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**Field Testing of the *Designing By Dialogue* Manual
and Process: Application to the Freedom From
Hunger/Brakwa-Breman Rural Bank *Credit With
Education Program* in Ghana**

Accra, Ghana: October 4, 1996

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Table of Contents

Introduction	1
Scope of Work	1
Summary of Assignment	2
Report of Activities	3
First Visit to Accra	3
Second Visit	8
Conclusions and Recommendations	14
Outcome of the Field Test	14
Recommendations for Revising the Manual	15

Introduction

This consultancy was conducted for the Support for Analysis and Research in Africa (SARA) Project of the Academy for Educational Development (AED), in collaboration with Freedom from Hunger (FFH), as part of the development of the *Designing by Dialogue* manual. Thanks go to Ellen Piwoz, SARA Nutrition Advisor, for her role in arranging this field test and for being the driving force behind the manual.

Credit for the hard work of actually conducting the consultative research goes to Josephine Martei, Training Coordinator, FFH/Ghana; Margaret Assan, Project Coordinator for the Brakwa-Breman Rural Bank Credit with Education program; and the Credit with Education promoters (community outreach workers). During this assignment Ms. Dickin worked closely with Ellen Vor der Bruegge, Vice-President for Programs, FFH, Davis, California, whose enthusiasm, creativity, and active participation made the application of the manual to Credit with Education program possible. Her report (referred to in the text as the "EVB report") on the consultative research conducted in Ghana provides a fuller picture of the overall process. This report is intended to complement her work and focus on issues related to the manual and the process of using it to plan and conduct field activities.

Scope of Work

The tasks to be accomplished during this assignment were to—

1. Plan the field testing of the *Designing by Dialogue* manual in coordination with Freedom from Hunger (FFH) representatives in the United States and Ghana.
2. Travel to Ghana to meet with FFH/Ghana representatives to discuss the manual, the results of their literature review and other preparatory activities, and to assist the team in developing a consultative research plan.
3. Travel to Ghana to assist FFH with analysis, interpretation of their consultative research results, and formulation of recommendations for nutrition counseling and messages.
4. Prepare a detailed report on these activities, with recommendations for improving the manual, to complement a similar report by Ellen Vor der Bruegge, FFH.

Summary of Assignment

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PREPARATION: MAY 16–JUNE 1, 1996

- ◆ Gathered and reviewed documents on child feeding in Ghana and planned assignment with Ellen Piwoz and other AED personnel.
- ◆ Visited FFH in Davis, CA, reviewed documents on the Credit with Education program, and met with Ellen Vor der Bruegge (EVB), Vice-President for Programs, to plan the field testing.

FIRST VISIT TO ACCRA: JUNE 28–JULY 7, 1996

- ◆ Travelled to Accra, met with EVB to plan approach and set goals. Met with FFH team and requested feedback on the manual. Worked with team to plan sampling, schedule, content and instruments for the consultative research.
- ◆ Provided training in the Trials of Improved Practices (TIPs) methodology and assisted team in planning the training workshop for the Credit with Education promoters.

FOLLOW-UP TO FIRST VISIT

- ◆ Assisted with the development of a diet analysis tool for FFH and sent information by fax, such as weights of portions of common local foods, food composition data, and comments on drafts.

SECOND VISIT TO ACCRA: AUGUST 14–22, 1996

- ◆ Reviewed process and obtained feedback, analyzed and discussed results with core team. Visited Brakwa, the field site, to de-brief interviewers, visit Credit Association meeting and obtain feedback from a TIPs participant.
- ◆ Discussed next steps with core team in Accra, including use of TIPs with groups and how to integrate this process into Credit with Education lesson plans.

FOLLOW-UP: SEPTEMBER 10–OCTOBER 4, 1996

- ◆ Completed report and de-briefed with Ellen Piwoz by phone.

- ◆ Reviewed and commented on EVB's reports.
- ◆ Edited draft manual and submitted suggestions to Ellen Piwoz.

OUTPUTS

- ◆ Final consultant report
- ◆ Memo and editorial comments on the draft manual *Designing by Dialogue* (under separate cover)

Report of Activities

First Visit to Accra

Initial planning meetings

Ms. Dickin met with Ellen Vor der Bruegge to discuss how to adapt the process to the FFH project, and the difficulty of simultaneously observing how the team managed the process independently while also providing technical assistance in planning and training for the research. She suggested it would be necessary to provide quite a bit of guidance, given the team's limited background in nutrition and research methods. Although an interesting opportunity for field testing, the FFH project does not represent the intended audience of the manual. As described below, assistance was provided as needed in the early stages, by soliciting as much input as possible from the team to see how much of the process they understood. Given the time limitations, Ms. Dickin drafted a counselling guide in advance and then revised it based on the team's suggestions.

The basic philosophy of the TIPs was discussed: that is, the strategy of encouraging small, feasible changes in feeding behavior as steps moving toward ideal behaviors, and how this strategy related to the FFH lesson plans which promote ideal behaviors. Ms. Vor der Bruegge felt sure that the TIPs approach was appropriate and would fit well with the FFH strategy of helping mothers to identify problems and solutions and "get over the mountains" or obstacles that limit ability to make improvements in child feeding. Finally, we agreed that this endeavor was to be more of a field activity than a research project. In other words, the process and learning experience would be as important as the findings, so the activities should be designed accordingly.

Report of Activities

Planning and preparation for TIPs

Meetings were held throughout the week with the core research team:

Mrs. Josephine Martei, Training Coordinator, FFH/Ghana

Ms. Margaret Assan, Project Coordinator, Brakwa-Breman Rural Bank "Credit with Education" program

Ellen Vor der Bruegge, Vice-President for Programs, FFH, Davis

1. Presentation by Mrs. Martei and Ms. Assan on the findings of their review of existing information, including completed worksheets 3.1 and 3.2 (attached to EVB report).

This process was useful in helping the team organize and think about the existing information. They had some trouble locating many sources of information, but reported that use of the worksheets was straightforward.

2. Overview of TIPs methodology

Ms. Dickin gave an outline of what TIPs are and explained the tasks that needed to be undertaken, such as planning of the research and development of question guides and forms. This proved necessary, although the team had access to the manual, because Mrs. Martei and Ms. Assan had not had a chance to read much of the manual. They read Chapter 6 as "homework" for that evening and from that point on they seemed to have a good understanding of the overall approach. It is hard to know how much came from reading the chapter and how much from working together.

3. Discussion of research objectives

Their objectives for the research were discussed and responses recorded on a flip chart¹. The team was able to articulate their objectives for this process, including issues related to gathering information that would be informative in helping mothers to improve child feeding, and development of greater understanding and counselling skills among the promoters.

4. Planning of research design and sampling

The design of field activities were discussed in accordance with the team's stated objectives. The following decisions were made:

¹ Throughout both visits, Ms. Dickin recorded key points, decisions, and results on flipcharts which the team then used for training and guidance during the field work. The content of these charts has been included in reports prepared by Ellen Vor der Bruegge and will not be repeated here.

- ◆ Segments or characteristics to be considered in sampling were age group of child, residence in town vs. village, and mothers who did or did not spend significant amounts of time away from their small children.
- ◆ However, the sampling strategy was primarily based on two other criteria: (1) the need to integrate data collection into the field workers' (promoters) daily activities, i.e. to recruit and interview mothers during scheduled visits to communities for Credit and Savings Association (CSA) meetings, and (2) the desire that all promoters work with each age group because one important objective was the training experience for the promoters to improve their nutrition counseling skills.
- ◆ Time constraints dictated a small sample. It was decided that five mothers would be selected by each of the four promoters, and include all age groups and other segments described above. A recruitment form was developed.
- ◆ Given the success of the program in promoting exclusive breastfeeding, the team decided it was not necessary to include 0–6-month-olds in the TIPs. The selected age groups were 6–7.9, 8–11.9, and 12–24 months, similar to the groupings for the FFH feeding recommendations.
- ◆ The three-visit protocol was selected because (1) FFH had not conducted previous qualitative research on child feeding in this area, and (2) the promoters did not have much background in dietary assessment and individual counselling and would therefore need assistance with diet analysis between visits 1 and 2. One-week intervals occurred between each visit, reflecting the schedule of CSA meetings in the communities.

5. Development of counselling guide and data forms

Mrs. Martei and Ms. Assan worked on Worksheet 6.1, and then the draft counselling guide was discussed in relation to their results. The ideal practices for the Worksheet were based on the FFH child feeding guide, and TIPs recommendations were developed to bridge the gap between actual and ideal practices. Because of women's ongoing participation in the Credit with Education program, this project has the opportunity to encourage continued improvement in feeding practices, making it appropriate to promote small steps at first. The counselling guide was finalized in Accra, with the understanding that changes might need to be made after pre-testing in Brakwa.

Data forms were adapted according to study design and objectives. The FFH team participated actively in this process but it did not seem that they would have been ready to adapt the guide and forms directly from the examples given in the manual.

Report of Activities

To promote understanding of the question guides the purpose of each question was reviewed and the interviews role-played for all three visits, including 24-hour recall and food frequency dietary assessments.

6. Training in analysis of adequacy of diets

Because the team did not include a nutritionist, considerable time was spent discussing the analysis of dietary data (24-hour recall and food frequency) and selection of appropriate recommendations tailored to a particular child.

Child-feeding principles related to feeding frequency, quality, and variety of food are covered in the existing FFH guide on child feeding. FFH recommends the feeding frequencies shown in Table 1, and dietary quality and variety are understood relative to energy, body-building and protective food groups. Discussion also included such information as bulky staples are not always adequate sources of energy for small children, and oil (or sugar) can be used to increase energy density without adding bulk.

The issue that gave the most difficulty was assessing the amount of food. Ms. Dickin stressed that the key was to determine if the amount was adequate, rather than trying to be too quantitative in estimating the amount. Information in Appendix C of the manual was used to estimate the approximate mean kcal/meal or snack needed to meet energy requirements, based on the FFH recommended feeding frequencies (Table 1).

Table 1: Guidelines for feeding frequency and energy intake

Age group (months)	Kcal needed from food if breastfed on demand	No. of servings	Kcal needed per meal or snack
7 - 11.9	400 kcal/day	4/day	100
12 - 17.9	500 kcal/day	5/day	100
18 - 24	900 kcal/day	5/day	175

To convert these caloric values into amounts of food is a complex process but the team was anxious to have detailed guidelines. During this visit and a few weeks afterward (after obtaining access to weighing scales), Ms. Dickin provided information on weights, local measurements, and food composition of common local foods. The team planned to buy typical portions (calibrated in cedis, the Ghanaian currency) of foods from vendors and measure them with measuring cups. After this exercise (conducted during the training in Brakwa), Ms. Vor der Bruegge and the team drafted a guide to amounts of food that would constitute a "meal" for each age group, according to the caloric values in the table above (Appendix E, EVB re-

port). For example, does 100 cedis worth or one-half cup of rice and stew constitute an adequate serving (based on energy) for a given age group?

This was similar to the guidelines based on Nigerian foods in Appendix C, but went further by attempting to include all foods children were likely to receive, in local measures, and by age group. At the time it was felt that a refined tool that could be adapted to various African countries might be a useful addition to Appendix C. However at follow-up, some doubts about such a tool emerged, as discussed in a later section.

7. Planning of the training workshop for promoters in Brakwa

On the final day of Ms. Dickin's first visit, the training program for the promoters in Brakwa was planned. Five days were available for the training workshop which would be conducted primarily by Mrs. Martei and Ms. Assan, with back-up from Ms. Vor der Bruegge. The team brainstormed on ideas of everything that needed to be covered in that period, and these were written on small pieces of paper. The five days were posted on the wall, and the notes of the activities moved around until a workable schedule was assembled, including time to pre-test all three visits of the TIPs.

The team went through the list deciding who would be responsible for each activity, and what the basic content and approach would be for presenting the material. This was not only an important step in preparing Mrs. Martei and Ms. Assan for their role as trainers, but also provided an excellent opportunity for review and to check their grasp of the material. At the end of this session, they were ready to conduct the training, both in terms of their understanding and confidence.

Comments on the Designing by Dialogue manual

It was difficult to get detailed feedback on the manual because Mrs. Martei and Ms. Assan had not had much chance to read or use it. They mentioned that it was "voluminous" and they seemed to be overwhelmed by the amount of material. Their use of the manual was facilitated by specifying which sections to read. For example, Ms. Vor der Bruegge asked them to focus on Chapter 3 to prepare the review of existing information, and Ms. Dickin directed them to Chapter 6 (and specific sections of other chapters) to plan the TIPs.

On the other hand, the briefings primarily consisted of asking questions of the team, rather than lecturing, and they appeared to be well-informed after reading sections of the manual. When asked about issues such as the research objectives, the purpose of a particular question, or reasons for needing to know the child's dietary intake, team members answered the questions very well, without much prompting. They had also successfully completed worksheets 3.1 and 3.2 before the

Report of Activities

first meeting. All of this indicates that once they knew where to concentrate they were able to comprehend, assimilate, and apply what they read. Still, it is impossible to know how much of this reflected their own program experience or interactions with Ms. Vor der Bruegge or Ms. Dickin.

Mrs. Martei mentioned that once she had an idea of what was involved in the overall research process, the manual became much more comprehensible. One request that was mentioned repeatedly was to "pull it all together." It was hoped they would get this from the task box and summary of three visit trials, but perhaps the task box is too detailed and summary does not cover all steps. Ms. Dickin worked with them to generate the following list of steps that seemed to satisfy the need for an overall perspective of the process they would be implementing. One suggestion they gave on editing the manual was to include this list of steps in the implementation section, perhaps at the beginning.

List of Basic Steps for Conducting Three-Visit TIPs

1. Training
2. Recruitment
3. Initial visits: background information, dietary assessment
4. De-briefing: diet analysis and preparation for counselling
5. Counselling visits: reactions to recommendations, negotiation, and motivation
6. De-briefing: discussion of results, start analysis
7. Follow-up visits: response to trial, etc.
8. De-briefing
9. Analysis, summary, and application of results

Further discussion of the manual and the overall process was planned to take place during the process of using it (while Ms. Vor der Bruegge was with them) and at the end, at the time of analysis.

Second Visit

Review of the TIPs experience and analysis of results

Ms. Dickin returned to Accra and began to work with Mrs. Martei and Ms. Assan on August 15. Discussion centered on their experiences during the training and implementation, and their plans for the analysis. In general the TIPs had gone very well, with the sample recruited as planned and only one case not completed because the woman had travelled by the follow-up visit. Response of the mothers was enthusias-

tic and it had been feasible to integrate the TIPs interviews into the regular work schedule of the promoters. Tabulation forms had been completed by the promoters, but no other analysis had begun. Ms. Dickin reviewed the data forms and discussed the analysis with Mrs. Martei and Ms. Assan, then analysis of the results began by summarizing responses to recommendations, motivations and constraints, modifications, and outcomes of the trials. The results have been reported elsewhere (in the EVB report). Following are comments only on issues related to the process and/or manual.

1. Points related to implementation

Implementation of the TIPs differed from the description in the manual in a few ways that affected the results of the research.

- ◆ The most important change was the decision to recommend only one or two new practices rather than give mothers a choice of several options. This shift apparently occurred due to a belief by the team that mothers would not be able to choose an option if four or five were offered, but would instead feel compelled to put all into practice. It was correctly perceived that overwhelming the mother with too many new practices would not be an effective approach to changing behavior.
- ◆ Unfortunately, this reduced the usefulness of the results because no data were available on which recommendations mothers chose more frequently, or on the reasons why each recommendation was selected or rejected prior to trial. The importance of having mothers choose is highlighted from the first page of the chapter on TIPs, so it is not a lack of emphasis in the manual contributed to this misunderstanding. However, it might be clearer to use the term "options" rather than "recommendations" when discussing the new practices to be suggested to mothers when negotiating an agreement to try improving feeding patterns.
- ◆ Group dietary analysis: This was an interesting innovation by the team and was possible because of the one-week interval between the initial interview (which includes collection of dietary information) and the counselling visit. The process of analyzing the dietary data to identify feeding problems and appropriate solutions was conducted as a group, with each promoter presenting his cases and discussing the assessment with Mrs. Martei, Ms. Assan, and the rest of the promoters. This provided a valuable learning opportunity, since each promoter was exposed to all of the cases, and pooled the nutrition knowledge of the whole team. This type

Report of Activities

of review could facilitate learning from one another about techniques for asking questions and assessing diets effectively.

- ◆ In contrast to these considerable advantages, the group meeting for diet analysis also led to a tendency to make the same recommendation for many cases. This, combined with the decision not to leave the final choice of what to try up to the mothers, meant that the majority of information gathered concerned one particular recommendation: to give the child one or two pieces of fruit per day.
- ◆ Also, the recommendation given in the counselling guide was not fully understood. Whereas the original advice had been to add a *variety* of nutritious snacks each day, in most cases, mothers were asked to give bananas every day. This was done for good reasons, i.e. a lack of fruit in the diet was the most commonly identified feeding problem, and bananas were readily available and inexpensive for most families. However, a lack of understanding of the nutrient composition of various fruits and of the importance of variety *within* a food group led to a situation where the practice being recommended was not likely to fully address the nutritional problem identified.
- ◆ Finally, the quality of recording of mothers' responses and reactions was quite variable, reflecting differences in the skills and motivation of the promoters. Although close supervision (i.e. reviewing the data forms daily and discussing the completeness and quality with each promoter in time to make improvements) had been recommended, it turned out to be difficult to implement. As a result, the field supervisor did not see the results of the counselling and follow-up interviews until all were completed.

2. Points related to analysis of results

The research team had completed all the data collection by the time Ms. Dickin arrived but had not begun to plan the analysis. Therefore, she was in the role of providing technical assistance and this limited the ability to test whether they would have been able to proceed with the analysis using the manual alone.

Analysis was limited by some of the implementation issues discussed above.

- ◆ Whereas tabulations are usually made of how often each recommendation was selected, tried, adopted, there was little or no variation in this case since mothers were not asked to make selections, and nearly everyone claimed to have tried the recommendation they were given. In a few

cases, mothers modified what they tried or said they would adopt, based on their experience with the new practice.

- ◆ It was not possible to assess the acceptability of all of the practices since the counselling sessions had emphasized a few key recommendations and not tested others.
- ◆ It was useful to discuss mothers' motivations in terms of motivations to *try* a new practice, usually involving a belief that it would be "good for the child," and motivations to *continue* the practice, which reflected positive experiences during the trial. Examples included ease of preparation or positive response of the child.
- ◆ We noted that when the mothers modified a recommendation, it almost always resulted in additional improvement in the child's diet, rather than lessening the nutritional impact. The most common example was inclusion of other fruits (papaw, pineapple, oranges) in combination with the recommended bananas.

Discussion of the manual

After noticing that some aspects of implementation differed from what is described in the manual, Ms. Dickin queried if the manual was clear on these issues. After discussion with the team, it was concluded that the lack of congruence was not due to missing information in manual, because the manual was not used. Neither Mrs. Martei nor Ms. Assan had referred to the manual in the course of training and conducting the TIPs but had rather based their work on the flipchart notes prepared during our discussions. This demonstrates the drawbacks of a "field test" in which technical assistance is also provided, in that the manual is no longer essential to the process. It also reflects on the size of the manual and the fact that they did not find it easy to use for reference, relative to key points and outlines listed on the flipcharts. Here again is the central quandary: the manual is detailed so as to avoid the need of a consultant, but as a result it may be overwhelming for some people or programs.

When probed for further comments on the manual (at the end of the second visit), the core team again mentioned that the size of the manual is intimidating and gives the initial impression that consultative research is a complex process. Because it contains information on numerous different stages, many of which were not relevant to this type of program, the key task became identifying which parts were needed. They suggested that more detail be provided on how to use the different sections, and that "individualized" guidelines be provided for each type of potential client. Although this would undoubtedly be helpful, there is no way to foresee each

Report of Activities

type of program, and the additional information would add further to the size of the manual. However, consideration has been given to this idea and discussed in the separate memo on revising the manual.

Another option would be to develop a short, simple mini-manual on implementation of the TIPs. This would not include the detailed information on research design decisions or on the other methodologies covered in *Designing by Dialogue*. The intended audience would be implementors of ongoing programs, rather than planners and researchers involved in developing new programs.

Discussion of dietary assessment

As expected, analysis of "amount of food" was the most difficult part of the dietary assessment process. In hindsight, efforts may have gone too far in trying to make these estimates and develop a "tool" that would allow the promoters to make judgments about whether a child was receiving adequate amounts of food. As a result, it seems that considerable time was spent as a group estimating the adequacy of caloric intake (something Ms. Dickin does not usually emphasize). However, there were almost no instances in which increased amounts of food were recommended, so it may be that the rough estimates led to an over-estimate of the adequacy of intake. (Also, the team felt that the recommendation to add bananas to the daily diet addressed the problem of low amount of food, simultaneously with problems of low frequency and variety.)

Because this is an educational program for mothers, it seemed useful to discuss some more practical, qualitative ways to estimate whether the child is eating enough—especially points that could guide mothers in making their own assessments of the child's diet. It is possible that some of these ideas should be included in the manual, either in Chapter 6 (TIPs) or Appendix C (estimating adequacy of energy intake). The following questions illustrate the type of information to be considered over time, in judging the adequacy of intake:

1. does child eat all that is served? is child offered more?
2. does child appear to be hungry after (or soon after) the meal?
3. is child served separately? supervised and encouraged?
4. does child focus on eating or get distracted and go play?
5. does child regularly resist eating?
6. does amount of food gradually increase as child grows older?
7. is child eating amounts similar to other children of same age?
8. is child growing well over a period of months?

For an experienced community nutritionist, these considerations could be combined with estimates of serving size to decide when to emphasize recommendations on increasing the amount of food. It is understandable that a group with less experience would want specific guidelines on amounts, but this may not lead to useful findings. Therefore the earlier suggestion that a more detailed chart on amounts and energy intake be added (or modified) in Appendix A may be questioned.

De-briefing with the promoters in Brakwa

The two main objectives of meeting with the promoters after completion of the TIPs were to ask for their comments on the experience and to provide them with feedback on the results.

The promoters had been concerned about getting mothers to cooperate and were surprised to find such willing participants. They mentioned that a few of the husbands had objected, and Ms. Dickin noted that this was the first time she had been involved in a project that used an all-male team to implement TIPs.

When questioned about the validity of the data, the group commented that initial dietary recall data was sometimes "too good to be true" and they suspected that a few of the mothers were trying to impress them. This was clearly a risk, given that these same young men had provided nutrition education to the mothers. On the other hand, the promoters felt that the information collected at follow-up reflected what had really happened, i.e. they believed that the women had tried the recommendations and were honest in reporting the problems and successes they encountered.

The promoters felt better able to identify problems, assess serving sizes and counsel after the TIPs experience. They also recognized that mothers "had a flair" for not only following the recommendations, but also making modifications that improved the diet still further or that helped to overcome obstacles such as non-availability or non-acceptance of a food. The only feeding problem felt to be truly insoluble concerned one or two children who consistently refused to eat foods other than breastmilk. Mothers and promoters had little success in tempting or persuading such a child to consume more food.

Promoters mentioned that follow-up visits took longer than counselling visits. This is a reversal of the usual situation which perhaps reflects the fact that only one or two suggestions were provided during counselling and the process of negotiation to help the mother make her own choice was not implemented.

When asked how they would do TIPs differently next time, promoters mentioned doing the interview at the CSA meetings so that they would not be troubled by the

Report of Activities

women's husbands and also so that the presence of the women's friends and co-members might hinder the tendency to exaggerate when reporting the child's diet. The promoters also mentioned that the mothers should be counselled on alternative recommendations, in case the one they gave her didn't work. The usual TIPs procedure of giving several options and asking mothers to make choices was then explained.

Mrs. Martei and Ms. Assan used the flipcharts prepared in Accra to report the key findings of the TIPs and discuss how the results would be used in the program. The next step of finding ways to use the TIPs process with a group of mothers as a part of group learning sessions on child feeding and other health education topics was also discussed.

Visit to a Credit and Savings Association (CSA) meeting

While in Brakwa, the team visited a CSA meeting in a community during which the TIPs results were discussed briefly and the mother who had participated spoke to the group about her experience during the TIPs. The mother was articulate and highly motivated and had no difficulty in presenting her views on the process, particularly on what she had learned about feeding her young child. The promoters will ask mothers in other CSAs to make similar presentations.

Final meetings in Accra

In Accra, analysis continued. It was not advisable to modify the existing FFH feeding recommendations on the basis of the results of this round of TIPs because the data were incomplete, i.e. not all recommended practices were tested, and mothers were not asked to make choices among alternatives. However, the research identified common feeding problems, found a readily available and undervalued snack food that was acceptable to children (bananas), and gathered good information on motivations and how they change when a new practice is actually tried. Supervisors and promoters learned a great deal from the process, and will be able to apply these skills and knowledge in their program work.

Because of Ms. Von der Bruegge's enthusiasm for using the TIPs process in FFH programs, thought was also given to how this one-on-one counselling and negotiation exercise could be adapted to the group learning settings of Credit with Education. Ideas included breaking into small groups to work with a mother of a young child (preferably a group member) to assess, counsel, and support her through the process of trying a new practice, and then having each small group report back to the CSA. Mrs. Martei and Ms. Von der Bruegge will work on developing lesson plans and tools to help promoters integrate the TIPs process into Credit with Education program activities.

Conclusions and Recommendations

Outcome of the Field Test

This was a very useful exercise. Everyone involved learned a great deal. It was an excellent opportunity to implement TIPs in a new setting, i.e. an ongoing program operating at the community level. Working with FFH highlighted new options for how the process can be used and developed, and provided insight on issues such as how to integrate TIPs into everyday activities of program personnel and the use of TIPs for in-service training on nutrition counselling.

The FFH project was quite different from the intended audience of the manual, and this affected the field-test both in terms of the role of the consultant and the type of feedback that could be obtained. The provision of technical assistance was necessary but lessened the team's need to rely on the manual, resulting in a field test of the process more than the manual.

To field-test the effectiveness of the manual as a stand-alone guide to consultative research, it would have been advisable to test it in a formative research/program planning setting. Ideally, a national or project health research team would use the manual independently to plan, implement, and analyze the results of qualitative research, and this process would be observed and documented. This is, of course, a rather unlikely situation, given the time frame for such activities. However, if such an opportunity were available, it would provide more specific information to guide revisions to the manual.

Recommendations for Revising the Manual

Based on the experience of the FFH program, the following revisions are suggested:

- ◆ Provision of more guidance on how to use the manual for various types of programs and suggestions of which sections to read first, to avoid overwhelming the audience.
- ◆ Addition of an overall list of steps for implementation (as shown on page 8) to the early description of the TIPs, either in Chapter 6 or in the initial chapters.
- ◆ Consideration of an additional table in Appendix C or a modification of Box C.1 to provide more complete information on types and amounts of foods commonly consumed in African countries, and provide guidelines on assessing the adequacy of the amount of food a child consumes. This would be based on the tool developed for the promoters in Brakwa.

Conclusions and Recommendations

- ◆ Consideration of developing a mini-manual focusing on the TIPs methodology for programs/personnel who do not need and may have difficulty in using the full manual.

- ◆ Additional small changes as suggested in the body of this report.

In the course of this assignment, the entire manual was reviewed in an attempt to address the points listed above, as well as numerous other editorial issues. Ms. Dickin has prepared a separate memo covering specific revisions and additions to the test, and have marked editorial comments on the draft manual which has been submitted to the SARA Project.