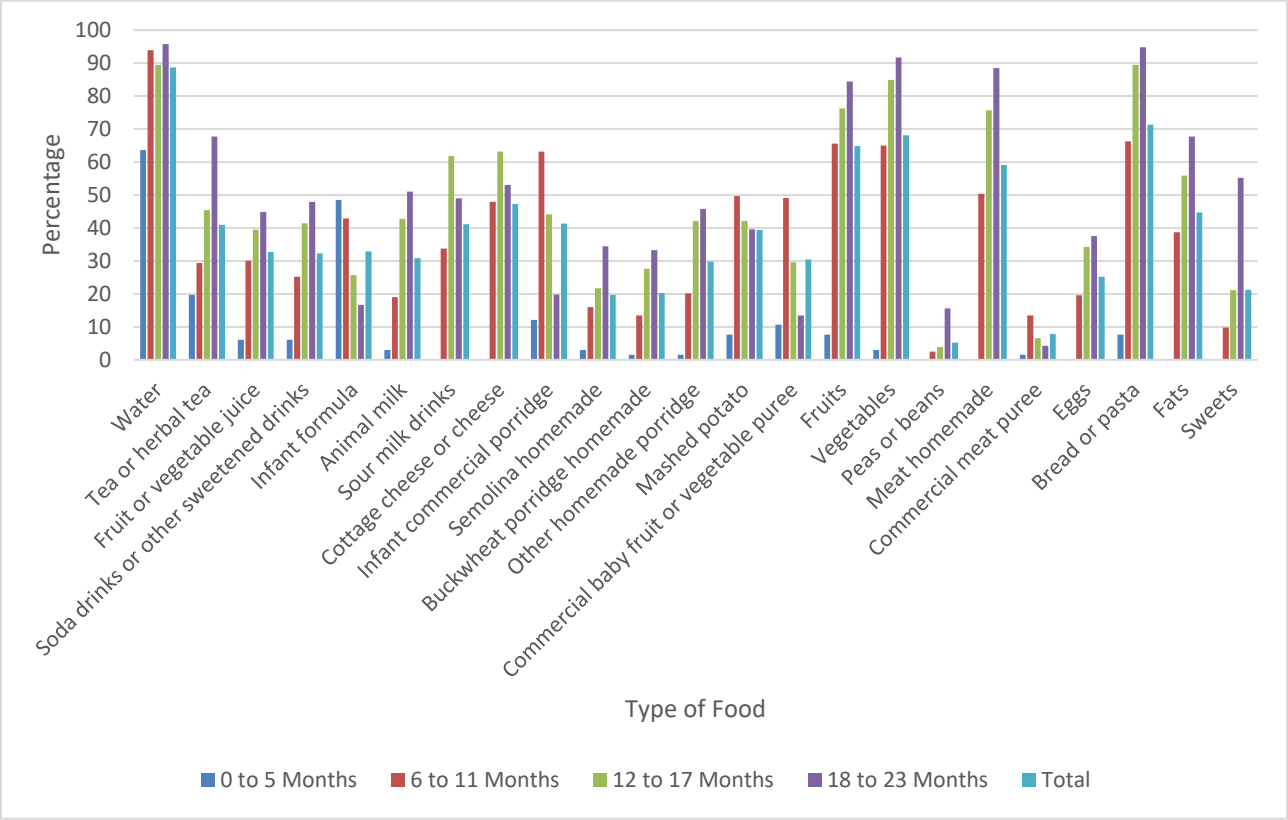
The foods that were consumed by IDP children in the 24 hours preceding the survey, by age group, are presented in Table 12 and Figure 5. More than half of all children <6 months received water (63.6%) and almost half of all children <6 months received formula (48.5%). The most common foods eaten for children between 6-11 months were bread or pasta (66.3%), infant commercial porridge (63.2%), and fruits and vegetables (65.6% and 65.0% respectively). Bread or pasta (89.5%), fruits and vegetables (76.3% and 84.9% respectively), and homemade meat (75.7%) were the most common foods eaten by children between 12-17 months. Children between 18-23 months were also most commonly fed bread or pasta (94.8%), fruits and vegetables (84.4% and 91.7% respectively), and homemade meat (88.5%).

Table 12: Foods consumed by IDP children <2 years in the 24 hours preceding survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Age (months)				
Type of Food	**0-5 (n, %) (N=66)**	**6-11 (n, %) (N=163)**	**12-17 (n, %) (N=152)**	**18-23 (n, %) (N=96)**	**Total (n, %) (N=477)**
Water	42 (63.6)	153 (93.9)	136 (89.5)	92 (95.8)	423 (88.7)
Tea or herbal tea	13 (19.7)	48 (29.4)	69 (45.4)	65 (67.7)	195 (40.9)
Fruit or vegetable juice	4 (6.1)	49 (30.1)	60 (39.5)	43 (44.8)	156 (32.7)
Soda drinks or other sweetened drinks	4 (6.1)	41 (25.2)	63 (41.4)	46 (47.9)	154 (32.3)
Infant formula	32 (48.5)	70 (42.9)	39 (25.7)	16 (16.7)	157 (32.9)
Animal milk	2 (3.0)	31 (19.0)	65 (42.8)	49 (51.0)	147 (30.8)
Sour milk drinks	0 (0)	55 (33.7)	94 (61.8)	47 (49.0)	196 (41.1)
Cottage cheese or cheese	0 (0)	78 (47.9)	96 (63.2)	51 (53.1)	225 (47.2)
Infant commercial porridge	8 (12.1)	103 (63.2)	67 (44.1)	19 (19.8)	197 (41.3)
Semolina homemade	2 (3.0)	26 (16.0)	33 (21.7)	33 (34.4)	94 (19.7)
Buckwheat porridge homemade	1 (1.5)	22 (13.5)	42 (27.6)	32 (33.3)	97 (20.3)
Other homemade porridge	1 (1.5)	33 (20.2)	64 (42.1)	44 (45.8)	142 (29.8)
Mashed potato	5 (7.6)	81 (49.7)	64 (42.1)	38 (39.6)	188 (39.4)
Commercial baby fruit or vegetable puree	7 (10.6)	80 (49.1)	45 (29.6)	13 (13.5)	145 (30.4)
Fruits	5 (7.6)	107 (65.6)	116 (76.3)	81 (84.4)	309 (64.8)
Vegetables	2 (3.0)	106 (65.0)	129 (84.9)	88 (91.7)	325 (68.1)
Peas or beans	0 (0)	4 (2.5)	6 (3.9)	15 (15.6)	25 (5.2)
Meat homemade	0 (0)	82 (50.3)	115 (75.7)	85 (88.5)	282 (59.1)
Commercial meat puree	1 (1.5)	22 (13.5)	10 (6.6)	4 (4.2)	37 (7.8)
Eggs	0 (0)	32 (19.6)	52 (34.2)	36 (37.5)	120 (25.2)
Bread or pasta	5 (7.6)	108 (66.3)	136 (89.5)	91 (94.8)	340 (71.3)
Fats	0 (0)	63 (38.7)	85 (55.9)	65 (67.7)	213 (44.7)

Sweets	0 (0)	16 (9.8)	32 (21.1)	53 (55.2)	101 (21.2)

Figure 5: Percentage of IDP children given different types of food in the 24 hours preceding the survey by age group, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



The foods consumed by IDP children <6 months not exclusively breastfed in the 24 hours preceding the survey are shown in Table 13 by those who were currently breastfeeding and those who were not currently breastfeeding. All babies who were not currently breastfeeding received formula compared with 46.9% of babies who were currently breastfeeding non-exclusively. Water was given to the majority of babies (82.4% among those babies not breastfeeding and 87.5% among those babies not exclusively breastfeeding). The most common soft, semi-soft, or solid foods eaten by children less than six months who were not breastfeeding were commercial baby fruit or vegetable puree (29.4%), infant commercial porridge (23.5%), and fruits (23.5%). The most common soft, semi-soft or solid foods eaten by children less than six months who were currently breastfeeding non-exclusively were infant commercial porridge (12.5%), mashed potatoes (9.4%), commercial baby fruit or vegetable puree (6.3%), and bread or pasta (6.3%).

Table 13: Foods consumed by IDP children <6 months not exclusively breastfed in the 24 hours preceding survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	BF Practices	
Type of Food	**Not Breastfeeding n (%) (N=17)**	**Breastfeeding n (%) (N=32)**
Water	14 (82.4)	28 (87.5)
Tea or herbal tea	8 (47.1)	5 (15.6)

Fruit or vegetable juice	3 (17.7)	1 (3.1)
Soda drinks or other sweetened drinks	2 (11.8)	2 (6.3)
Infant formula	17 (100)	15 (46.9)
Animal milk	1 (5.9)	1 (3.1)
Sour milk drinks	0 (0)	0 (0)
Cottage cheese or cheese	0 (0)	0 (0)
Infant commercial porridge	4 (23.5)	4 (12.5)
Semolina homemade	2 (11.8)	0 (0)
Buckwheat porridge homemade	0 (0)	1 (3.1)
Other homemade porridge	0 (0)	1 (3.1)
Mashed potato	2 (11.8)	3 (9.4)
Commercial baby fruit or vegetable puree	3 (29.4)	2 (6.3)
Fruits	4 (23.5)	1 (3.1)
Vegetables	1 (5.9)	1 (2.3)
Peas or beans	0 (0)	0 (0)
Meat homemade	0 (0)	0 (0)
Commercial meat puree	1 (5.9)	0 (0)
Eggs	0 (0)	0 (0)
Bread or pasta	3 (17.7)	2 (6.3)
Fats	0 (0)	0 (0)
Sweets	0 (0)	0 (0)

Table 14 shows the number of children between 6 and 11 months who were given more expensive commercial (as opposed to homemade) foods, by socioeconomic indicators. Results were similar for most indicators. A household's living situation had an impact on whether commercial foods were given, with those households who were paying rent being statistically significantly more likely to have fed their children commercial fruit or vegetable puree (p=0.023) or commercial porridge (p=0.001) than those households who were not paying rent. In addition, those households with a male head of household and a resident of the household earning money were more likely to have fed their child commercial meat puree (p=0.025 and p=0.015 respectively).

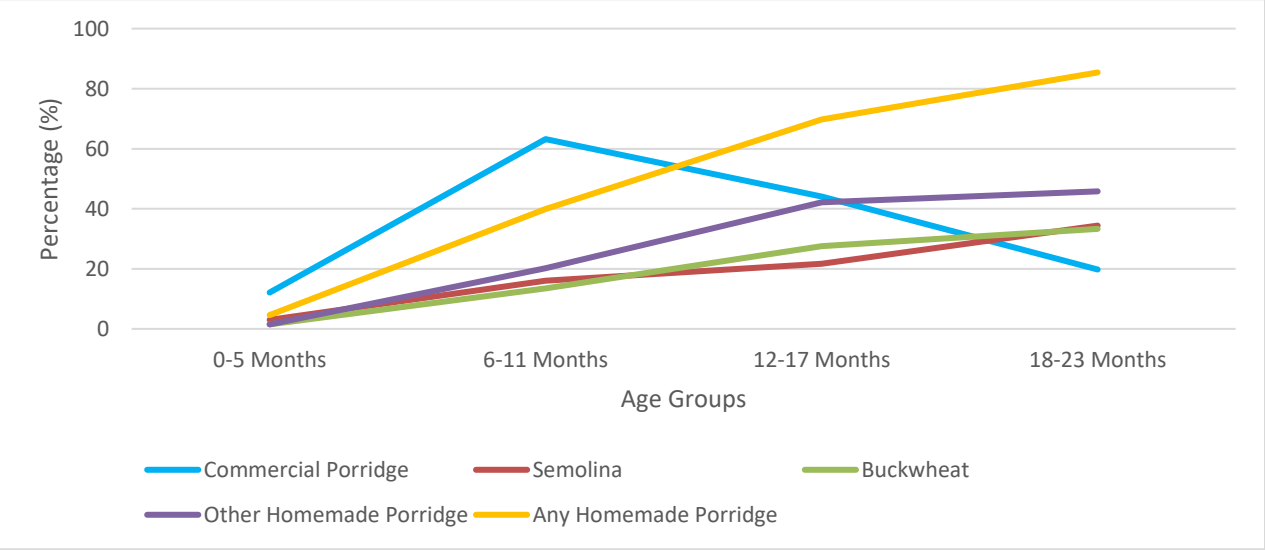
Table 14: Children 6-11 months given more expensive foods in the 24 hours preceding survey by SES indicators, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

SES Indicator	**Formula n (%)**	**Commercial Porridge n (%)**	**Meat Puree n (%)**	**Fruit/Veg Puree n (%)**
Head of household				
Male (N=84)	37 (44.0)	57 (67.9)	16 (19.0)	42 (50.0)
Female (N=73)	28 (38.4)	42 (57.5)	5 (6.8)	34 (46.6)
Resident of household currently earning money				

No (N=76)	33 (43.4)	48 (63.2)	5 (6.6)	34 (44.7)
Yes (N=81)	32 (39.5)	51 (63.0)	16 (19.8)	42 (51.9)
Living situation				
Living w/ relatives or friends (no fee) (N=25)	10 (40.0)	11 (44.0)	2 (8.0)	8 (32.0)
Renting an apartment or house (for fee) (N=122)	51 (41.8)	85 (69.7)	19 (15.6)	65 (53.3)
Collective center (N=10)	4 (40.0)	3 (30.0)	0 (0)	3 (30.0)
Mother Education				
Not completed higher education (N=60)	30 (50.0)	36 (60.0)	5 (8.3)	34 (56.7)
Completed higher education (N=97)	35 (36.1)	63 (64.9)	16 (16.5)	42 (43.4)

Figure 6 shows the percentage of IDP children fed different types of porridges in the 24 hours preceding the survey by age group. This figure shows most children are fed commercial porridges in the younger age groups (0-5 months and 6-11 months) compared with the older age groups (12-17 months and 18-23 months). It shows an increasing trend of children being fed homemade porridges as children grow older.

Figure 6: Percentage of IDP children <2 years given different types of porridge in the 24 hours preceding the survey by age group, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



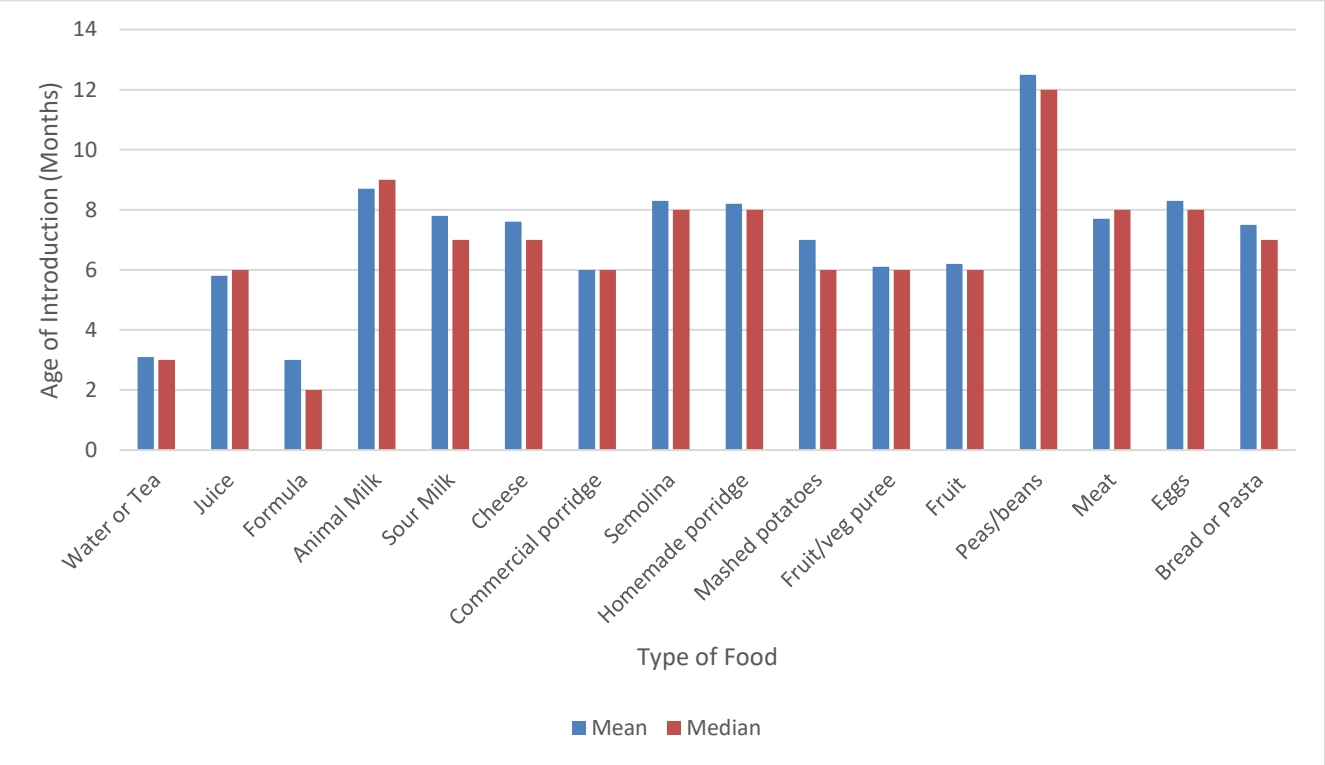
The mean and median age of introduction of different types of foods among children who already have had a given type of food introduced are shown in Table 15 and Figure 7. Both water or tea and formula have means and medians of age introduction that are less than six months. Commercial porridges, fruit and vegetable purees, and fruits are the foods with the earliest age of introduction.

Table 15: Mean and median age of IDP children <2 years introduced to types of food, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Type of Food	Age (Months)	
	Mean (SD)	Median (IQR)[1]
Water or Tea (N=458)	3.1 (2.6)	3 (1-5)
Juice (N=366)	5.8 (2.3)	6 (4-6)
Formula (N=288)	3 (3.3)	2 (0.5-4)
Animal Milk (N=248)	8.7 (3.4)	9 (6-11.5)
Sour Milk (N=354)	7.8 (2.3)	7 (6-8)
Cheese (N=363)	7.6 (2.1)	7 (6-9)
Commercial porridge (N=347)	6 (2.1)	6 (5-7)
Semolina (N=233)	8.3 (3.3)	8 (6-11)
Homemade porridge (N=325)	8.2 (2.8)	8 (6-10)
Mashed potatoes (N=390)	7.0 (2.1)	6 (6-8)
Fruit/veg puree (N=350)	6.1 (2.0)	6 (5-7)
Fruit (N=401)	6.2 (2.1)	6 (5-7)
Peas/beans (N=100)	12.5 (3.8)	12 (10-15.5)
Meat (N=370)	7.7 (1.9)	8 (6-9)
Eggs (N=333)	8.3 (2.4)	8 (7-10)
Bread or Pasta (N=381)	7.5 (2.5)	7 (5-9)

1 Inter-quartile range is the range between the 25th and 75th percentile of the distribution

Figure 7: Mean and median age of IDP children <2 years introduced to types of food, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



Figures 8-10 show the trends of drink and food introduction by age group. Nearly 20% of children surveyed were introduced to water or formula before they were one month old. Peas or beans are the foods that are introduced at the oldest ages and semolina is the type of porridge which tends to be introduced as children grow older. The foods introduced at the earliest ages were fruits, fruit or vegetable puree, commercial porridge, and mashed potatoes.

Figure 8: Percentage of IDP children <2 years introduced to types of drinks by age, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

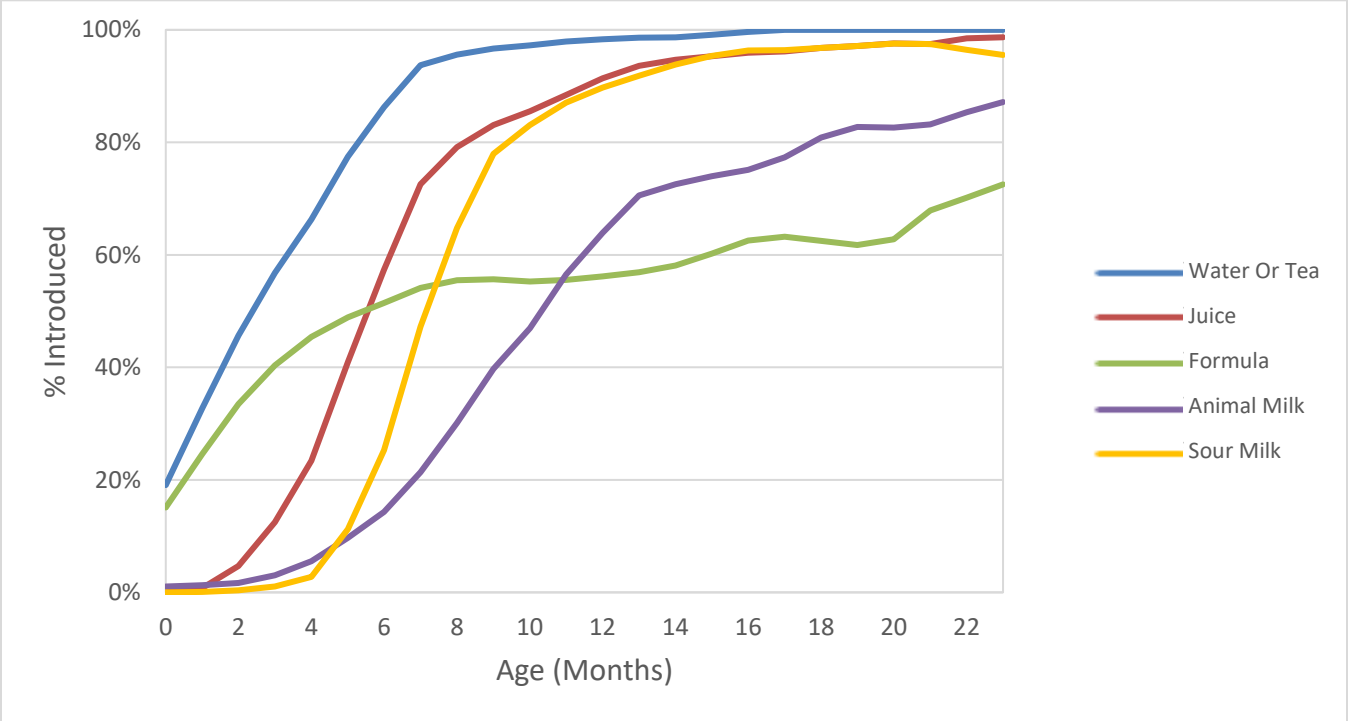


Figure 9: Percentage of IDP children <2 years introduced to types of foods by age, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

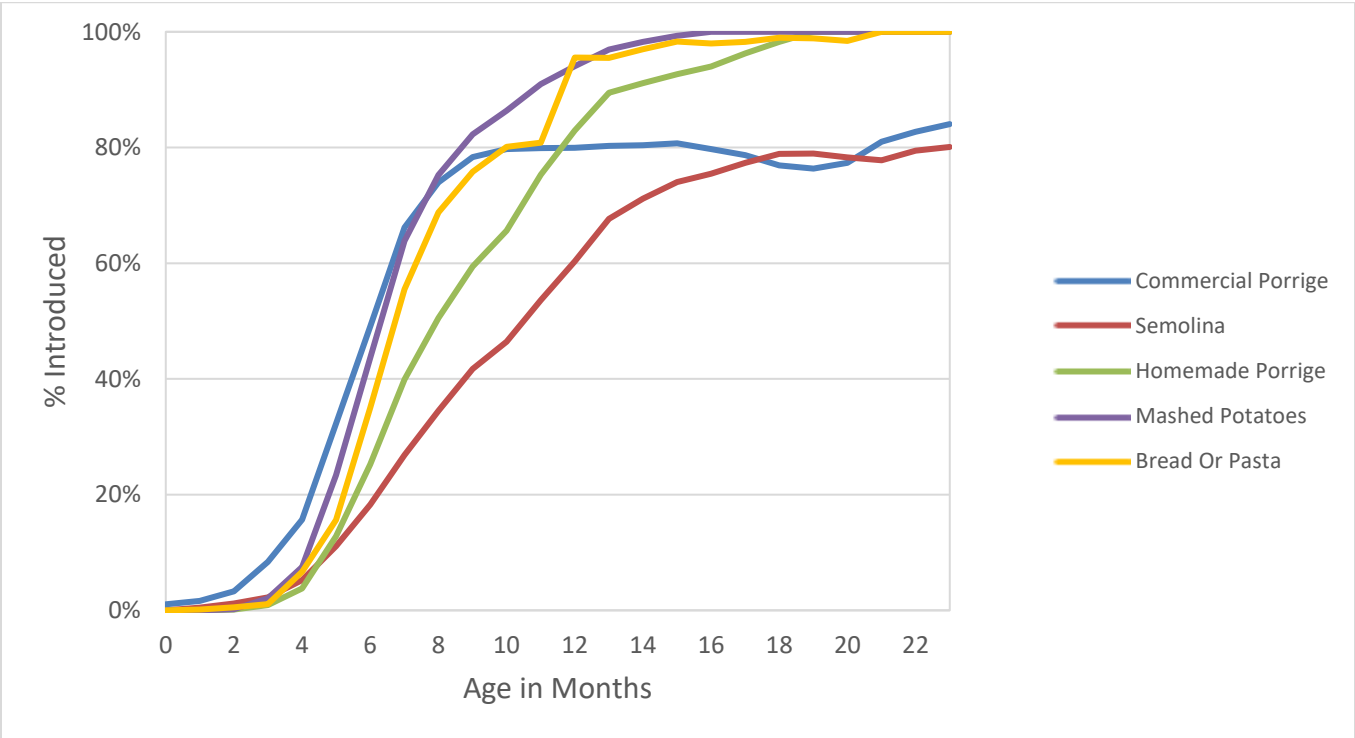
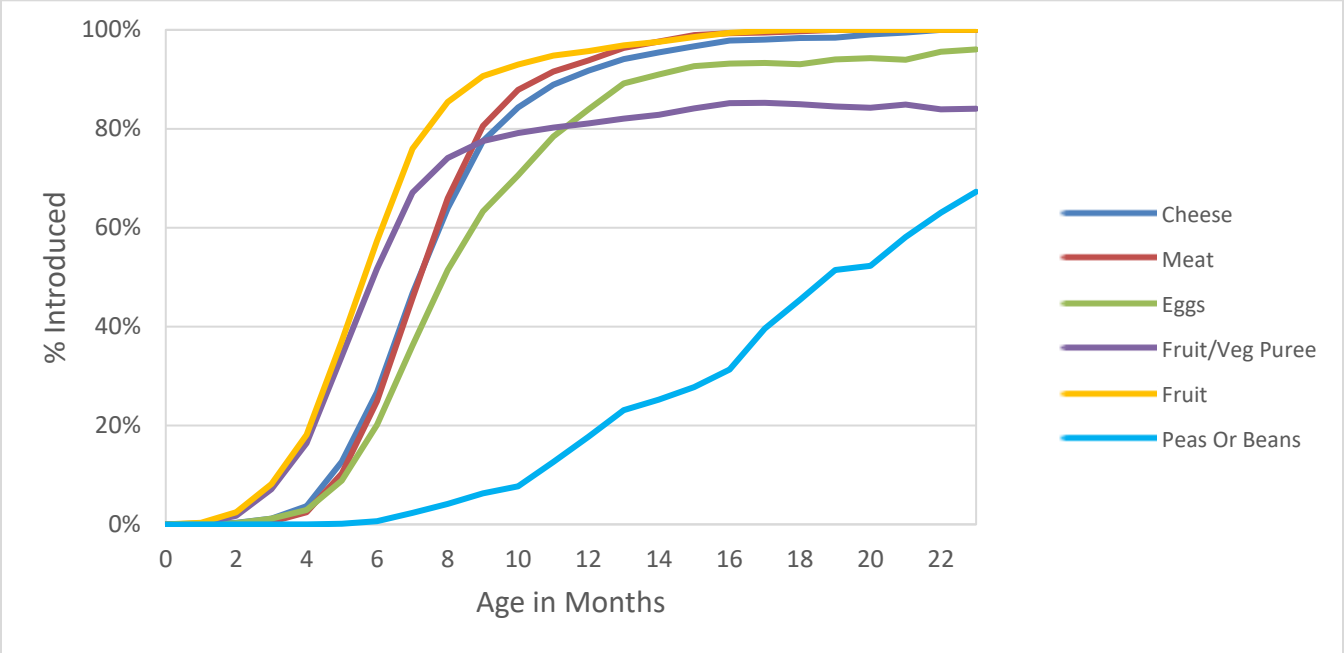


Figure 10: Percentage of IDP children <2 years introduced to types of foods by age, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



The average number of days IPD children were given different types of foods during the week preceding the survey is shown in Table 16 and Figures 11 and 12. Bread or pasta was fed on the highest number of days in all age groups 6 months of age or older. Fruit, porridges, and meat were also fed frequently, with commercial porridge being fed most frequently in the 6-11 year age group. Peas and beans were the least frequently fed food in all age groups.

Table 16: Mean and median number of days IDP children <2 years were given types of foods by age in the week preceding the survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Age (months)									
Type of Food	**0-5 (N=66)**		**6-11 (N=163)**		**12-17 (n, %) (N=152)**		**18-23 (n, %) (N=96)**		**Total (n, %) (N=477)**	
	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)
Infant formula	3.3 (3.5)	0.5 (0-7)	3.2 (3.4)	0 (0-7)	1.9 (3.0)	0 (0-5.5)	1.2 (2.6)	0 (0-0)	2.4 (3.2)	0 (0-7)
Animal milk	0.4 (1.4)	0 (0-0)	1.4 (2.5)	0 (0-2)	3.0 (3.0)	2 (0-7)	3.9 (3.0)	4.5 (0-7)	2.2 (2.9)	0 (0-5)
Sour milk drinks	0 (0)	0 (0-0)	3.0 (3.0)	2 (0-7)	4.5 (2.6)	4.5 (2-7)	3.8 (2.6)	4 (2-7)	3.2 (2.9)	3 (0-7)
Cottage cheese or cheese	0.1 (0.5)	0 (0-0)	3.2 (2.9)	3 (0-7)	4.1 (2.4)	4 (2-7)	3.8 (2.4)	4 (2-7)	3.2 (2.7)	3 (0-6)
Infant commercial porridge	0.7 (1.2)	0 (0-0)	4.4 (3.1)	7 (0-7)	3.3 (3.2)	2.5 (0-7)	1.4 (2.5)	0 (0-1.5)	2.9 (3.2)	1 (0-7)
Any homemade porridge	0.3 (1.5)	0 (0-0)	2.8 (3.0)	2 (0-7)	5.1 (2.5)	7 (3-7)	5.8 (1.8)	7 (4-7)	3.8 (3.0)	4 (0-7)

Mashed potato	0.2 (0.8)	0 (0-0)	3.3 (2.5)	3 (1-5)	3.2 (2.0)	3 (2-4)	3.2 (1.9)	3 (2-4)	2.8 (2.3)	3 (1-4)
Commercial baby fruit or vegetable puree	0.7 (1.9)	0 (0-0)	3.1 (2.9)	3 (0-7)	2.1 (2.5)	1 (0-4)	0.8 (1.7)	0 (0-1)	2.0 (2.6)	0 (0-4)
Fruits	0.5 (1.5)	0 (0-0)	4.5 (2.6)	5 (3-7)	5.6 (2.0)	7 (4-7)	6.0 (1.8)	7 (6-7)	4.6 (2.8)	6 (3-7)
Peas or beans	0 (0)	0 (0-0)	0.1 (0.5)	0 (0-0)	0.2 (0.5)	0	0.6 (1.4)	0 (0-1)	0.2 (0.7)	0 (0-0)
Meat	0.1 (0.4)	0 (0-0)	3.7 (2.9)	4 (0-7)	5.3 (2.1)	7 (4-7)	5.8 (2.1)	7 (4-7)	4.2 (2.9)	5 (1-7)
Eggs	0.0 (0.2)	0 (0-0)	1.5 (1.8)	1 (0-3)	2.3 (2.1)	2 (1-3)	2.7 (2.2)	2 (1-4)	1.8 (2.1)	1 (0-3)
Bread or pasta	0.5 (1.7)	0 (0-0)	4.7 (2.9)	7 (2-7)	6.3 (1.7)	7 (7-7)	6.4 (1.5)	7 (7-7)	5.0 (2.9)	7 (3-7)

Figure 11: Mean number of days IDP children <2 years were given types of foods by age in the week preceding the survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

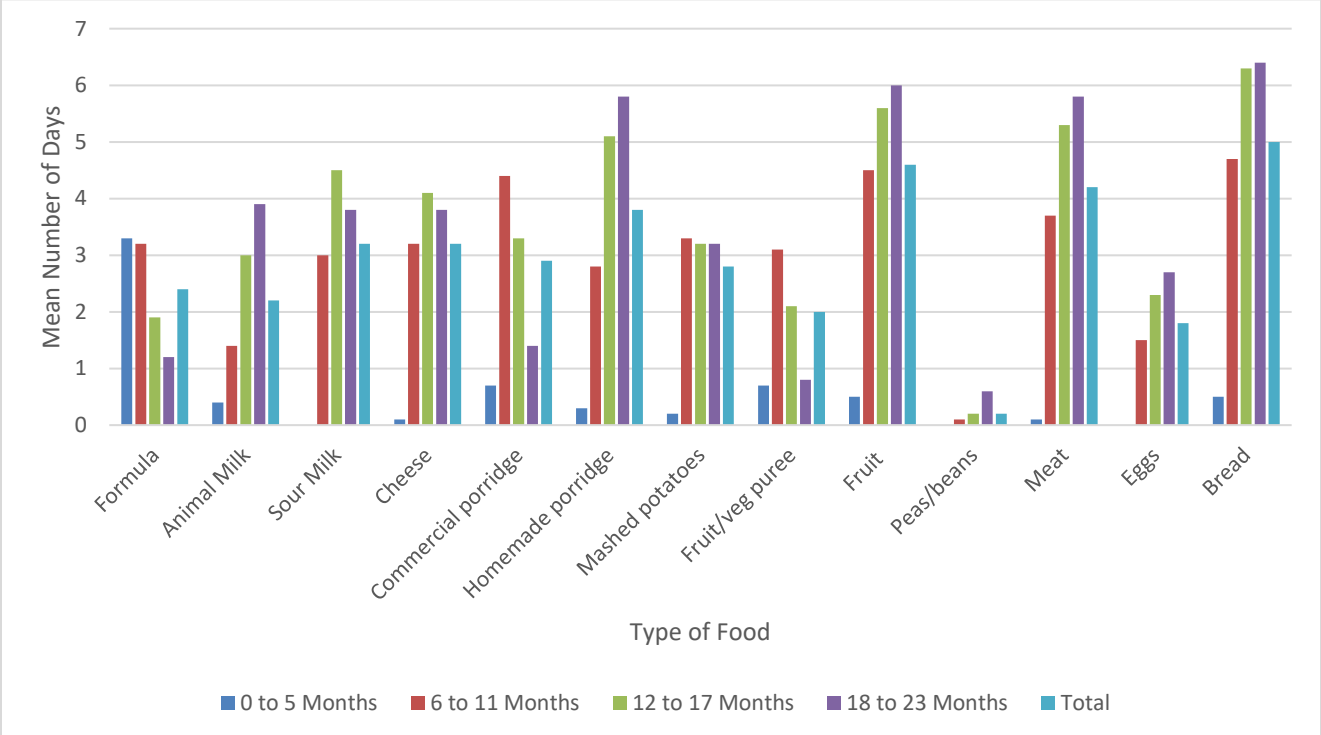
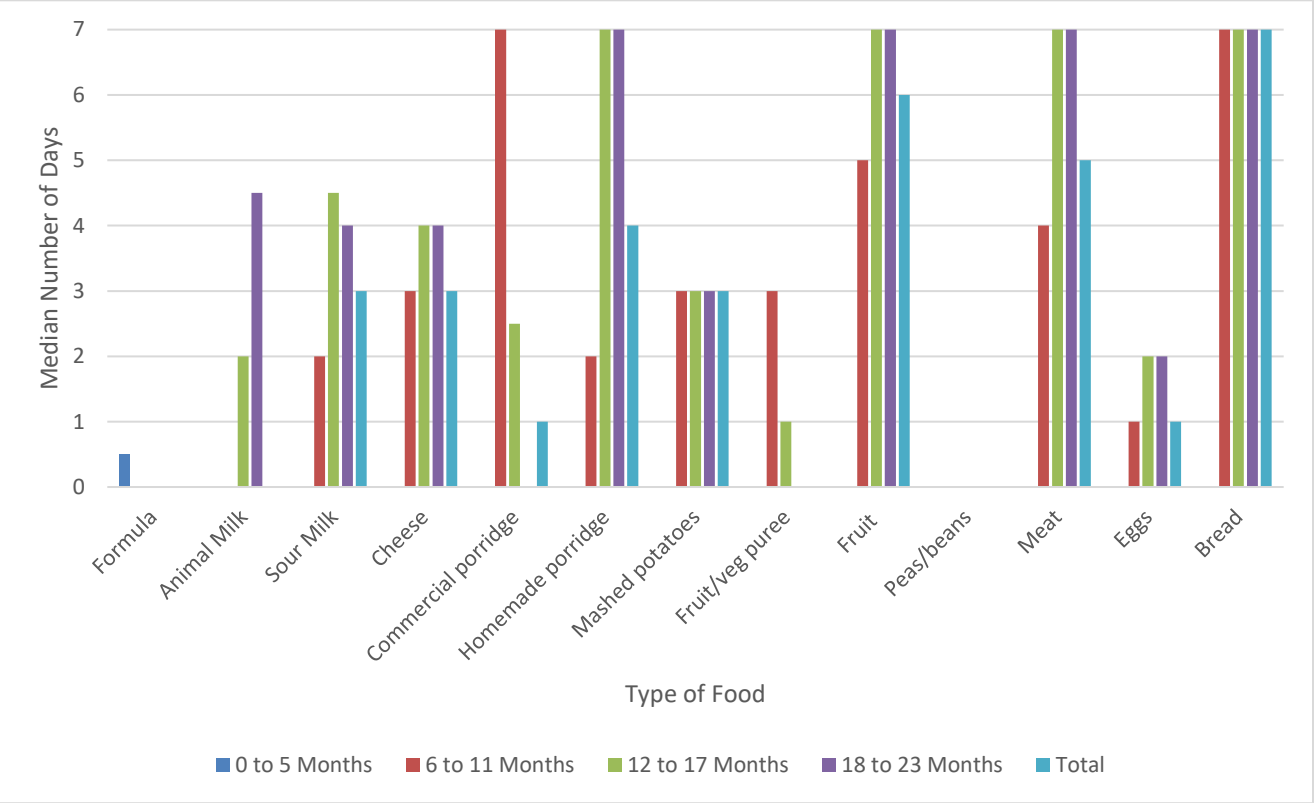


Figure 12: Median number of days IDP children <2 years were given types of foods by age in the week preceding the survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015



The number of days children 6-23 months were given meat and eggs during the week preceding the survey are shown in Table 17. The majority of children were given meat three or more days in the week preceding the survey (60.1% of children 6-11 months and 88.3% of children age 12-23 months). Eggs were fed to 27.6% of children 6-11 months and 42.7% of children 12-23 months three or more days in the week preceding the survey.

Table 17: Number of days IDP children 6-23 months were given meat and eggs in the week preceding the survey, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

	Age 6-11 Months (N=163)	**Age 12-23 Months (N=248)**
# of Days Meat (n, %)		
0 Days	45 (27.6)	8 (3.2)
1-2 Days	20 (12.3)	21 (8.5)
>=3 Days	98 (60.1)	219 (88.3)
# of Days Eggs (n, %)		
0 Days	72 (44.2)	52 (21.0)
1-2 Days	46 (28.2)	90 (36.3)
>=3 Days	45 (27.6)	106 (42.7)

Anthropometry

Table 18 shows the MUAC measurements of IDP children less than 24 months old. All children had MUAC measurements of at least 115 mm and only two children (0.5%) had MUAC measurements less than 125 mm.

Table 18: MUAC measurements of IDP children <24 months, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

MUAC (mm) (N=411)	n	%	95%CI
<115	0	0	0
115-124	2	0.5	0.06-1.7
≥125	409	99.5	98.3-99.9

MUAC measurement of IDP children between 2 and 4 years are shown in Table 19. All of the children measured in this age group had MUAC measurements greater than 125 mm.

Table 19: MUAC measurements of IDP children 2-4 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

MUAC (mm) (N=57)	n	%
<115	0	0
115-124	0	0
≥125	57	100

Access to Healthcare Services and Humanitarian Assistance

Most children whose family attempted to register them were registered at a health clinic (99.1%) and very few mothers had difficulties registering their child (3.1%). However, 6% of mothers never attempted to register their child in a clinic, resulting in their child not being in the health system. See Table 20. Twenty-four out of the twenty-eight children who were not attempted to be registered in a clinic had been displaced for more than six months (85.7%). Dnipropetrovsk had the highest percentage of households that experienced difficulties during registration (7.4%). Requiring registration as an IDP was the most common difficulty mentioned (42.9% of those who experienced difficulties), apart from other difficulty not listed (57.1%).

Table 20: Access to Healthcare services for IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Access to Healthcare Services	Kharkiv	Dnipropetrovsk	Zaporizhia	Total
Attempted to register child at clinic				
	N=230	N=130	N=117	N=477
No	6 (2.6)	9 (6.9)	13 (11.1)	28 (5.9)
Yes	223 (97.0)	121 (93.1)	104 (88.9)	448 (93.9)
Don't know	1 (0.4)	0 (0)	0 (0)	1 (0.2)
Child registered at clinic (n, %)				
	N=223	N=121	N=104	N=448
No	0 (0)	3 (2.5)	1 (1.0)	4 (0.9)

Yes	223 (100)	118 (97.5)	103 (99.0)	444 (99.1)
Difficulties registering child at clinic (n, %)				
	N=223	N=121	N=104	N=448
No	219 (98.2)	112 (92.6)	103 (99.0)	434 (96.9)
Yes	4 (1.8)	9 (7.4)	1 (1.0)	14 (3.1)
Difficulties faced during registration at clinic (n, %)				
	N=4	N=9	N=1	N=14
Required unavailable documents	0 (0)	3 (33.3)	0 (0)	3 (21.4)
Required registration as IDP	3 (75.0)	3 (33.3)	0 (0)	6 (42.9)
Required payment	0 (0)	0 (0)	0 (0)	0 (0)
Other	1 (25.0)	6 (66.7)	1 (100)	8 (57.1)

The types of humanitarian assistance provided to IDP households by oblast are shown in Table 21.

Cash or voucher assistance: Overall, 77.1% of households received cash or voucher assistance from non-government sources. Households in Kharkiv were the least likely to receive cash or voucher assistance (70.7%) compared with Dnipropetrovsk (85.4%) and Zaporizhia (80.5%). This was statistically significant (p=0.009) after adjusting for other variables. Households where a woman was considered the head of the household and households with more children were more likely to have received cash or voucher assistance than households where a man was considered the head of the household and households with fewer children after adjusting for other variables (p=0.022 and p<0.001 respectively).

General food assistance: Food assistance was received by 87.1% of households, with households in Zaporizhia being the least likely to receive food assistance (71.7%) compared with Dnipropetrovsk (82.1%) and Kharkiv (97.7%), which after adjusting for other variables was statistically significant (p<0.001). The age of the child less than two years living in the household was also statistically significantly associated with whether the household received general food assistance when adjusting for other variables, with households with younger children being more likely to receive general food assistance (p=0.021).

Non-food items assistance: Most households also received non-food assistance (86.7%), again with Zaporizhia being the least likely to receive non-food assistance (73.5%) followed by Dnipropetrovsk (86.2%) and Kharkiv (93.7%) (p<0.001). Households displaced from Luhansk oblast were less likely to receive non-food assistance compared with households who were displaced from Donetsk oblast (p=0.014) and those living with relatives without paying rent were less likely to receive non-food assistance than those households who were paying rent (0.003) after controlling for other risk factors. Households with a greater number of children less than two years living in the household were also statistically significantly less likely to receive non-food assistance after controlling for other variables (p=0.011).

Baby food assistance: Overall, 70.5% of households received baby food assistance. Households in Zaporizhia were the least likely to have received baby food assistance (45.1%), compared with Dnipropetrovsk (65.9%) and Kharkiv (86.0%). This difference by oblast was statistically significant (p<0.001) after adjusting for other variables. Only 14.8% of all households received baby food assistance three or more times and the mean time since last receiving baby food assistance for all households was 2.8 (±2.6) months. The most common items received in the most

recent baby food assistance package were commercial baby porridge (56.3%), fruit or vegetable puree (49.2%), and infant formula (44.3%). More than half of those households who received infant formula in their last baby food assistance package had a child less than 6 months old (51.2%). The top four humanitarian and volunteer organizations mentioned by respondents as providing each type of assistance by oblast are listed in Table 22.

Table 21: Humanitarian assistance provided to IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Humanitarian Assistance	Kharkiv (N=222)	Dnipropetrovsk (N=123)	Zaporizhia (N=113)	Total (N=458)
Cash or voucher assistance received (n, %)				
No	64 (28.8)	18 (14.6)	22 (19.5)	104 (22.7)
Yes	157 (70.7)	105 (85.4)	91 (80.5)	353 (77.1)
Don't know	1 (0.5)	0 (0)	0 (0)	1 (0.2)
Food assistance received (n, %)				
No	5 (2.3)	22 (17.9)	32 (28.3)	59 (12.9)
Yes	217 (97.7)	101 (82.1)	81 (71.7)	399 (87.1)
Non-food assistance received (n, %)				
No	14 (6.3)	17 (13.8)	30 (26.5)	61 (13.3)
Yes	208 (93.7)	106 (86.2)	83 (73.5)	397 (86.7)
Times baby food assistance received (n, %)				
0	31 (14.0)	42 (34.1)	62 (54.9)	135 (29.5)
1	65 (29.5)	33 (26.8)	32 (28.3)	130 (28.4)
2-3	81 (36.5)	33 (26.8)	11 (9.7)	125 (27.3)
>3	45 (20.3)	15 (12.2)	8 (7.1)	68 (14.8)
Months since last baby food assistance received (mean, SD)	N=191 3.2 (2.6)	N=81 2.2 (2.7)	N=51 2.1 (2.2)	N=323 2.8 (2.6)
Items included in baby food assistance package (n, %)				
Infant formula	85 (44.5)	40 (49.3)	18 (35.3)	143 (44.3)
Fruit or vegetable puree	78 (40.8)	64 (79.0)	17 (33.3)	159 (49.2)
Meat puree	4 (2.1)	2 (2.5)	3 (5.9)	9 (2.8)
Commercial baby porridge	129 (67.5)	26 (32)	27 (52.9)	182 (56.3)
Semolina	8 (4.2)	5 (6.2)	4 (7.8)	17 (5.3)
Other porridge	17 (8.9)	12 (14.8)	4 (7.8)	33 (10.2)
Other	14 (7.3)	14 (17.3)	6 (11.8)	34 (10.5)
Households with children<6 months receiving formula in assistance package (N=Households with children <6 months receiving baby food assistance)	16/28 (57.1)	2/4 (50.0)	2/7 (28.6)	20/39 (51.2)

Table 22: Four most reported volunteer and humanitarian organizations providing assistance to IDP households with children <2 years by oblast, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Type of Assistance	Kharkiv		Dnipro		Zaporizhia	
	Donor	# of Households	Donor	# of Households	Donor	# of Households
Cash or voucher	Red Cross	54	Save the Children	51	Save the Children	51
	Karitas	35	Red Cross	27	Red Cross	33
	Station Kharkiv	23	Dopomoga Dnipra	19	Karitas	19
	International Organization for Migration	22	UN	6	UN	5
Food	Station Kharkiv	148	Dopomoga Dnipra	49	Red Cross	32
	Red Cross	67	Red Cross	36	City assistance center	30
	Karitas	17	Vilkyl Fund	16	Church	23
	Church	17	Salvation Army	7	Karitas	6
Non-Food	Station Kharkiv	107	Dopomoga Dnipra	81	Red Cross	49
	Red Cross	88	Red Cross	23	Save the Children	35
	Karitas	18	Save the Children	21	Church	8
	Unknown	15	Vilkyl Fund	2	City assistance center	7
Baby Food	Station Kharkiv	131	Dopomoga Dnipra	67	Red Cross	37
	Red Cross	38	Pomogaem	9	Unspecified volunteers	5
	Unknown	18	Red Cross	7	Unknown	5
	Peace and Order	9	Save the Children	2	Church	4

Safe Water and Hand Washing

Almost all households surveyed had running water in their homes (96.5%) and all households had the ability to boil water. Bottled water was the main source of water used for cooking and drinking in the households (61.7%) and this was similar across the three oblasts. Most mothers surveyed reported using soap more than ten times in the two days preceding the survey (90.6%). The most common reasons for using soap were after defecating (92.4%), before eating (89.3%), and when washing the child's body (87.8%). Descriptive characteristics of safe water availability and hand washing practices are shown in Table 23.

Table 23: Safe water availability and hand washing practices of IDP households with children <2 years, Kharkiv, Dnipropetrovsk, and Zaporizhia, Ukraine, 2015

Safe Water and Hand Washing	Kharkiv (N=221)	Dnipropetrovsk (N=122)	Zaporizhia (N=111)	Total (N=454)
Running water in home (n, %)				
No	13 (5.9)	2 (1.6)	1 (0.9)	16 (3.5)
Yes	208 (94.1)	120 (98.4)	110 (99.1)	438 (96.5)

Main source of water for drinking/cooking (n, %)				
Bottled	140 (63.3)	76 (62.3)	64 (57.7)	280 (61.7)
Tap	35 (15.8)	30 (24.6)	41 (36.9)	106 (23.3)
Well	38 (17.2)	4 (3.3)	1 (0.9)	43 (9.5)
Water pump	2 (0.9)	4 (3.3)	1 (0.9)	7 (1.5)
Other	6 (2.7)	8 (6.6)	4 (3.6)	18 (4.0)
Ability to boil water (n, %)	221 (100)	122 (100)	111 (100)	454 (100)
Times used soap in last 2 days (n, %)				
	N=222	N=123	N=113	N=458
0-4 times	2 (0.9)	5 (4.1)	0 (0)	7 (1.5)
5-10 times	17 (7.7)	11 (8.9)	7 (6.2)	35 (7.6)
>10 times	203 (91.4)	106 (86.2)	106 (93.8)	415 (90.6)
Don't know	0 (0)	1 (0.8)	0 (0)	1 (0.2)
Reason for using soap (n, %)				
Washing hands after defecating	201 (90.5)	119 (96.7)	103 (91.2)	423 (92.4)
Washing hands after cleaning child	104 (46.8)	79 (64.2)	59 (52.2)	242 (52.8)
Washing hands before feeding child	186 (83.9)	107 (87.0)	90 (79.6)	383 (83.6)
Washing hands before preparing food	174 (78.4)	112 (91.1)	96 (85.0)	382 (83.4)
Washing hands before eating	193 (86.9)	114 (92.7)	102 (90.3)	409 (89.3)
Washing body	162 (73.0)	111 (90.2)	92 (81.4)	365 (79.7)
Washing child's body	187 (84.2)	115 (93.5)	100 (88.5)	402 (87.8)
Washing child's bottom	146 (65.8)	93 (75.6)	85 (75.2)	324 (70.7)
Washing child's hands	168 (75.7)	112 (91.1)	92 (81.4)	372 (81.2)
Washing clothes	142 (64.0)	98 (79.7)	81 (71.7)	321 (70.1)
Other	69 (31.1)	32 (26.0)	39 (34.5)	140 (30.6)

Focus Group Discussions

Tables 24-26 show the summary results from focus group discussions held in Kharkiv, Dnipropetrovsk, and Zaporizhia oblasts.

Breastfeeding and BMS

Overall, most mothers planned on breastfeeding for at least one year and some mentioned wanting to breastfeed until two years. Many mothers mentioned stress relating to the conflict or bad nutrition due to the conflict as reasons they stopped breastfeeding early. Many mothers reported that they introduced water soon after birth. One mother stated, "Babies need water when it is hot out." Mothers also reported that some health workers give advice to introduce water and teas very early.

Mothers who introduced formula early, normally said that it was because their breast milk was "not enough". Many mothers were offered to buy formula in the hospital in the first days after birth. Some mothers were encouraged to buy formulas if their babies were crying and they were not producing milk during the first days postpartum. Mothers reported formula being much more expensive now because of the conflict.

Mothers received information on breastfeeding and complementary feeding from many different sources. Some mothers relied on pediatricians and midwives, although some mothers felt as though doctors did not think about children's individual situations and provided very rigid advice that was difficult to follow. Many mothers received advice from their mothers and friends or relied on their own experiences if they had previously had children. Educated mothers also relied on the internet for information.

Complementary Feeding

Most mothers reported not starting complementary foods until after six months. Less educated mothers more commonly reported starting foods earlier. The most common foods first introduced were mashed potatoes, commercial porridges, and fruit and vegetable purees. Many mothers mentioned making more homemade purees now, because they cannot afford commercial purees. Semolina was less preferred by some mothers, but still common. Many mothers considered buckwheat to be the healthiest porridge, but also the most expensive. Most mothers reported no problems introducing meat, yolk, and liver at six months and mothers reported meat being well accepted by children. Some mothers reported turkey and rabbit to be the most preferred meat types.

Impact on Feeding from Crisis

Mothers reported trying hard not to impact the child's diet due to lack of money. All mothers reported prioritizing their child and trying to give the same types of products they would have given before the conflict even if they cannot afford it. Mothers stated they may give most expensive products less frequently. Some mothers reported using less preferred meat such as chicken, or only giving meat once per week. Women who lived in collective centers reported a lack of access to milk and milk products and fresh fruits and vegetables. Women in collective centers also mentioned they did not have access to any equipment to make homemade purees.

Humanitarian Assistance

Most mothers only received sporadic one-time assistance depending on ad hoc donations. There were no systematic consistent assistance packages. Some assistance packages were not age appropriate. The organizations who provided assistance were dependent on oblast. None of the assistance packages provided information on breastfeeding or complementary feeding, nor were any mothers provided counseling on breastfeeding or complementary feeding when the assistance packages were distributed. There was not a comprehensive list of organizations in any of the oblasts of where mothers could go to for assistance.

Table 24: Results from two focus group discussions of IDP mothers with children <2 years, Kharkiv, Ukraine, 2015

Topic	Focus Group 1: Mothers living in rented apartments in Kharkiv (7 mothers)	Focus Group 2: Mothers living in collective center near Kharkiv (10 mothers)
Breastfeeding (BF)		
Beliefs and Practices	- Some mothers planning on BF until 1 year of age. Reasons mentioned were to "let go of the mother" and so mother could transition to normal life - Three mothers aware of international BF recommendations and plan to breastfeed until 2 years	-Most mothers planned to BF until 2 years -Only one mother did not initiate BF because too cumbersome, gave goat's milk from birth

	-All mothers initiated BF -All were aware of benefits of breastmilk -All breastfed on demand	
Problems	-Main problem of BF is due to war -Two mothers stopped earlier than planned due to lack of milk because of stress from war -Some understand that breast milk production not influenced by mother's diet -Other BF problems include: 1) difficulties with attachment; 2) lactostasis; 3) lack of sleep; 4) No counseling in birth clinic on how to solve problem of lack of milk	-Some mothers stopped BF because of stress related to war and displacement -Main problems of BF was poor nutrition of mother, lack of fresh milk, fresh fruits and vegetables.
Advice/ Support	-Advice from health workers was to breastfeed on demand -Most mothers seek advice from pediatricians -Mothers with previous children seek less advice -Most mothers reported courses for future parents in pre-natal clinics, may not be functioning anymore in occupied areas -Phone numbers for BF support exist, but advice is minimal -Offered home visit from BF consultant, but expensive (220 Hr) and they cannot afford -Some (2-3) use internet, blogs for Donetsk and IPD mothers from Donetsk	-Some mothers aware of pre-natal courses for future mothers and attended -Majority had not heard of courses and did not seek advice on BF/CF from pediatrician -Most mothers relied on own experiences and advice from mothers -Some said no health workers in villages to give advice -Some said pediatricians were too young and inexperienced and they did not trust them -General difficulties of access to health services, polyclinic is far from the collective center -Never used hotlines for BF support -Most never used the internet
Breast Milk Substitutes (BMS) and other liquids	-BMS and baby food is 2 times more expensive and cannot afford anymore -Some mothers gave water very early either with a spoon or a bottle -Some mothers think their baby is getting thirsty after feeding -Some introduced formula when the milk stopped or because of stress -Usually mothers did not start cow's milk even after 1 year of age, preferred either formula or fermented milk products -There is no preferred brand of BMS	-Most mothers gave water soon after birth with spoon and later with a bottle -Feel strongly that water should be given early as the adult is getting thirsty after feeding -Health workers and grandmothers advise to give water early -Some did not use BMS, thought breastmilk was enough -Some introduced mostly Malysh from 6 months when they thought breastmilk was not sufficient -Some gave BMS until 6 months and then transition to semolina -Some who cannot boil/heat water use tap water for the baby for diluting BMS and commercial porridges -Use cheapest brands of BMS or what they get in assistance packages
Complementary Feeding (CF)	-Most introduced CF at 6 months of age -Familiar with CF feeding schedule recommended by pediatricians	-Most give to the baby whatever they receive from humanitarian aid or what they receive for free in canteen at collective center

		-Poor access to fresh or fermented milk products and fresh fruits and meats -Most reported introducing CF at 3-4 months of age and see no problems with that -One mother did not introduce CF until 12 months
Common foods	-Most common CF used are porridges, fruit and vegetable purees, cottage cheese, yoghurt and eggs -Mashed potatoes often first semi-solid food introduced -Some use semolina and some do not use semolina because too calorically dense -Buckwheat and rice porridges are commonly used, buckwheat is considered healthy	-Most mothers give bananas and apples to children if they can afford them -Most give babies mashed potatoes, semolina, buckwheat porridges, and soups
Meat and eggs	-Rabbit, turkey, chicken, and liver perceived as most suitable for baby -Some give meat at 8-9 months, some at 6 months -Usually use chicken now because rabbit and turkey are too expensive -Quail eggs considered more suitable for younger children, but expensive -Most mothers start giving yolk only -Few have used commercial meat purees and did not have problems with them	-Most introduce meat and eggs early (from 4 months) with other CF foods -Most use chicken meat boiled or minced -Many cannot afford very often now -Some used canned baby meat purees and did not have any problems
Changes in feeding because of crisis	-Most mothers said they were feeding their child the same, because they prioritize their child -Some mentioned using less preferred meat -All are boiling water used to feed the baby	-Most mothers miss fresh produce that they had before, fresh milk and fruits/vegetables
Humanitarian Assistance	-All received “Polish packages” as one time assistance from “Station Kharkiv”. Packages contained diapers and 4 packages of baby porridge -Some also received fruit and vegetable canned baby purees -Diapers generally perceived as more valuable than baby foods -Some received assistance from Red Cross -None recalled brochures about BF/CF or counselling advice in packages -Used all baby foods in packages, none were considered unusable or inferior	-Some received “Polish packages” as one time assistance from “Station Kharkiv”. Packages contained diapers and 4 packages of baby porridge -Some received one time assistance from Red Cross -Collective center is outside the city, so it is expensive and cumbersome for them to go to the center of the city to receive assistance -Can receive packages from “Station Kharkiv” every 3 months, although sometimes “Station Kharkiv” is reluctant to give assistance when they know they live in a collective center because they think the mothers already get sufficient assistance -They would like more Malysh, buckwheat, and Nestle porridges in packages

		-Those who cannot cook cannot use grains for porridges -No mothers recalled any brochures about BF/CF or counseling advice offered with packages

Table 25: Results from two focus group discussions of IDP mothers with children <2 years, Dnipropetrovsk, Ukraine, 2015

Topic	Focus Group 1: Mothers living in rented apartments in Dnipropetrovsk (9 mothers)	Focus Group 2: Mothers living in collective centers in Dnipropetrovsk (9 mothers)
Breastfeeding (BF)		
Beliefs and Practices	- Most mothers want to breastfeed for as long as possible. - All mothers thought breastfeeding was good for the first year, and some mothers think it is good for two years. - Some mothers breastfed on a schedule and some on demand. - Mothers stopped breastfeeding before they wanted to because of stress related to the baby's illness, stress related to the conflict, they had no milk, and it wasn't convenient because of their work schedule.	-Some women were planning to breast feed for at least 1 year, some were planning for 2 years -All mothers thought breastfeeding was good. - All but one mother breastfed on demand - Mothers stopped breastfeeding because they were ill, believed mother's milk was only useful during the first year, stress, and bad nutrition
Problems	- Some mothers reported that their nutrition was worse and was influencing their BF - All mothers reported products were more expensive. - Many mothers reported not receiving advice about BF	- The main problems due to breastfeeding was because of the war -Mothers are very anxious and always thinking about home
Advice/ Support	- Some mothers reported reading books about BF - Many mothers got advice from their mothers, friends, and relatives. Some grandmothers feed the babies complementary foods before 6 months - Most mothers go to pediatricians for advice, but they give very strict advice and do not give individual advice for each child - Some mothers reported hotlines for BF in clinics that did not work	- Most mothers seek advice from pediatricians about BF - All pediatricians recommend BF -Some women report pediatricians coming once/month to give advice about BF
Breast Milk Substitutes (BMS) and other liquids	- Some mothers gave water very early. 5/9 gave water before 6 months - Some doctors advised to give water early with a spoon	-4/9 mothers gave water before 6 months. -Some mothers reported doctors gave advice to give water - Formula is very expensive - 4/9 mothers gave formula before 6 months

	- Some mothers gave formula in the first days because the baby was crying all of the time - 2/9 mothers were offered to buy formula in the birth clinic from midwives - Some mothers believe that if using a bottle, an artificial nipple with a small hole is better	- Some mothers are advised by pediatricians to give formula before 6 months -Formula is available to buy at the hospital while mothers are waiting for their milk - 5/9 mothers were offered formula in the birth clinic in the first 1-2 days after birth - Some mothers started giving cow's milk after 6 months, but also gave BMS
Complementary Feeding (CF)	- Most mothers reported introducing CF after 6 months	- Most mothers said they introduced CF after 6 months, but some gave earlier
Common foods	- First food given were squash, broccoli, cauliflower, potatoes, and apple puree -Most commonly used CF foods are: porridges, fruits, vegetables (homemade and puree), mashed potatoes, and bread - Everyone give potato puree - A variety of porridges are eaten. Buckwheat and oatmeal are the most preferred - All mothers had a problem with semolina and tried to limit the number of times eaten per week - Many mothers are trying to make homemade purees because it is cheaper	- Foods that were first introduced were: fruit/vegetable purees, kefir and milk, juices, cottage cheese puree, oatmeal, vegetable soup, and porridges - Some mothers only use milk porridges and some use only water - Some mothers avoid or limit semolina - Some mothers think oatmeal or buckwheat porridges are the best, but buckwheat is expensive
Meat and eggs	- Some mothers thought they shouldn't feed their children meat until after 1 year, because it is too heavy - Mothers feed their children turkey, chicken, beef, and all meats except pork -Meat in cans are accepted, but are too expensive - Pediatricians recommend to give yolk from eggs, not whites	- Most mothers started giving meat between 6-8 months - All mothers started with meat bought in the market, not canned meat - Most mothers reported pediatricians recommend starting with egg yolk at 6 months and not to give whites - Some pediatricians recommended to give quail eggs
Changes in feeding because of crisis	- Almost all mothers said they are doing the same as they did before the crisis and prioritize the child - Some mothers stated they cannot give as many products	- Mothers say they are doing what they would do normally and try to give the same products - Do not give the products as often - Some mothers try to limit meat and find a vegetable substitute.
Humanitarian Assistance	- Some mothers received aid from "Neighbors Help", cleaning solutions and 4 cans of puree - Some mothers had not gotten any assistance and did not know where to get help - Some mothers were called by organizations - Organization "We are Helping" told some mothers they couldn't get help if their	- Mothers report having to call organizations all of the time or they miss what is available. This is very difficult - Some mothers received help from Save the Children - Mothers reported "We are Helping" only gives help to children up until 3 years and only for families with 3 or more children - Mothers have received: purees, juices, candies, formula, commercial porridges, and homemade porridges

	husband came with them or if their husband was not registered as unemployed - All mothers stated there was no individual approach and the same products were given to everyone, regardless of age - Most women wanted commercial porridges, milk porridges, and fruit puree - Mothers used internet to find information to get help	- No mothers reported receiving any leaflets or information on feeding with their packages - Mothers would like to receive vegetable purees, porridges, diapers, and herbal teas to make their children calmer - Mothers heard about humanitarian assistance from friends, neighbors, and the Center for IDPs

Table 26: Results from two focus group discussions of IDP mothers with children <2 years, Zaporizhia, Ukraine, 2015

Topic	Focus Group 1: Mothers living in rented apartments in Zaporizhia (3 mothers)	Focus Group 2: Mothers living in collective centers in Dnipropetrovsk (9 mothers)
Breastfeeding (BF)		
Beliefs and Practices	-Two mothers said they had planned on BF for one year and one mother said she planned on BF for 3 years. - All mothers agreed babies should be breastfed on demand.	- Most mothers said they wanted to breastfeed for more than 12 months. One mother never breastfed because her baby was premature. - All mothers thought breastfeeding was good and all fed babies on demand.
Problems	- One mother reported having lack of milk because of the conflict. - One mother stopped breastfeeding because she was ill and her baby was ill. She reported only being ill after she was displaced. - One mother reported only being able to afford porridges. - One mother thought her milk stopped because of bad nutrition.	- Some mothers reported no BF problems because of the war. - One mother reported that her pregnancy was interrupted because the baby was not getting enough nutrients while she was pregnant. - Some mothers reported problems with milk coming. - Some mothers reported not being given information from doctors.
Advice/ Support	- 2/3 mothers reported not trusting doctors. - One mother always looks on the internet for information on BF. - One mother asks her friends or mother. - One mother was not given any consultations on BF and one mother said a house visitor came several times to her house to help. - One mother said she received information about BF at the clinic.	- Most mothers relied on their mothers or grandmothers for advice. - None of the mothers knew about any hotlines for support.
Breast Milk Substitutes (BMS) and other liquids	- All three mothers gave water and formula before 6 months. - All mothers used teaspoons to give water and formula when the baby was young.	- 4/5 mothers gave water before 6 months. - Some mothers reported giving their babies tea for better digestion. - 2/5 mothers gave formula during the first month of birth.

	- One mother changed formula because of the price and now gives her child only cow's milk because it is cheaper. - One mother doesn't trust milk sold in shops because she does not believe it is pure milk.	- One mother started with Malutka, but switched to Nan because it was better for digestion. - Some mothers think that formula is not needed and only started giving cow's milk.
Complementary Feeding (CF)	- Most mothers reported introducing CF before 6 months.	- Most mothers said they introduced CF after 6 months, but some gave earlier.
Common foods	- Most mothers started feeding fruit purees, both homemade and commercial. Now they all make homemade because of the price. - Apple, carrots, banana, cherry, and strawberry were commonly given. - Vegetables most commonly given were cabbage, cauliflower, and pumpkin. -Two mothers gave potato puree at 5 months, one mother had not given yet.	- One mother started kasha at one month. - Mothers reported the best kinds of foods were: fruit and vegetable purees, apple, apricot, banana, cottage cheese. - Everyone gives potato purees, two mothers started at 4 months and one at 12 months. - MOH says to give 200g or 350g of food and this is confusing for mothers. - Mothers reported feeding children all kinds of porridges, both homemade and commercial. - Mothers stated that the most useful fruits were apples, bananas, and apricots. - Mothers stated that cauliflower, potatoes, baked carrots and pumpkin were the most useful vegetables.
Meat and eggs	-Two mothers fed their babies meat. One mother was a vegetarian and won't give meat until the child is older. - One mother gave yolk at 4 months mixed with Malutka. One mother gave yolk at 7 months. Neither mother gave whites.	- Usually mothers fed their babies chicken and pork. - Some mothers think beef is too heavy for babies. Mothers thought meat and milk should be given between 6 and 8 months. - Most mothers reported they only gave their babies yolk, no whites.
Changes in feeding because of crisis	- All mothers said there are products they cannot afford now. - They cannot afford the formula they want. - One mother buys milk for her youngest child but does not give it to her older children. - One mother lives in a hostel with 2 kitchens for 10 families and has trouble cooking.	- Almost all said they try to give the same products as before no matter how expensive, but they do not give the products as often. - Mothers said they buy everything for their baby and don't spend money on themselves. - Some mothers reported only being able to feed their child meat once/week because it was too expensive because of the conflict. - In the collective center, mothers are unable to make their own homemade purees because they do not have a blender.
Humanitarian Assistance	- One mother reported receiving 4400 Hr form Save the Children. She has also received diapers, cleaning items, things needed for birth clinic, toys for the child, child nutrition products. She is a single mother. - One mother reported not receiving any help.	- One mother was given package from Red Cross with Karapuc, Malysh, porridges in cans, rice with meat, and apple purees. - One mother got Nan when her baby was 7 months. - One mother had not received any help. - None of the mothers received any brochures or information on BF/CF with the products.

	- One mother reported receiving help from the IDP center. - All mothers said they used everything they were given. - No mothers received any formula. - Mothers wanted to receive fruit and vegetable purees, meat, formula, commercial porridges, child water, juices, dried fruits to make compote, beans for vegetarians, buckwheat and rice. -Mothers thought they should get products based on the age of the child. - They got information on humanitarian help from a social media group.	- The products mothers reported that would be best to receive were: meat and veg/fruit purees, commercial porridges, milk products. -All of the mothers said they would take anything people would give. -None of the mothers knew who to ask to find out about where to get help.

Key Informant Interviews

Tables 27-29 show the summary results from focus group discussions held in Kharkiv, Dnipropetrovsk, and Zaporizhia oblasts.

Pre-natal Care Services

The doctor reported that women should have their first pre-natal visit within their first 10 days of registration and have a scheduled visit every month following the first visit. The doctor reported IDP mothers were cared for in the same way as all other mothers.

Post-natal Care Services

Pediatricians reported visiting children several times during the first month in all three of the oblasts. There were normally four visits during the first month, two by a pediatrician, and two by a nurse. After the first month, children were scheduled to make monthly visits to the clinic. During those visits, doctors reported providing information on breastfeeding and later (after six months) providing information on complementary feeding. Doctors reported that IDP children were cared for in the same way as other children, regardless of their documentation.

IYCF Education

Many doctors reported having individual consultations with women regarding breastfeeding and complementary feeding in children's polyclinics. Most doctors think the education they are giving is sufficient and that the clinic doctors are qualified to give advice.

Breastfeeding Practices and Advice

Doctors reported that most women are initiating breastfeeding. Most doctors reported recommending breastfeeding exclusively for the first six months and introducing complementary foods at six months. Some doctors mentioned the importance of introducing foods one at a time in order to observe any allergic reactions. Some doctors said there was a problem with nurses and midwives in birth clinics offering formula during the first

days, although midwives in birth clinic stated that they are more supportive of breastfeeding than doctors. Most doctors recommended to give yolk at six months and to give meat at 7-8 months.

Anemia

Doctors reported checking children for anemia at nine months and that there was a low prevalence of anemia in children in the community (<10%). Doctors at the pre-natal clinic reported testing all pregnant women for anemia and that about 50% of women face anemia at some point during their pregnancy, usually because of their diet. Most doctors said that for mild anemia they recommend changing the diet and they only recommend iron supplements for moderate anemia.

Humanitarian Assistance

None of the doctors knew where IDPs could go for humanitarian assistance.

Table 27: Results from two key informant interviews with health care workers, Kharkiv, Ukraine, 2015

Topic	Key Informant Interview 1: Post-natal clinic Private Pediatric Clinic Pediatrician, Director of Clinic	Key Informant Interview 2: Post-natal clinic Child Polyclinic Chief of Department
Post-natal services during the 1st year of life	- Infants register in the private clinic at various ages, some also continue to attend government polyclinic	- Doctor routine home visit, next day after discharge from birth clinic and at 21st day -Nurse routine home visit, after 1st doctor's visit, then at 12-14th day (before 2nd doctor's visit) -Visits include information on BF, help with attachment, etc. -Monthly visits to polyclinic for immunizations and follow-up -BF and CF information is provided by pediatricians and nurses during home visits and polyclinic visits
Services to IDPs	-Provide free services to IDP families who come to the clinic no matter if they are wealthy or poor -Also serve local patients for a fee	- Currently about 350 infants < 1 year of age registered, about 5 IDPs - IDPs come for visits regularly , similar to other children -Very easy for IDPs to register, no IDP registration documents or payment required
IYCF Education	-Translated recent scientific articles about BF/CF and guidelines to their website (access is free) -Patients referred to website for information on BF/CF -Hold regular discussion with staff on latest recommendations on BF/CF -Visited by some baby food company representatives	-"School of Child Feeding" has lectures 1/week -2 doctors in clinic have completed the courses and are certified to conduct these course -Usually recommend mothers attend courses after infants are older than 3 months -About 50% of mothers attend -Thinks education on CF is sufficient and does not need strengthening -Recommends exclusive BF until 6 months and gradual introduction of complementary foods from 6 months (every 2 weeks or months add

		one additional food group), meat is introduced around 7-8 months of age -Several baby food companies visit pediatricians to promote products
BF practices and routine assessment and advice	-Routinely assess BF/CF feeding practices of the patients and provide advice -Common misconceptions communicated by doctors of MOH which they do not endorse: 1) Insistence on "hypoallergenic diet" for mothers (limiting fruits, vegetables, milk) 2) Promotion of early introduction of water and other liquids 3) Quail eggs are preferable to chicken eggs 4) Preferable meats are rabbit and turkey over chicken -Too many producers/brands of CF are confusing to women -Major problem is nurses in birth clinics offering formula in first 2-3 days of life when colostrum is secreted and do not advise women to wait for breast milk to come	-Over 95% of women initiate BF -Usually women do not ask CF feeding questions until 6 months of age Most common difficulties in BF/CF: 1) Working mother 2) Following recommended "hypoallergenic diet" of the mother 3) Willingness to prepare baby porridges and other foods from scratch, reliance on commercial foods 4) Stress can decrease milk production -Usually CF introduction starts with fruit and vegetable puree, juices, and porridges (recommend rice and buckwheat) - Meat introduction at 7-8 months, recommend turkey, commercial meat purees, egg yolk before white -Cow's milk use is not promoted, longer use of formula (up to 2 years of age) is preferred
Anemia	-Routine Hb analysis around 3 months of age -Do not see much anemia	-Routine Hb analysis around 9 months of age -In her perception very low prevalence of anemia (<10%) and it is mild anemia -Prescribe iron supplements if anemia is discovered
Assistance	-Unaware of any humanitarian baby food distribution	-Unaware of any humanitarian baby food distribution

Table 28: Results from two key informant interviews with health care workers, Dnipropetrovsk, Ukraine, 2015

Topic	Key Informant Interview 1: Pre-natal clinic Polyclinic Ob/Gyn/Midwife	Key Informant Interview 2: Post-natal clinic Polyclinic Family Doctor/Doctor of Common Practice
Post-natal services during the 1st year of life	N/A	- Within the first 3 days there is a scheduled home visit from the doctor - At this visit they examine the child and measure vitals, give information to the mother on how to have the baby latch on for feeding and information on sleeping and bathing. They also tell the mothers the best ways to breastfeed. - 2 home visits in the first month by a nurse and 3 visits by a pediatrician.

Pre-natal services	- First visit to a pregnant woman should be within one day of registration. - Should visit once per month if healthy and more often if not. - 50-60 pregnant women now. One pregnant IDP. - In the doctor's opinion the crisis does not influence pregnancies.	N/A
Services to IDPs	- IDP mothers are treated like every other pregnancy.	- 3 IDPs in the clinic, but they are older. - No IDP children currently registered. - One coordinating center where IDPs must register and it is close to the clinic. Clinic receives a list of IDPs. Every clinic gets a list from the center with addresses and phone numbers. If the IDP's address is in clinic boundaries then they ask them to come to the clinic or the doctor goes for a visit. - If the IDPs are not registered in the center, then the clinic does not know about them and the person cannot get help.
IYCF Education	- Clinic provides individual lessons to mothers and they have group lessons with expecting mothers and fathers. Main topics are sex, nutrition, etc. - Doctors give information on breastfeeding closer to birth. - All doctors trained on the new recommendations regarding breastfeeding and the 12 rules of breastfeeding.	- Breastfeeding is best, but some mothers want to give water, especially in the summer. - Doctors tell mothers that breast milk has everything the baby needs. - Doctors give individual breastfeeding consultations and there is also a school for future mothers. - All family doctors are qualified to talk about breastfeeding, there is no need for a special doctor.
BF practices and routine assessment and advice	- All pregnant women get information individually sometime close to delivery. -The information they provide is: 1) Do not panic if the baby is hungry, 2) Avoid formula in the first days after delivery, 3) Do not give the baby formula, 4) The correct position for breastfeeding, 5) Give only breastmilk in the first 6 months, no water, 6) Skin to skin contact is good, 7) Breastfeed the child on demand, scheduled feeding is why mothers lose milk. - In their opinion, now breastfeeding rates are better, because formula is expensive. -In their opinion, grandmothers give bad advice, such as to add butter to porridge.	-85% of mothers breastfeed and the other 15% have problems with breastfeeding because of complicated delivery or are HIV+. -Usually women do not ask CF feeding questions until 6 months of age - Doctors recommend that if there are problems with breastfeeding mothers should wait for a few days until breast milk comes. - Some mothers want to give herbal teas because of bad digestion, which is sometimes okay to give during the first 6 months in their opinion to help with digestion. - Recommend rice and other porridges. All other porridges are better than semolina. - Nan and Nestle are the most popular formulas, but mothers buy cheaper formula if they don't have enough money.

		- Doctors recommend that until 6 months use only white meat. Also, to buy meat in cans because it is higher quality.
Anemia and Supplementation	- All pregnant women tested for anemia: Hb <90 is moderate anemia, Hb 90-110 is mild anemia. -For mothers with mild anemia suggest an iron rich diet. - Prescribe iron supplements for women with Hb <90, but these are expensive. - If mothers cannot afford iron supplements doctors try to help them. - About 50% of mother face anemia at different stages of pregnancy. - Most common reason for anemia is the mother's diet. - Multivitamins not recommended for pregnant women in the summer. - Recommend that all mothers take folate and mothers say they follow recommendations.	- They do the first test for anemia at 8-9 months. - Anemia is rare, maximum of 10% of babies. - Most children with anemia were premature or a child with problems during pregnancy. -If it is mild anemia they recommend to give more meats and if anemia does not improve then they give medicine with iron.
Assistance	-Unaware of any humanitarian baby food distribution	- IDPs can get help at the IDP Center and from "Dnipro Help". - In their opinion, IDPs get a lot of all kinds of products (food, clothes, etc.)

Table 29: Results from two key informant interviews with health care workers, Zaporizhia, Ukraine, 2015

Topic	Key Informant Interview 1: Birth Clinic Roddom Midwife	Key Informant Interview 2: Post-natal clinic Child's Polyclinic Pediatrician
Post-natal services during the 1st year of life	N/A	- Pediatrician visits newborn after birth, during the first 3 days of life. - 2nd visit is from a nurse. The third visit is from a doctor at 14 days and then a nurse at 24 days. - After the first month child should come every month. - Doctors measure height and weight only if the mother had problems during pregnancy.
Services to IDPs	- 239 IDPS are registered in the clinic and 243 have given birth. - The clinic is doing everything for them for free. - This clinic has an emergency car and can go to the front line to evacuate women.	- 116 IDPs are currently registered in the clinic and get 2 or 3 more every-day. - There is an IDP camp nearby with more than 200 total IDPs. - Ask for IDPs IDs and medical cards, but make new forms if they do not have them. -The clinic needs to know the location of the family, but they don't worry if the location is

		different from the location listed on the IDP document.
IYCF Education	- Baby friendly clinic - Every mother gets information with a phone number after delivery in case there are any complications - There is a school of support for breastfeeding. -Trying to help mothers in the first two weeks on any lactation problems and to provide lactation support. - Every room in the clinic has posters with 12 positions for breastfeeding, recommendations for breastfeeding, problems, and what to do. - Clinic has a center for lactation with an expert and anyone can ask questions about breastfeeding, which is a free service. - The government dictates every birth clinic must have a school for mothers to talk about breastfeeding.	- They recommend breastfeeding on demand. - Give mothers consultations on breastfeeding and what moms should eat. - There is a training every two years for breastfeeding for all employees. - They have different information and advertisements from different companies for complimentary feeding, but none for formula. - At 6 months the doctors or nurses visit and explain everything, how to cook purees, porridges etc.
BF practices and routine assessment and advice	- The economic situation is forcing people to breastfeed more. - Some mothers refuse to breastfeed, many mothers with implants refuse or mothers who are ill. The birth clinic lets them decide whether they should breastfeed or not. - Midwives only see a mother in the first month, so the main person who should discuss breastfeeding with mothers should be pediatricians. - There is a week of breastfeeding support training every year and at the last one midwives supported breastfeeding more than pediatricians. - There is no information on formula in the clinic. - The main difficulties of breastfeeding is not having any milk after birth.	- They do not recommend formula unless the child is not gaining weight, but first they try to help with repositioning and help with latching on. - No mothers refuse breastfeeding. When the pregnancy is planned every mom knows breastfeeding is important because they wanted to have the child. - Mothers seldom asked about complementary feeding, because it is all according to a plan. - Most women stop breastfeeding because their milk stops, but they try to convince them to keep trying to breastfeed even if they have to pump milk and refrigerate it. - Advise to start complementary feeding at 6 months with vegetable purees (potatoes, cabbage, and cauliflower). - Recommend eggs after 6 months, but only the yolk. - Meat is recommended at 7 or 8 months, recommend adding to vegetables and making puree. -Recommend beef and rabbit but can use any meat that isn't fatty. - Recommend avoiding chicken because of chemicals.

Anemia and Supplementation	N/A	-Test blood at 9 months to check for anemia. - If there is a problem, recommend trying to fix it with nutrition first. Recommend buckwheat, eggs, and meat. -If it can't be fixed with nutrition, then give iron supplements and test again in two weeks. - In their opinion, probably <10% of children, probably closer to 5% have anemia. 78 children had anemia this year. Have not seen any anemia in IDPs.
Assistance	-Do not know any organizations that provide assistance.	- Not aware of any organizations helping IDPs, but there is a social program where kids can get formula for free. Nesitgen offered free formula for children physically and socially at risk for complimentary feeding and not a substitute for breastfeeding.

Discussion

This assessment highlighted several issues related to infant and young child feeding practices of IDP children and the humanitarian response that should be of focus.

Breastfeeding

- *Non-exclusive breastfeeding*: Although the majority of women have ever breastfed (93.3%), non-exclusive breastfeeding for infants less than six months old was very common, with only about one-fourth of mothers exclusively breastfeeding. Mothers who had been displaced for a longer period of time were more likely to exclusively breastfeed, which may be due to the fact they are more settled in their new location. Mothers were less likely to exclusively breastfeed in households where the woman was considered the head of the household, which may be because women in those situations do not have as much time to breastfeed.
- *Early initiation of breastfeeding:* A high proportion of women (almost 40%) did not initiate breastfeeding during the first hour of birth. This is a problem, because these babies may not be receiving the colostrum which contains many protective factors such as antibodies and other immune components. Older mothers and mothers who were displaced from Luhansk oblast were less likely to initiate breastfeeding early than younger mothers and mothers displaced from Donetsk oblast.
- *Breastfeeding on a schedule*: Almost 30% of mothers who were breastfeeding at the time of the survey were breastfeeding on a schedule, which could influence a mother's ability to continue breastfeeding. This was more common for mothers who were originally from Luhansk oblast than those who were originally from Donetsk. It was also more common for mothers who were living in Kharkiv oblast at the time of the survey.
- *Bottle feeding*: A high proportion of children in this survey were fed by a bottle in the day preceding the survey, which could also influence the mother's breastfeeding ability. Mothers who had completed higher education were less likely to bottle feed than mothers who had not completed higher education.
- *Continued breastfeeding*: Almost half of all women surveyed believed women should not breastfeed beyond 12 months, although the WHO recommends women should breastfeed for up to two years, even when beginning complementary feeding in order to ensure that children are getting the proper nutrients. (7) Stress related to the conflict was the most common reason mothers reported stopping breastfeeding before their

baby was six months old and it was a common reason for stopping breastfeeding for all mothers who reported stopping prior to the survey.

- *Early introduction of fluids*: Water, tea, juice, and formula were the most common liquids given to babies less than six months who were not exclusively breastfed. Many mothers stated that babies should have water when it is hot out and when they are thirsty and some health care workers also gave this advice. In addition, some mothers and healthcare workers believe that certain herbal teas should be given in order to aid in digestion. Another common problem is that when women do not have milk immediately after birth, some healthcare workers advise giving formula if the baby is crying.

Complementary Feeding

- *Early introduction of foods*: Some mothers introduced complementary foods before six months of age. The most common foods introduced before six months of age were commercial porridges, mashed potatoes, and fruit and vegetable purees. Some mothers who also had older children mentioned that they had done this with their previous children and they turned out well.
- *Complementary feeding for children ≥6 months:* Most children between 6-23 months were reported as eating foods from at least three food groups in the 24 hours preceding the survey. Commercial porridges were most frequently given to children less than twelve months of age and after that age homemade porridges were eaten more frequently. Buckwheat was often mentioned as the healthiest porridge by mothers, although it was said to also be the most expensive. Semolina was mentioned to be less preferred by some mothers and some mothers tried to limit the frequency that their child ate semolina. Meat was perceived as valuable by most mothers and was well accepted, however some mothers reported not being able to afford meat as often due to the economic situation. Many children who were between 6-11 months received iron and protein containing foods less than three times per week, however most children 12 months and older received iron and protein containing foods three or more times per week. This could indicate mothers' beliefs that children between 6-11 months should not be eating those types of foods as often.

Acute Malnutrition

- Acute malnutrition was not a major issue, as no children less than six months were identified with severe acute malnutrition (MUAC <115 mm) and only two children less than six months were identified with moderate acute malnutrition (MUAC 115-124 mm). In our convenience sample of children between two and four years there were no children with either severe or moderate acute malnutrition.

Healthcare Services

- *Registration in child health clinic*: Although most IDP families did not have any problems registering their children at health clinics and doctors stated that IDP families were treated the same as other families, some mothers (6%) reported that they had not attempted to register their child in a health clinic. This is an issue, because children who are not registered will not be able to be located in the health system and will not be followed for regular check-ups and immunizations. In addition, the majority of children who were not attempted to be registered in a clinic had been displaced for more than six months. This indicates that these mothers have had adequate time to register their child and may not have any intention of registering their child or perhaps may not know the correct procedures for registration.
- *Advice from healthcare providers*: Many mothers reported trusting pediatricians and going to them for advice on breastfeeding and complementary feeding. However, some mothers stated that the doctors gave them the wrong advice, such as advising them to introduce liquids other than breastmilk before six months of age.

This advice included giving water when it was hot out or when the mother was thirsty and giving formula when the baby was crying and perceived as hungry. Some mothers reported being offered to buy formula in the birth clinic if they were not able to breastfeed immediately or if their child was crying. In addition, some mothers mentioned that the recommendations they were given by pediatricians were very rigid and were not individually tailored to each child.

- *Other sources of information on IYCF*: Many mothers mentioned using the internet for advice on breastfeeding and complementary feeding and also social networks where IDPs share information on the availability of humanitarian assistance. These could be forums that could be used for IYCF education. Many mothers also still rely on their families (especially their mothers) and their friends for information and advice, as well as their own experiences. Some mothers who already have children are less likely to seek new information from other sources than new mothers. In addition, some mothers are more likely to listen to their families and friends rather than healthcare providers.

Humanitarian Assistance

- *Receipt of baby food assistance*: Although a high proportion of families have received humanitarian assistance, very few families reported having received baby food assistance regularly. Most women reported receiving ad hoc donations and less than 15% of households had received baby food assistance more than three times. Households in Zaporizhia were the least likely to receive baby food assistance compared with households in Dnipropetrovsk and Kharkiv. This may mean there are fewer organizations providing baby food assistance in Zaporizhia or that mothers in Zaporizhia do not know where to go for baby food assistance. Households in Zaporizhia were also the least likely to report being registered with either a humanitarian or volunteer organization. The most common foods received in the baby food assistance packages were commercial baby porridge, fruit or vegetable puree, and infant formula.
- *Receipt of infant formula in baby food assistance package*: A high proportion of studied families, and especially those who had children less than six months old living in the household, received formula in their most recent baby food assistance package. Providing formula to mothers with young children is a major problem, as these mothers are under economic hardship and many mothers reported using all of the humanitarian aid products they were given. Many mothers reported wanting to receive humanitarian aid packages that were more age specific for their children.
- *Information on IYCF from humanitarian and volunteer organizations*: There was no information on breastfeeding or complementary feeding given in the humanitarian aid packages provided and no breastfeeding or complementary feeding counselling provided at the points of distribution. This is a problem, especially if organizations are giving products that are not age-appropriate, such as formula, to households with young infants.
- *Other humanitarian assistance*: Most households had received some form of cash or voucher assistance from non-government sources, with households where women were considered the head of the household and households with a greater number of children being more likely to receive this assistance. Some women stated there were certain organizations who would only give assistance if they were single parents and had multiple children. Most households had also received some form of general food assistance and non-food items assistance. Households currently living in Zaporizhia oblast were the least likely to receive both general food and non-food assistance items. This could be because there are fewer organizations providing humanitarian assistance in Zaporizhia, or because mothers in Zaporizhia are less likely to know where to go for assistance.

Safe Water and Hand Washing

- *Safe water:* The availability of safe water was not a major problem, since almost all households surveyed had running water in their homes and all households had the ability to boil water. In addition, bottled water was

the most common source of water used for cooking and drinking in the households. Some mothers mentioned buying special bottled water that is marketed specially towards young children. This is unnecessary as this water is more expensive than normal bottled water and does not provide any additional benefits to young children.

- *Hand washing:* Using soap was not a problem as most mothers reported using soap more than ten times in the two days preceding the survey and over 98% reported using soap more five or more times. The most common reasons women reported using soap was after defecating, before eating, and when washing the child's body.

Recommendations

Recommendation 1: Strengthening IYCF educational services and counseling from healthcare providers

Education of healthcare workers on providing the correct information to mothers is needed. In addition, counselling and other forms of educational resources (classes, etc.) should be increased for breastfeeding and complementary feeding for mothers in polyclinics. Information on breastfeeding should be provided to mothers before they give birth, so they are prepared once the baby arrives. In addition, it may be helpful to provide mothers' families with information (especially the grandmothers) as these are often people mothers turn to for advice.

Recommendation 2: Strengthening IYCF educational services and counseling outside of the healthcare system

Additional counseling capacity should be provided outside of the polyclinics, especially at collective centers and the points of assistance distribution so that mothers have a convenient location where they can ask questions and be provided with clarification on the correct breastfeeding and complementary feeding recommendations. Skilled consultants should be available on a free hotline to address women's questions and concerns.

Recommendation 3: Provide IYCF information using various forms of media

With the increased use of the internet for information, a website should be developed providing correct and up-to-date information on breastfeeding and complementary feeding that mothers can access. In addition, leaflets with key educational messages on infant and young child feeding should be included in complementary baby baskets provided for families.

Recommendation 4: Key populations and educational topics to be addressed

Educational messages and counseling should be focused on:

1) Advocating for exclusive breastfeeding
2) Advocating for early initiation of breastfeeding
3) No early introduction of other liquids (water, teas, formula, etc.)
4) Timely six month introduction of complementary foods
5) No complementary foods for children less than six months
6) Continued breastfeeding up until two years of age
7) Breastfeeding on demand
8) Effects of bottle feeding

9) Effects of stress on breastfeeding
10) Problems with attachment

Some problems, such as bottle feeding, were more common in women who were less educated than in women who had completed higher education. In addition, women who were displaced from Luhansk oblast were more likely to breastfeed on a schedule and less likely to initiate breastfeeding within the first hour of birth than women who were displaced from Donetsk oblast. It may be important to target these populations to receive the key educational messages.

In addition, although most of the recommended educational messages have already been addressed in the key communication messages on infant and young child feeding provided by the Nutrition sub-cluster, messages on the importance of breastfeeding on demand have not been included. (8) Messages on the importance of breastfeeding on demand and the effects of breastfeeding on a schedule should be included in these messages.

Recommendation 5: Appropriate content of baby food packages

Humanitarian and volunteer aid organizations who are distributing baby food assistance should be educated on the inappropriateness of blanket indiscriminate distribution of formula and targeted assistance packages should be provided for households with children of different age groups. Most importantly there should be no blanket infant formula distribution.

Recommendation 6: Improve availability of information on humanitarian assistance

Beneficiaries should be provided with a list of humanitarian and volunteer organizations who are providing baby food assistance. These lists could be posted on a website and placed in centers where IDPs register, in polyclinics, and in social services offices.

Due to the poor economic and security situation, it is important that the humanitarian aid community continue to be vigilant in assessing the health and nutritional status of IDP children in Eastern Ukraine. Strengthening the IYCF education and the provision of appropriate humanitarian aid will help to ensure the health and nutrition of this vulnerable population despite the ongoing uncertainty in the face of the continued conflict.

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Appendix A: Survey Questionnaire-English

Ukraine IDP IYCF Assessment

Date of Survey ☐☐ – ☐☐ – ☐☐
DD MM YY

Oblast ☐ → 1 = Kharkiv, 2 = Dnipro, 3 = Zaporizhia

Time of Visit: ☐☐ ☐☐
HH MM

Household Number ☐☐☐☐

Team Number ☐

Child Number ☐

Respondent's Relationship to Child < 2 years ☐ ——— 1 = Mother, 2 = Father, 3 = Grandmother, 4=Other (Specify)

Form Status ☐ 1 = Visit Consented, 2 = No One Met →**STOP**, 6 = Visit Refused→**STOP**

Section A: Household Information:

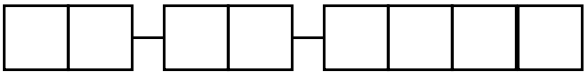
1.	What type of area is the household located?	1 = Oblast Center 2 = Other Town 3 = Village	☐
2.	In what type of housing do you live?	1 = Living with relatives or friends (no rent fee) 2 = Renting an apartment or house for a fee 3 = Collective center 4 = Other	☐
3.	Where was your permanent residence located before the conflict?	1 = Donetsk city 2 = Luhans'k city 3 = Donetsk Oblast 4 = Luhans'k Oblast 5 = Crimea 6 = Other	☐
4.	When did you leave your permanent residence?	☐☐ – ☐☐☐☐ MM YYYY	
5.	What is the total number of people, including you, currently living in your household?	Write Number of people	☐☐
6.	What is the total number of children under two years of age living in this household?	Write Number of children	☐

7.	What is the total number of children 2-4 years old living in this household?	Write Number of children	☐
8.	Who is currently considered the head of household? (Who is in charge of family budget?)	1 = Male 2 = Female 9 = Don't Know	☐
9.	Does anyone in the household currently have a money-earning job?	0 = No 1 = Yes 9 = Don't Know	☐
10.	Are you registered as displaced or registered to receive assistance?	0 = No (Skip to Section B) 1 = Yes (Skip to 10a)	☐
	10a. Who are you registered with? (state, humanitarian, volunteers organizations) (Mark all that apply)	1=Ministry of Social Policy 2=State Emergency Service 3= Humanitarian Organization (e.g. Red Cross, NGO). **Specify** 4= Volunteer Organization. **Specify** 5= Other. **Specify**	☐ ☐ ☐ _____ ☐ _____ ☐ _____

Section B: Mother's Information:

1.	Is the mother of this <2 y.o. child alive? (ask only if respondent is not the mother)	1 = Alive 2 = Dead 9 = Don't know	☐
2.	What is/was the age of the mother?	Write number of years in boxes 99 = Don't know	☐☐
3.	What is/was the mother's education level?	1 = Incomplete secondary school 2 = Complete secondary school 3 = Professional secondary education (technikum, uchilische) 4 = Incomplete higher education 5 = Complete higher education or above 9 = Don't know	☐
4.	What is the total number of live children born to this mother?	Write Number of children 9 = Don't know	☐

Section C: Information on child aged 0-23 months:

Birth date of child 

DD **MM** **YYYY**

Age of child in full months ☐☐

Sex of Child ☐ → 1 = Male, 2 = Female

1.	Did you attempt to register this child at the polyclinic in the area you live now?	0 = No (Skip to 4) 1 = Yes 9 = Don't know (Skip to 4)	☐
2.	Is this child registered at the polyclinic in the area you live now?	0 = No 1 = Yes 9 = Don't know	☐
3.	Did you face any difficulties in registering or attempting to register this child?	0 = No (Skip to 4) 1 = Yes 9 = Don't know (Skip to 4)	☐
	3a. What difficulties did you face with registration? Mark all that apply.	1= Required documents (e.g. passport, birth certificate) that you did not have	☐
		2 = Required registration as an IDP prior to registration for services	☐
		3 = Required payment for registration	☐
		4 = Other (Specify _____)	☐
4.	Was this child ever breastfed?	0 = No (Skip to 7) 1 = Yes 9 = Don't know (Skip to 7)	☐
	4a. How soon after birth was the child put to breast?	1 = <1 hour 2 = 1-24 hours 3 = > 24 hours 9 = Don't know	☐
5.	Was this child breastfed yesterday (between 12 am and 12 am)?	0 = No (Skip to 6) 1 = Yes 9 = Don't know (Skip to 6)	☐
	5a. Do you (or the mother) breastfeed this child on a schedule? (Skip to 7)	0 = No 1= Yes 2 = Sometimes 9 = Don't know	☐
6.	At what age in months did you/the mother stop breastfeeding?	Write number of months. 99 = Don't know	☐☐

	6a. In your opinion, what was the main reason you/the mother stopped breastfeeding?	1 = Stress related to conflict 2 = Stress unrelated to conflict 3 = Not enough food for the mother 4 = Work schedule 5 = Problems with attachment 6 = Use of liquids in bottle 7 = Other 9 = Don't know	☐
7.	Did this child drink anything from the bottle with teat yesterday?	0 = No 1 = Yes 9 = Don't know	☐
8.	Did this child receive any non-liquid (soft or semi-solid foods) yesterday?	0 = No 1 = Yes 9 = Don't know	☐
9.	In your opinion, until what age (in months) should the child be breastfed?	Write age in months	☐☐

10. Ask **"Yesterday, what did the child eat or drink throughout the day? Include all meals and snacks starting with the first thing the child ate in the morning and ending with the last thing the child ate at night."**
Record all foods the mother/caregiver mentions. Record a response for all foods. Do not leave any boxes blank.

No	Type of Food	Response	
a.	Water	☐	0 = No 1 = Yes 9 = Don't Know
b.	Tea or herbal tea	☐	
c.	Fruit or vegetable juice	☐	
d.	Soda drinks or other sweetened drinks	☐	
e.	Infant formula (such as Maliutka, Malysh, Nestle, Hipp, etc.)	☐	
f.	Animal milk (such as cow's or goat's) or powder milk	☐	
g.	Sour milk drinks (such as kefir, yoghurt, prostokvasha, etc.)	☐	
h.	Cottage cheese (tvorog) or cheese (syr)	☐	
i.	Infant commercial porridge (such as Karapuz, Malyshka, nestle, etc.)	☐	
j.	Semolina (mannaya kasha) homemade	☐	
k.	Buckwheat porridge homemade	☐	
l.	Any other homemade porridge (e.g. oatmeal, rice, psheno, etc.)	☐	
m.	Mashed potato	☐	
n.	Commercial baby fruit or vegetable puree in jars	☐	
o.	Fruits (such as banana, apple, etc.)	☐	
p.	Vegetable (such as pumpkin, carrot, tomato, etc.)	☐	
q.	Peas or beans	☐	
r.	Meat, chicken, fish, liver, kidney, etc. homemade	☐	
s.	Meat, chicken, or fish puree in baby jars/cans	☐	
t.	Eggs (yolk or white or both)	☐	
u.	Bread, noodles, vermicelli, crackers (pechenye)	☐	
v.	Fats (e.g. butter or vegetable oil)	☐	
w.	Sweets (e.g. candies, chocolate, sugar, etc.)	☐	

11. How many meals and snacks did the child eat yesterday (not counting breastfeeding)? ☐☐

12. Ask **"At what age (in months) did you first give to your child the following drinks or foods?"**
Ask for all foods. Record number of months in boxes. Do not leave any boxes blank.

No	Type of Food	Response	
a.	Water or herbal tea	☐☐	Record number of months 88 = Never given 99 = Don't Know
b.	Fruit or vegetable juice	☐☐	
c.	Infant formula (such as Maliutka, Malysh, Nestle, Hipp, etc.)	☐☐	
d.	Animal milk (such as cow's or goat's) or powder milk	☐☐	
e.	Sour milk drinks (such as kefir, yoghurt, prostokvasha, etc.)	☐☐	
f.	Cottage cheese (tvorog) or cheese (syr)	☐☐	
g.	Infant commercial porridge (such as Karapuz, Malyshka, nestle, etc.)	☐☐	
h.	Semolina (mannaya kasha) homemade	☐☐	
i.	Any other homemade porridge (e.g. buckwheat, oatmeal, rice, psheno, etc.)	☐☐	
j.	Mashed potato	☐☐	
k.	Commercial baby fruit or vegetable puree in jars	☐☐	
l.	Fruits (such as banana, apple, etc.)	☐☐	
m.	Peas or beans	☐☐	
n.	Meat, chicken, fish, liver, kidney, etc. homemade or baby food in jars	☐☐	
o.	Eggs (yolk or white or both)	☐☐	
p.	Bread, noodles, vermicelli, crackers (pechenye)	☐☐	

13. Ask **"How many DAYS during the last week did you give your child the following drinks or foods?"**
Ask for all foods. Record number of days in box. Do not leave any boxes blank.

No	Type of Food	Response	
a.	Infant formula (such as Maliutka, Malysh, Nestle, Hipp, etc.)	☐	Record number of days 9 = Don't Know
b.	Animal milk (such as cow's or goat's) or powder milk	☐	
c.	Sour milk drinks (such as kefir, yoghurt, prostokvasha, etc.)	☐	
d.	Cottage cheese (tvorog) or cheese (syr)	☐	
e.	Infant commercial porridge (such as Karapuz, Malyshka, nestle, etc.)	☐	
f.	Any homemade porridge (e.g. semolina, buckwheat, oatmeal, rice, psheno, etc.)	☐	
g.	Mashed potato	☐	
h.	Commercial baby fruit or vegetable puree in jars	☐	
i.	Fruits (such as banana, apple, etc.)	☐	
j.	Peas or beans	☐	
k.	Meat, chicken, fish, liver, kidney, etc. homemade or baby food in jars	☐	
l.	Eggs (yolk or white or both)	☐	
m.	Bread, noodles, vermicelli, crackers (pechenye)	☐	

Section D: Humanitarian Assistance

1.	Did you ever receive any cash or voucher assistance from humanitarian or volunteer organizations?	0 = No 1 = Yes (Specify) 9 = Don't Know	☐ _____
2.	Did you ever receive any FOOD assistance from humanitarian or volunteer organizations?	0 = No 1 = Yes (Specify) 9 = Don't Know	☐ _____
3.	Did you ever receive any NON-FOOD assistance (e.g. hygiene items, detergents, blankets, household items, etc.) from humanitarian or volunteer organizations?	0 = No 1 = Yes (Specify) 9 = Don't Know	☐ _____
4.	Did you ever receive any BABY FOOD assistance from humanitarian or volunteer organizations?	0 = No (Skip to Section E) 1 = Yes (Specify) (Skip to 4a) 9 = Don't Know (Skip to Section E)	☐ _____
	4a. How many times did you receive baby food assistance?	Write number of times	☐☐
	4b. How many months ago did you last receive baby food assistance?	Write number of months	☐☐
	4c. What was included in the assistance package? (Indicate number of items for each type. If item not included put 0).	Infant formula (such as Malysh, Maliutka, Nestle, etc.)	☐

		Fruit or vegetable puree jars	☐
		Meat puree jars or cans	☐
		Commercial baby porridge	☐
		Semolina (manka)	☐
		Other porridge (buckwheat, oatmeal, etc.)	☐
		Other: Specify _____	☐

Section E: Safe Water and Hand Washing

1.	Do you have running (tap) water in your home?	0 = No 1 = Yes	☐
2.	What is your main source of drinking/cooking water?	1 = Bottled 2 = Tap 3= Well 4 = Water Pump 5 = Other	☐
3.	Do you have the facilities/ability to boil water?	0 = No 1 = Yes	☐
4.	Over the past two days (today and yesterday), approximately how many times have you used soap?	Write category code 0 = 0 times 1 = 1-4 times 2 = 5-10 times 3 = > 10 times 9 = Don't know	☐
5.	When you used soap over the past two days (today and yesterday) what did you use it for? *Do not read answers. Ask to be specific. Mark all situations mentioned.*	1= Washing my hands after defecating	☐
		2 = Washing my hands after cleaning child	☐
		3 = Washing my hands before feeding child	☐
		4 = Washing my hands before preparing food	☐
		5 = Washing my hands before eating	☐
		6 = Washing my body	☐
		7 = Washing my children's body/bathing children	☐
		8 = Washing my children's bottoms	☐
		9 = Washing my children's hands	☐

		10 = Washing clothes	☐
		11 = Other	☐

Section F: MUAC Measurement

Measure MUAC (mm) ☐☐☐

Time Visit Completed ☐☐ ☐☐

HH **MM**

Comments:

_____
_____
_____
_____
_____

Appendix B: Survey Questionnaire-Russian

Ukraine IDP IYCF Assessment

Дата заполнения ☐☐ – 0 6 – 1 5

ДД **ММ** **ГОД**

Область ☐ → 1 = Харьков
2 = Днепропетр
3 = Запорожье

Начало интервью: ☐☐ ☐☐

ЧЧ **ММ**

Код д/х см.список д/х ☐☐☐☐

Код интервьюера ☐☐

Код ребенка ☐

Родство по отношению к ребенку ☐ _____

1 = Мать
2 = Отец
3 = Бабушка
4 = Другое (*укажите*)

Статус ☐

1 = Согласие получено
2 = Никого нет дома →**STOP**
6 = Отказ→**STOP**

Section A: Информация о семье:

1.	Тип местности?	1 = Областной центр 2 = Другой город/ПГТ 3 = Село	☐
2.	Где Вы проживаете и на каких условиях? *Без подсказки*	1 = Живем с родственниками или друзьями (**не платим за квартиру или платим только ком. ус**) 2 = Снимаем жилье **за деньги** 3 = Коллективный центр 4 = Другое	☐
3.	До начала конфликта, где именно Вы постоянно проживали? *Без подсказки*	1 = г. Донецк 2 = г. Луганск 3 = Донецкая область 4 = Луганская область 5 = Крым 6 = Другое	☐
4.	Когда вы уехали из места постоянного проживания?	☐☐ – ☐☐ **ММ** **ГОД**	
5.	Сколько человек, включая Вас проживает в Вашем домохозяйстве?	*Запишите число*	☐☐
6.	Сколько детей до 2х лет (до 23 месяцев включительно) сейчас в вашей семье?	*Запишите число*	☐

7.	Сколько детей старше 2х но младше 5ти лет сейчас в вашей семье?	*Запишите число*	☐
8.	Кто в данное время глава вашей семьи (отвечает за использование бюджета семьи)? *Отметьте пол*	1 = Мужчина 2 = Женщина 9 = Затрудняюсь ответить	☐
9.	Зарабатывает ли кто-либо в данное время в вашей семье из тех, кто переехал с Вами?	0 = Нет 1 = Да 9 = Затрудняюсь ответить	☐
10.	Зарегистрированы ли вы в данное время как перемещенные лица или для получения помощи?	0 = Нет (к секции B) 1 = Да (К вопросу 10a)	☐
	10a. В каких организациях (государственных, негосударственных, волонтерских) Вы зарегистрированы? (*отметьте **X** все что подходит), Без подсказки. Для пунктов 3-5 укажите названия*	1=Министерство Соцполитики 2= Министерство Чрезвычайных Ситуаций 3= Гуманитарная Организация (напр. Красный Крест) **название** 4= Волонтерская Организация. **название** 5= Другое. **название**	☐ ☐ ☐ _____ ☐ _____ ☐ _____

Section B: информация о матери:

1.	Жива ли мать ребенка до 2х лет? (спросите только если отвечает не мать)	1 = Жива 2 = Умерла 9 = Затрудняюсь ответить	☐
2.	Сколько лет матери?	Запишите сколько лет 99 = Затрудняюсь ответить	☐☐
3.	Уровень образования матери?	1 = Неполное среднее 2 = Полное среднее 3 = Среднее специальное (техникум, училище) 4 = Неполное высшее 5 = Высшее 9 = Затрудняюсь ответить	☐

4.	Сколько всего детей у матери (независимо от их возраста и места проживания)?	Запишите число 9 = Затрудняюсь ответить	☐

Section C: Информация о ребенке в возрасте 0-23 мес:

Дата рождения ☐☐–☐☐–☐☐☐☐

ДД **ММ** **ГОД**

Возраст, полных мес. ☐☐ **Пол** ☐ → 1 = Муж, 2 = Жен

1.	Пробовали ли вы зарегистрировать ребенка в поликлинике по новому месту жительства?	0 = Нет (К вопр 4) 1 = Да 9 = Затрудняюсь ответить (К вопр 4)	☐
2.	Зарегистрирован ли ребенок в поликлинике по новому месту жительства?	0 = Нет 1 = Да 9 = Затрудняюсь ответить	☐
3.	Испытывали ли вы трудности при регистрации в поликлинике?	0 = Нет (К вопр 4) 1 = Да 9 = Затрудняюсь ответить (К вопр 4)	☐
	3а. Какие трудности вы испытывали при регистрации в поликлинике? *отметьте **X** все что подходит. Без подсказки*	1= Требовались документы (напр. паспорт, свидетельство о рождении) которых у вас не было	☐
		2 = Требовалась регистрация как перемещенных лиц	☐
		3 = Требовали плату за регистрацию	☐
		4 = Другое (укажите _____)	☐
4.	Вскармливался ли ребенок грудью когда либо, независимо от продолжительности кормления?	0 = Нет (К вопр 7) 1 = Да 9 = Затрудняюсь ответить (К вопр 7)	☐
	4а. Как скоро после рождения впервые приложили к груди?	1 = <1 часа 2 = 1-24 часов 3 = > 24 часов 9 = Затрудняюсь ответить	☐
5.	Вскармливали ли ребенка грудью вчера (от полуночи до полуночи)?	0 = Нет (К вопр 6) 1 = Да 9 = Затрудняюсь ответить (К вопр 6)	☐
	5а. Вскармливаете ли вы ребенка по графику?	0 = Нет 1 = Да 2 = Иногда 9 = Затрудняюсь ответить	☐

6.	*Только если 5=0 или 9. Иначе переходите на 7 вопрос* В каком возрасте (полных месяцев) прекратили вскармливать грудью?	Запишите возраст (мес) 99 = Затрудняюсь ответить	☐☐
	6а. По вашему мнению, какая была главная причина прекращения грудного вскармливания? *Без подсказки. Только один ответ*	1 = Стресс связанный с конфликтом 2 = Стресс не связанный с конфликтом 3 = Недостаточное питание матери 4 = Режим работы 5 = Проблемы с прикладыванием 6 = Использование жидкостей в бутылочках 7 = Другое 9 = Затрудняюсь ответить	☐
7.	Давали ли вы ребенку вчера **жидкости в бутылке с соской**, независимо от типа жидкости?	0 = Нет 1 = Да 9 = Затрудняюсь ответить	☐
8.	Давали ли вы ребенку вчера какую-либо нежидкую пищу?	0 = Нет 1 = Да 9 = Затрудняюсь ответить	☐
9.	По вашему мнению, до какого возраста (мес) в идеале следует вскармливать ребенка грудью?	Запишите возраст (мес) 99 = Затрудняюсь ответить	☐☐

10. Спросите **“Что ваш ребенок ел и пил вчера, начните с утра и продолжите до вечера, перечислите приемы пищи и перекусы”** ***Спросить детально по всем приемам пищи и жидкости от полуночи до полуночи.*** *Отметьте 1 все упомянутые типы пищи, отметьте 0 не упомянутые. Переспросите насчет не упомянутых, убедитесь что ничего не забыто. Не оставляйте незаполненных полей. Сначала без подсказки, потом перепроверить по неотмеченным*

No	Тип пищи	Ответ	
a.	Вода	☐	0 = Нет 1 = Да 9 = Не знаю
b.	Чай (обычный, травяной или фруктовый)	☐	
c.	Фруктовый или овощной сок	☐	
d.	Газированные или подслащенные напитки (включая компоты, кисели, узвары)	☐	
e.	Заменители грудного молока (напр. Малыш, Малютка, Нестле, и т. п.)	☐	
f.	Молоко животных (коровье, козье) или порошковое молоко	☐	
g.	Кисломолочные напитки (кефир, йогурт, простокваша, и т. п.)	☐	
h.	Творог или сыр	☐	
i.	Готовые каши детского питания из пакета (Карапуз, Малышка и т. п.)	☐	
j.	Манная каша, домашнего приготовления	☐	
k.	Гречневая каша, домашнего приготовления	☐	
l.	Любая другая каша (напр рисовая, овсяная) домашнего приготовления	☐	
m.	Картофельное пюре	☐	
n.	Готовые фруктовые или овощные пюре детского питания из баночек	☐	
o.	Фрукты (напр банан, яблоко и т. п.)	☐	
p.	Овощи (напр морковь, тыква, свекла и т. п.)	☐	
q.	Горох или фасоль	☐	
r.	Мясо, рыба, печень, и т. п. домашнего приготовления	☐	
s.	Готовые мясные, печеночные или рыбные пюре детского питания из баночек	☐	
t.	Яйцо (желток или белок)	☐	
u.	Макаронные изделия, хлеб, печенье	☐	
v.	Жиры (напр. масло, растительное масло)	☐	
w.	Сладости (напр. конфеты, шоколад, сахар)	☐	

11. Сколько раз вчера ребенок принимал пищу считая перекусы, но не считая грудного вскармливания? ☐☐

12.Спросите **“С какого возраста (полных месяцев) вы впервые начали давать ребенку следущие напитки или пищу?”** *Спросите по порядку о всех типах пищи. Запишите число месяцев. Не оставляйте незаполненных полей.*

No	Тип пищи	Ответ	
a.	Вода или травяной чай	☐☐	Запишите в сколько месяцев 88 = Еще не давали 99 = Не знаю
b.	Фруктовый или овощной сок	☐☐	
c.	Заменители грудного молока (напр. Малыш, Малютка, Нестле, и т. п.)	☐☐	
d.	Молоко животных (коровье, козье) или порошковое молоко	☐☐	
e.	Кисломолочные напитки (кефир, йогурт, простокваша, и т. п.)	☐☐	
f.	Творог или сыр	☐☐	
g.	Готовые каши детского питания из пакета (Карапуз, Малышка и т. п.)	☐☐	
h.	Манная каша, домашнего приготовления	☐☐	
i.	Любая другая каша (напр гречневая, рисовая, овсяная) домашнего приготовления	☐☐	
j.	Картофельное пюре	☐☐	
k.	Готовые фруктовые или овощные пюре детского питания из баночек	☐☐	
l.	Фрукты (напр банан, яблоко и т. п.)	☐☐	
m.	Горох или фасоль	☐☐	
n.	Мясо, рыба, печень, и т. п. пюре детского питания из баночек или домашнего приготовления либо	☐☐	
o.	Яйцо (желток или белок)	☐☐	
p.	Макаронные изделия, хлеб, печенье	☐☐	

13. Спросите **“сколько ДНЕЙ за последнюю неделю вы давали ребенку следущие напитки или пищу?”** *Спросите по порядку о всех типах пищи. Запишите число дней. Не оставляйте незаполненных полей.*

No	Тип пищи	Ответ	
a.	Заменители грудного молока (напр. Малыш, Малютка, Нестле, и т. п.)	☐	Запишите сколько дней (от 1 до 7) 0=не получал за эту неделю 9 = Не знаю
b.	Молоко животных (коровье, козье) или порошковое молоко	☐	
c.	Кисломолочные напитки (кефир, йогурт, простокваша, и т. п.)	☐	
d.	Творог или сыр	☐	
e.	Готовые каши детского питания из пакета (Карапуз, Малышка и т. п.)	☐	
f.	Любая каша (напр манная, гречневая, рисовая, овсяная) домашнего приготовления	☐	
g.	Картофельное пюре	☐	
h.	Готовые фруктовые или овощные пюре детского питания из баночек	☐	
i.	Фрукты (напр банан, яблоко и т. п.)	☐	
j.	Горох или фасоль	☐	
k.	Мясо, рыба, печень, и т. п. домашнего приготовления либо пюре детского питания из баночек	☐	
l.	Яйцо (желток или белок)	☐	
m.	Макаронные изделия, хлеб, печенье	☐	

Section D: Гуманитарная помощь

1.	С начала конфликта получали ли вы **денежную помощь или ваучеры** от каких либо гуманитарных (неправительственных) или волонтерских организаций?	0 = Нет 1 = Да (укажите название организации) 9 = Затрудняюсь ответить	☐ _____
2.	Получали ли вы **продукты питания** от каких либо гуманитарных (неправительственных) или волонтерских организаций?	0 = Нет 1 = Да (укажите название организации) 9 = Затрудняюсь ответить	☐ _____
3.	Получали ли какие-либо **непищевые продукты (напр моющие средства, предметы гигиены, одеяла, одежду, и т. п.)** от каких либо гуманитарных (неправительственных) или волонтерских организаций?	0 = Нет 1 = Да (укажите название организации) 9 = Затрудняюсь ответить	☐ _____
4.	Получали ли вы **продукты детского питания** от каких либо гуманитарных (неправительственных) или волонтерских организаций?	0 = Нет (К секции E) 1 = Да (укажите название организации) (К вопросу 4a) 9 = Затрудняюсь ответить (К секции E)	☐ _____
	4a. Сколько раз вы получали **продукты детского питания**?	Запишите сколько раз	☐☐

	4b. Сколько месяцев назад вы последний раз получили **продукты детского питания**?	Запишите сколько месяцев назад	☐☐
	4c. Какие продукты детского питания вы получили **в последний раз**? (Запишите количество упаковок или баночек каждого типа. Если данного продукта не было, укажите 0). Без подсказки	Заменители грудного молока (напр. Малыш, Малютка, Нестле, и т. п.)	☐☐
		Фруктовые или овощные пюре детского питания	☐☐
		Мясные, печеночные или рыбные пюре детского питания	☐☐
		Каши детского питания из пакета	☐☐
		Маннная каша	☐☐
		Любая другая каша (напр гречневая, рисовая, овсяная)	☐☐
		Другое: (укажите) _____	☐☐

Section E: Вода и мытье рук

1.	Есть ли в вашем жилище проточная вода (из крана)?	0 = Нет 1 = Да	☐
2.	Какую воду вы в основном используете для питья в семье? *Без подсказки*	1 = Покупная, из бутылок/цистерн 2 = Проточная 3= Колодезьная 4 = Водная колонка 5 = Другое	☐
3.	Есть ли у вас возможность кипятитить воду в вашем жилище?	0 = Нет 1 = Да	☐
4.	За последние 2 дня (вчера и сегодня), приблизительно сколько раз вы пользовались мылом?	Запишите сколько раз ШКАЛА 0 = 0 раз 1 = 1-4 раз 2 = 5-10 раз 3 = больше 10 раз 9 = Затрудняюсь ответить	☐
5.	За последние 2 дня (вчера и сегодня), для чего вы пользовались мылом? *Не читайте варианты ответов. Попросите конкретно перечислить ситуации когда употреблялось мыло. Отметьте **X** упомянутые ситуации. Без подсказки*	1= Мытье рук после туалета	☐
		2 = Мытье рук после обтирания ребенка	☐
		3 = Мытье рук перед кормлением ребенка	☐
		4 = Мытье рук перед приготовлением пищи	☐
		5 = Мытье рук перед едой	☐
		6 = Мытье тела (купание)	☐
		7 = Мытье (купание) ребенка	☐
		8 = Мытье промежности ребенка (подмывание)	☐
		9 = Мытье рук ребенка	☐
		10 = Стирка	☐
		11 = Другое	☐

Section F: Измерение MUAC

MUAC (mm) ☐☐☐

Конец интервью: ☐☐ ☐☐

ЧЧ **ММ**

Заметки:

_____

_____

_____

Спасибо за уделенное время!

Appendix C: Focus Group Discussion Guide-English

Focus Group Discussion

Focus Group Discussion Guide							
Date (dd/mm/yy):		**Oblast:**		**FGD Details: (i.e.: mothers, fathers, other (Specify who); how gathered? From organization, at distribution, invited by X?)**			
Geography		**Raion / City:**					
Interviewer:		**Settlement:**		**Num. of parents with infants <6 mos.**		**Num. of parents with infants >6 mos.**	

Breastfeeding, liquids and BMS (~ 40 min)

X

Thinking back to when you gave birth and were starting to BF, for how long were you planning to BF?

In reality, for how long did you BF (if stopped), or for how long do you think now you will continue to BF?

If you stopped or plan to stop earlier than initially envisioned, which do you think are the main reasons?

X

In the first few months after birth, how many times a day did you BF? How many of those during the night? Did you have a schedule, of without schedule (on demand)? Why?

What did you perceive as main problems in your BF? Who did you consult about those, and what did you do to solve them?

X

Which of those problems you think are due to this recent crisis?

Did the crisis impact your BF or BF of other mothers that you know? In what way? What are you doing about it?

X

Who did you consult about BF after your child was born? What did you ask and what did they advise? Did this advice work for you?

Did you receive any advice or training on BF/CF during pregnancy? If yes, where? What did they tell you?

Did you receive any advice on BF after birth in roddom? If yes, what and from whom?

In general, who are in your opinion the best sources of information on BF who you would trust?

Do you know any hotline numbers where you can call to get a free advice from the qualified BF consultant?

X

How soon after birth did you introduce water or other liquids? What was the reason? Did you use bottle or something else? At what age did you start feeding your child with the bottle?

At what age did you start feeling that your breast milk is not enough? How did you decide that? Who did you consult, how did they assess, and what did they advise?

X

At what age did you introduce BMS? What brand? For how long after introducing BMS did you still BF (or plan to BF)?

What brand of BMS does your child prefer? What about other infants/mothers you know? What do you think about Maliutka (local brand most commonly given in humanitarian assistance packages)?

Is BMS affordable to you now? If not, what other foods do you give instead of BMS in breast milk is not enough?

When do you plan to start giving cow's milk instead of BMS?

Complementary feeding (~ 35 min)

Name 2-4 most appropriate soft baby foods to start CF (prikorm). At what age did you start giving prikorm to your baby? What are the most common prikorm foods you give to your baby now? Your friends? (name top 4-6 foods).

X

Tell me about porridges. What are preferred kinds porridges given to your baby? Why? When did you introduce them? How many times a week on average do you give them?

Do you use water or milk to prepare? Do you add any butter or oil or sugar? How thick is the porridge you prepare? How much does your child eat in one meal?

X

Now tell me about fruits and vegetables. First, mashed potatoes. When did you start giving them? How many times a week do you give it?

When did you start giving other fruits and vegetables? Which fruits and vegetables, why? Did you use commercial purees or homemade? When did you stop (or plan to stop) commercial purees and fully transition to homemade/whole fruits/veggies?

What fruits/vegetables you think are most healthy/beneficial to your baby? Why?

X

Now we will talk about eggs and meats. When did you introduce to your child eggs? Only yolk or white as well? Why? Are you giving egg white now?

When did you start giving your child meats? What kind of meat? How often (times per week) do you give meat or eggs now?

Generally, do you think baby under 1 year of age needs meat or eggs? If yes, why? How often, and from what age?

X

Please tell me if anything changed in your prikorm after crisis.

Are there foods that are no longer available? Are there foods that are too expensive? Which ones did you stop? Which ones did you decrease? What do you give instead?

Are there foods that you consider critical for the baby and you buy them no matter the price?

Are there issues related to availability of safe clean water, fuel, or cooking facilities? If yes, what are they and how do you cope?

Assistance (~15 min, if no assistance receive this would take ~5 min)

Did you receive any humanitarian assistance for your baby (including BMS, baby foods and any other items like diapers)?

X

If yes, what exactly did you receive, and how many times (how often)? From what agency? Was it given to all IDPs, or targeted by specific criteria (e.g., large families, many children, disabled, low income, etc.)?

Did you receive any information materials about appropriate BF or prikorm practices with this assistance?

X

If received -- What did you think about the items you got? Did you use them? Which ones yes and which ones not? Did your baby like the foods you were given?

If you were not giving BMS before, but received as assistance – what did you do with it (e.g., started giving it, stored for later, exchanged/sold, thrown out)?

X

In the future, if you receive assistance for your baby, which items would you want to receive most (top 3-4 priorities, if foods probe for specific kinds of foods)? If you receive baby foods, which foods do you need most?

Which baby foods would you not like receive – do not need or not a priority?

X

Where do you receive information about available services, social payments, donations etc.? If there are hotlines, courses or other information assistance available on BF and CF, what are the best ways of communicating this information to you?

Appendix D: Focus Group Discussion Guide-Russian

Обсуждение в фокус-группе (ОФГ)

Руководство по проведению обсуждения в фокус-группе							
Дата (дд/мм/гг):		**Область:**		**Детали ОФГ: (напр.: матери, отцы, другие (уточните, кто именно); каким образом были вовлечены участники? Через организацию, в пункте выдачи, были приглашены Х?)**			
География:		**Район / Город:**					
Интервьюер:		**Место проведения:**		**Число родителей с младенцами <6 месяцев**		**Число родителей с младенцами >6 месяцев**	

Грудное вскармливание, напитки и ЗГМ (заменители грудного молока) (~ 40 мин.)

X

Как долго Вы планировали продолжать грудное вскармливание (ГВ), когда Вы рожали ребенка и начинали ГВ?

Как долго Вы продолжали ГВ в действительности (если прекратили), или как долго Вы планируете продолжать ГВ?

Если Вы прекратили или планируете прекратить ГВ ранее, чем изначально предполагали, каковы, по Вашему мнению, основные причины этого?

X

Сколько раз в день Вы кормили ребенка грудью в первые несколько месяцев после его рождения? Сколько раз в течение ночи? Было ли у Вас расписание кормления или нет (по требованию)? Почему?

Что Вы считали главными проблемами во время Вашего ГВ? С кем Вы по этому поводу консультировались, и как Вы решили эти проблемы?

X

Какие из этих проблем, по Вашему мнению, возникли в результате последнего кризиса?

Повлиял ли кризис на Ваше грудное вскармливание или ГВ других матерей, которых Вы знаете? Каким образом? Что Вы предпринимаете в связи с этим?

X

С кем Вы консультировались по поводу ГВ после рождения Вашего ребенка? О чем Вы спрашивали, и что Вам советовали? Помог ли Вам этот совет?

Получали ли Вы какие-либо советы или проходили ли обучение на тему ГВ/прикорма во время беременности? Если да, то где? Что Вам рассказали?

Получали ли Вы какие-либо советы по поводу ГВ после рождения ребенка в роддоме? Если да, то какие и от кого?

В общем, кто, по вашему мнению, является наилучшим источником информации о ГВ, которому Вы можете доверять?

Знаете ли Вы о каких-нибудь номерах горячей линии, по которым Вы можете позвонить бесплатно и получить советы от квалифицированного консультанта по вопросам ГВ?

X

Насколько быстро после рождения вы начали давать ребенку воду или другие напитки? По какой причине? Вы использовали бутылочку или что-то другое? С какого возраста Вы начали кормить своего ребенка из бутылочки?

В каком возрасте был Ваш ребенок, когда Вы поняли, что Вашего грудного молока уже недостаточно? Как Вы приняли это решение? С кем Вы консультировались, как они оценили ситуацию и что посоветовали?

X

В каком возрасте Вы начали давать ребенку заменители грудного молока (ЗГМ)? Какой марки? Как долго после введения в рацион ЗГМ Вы продолжали ГВ (или планируете продолжать ГВ)?

Какую марку ЗГМ предпочитает Ваш ребенок? Что Вы думаете о «Малютке» (ЗГМ местного производства, который чаще всего выдают в пакетах гуманитарной помощи)?

Можете ли Вы себе позволить ЗГМ сейчас? Если нет, какие продукты Вы даете ребенку вместо ЗГВ, если грудного молока недостаточно?

Когда Вы планируете начать давать ребенку коровье молоко вместо ЗГМ?

Прикорм (~ 35 мин.)

Назовите 2-4 наиболее подходящих продукта детского питания в виде пюре для начала прикорма. В каком возрасте Вы начали давать своему ребенку прикорм? Какие продукты детского питания Вы чаще всего используете для прикорма Вашего ребенка в данное время? А какие продукты используют Ваши друзья? (назовите 4-6 наиболее распространенных продуктов).

X

Расскажите мне о кашах. Какие каши Вы предпочитаете давать Вашему ребенку? Почему: Когда Вы начали их давать? Сколько раз в неделю в среднем Вы даете их ребенку?

Вы готовите их на воде или на молоке? Добавляете ли Вы сливочное масло, растительное масло или сахар? Насколько густые каши Вы готовите? Сколько съедает Ваш ребенок за один прием пищи?

X

А теперь расскажите мне о фруктах и овощах. Для начала, о картофельном пюре. Когда Вы начали давать его ребенку? Сколько раз в неделю Вы даете его?

Когда Вы начали давать другие фрукты и овощи? Какие фрукты и овощи и почему именно их? Вы использовали пюре заводского производства или сделанное в домашних условиях? Когда Вы прекратили (или планируете прекратить) давать пюре заводского производства и полностью перейти на домашнее/целые фрукты/овощи?

Какие фрукты/овощи являются наиболее здоровыми/полезными для Вашего ребенка по Вашему мнению? Почему?

X

Теперь мы поговорим о яйцах и мясе. Когда Вы начали давать ребенку яйца? Только желток или белок тоже? Даете ли Вы сейчас ребенку яичные белки?

Когда Вы начали давать своему ребенку мясо? Какой вид мяса? Как часто (сколько раз в неделю) Вы даете ребенку мясо или яйца в данное время?

В общем, как Вы думаете, нужны ли ребенку в возрасте до 1 года мясо или яйца? Если да, почему? Как часто и с какого возраста?

X

Пожалуйста, расскажите мне, изменилось ли что-нибудь в прикорме Вашего ребенка после кризиса?

Есть ли продукты, которые более недоступны? Есть ли продукты, которые теперь слишком дорогие? Какие Вы перестали давать? Каких продуктов Вы стали давать меньше? Что Вы даете вместо них?

Есть ли продукты, которые Вы считаете чрезвычайно необходимыми для ребенка и для себя независимо от цены?

Есть ли проблемы, связанные с доступностью безопасной чистой воды, топлива или мест для приготовления пищи? Если да, как Вы с этим справляетесь?

Помощь (~15 мин., если помощь не была получена, это займет ~5 мин.)

Получали ли Вы какую-либо гуманитарную помощь для Вашего ребенка (включая ЗГМ, детское питание или любые другие товары, такие как подгузники)?

X

Если да, что именно Вы получали и сколько раз (как часто)? Из какого агентства? Эту гуманитарную помощь предоставляли всем ВПЛ, или тем, кто соответствовал определенным критериям (например, большие семьи, много детей, инвалиды, низкий уровень дохода, и Т.П.)?

Получили ли Вы какие-либо информационные материалы о соответствующих практиках ГВ или прикорма в этих наборах гуманитарной помощи?

X

Если получали – Что Вы думаете о продуктах, которые Вы получили? Вы их использовали? Какие из них Вы использовали, а какие нет? Понравились ли Вашему ребенку продукты, которые Вы получили?

Если Вы раньше не давали ЗГМ, но получили их в наборе гуманитарной помощи, - что Вы делали с этими смесями (например, начали их давать, отложили на потом, обменяли/продали, выкинули)?

X

Если Вы будете получать гуманитарную помощь для Вашего ребенка в будущем, какие продукты Вы бы больше всего хотели получать (назовите 3-4 основных приоритета, если это продукты питания, укажите особые виды продуктов питания)? Если Вы получаете детское питание, какие продукты детского питания нужны вам больше всего?

Какие продукты детского питания Вы бы не хотели получать – они Вам не нужны или не приоритетны для Вас?

X

Где Вы получаете информацию о доступных услугах, социальных платежах, пожертвованиях, и т.п.? Если существуют горячие линии, курсы и другая информационная поддержка по вопросам ГВ и прикорма, какой из способов получения информации Вы выберете, как наиболее подходящий для Вас?

Appendix E: Key Informant Interview Guide Pre-Natal Clinic-English

Pre-natal clinic (zhenskaya konsultatsia or similar)

Date (dd/mm/yy):		**Oblast:**	
Geography		**Raion / City:**	
Interviewer:		**Settlement:**	
Key Informant Information:			
Name:			
Organization			
Title / Position:			
Phone Number:			
Email Address:			

Pre-natal services:

What is recommended frequency of prenatal visits? How often do women usually come?

Are there any population groups less likely to register or regularly come for pre-natal visits?

What kind of doctors/nurses (specialization) are seeing these women during pre-natal visits?

How many total pregnant women are currently registered in your clinic?

To your knowledge, do you have any IDP pregnant women registered in your clinic? How many?

What documentations do they need to possess to register?

Do IDP show for visits as regularly as others? If no, why?

Are there any admin or other barriers for IDPs to register or access pre-natal services?

Anemia and supplementation (including folate)

According to national protocol, how many times is Hb measured during pregnancy? At what term of pregnancy?

What percentage of pregnant women in your experience are anemic?

What do you think are the main causes of anemia?

Did you see any change in this percentage since the crisis?

Do IDP pregnant women tend to have similar levels of Hb as the locals or different? If different, how?
What is prescribed treatment for anemia depending on severity (Hb level)?

Are these medicines/supplements affordable to most?

In your experience, do women take these supplements?

In your experience, do Hb levels improve in those who take supplements?

Is folate supplementation recommended? If yes, to all or to some specific groups? For which periods of pregnancy (start, duration)?

Are these supplements provided by the state at no cost? If no, are these supplements affordable?

In your experience, what % of women actually take these supplements as prescribed?

IYCF education

Is there any information/advice/training to pregnant women provided through your clinic about appropriate breastfeeding and supplementary feeding? Are there any other services outside MoH system that you know of providing this information to pregnant women?

If yes:

What are the key messages (name3 -5) on BF and CF normally provided by your staff?

How is this information delivered (individual consultations, group training, etc.), and to which women (e.g. first pregnancy or all)? Solicited or unsolicited (to all, without request)?

If regular/routine training, is there a schedule available?

Who in your clinic is delivering this information (position, any specific relevant training on BF support)?

Assistance

Are you aware of any food or medicine humanitarian assistance distributed to pregnant women registered in your clinic?

If yes, please describe the content and frequency of such assistance (to the best of your knowledge)?

Appendix F: Key Informant Interview Guide Pre-Natal Clinic-Russian

Дородовая клиника (женская консультация или подобное учреждение)

Дата (дд/мм/гг):		**Область:**	
Местоположение		**Район / Город:**	
Интервьюер:		**Учреждение:**	
Информация о ключевом информанте:			
Имя:			
Организация			
Должность:			
Номер телефона:			
Адрес эл. почты:			

Дородовые услуги:

Какова рекомендованная частота посещений женской консультации? Как часто женщины обычно ее посещают?

Представительницы каких групп населения реже регистрируются или нерегулярно посещают женскую консультацию?

Какие врачи-специалисты/медсестры осматривают женщин при посещении ими женской консультации?

Сколько всего беременных женщин в настоящее время стоят на учете в Вашей клинике?

Знаете ли Вы, сколько беременных женщин из числа ВПЛ стоят на учете в Вашей клинике?

Какие документы им необходимо иметь для постановки на учет?

ВПЛ посещают клинику так же регулярно, как и другие женщины? Если нет, почему?

Существуют ли какие-либо административные или другие барьеры для ВПЛ, которые мешают им регистрироваться или иметь доступ к дородовым услугам?

Анемия и пищевые добавки (включая фолат)

Как часто измеряется уровень гемоглобина во время беременности в соответствии с национальным протоколом? На каких сроках беременности?

Какой процент беременных женщин, по Вашему опыту, страдают от анемии?

Каковы, по Вашему мнению, основные причины анемии?

Заметили ли Вы какие-либо изменения в этом проценте с начала кризиса?

Отмечается ли у женщин-ВПЛ такой же уровень гемоглобина, как и у местных женщин, или этот уровень отличается? Если отличается, то насколько?

Какие препараты обычно выписывают при анемии в зависимости от тяжести состояния (уровня гемоглобина)?

Доступны ли эти препараты/пищевые добавки для большинства женщин?

По Вашему опыту, принимают ли женщины эти пищевые добавки?

По Вашему опыту, повышается ли уровень гемоглобина у тех, кто принимает пищевые добавки?

Рекомендуется ли принимать фолат в качестве пищевой добавки? Если да, то всем или каким-то конкретным группам? На каких сроках беременности (когда начинать, продолжительность приема)?

Предоставляет ли государство эти пищевые добавки бесплатно? Если нет, доступны ли они по цене?

По Вашему опыту, какой процент женщин действительно принимают эти пищевые добавки в соответствии с назначением врача?

Просвещение на темы IYCF (кормление и питание детей грудного и раннего возраста)

Предоставляются ли беременным женщинам рекомендации/обучение/ информация о надлежащих методах грудного вскармливания и прикорме в Вашей больнице/клинике? Существуют ли другие службы, не входящие в систему Министерства здравоохранения, которые, как Вы знаете, предоставляют эту информацию беременным женщинам?

Если да:

Какие основные информационные сообщения (назовите 3-5) о грудном вскармливании и прикорме обычно предоставляют медработники?

Каким образом они сообщают эту информацию (во время индивидуальных консультаций, на групповых занятиях и т.п.) и каким женщинам (напр., только во время первой беременности или всем)? Это происходит по Вашей или по их собственной инициативе (для всех, без дополнительной просьбы)?

Если это происходит регулярно или в плановом порядке, имеется ли график для сообщения такой информации?

Кто в Вашей клинике сообщает такую информацию (должность; прошел ли сотрудник соответствующее обучение по оказанию поддержки для грудного вскармливания)?

Помощь

Знаете ли Вы о каких-либо видах продовольственной или лекарственной гуманитарной помощи, которую предоставляют беременным женщинам в Вашей клинике?

Если да, пожалуйста, расскажите о содержании и частоте предоставления этой помощи (насколько Вам это известно).

Appendix G: Key Informant Interview Guide Birth Clinic-English

Birth clinic (roddom or similar)

Date (dd/mm/yy):		**Oblast:**	
Geography		**Raion / City:**	
Interviewer:		**Settlement:**	
Key Informant Information:			
Name:			
Organization			
Title / Position:			
Phone Number:			
Email Address:			

IYCF education

Is your hospital/clinic certified as baby-friendly?

Is there any information/advice/training to women provided through your hospital/clinic post-partum before discharge about appropriate breastfeeding and supplementary feeding?

If yes:

What are the key messages (name3 -5) on BF and CF normally provided by your staff?

How is this information delivered (individual consultations, group training, etc.), and to which women (e.g. first pregnancy or all)? Solicited or unsolicited (to all, without request)? If regular/routine, is there a schedule available?

Who in your clinic is delivering this information (position, any specific relevant training on BF support)?

Do you think this education/support to BF can be strengthened? If yes, what would you suggest?

Do you have information materials about baby foods, teas, breast milk substitutes? Where can they be found? Do you have any samples of baby foods or drinks to distribute to mothers?

BF practices

In your experience, approximately what % of women never initiate BF? What are the main reasons?

In your experience, what are the main difficulties experienced by women after birth in initiating and supporting BF? Has this changed after the crisis?

If you have seen any IDPs giving birth in your clinic, have you noticed any issues related to initiation/support of BF which was different from locals?

Assistance

Are you aware of any food or medicine humanitarian assistance distributed to IDP pregnant or lactating women in the community?

If yes, please describe the content and frequency of such assistance (to the best of your knowledge)?

Was it targeted to some specific vulnerable IDP sub-groups (such as low-income, large families, disabled, etc.)?

Do you know which organization provided this assistance?

Appendix H: Key Informant Interview Guide Birth Clinic-Russian

Родильный дом (или подобное учреждение)

Дата (дд/мм/гг):		**Область:**	
Местоположение		**Район / Город:**	
Интервьюер:		**Учреждение:**	
Информация о ключевом информанте:			
Имя:			
Организация			
Должность:			
Номер телефона:			
Адрес эл. почты:			

Просвещение на тему IYCF (кормление и питание детей грудного и раннего возраста)

Имеет ли Ваша больница/клиника сертификат «клиника, дружественная к детям»?

Предоставляются ли женщинам перед выпиской рекомендации/обучение в больнице/клинике послеродовой помощи или информация о надлежащих методах грудного вскармливания и прикорме?

Если да:

Какие основные информационные сообщения (назовите 3-5) о грудном вскармливании и прикорме обычно предоставляют медработники?

Каким образом они сообщают эту информацию (во время индивидуальных консультаций, на групповых занятиях и т.п.) и каким женщинам (напр., только во время первой беременности или всем)? Это происходит по Вашей просьбе или по их собственной инициативе (для всех, без дополнительной просьбы)? Если это происходит регулярно или в плановом порядке, имеется ли график для сообщения такой информации?

Кто в Вашей клинике сообщает такую информацию (должность; прошел ли сотрудник соответствующее обучение по оказанию поддержки для грудного вскармливания)?

Как Вы думаете, можно ли усилить это обучение/поддержку грудного вскармливания? Если да, что бы Вы предложили?

Имеются ли у Вас информационные материалы о разновидностях детского питания, чаев, искусственных заменителей грудного молока? Где их можно найти? Есть ли у Вас какие-либо образцы детского питания или напитков, которые можно выдавать матерям?

Практики грудного вскармливания

По Вашему опыту, примерно какой процент женщин никогда даже не пробуют кормить детей грудью? Каковы основные причины этого?

По Вашему опыту, с какими основными трудностями сталкиваются женщины после родов при начале и продолжении грудного вскармливания? Это как-то изменилось после кризиса?

Если в Вашей клинике рожали женщины-переселенцы, отметили ли Вы какие-либо проблемы в связи с началом/продолжением грудного вскармливания, которые бы отличали их от местных жительниц?

Помощь

Знаете ли Вы о каких-либо видах продовольственной или лекарственной гуманитарной помощи, которую предоставляют беременным или кормящим женщинам-переселенцам в Вашем районе?

Если да, пожалуйста, расскажите о содержании и частоте предоставления этой помощи (насколько Вам это известно).

Она направлена на какие-либо конкретные уязвимые группы внутренних перемещенных лиц (например, малоимущих, многодетные семьи, инвалидов и т.п.)?

Знаете ли Вы, какие организации предоставляют эту помощь?

Appendix I: Key Informant Interview Guide Post-Natal Clinic-English

Post-natal clinic (detskaya poliklinika or similar)

Date (dd/mm/yy):		**Oblast:**	
Geography		**Raion / City:**	
Interviewer:		**Settlement:**	
Key Informant Information:			
Name:			
Organization			
Title / Position:			
Phone Number:			
Email Address:			

Post-natal services during the 1st year of life:

Are there any routine post-natal home visits after birth? If yes: how many, how soon after birth, by whom, what is the content of the visit? Is there anything routine in the content related to BF/CF education, assessment or support? If yes, describe in detail.

What is recommended frequency of post-natal visits to the clinic? What activities are conducted routinely during those visits? (probe for immunization, Hb measurement, BF/CF advice, weighing/measuring)

Are there any population groups less likely to register or regularly come for post-natal visits?

What kind of doctors/nurses (specialization) are seeing these infants during post-natal visits?

Services to IDPs

How many total infants (under 1 or under 2, whichever they can tell) are currently registered in your clinic?

To your knowledge, do you have any IDP infants registered in your clinic? How many?

What documentations do they need to possess to register?

Do IDPs show for visits as regularly as others? If no, why?

Are there any admin or other barriers for IDPs to register or access post-natal services?

IYCF education

Is there any information/advice/training to lactating women provided through your hospital/clinic about appropriate breastfeeding and supplementary feeding?

If yes:

What are the key messages (name3 -5) on BF and CF normally provided by your staff?

How is this information delivered (individual consultations, group training, etc.), and to which women (e.g. first pregnancy or all)? Solicited or unsolicited (to all, without request)? If regular/routine, is there a schedule available?

Who in your clinic is delivering this information (position, any specific relevant training on BF support)?

Do you think this education/support to BF can be strengthened? If yes, what would you suggest?

Do you have information materials about baby foods, teas, breast milk substitutes? Where can they be found? Do you have any samples of baby foods or drinks to distribute to mothers?

BF practices and routine assessment and advice

In your experience, what % of women approximately never initiate BF? What are the main reasons?

In your experience what % of women would ask questions about BF or CF during visits? What are the most common questions?

In your experience, what are the main difficulties experienced by women after birth in initiating and supporting BF? Has this changed after the crisis?

What are the most common reasons for women to decrease or stop BF?

How would you assess this situation and decide whether the child needs to receive BMS in addition to breast milk?

Name 3-4 most common conditions/reasons for which you recommend introducing BMS?

If you have seen any IDPs in your clinic, have you noticed any issues related to initiation/support of BF which was different from locals?

In your experience, at what age most infants start receiving water or herbal teas? What are the main reasons for giving those?

In your experience, at what age most infants start receiving soft baby foods (prikorm)? What are the most common soft foods given first?

In your experience, what are the most common foods given to children aged 6-9 months of age (name 4-5 most common)?

At what age eggs are usually introduced? Yolk only or white as well? What about meat/chicken?

At what age is cow's milk usually given? Is dilution recommended for young infants? If yes, in what proportion and until what age?

Have any of these feeding practices we just discussed changed after the crisis? If yes, which and how? Did you notice any particular changes/problems specific to IDPs as opposed to local population? (e.g. some baby foods may be too expensive, in this case what do they give instead)?

In your experience, is BF/CF routinely assessed at each clinic visit by the clinician? Is there a common written guide as to what questions about BF/CF to ask at what age?

Anemia

Is Hb measured in infants routinely? If yes, at what ages?

What is commonly prescribed for anemia depending on severity (Hb level)?

In your experience, approximately what % of infants <2 years of age have anemia? Is this % different among IDP children?

Assistance

Are you aware of any baby foods and/or BMS humanitarian assistance distributed to IDP infants and young children in the community?

If yes, please describe the content and frequency of such assistance (to the best of your knowledge)?

Was it targeted to some specific ages (e.g., <2) and/or specific vulnerable IDP sub-groups (such as low-income, large families, disabled, etc.)?

Do you know which organization provided this assistance?

Appendix J: Key Informant Interview Guide Post-Natal Clinic-Russian

Послеродовая клиника (детская поликлиника или подобное учреждение)

Дата (дд/мм/гг):		**Область:**	
Местоположение		**Район / Город:**	
Интервьюер:		**Учреждение:**	
Информация о ключевом информанте:			
Имя:			
Организация			
Должность:			
Номер телефона:			
Адрес эл. почты:			

Послеродовые услуги в течение 1-го года жизни ребенка:

Осуществляются ли плановые визиты медработников к женщинам на дому в послеродовой период? Если да: сколько, через какое время после родов, кто это делает, что происходит во время визита? Проводится ли плановое просвещение на темы грудного вскармливания и прикорма, оценка или поддержка ГВ/П во время визита? Если да, опишите это подробно.

Как часто женщинам рекомендуется посещать клинику после рождения ребенка? Какие мероприятия проводятся во время этих визитов (забор пробы крови для иммунизации, измерение уровня гемоглобина, рекомендации по ГВ/П, взвешивание/обмер)?

Представительницы каких групп населения реже регистрируются или нерегулярно посещают клинику после рождения ребенка?

Какие врачи-специалисты/медсестры осматривают новорожденных при посещении женщинами клиники после рождения ребенка?

Услуги для внутренних перемещенных лиц (ВПЛ)

Сколько всего детей грудного и младшего возраста (до 1 года или до 2 лет, или другого возраста) в настоящее время поставлены на учет в Вашей клинике?

Знаете ли Вы, сколько детей из группы ВПЛ зарегистрированы в Вашей клинике?

Какие документы необходимы для их регистрации/постановки на учет?

ВПЛ посещают клинику так же регулярно, как и другие женщины? Если нет, почему?

Существуют ли какие-либо административные или другие барьеры для ВПЛ, которые мешают им регистрироваться или иметь доступ к послеродовым услугам?

Просвещение на темы IYCF (кормление и питание детей грудного и раннего возраста)

Предоставляются ли кормящим женщинам рекомендации/обучение/ информация о надлежащих методах грудного вскармливания и прикорме в Вашей больнице/клинике?

Если да:

Какие основные информационные сообщения (назовите 3-5) о грудном вскармливании и прикорме обычно предоставляют медработники?

Каким образом они сообщают эту информацию (во время индивидуальных консультаций, на групповых занятиях и т.п.) и каким женщинам (напр., только во время первой беременности или всем)? Это происходит по Вашей или по их собственной инициативе (для всех, без дополнительной просьбы)? Если это происходит регулярно или в плановом порядке, имеется ли график для сообщения такой информации?

Кто в Вашей клинике сообщает такую информацию (должность; прошел ли сотрудник соответствующее обучение по оказанию поддержки для грудного вскармливания)?

Как Вы думаете, можно ли усилить это обучение/поддержку грудного вскармливания? Если да, что бы Вы предложили?

Имеются ли у Вас информационные материалы о разновидностях детского питания, чаев, искусственных заменителей грудного молока? Где их можно найти? Есть ли у Вас какие-либо образцы детского питания или напитков, которые можно выдавать матерям?

Практики грудного вскармливания и плановые оценки и рекомендации

По Вашему опыту, примерно какой процент женщин никогда даже не пробуют кормить детей грудью? Каковы основные причины этого?

По Вашему опыту, какой процент женщин задают вопросы о ГВ или прикорме при посещении клиники? Какие вопросы они задают чаще всего?

По Вашему опыту, с какими основными трудностями сталкиваются женщины после родов при начале и продолжении грудного вскармливания? Это как-то изменилось после кризиса?

Каковы основные причины, из-за которых женщины сокращают или прекращают грудное вскармливание?

Как Вы оцениваете эту ситуацию и принимаете решение о том, что ребенок нуждается в заменителях грудного молока (ЗГМ) в дополнение к грудному вскармливанию?

Назовите 3-4 основных ситуаций/причин, в связи с которыми Вы бы рекомендовали женщине ввести ЗГМ в рацион питания ребенка?

Если в Вашу клинику обращались ВПЛ, заметили ли Вы какие-либо проблемы, мешающие началу/поддержке ГВ, которые бы отличались от проблем местных женщин?

По Вашему опыту, в каком возрасте большинству младенцев начинают давать воду или травяные чаи? Каковы основные причины для этого?

По Вашему опыту, в каком возрасте большинству младенцев начинают давать прикорм? Какие основные виды прикорма начинают давать детям в первую очередь?

По Вашему опыту, какие виды питания чаще всего начинают давать детям в возрасте 6-9 месяцев (назовите 4-5 наиболее распространенных продуктов)?

В каком возрасте детям обычно начинают давать яйца? Только желток или и белок тоже? А когда начинают давать мясо/куриное мясо?

В каком возрасте обычно начинают давать коровье молоко? Рекомендуется ли его разбавлять для детей грудного возраста? Если да, то в какой пропорции и до какого возраста?

Изменились ли эти практики вскармливания, которые мы только что обсудили, после кризиса? Если да, то какие из них и каким образом? Заметили ли Вы какие-либо конкретные изменения/проблемы, характерные для ВПЛ, по сравнению с местными женщинами (напр., какие-то виды детского питания могут быть слишком дорогими – чем их заменяют в таком случае)?

По Вашему опыту, оценивает ли врач ГВ/П в плановом порядке при каждом посещении пациентки? Имеются ли письменные инструкции о том, какие вопросы о ГВ/П следует задавать при достижении ребенком определенного возраста?

Анемия

Измеряется ли уровень гемоглобина у младенцев в плановом порядке? Если да, то в каком возрасте?

Какие препараты обычно выписывают при анемии в зависимости от тяжести состояния (уровня гемоглобина)?

По Вашему опыту, у какого примерно процента младенцев в возрасте <2 лет развивается анемия? Отличается ли этот процент среди детей ВПЛ?

Помощь

Знаете ли Вы о каких-либо видах продовольственной или лекарственной гуманитарной помощи, которую предоставляют младенцам и детям раннего возраста из числа ВПЛ в Вашем районе?

Если да, пожалуйста, расскажите о содержании и частоте предоставления этой помощи (насколько Вам это известно).

Она направлена на какие-либо конкретные возрастные группы детей (напр., <2 лет) и/или конкретные группы ВПЛ (например, малоимущих, многодетные семьи, инвалидов и т.п.)?

Знаете ли Вы, какие организации предоставляют эту помощь?