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| --- | --- |
|  | **IYCF related Questionnaire for the Nutrition Cluster partners** |
| 01-How old is your baby? |
| **[ ]** 0 to 5 months | **[ ]** 6 to 11 months | **[ ]** 12 to 23 months |
| KI: mothers of infants 0-5 months |
| 02-What was your child fed the previous day? ***{choose all* apply)** |
| **[ ]** Breastmilk | **[ ]** formula and/or animal milk | **[ ]** Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 03- what are the main reasons for you to feed your child with infant formula? ***{choose all* apply)**

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| 1. [ ]  I believe that infant formula is better than breastfeeding
 |
| [ ]  I can't breastfeed/I don't have breastmilk |
| [ ]  I don’t have enough breastmilk |
| [ ]  I believe that infant formula contains ingredients that make my baby healthy |
| [ ]  It's a good supplement to breastmilk |
| [ ]  Recommended by doctor/nurse/midwife |
| [ ]  I don't have time to breastfeed |
| [ ]  I am chronically ill |
| [ ]  I am under medication |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| KI: Mother of children under 2 years of age |
| 04- What foods are fed to Children 6-23 months of age in the previous day? ***{choose all* apply)**

|  |  |
| --- | --- |
| [ ]  Breast milk | [ ]  Grains, roots, bread or flour and tubers |
| [ ]  Legumes, nuts and seeds | [ ]  Dairy products (milk, infant formula, yogurt, cheese) |
| [ ]  Eggs | [ ]  Flesh foods (e.g., meat, fish, poultry, organ meats) |
| [ ]  Vitamin A-rich fruits and vegetables | [ ]  Other fruits and vegetables |

 |
| 05-Have there been any changes to how you have fed your child since the Gaza conflict (7 oct)? |
| **[ ]** Yes | **[ ]** No | **[ ]** Don’t Know |
| 05.1- If Yes, why? {***choose all* apply)**

|  |
| --- |
| 1. [ ]  Decreased breastmilk
 |
| [ ]  Lack of Foods for children |
| [ ]  Child will not feed |
| [ ]  Lack of money to buy food |
| [ ]  Lack of fuel/ cooking |

 |
| 06- How many times per day is a child under 2 years of age eating his/her meal? ***(Choose one)***

|  |  |
| --- | --- |
| [ ]  Once a day | [ ]  Twice a day |
| [ ]  Three times a day | [ ]  More than three times a day |

 |
| 07-Has infant formula, other milk products (e.g., dried whole, semi-skimmed or skimmed milk powder, ready to use milk) or any other products related to artificial infant feeding been distributed in the community in the past 2 months? |
| **[ ]** Yes | **[ ]** No | **[ ]** Don’t Know |
| 07.1- If yes what is the type of products? ***{choose all* apply)**

|  |  |
| --- | --- |
| [ ]  Infant formula including special formula | [ ]  Follow-up formula |
| [ ]  Growing-up milk | [ ]  Cereal |
| [ ]  Fruit/vegetables/meat puree | [ ]  Juice/tea/mineral water |
| [ ]  Bottle | [ ]  commercial baby foods, cerelac, etc  |
| [ ]  Teat | [ ]  Other: (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| 08-If mother/caretaker is using infant formula, how do you get the infant formula you need for your baby? ***{choose all* apply)**

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| --- |
| 1. [ ]  Donated/gift from friend or family
 |
| [ ]  Self-prescribed: buy/purchase in shop or pharmacy |
| [ ]  Prescription from hospital: buy/purchase in shop or pharmacy |
| [ ]  Prescription from hospital: at no cost |
| [ ]  Received from I/NNGO at no cost |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| KI: 01-Health worker 02-Community health worker 03-Mother of children under 2 years of age |
| 09- Are nutrition services provided/offered to the families? |
| **[ ]** Yes | **[ ]** No | **[ ]** Don’t Know |
| 09.1- If Yes can you tell us which ones do you remember? (***Choose all* apply)**

|  |
| --- |
| 1. [ ]  Screening of children by MUAC or wight for Hight/weight monitoring
 |
| [ ]  Treatment by ready to use therapeutic food RUTF |
| [ ]  Provision of supplementary and/or complimentary food |
| [ ]  Counseling on breastfeeding and complimentary feeding for children |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| KI: Mother of children under 5 years of age |
| 10-If there are children under 5 years in your household, have any of them been sick in the last two weeks? |
| **[ ]** Yes | **[ ]** No | **[ ]** Don’t Know |
| 10.1- If YES, with what? **{choose all apply)**

|  |
| --- |
| 1. [ ]  Fever
 |
| [ ]  Diarrhea |
| [ ]  Acute Respiratory Infection |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| KI: Pregnant and breastfeeding mothers |
| 11-Is there a Pregnant and/or Breastfeeding women in your household? |
| **[ ]** Yes | **[ ]** No |
| 12- What food Pregnant and breastfeeding mothers ate/consume on the previous day? ***{choose all* apply)**

|  |  |
| --- | --- |
| [ ]  Grains, white roots and tubers, and plantains | [ ]  Eggs |
| [ ]  Pulses (beans, peas, lentils) | [ ]  Dark green leafy vegetables |
| [ ]  Other vitamin A-rich fruits and vegetables | [ ]  Nuts and seeds |
| [ ]  Dairy | [ ]  Other vegetables |
| [ ]  Meat, poultry, and fish | [ ]  Other fruits |

 |
| 13-Does the composition of Pregnant and breastfeeding mothers’ meals changed since the Gaza conflict (7 oct)? |
| **[ ]** Yes | **[ ]** No | **[ ]** Don’t Know |
| 14-Has the number of meals she eats decreased since the beginning of the war?  |
| **[ ]** Yes | **[ ]** No |
| 14.1- If Yes, Why (Reasons for pregnant/breastfeeding women eating less than usual?)? **{choose all apply)**

|  |
| --- |
| 1. [ ]  Food not available
 |
| [ ]  Mother feels unwell |
| [ ]  Lack of money to buy food |
| [ ]  Market is too far/dangerous |
| [ ]  Give foods to other members of household |
| [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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