Assessment of infant and young child feeding practices among refugees on Lesvos Island, Greece

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Summary

More than 1.1 million refugees and migrants have made the perilous journey across the Mediterranean, mostly travelling from Turkey to the Greek Islands and onwards to Central and Northern Europe. On Lesvos Island alone, more than 85 000 people have arrived since the beginning of 2016. To respond to the urgent needs of refugees and migrants arriving in Greece, Save the Children is implementing services to support Infant and Young Child Feeding (IYCF).

To understand the specific IYCF context and needs of this population transiting through Greece, a cross-sectional survey of caretakers of infants and young children below 24 months (hereafter referred as "children") was conducted. Because of the volatile situation, including not being able to access the refugee registration list, the unpredictable and fluctuating arrivals and departures of refugees; movement of refugees within camps, between camps and to the port/city of Mytilini; and impossibility of conducting interviews of some refugees; it was not possible to draw a random sample of the refugee population. Instead a convenience sample of refugees was interviewed. Although we tried to ensure that the sampling was as representative as possible, the results of the assessment might not be representative of the refugee populations arriving at Lesvos and should be interpreted with caution.

Overall, 148 children were included in the assessment. Children from Syria (58.8%) and Afghanistan (33.1%) were the most represented.

The results of the assessment showed a serious situation regarding IYCF practices (table) and the general wellbeing of children and caretakers. Breastfeeding patterns were far from optimal. The majority of mothers reported difficulties in breastfeeding, including poor milk supply, their own lack of food and their stress. Around a third of the caretakers were feeding their children infant formula that they bought or received from charities. A majority of caretakers were using bottles but had difficulties accessing sufficient cleaning and sterilisation facilities. Complementary feeding practices were also sub-optimal with insufficient feeding frequency and poor diet diversity. This seemed due to several factors, including lack of access to fresh food during the journey, lack of money and poor child appetite. Moreover, the unsuitability of available food for the children, even at the camps, was often mentioned by caretakers.

Almost all caregivers reported serious problems regarding their children during the journey. The most serious problems that the caretakers were facing were lack of/inability to sleep, distress including anger and crying, disease, and hunger/lack of appetite/lack of food. Diarrhoea and cough in the previous two weeks were widespread. Caregivers also mentioned that they were themselves eating less frequently and in smaller quantity and poorer quality than when at home.

Table Infant and young child feeding practices, refugees on Lesvos Island, February 2016

Indicator	Total (%)	Refugees from Syria (%)	Refugees from Afghanistan (%)
Exclusive breastfeeding under 6 months	16 (41.0)	7 (29.2)	7 (58.3)
Continued breastfeeding at 1 year	18 (60.0)	8 (44.4)	9 (81.8)
Continued breastfeeding at 2 years	4 (22.2)	0 (0)	4 (100)
Timely introduction of solid, semi-solid or soft foods	21 (80.8)	13 (81.3)	6 (75.0)
Minimum meal frequency	67 (61.5)	44 (69.8)	17 (45.9)
Minimum dietary diversity	23 (22.3)	13 (20.6)	9 (24.3)
Minimum acceptable diet	20 (19.4)	12 (21.0)	7 (18.9)

Main recommendations

- Reinforce specific measures for families with young children so that rest and safe environment are maximised for caretakers and young children;
- Strengthen communication (in a language understood by the refugees) about the Mother Baby Areas and the outreach activities, especially for Afghan refugees;
- Reinforce the screening of mothers of young children to identify the support they need in terms of breastfeeding, infant formula supplies, hygiene, accessing complementary foods, direction to other services, to improve coordinated support;
- Provide one-to-one counselling to breastfeeding mothers and develop key messages and information education and communication materials to dispel breastfeeding myths and misconceptions and build confidence in breastfeeding despite adverse conditions;
- Ensure adequate translation services for mothers;
- At the same time as encouraging cup feeding, reinforce the provision of supplies and facilities to clean bottles (hot water, detergent, brush; sterilisation facilities);
- Provide appropriate supplementary food to breastfeeding women at the camp and for the continuation of the journey;
- Provide adequate complementary food for children above 5 months in terms of palatability, acceptability and quality, at the camp so that dietary diversity and meal frequency is increased;
- Provide appropriate complementary food for children above 5 months, such as high energy biscuits or ready to use foods that can be fed to the children during the continuation of the journey;
- Better integrate IYCF-E services with protection and psycho-social support services to help mitigate caretakers and children distress.

1. Background

The number of refugees and migrants prepared to make potentially perilous journeys to flee conflict and persecution is at an all-time high. The number of people seeking refuge in Europe has especially risen since mid-2015. Many of them cross from Turkey to Greece islands and continue their journey to other European countries. The vast majority of refugees and migrants travelling to Europe come from Syria, Iraq, Afghanistan, Somalia, Sudan, Eritrea and Nigeria. More than 850 000 people arrived by sea on Greek islands in 2015 (figure 1) and around 150 000 people arrived between January and March 2016. On Lesvos Island alone, more than 85 000 people have arrived since the beginning of 2016.[1] This includes around 4 500 0-1 year old children, considering they might represent around 5% of the total arrivals.[2,3]

The political decisions about refugee movements have greatly impacted the flow of refugees arriving and staying on Greek islands. After the closure of the border of the Formal Yugoslav Republic Of Macedonia on 21 February 2016, many refugees, especially from Afghanistan, decided to stay longer on the islands instead of moving through as soon as possible. The recent agreement between the European Union and Turkey, stating that all new irregular migrants crossing from Turkey into Greek islands will be returned to Turkey and for every Syrian returned to Turkey from Greek islands, another Syrian will be resettled from Turkey to the EU, has had further implications on refugee movement and support provided by NGOs to the camps. Since the enforcement of the deal on 20 March 2016, the number of refugee arrivals has dramatically decreased while NGOs have pulled out or reduced their support in the camps that have been transformed into detention centres.[4]

[1] UNHCR, Refugees/migrant response, Mediteranean.http://data.unhcr.org/mediterranean/country.php
[2] UNHCR. Profiling of Afghan refugees arriving on Greek islands. February 2016.
[3] UNHCR. Profiling of Syrian refugees arriving on Greek islands. February 2016.
[4] Save the Children. Save the Children suspends support services on Greek island detention centres following EU-Turkey deal. March 2016

Figure 1 UNHCR map of arrivals and travel routes to and from the Greek Islands. Save the Children logo denotes the operational bases (February 2016)

Although support to refugees has been increasingly organised, the camps hosting refugees in many transit countries have lacked adequate management capacity and ability to provide access to basic facilities. The ever changing number of refugee arrivals due to different factors, including weather conditions and fluctuating European country refugee hosting policies, has also complicated the delivery of aid. Moreover, this refugee situation is somewhat unique in the sense that the refugees do not stay long in their different stop-overs but are usually in a hurry to move to the next location. Provision of support needs to be adapted to the rapid movement, high stress of the refugees and fear of families separating, making it difficult to engage with refugees.

1.1 Overview of Save the Children programme in Greece

Save the Children's (SC) Greece response to the crisis first began on the island of Lesvos in mid-August 2015, and gradually scaled up to seven different locations across Greece: Lesvos, Samos, Chios, Kos, Leros, Northern Greece Border with the Former Yugoslav Republic of Macedonia and Athens (figure 1). The focus has been Child Protection (including outreach, child-friendly spaces and transit accommodation for unaccompanied children), with additional operations in Infant and Young Child Feeding in Emergency (IYCF-E). The child protection activities have been closely integrated with the IYCF-E sector to provide a comprehensive package of services to children and their families.

At the time of the assessment, emergency food distributions in Lesvos and northern Greece border were also provided. In Lesvos, SC provided one cooked meal for up to 8 000 people

each day, to close the gap between the food people may have had and the food they needed to cover their energy and nutrient needs. The food distribution covered the whole population with prioritization for children from 6 months and women. In addition, buses were run, jointly with International Rescue Committee and Mercy Corps, from the north of Lesvos to the southern registration points for those who had been arriving by boat. Hygiene kits were also distributed to vulnerable families, as well as winter clothing and boots for children in northern Greece border and Lesvos. To fill a critically needed WASH gap and in collaboration with Oxfam, shower blocks in Moria camp, Lesvos, were rehabilitated.

Since the EU-Turkey deal on 20 March 2016, Save the Children has suspended all basic service support activities in detention centres on Lesvos, Chios, Samos, Kos and Leros, including the provision of bus transport to the camp of Lesvos, the distribution of basic cooking and shelter provisions, and food distribution in Moria camp on Lesvos, which has been taken over by the Greek Armed Forces. However food distribution has been maintained in Kara Tepe camp on Lesvos, which is run by the local municipality and remains an open facility, as well as child protection activities in all camps due to ongoing concerns regarding the situation and living conditions of children living inside the closed camps.

1.2 IYCF-E services in Lesvos

The IYCF-E strategy for SC in Greece relies on three main components:

1. Setting up of Mother-Baby Areas (MBAs), integrated with child-friendly spaces (CFS);

2. Capacity building of local and international partners on IYCF-E optimal practices and minimising the risks of artificial feeding;

3. Monitoring and coordination for the compliance with IYCF-E operational guidance[5],[6] and International Code of Marketing of Breast Milk Substitutes[7];

SC has established MBAs, linked to the CFS, where mothers of infants and young children have access to a safe space to rest, change, feed and play with their children. In both camps on Lesvos, the MBA is established in the same compound as the CFS, in a tent or housing

[5] IFE Core Group. Infant and Young Child Feeding in Emergencies. Operational guidance for relief staff and programme manager. 2007
[6] IFE Core Group. Interim Operational Considerations for the feeding support of Infants and Young Children under 2 years of age in refugee and migrant transit settings in Europe. Oct 2015
[7] World Health Organisation. International code of marketing of breastmilk substitute. 1981

unit just next to the one allocated for the CFS. Mothers and children can easily and safely navigate from one space to the other. Two MBAs are run through direct implementation, respectively in the two official camps of Moria and Kara Tepe. Care givers of children under two years visit the MBA following a referral from the CFS (when other siblings play in the CFS), spontaneously (there are several signs installed in the two camps), or through outreach activities (carried out by SC volunteers, child protection team and IYCF-E counsellors). The MBAs are opened from 8 am to 4 pm.

In the MBAs, counselling on breastfeeding, complementary feeding, emotional support, artificial feeding and general child care and health is offered by trained and skilled counsellors. While the MBA aims to stay a safe and non-medicalised space, caregivers of formula-fed babies are referred to a medical partner for a medical check-up and powdered infant formula. The criteria for referrals are: young children under 12 months of age assessed as formula-dependent (e.g. artificially fed before the families started the route, unwillingness of the mother to breastfeed, absence of milk); mother unable to breastfeed temporarily (e.g. stress, re-lactation process). Due to the high risk of infection and contamination in this particular context, caregivers also receive advice on the safest and most hygienic way to prepare artificial milk while in transit. A kit for safer use of breast-milk substitutes is distributed, consisting of a thermos flask, a pot to boil water, a large cup to mix the infant formula, a measuring scoop, a baby spoon, soap and preparation surface. The main item of the kit is a plastic cup that the caretakers can use to cup-feed their baby (demonstration is done by the counsellors). This is a practice promoted to lower the risk of using unclean teats and feeding bottles. The number of items in the kit has been reduced to the minimum so that it can be easily carried by the caregivers throughout their journey. The distribution of the kits and powder infant formula is done out of sight from breastfeeding mothers in order to protect their practices and avoid indirect promotion of artificial feeding. The procurement of ready-to-use infant formula has been sought by SC to replace the distribution of powdered infant formula and kit, but was not in effect at the time of this assessment. During January and February 2016, 575 caregivers and 612 children visited the MBA, with a daily average of 16 mother-children pairs.

Besides the MBA, a large component of capacity building of emergency responders (NGOs, public organisations, volunteers, etc.) has been developed by SC. With the objective of reinforcing other organisation’s awareness on IYCF-E, a number of orientation and sensitisation sessions have been organised during general coordination meetings, technical

working groups, and more specifically for targeted organisations and volunteers' associations. Moreover, training on IYCF-E, including skilled support and counselling on optimal practices has been provided to SC IYCF-E staff and partner organisations.

Additionally, SC will lead the IYCF-E coordination system in Greece in collaboration with UNHCR, UNICEF and the Institute of Child Health, a governmental body led by the Ministry of Health.

Other organisations are also engaged in IYCF-E activities on Lesvos Island. With the technical support of SC, several MBAs have been set up through two different partners in different locations.

Many untargeted and unsolicited distributions of artificial feeding materials (mainly powdered infant formula, feeding bottles and pacifiers) have been reported in different locations of Lesvos, mainly through independent volunteers or associations receiving spontaneous donations from the host community. When violators of the code of marketing of breast-milk substitutes were identified, technical support has been organised by SC to raise awareness with regard to the protection of breastfeeding practices and risks of artificial feeding in a refugee situation.

No specific organisations have been formally working on the provision of complementary food for children from 6 to 24 months but some complementary foods are arbitrarily distributed by some organisations without proper selection criteria (baby jar food, condensed milk, etc.).

Different challenges have been identified in terms of IYCF-E programming and implementation:

- High number of emergency responders (national, international NGOs and volunteers) with high staff turn-over, leading to inconsistency in the provision of services and respect of humanitarian standards in general;
- Lack of knowledge and compliance to The Operational Guidance for Infant Feeding in Emergencies and the Interim Guidance for Infant Feeding in Transit amongst the humanitarian community, leading to potential harmful practices and violations of The Code of Marketing of Breast Milk Substitutes;
- Absence of lead agency for IYCF-E before SC involvement;

- Ever-changing context requiring quick adaptation and flexibility and leading to the frequent adaptation of the protocols used in the programme;
- Difficulties in identifying appropriate partners willing to engage in IYCF-E due to restricted mandate or lack of technical expertise, leading to a low coverage of IYCF-E activities;
- Language barriers: diverse profiles of the population arriving in Greece, with a majority of Syrian, Iraqi and Afghani nationalities. The main languages used are therefore Arabic and Farsi/Dari, but also Urdu and Kurdish, and organisations faced difficulty to recruit staff with appropriate language skills. For the IYCF-E programming, this presents a particular challenge for the provision of skilled and adapted counselling;
- Difficulties in identifying a suitable local or international supplier for the provision of Ready-to-use Infant Formula (RUIF), assessed as being the most suitable form of infant formula for infants less than 12 months requiring artificial feeding assistance.

1.3 Objectives of the assessment

In view of the above context, the objectives of the assessment were to:

- Assess and quantify infant and young child feeding practices among refugees arriving in Europe
- Understand the priority needs for children less than two years
- Evaluate the perception of the MBAs by the refugees

2. Methodology

A cross-sectional survey of caretakers of infants and young children below 24 months (hereafter referred as “children”) was conducted.

The sampling frame was refugees of any nationality at the formal (Moria and Kara Tepe) camps or the informal camp near Moria the day of the interview.

Because of the volatile situation, including the impossibility of accessing the refugee registration list; uneven arrivals and departures of refugees; movement of refugees within camps, between camps and to the port/city of Mytilini; and impossibility of conducting interviews of some refugees; it was not possible to draw a random sample of the refugee population. Instead a convenience sample of refugees was interviewed.

2.1 Questionnaire

Interviews were conducted using a standard questionnaire derived from internationally agreed questionnaire on IYCF practices[8] with additional questions specific to the refugee situation (Annex 1). The questionnaire was written in English and translated into Arabic and Farsi. Adaptations were also used on the spot in the different dialects that different groups could understand. Moreover, it had been originally planned to conduct some focus group discussions to put the results of the questionnaires into perspective but this proved difficult to conduct in the camps at the time of the assessment. Instead, some of the questions developed for the focus group discussions were asked individually to some of the caretakers interviewed (Annex 2).

2.2 Refugee movements in Lesvos

The main movement pattern of refugees at the time of the assessment was as follows: when the refugees arrived in Lesvos, they were transported from the beaches to Moria camp. This was the only camp with registration facilities at the time of the assessment, and was run by the Ministry of Migration. At Moria camp, registrations for refugees were divided into Arabic speaking and non-Arabic speaking refugees at two separate areas where they were taken in batches during the day (see map of the camp in Annex 3). They were given a number and were called for registration in turn.

Before registering, some refugees dealt with immediate needs, such as dry clothes, food, drink and shelter. Particularly vulnerable refugees, including people with disabilities, single mothers with children, extremely ill individuals, and elderly people were – for the most part - quickly taken to specific shelters outside of Moria, after speedy registration at Moria. Some refugees took the decision not to register and to leave the camp.

In the afternoon, most families were allowed to a special overnight family shelter for refugees travelling with children, which was separated from the rest of the camp by wire fence. Entrance to the family shelter was open from about 3pm and the refugee families had to leave at about 10am and wait in line the following day to be readmitted if they were still in the camp.

[8] World Health Organization. Indicators for assessing infant and young child feeding practices. Part 2: Measurements. 2010

The other official camp was Kara Tepe, managed by the municipality. During the survey this camp was used for overnight accommodation for Arabic-speakers only. Buses took refugees that had already been registered in Moria to Kara Tepe in the afternoon when accommodation was full in Moria.

The unofficial camp next to Moria was run by volunteers who provided accommodation in tents, as well as food, medical services, a child friendly area, an MBA and non- food items such as clothes. The refugees staying at the unofficial camp were mostly those who stayed on the island for some time. The refugees with ferry tickets left Moria by local bus or taxi to go to the port to await their ferry. These departed usually at 8pm or midnight or early morning but also at other times during the day. Some ferries were dedicated for refugees and some also took other passengers. Most of the refugees took the ferries the day of their arrival. Some stayed for a night or a couple of days in the camps.

2.3 Sampling

Interviews were carried out in the official camps of Moria and Kara Tepe and the unofficial camp near Moria.

Since most refugees passed through Moria for registration, most interviews were conducted there. When time allowed, some interviews were also conducted in Kara Tepe and the informal camp to maximise sample size. Within Moria, interviews were carried out in the registration waiting area prior to registration; the open area where people were waiting for services or departure; shelters in the family area when the door was open; and occasionally in or near medical facilities. Within Kara Tepe interviews were carried out in the open area. Within the informal camp interviews took place in the open area, medical area or occasionally in tents. Interviews with refugees were not conducted immediately after arrival on beaches or at assembly points. It was considered that this would be too soon after arrival because of the stress, potential trauma, cold and exhaustion of the refugees.

The assessment team did not usually approach the refugees for interview in the following situations: those who had just arrived in the camp from the beaches; those who showed visible exhaustion, trauma or were wet; when the caretaker of the child was absent temporarily; those who were hurrying to leave the camp to catch a ferry; those who were settled in a shelter or tent with the door shut, or; if there was a disturbing atmosphere, for example where a fight had broken out.

The number of caretakers interviewed each day depended on the number of people who were available and therefore driven by practical considerations rather than a set number. The number of people interviewed on any one day depended on: The number of arrivals and nationality mix, which depended on several factors including weather conditions and political decisions about border closures; the time of arrivals relative to the time the assessment team went to the camp; and the weather – rain meant that the refugees did not sit in the open areas.

2.4 Assessment procedures

The interviews were carried out by a team of three people: a team leader, and two interviewers in Arabic and Farsi, respectively. The interviewers approached refugee households who had young children with them who appeared to be in the age range, including those who could be under 2 but looked older. The family was asked the age of the children. If the household was ineligible (i.e. child over 2 years) they were politely thanked. If the children were eligible the assessment information sheet was read and the oral consent of the family was sought (Annex 4). In case of refusal, the family was politely thanked. Otherwise the interview was conducted.

During the course of the interview the respondents generally asked many questions about the camp, what can be expected and how to deal with the situation. These questions were dealt with at the end of the interview and the interviewer directed the respondent to the MBA, CFS or other the services required.

The team leader supervised the interviewers throughout the survey. For the first day of the survey all three members of the team stayed together alternating the roles of interviewer, data input and translation until all were familiar with the procedure. Thereafter the team leader worked alternatively with one or other of the interviewers and answers were translated. Data of the standard questionnaire was collected electronically on tablets off-line using kobo and uploaded each evening after checking. Thorough checking of date of birth and age were carried out after each batch of data was uploaded to the database. The responses to open-ended questions that were asked at the end of interviews were recorded in writing on pre-printed forms and data entered later using excel.

2.5 Timeline

Initial planning and training of translators was done 15-20 February 2016, including visits to the formal and informal camps, discussions with officials and NGO representatives about the

movements of people and where interviews would be possible. A field test was carried out with the Farsi interviewer and amendments to the sampling design and questionnaire made accordingly.

Field data collection took place from 22 February to 4 March 2016.

2.6 Data cleaning and analysis

Data was checked for plausibility and analysed using Stata. Because the assessment used a convenience sampling, no confidence intervals were calculated. Internationally agreed IYCF indicators were assessed.[6] When deemed appropriate, results were disaggregated by nationality and date of arrival in the camp.

3. Results

3.1 Data

Data errors and missing values represented less than 5% of the records for any variable.

3.2 Interviews

Overall, 146 caretakers were interviewed, including 126 interviews conducted at the official camp of Moria, 11 at the official camp of Kara Tepe and 9 at the unofficial camp. Most of the interviewees cared for one child while two were in charge of two children less than 24 months. Most of the interviews were run in Farsi or Arabic. Double translation from Kurdish and Yezidi to Arabic and Urdu to Farsi, mostly by other family members, were used for seven families. Only two interviews of Kurds and Yezidis who spoke no Arabic were missed due to language constraints.

Fifteen families refused to participate in the interview because: they were too tired and wet (6); the caretaker of the child was not available (4); they were called for registration (3); or they needed to leave the camp (2). Moreover, two caretakers declined to have the interview about their second child, stating that the answers would be the same as for the first child.

3.3 Infants and children characteristics

Overall, 148 children were included in the assessment. Children from Syria and Afghanistan were the most represented (table 1).

Table 1 Nationality of children included in the assessment

Nationality	Number (%)
Syria	87 (58.8)
Afghanistan	49 (33.1)
Iraq	7 (4.7)
Eritrea	1 (0.7)
Other*	4 (2.7)
Total	148 (100)

*From Iran (3) and the Gambia (1)

Median age was 10.2 months, ranging from 0.3 to 23 months. Table 2 shows the repartition by age group. Proportion of male and female were 46.6% and 53.4%, respectively.

Table 2 Age of children included in the assessment

Age group	Number (%)
0-5 months	39 (26.3)
6-11 months	49 (33.1)
12-17 months	34 (23.0)
18-23 months	26 (17.6)
Total	148 (100)

Most of the families interviewed (74.3%) had left their original residence in 2016, while 25.7% had left in 2015 and 8.1% in 2014. Most of them had left their original residence less than one month ago (56.8%), while 31.8%, 3.4% and 8.1% had left between 2 and 5 months ago, 6 and 11 months ago, and 12 months or more, respectively. The majority of the families were at the camps the day prior to the interview (59.5%) and 40.5% were in Turkey.

3.4 IYCF practices

3.4.1 Breastfeeding practices

Overall, 62.8% of children were breastfed and 37.2% were not. Among the caretakers who were breastfeeding, 84.9% stated that they changed breastfeeding frequency compared to

before departure. Most of them (91.1%) were breastfeeding less frequently. Median breastfeeding was 7 times per day, varying from 1 to 28. Most of the caretakers were breastfeeding 5 times per day or less (36.6%) while 38.7% and 24.7% were breastfeeding between 6 and 10 times per day, and more than 10 times per day, respectively.

A majority of breastfeeding women reported difficulties with breastfeeding: 68.8%. The difficulties the most frequently cited were: Not enough milk supply; women did not get enough food; and women were stressed (table 3).

Table 3 Difficulties with breastfeeding

Reason	Number (%)*
Not enough milk supply	44 (68.7)
Not enough food for caretaker	41 (64.1)
Caretaker stressed	27 (42.2)
Caretaker ill	9 (14.1)
Poor quality of milk	6 (9.4)
Clogged milk ducts	5 (7.8)
No privacy	4 (6.2)
Baby refused breastfeeding	2 (3.1)
Baby not able to suckle	1 (1.6)
Other	5 (7.8)

*Several answers were possible

Less than half of children less than 6 months were exclusively breastfed and just over half of the children were still breastfed at one year (table 4). Breastfeeding practices seemed generally more adequate compared to recommended practices among refugees from Afghanistan than among refugees from Syria.

Table 4 Breastfeeding practices

Indicator	Total (%)	Refugees from Syria (%)	Refugees from Afghanistan (%)
Exclusive breastfeeding under 6 months[1]	16 (41.0)	7 (29.2)	7 (58.3)
Continued breastfeeding at 1 year[2]	18 (60.0)	8 (44.4)	9 (81.8)
Continued breastfeeding at 2 years[3]	4 (22.2)	0 (0)	4 (100)
Age appropriate breastfeeding[4]	64 (43.2)	31 (35.6)	26 (53.1)
Predominant breastfeeding under 6 months[5]	5 (13.0)	3 (16.7)	2 (13.2)

[1]Proportion of infants 0–5 months of age who are fed exclusively with breast milk
[2]Proportion of children 12–15 months of age who are fed breast milk
[3]Proportion of children 20–23 months of age who are fed breast milk
[4]Proportion of children 0–23 months of age who are appropriately breastfed: infants 0–5 months of age who received only breast milk during the previous day and children 6–23 months of age who received breast milk, as well as solid, semi-solid or soft foods, during the previous day
[5]Proportion of infants 0–5 months of age whose predominant source of nourishment is breast milk, but who also receive other fluids. These include liquids, such as water-based drinks, fruit juice and ritual fluids. Non-human milk and food-based fluids are not allowed.

3.4.2 Use of bottles and cups

Around 50% of caretakers were using bottles (59.8% of Syrian refugees and 34.7% of Afghan refugees) and 44.0% were using a cup (43.7% of Syrian refugees and 42.9% of Afghan refugees) for feeding their children any liquid. Bottles were consistently used across age groups while cup was predominantly used for children older than 5 months (table 5).

Table 5 Bottle and cup feeding of any liquid among children included in the assessment

Age group	Bottle feeding (%)	Cup feeding (%)
0-5 months	17 (43.6)	1 (2.6%)
6-11 months	28 (57.1)	25 (51%)
12-17 months	19 (55.9)	21 (61.8%)
18-23 months	9 (34.6)	18 (69.2%)

3.4.3 Milk other than breastmilk

Around 30% of caretakers fed their children with powdered infant formula. This was consistent across age until 11 months (35.5% among the 0-5 months and 38.8% among the 6-11 months) and slightly decreased thereafter (32.3% and 19.2% among the 12-17 months and the 18-23 months, respectively). The main sources of infant formula were purchase in shops (53.1%) and donation by charities (44.9%).

Around 20% of the caregivers had also fed their children any milk (not including infant formula), sour milk or yoghurt. This concerned 2.6% of the 0-5 month olds, 18.4% of the 6-11 months, 32.3% of the 12-17 months and 42.3% of the 18-23 months. The main source of water used to reconstitute infant formula was bottled water (81.6%); the other source was tap water. Three-quarters of the refugees who had used tap water did so while in Turkey, before crossing to Lesvos Island. The majority of the refugees (61.2%) did not have the facilities and supplies to boil water to prepare infant formula.

Milk feeding frequency for non-breastfed children (proportion of non-breastfed children 6–23 months of age who receive at least 2 milk feedings) was adequate for only 33.9% of the children (42.9% among Syrian refugees and 21.6% among Afghan refugees).

3.4.4 Complementary feeding

Introduction of solid, semi-solid or soft foods was timely for a majority of children (table 6). Minimum meal frequency was adequate for only around 60% of children while diet diversity was poor with only around 20% of children having minimum dietary diversity and a minimum acceptable diet. Minimum dietary diversity was found to be slightly better among refugees who were at the camp the day before (31.7%) than for those who had arrived the day of the interview (16.1%). A majority of children more than 5 months had consumed grains, roots or tubers (68.8%) and dairy products (60.5%). Around a quarter of children had consumed vitamin A rich fruits and vegetables and other fruits and vegetables, respectively. Flesh food, legumes and nuts, and eggs had been consumed by only 11.9%, 8.3% and 5.5% of the children more than 5 months.

Table 6 Complementary feeding practices

Indicator	Total (%)	Refugees from Syria (%)	Refugees from Afghanistan (%)
Timely introduction of solid, semi-solid or soft foods[1]	21 (80.8)	13 (81.3)	6 (75.0)
Minimum meal frequency[2]	67 (61.5)	44 (69.8)	17 (45.9)
Minimum dietary diversity[3]	23 (22.3)	13 (20.6)	9 (24.3)
Minimum acceptable diet[4]	20 (19.4)	12 (21.0)	7 (18.9)

[1]Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

[2]Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more. Minimum is defined as: 2 times for breastfed infants 6–8 months; 3 times for breastfed children 9–23 months; 4 times for non-breastfed children 6–23 months

[3]Proportion of children 6–23 months of age who receive foods from 4 or more food groups. The 7 foods groups used for tabulation of this indicator are: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables and other fruits and vegetables.

[4]Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk): Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day; and non-breastfed children 6–23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day

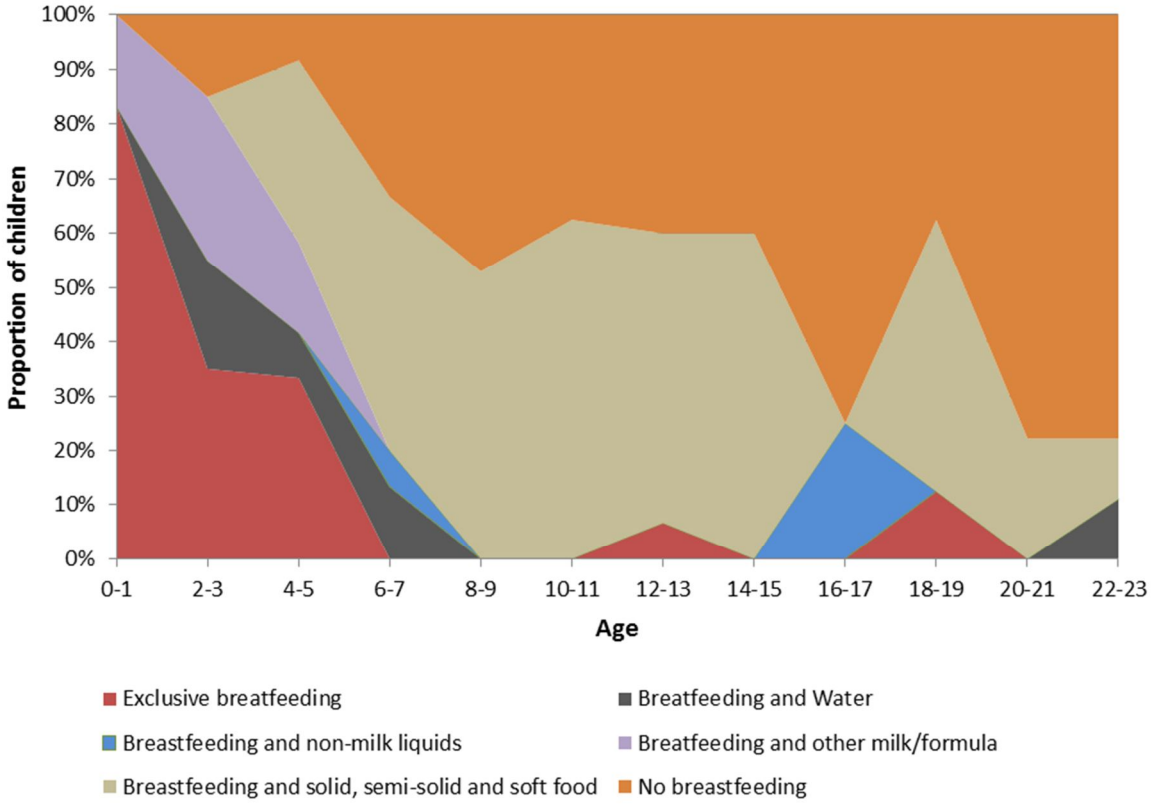
The main reported sources of food for children were donation by charities (73.8%) and purchase (48.5%). Donation by charities was reported more frequently among Syrian refugees (90%) than Afghan refugees (45.0%). It was also most commonly reported among those who were at the camp the day before (97.6%) compared to those who had arrived the day of the interview (57.4%). All of the Syrian refugees who were at the camp the day before had received food from charities while 89.0% of Afghans had. Among those who were not at the camp the day before, 81.0% of the Syrian refugees had received donations from charities compared to only 29.0% of Afghan refugees.

3.4.5 Feeding practices by age

Figure 2 describes breastfeeding practices by age. Although all 0-1 month infants were breastfed, breastfeeding decreased sharply with only 80-90% of infants breastfed at 2-5

months, and 60% and 20% of the infants breastfed at 10-12 months and 22-23 months, respectively. Moreover, only 80% of the 0-1 months were exclusively breastfed and exclusive breastfeeding further fell sharply with age with only around 30% of the 2-3 months and 4-5 months exclusively breastfed. At 2-3 months, 20% of the non-exclusively breastfed infants also received water (20%) and other milk, respectively. At 4-5 months, around 30% of the non-exclusively breastfed infants also received solid, semisolid or soft food.

Figure 2 Feeding practices by age



3.5 Illness and hygiene

According to caretakers, in the prior two weeks, 37.2% of the children had diarrhoea, (varying from 43.6% at 0-5 months to 34.9% at 6-23 months), 62.2% of the children had cough (this was consistent across ages), including 13.5% who had a lower respiratory infection.

The last time children passed stools, children's stool disposal was done using diapers put in garbage (97.3%). This was similar across nationalities.

3.6 Serious problems regarding the children

The majority of caregivers (91.9%) reported to have had a serious problem with their children during the journey. When asked about the most serious problems and the second most serious problems with their children, the caretakers mentioned the lack of/inability to sleep (20.6%), disease (19.1%), distress including anger and crying (17.6%) and hunger/lack of appetite/lack of food (16.2%) as their first serious problem. The second most serious problems mentioned was distress including anger and crying (58.6%) and disease (20.7%).

3.7 Support received in the camp

Only 19.6% of the refugees were aware of the Mother Baby Areas (MBA) set up by SC. Those who were at the camp the day before were more likely to be aware of the MBA (34.5%) than those who arrived the day of the interview (17.7%). Generally, Syrian refugees seemed more likely to be aware of the MBA (24.1%) than Afghan refugees (12.2%). Among those who were aware, 58.6% had used them. This was similar across nationalities.

3.8 Results of qualitative questionnaires

Thirty-two women were further interviewed about one or several of the following issues: the change in children's diet and their own diet during the journey compared to when they were home; the main challenges they had with children's and their own diet during their journey; the use of bottle feeding and their cleaning; change in child and caretaker well-being; perception of MBAs and other services and supplies provided at the camp for the children.

3.8.1 Main changes in the child's diet

Several women reported that they had less breastmilk than before (some mentioned it was because of stress) and that they complemented breastmilk with other foods.

Most women reported that, while at home they were giving fresh and diverse food to the children, they were not able to do so during the journey. They were mostly giving dry foods such as bread and biscuits. They missed fresh food, especially meat and protein foods. This was mostly because fresh food was not available during their journey either because they could not stop to buy food or because of lack of money. Some mothers also stated that the children had no appetite and/or did not like the food that was offered to them, while other children were keener to breastfeed than before.

3.8.2 Use of bottle and cleaning

Several women reported using bottles and deplored the lack of facilities, detergent, hot water or sterilisation to clean them during the journey and at the camp, but one caretaker stated that she used a bottle sterilising area at the family shelter at the camp. Some caretakers sometimes used a cup while some others mentioned that the children refused it.

3.8.3 Change in child well-being

Most women reported that their child have had some illness. Some also mentioned that their child had lost weight, while others reported the opposite. All women reported that their children were distressed.

3.8.4 Main changes in caretakers' diet

Many women related that they had a more balanced diet at home. During the journey, they were eating less in quantity and frequency than before departure and also were eating less fresh food. Caretakers reported eating less because they had little money and because they fed their children first.

3.8.5 Caretaker's well-being

Some caretakers mentioned that they were ill while others said they had no illness. Some caretakers also mentioned exhaustion.

3.8.6 Support provided to the children in the camp and other support needed

A few caretakers had used the MBA and found it useful, including the supply of diapers and wipes. Some caretakers had looked for the MBA but did not find them (this might be because the MBA in Moria was closed for some days during the assessment).

Some women reported it would be good that a space where young children can play is available (the CFS are for children from 5 years). Other support that was often mentioned was to offer children food appropriate to them in terms of quality and taste (e.g. soft foods, not too spicy). Bottled water as well as facilities and materials to clean bottles were also highly demanded.

4. Discussion

The main limitation of the assessment is the use of a convenience sampling due to the impossibility to draw a random sampling in this highly mobile population. The results of the

assessment might therefore not be representative of the refugee populations arriving at Lesvos and should be interpreted with caution.

We tried to ensure that our sampling was as representative as possible by conducting most of the interviews at Moria camp where all refugee families are meant to pass by. Some of the possible bias in the sampling includes: not all families arriving on the island might have come to the official and unofficial camps surveyed; the most vulnerable families had a rapid registration process and were less likely to be interviewed; families looking especially stressed at their arrival (e.g. exhausted, wet, etc) were not approached for interviews; and some families might have stayed too little time in the camp to be interviewed. However, the proportion of the different refugee nationalities included in our sample is in line with the proportion of the refugee nationalities arrived in Greece in 2016 (Syrian refugees (49%), Afghan refugee (26%), and Iraqi refugees (16%)). Our sample also presented a sex breakdown that is within normal range.

Despite the limitations in the methodology that could not be overcome due to the very nature of the refugee movements, the assessment gives insights into IYCF practices among the refugee population in transit in Europe using standard indicators that are important to further guide IYCF-E programme. Although the assessment was conducted at the arrival of refugees in Greece, it can also be used to inform programme implementation during further movement of the refugee population in Europe.

The results of the assessment show a serious situation regarding IYCF practices and the general wellbeing of children and caretakers. Breastfeeding patterns were far from optimal. The majority of mothers reported difficulties in breastfeeding, including poor milk supply, their own lack of food and their stress. Around a third of the caretakers were feeding their children infant formula that they bought or received from charities. A majority of caretakers were using bottles but had difficulties accessing sufficient cleaning and sterilisation facilities. Complementary feeding practices were also sub-optimal with insufficient feeding frequency and poor diet diversity. This seemed due to several factors, including lack of access to fresh food during the journey, lack of money and poor child appetite. Moreover, the unsuitability of available food for the children, even at the camps, was often mentioned by caretakers.

Almost all caregivers reported serious problems regarding their children during the journey. The most serious problems that the caretakers were facing were lack of/inability to sleep, distress including anger and crying, disease, and hunger/lack of appetite/lack of food.

Diarrhoea and cough in the previous 2 weeks were widespread, but these results should be taken with caution, especially for diarrhoea, due to the difficulties of identification by caretakers recall. Caregivers also mentioned that they were themselves eating less frequently and in smaller quantity and poorer quality than when at home.

Only a small proportion of refugees were aware of the MBA, but when aware, a majority used them, showing the interest in such support. The proportion of caregivers aware of the MBAs could be slightly under-estimated because the MBA in Moria was closed for four days during the assessment. Afghan refugees seemed to be less aware of the MBAs than Syrian refugees. This could be partly due to the location of the registration area for Syrian refugees being closer to the MBAs (see Annex 3) and generally to the lack of availability of services near the registration area for Afghan refugees. Caregivers mentioned that they would value additional support in terms of provision of complementary food suitable for young children, provision of bottled water, as well as bottle cleaning/sterilising facilities.

5. Recommendations

- Reinforce specific measures for families with young children so that rest and safe environment are maximised for caretakers and young children, e.g. priority for registration, continuous access during the day and night to private spaces;
- Strengthen communication (in a language understood by the refugees) about the MBAs and the outreach activities, especially for Afghan refugees, to increase awareness about the availability of the MBAs;
- Reinforce the screening of mothers of young children to identify the support they need in terms of breastfeeding, infant formula supplies, hygiene, accessing complementary foods, direction to other services, to improve coordinated support;
- Provide one-to-one counselling to breastfeeding mothers and develop key messages and information education and communication materials to dispel breastfeeding myths and misconceptions and build confidence in breastfeeding despite adverse conditions;
- Ensure adequate translation facilities for mothers to enable service providers to understand their perceptions and experiences and explain what the MBA can offer;
- At the same time as encouraging cup feeding, reinforce the provision of supplies and facilities to clean bottles (hot water, detergent, brush; sterilisation facilities);
- Provide appropriate food to breastfeeding women at the camp and for the continuation of the journey;
- Provide adequate complementary food for children above 5 months in terms of palatability, acceptability and quality, at the camp so that dietary diversity and meal frequency is increased; especially emphasise provision of flesh food, legumes and nuts, eggs, fruits and vegetables which have been lacking in the children's diet;
- Provide appropriate complementary food for children above 5 months, such as high energy biscuits or ready to use foods that can be fed to the children during the continuation of the journey, to provide essential nutrients in a form that can be easily transported and consumed when travelling;
- Better integrate IYCF-E services with protection and psycho-social support services to help mitigate caretakers and children distress.

Authors and acknowledgement

This report was written by Claudine Prudhon, with contributions from Anne-Marie Mayer and Tram Minh Lee, as well as inputs from Mardjan Abidian, Barbara Bale, Christine Fernandes, Megan Gayford and Nisrine Jaafar.

The assessment was conducted by Anne-Marie Mayer, Mardjan Abidian and Nisrine Jaafar. The assessment was further supported by Tram Minh Lee, Barbara Bale, Megan Gayford and Save the Children International Greece Office. Claudine Prudhon designed the questionnaire and analysed the data.

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Annex 1 Quantitative questionnaire

1.Location of the Interview

O Official camp

O Unofficial camp

O Port

O Other

2. Precise

---

3. Household ID

Initials of interviewer+day of dates (eg 22 February=22)+family nb=nb of families you've interviewed since beginning of the day)

---

4. Child ID

Number of child interviewed within the household, eg 1, 2

---

5. What is the name of your child?

You cannot enter the name because of confidentiality but use the name during the interview

6. How many months is (NAME)?

7.What Is (NAME)'s date of birth?

yyyy-mm-dd

---

8. From which nationality Is (NAME}?

Do not read the answers aloud

O SYRIA

O AFGHANISTAN

O IRAQ

O PAKISTAN
O ERITREA
O SOMALIA
O NIGERIA
O SUDAN
O OTHER
O DO NOT KNOW

9. Precise

Precise nationality if other

---

10. Is (NAME} male or female? *

O Male
O Female

11. When did you leave your original residence?

If do not know enter 01101/2000

yyyy-mm-dd

---

12. **Where were you yesterday?**

---

13. When did you arrive on Lesbos island?

yyyy-mm-dd

---

14. Now,I would like to ask you how you fed (NAME) yesterday

15.Was (NAME) breastfed yesterday during the day or at night? *

O Yes
O No

O Do not know

16.How many times yesterday during the day or at night did you breastfeed (NAME):

Record 99 if do not know

17.Have you changed the frequency of breastfeeding (NAME) since the start of your journey? *

O Yes

O No

O Do not know

18.Are you now breastfeeding (NAME) more or less than before the start of your journey? *

O More

O Less

O Do not know

19.Were there any difficulties with breastfeeding (NAME) yesterday? *

O Yes

O No

O Do not know

20. What were the difficulties with breastfeeding (NAME) yesterday?

Do not read the answers aloud. Several answers may apply.

O BABY NOT ABLE TO SUCKLE

O BABY REFUSED BREASTFEEDING

O MOTHER STRESSED

O MOTHER ILL

O MOTHER HAD NOT ENOUGH FOOD

O POOR QUALITY OF MILK

O CLOGGED MILK DUCTS

O NOT ENOUGH MILK SUPPLY

O NO PRIVACY

O OTHER

..

O DO NOT KNOW

21. Precise

Precise if the answer is other to the previous question

---

22. Next I would like to ask you about some medicines and vitamins that are sometimes given to infants.

23. Was (NAME) given any vitamin or other medicines yesterday during the day or at night? *

O Yes

O No

O Do not know

24. Was (NAME) given [LOCAL NAME FOR ORS] yesterday during the day or at night? *

O Yes

O No

O Do not know

25. Next I would like to ask you about some liquids that (NAME) may have had yesterday during the day or at night.

26.Did (NAME) have any plain water yesterday: *

O Yes

O No

O Do not know

27.Did (NAME) have any Infant formula yesterday: *

O Yes

O No

O Do not know

28.How many times yesterday during the day or at night did (NAME) consume any Infant formula?: *

If do not know enter 99

29.Where did you get the Infant formula you fed (NAME) yesterday?

Do not read the questions aloud. There might be several answers.

O HAD IT FROM HOME

O PURCHASED IN SHOPS

O DONATED BY CHARITIES

O GIVEN BY FRIEND

O OTHER

O DO NOT KNOW

30.Precise

Precise if the answer is other to the previous question

31.What was the main source of water you used for preparing infant formula for (NAME) yesterday?

Do not read the questions aloud. There might be several answers.

O BOTILED

O TAP

O TANK WATER

O PUMP

O OTHER

O DO NOT KNOW

32.Precise

Precise if the answer is other to the previous question

---

33. Did you have the facilities and supplies to boll the water you used for preparing Infant formula for (NAME) yesterday?

*

O Yes

O No

O Do not know

34. Did (NAME) have any milk such as tinned, powdered, or fresh animal milk, sour milk or yogurt, yesterday?

*

O Yes

O No

O Do not know

35.How many times yesterday during the day or at night did (NAME) consume any milk, sour milk or yogurt?

If do not know enter 99

36.Did (NAME) have any juice or juice drinks, for example orange juice,lemon juice, Sqeeze,Darlna,Tang. Slush yesterday?

*

O Yes

O No

O Do not know

37.Did (NAME) have thin porridge, for example Cerelac ,Oatmeal yesterday?

*

O Yes

O No

O Do not know

38.Did (NAME) have tea or coffee with milk yesterday?

*

O Yes

O No

O Do not know

39. How many times yesterday during the day or at night did (NAME) consume any tea or coffee with milk?

If do not know enter 99

40. Did (NAME) have any other water-based liquids, for example clear broth, tea or coffee without milk. Pepsi, Shinina, methe, yesterday? *

O Yes

O No

O Do not know

41. Next I would like to ask you to describe everything that (NAME) ate yesterday during the day or night?

This refer to any solid, semi-solid or soft food

42. Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time.

Probe: Anything else? Until respondent says nothing else. IF NO, continue to Question 43

If respondent mentions mixed dishes like a porridge, sauce or stew, probe: What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else. If respondent mentions specific baby foods, ask the respondent to show you the food if she has some w1th her and fill the questionnaire according to the ingredients mentioned on the *jar* if possible. As the respondent recalls foods, tick YES in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Only tick Yes once for any food group.

43. What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. Probe: Anything else? Until respondent says nothing else.

If respondent mentions mixed dishes like a porridge, sauce or stew, probe: What ingredients were in that (MIXED DISH)? Probe: Anything else? Until respondent says nothing else. If respondent mentions specific-baby foods, ask the respondent to show you the food if she has some w1th her and fill the questionnaire according to the ingredients mentioned on the *jar* if possible. As the respondent recalls foods, tick YES in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Only tick Yes once for any food group.

44. Porridge, bread, rice, noodles, or other foods made from grains

O Yes

O No

O Do not know

45. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside *

O Yes

O No

O Do not know

46. White potatoes or any other foods made from roots

*

O Yes

O No

O Do not know

47.Any dark green leafy vegetables, for example••• *

O Yes

O No

O Do not know

48.Any vitamin A-rich fruits, for example•• *

O Yes

O No

O Do not know

49.Any other fruits or vegetables *

O Yes

O No

O Do not know

50.Liver, kidney,heart,or other organ meats *

O Yes

O No

O Do not know

51.Any meat, such as beef, lamb, goat. chicken,or duck *

O Yes

O No

O Do not know

52. Egg *

O Yes

O No

O Do not know

53.Fresh or dried fish, shellfish,or seafood *

O Yes

O No

O Do not know

54.Any foods made from beans, peas,lentils, nuts,or seeds *

O Yes

O No

O Do not know

55.Cheese, yogurt,or other milk products *

O Yes

O No

O Do not know

56.Any oil, fats, or butter, or foods made with any of these *

O Yes

O No

O Do not know

57.Any sugary foods such as chocolates, sweets,candies, pastries, cakes, or biscuits *

O Yes

O No

O Do not know

58.Condiments for flavor, such as chilies, spices, herbs, or fish powder *

O Yes

O No

O Do not know

59.Grubs, snails,or insects *

O Yes
O No
O Do not know

60.Foods made with red palm oil, red palm nut, or red palm nut pulp sauce *

O Yes
O No
O Do not know

61. Other foods

: Please write down other foods that respondent mentioned and are not in the list above

---

62. Once the respondent finishes recalling foods eaten, read each food group where "YES" was not circled, ask the following question: **Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)? and tick the appropriate answer**

63. Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? *

O Yes
O No
O Do not know

64. If the answer is yes to the previous question, PROBE: **What kind of solid, semi-solid, or soft foods did (NAME) eat?** Then go back to food groups and records food eaten

65. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

If do not know, record 99

66. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

If do not know, record 99

67. Where did you get the food you fed (NAME) yesterday?

Do not read the responses aloud. Several answers may apply

O EATED IN RESTAURANTS

..

O HAD IT FROM HOME

O PURCHASED IN SHOPS

O DONATED BYCHARITIES

O GIVEN BY FRIENDS

O OTHER

O DO NOT KNOW

68. Precise

Precise if the answer is other to the previous question

69. Did (NAME) drink anything from a bottle with a teat yesterday during the day or night? *

O Yes
O No
O Do not know

70. Did (NAME) drink anything from a cup yesterday during the day or night? *

O Yes
O No
O Do not know

71. Now I would like to ask you about the health status of (NAME)

72. Has (NAME) had diarrhea at any time In the last 2 weeks? *

O Yes
O No
O Do not know

73. Has (NAME) had an illness with a cough at any time in the last 2 weeks? *

O Yes
O No
O Do not know

74. When (NAME) had a cough. did he/she have fast. short. rapid breaths or difficulty breathing? *

O Yes
O No
O Do not know

75. **Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?** *

O CHEST ONLY

O NOSE ONLY

O BOTH

O OTHER

O DO NOT KNOW

76. Precise

Precise if the answer is other to the previous question

---

77. The last time (NAME) passed stools. what was done to dispose of the stools?

Don't read the responses aloud. Several answers may apply.

O CHILD USED TOILET OR LATRINE

O PUT/RINSED INTO TOILET OR LATRINE

O PUT/RINSED INTO DRAIN OR DITCH

O THROWN INTO GARBAGE

O BURIED

O DIAPERS THROWN INTO GARBAGE

O LEFT IN THE OPEN

O OTHER

O DO NOT KNOW

78. Precise *

Precise if the answer is other to the previous question

---

79. Now I would like to ask you about the serious problems that you have experienced during your journey regarding (NAME)

80. Have you had any serious problems regarding (NAME) during the journey? *

O Yes

O No

O Do not know

81. Precise *

Precise if the answer is other to the previous question

---

82. Read out the serious problems listed above.

83. Out of these problems.which one is the most serious problem?

Precise if the answer is other to the previous question

---

84. Which one is the second most serious problem?

Precise if the answer is other to the previous question

85. Regarding the support offered In the camp, have you heard about the mother-baby areas provided by Save the Children? *

O Yes

O No

O Do not know

O Not applicable

86. Have you used the mother-baby areas provided by Save the Children? *

O Yes

O No

O Do not know

Thank you very much for your time and participation

..

Annex 2 Qualitative questionnaire

Identification

Interviewer

Location of interview

Date of interview

1 First, we'd like to hear about the way you've been feeding your child along the journey compared to when you were home.

Were there any changes in the way you've been feeding your children compared to when you were at home?

Probe: this can relate to breastfeeding, use of infant formula, and other foods or drinks you've been given to the child.

What have been the main changes?

What have been the main challenges to try keeping the same diet as before?

How have you coped with the challenges of feeding your child along the journey?

2 Secondly, we'd like to hear about the use of bottle feeding.

Since your departure from home, have you used bottles to feed your children?

If yes, how have you been able to clean the bottles? How and what were the main constraints?

Probe: For example, have you had access to detergent, clean water, sterilisation facilities, and utensils?

What are some obstacles or reasons why you might be hesitant to use a cup instead of a bottle to feed your child?

What are some things Save the Children could do to help alleviate these obstacles?

3 Thirdly, we'd like to hear about the well-being of your child

Have you noticed any change in your child well-being since your departure? If yes, what has been the main change?

Does it seem to you that your child has lost weight since departure or has not grown optimally? Could you explain why?

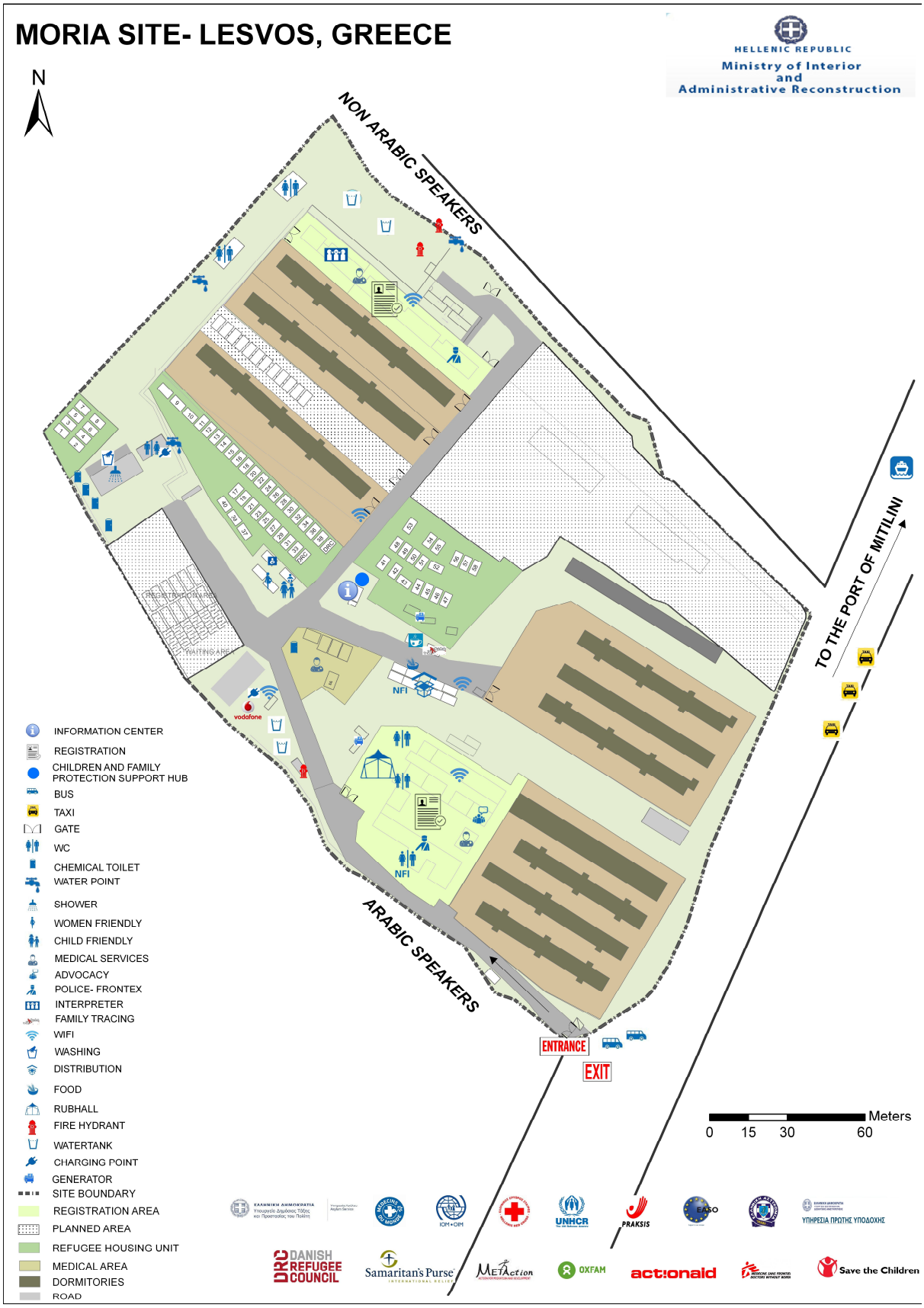
Does it seem to you that your child has been more ill since departure? Could you explain why?
Does it seem to you that your child has been more distressed since departure? Could you explain why?
How have you coped with the challenges of keeping your child well since your departure ?

4 Fourthly we'd like to hear about your own well-being
Were there any changes in your own diet compared to when you were at home?
What have been the main changes?
What have been the main challenges to try keeping the same diet for you as before?
How have you coped with the challenges of having adequate diet for yourself along the journey?
Have you suffered from any illnesses since your departure? Could you explain why?
How have you coped with the challenges of any illness since your departure?

5 Finally, we would like to hear what you think about the support that has been provided to you regarding your child in this camp
Has the mother-baby area been helpful to you?
In what ways was the mother-baby area helpful to you?
In what ways do you feel that the services fell short in helping you reach your goals?
Probe: this can relate to the comfort, atmosphere or facilities.
In what ways do you feel that the mother-baby areas fell short in helping you and your child?
In what ways were the supplies that have been provided to you for your child helpful?
In what ways do you feel that the supplies fell short in helping you and your child?
In what ways was the food that has been provided to you for your child helpful?
In what ways do you feel that the food fell short in helping you and your child?
What are your suggestions for support that we could offer to make it easier for you and your child during the journey?
Probe: This can be services, supplies or food.
Before concluding, is there anything else we haven’t discussed yet that you think is important for us to know about child feeding and the support you've received in the camp?

We thank you very much for your time and participation.

Annex 3 Map of Moria camp



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Annex 4 Information about the assessment and oral consent

"Hello, my name is _____ and I work with Save the Children. We would like to invite your household to participate in a survey that is looking at the feeding practices of children up to 2 years of age in this settlement in order to better understand the needs and refine programs to meet those needs. We estimate the survey will take around 30 minutes.

Do you have any children less than 2 years with you today?

If yes continue to read the statement, otherwise, thank the interviewee and begin interviewing next family

Taking part in this survey is your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time. Be assured that any information that you will provide will be kept strictly confidential – no individual's names or contact details will be used for any purpose.

The questionnaire is designed for all children in the household who are less than 24 months of age – that is, the child has not yet reached his/her second birthday. This includes children from the same mother as well as children from other caregivers in the same household. If there is more than one child under 2 years of age we will complete a questionnaire for each child individually. We would request to speak with the mothers of the children under 2 years.

If you agree to participate, I will ask you some questions about your child.

Do you agree to participate?"