Reviewer’s report

Title: Infant and young child nutritional status and their caregivers' feeding knowledge and hygiene practices in internally displaced person camps, Somalia

Version: 0 Date: 30 Jun 2019

Reviewer: Barbara Stoecker

Reviewer's report:

I commend the authors for undertaking this large cross-sectional study among an under-investigated and at-risk population group. The information on gaps in the caregiver's knowledge, attitudes and practices about hygiene and feeding practices should be very helpful in designing future educational programs for the caregivers.

As a cross-sectional study, there is no control group expected, but the sampling frame is critically important to obtain representative data. Also, use of the rapidly developing literature on WASH, on behavior change communication for caretakers with limited education, and on maternal depression and stress will help with designing the best programs for caregivers in the future.

TITLE: Shorten

INTRODUCTION:

The introduction (and discussion) would be strengthened by adding information from other studies conducted among internally displaced persons in East Africa.

Some suggestion include (but are not limited to): (1-9)


METHODOLOGY:

The sampling strategy has not been described. How, besides having a child 6-59 months old, were the 1655 households chosen for the survey. How many households does Save the Children reach in these three camps? Of households invited to participate in the study, what % agreed to participate. When in the process was the study explained and the consent given? Before or after the home observation?

Techniques for anthropometric measurements have not been described. Were infants and children less than 24 months measured in the recumbent position? What clothes were children wearing for weight measurements? Mention the software used to convert anthropometric measurements to Z scores. Or, was MUAC the only measurement done for the research project? If length/height and weight were measured, why are they not included in a table?

Also, because MUAC clearly was an important component of this study, describe briefly how the measurement was taken.

L. 139-141. I assume the statement that these measurements do not change much with age refers to MUAC, not to weight and height which are also mentioned.

L. 141-143. What is meant by this sentence? Comparing with existing MCH records might identify the "plausibility" of a certain MUAC measurement but not actually the accuracy.
L. 159-161 - not quite clear. Did the data collectors collect the observational data when they visited the household to give the appointment time and place? Had the participant already given consent at that point? How was the research and consent process explained to participants?

Line 170-172 describes how descriptive data were compiled. Specifically, what tests were used to analyze the data?

The Household Hunger score methodology seems to be drawn from the Household Food Insecurity Access Scale, but that methodology has not been cited.

L. 194-196 and Table 5. Table 5 reports on caregiver knowledge and attitudes about foods that "should be" introduced to an infant in addition to breast milk. Lines 194-196 mentions each food as "was introduced". Unless the foods mentioned are specifically provided for children in IDP camps, I find it unlikely that all under 5 children were eating foods like egg, meat, fish and poultry with any regularity.

L. 231-232. An upcoming study is mentioned. It might be useful to consider some of the standardized questionnaires released recently for Water, Sanitation and Hygiene assessments.

LIMITATIONS

In our experience, social-acceptability bias may be a problem with some of these questions. For example, mothers answered that they always washed their hands before preparing food or before a meal, but when day-long household observations were conducted, this washing was not happening.

L. 245. Why were statistical analyses not used to see if there were correlations across the data.

L. 260-262. The extent to which recommendations from this study can be generalized to other ID children and their caregivers in Somali and other similar IDP settings elsewhere is quite dependent on the original sampling strategy. For example, we consistently find that households closer to health centers participate in more of the available maternal trainings. Thus, random, rather than convenience, sampling is important.

L. 288 - Publication of data for an individual child would be very unusual. Is that what you intended to say?

OTHER COMMENTS:

It appears that women married later in Baidoa than in the two other camps……..Do you know if they also went to school longer?

Careful formative research with key informants in Baidoa and in a quite different camp would likely provide important insights for future programming.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I am able to assess the statistics

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