Knowledge Assessment:   
Pre/Post Test Question Bank

As noted in the IYCF-E Curriculum Facilitator’s Guide, the Pre/Post Test measures acquisition of new knowledge gained during the training by asking participants the same questions before and after the training. The IYCF-E Curriculum Pre/Post Test Question Bank includes three questions per module of the curriculum to assess whether the module’s learning objectives are reached. The facilitator should build the pre / post test by selecting the appropriate questions, based on the objectives of the modules selected. The questions in the pre and post test should be the same in order to measure change in knowledge. Correct answers for each question are underlined below.

| **#** | **Name** | **Objectives** | **Q1** | **Q2** | **Q3** |
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| **NEW** | **Social and Behavior Change for IYCF-E** | Describe what social and behavior change programming is and what it can and cannot do.    Describe common SBC activities used in IYCF-E.    Explain how to select the appropriate SBC interventions for an IYCF-E context. | If you want to encourage people to change their behavior you need to:   1. address an information deficit through education or awareness-raising 2. change social norms through community mobilization 3. promote empowerment through mentoring and modelling behaviors 4. use a combination of SBC approaches to address barriers to change | 1. You should consider these factors when selecting SBC interventions: 2. the barriers people face and interventions that can reduce the barriers. 3. your resources- budget, personnel, and the training required 4. how the people you will be working with prefer to receive health information 5. all the above | 1. Good practices for SBC programming consist of: 2. implementing many different types of interventions 3. frequent, repeated exposure is important 4. activating people throughout society at the same time 5. all the above |
| **1** | **IYCF-E Training Introduction** | N/A | N/A | N/A | N/A |
| **2** | **The importance of IYCF-E** | Explain the importance of recommended infant and young child feeding (IYCF) practices in infancy and early childhood, especially during emergencies  Explain the risks of using breastmilk substitutes (BMS), especially during emergencies  Recognize the impact of emergencies on IYCF practices and the need for IYCF-E interventions. | IYCF-E programmes are important because breastfeeding practices impact:   1. Stunting, wasting, child and maternal survival rates 2. Stunting, child and maternal survival rates 3. Wasting and child survival rates 4. Wasting, maternal and child survival rates | In resource-rich countries, formula-fed infants:   1. will be just as healthy as those who are exclusively breastfed. 2. are more likely to be hospitalized than those who are exclusively breastfed 3. have a lower risk of death from Sudden Infant Death Syndrome (SIDS). 4. have a lower risk of developing iron-deficiency anemia | IYCF-E Interventions should be:   1. Considered once the acute first phase of an emergency is over 2. Prioritised during the first phase of an emergency response 3. Delivered only during humanitarian emergencies, but not local/national emergencies 4. Considered inappropriate for resource-rich settings |
| **3** | **Cultural beliefs and disaster myths** | Recognise cultural beliefs and disaster myths that are common during emergencies and understand their origins.  Address unhelpful beliefs with both facts and sensitivity. | If a breastfeeding mother is not eating well:   1. infant formula will be better for her baby than her breastmilk 2. she will probably not be able to make enough breastmilk for her baby 3. she should be well supported to continue breastfeeding 4. the recommendation is to stop breastfeeding if the baby is over 6 months. | When a breastfeeding mother is stressed:   1. she will most probably not be able to make enough breastmilk 2. she should not try to breastfeed to avoid passing the stress on to the baby 3. a and b are correct 4. none of the above | Providing infant formula as part of an emergency response:   1. is completely prohibited 2. should be part of general (blanket) distributions to families 3. is permitted as a last resort 4. a violation of the WHO International Code |
| **4** | **IYCF Policies, Legislation and Guidelines** | Describe global and national IYCF / IYCF-E policies, legislation, strategies and guidelines and any gaps in national documentation  Demonstrate understanding of the central importance of the Operational Guidance on Infant and Young Child Feeding in Emergencies and The International Code of Marketing of Breastmilk Substitutes ("The Code")  List the key content and key steps for issuing a Joint Statement on IYCF-E  List the key elements that should be included in an agency IYCF-E policy to uphold minimum standards  Name the three key elements needed to influence policy through advocacy | What are the three key documents to consult on IYCF-E during an emergency?   1. Global Strategy for IYCF, Sphere Humanitarian Charter and Standards, UNICEF Conceptual Framework. 2. Operational Guidance on Infant Feeding in Emergencies, International Code of Marketing of Breastmilk Substitutes, Sphere Charter and Humanitarian Standards. 3. Operational Guidance on Infant Feeding in Emergencies, UNICEF IYCF Programming Guide, Sphere Humanitarian Charter | The International Code of Marketing of Breast-milk Substitutes (1981) and subsequent WHA resolutions seek to:   1. Prevent the use of Breast Milk Substitutes. 2. Stop aggressive and inappropriate marketing of Breastmilk Substitutes 3. Protect the infant food industry 4. Promote the use of Breastmilk Substitutes | The following should NOT be considered within agency IYCF-E policies:   1. Protection, promotion and support of breastfeeding. 2. Prohibition of artificial feeding 3. Complementary feeding 4. Nutritional needs of pregnant and lactating women. |
| **5** | **IYCF-E Response** | Describe the key components of an IYCF-E response  Explain supportive, non-technical actions that all sectors can take to protect and support IYCF at the start of an emergency  Recognise cross-cutting issues to ensure programmes are inclusive, culturally and locally appropriate and gender and age sensitive.  Describe common obstacles to IYCF-E programming and recognise appropriate mitigation strategies  Recognise the similarities and differences between IYCF and IYCF-E programmes. | Who are the intended service users of IYCF-E interventions?   1. pregnant women and girls, children under two and their caregivers 2. children under five and their caregivers 3. pregnant women and girls, children under three and their caregivers 4. breastfeeding women | Which of the following is NOT a supportive, non-technical action for IYCF-E?   1. Preventing separation of children from their caregivers 2. Disseminating clear and accurate messages on IYCF-E 3. Providing private and safe spaces to breastfeed 4. Providing IYCF Counselling | Pregnant women with disabilities, mothers with disabilities and infants and young children with disabilities need   1. Mainstreamed disability inclusion 2. Targeted disability inclusion 3. Both mainstreamed and targeted disability inclusion 4. None of the above |
| **6** | **Maternal Nutrition in Emergencies** | Describe the nutritional needs, and drivers of malnutrition in pregnant and lactating women during emergencies.  Articulate the importance of protecting nutrition in pregnant and lactating women in order to protect and support their health and wellbeing, as well as recommended IYCF practices, and to break inter-generational cycles of growth failure.  Describe interventions and emerging innovative practice that protect, promote and support optimal nutrition during pregnancy and breastfeeding in women. | How many additional kcals does a woman with an adequate nutritional status require during lactation?   1. 350 kcal 2. 400 kcal 3. 500 kcal 4. no extra kcal required | Select the CORRECT statement:   1. During pregnancy, women’s nutritional needs for energy, protein and micronutrients are the same as during breastfeeding. 2. It is not recommended for mothers with a poor diet to continue breastfeeding 3. Even moderate malnutrition is likely to impact breastmilk production 4. Poor nutrition during pregnancy can undermine normal development in utero. | Which interventions can be considered to improve UTILISATION of appropriate foods by pregnant women in a context where ACCESS to food is not an issue?   1. Cash assistance and vouchers; Food Distributions 2. Food Hygiene Demonstrations; Provision of Cooking Utensils; Counselling 3. Provision of Multiple Micronutrient Supplements 4. None of the above |
| **7** | **Complementary Feeding in Emergencies** | Recall key characteristics of adequate and inadequate complementary feeding practices  Describe challenges with complementary feeding that may be encountered during an emergency  Identify contextually appropriate interventions to protect, promote and support recommended complementary feeding practices alongside continued breastfeeding during an emergency | After 6 months of age, complementary foods should:   1. Top up the nutrients provided by breastmilk 2. Replace the nutrients provided by breastmilk 3. Help the infant to wean from breastfeeding 4. None of the above | Which of the following is NOT a primary cause of declines in length-for-age or height-for-age during the complementary feeding period?   1. inadequate quality of first foods 2. inadequate quantity of first foods 3. extended breastfeeding 4. increased rates of infection | Which statement about responsive feeding is CORRECT?   1. Responsive feeding does not help children develop healthy eating habits 2. Responsive feeding involves a caregiver recognising and responding to a child’s satiety (fullness) signals 3. Responsive feeding involves a caregiver ensuring a child finishes the meal prepared for them 4. Choosing to feed an infant responsively can “spoil” them, causing behavioural problems. |
| **8** | **Breastfeeding in emergencies** | Recall how breastfeeding works (lactation physiology) and state ways to support it to work well  Identify ways in which breastfeeding may be disrupted or undermined during an emergency  State the minimum standards and key interventions for protecting, promoting, and supporting breastfeeding in an emergency | What is the MOST effective way to increase breast milk production?   1. Take galactogogues 2. Wait until the breast is full before breastfeeding. 3. Drink extra water 4. Separate the mother from the baby so that she can rest. 5. Put the baby to the breast more frequently, day and night. | What hormone is responsible for milk ejection from the breast (let down)?   1. Prolactin 2. Thyroxine 3. Oxytocin 4. Progesterone | The biggest improvements in breastfeeding rates are seen when interventions are delivered in:   1. home and family settings 2. health systems 3. community settings 4. a combination of settings |
| **9** | **IYCF Counselling in Emergencies** | Explain what IYCF Counselling is and why it is an important, priority intervention during emergencies  Use key global guidance documents to design and operationalise contextually appropriate IYCF counselling programmes  Recognise common challenges and identify acceptable compromises and adaptations for delivering IYCF counselling in emergency settings | IYCF Counselling is:   1. The one-way sharing of key IYCF messages 2. Comparable to IYCF Education 3. A process that involves listening to concerns, discussing questions and teaching about IYCF practices 4. A process to convince all women to breastfeed. | Regarding IYCF Counselling during emergencies:   1. We should follow the 2018 WHO Guidelines which state that 100% of pregnant and breastfeeding women should be reached with counselling 2. It is acceptable to prioritise certain groups for counselling 3. It is usually possible to adhere to all six recommendations in the 2018 WHO Guidelines 4. None of the above | IYCF Counseling can be done:   1. in person only 2. on an individual basis only 3. remotely, in person, in a group, or individually 4. a and b are correct |
| **10** | **Relactation, wet nursing, and donor human milk in emergencies** | Explain why it is important to first explore infant feeding options other than breastmilk substitutes  Identify alternative feeding options to breast milk substitutes that minimise risk for non-breastfed and partially breastfed infants and assess their contextual appropriateness and feasibility for a given emergency context  Design and operationalise interventions to facilitate alternative feeding options for non-breastfed and partially breastfed infants in emergencies | The use of Breast Milk Substitutes carries risks:   1. only in emergency situations 2. in any situation 3. only in emergency situations where there is no access to safe water and good hygiene. 4. never | Relactation refers to the process by which:   1. a woman who has stopped breastfeeding resumes breast milk production. 2. a woman who has not previously breastfed stimulates breast milk production 3. a woman with low milk supply increases breastmilk production 4. all of the above are correct | During emergencies in contexts with high HIV prevalence, the practice of wet nursing:   1. should be avoided 2. can be lifesaving 3. should only be recommended if HIV testing is available 4. Carries a high risk of HIV transmission to the infant |
| **11** | **Supporting Breastmilk Substitute-Dependent Infants in Emergencies** | Assess and justify the need for BMS programming in an emergency  Explain how to design and implement a contextually appropriate BMS management programme in accordance with global guidance and the Code  Describe how to minimise risks associated with the use of BMS in emergencies  Specify the key supplies for a BMS programme | During emergencies, the absence of a properly managed programme to support BMS-dependent infants puts the following groups at risk:   1. BMS-dependent infants 2. Breastfed infants 3. Both a and b 4. None of the above | During emergencies, BMS-dependent infants with a cleft lip should:   1. always be provided with specialised bottles and teats 2. supported to cup feed if possible 3. never be provided with specialised bottles and teats 4. be immediately transitioned to complementary foods | Which of the following should be done as part of a BMS management programme?   1. Support breastfeeding 2. Include BMS in blanket distributions for caregivers with children under one 3. Clearly display marketing logos 4. Store BMS in clear view of caregivers |
| **12** | **Caregiver Wellbeing and IYCF-E** | Explain the importance of Mental Health and Psychosocial Support (MHPSS) in relation to IYCF-E  Identify how MHPSS can be integrated into IYCF-E programmes  Describe simple ways to provide trauma-informed care within IYCF-E programmes | Which of the following are possible effects of poor maternal wellbeing?   1. Disruption of mother-baby bonding and attachment 2. Disruption of breastfeeding and increased risk of malnutrition 3. Negative impact on infant mental health and development 4. All of the above | With regards to Mental Health and Psychosocial Support, what is the role of an IYCF Counsellor?   1. Assess and diagnose mental health problems 2. Provide mental health counselling as part of an IYCF Counselling contact 3. Provide emotional support and support self-care strategies for mothers who are struggling 4. None of the above | During emergencies, IYCF Counsellors should provide Trauma Informed Care to:   1. All caregivers 2. Only caregivers who disclose trauma 3. Nobody – this is not the role of an IYCF Counsellor 4. Caregivers who we know or suspect have experienced trauma |
| **A** | **Coordination** | Explain the purpose and importance of IYCF-E coordination  Identify the main actors and structures with IYCF-E coordination responsibilities  Identify key approaches to support effective IYCF-E coordination  Determine the current level of coordination capacity in your operating context | During an emergency response for Internally Displaced Persons (IDPs), which UN agency is responsible for coordination of IYCF-E?   1. UNHCR 2. UNICEF 3. WFP 4. WHO | During an emergency, which coordination structure can agree on IYCF-E minimum standards and provide technical guidance on how to obtain those standards?   1. Humanitarian Coordination Team 2. Strategic Advisory Group 3. Technical Working Group 4. SUN Network | Coordination mechanisms such as the cluster system are expected to support which of the following:   1. joint planning and integrated activities 2. identification of gaps in coverage and quality. 3. prevention of duplication of efforts and the waste of resources 4. sharing of information and knowledge between stakeholders 5. all of the above 6. none of the above |
| **B** | **Early Initiation of Breastfeeding in Emergencies** | State key newborn interventions to protect and support maternal and newborn health and nutrition status.  Describe the possible impact of emergencies on the practice of early initiation of exclusive breastfeeding.  Describe the Ten Steps to Successful Breastfeeding that should be maintained or integrated into maternity services during emergencies.  Identify barriers and solutions to implementing interventions to support early initiation of breastfeeding during emergencies | Following birth, WHO recommends that the umbilical cord should be clamped:   1. Immediately 2. Within the first 60 seconds 3. 1–3 minutes after birth 4. None of the above | After a cesarean birth:   1. women are likely to require extra support in initiating breastfeeding. 2. early initiation of breastfeeding is not recommended because of the effects of the anesthesia 3. it is not possible to immediately initiate breastfeeding because the mother must first recover from surgery. 4. none of the above 5. b and c are correct | The WHO/UNICEF BFHI 'Ten Steps to Successful Breastfeeding':   1. are only relevant in non-emergency settings 2. should be maintained or integrated into maternity services during emergencies 3. are unlikely to have a positive impact on breastfeeding outcomes during emergencies 4. Cover ten steps frontline maternity staff (e.g. midwives) should take after birth to ensure successful breastfeeding |
| **C** | **Supportive Spaces for IYCF-E** | Decide whether supportive spaces are needed and appropriate  Describe the different kinds of supportive spaces for IYCF-E and activities/services that can be provided within these spaces.  Design and operationalise supportive spaces for IYCF-E which are contextually appropriate, safe, accessible and inclusive. | Helping pregnant girls and adolescent mothers to feel included in Supportive Spaces for IYCF-E:   1. Can be achieved through having adolescent-only times and activities 2. Is not recommended as it encourages teenage pregnancy 3. Is not a priority during emergencies 4. Usually does not require additional provider training | Supportive spaces for IYCF-E can be:   1. Integrated with other services in fixed locations 2. Stand-alone, mobile units 3. None of the above 4. All of the above | What additional services can be provided within Supportive Spaces for IYCF-E?   1. play sessions 2. relaxation exercises 3. hygiene activities for babies 4. all of the above 5. only a and c are correct |
| **D** | **Integration** | Explain the impact and importance of delivering IYCF-E interventions through existing systems and services and alongside actors in other sectors  Locate resources to support and guide IYCF-E integration, including the IYCF Framework.  Identify entry points and contextually appropriate IYCF-E interventions which can be integrated into existing humanitarian sectors and their services.  Recognise enabling factors and barriers to integrating IYCF-E | Which of the following best describes “integrated IYCF-E services”?   1. A joint effort to create an environment which enables a mother to maintain or adopt recommended IYCF practices. 2. The joint delivery of IYCF-E with other services for the same mother and child, in the same location, at the same time, to achieve a shared common strategic goal and holistically meet the mother and baby’s needs. 3. The establishment of connections (such as referral systems) between IYCF-E and other services in order to ensure that the needs of a mother and her child which cannot be met by one sector are addressed by another. 4. Delivery of services in the same location, for the same mother and baby, by the same agency | Which resource provides in-depth guidance on how to integrate IYCF-E with other humanitarian services?   1. The IYCF Framework 2. IFE Core Group Infographic Series 3. The Sphere Handbook 4. Baby Friendly Hospital Initiative 5. UNICEF Conceptual Framework | Potential advantages of IYCF-E integrated services include:   1. Mother-baby centered approach 2. Efficiency gains 3. Effectiveness gains 4. All of the above 5. Only a) and b) are correct |
| **E** | **IYCF-E Situational Analysis and Assessments** | Contribute to the definition and design of IYCF-E assessment methodology including data collection planning and tools  Analyse and interpret early warning data and emerging trends to inform IYCF-E actions  Define key indicators to assess and monitor the IYCF-E situation | Which IYCF-E Needs Assessment methodology can be considered for the first phase of an emergency?   1. Barrier analysis 2. IYCF-E Capacity Assessment 3. Key Informant Interview | Ideally, an IYCF-E assessment should obtain information broken down by age for infants and young children as follows:   1. 0–6 months, 6–24 months. 2. 0–5 months, 6–11 months, 12–23 months 3. 0–1 year; 2–3 years 4. this information should not be disaggregated. | The minimum acceptable diet (MAD) indicator combines:   1. the measurement of minimum dietary diversity and minimum meal frequency. 2. the measurement of minimum meal quantity with minimum meal frequency 3. the measurement of minimum dietary diversity with minimum meal quantity |
| **F** | **Preventing and Managing Harmful Donations in Emergencies** | List categories of products that should not be solicited or accepted as donations during emergencies.  Explain why it is important to comply with The Code and the OG-IFE with regards to donations in emergencies.  Identify ways in which inappropriate and harmful donations can be prevented.  Monitor for and report inappropriate donations and other Code violations.  Develop a contextually appropriate plan to manage unprevented donations. | During emergencies, donations of which products CAN be sent if based on an identified need and part of a well-managed intervention?   1. Infant formula 2. Powdered milk 3. Bottles and teats 4. Donor human milk 5. None of the above | Which of the following would you report as a WHO International Code violation?   1. In an IDP camp, a nutrition NGO supplies purchased infant formula on a monthly basis to caregivers of BMS-dependent infants following individual assessment by a trained health worker. 2. Following an earthquake In Indonesia, a foreign government donates infant formula, labelled in English, to the Indonesian Ministry of Health. 3. Both of the above 4. None of the above | In the event of an unprevented BMS donation, which is the FIRST (preferred) action to undertake?   1. Dispose of/destroy the donated products 2. Return the product to the donor at their expense 3. Find a suitable alternative use for the product 4. Distribute the product to those in need |
| **G** | **IYCF-E Media Communication** | Explain how mass media communication can influence IYCF perceptions and practice during emergencies  State which key Communications & Advocacy actions to take at each stage of an emergency response  Identify and communicate key IYCF-E messages and narratives that are required for effective communication to positively impact IYCF outcomes | When should IYCF-E teams ideally start to work with media and communications teams?   1. In preparedness 2. Around week 2–4 of an acute emergency 3. In the recovery phase 4. Never | Which set of words is preferred to convey the importance of breastfeeding in emergencies? Breastfeeding is:   1. Best, healthiest, optimal 2. Normal, recommended, appropriate 3. None of the above | When describing disability, what is the preferred language?   1. Disabled child 2. Handicapped child 3. Child with a disability 4. CWD 5. None of the above |
| **H** | **IYCF-E Staffing** | Determine staffing needs for an IYCF-E response  Describe common challenges with staffing IYCF-E programmes and identify possible solutions  Assess pre-existing IYCF-E Capacity and develop a Capacity Building Plan using a variety of approaches  Access resources to support training, sensitization and recruitment of staff | What are the Sphere Standards for the recommended ratio of IYCF Counsellors for emergency affected populations?   1. No consensus 2. 1–2 per 1,000 people 3. 23 per 10,000 people 4. 10 per 1,000 people | During emergencies, at a minimum, within which services should we prioritise placement of staff with IYCF Counselling competencies?   1. Food distributions 2. Maternity services 3. Vaccination Programmes 4. Livelihood programmes for mothers | Which of the following family-friendly policies and/or actions support women to be part of the IYCF-E workforce during emergencies?   1. Maternity leave 2. Access to quality childcare 3. Dedicated breastfeeding / pumping spaces 4. All of the above 5. Only b and c are correct |
| **I** | **HIV & IYCF-E** | Recognise the relevance of integrating HIV and IYCF programming in emergencies  State the recommendations on HIV and infant feeding according to national and global guidelines  Explain possible challenges in following global guidelines during emergencies and suggested adaptations  Describe the actions that government and other stakeholders can take related to HIV & IYCF to respond to and prepare for emergencies. | Which of the following best describes “HIV-free child survival” during emergencies?   1. Prioiritising babies born to mothers living with HIV for access to infant formula to prevent transmission of HIV from mother to baby to ensure their survival 2. Balancing the prevention of HIV transmission with the prevention of other causes of child mortality, such as formula feeding. 3. Prioritising meeting the nutritional requirements of infants, as infants will die more quickly from malnutrition than from HIV 4. Provision of medication to stop transmission of HIV from a mother living with HIV to her baby | Which factors can INCREASE the risk of HIV transmission during breastfeeding?   1. Oral thrush in baby; breast problems and nipple damage; mother’s poor immune status 2. Provision of breastfeeding support and antiretroviral medication. 3. Short duration of breastfeeding; mother’s good immune status; oral antibiotic treatment. 4. Mixed feeding while taking antiretroviral medication; mother’s strong immune response | During emergencies, if a mother living with HIV no longer has access to her antiretroviral medication, global guidance states that in the interests of her infant’s survival she should be recommended to:   1. Immediately switch from breastfeeding to replacement feeding, regardless of the emergency context. 2. Switch from breastfeeding to formula feeding. If formula is not available, she should introduce complementary foods early. 3. Continue breastfeeding and stop only if a nutritionally adequate and safe diet without breastmilk can be provided. 4. Switch from breastfeeding to introduction of complementary foods, even if it is a little early. |
| **J** | **IYCF-E During Infectious Disease Outbreak** | Describe the importance of IYCF during infectious disease outbreaks  Anticipate and assess the impact of infectious disease outbreaks on IYCF  Explain the key principles for developing infant feeding recommendations for an infectious disease.  List key actions to take to mitigate the impact of an infectious disease outbreak on IYCF practices. | Within which domain(s) of infectious disease outbreak response is IYCF relevant?   1. Protection against infection 2. Prevention of transmission 3. Treatment of infection 4. All of the above | What are some of the risks to IYCF practices during infectious disease outbreaks?   1. Inappropriate advice from health care workers 2. Code violations 3. All of the above 4. None of the above | In the face of a new/emerging infectious disease for which there is not yet much evidence on how it is transmitted, the DEFAULT recommendation should be:   1. Interrupt breastfeeding as a precautionary measure. 2. Switch to breastmilk expression 3. Continue breastfeeding |