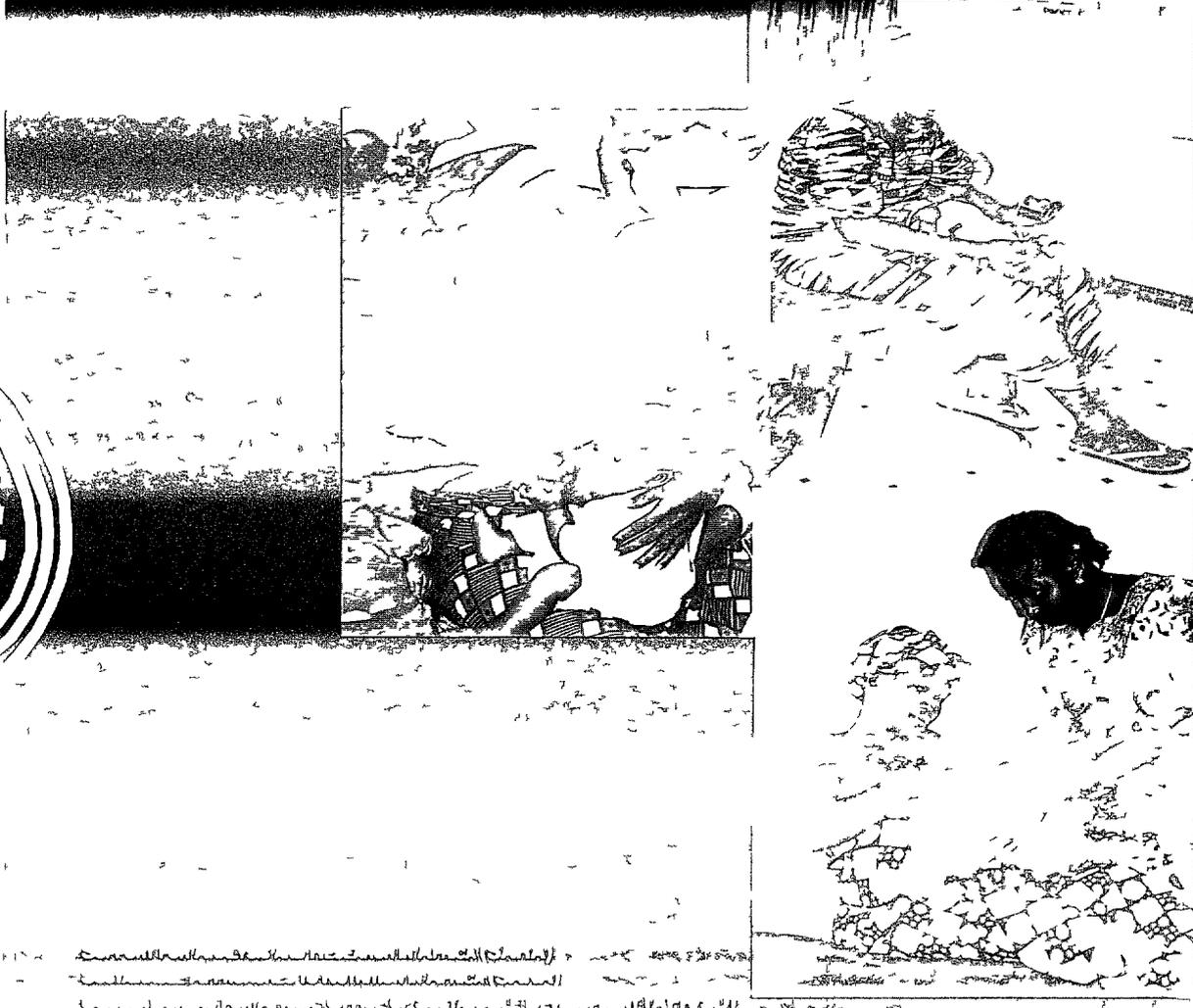


# USING CONSULTATIVE RESEARCH TO ADAPT THE IMCI FEEDING RECOMMENDATIONS TO A LOCAL CONTEXT

## TRAINING GUIDE

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The opinions herein are those of the authors and do not necessarily reflect the views of USAID

# Using Consultative Research to Adapt the IMCI Feeding Recommendations to a Local Context

## Training Guide

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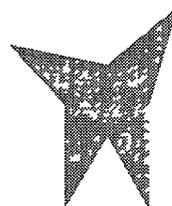
### The Modules in this guide are based on

*A Regional Seminar on the Methodology to Adapt the Feeding Recommendations of the IMCI*, held July 7-24, 1997, Dakar  
Organized by ORANA and the BASICS and SARA/SANA Projects, with the collaboration of WHO

### The Supplements in this guide are based on

*Designing by Dialogue* prepared by the Manoff Group and the SARA Project

*A Guide for the Introduction of IMCI*  
prepared by the BASICS and SARA Projects



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## Definition of Terms

**TIPS, or Trials of Improved Practices**, the core method in consultative research, consists of the testing of feeding recommendations in households by discussing possible improved practices, negotiating specific practice changes, and carrying out follow-up visits to record the mothers' and children's experiences with and reactions to these new practices

**IMCI or Integrated Management of Childhood Illnesses** is an approach first implemented by WHO and UNICEF to facilitate an integrated manner of caring for the sick child through clinical guidelines and training modules aimed for use by health workers to cure children brought for medical treatment, as well as to perform preventive measures. These modules require an adaptation to specific context of different countries. This training guide focuses on nutrition component of these IMCI modules, and adapts them to the African context

## Acronyms

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# Introduction

## 1 Overview of the Guide

This chapter supplements the training guide entitled “Using Consultative Research to Adapt the IMCI Feeding Recommendation Tables to a Local Context: A Training Guide.” We hope that this introduction, by providing useful information that is not necessarily found in the individual modules, will make it easier to use the modules effectively in preparing training seminars.

The training guide consists of seven modules requiring a total training time of almost 70 hours, to be presented in an intensive 12-day seminar for 9 to 27 participants at similar levels of responsibility.

The guide is based on adult training methods and utilizes an active, participatory approach to instruction. This approach takes advantage of every aspect of the training situation—personal, interpersonal and collective, especially in simulation exercises that involve working groups in the field or in the classroom—and uses daily and periodical evaluations throughout the seminar.

### *Basis of the Guide*

The guide is based on the results of the *Regional Training Seminar on the Methodology for Adapting the IMCI Feeding Recommendation Tables*, held in Dakar on July 7-24, 1997. Organized jointly by ORANA, BASICS and SARA/SANA in cooperation with WHO, the seminar was attended by 23 participants from nine countries in the West African region and Morocco.

The Supplements for the seminar were based on the following documents:

- *Designing by Dialogue*, prepared by the Manoff Group and the SARA Project, and
- *A Guide to the Introduction of the Integrated Management of Childhood Illnesses*, prepared by SARA and BASICS

Following this seminar, national workshops were held in Morocco, Benin, Togo, Mali and Senegal between 1997 and 1999 with the support of projects financed by USAID, BASICS and SANA. These successful workshops served to validate the approach and materials used in this training guide.

### *Trainee Profile*

This guide is designed for working health professionals who are familiar with nutrition and child feeding issues, and are likely to be involved in adapting the IMCI Feeding Recommendation Tables or other similar situations. The types of activities proposed, the time required to complete them, and the suggested supplements have therefore been designed with this profile in mind.

However, the guide may be adapted by eliminating training sessions or even entire modules, by focusing more closely on selected activities or by simplifying certain supplements. For example, the guide could be modified for use with a group of interviewers recruited from the health sector or other appropriate professions (hygiene-sanitation, social work, community development, agriculture, etc.) to conduct Trials of Improved Practices (TIPs). The guide should be adapted based on the knowledge and experience of the participants and on the skills to be developed as determined by research needs.

The instructors who will use this guide to organize and conduct the training seminars have a responsibility to adapt the modules to the needs of the trainees and to ensure that each of the training objectives has been met at the end of the corresponding training session.

### *User Profile*

This guide is designed for use by nutritionists, health workers or others involved in the management of childhood illnesses to help them provide effective instruction on using the consultative research methodology to adapt the IMCI Feeding Recommendations.

We have assumed that the immediate users of this guide are experienced in adult education training activities, have a solid understanding of nutrition and have already conducted, at least once, Trials of Improved Practices (TIPs), the key nutrition consultative research method.

## **2 Objectives of the Guide**

When the modular training sessions outlined in the guide are complete, the participants should be able to

- √ Conduct household visits geared towards adapting the IMCI Feeding Recommendations to a local context,
  
- √ Spearhead an independent nutrition initiative based on useful, realistic and coherent recommendations that are age-specific and are adapted to the possibilities and constraints of the local environment, and
  
- √ Develop their interpersonal communication and counseling skills

### 3 Pedagogical Approach

The adult training method used in this guide places special emphasis on experiential learning and active participation by the trainees, who are given hands-on work in a wide variety of pedagogical settings, including a significant number of field exercises

Throughout the learning process—and within each module—the pedagogical approach alternates among activities that foster inquiry and understanding and activities that consolidate and transfer information in order to cater to the diverse information needs of the participants

To apply this training method successfully, keep in mind that

- **Lessons learned from the shared experience** of exploring questions and finding answers that meet the challenges of learning encourage the participants to make a personal investment in enhancing their skills
- **Working groups** provide a motivational environment for trainees, make learning easier, and foster reflection (since learning is not achieved through action alone) For small groups to be successful, however, the rules of the game must be agreed upon at the beginning of the seminar

#### *Tips on using the proposed training method optimally*

- Be attentive to participants' difficulties by observing and listening carefully to them, and view them as unique individuals with unique backgrounds, experiences and learning needs
- Allow participants to share their knowledge and experience
- Vary the training environment (in the classroom, in the field, with a partner, with an outside resource person), the training activities (see below), the supplements, the composition of the small groups, the topics addressed, the visual aids, etc Trainees will learn more and enjoy themselves more
- Prepare carefully for the sessions, but don't hesitate to change the schedule to adapt to the needs and pace of the participants

- Use a creative approach (weekly evaluations presented in drawings, role-playing exercises, skits, proverbs) and humor (funny pictures, entertaining stories that are related to the topic) Learning is easier in a relaxed and congenial environment
- Give positive feedback that reinforces a feeling of competence and self-esteem and creates a supportive environment (devise ice-breaker activities and daily warm-up activities)
- Actively involve the participants in the training process give them opportunities to offer their opinions on ways to improve the training structure (schedule, time required, planned activities, pedagogical approach) Ask for questions and feedback, and encourage projects
- Never forget that the instructor has to be an effective model competent, positive, enthusiastic, punctual and accessible

### *Pedagogical Activities*

Using a variety of activities helps to capture the attention of all of the participants and accommodate their different learning styles A list of possible activities includes presentations (always accompanied or followed by a discussion), small group work, role-playing, simulation, case studies, observation (during household visits), plenary discussions (often made easier by brainstorming or the beehive technique, see below), individual or group study of documents, and non-verbal communication exercises or analogy-based exercises (drawings, proverbs) used in evaluation activities

If the instructor follows certain principles for leading the seminar, interactive training techniques can be very effective Examples include the techniques described below

The **beehive technique** is a valuable participatory tool for instructors in that it forces participants to summarize and to be concise It also helps to highlight the rich diversity of opinion With this technique, the instructions must be presented clearly and confidently so as to involve the group wholeheartedly (the two most important instructions are to limit small-group work to a maximum of four participants for a period of five minutes, and to present no more than two ideas when summarizing the results

of the discussion in the plenary session) During the small-group discussions, there should be a slight hum in the room This helps to create a dynamic work environment from the beginning and to promote genuine discussion in the plenary session, in sharp contrast to the monotonous traditional approach for presenting results

The **brainstorming technique** is a good pedagogical strategy for stimulating reflection and creativity It is often used at the beginning of several different types of activities (presentations, plenary discussions, small-group discussions) Brainstorming requires that the participants already have some familiarity with the topic or are motivated by the problem at hand This technique works best if the instructor follows certain guidelines 1 establish the two basic working principles by presenting them in writing (every idea is accepted and written down as it is voiced, discussion and criticism do not begin until the list of the ideas is complete and the instructor gives the signal), 2 clearly state the topic or the problem at hand, 3 write all of the proposed ideas on the flip chart so that they are clearly visible, 4 read the entire list of ideas repeatedly to stimulate other ideas, 5 encourage everyone to participate and give positive feedback, and 6 conclude the brainstorming session by reviewing all of the ideas and keeping the ones that are most creative, useful, coherent, and appropriate

**Illustrated presentations** are an effective motivating technique for reinforcing knowledge if the instructor is skilled in the use of follow-up questions (What do you think? Who could explain this? Could anyone add something to this? What would happen if ? Under what circumstances could we ?) and knows how to use carefully prepared supplements Supplements should be presented on large, well-spaced sheets of flip chart paper using different colored felt pens that can be read easily by everyone, or on numbered transparencies written in capitals with no more than one major idea per transparency and displayed on an overhead projector

The effectiveness of an illustrated presentation is determined by the following quality of the introduction, presentation of the outline, personal communication with participants (using simple and idiomatic language, eye contact, sensitivity to the partici-

pants' reactions, an audible and pleasant voice, professional but stimulating speaking style and gestures), suitable visual aids that can be seen by all, logical transitions, summaries, active audience participation, clear explanations, short, interesting examples that are easily retained, supplements with commentary, and conclusions that begin with a succinct summary

**Small-group discussion** is a highly participatory method that builds team spirit and encourages trainees to share different viewpoints and learn from each other. To be effective, instructions should be very clear, be presented in writing and made available to all of the participants. The instructions should indicate 1 the time limit (in general, an activity should not exceed 45-60 minutes), 2 the topic to be discussed (situation, problem, case study, role-playing), 3 the work method to be used (analyze and answer questions, exchange opinions and draw up a report, design, prepare and present a role-playing exercise), 4 if necessary, the roles of the moderator (if the discussion is complicated or involves a wide range of potentially contradictory ideas) and the spokesperson (to make a comprehensive and complete presentation of the opinions expressed and proposed solutions)

The instructor must work to supplement these instructions by circulating among the small groups (consisting of five to seven participants). This ensures that the instructions have been well understood, stimulates reflection and confirms that important issues have been addressed and that everyone is participating fully and making good progress. The benefits of the discussion are realized when the instructor begins the plenary session, asking for the results of each subgroup's discussion and soliciting the opinions of other groups. The instructor then concludes the summary by verifying that participants have clearly understood the message and by encouraging deeper reflection where appropriate.

## **4 Introduction to the Modules**

Each module serves as a teaching aid for the instructor, allowing him/her to conduct the training sessions according to pre-set training objectives that specify what the participant will be capable of doing once the training is complete

Each module is organized as follows

- **Instructional objectives** (a series of goals to be achieved)
- **Time required** for training (an estimate of the time required to accomplish the objectives)
- A series of **sessions** allowing for knowledge, information and skills to be conveyed in a series of pre-planned steps. In general, these sessions are divided into several parts, each of which dedicates a single unit of time to a single topic
- A series of **pedagogical activities**, reflecting a specific pedagogical progression and consisting of a sequence of exercises that are led by the instructor and actively involve the trainees
- **Tips** for the instructor to use in implementing each activity. These are suggestions that he/she is free to use in leading the proposed activities effectively
- **Supplements** accompanying the tips. These are teaching aids or techniques that should be viewed as suggestions that the instructor may use or refer to. The supplements are presented separately from the modules. (Those to be used as overheads are prepared in large font.)
- **Notes** to the instructor, which generally give references or which explain the foundation for certain recommended pedagogical techniques

### **Module 1: Overview of the nutritional status of children under five, nutrition education programs, and the difficulties of changing child feeding behavior**

Module 1 introduces the other modules and requires an estimated 5 hours of training. It covers malnutrition in children under 5 years of age, harmful feeding practices, effective nutrition education programs, changes in child feeding behavior and

approaches to promoting feasible and effective nutrition education programs that are likely to elicit genuine participation and even support from the population

## **Module 2: Benefits of adapting the IMCI nutritional component**

This module presents the IMCI nutritional component and requires an estimated 5 hours and 15 minutes of training. It covers the IMCI objectives, the actual procedure and the process for in-country implementation, the principal aspects of the IMCI nutritional component, and feeding recommendations.

The key aspects of this module are analyzing the problems and recommendations in the IMCI nutritional component within the context of a specific country and discussing the need to adapt this component.

## **Module 3 Research methods used to effect true behavior change**

This module reviews the various methods used in research and requires an estimated 4 hours and 30 minutes of training time. It examines the importance of consultative research in achieving effective behavior change by using appropriate methods to formulate practical feeding recommendations. It focuses specifically on

- The differences between quantitative and qualitative methods
- The principal tools used in consultative research
- The Trials of Improved Practices (TIPs) method and its primary advantages

## **Module 4: Practical application of the primary consultative research tools for improving child feeding**

This module is designed essentially as an exercise in the techniques used in research and requires approximately 7 hours of training. It covers effective communication and counseling techniques, the features of Focus Group Discussions (FGDs) and

their value in consultative research, and the characteristics of the two quantitative methods used in consultative research (the 24-hour recall and dietary assessment methods) and their value for Trials of Improved Practices

Role-playing and simulation exercises are frequently used in this module to enhance consultative research skills active and effective listening, appropriate questioning, in-depth questioning or the art of probing further, counseling, in-depth interviews, and focus group discussions

### **Module 5 Designing and planning consultative research the IMCI approach to adapting feeding guidelines to a local context**

This module covers the activities required to design and plan consultative research and requires an estimated 18 hours and 30 minutes of training It covers the following key activities

- Research design
- Review of existing information its value and the procedures and techniques used
- Exploratory research its value and the research topics, tasks and tools involved

The main task of this module is to prepare a counseling guide on age-specific child feeding practices based on the activities and topics covered in the module, which are essentially designed as hands-on training for specific types of research activities

### **Module 6: Using Trials of Improved Practices**

This module covers the actual Trials of Improved Practices and requires approximately 22 hours of training It covers preparing the three household visits

- The initial visit
- The counseling visit
- The follow-up visit

and conducting them in the field. Most of the training sessions in this module consist of hands-on activities in the field, including pre-visit preparation and post-visit analysis of results.

## **Module 7: Presenting and validating findings of Trials of Improved Practices**

This module focuses on the activities involved in synthesizing the data gathered during the TIPs and requires approximately 5 hours of training. It also covers revising the counseling guide, adapting the IMCI Feeding Recommendation Tables, and presenting findings and validation methods of results obtained.

## 5 Conducting the Training Seminar

### *Preparation*

The instructor will find it easier to conduct the training sessions if he/she has thoroughly mastered the content of each session. This will require preparation and possibly a preliminary simulation if the instructor is unfamiliar with the material and is working with a team of instructors.

### *Leading the Session*

For the seminar to be effective, the instructor must give special care to a variety of activities. The most important include

- Preparing the classroom to make participants feel comfortable and create a warm, friendly environment. Ensuring that the positive atmosphere is maintained throughout the entire seminar.
- Making materials easily accessible and ready for use.
- Welcoming the participants (carrying out ice-breaker activities on the first day and warm-up activities on the following days).
- Presenting a consistently positive, patient and friendly attitude.
- Constantly moving around the classroom to verify that everyone is participating and has access to the supplements.
- Maintaining eye contact.
- Providing clear explanations.
- Constantly using the flip chart.
- Using humor and other entertaining techniques to solicit participants' feelings and to create positive energy (physical participation, applause, etc.).
- Displaying daily objectives by writing them on the flip chart.
- Referring to the program and reviewing it with the participants.
- Talking as little as possible and listening as much as possible.
- Asking questions and repeating key points.
- Asking participants to read the supplements presented.
- Projecting his/her voice such that participants can hear easily.

- Giving positive feedback and addressing participants by first names
- Thanking the participants
- Summarizing the information, giving reminders and making transitions
- Thanking the co-instructor
- Creating opportunities for exchange by encouraging participants to share their ideas
- Experimenting with new approaches to meet the needs of the group

### *Sharing Leadership*

For the intensive training seminar proposed in this guide to be successful, a third instructor with observer status must share in the leadership duties. The main instructors and the observer should alternate roles at logical, coherent intervals. Preparation is essential to shared leadership, and the instructors' performance should be evaluated systematically during the course of the training sessions. In addition, responsibilities should be divided among the instructors based on their mastery of the different topics addressed in the sessions, their skills and their desire to lead the activities at issue. Shared leadership is successful when the instructors understand, respect and support each other.

### *Handouts*

To receive the attention of the participants and to keep their session notes consistent, information contained in tables, visual aids and discussion summaries should be collected, formatted, copied and handed out to the participants.

## **6 Evaluation of the Seminar**

Evaluation is a very important aspect of this seminar. It may be carried out

- At the end of each module
- At the end of each day
- Once a week
- At the end of the seminar (final evaluation)

### *At the end of each module*

What have the participants learned from the training sessions contained in this module? To answer this question, at the end of each module the instructor can hand out a page with two or three questions examining the new topics that were covered, the extent to which targeted skills were acquired, and the difficulties that remain. Analyzing the answers to these questions will allow the instructor to adapt the rest of the program to meet objectives that have not been adequately addressed.

To monitor each participant's progress, a pre-test could also be given to assess existing knowledge and gaps in information at the outset of the seminar, followed by a post-test to measure the knowledge gained when the seminar is complete.

### *At the end of each day*

It is useful to prepare two tables designed exclusively to encourage participants to ask questions and make suggestions throughout the training. The information (collected in writing during the discussions by a note-taker appointed for the day, by means of a suggestion box, or, more formally, by handing out forms to be completed) is entered in the tables "problems to be discussed later in the workshop" (issues raised during that day that will be discussed in a subsequent session) and "outstanding questions" (which have not yet been answered or require outside resources).

Every day or two, a representative group of participants meets with the team of instructors to evaluate the training process and make suggestions for improving it.

### ***Once a week***

Once a week, the instructors can collect all of the various qualitative data from the previous week by holding a participant feedback session on the training process. The data should be collected using a creative and indirect approach proposed by the participants, the instructors or both. Some examples include a barometer, a vertical ruler showing mood levels, comic strips, skits, etc.

### ***At the end of the seminar (final evaluation)***

At the end of the seminar, a thorough, mixed-use individual written questionnaire (providing quantitative and qualitative data, some of which will be analyzed and disseminated immediately) may be given to the participants, to be supplemented by a more informal and purely qualitative type of evaluation.

### ***After the seminar***

A field activity (consultative research, designing the process of adapting the IMCI Feeding Recommendation Tables, TIPs) can be planned for a time shortly after the end of the seminar. This will allow the team to evaluate the skills acquired after a time period ranging from several weeks to several months.

### ***Key Evaluation Issues***

Certain issues appear repeatedly in evaluations and therefore require particular attention.

- Amount of time required for the participants to assimilate the subject matter, particularly the concepts
- Distribution of documents and accessibility of bibliographical references
- Quality of visual aids
- Relevance of examples and their relationship to the participants' geographic origin
- Preparation of field sites (specifically the ethnic composition of the population and the organization of field work)

## **Conclusion**

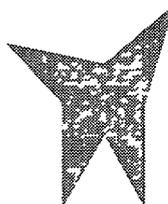
This introduction is far from exhaustive it is simply a compilation of lessons learned over the years in various places It is up to us, its authors and users, to improve it and to refine the strategies and behavioral skills that can transform us from the competent facilitators we are today, into caring instructors attentive to the ideas and experiences of our trainees We should seek to use with the trainees the same high-quality interpersonal communication skills that we hope they will practice with mothers in the field

*Maty Ndiaye Sy, Dakar, July 1999*

# Module 1

Overview of the Nutritional  
Status of Children Under  
Five, Nutrition Education  
Programs, and the  
Difficulties of Changing  
Behavior for Child Feeding

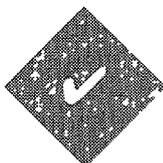
Total time required  
Approximately 4 hours, 30 minutes



## Overview of the Three Sessions in Module 1



Approximately  
1 hour, 20 minutes



### **Session 1: Nutritional Status of Children under Five**

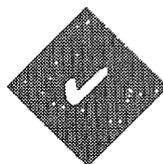
#### **Instructional Objectives**

At the end of Session 1, the participants should be able to

- √ Give a broad overview of malnutrition trends worldwide
- √ Explain the relationship between malnutrition and mortality
- √ Identify the causes and effects of malnutrition
- √ Describe inappropriate feeding practices affecting children from 0-24 months and the relationship between these practices and malnutrition and mortality



Approximately,  
1 hour, 45 minutes



### **Session 2: Nutrition Education Programs**

#### **Instructional Objectives**

At the end of Session 2, the participants should be able to

- √ Give two or three examples of effectiveness indicators for a nutrition education program
- √ Understand the importance of having indicators to measure the progress of nutrition education programs
- √ Understand the positive factors of nutrition education programs
- √ Learn some of the results and recommendations of some nutrition education programs in Africa

## Session 3: Changing Behavior through Nutrition Education Programs

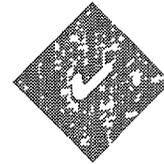
### Instructional Objectives

At the end of Session 3, the participants should be able to

- √ Identify key problems related to unresolved changes in child feeding behavior
- √ Explain why behaviors have not changed
- √ Name the approaches to promoting participatory nutrition education
- √ Describe at least one nutrition education initiative that is feasible and effective
- √ Identify approaches for promoting a participatory nutrition education



1 hour, 30 minutes



## Session 1: Nutritional Status of Children under Five

### Part 1 Malnutrition and Childhood Feeding Practices

⌚ 45 minutes

#### Instructional Objectives

- ✓ Give a broad overview of malnutrition trends worldwide
- ✓ Explain the relationship between malnutrition and mortality
- ✓ Identify the causes and effects of malnutrition
- ✓ Describe inappropriate feeding practices affecting children from 0-24 months and the relationship between these practices and malnutrition and mortality

#### Activity 1 Presentation on worldwide malnutrition trends in children under five and the connection between malnutrition and infant mortality

⌚ 35 minutes

Equipment overhead projector

- 1) The instructor begins by emphasizing the importance of Module 1, which will give the participants an understanding of the importance of malnutrition and its relationship to mortality and allow them to share their knowledge of ways to improve the effectiveness of nutrition education programs based on local experience
- 2) The instructor first reviews worldwide nutrition problems by presenting the key results of David Pelletier's study (Supplement 1 1)
- 3) He/she then devotes ten minutes to reviewing protein-energy malnutrition in the region using Supplement 1 2
- 4) The instructor asks the participants to give the causes and effects of malnutrition, using the brainstorming technique for 20 minutes He/she then concludes the discussion with the UNICEF conceptual framework (Supplement 1 3)

- 5) He/she emphasizes that malnutrition affects the 0-24 month age group because one of the main causes of malnutrition is inappropriate child feeding practices
- 6) Then, using the participants' suggestions, he/she lists child feeding practices in order of priority
- 7) The instructor concludes by summarizing the suggestions

### **Activity 2 Small-group discussion of feeding practices affecting children aged 0-24 months**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor divides the participants into six groups and asks each group to study an age range 0-4 months, 4-8 months, 8-12 months, 12-16 months, 16-20 months, and 20-24 months
- 2) He/she asks each group to list, in order of priority, the negative feeding practices that the participants believe to be the most important causes of malnutrition
- 3) After 20 minutes of discussion, the instructor solicits comments from the working groups
- 4) He/she summarizes the comments on the flip chart
- 5) He/she then uses the participants' responses to present the key factors in child feeding that contribute to malnutrition for each age group

## Session 2: Nutrition Education Programs

### Part 1 Nutrition Education Program Indicators

⌚ 1 hour

#### Instructional Objectives

- √ Understand the importance of having indicators to measure the progress of nutrition education programs
- √ Give two or three examples of effectiveness indicators for nutrition education programs

#### Activity 1 Discussion of in-country nutrition education program indicators

⌚ 30 minutes

Equipment flip chart

- 1) The instructor begins by asking the participants why it is important to have program indicators, using the brainstorming technique
- 2) He/she summarizes their suggestions, emphasizing that indicators make it possible to measure program effectiveness and thus to demonstrate the constraints affecting program performance
- 3) The participants divide into small groups, and the instructor asks each group to give two examples of indicators used in a nutrition education program
- 4) The participants share their responses in the plenary session

#### Activity 2 Presentation on indicators most commonly used in nutrition education programs

⌚ 30 minutes

Equipment flip chart

- 1) The instructor emphasizes that the best indicators are easy to calculate and allow comparisons to be made, especially

between expected results and actual results

- 2) The instructor summarizes the indicators most commonly used to evaluate community nutrition programs, using Supplement 1 4
- 3) He/she invites the participants to think of other qualitative variables that could be used to evaluate nutrition education programs

## **Part 2: Positive Factors in Nutrition Education Programs**

⌚ 45 minutes

### **Instructional Objectives**

- √ Understand positive factors of nutrition education programs
- √ Learn from the results and recommendations of nutrition education programs in Africa

### **Activity 1 Discussion followed by a presentation on positive factors in nutrition education programs**

⌚ 45 minutes

Equipment overhead projector and flip chart

- 1) The instructor asks the participants to spend ten minutes reflecting individually on the primary factors for success (no more than two) and failure (no more than two) that in their view have helped or hindered nutrition education programs in achieving their goals
- 2) When the time for individual reflection is up, the instructor asks the participants to divide into groups of three to share their thoughts, using the beehive technique
- 3) After ten minutes, he/she solicits comments from four or five small working groups
- 4) The instructor summarizes the comments on the flip chart
- 5) He/she then presents results and recommendations from several nutrition education programs in Africa, using Supplements 1 4 and 1 5

- 6) The instructor summarizes the positive factors in nutrition education programs, using the groups' responses and Supplements 1.4 and 1.5

#### Instructor's Tip

The beehive technique is a valuable tool for facilitators in that it forces participants to summarize and to be concise. It also helps to highlight diversity in points of view. With this technique, the instructions must be presented in such a way as to involve the group wholeheartedly (the most important instruction here is to give no more than two ideas). There will be a slight hum in the room, which helps to create a dynamic work environment from the start. The plenary work still continues, but the participants are already sharing ideas in small groups, this in turn helps break the ice for genuine participation.

## Session 3: Changing Behavior through Nutrition Education Programs

### Part 1: Identifying Key Problems in Changing Behavior through Nutrition Education Programs

⌚ 20 minutes

#### Instructional Objectives for Part 1

- ✓ Identify the key problems related to unresolved changes in child feeding behavior
- ✓ Analyse reasons that explain why behaviors are not changed

#### Activity Brainstorming on obstacles to changing behavior

⌚ 20 minutes

Equipment flip chart

- 1) The instructor uses the brainstorming technique to ask the participants for answers to the following question "What

could prevent a mother from changing her behavior in feeding her child?”

- 2) He/she gives them a few minutes to reflect
- 3) He/she then solicits responses one at a time for several minutes, without offering any criticism
- 4) The instructor then spends five minutes making any necessary corrections to the responses with the help of the participants  
Finally, the instructor organizes the problems into groups by type

## **Part 2 New Directions in Effective, Sustainable Nutrition Education**

⌚ approximately 1 hour, 10 minutes

### **Instructional Objectives for Part 2**

- √ Name the approaches to promoting participatory nutrition education
- √ Describe nutrition education initiatives that are feasible and effective

### **Activity 1 Discussion of ways to achieve true participation in nutrition education**

⌚ 20 minutes

Equipment flip chart

- 1) The instructor asks the participants to name at least three approaches that could be used to encourage local populations to participate fully in nutrition education and become a part of it
- 2) The instructor writes each suggestion on the flip chart
- 3) He/she then organizes similar suggestions into groups and presents a summary

**Activity 2 Small-group discussion of steps that an educator can take to effect true behavior change**

⌚ 20 minutes

Equipment flip chart

- 1) The instructor divides the participants into groups of three and asks them to spend ten minutes thinking about two steps that an educator could take to effect true change in nutrition behavior
- 2) He/she writes their suggestions on the flip chart and then, with the participants, selects the most appropriate suggestions for feasible, effective initiatives. The instructor should see to it that the participants give relevant arguments demonstrating that each of the initiatives selected can be implemented with the expected impact

**Activity 3 Presentation summarizing the key obstacles to success for nutrition education programs**

⌚ 30 minutes

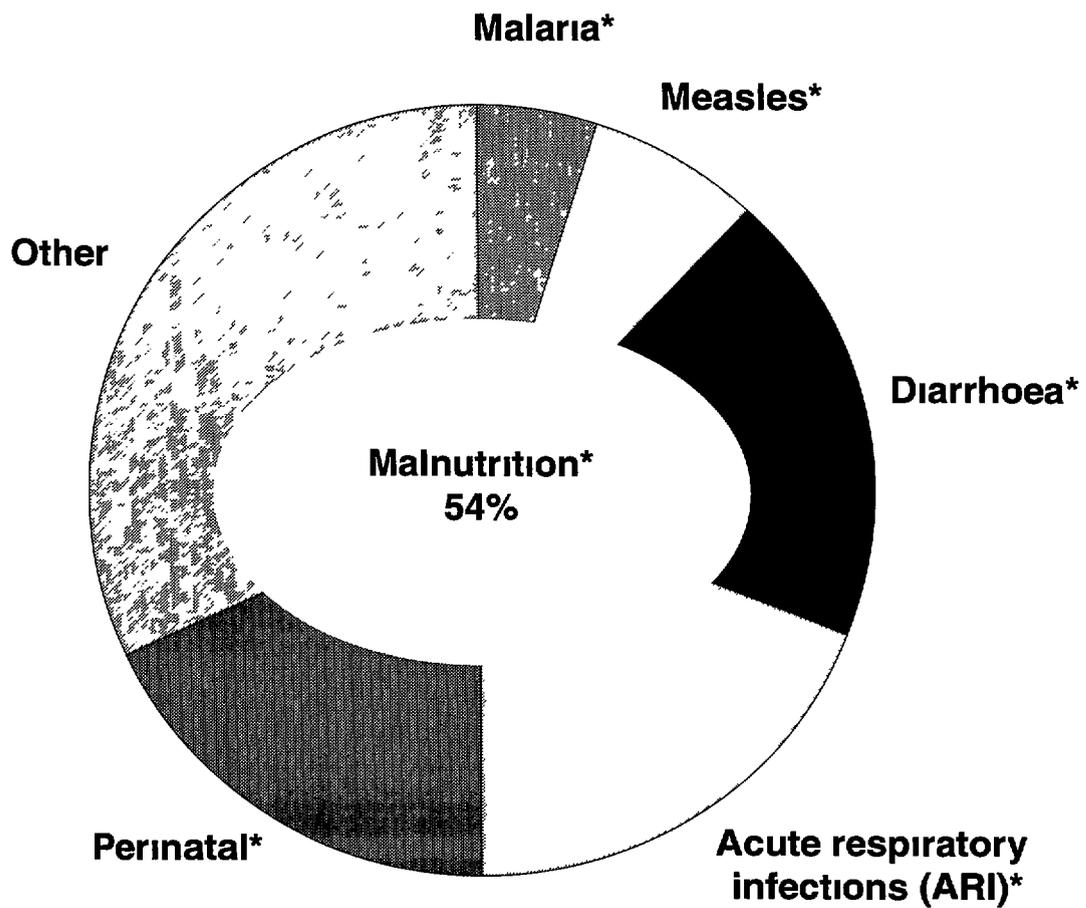
Equipment overhead projector

- 1) Drawing on all of the data produced by the discussions in Module 1, the instructor presents a summary of the primary obstacles to success for nutrition education programs
- 2) He/she concludes by stressing the importance of having an appropriate approach for advising mothers and encouraging them to change selected feeding practices in order to improve their children's nutrition

# Supplements for Module 1

<b>Supplement 1 1</b>	<b>Page 1-12</b>
The Distribution of the Causes of 11 6 Million Deaths in Children Under 5 years of Age in Developing Countries, 1995	
<b>Supplement 1 2</b>	<b>Page 1-13</b>
Malnutrition of Children 3-35 Months in Sub-Saharan African Countries	
<b>Supplement 1 3</b>	<b>Page 1-14</b>
The Simplified Conceptual Framework	
<b>Supplement 1 4</b>	<b>Page 1-15</b>
Indicators Commonly Used in Nutrition Education Programs	
<b>Supplement 1 5</b>	<b>Page 1-16</b>
Nutrition Education Programs in Africa— Examples	
<b>Supplement 1 6</b>	<b>Page 1-17</b>
Nutrition Education Programs in Africa— General Recommendations	

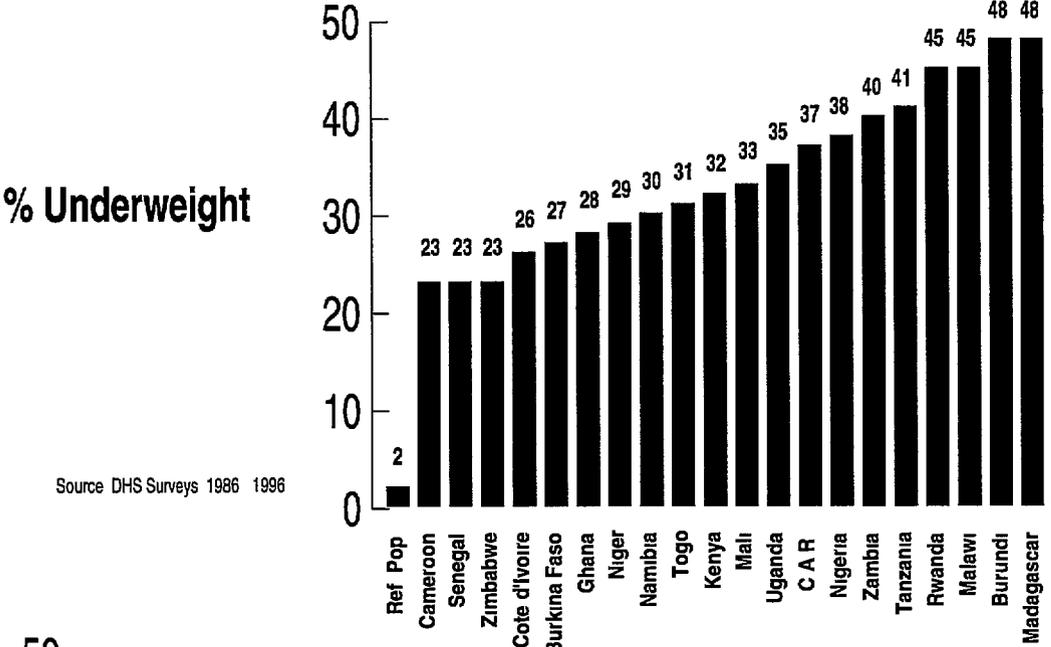
# Supplement 1.1: The Distribution of the Causes of 11.6 Million Deaths in Children Under 5 years of Age in Developing Countries, 1995



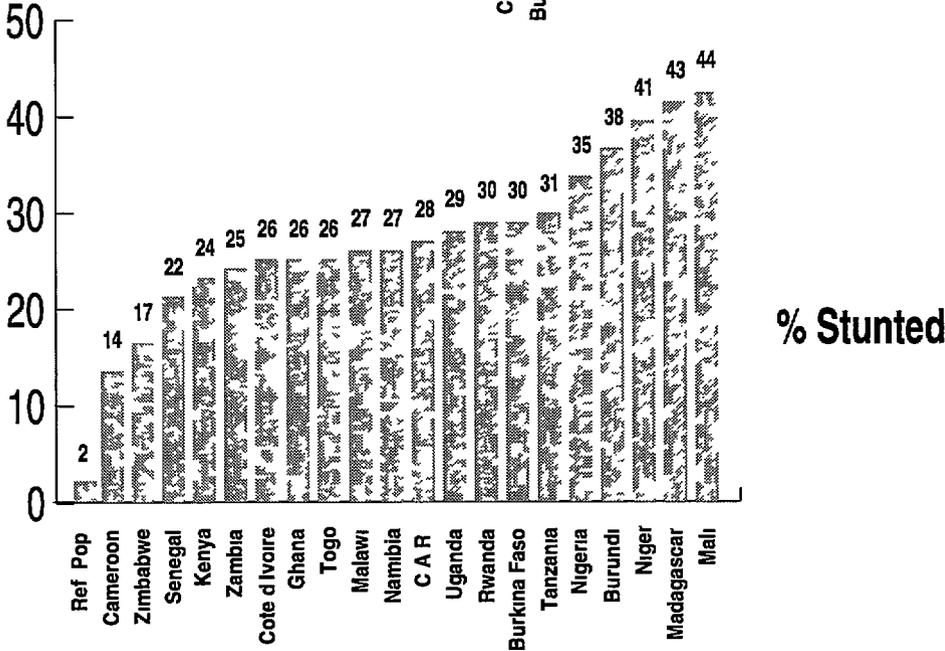
**These conditions represent 70% of deaths of children under 5 years of age**

Based on data from Murray CJL Lopez AD The global burden of disease a comprehensive assessment of mortality and disability from diseases injuries and risk factors in 1990 and projected to 2020 Cambridge MA Harvard School of Public Health 1996 (Global Burden of Disease and Injury Series vol 1) and from Pelletier DL et al Epidemiologic evidence for a potentiating effect of malnutrition on child mortality American journal of public health 1993, 83 1130 1133

# Supplement 1.2: Malnutrition of Children 3-35 Months in Sub-Saharan African Countries

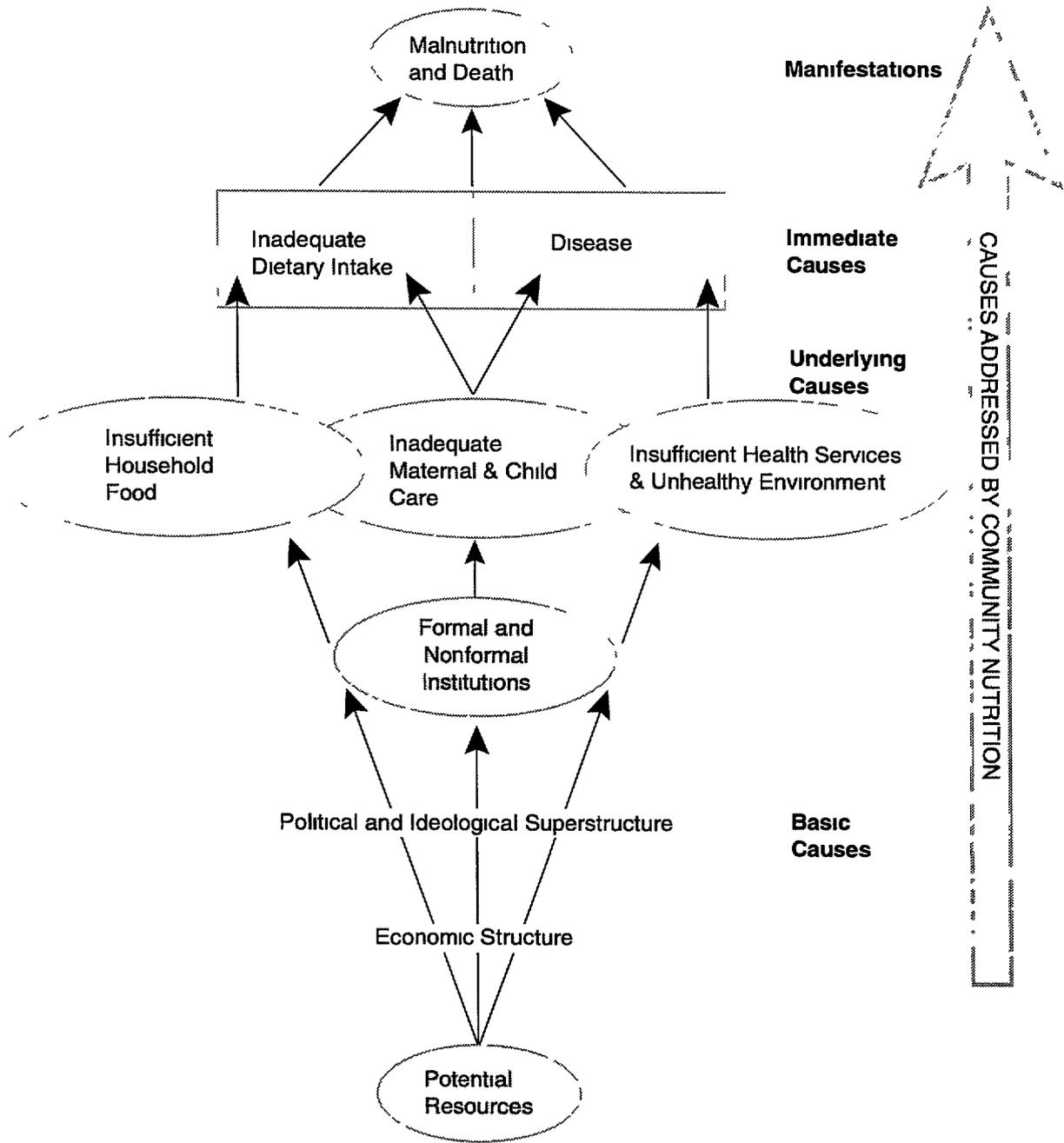


Source DHS Surveys 1986 1996



Note *Stunted* reflects chronic malnutrition *underweight* reflects chronic or acute malnutrition or a combination of both

# Supplement 1.3: The Simplified Conceptual Framework



Source Adapted from UNICEF Food Health and Care The UNICEF Vision and Strategy for a World free from Hunger and Malnutrition UNICEF New York 1992

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## **Supplement 1.4: Indicators Frequently Used in Nutrition Education Programs**

### **Indicators used by a community nutrition project, (CNP) Dioffor, Senegal**

- 1 Number of old registrations for the month
- 2 Number of new registrations for the month
- 3 Total number of infants registered
- 4 Number of infants present
- 5 Total number of infants 0-36 months who gained weight
- 6 Total number of infants 0-36 months who did not gain weight (weight stayed stable)
- 7 Total number of infants 0-36 months who lost weight
- 8 Total number of infants with moderate malnutrition
- 9 Total number of infants with severe malnutrition
- 10 Number of IEC sessions

### **Indicators used by a community nutrition project, Guinea**

- 1 Percentage of infants weighed in the month
- 2 Percentage of infants who gained weight
- 3 Percentage of infants whose weight stayed stable
- 4 Percentage of infants who lost weight
- 5 Number of meetings organized with the community
- 6 Number of nutrition education activities conducted (cooking demonstrations, health talks with mothers)

Based on Ndure et al *Best Practices and Lessons Learned for Sustainable Community Nutrition Programming* Box 21 page 56

# Supplement 1.5: Nutrition Education Programs in Africa—Examples

## *1 Cameroon*

The project was undertaken in cooperation with CARE/Cameroon, USAID and the Ministries of Health and Agriculture and ran from 1985-1989 in 37 villages in the Extreme North Province

### **Goals:**

To improve feeding practices affecting children under 36 months, using locally available resources

### **Methodology:**

Educational messages targeted towards parents were designed to advise them on the frequency and composition of meals for sick and healthy children according to age group (0-3 months, 4-9 months, 10-15 months, 16-36 months)

### **Positive Results:**

An evaluation showed that mothers participated more in nutrition-related activities and were better informed about nutrition

### **Negative Results:**

Health care workers had difficulty using the instructional material and visual aids during the group discussions

## *Senegal*

The project began in 1991 and was carried out in the city of Fatick and in nine villages in the region by SANAS and ORANA in cooperation with PRITECH

### **Methodology:** Three phases

I Project workers interviewed 30 health workers and 33 mothers with children suffering from diarrhea and observed attending personnel in clinics during individual conversations with the mothers

II Seven focus group discussions, consisting of mothers with at least two children under five and one child under three, explored the various foods given to children with diarrhea

III A comparative operational research study examined three types of education initiative used to promote nutrition

### **Positive Results:**

Health care workers were intensively trained in techniques for communicating, persuading and negotiating with mothers

### **Negative Results.**

There was an increase in the number of sick children managed at the community level by traditional birth attendants and nutrition advocates

Based on *Improving Feeding Practices during Childhood Illness and Convalescence* by Ellen Piwoz SARA Project  
May 1994

## Supplement 1.6: Nutrition Education Programs in Africa—General Recommendations

- ♦ It is important to understand feeding practices at the household level, as well as motivations and constraints to behavior change, prior to designing convincing educational messages.
- ♦ Programs must develop strategies that will increase dietary intake for children with poor appetite.
- ♦ Educational messages must be formulated by people who understand the target community's practices and diet.
- ♦ It is essential to study the knowledge, beliefs and practices of health care workers in the area of nutrition education.

Based on *Improving Feeding Practices during Childhood Illness and Convalescence* by Ellen Piwoz SARA Project  
May 1994

# Module 2

## Benefits of Adapting the Integrated Management of Childhood Illnesses (IMCI) Nutritional Component

Total time required  
5 hours, 15 minutes

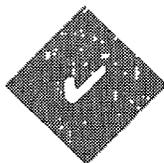


## Overview of the Three Sessions in Module 2



Approximately

1 hour



### **Session 1: Introduction to and Justification for the IMCI (Integrated Management Of Childhood Illnesses) Approach**

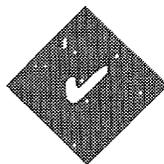
#### **Instructional Objectives**

At the end of Session 1, the participants should be able to

- √ Summarize the goals of IMCI
- √ Give at least three reasons why IMCI should be adopted as a health policy priority in countries within the region
- √ Describe the case management procedure and give two examples
- √ Give an example of the IMCI process in their own countries



2 hours



### **Session 2: Content of the IMCI Nutritional Component**

#### **Instructional Objectives**

At the end of Session 2, the participant should be able to

- √ Describe the main elements of the IMCI nutritional component
- √ Review the IMCI Feeding Recommendation Tables for child feeding problems
- √ List the main recommendations of the IMCI Feeding Recommendation Tables
- √ Explain the value of the IMCI Feeding Recommendation Tables as part of the integrated management of childhood illnesses

### Session 3 Justification for Adapting the Content of the IMCI Feeding Recommendation Tables

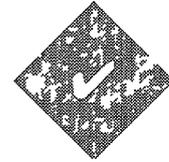


2 hours, 15 minutes

#### Instructional Objectives

At the end of Session 3, the participants should be able to

- ✓ Identify commonly encountered nutrition problems and the recommendations that are usually made
- ✓ Name at least two common problems raised by the feeding recommendation tables
- ✓ Identify the main disadvantages in applying the standard nutritional recommendations contained in the IMCI Feeding Recommendation Tables
- ✓ Give the WHO/UNICEF directives for adapting the IMCI Feeding Recommendation Tables
- ✓ Name the advantages and disadvantages of applying the directives on adapting the IMCI Feeding Recommendation Tables



## Session 1: Introduction to and Justification for the IMCI Approach

### Part 1: Understanding the IMCI Concept

⌚ 30 minutes

#### Instructional Objectives for Part 1

- √ Summarize the goals of IMCI
- √ Give at least three reasons why IMCI should be adopted as a health policy priority in countries within the subregion
- √ Describe the case management procedure and give two examples

#### Activity 1 Discussion on IMCI

⌚ 10 minutes

Equipment flip chart

- 1) The instructor asks the participants to say what they know about IMCI and raises the following three questions on the flip chart
  - Can you give three reasons why IMCI should be a health policy priority?
  - What are the goals of IMCI?
  - What are the steps in the IMCI process?
- 2) The instructor takes notes on the participants' responses for five minutes
- 3) He/she corrects responses as necessary

#### Instructor's Tip

The instructor needs to correct responses only if his/her subsequent presentation will not focus on the point, or if allowing an incorrect response to stand could hinder the participants' understanding of the material

## **Activity 2 Presentation on IMCI**

⌚ 20 minutes

Equipment overhead projector

- 1) The instructor presents IMCI using Supplement 2 1
- 2) During the presentation, the instructor answers questions that allow him/her to clarify, expand or illustrate his/her remarks

## **Part 2. The Status of IMCI in the Participants' Countries**

⌚ 30 minutes

### **Instructional Objective for Part 2**

- √ Give an example of the IMCI process in the participants' own countries

## **Activity 1 Small-group discussion on presenting the IMCI process in the participants' countries**

⌚ 20 minutes

Equipment flip chart

- 1) The instructor asks the participants to review the status of the IMCI process
- 2) The participants divide into small discussion groups to organize the various elements of their presentations on sheets of flip chart paper
- 3) At the end of ten minutes, the instructor asks each group to hang its work on the wall. The participants are encouraged to ask each group specific questions

## **Activity 2 Reading of flip chart sheets detailing the IMCI process**

⌚ 10 minutes

The instructor ensures that each participant carefully examines the information displayed on the wall

### Instructor's Tip

The instructor should use this exercise to root the information presented in Part 1 on the steps of the IMCI firmly in the participants' minds

## Session 2: Content of the IMCI Nutritional Component

⌚ 2 hours

### Instructional Objectives

- √ Describe the main elements of the IMCI nutritional component
- √ Review the IMCI Feeding Recommendation Tables for child feeding problems
- √ List the main recommendations of the IMCI Feeding Recommendation Tables that are applicable to child feeding
- √ Explain the value of the IMCI Feeding Recommendation Tables as part of the integrated management of childhood illnesses

### Part 1: Examination of the IMCI Nutritional Component

⌚ 1 hour, 15 minutes

#### Instructional Objectives for Part 1

- √ Describe the main elements of the IMCI nutritional component
- √ Review the IMCI Feeding Recommendation Tables for child feeding problems
- √ List the main recommendations of the IMCI Feeding Recommendation Tables that are applicable to child feeding

## **Activity 1 Identification of the nutritional component elements in the IMCI tables**

⌚ 45 minutes

Equipment overhead projector

- 1) The instructor gives an overhead presentation on the key nutrition-related elements of IMCI using Supplement 2.2 to 2.8 discussing the 5 conditions of the IMCI, nutritional evaluation of sick children and child feeding recommendations, as well as prevention and treatment of specific deficiencies
- 2) He/she answers any questions the participants may have

## **Activity 2 Summary the IMCI nutritional component**

⌚ 30 minutes

Materials IMCI Feeding Recommendation Tables

- 1) The instructor asks the participants to examine the multiple copies of materials displayed on the tables
- 2) After 20 minutes, the instructor brings the participants back together to respond to their concerns about the materials they have examined

## **Part 2: Understanding the Value of the IMCI Feeding Recommendation Tables as Part of Integrated Management of Childhood Illnesses**

⌚ 45 minutes

### **Instructional Objective for Part 2**

- √ Explain the value of the IMCI Feeding Recommendation Tables as part of the integrated management of childhood illnesses

### **Activity 1 Discussion of the relevance of the IMCI nutritional component**

⌚ 30 minutes

Equipment flip chart

- 1) The instructor asks the participants to divide into subgroups to think about the following question “Why is the IMCI nutritional component relevant for our countries?”
- 2) After 20 minutes, he/she notes the responses on the flip chart

### **Activity 2 Summary of the relevance of the nutritional component**

⌚ 15 minutes

Equipment overhead projector

- 1) The instructor begins by restating the importance of integrated management of childhood illnesses
- 2) He/she continues by stressing the value of the IMCI nutritional component for countries in the Africa region, using Supplement 2 4

## Session 3: Justification for Adapting the Content of the IMCI Nutritional Component

⌚ 2 hours, 15 minutes

### Instructional Objectives

- √ Identify commonly encountered nutrition problems and the recommendations that are usually made
- √ Name at least two common problems raised by the feeding recommendation tables
- √ Give the WHO/UNICEF directives for adapting the IMCI Feeding Recommendation Tables
- √ Name the advantages and disadvantages of applying the directives on adapting the IMCI Feeding Recommendation Tables

### Part 1: Identifying Nutritional Components that Should Be Adapted

⌚ 1 hour, 30 minutes

#### Instructional Objectives for Part 1

- √ Identify commonly encountered nutrition problems and the recommendations that are usually made
- √ Name at least two common problems raised by the feeding recommendation tables
- √ Identify the main disadvantages in applying the standard nutritional recommendations contained in the IMCI Feeding Recommendation Tables

**Activity 1 Identification of child feeding problems that are commonly encountered and the recommendations that are usually made**

⌚ 30 minutes

Equipment flip chart and overhead projector

- 1) The instructor asks the participants to recall the most common nutritional problems and writes each one on the flip chart
- 2) The instructor adds to the discussion using Supplement 2.5
- 3) He/she asks the participants to review the existing recommendations for young child feeding with which they are familiar and writes each one on the flip chart

**Activity 2 Small-group reflection on elements of the IMCI Feeding Recommendation Tables that should be adapted**

⌚ 45 minutes

Materials IMCI Feeding Recommendation Tables

- 1) The instructor displays copies of the IMCI Feeding Recommendation Tables on four tables and asks the participants to divide up and gather around the tables
- 2) He/she asks them to consider which of the table elements applicable to feeding problems should be adapted (identification of problems and recommendations) and to give the reasons why
- 3) After 20 minutes, he/she asks them to present the results of their reflection and to make well-founded arguments in support of their proposed adaptations

**Activity 3 Summary of problems raised by the IMCI Feeding Recommendation Tables and of the arguments for adapting them to the local environment**

⌚ 15 minutes

- 1) The instructor gives a brief summary linking the key recommendations with the most common nutritional problems

- 2) He/she encourages the participants to think about the reasons for adapting a standard recommendation to the local environment

## **Part 2 Placing the Process of Adapting the Nutritional Component within the Context of Adapting the IMCI Modules**

⌚ 15 minutes

### **Instructional Objective for Part 2**

- √ Give the WHO/UNICEF directives for adapting the Feeding Recommendation Tables

### **Activity Presentation of the main elements of IMCI**

⌚ 15 minutes

Equipment overhead projector

The instructor presents the key steps of the IMCI process using Supplement 2 6

## **Part 3: Identifying the Advantages and Disadvantages of Applying the WHO Directives on Adapting the IMCI Feeding Recommendation Tables**

⌚ 30 minutes

### **Instructional Objective for Part 3**

- √ Name the advantages and disadvantages of applying the directives on adapting the IMCI Feeding Recommendation Tables

**Activity 1 Brainstorming on the advantages and disadvantages of applying the directives on adapting the IMCI Feeding Recommendation Tables**

⌚ 20 minutes

Equipment flip chart

- 1) The instructor begins by presenting the advantages, using the brainstorming technique, for 10 minutes
- 2) He/she presents the disadvantages in the same way

**Activity 2 Presentation summarizing the main disadvantages of using the WHO/UNICEF IMCI Feeding Recommendation Tables**

⌚ 10 minutes

Equipment overhead projector

- 1) To conclude Module 2, the instructor gives a broad overview of the main disadvantages of applying the IMCI feeding recommendations as part of IMCI and emphasizes the impact of these conclusions for the individual countries
- 2) He/she ends by reminding the participants that the feeding recommendations will be adapted in Modules 6 and 7 in accordance with the most appropriate WHO directives. In each case, other approaches and methods borrowed predominantly from qualitative research will be used as necessary

## Supplements for Module 2

<b>Supplement 2 1</b> Purpose of IMCI	<b>Page 2-14</b>
<b>Supplement 2 2</b> Core Components of IMCI	<b>Page 2-15</b>
<b>Supplement 2 3</b> The Five Conditions Treated by IMCI	<b>Page 2-16</b>
<b>Supplement 2 4</b> Elements of the IMCI Approach	<b>Page 2-17</b>
<b>Supplement 2 5a</b> Justification for IMCI	<b>Page 2-18</b>
<b>Supplement 2 5b</b> Breakdown of Deaths among Children Under Five in Developing Countries, WHO 1995	<b>Page 2-19</b>
<b>Supplement 2 6</b> The IMCI Procedure	<b>Page 2-20</b>
<b>Supplement 2 6a</b> Evaluating the Sick Child Checking Nutritional Status and Looking for Anemia	<b>Page 2-21</b>
<b>Supplement 2 6b</b> Classifying the Illness(es)	<b>Page 2-23</b>
<b>Supplement 2 6c</b> Taking Steps to Treat the Child	<b>Page 2-24</b>
<b>Supplement 2 7a</b> Treating the Child The Necessary Medications	<b>Page 2-25</b>
<b>Supplement 2 7b</b> Follow-Up Times for Various Illnesses	<b>Page 2-26</b>
<b>Supplement 2 8a</b> Counseling the Mother	<b>Page 2-27</b>
<b>Supplement 2 8b</b> Counseling the Mother on Feeding	<b>Page 2-28</b>

## Supplement 2.1: Purpose of IMCI

# Purpose of IMCI

Reduce mortality in children under five by:

- ◆ Providing comprehensive, continuous care
- ◆ Increasing the effectiveness and efficiency of care and the quality of services
- ◆ Involving parents more closely in management of their children's illnesses

## Supplement 2.2: Core Components of IMCI

### Core Components of IMCI

- ◆ Approach recommended by WHO and UNICEF for:
- ◆ Providing curative care, preventive care, and education
- ◆ Increasing the effectiveness of treatment
- ◆ Reducing the number of seminars and training modules in programs
- ◆ Allowing health care workers to use their time efficiently

## Supplement 2.3: The Five Conditions Treated by IMCI

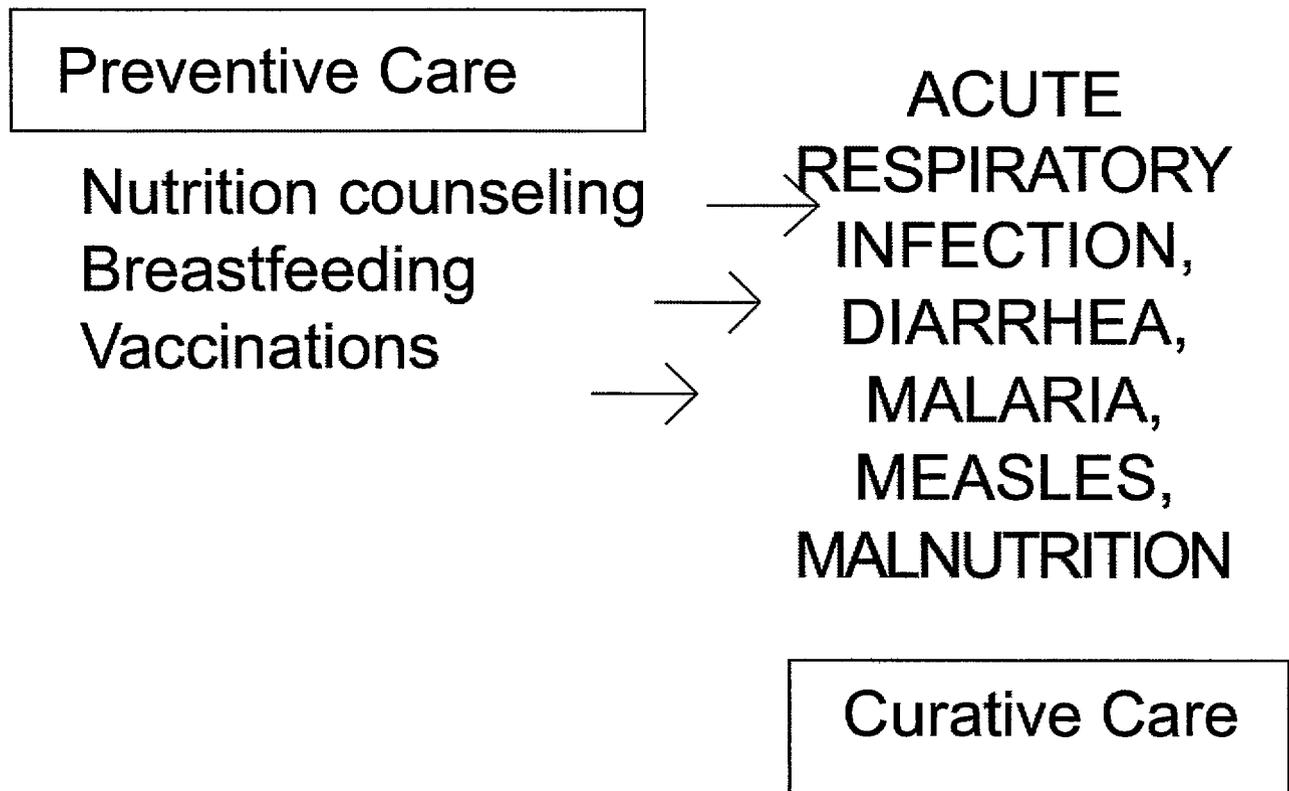
# The Five Conditions Treated by IMCI

IMCI concentrates on the five deadliest conditions in children under five:

- ◆ Pneumonia
- ◆ Diarrhea
- ◆ Measles
- ◆ Malaria
- ◆ Malnutrition

## Supplement 2.4: Elements of the IMCI Approach

# Elements of the IMCI Approach

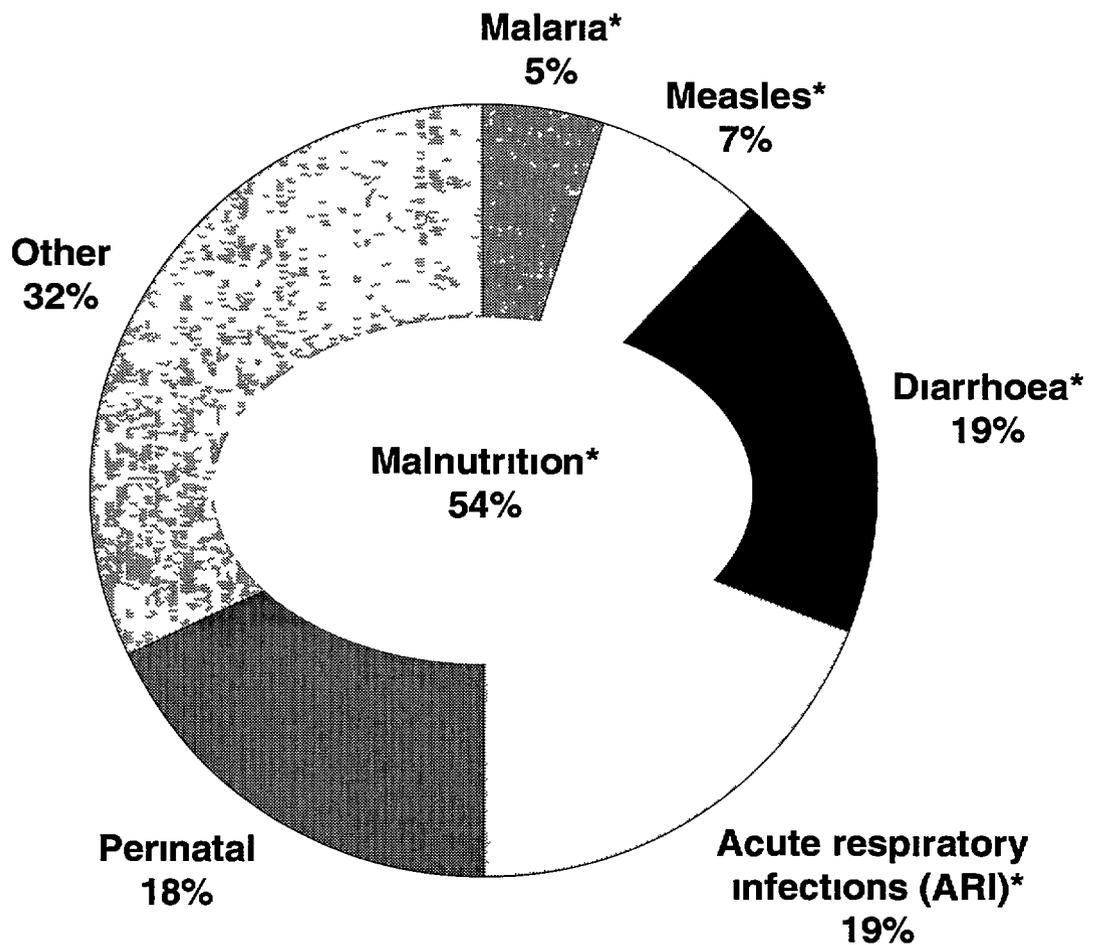


## Supplement 2.5a: Justification for IMCI

### **Justification for IMCI**

- ◆ Every year 12 million children die before their fifth birthdays.
- ◆ Seven of ten child deaths are caused by diarrhea, pneumonia, measles, malaria or malnutrition.
- ◆ Of the children taken to hospitals for consultation every day, three out of four suffer from one of these five conditions.

## Supplement 2.5b: Breakdown of Deaths among Children Under Five in Developing Countries, WHO 1995



\* Approximately 70% of all childhood deaths are associated with one or more of these 5 conditions

Based on data from Murray CJL, Lopez AD The global burden of disease a comprehensive assessment of mortality and disability from diseases injuries and risk factors in 1990 and projected to 2020 Cambridge MA Harvard School of Public Health 1996 (Global Burden of Disease and Injury Series vol I) and from Pelletier DL et al Epidemiologic evidence for a potentiating effect of malnutrition on child mortality American journal of public health 1993 83 1130 1133

## Supplement 2.6: The IMCI Procedure

# The IMCI Procedure

The steps:

1. Evaluate the sick child
2. Classify the child's illness
3. Choose the treatment
4. Treat the child
5. Counsel the mother
6. Follow up on the sick child

## Supplement 2.6a: Evaluating the Sick Child: Checking Nutritional Status and Looking for Anemia

# Evaluating the Sick Child

**1. Look for signs of severity**

**2. For each “yes” answer**

### Ask:

—Is the child coughing or having respiratory problems?

—Does the child have diarrhea?

—Does the child have a fever?

### Then:

—Check nutritional status and look for anemia

—Check child’s vaccination status

—Ask if there are other problems

Ask additional questions

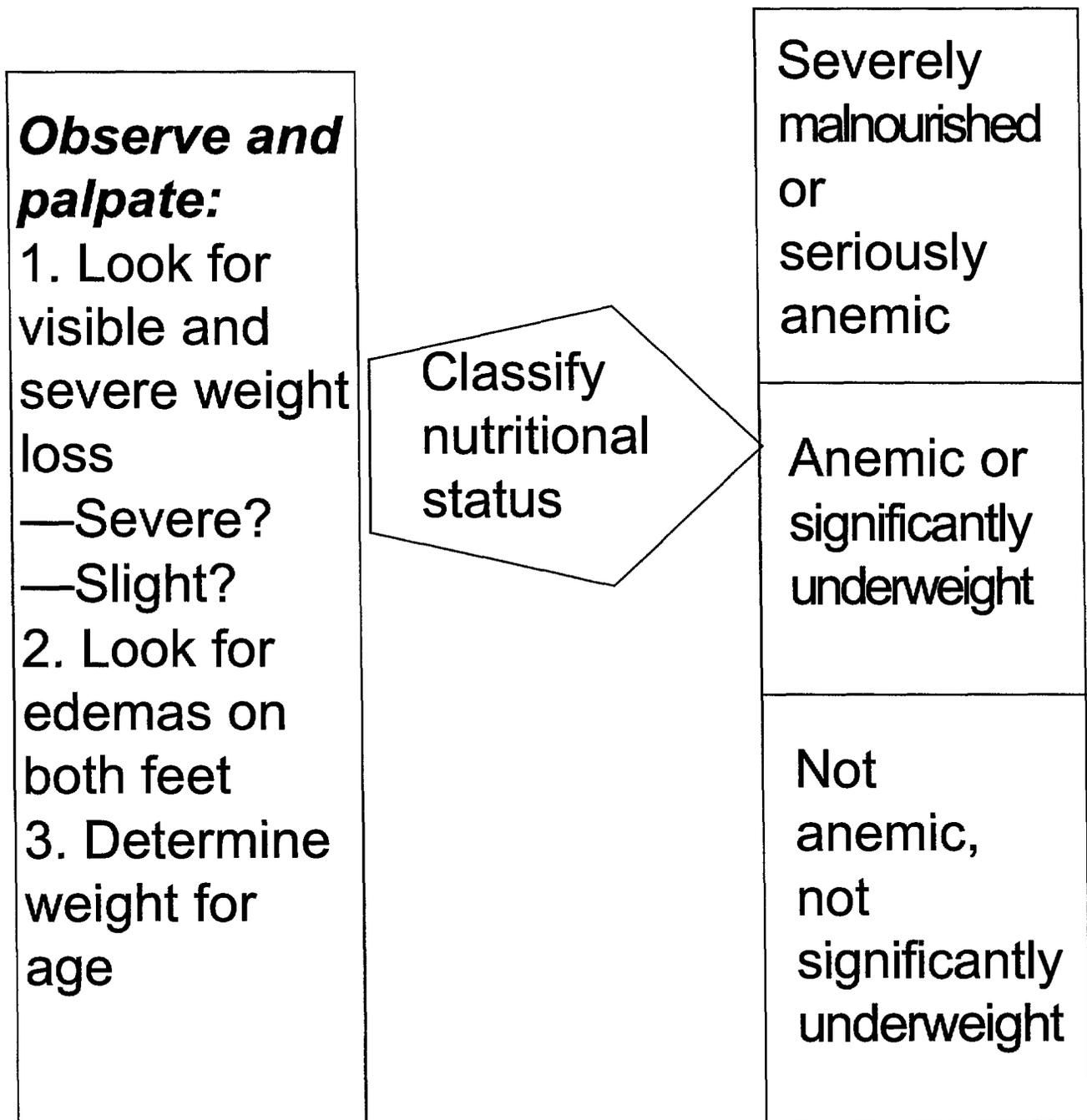
Look, listen, and palpate

**SIGNS**

Classify the illness for each child:  
Classify nutritional status  
Establish vaccination status

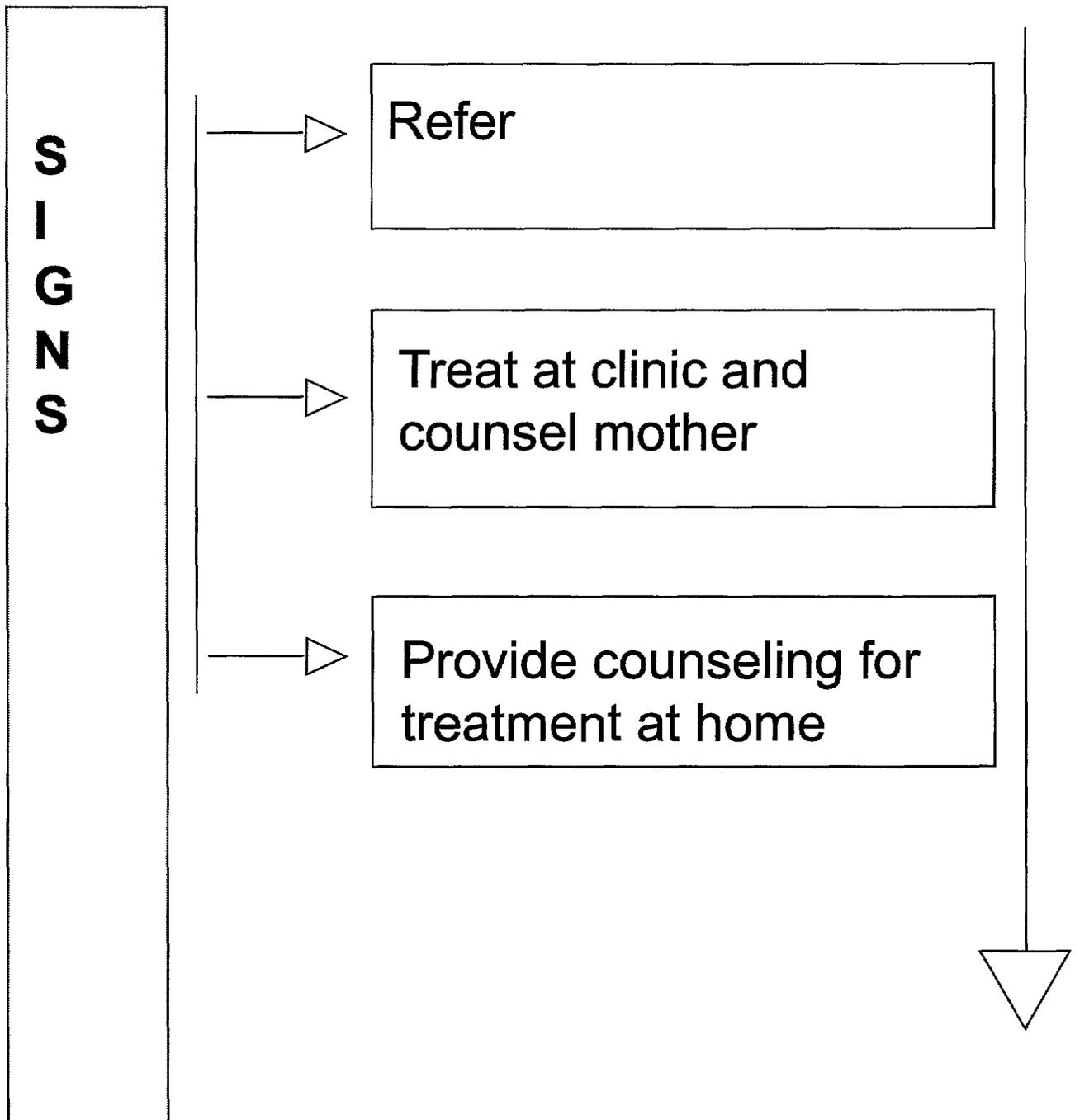
Supplement 2.6a (continued): Checking Nutritional Status and Looking for Anemia

# Checking Nutritional Status and Looking for Anemia



## Supplement 2.6b: Classifying the Illness(es)

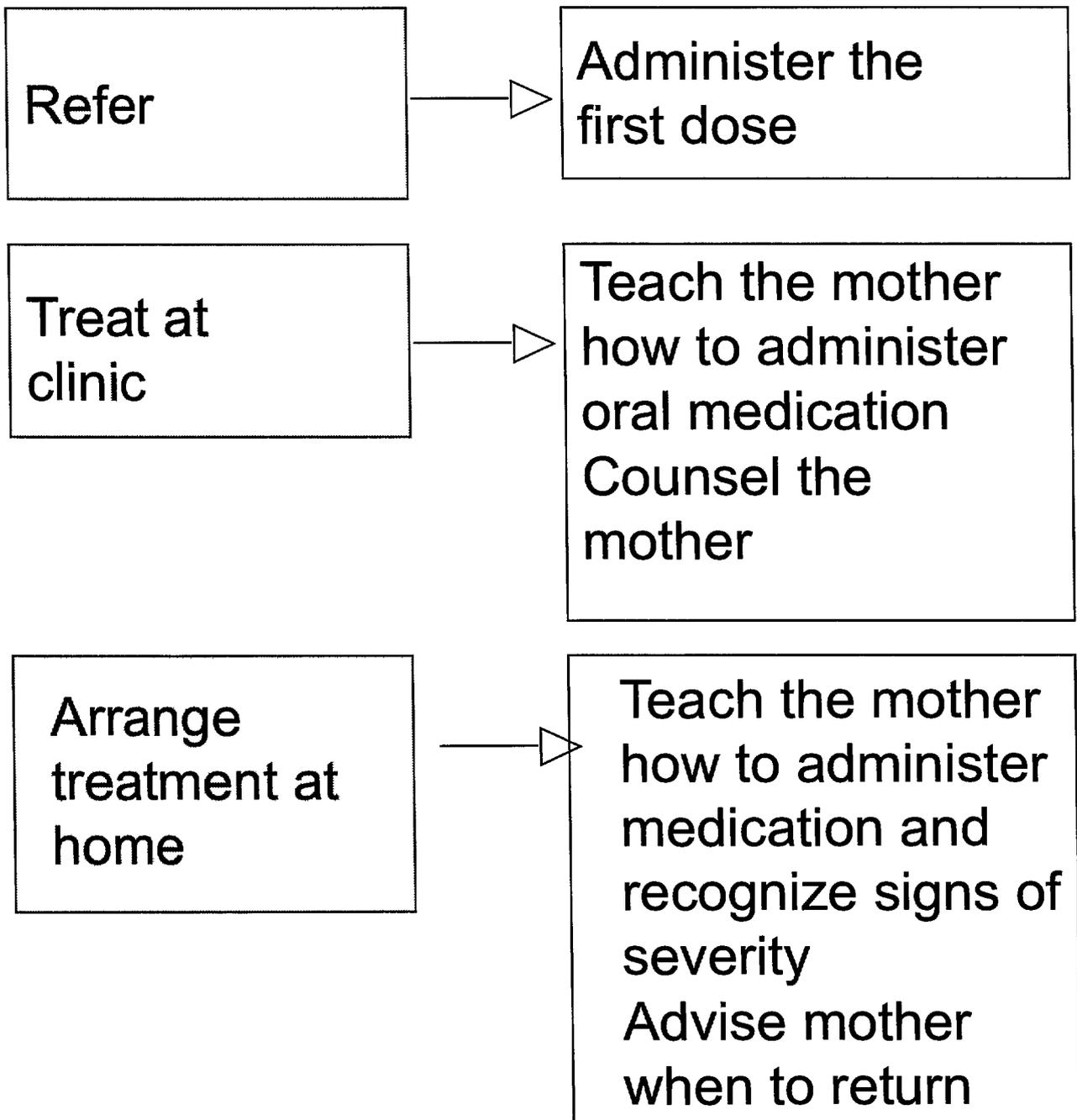
# Classifying the Illness(es)



## Supplement 2.6c: Taking Steps to Treat the Child

# Taking Steps to Treat the Child

Based on the classification:



## Supplement 2.7a: Treating the Child: The Necessary Medications

# Treating the Child: The Necessary Medications

- ◆ ORS
- ◆ First-line antibiotics
- ◆ First-line antimalarials
- ◆ Iron
- ◆ Vitamin A
- ◆ Paracetamol
- ◆ Mebendazole
- ◆ Tetracycline eye ointment
- ◆ Gentian violet
- ◆ Injectable quinine
- ◆ Injectable chloramphenicol

## Supplement 2.7b: Follow-Up Times for Various Illnesses

### Follow-Up Times for Various Illnesses

- ♦ Pneumonia 2 days
- ♦ Dysentery 2 days
- ♦ Persistent diarrhea 2 days
- ♦ Malaria 2 days
- ♦ Measles 2 days
- ♦ Ear infection 5 days
- ♦ Feeding problem 5 days
- ♦ Pallor 14 days
- ♦ Very low weight 30 days

## Counseling the Mother

- ◆ Teach her **how to administer oral medication** and treat local infections
- ◆ Advise her on **feeding and breastfeeding**
- ◆ Advise her to **continue to give liquids**
- ◆ Advise her **when to come back to the clinic**
- ◆ Advise the **mother on her own health**

### **Techniques:**

Ask, Congratulate, Advise

Check comprehension

Check competence

## Supplement 2.8b: Counseling the Mother on Feeding

# Counseling the Mother on Feeding

Evaluate child feeding:

- ◆ Ask questions about the child's regular feeding patterns and about feeding during this illness
- ◆ Compare the mother's answers with the corresponding child's age group column in the IMCI Feeding Recommendation Tables

Ask:

**Do you breastfeed the child?**

—How many times a day? Do you breastfeed at night too?

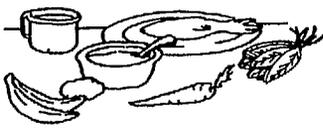
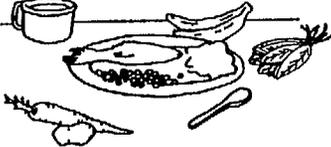
**Does the child consume other foods or liquids?**

—Which foods? How many times a day? How do you give the child his/her food?

**If the child's weight is very low for his/her age, ask:**

—How much do you give him/her at each meal? Is the child given his/her own portion? Who feeds the child and how is feeding done?

## ► Feeding Recommendations During Sickness and Health

<p><b>Up to 4 Months of Age</b></p>  <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours</li> <li>• Do not give other foods or fluids</li> </ul>	<p><b>4 Months up to 6 Months</b></p>  <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours</li> <li>• Only if the child <ul style="list-style-type: none"> <li>- shows interest in semisolid foods, or</li> <li>- appears hungry after breastfeeding, or</li> <li>- is not gaining weight adequately,</li> </ul> </li> </ul> <p>add complementary foods (listed under 6 months up to 12 months)</p> <p>Give these foods 1 or 2 times per day after breastfeeding</p>	<p><b>6 Months up to 12 Months</b></p>  <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants</li> <li>• Give adequate servings of _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> <ul style="list-style-type: none"> <li>- 3 times per day if breastfed,</li> <li>- 5 times per day if not breastfed</li> </ul> 	<p><b>12 Months up to 2 Years</b></p>  <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants</li> <li>• Give adequate servings of _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> <p>or family foods 5 times per day</p> 	<p><b>2 Years and Older</b></p>  <ul style="list-style-type: none"> <li>• Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as _____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> 
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\* A good daily diet should be adequate in quantity and include an energy rich food (for example thick cereal with added oil), meat fish, eggs, or pulses, and fruits and vegetables

### Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night
- If taking other milk
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yoghurt OR
  - replace half the milk with nutrient rich semisolid food
- For other foods, follow feeding recommendations for the child's age

## ► Counsel the Mother About Feeding Problems

If the child is not being fed as described in the above recommendations, counsel the mother accordingly in addition



- If the mother reports difficulty with breastfeeding, assess breastfeeding (See *YOUNG INFANT* chart )  
As needed, show the mother correct positioning and attachment for breastfeeding
- If the child is less than 4 months old and is taking other milk or foods
  - Build mother's confidence that she can produce all the breastmilk that the child needs  
Suggest giving more frequent, longer breastfeeds, day and night, and gradually reducing other milk or foods

If other milk needs to be continued, counsel the mother to

- Breastfeed as much as possible, including at night
- Make sure that other milk is a locally appropriate breastmilk substitute
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts
- Finish prepared milk within an hour



- If the mother is using a bottle to feed the child
  - Recommend substituting a cup for bottle
  - Show the mother how to feed the child with a cup
- If the child is not being fed actively, counsel the mother to

- Sit with the child and encourage eating
- Give the child an adequate serving in a separate plate or bowl

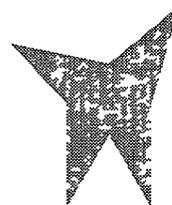


- If the child is not feeding well during illness, counsel the mother to
  - Breastfeed more frequently and for longer if possible  
Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings
  - Clear a blocked nose if it interferes with feeding
  - Expect that appetite will improve as child gets better
- Follow up any feeding problem in 5 days

# Module 3

Presentation of Research  
Methods Used to Effect  
True Behavior Change

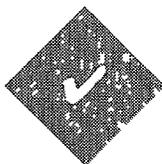
Total time required  
Approximately 4 hours, 30 minutes



## Overview of the Two Sessions in Module 3



approximately  
2 hours, 30 minutes



### **Session 1. Importance of Consultative Research in Identifying Effective Strategies for True Change**

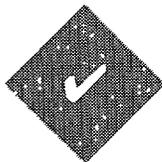
#### **Instructional Objectives**

At the end of Session 1, the participants should be able to

- √ Review the main difficulties encountered in seeking to effect true behavior change
- √ Define the consultative research concept
- √ Explain the importance of consultative research in formulating effective feeding recommendations
- √ Explain the differences between qualitative methods and quantitative methods



1 hour, 30 minutes



### **Session 2: Principal Methods of Consultative Research**

#### **Instructional Objectives**

At the end of Session 2, the participants should be able to

- √ Name the principal methods used in consultative research
- √ Explain the basic characteristics of the principal methods used in consultative research
- √ List the advantages and disadvantages of at least three methods used in qualitative research
- √ Define the TIPs method
- √ Name the goals of the TIPs method
- √ Name the various steps in the TIPs method for improving behavior and for adapting the recommendations and explain their value

## Session 1: Importance of Consultative Research in Identifying Effective Strategies for Changing Behavior

⌚ approximately 2 hours, 30 minutes

### Instructional Objectives

At the end of Session 1, the participants should be able to

- √ Review the main difficulties encountered in seeking to effect true behavior change
- √ Define the consultative research concept
- √ Explain the importance of consultative research in formulating effective feeding recommendations
- √ Explain the differences between qualitative methods and quantitative methods

### Part 1. Identifying Key Questions in Improving Child Feeding

⌚ 1 hour, 30 minutes

#### Instructional Objective for Part 1

- √ Review the main difficulties encountered in seeking to effect true behavior change

#### Activity 1 Review the main problems in changing child feeding behavior and the reasons behind them

⌚ 15 minutes

- 1) The instructor asks the participants to say what they know about this subject
- 2) He/she supplements each response as it is given, using Supplement No 3 1

## **Activity 2 Presentation on lessons learned in the area of improving child feeding programs**

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor begins by reminding the participants that nutrition is an interdisciplinary field and that efforts to prevent and improve child undernutrition can take several forms
- 2) He/she makes a presentation using the overhead projector, illustrating it with numerous in-country examples, using Supplement No 3 2
- 3) The instructor concludes the presentation by emphasizing that it is essential to concentrate on strategies that are most likely to be accepted within the family and to have an impact on the child's nutritional status He/she stresses that the challenge lies in identifying key practices and motivating caregivers to make sustainable improvements in them

## **Activity 3 Discussion of key child feeding issues**

⌚ 45 minutes

Equipment flip chart

- 1 The instructor distributes four lists (Supplement 3 3 a to 3 3 d) and advises the participants that each list will be studied by one subgroup
  - Supplement 3 3a key breastfeeding issues
  - Supplement 3 3b key issues in transition to complementary feeding and in diet
  - Supplement 3 3c additional child feeding issues
  - Supplement 3 3d issues related to communication strategies and messages
- 2) The instructor divides the participants into four subgroups and asks each subgroup to spend 20 minutes studying its list and then to supplement the list based on conditions in the countries involved He/she instructs the members of each group to ask themselves which points they believe would require particular attention

- 3) The instructor pulls the various responses together by giving each group five minutes to present its work product on the flip chart
- 4) The instructor ends the discussion by stressing the importance of approaches that develop and test recommendations within the same family environment where the new behaviors will be put into practice

## **Part 2. Understanding the Importance of Consultative Research in Improving Child Feeding Practices**

⌚ 1 hour,15 minutes

### **Instructional Objectives for Part 2**

- √ Define the consultative research concept
- √ Explain the importance of consultative research in formulating effective feeding recommendations
- √ Explain the differences between qualitative methods and quantitative methods

### **Activity 1 Presentation on consultative research**

⌚ 15 minutes

Equipment overhead projector

- 1) Using the overhead projector, the instructor presents a definition of consultative research, its principal characteristics, and the various stages of consultative research (Supplement No 3 4 )
- 2) He/she responds to any questions that the participants may have

### **Activity 2 Small-group discussion of the importance of consultative research in formulating effective feeding recommendations**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks the participants to form three subgroups and then to spend 20 minutes reflecting on the importance of consultative research in nutrition education programs
- 2) He/she then gives each of the groups five minutes to present its results. As the results are presented, the instructor shows how each group's work agrees with and complements the work of the others
- 3) The instructor concludes the activity by giving a five-minute summary of the importance of consultative research, both in formulating effective feeding recommendations and in adapting the standard WHO/UNICEF IMCI Feeding Recommendation Tables

### **Activity 3 Presentation on the differences between quantitative and qualitative methods**

⌚ 15 minutes

Equipment overhead projector

- 1) The instructor makes an overhead presentation based on Supplement No 3.5. He/she introduces the activity by reminding the participants how difficult it is to collect relevant information on feeding practices using quantitative methods alone
- 2) He/she then explains the value of the qualitative method and lists the differences between the two methods
- 3) The instructor then gives examples of the two methods
- 4) Finally, he/she reminds the participants that consultative research uses both methods but relies predominantly on qualitative methods

- 5) The instructor concludes the presentation by stressing that the core methodology for consultative research is the TIPs method, which will be covered in Session 3

### Background documents

Glossary in *Designing by Dialogue* USAID/AED 1995 *A Qualitative Research Seminar* USAID/AED, 1988, *Guide for Studies Using Focus Groups* ILO 1994

## Session 2: Principal Methods of Consultative Research

⌚ 1 hour, 30 minutes

### Instructional Objectives

At the end of Session 2, the participants should be able to

- √ Name the principal methods used in consultative research
- √ Explain the basic characteristics of the principal methods used in consultative research
- √ List the advantages and disadvantages of at least three methods used in qualitative research
- √ Define the TIPs method
- √ Name the goals of the TIPs method
- √ Name the various steps in the TIPs method for improving behavior and for adapting the recommendations and explain their value

### Part 1. Tools and Methods Used in Consultative Research

⌚ 1 hour

#### Instructional Objectives for Part 1

- √ Name the principal methods used in consultative research
- √ Explain the basic characteristics of the principal methods used in consultative research
- √ List the advantages and disadvantages of at least three methods used in qualitative research

### **Activity 1 Brainstorming on the methods used to improve understanding of feeding practices and to develop recommendations**

⌚ 10 minutes

Equipment flip chart

- 1) The instructor introduces the brainstorming activity by raising the following question “Can you list the various methods that are used to understand feeding practices or to develop recipe recommendations?”
- 2) He/she lists the participants’ responses and then asks the participants to do a critical analysis, adding to the discussion as necessary

### **Activity 2 Presentation on methods used in consultative research**

⌚ 20 minutes

Equipment overhead projector

- 1) The instructor begins by reviewing the purpose of consultative research
- 2) Using the overhead projector, he/she presents a list of methods as follows in-depth interviews, focus group discussions, participatory observation, recipe trials, 24-hour recall, food frequency
- 3) Using Supplement No 3 6, the instructor then presents each method used in consultative research (in-depth interviews, focus group discussions, participatory observation, recipe trials) and emphasizes key characteristics
- 4) The instructor responds to any questions as they arise

### **Background Document**

‘Designing by Dialogue’ pages 5 2-3 5 12 5 20-21 and 7 2-3

### **Activity 3 Discussion of the advantages and disadvantages of methods used in consultative research**

⌚ 30 minutes

Equipment flip chart

- 1) The instructor divides the participants into groups of three  
Using the beehive technique, he/she asks them to name at least two advantages and three disadvantages of at least two methods used in consultative research
- 2) After ten minutes, the instructor asks each group to make a brief presentation on its responses
- 3) The instructor organizes the responses and displays them on the flip chart

### **Part 2 Characteristics of the Key Consultative Research Method Trials of Improved Practices (TIPs)**

⌚ 30 minutes

#### **Instructional Objectives for Part 2**

- √ Define the TIPs method
- √ Name the goals of the TIPs method
- √ Name the various steps in the TIPs method for improving behavior and for adapting the recommendations and explain their value

#### **Activity Presentation on TIPs**

⌚ 30 minutes

Equipment overhead projector and flip chart

- 1) The instructor gives a presentation using Supplement No 3 7
- 2) He/she reminds the participants that Modules 5 and 6 will provide step-by-step instructions for conducting consultative research as well as practical applications of various consultative research methods

3) The instructor asks the participants to name the most relevant aspects of qualitative research

Background document

“Designing by Dialogue,” Chapter 6

# Supplements for Module 3

<b>Supplement 3 1</b> Main Problems for Changing Behavior in Child Feeding	<b>Page 3-12</b>
<b>Supplement 3 2</b> Lessons learned in Nutrition Education Programs that Aim at Improving Child Feeding	<b>Page 3-13</b>
<b>Supplement 3 3a</b> Key Issues Related to Breastfeeding	<b>Page 3-14</b>
<b>Supplement 3 3b</b> Key Issues Related to the Transition to Complementary Feeding and to the Family Diet	<b>Page 3-15</b>
<b>Supplement 3 3c</b> Additional Issues Related to Child Feeding	<b>Page 3-16</b>
<b>Supplement 3 3d</b> Issues Related to Communication Strategies and Messages	<b>Page 3-17</b>
<b>Supplement 3 4</b> Consultative Research	<b>Page 3-18</b>
<b>Supplement 3 5</b> Differences between Qualitative and Quantitative Methods	<b>Page 3-21</b>
<b>Supplement 3 6</b> Principal Methods of Consultative Research	<b>Page 3-22</b>
<b>Supplement 3 7</b> Trials of Improved Practices (TIPs)	<b>Page 3-25</b>

## **Supplement 3.1 Main Problems Affecting Behavior Changing for Child Feeding**

**Some problems that reduce the chances that families will adopt the optimal child feeding behaviours are:**

- Quantity or quality of the maternal milk perceived as insufficient
- Child judged incapable of swallowing or digesting certain foods or nutrients
- Lack of mothers confidence, or feeling of lack of power due to the resistance by the child
- Perception of time constraints for infant food preparation and feeding
- Cultural beliefs directing the distribution of food to the level of the family
- Fear that giving the child too much to eat, or special foods, will spoil him/her

## Supplement 3.2: Lessons Learned in Nutrition Education Programs That Aim at Improving Child Feeding

### Child feeding programs should

- Outline the benefits, for the mother and the child, of adopting improved feeding practices
- Propose to the mothers diverse methods of overcoming their children's resistances to new foods and behaviours
- Stress the importance of breast feeding, and continuing traditional beneficial practices
- Carry out consultative research, and use the recommendations obtained from this research in their strategies to change and improve feeding practices

Based on *Improving Feeding Practices during Childhood Illness and Convalescence Lessons Learned in Africa* by Ellen Piwoz, SARA Project, May 1994

## Supplement 3.3a: Key Issues Related to Breastfeeding

Key Practices	Key Beliefs and Attitudes
<p><b>Initiation</b></p> <ul style="list-style-type: none"> <li>—timing of initiation</li> <li>—feeding or discarding colostrum</li> <li>—use of pre-lacteal feeds</li> <li>—keeping mother and baby together</li> </ul>	<ul style="list-style-type: none"> <li>—concept of milk letdown, milk coming in</li> <li>—perceptions of colostrum</li> <li>—need for ritual feeds, cleansing</li> <li>—need for maternal rest, supervision of newborn</li> </ul>
<p><b>Breastfeeding style</b></p> <ul style="list-style-type: none"> <li>—frequency of feeding</li> <li>—feeding on demand/cues for feeding</li> <li>—length of time/who terminates feed</li> <li>—alternating use of each breast</li> <li>—night feeding</li> <li>—if and how child is carried with mother</li> </ul>	<ul style="list-style-type: none"> <li>—image of breastfeeding</li> <li>—perceived benefits to child, mother</li> <li>—feelings associated with breastfeeding in public</li> <li>—perceived adequacy of breast milk and ways to improve supply</li> </ul>
<p><b>Water supplementation</b></p> <ul style="list-style-type: none"> <li>—when and how often water is given</li> <li>—mode of feeding</li> </ul>	<ul style="list-style-type: none"> <li>—why water is necessary</li> <li>—understanding of contamination risk</li> </ul>
<p><b>Early supplementation</b></p> <ul style="list-style-type: none"> <li>—what is given (milk, formula, juice, cereal)?</li> <li>—when introduced?</li> <li>—how often/how much?</li> <li>—how (by bottle?) and by whom?</li> </ul>	<ul style="list-style-type: none"> <li>—perceptions that breast milk alone is not enough for the child and why</li> <li>—why supplements are necessary</li> <li>—perceived benefits of specific foods</li> <li>—desire to follow traditional practices</li> <li>—perception of work load</li> </ul>
<p><b>Maternal diet/care</b></p> <ul style="list-style-type: none"> <li>—amount of food, relative to usual</li> <li>—types of food</li> <li>—amount of fluid</li> <li>—support in home</li> </ul>	<ul style="list-style-type: none"> <li>—perceived needs of lactating mother</li> <li>—taboos and reasons for taboos</li> <li>—beliefs about relationship of diet to quantity and quality of breast milk</li> <li>—feelings of stress</li> </ul>
<p><b>Breastfeeding problems</b></p> <ul style="list-style-type: none"> <li>—common problems reported and their impact on breastfeeding</li> <li>—sources of assistance/solutions</li> <li>—external constraints/working outside the home</li> </ul>	<ul style="list-style-type: none"> <li>—social support</li> <li>—perceived ease/difficulty of breastfeeding</li> <li>—perception of insufficient milk related to breast size, diet, confidence, etc</li> <li>—cultural expectations of women</li> </ul>

## Supplement 3.3b: Key Issues Related to the Transition to Complementary Feeding and to the Family Diet

Key Practices	Key Beliefs and Attitudes
<p><b>Continued breastfeeding</b></p> <ul style="list-style-type: none"> <li>—duration</li> <li>—frequency</li> </ul>	<ul style="list-style-type: none"> <li>—belief that breastfeeding can be reduced when foods are given</li> <li>—advantages and disadvantages of continuing to breastfeed</li> </ul>
<p><b>Introduction of complementary foods</b></p> <ul style="list-style-type: none"> <li>—timing</li> <li>—types of foods given or avoided</li> <li>—given before or after breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>— milestones or cues for introduction</li> <li>—rituals for introducing foods</li> <li>—beliefs about what foods are and are not acceptable and why</li> </ul>
<p><b>Introduction of family foods</b></p> <ul style="list-style-type: none"> <li>—timing</li> <li>—types of foods given or avoided</li> <li>—ways of introducing (tastes from mother’s plate, etc )</li> </ul>	<ul style="list-style-type: none"> <li>—milestones or cues for introduction</li> <li>—what can and cannot be given and why</li> <li>—perceived benefits of particular foods, concept of nutritious or nutritional value</li> </ul>
<p><b>Feeding style</b></p> <ul style="list-style-type: none"> <li>—cup and spoon, bottle, or by hand</li> <li>—communal vs individual servings</li> <li>—special preparations for children</li> <li>—who feeds food (mother, other adult, sibling, etc )?</li> <li>—children’s meal patterns vs adult meal patterns</li> </ul>	<ul style="list-style-type: none"> <li>—traditional feeding styles</li> <li>—perceived time constraints on feeding</li> <li>—ease of feeding liquids</li> <li>—desire for an independent child</li> </ul>
<p><b>Quality of food</b></p> <ul style="list-style-type: none"> <li>—who prepares food and how</li> <li>—thickness and dilution</li> <li>—energy density</li> <li>—special preparations for infants</li> <li>—variety, protein, micronutrients</li> <li>—use of fermentation, malting</li> </ul>	<ul style="list-style-type: none"> <li>—perception of child’s ability to swallow and digest foods</li> <li>—food taboos for children</li> <li>—attitudes about distribution of nutritious or desired foods within the family</li> <li>—perceived elite foods, light or heavy foods, hot and cold foods, etc</li> </ul>

## Supplement 3.3c: Additional Issues Related to Child Feeding

Key Practices	Key Beliefs and Attitudes
<p><b>Encouragement of feeding</b></p> <ul style="list-style-type: none"> <li>—supervision of feeding, separate servings</li> <li>—methods of coaxing, encouraging</li> <li>—force feeding</li> <li>—decision-making about child feeding (timing, amount)</li> </ul>	<ul style="list-style-type: none"> <li>—willingness to be patient and persistent</li> <li>—mothers' self-esteem or passivity</li> <li>—perceptions of control should child or mother initiate and terminate feeding?</li> <li>—perceptions of fullness or satisfaction</li> <li>—perceptions of time available to coax or help child eat</li> </ul>
<p><b>Feeding during illness</b></p> <ul style="list-style-type: none"> <li>—continuing or stopping breastfeeding</li> <li>—changes in amount or frequency of feeding other foods</li> <li>—foods avoided or changes in food preparation</li> <li>—changes due to withholding or child refusal</li> <li>—advice of health care providers</li> <li>—coaxing and encouraging</li> </ul>	<ul style="list-style-type: none"> <li>—belief that breast milk can cause or worsen an illness</li> <li>—if and why some foods perceived to worsen or cause illness</li> <li>—degree of concern about lack of appetite and weight loss</li> <li>—perception of child appetite</li> </ul>
<p><b>Convalescence</b></p> <ul style="list-style-type: none"> <li>—change in amount or frequency of food or breast milk</li> <li>—control who initiates changes?</li> <li>—methods of coaxing</li> </ul>	<ul style="list-style-type: none"> <li>—concept of period of convalescence</li> <li>—concept of need for extra feeding during convalescence</li> <li>—cues that child is regaining health</li> <li>—concept of diet contributing to health</li> </ul>
<p><b>Food hygiene</b></p> <ul style="list-style-type: none"> <li>—type of utensils (bottle vs cup)</li> <li>—place where child eats</li> <li>—washing of hands, utensils</li> <li>—food storage methods and usual duration of storage, particularly of cooked foods</li> <li>—frequency of food preparation</li> <li>—water sources and storage</li> </ul>	<ul style="list-style-type: none"> <li>—knowledge of relationship between contaminated food or water and illness</li> <li>—perception of time and resources needed for hygienic behavior</li> </ul>

## Supplement 3.3d: Issues Related to Communication Strategies and Messages

Individuals/influences	Practices and Beliefs
<b>Family members</b>	<ul style="list-style-type: none"> <li>—relationships of family members</li> <li>—relationship of family to community</li> <li>—roles of fathers, mothers-in-law in child care, feeding</li> <li>—hopes for children’s futures</li> <li>—images of a healthy child</li> <li>—perceptions of parental roles</li> <li>—trust in people who could provide information on nutrition</li> <li>—acceptance of societal norms</li> <li>—ways of seeking health care</li> </ul>
<b>Health service providers (traditional and modern)</b>  <b>Community agents (agricultural extension, teachers, etc )</b>	<ul style="list-style-type: none"> <li>—knowledge of appropriate child feeding</li> <li>—beliefs and attitudes about local families and their child feeding practices</li> <li>—counseling and health education skills</li> <li>—motivations and constraints to providing nutrition counseling</li> <li>—status in the community</li> </ul>
<b>Mass media</b>	<ul style="list-style-type: none"> <li>—types of media and coverage</li> <li>—proportion of men and women reached in different areas</li> <li>—health education programs and messages</li> <li>—popular programs</li> <li>—authority of medium</li> </ul>
<b>Food vendors</b>  <b>Shop or stall owners</b>	<ul style="list-style-type: none"> <li>—products available</li> <li>—knowledge and attitudes about child feeding</li> <li>—willingness to promote improved feeding</li> </ul>
<b>Previous health and nutrition communication programs</b>	<ul style="list-style-type: none"> <li>—messages and materials</li> <li>—techniques/strategies</li> <li>—target population/coverage</li> <li>—successes and lessons learned</li> </ul>

## Supplement 3.4: Consultative Research

### **Definition**

A systematic approach using several methods for collecting data in order to work with families to identify care and feeding practices that affect child nutrition and to find the most acceptable and effective ways to improve these practices.

# Characteristics

## Consultative research offers

- ◆ In-depth understanding of child feeding practices: the goal is to understand what and how children are fed, and the reasons behind these practices
- ◆ Adaptation of feeding recommendations to specific situations: the researcher should confirm that the family views the new practices as acceptable and feasible
- ◆ A means of understanding the motivations and constraints to behavior change
- ◆ Flexibility: the research process is a set of methods that are used in various combinations according to program needs and resources

- ◆ Quick and inexpensive research, if it is planned carefully to collect essential information
- ◆ A bridge between the nutrition program and the family and community
- ◆ Training in nutrition counseling for educators participating in the research

## Supplement 3.5: Differences between Qualitative and Quantitative Methods

Qualitative	Quantitative
In-depth information	Less in-depth information
Focus is understanding "Why "	Focus is frequency "How often "
Improve knowledge	Measure levels of
Discovery	Proof
Exploratory	Predetermined
Interpretive	Descriptive
Small sample	Larger sample
Can be less expensive	Can be more expensive
Can be faster	Can take longer
Not statistically significant	Statistically valid
Can enhance the quality of quantitative instruments such as questionnaires	Can use the results of qualitative research to strengthen quantitative instruments

## Supplement 3.6: Principal Methods of Consultative Research

# Principal Methods of Consultative Research

In-Depth Interviews

Participatory Observation

Trials Of Improved Practices

Focus Groups

## Principal Methods of Consultative Research: When and Why?

<b>In-Depth Interview</b>	<b>Participatory Observation</b>	<b>Trials of Improved Practices</b>	<b>Focus Groups</b>
<p>—Interview topics have been identified in advance but without predetermined categories for the responses</p> <p>—Questions are open-ended and the principal question is "why?"</p> <p>—One of the key activities is to probe the right way at the right time</p> <p>—In-depth coverage of a small number of topics</p>	<p>—Observations in a household, for example hygienic or sanitary conditions, feeding practices such as what, how, and when the child is fed, and who feeds him/her</p>	<p>—Often includes three visits to the household to identify current child feeding practices, to develop improved feeding practices that the mother would be willing to try and to negotiate them with her, and to find out whether she was able to apply the improved practices, and if not, why not</p>	<p>—Small groups of individuals who share similar characteristics For example, a group of low-income fathers or a group of mothers with children under two</p> <p>—The discussions are led by a trained facilitator who uses a question guide to introduce the topics of discussion</p> <p>—Uses group dynamics and the flow of discussion to probe further on the topic of interest</p>

## Principal Methods of Consultative Research: When and Why? (continued)

<b>In-Depth Interview</b>	<b>Participatory Observation</b>	<b>Trials Of Improved Practices</b>	<b>Focus Groups</b>
<p><b>When</b> Often at the beginning of the research as exploratory research</p> <p><b>Why</b> To understand the attitudes and practices of mothers and other family members, health workers, or key individuals in the community</p> <p>To help identify questions and concepts to consider in subsequent research using other methods</p>	<p><b>When</b> Often during an in-depth interview and/or during the first visit as part of trials of improved practices</p> <p><b>Why</b> To learn more about actual practices</p> <p>To confirm the information obtained in the in-depth interviews (to see whether what is said is what is done)</p>	<p><b>When</b> Often after the in-depth interviews and observations</p> <p>Used as the core method to achieve effective behavior change</p> <p>Over the course of three visits An initial visit A counseling visit A follow-up visit</p> <p><b>Why</b> To understand whether it is possible to improve existing feeding practices</p> <p>To test recommendations for modifying feeding practices</p> <p>To develop practical strategies for effective change in feeding</p>	<p><b>When</b> Often after the trials of improved practices</p> <p><b>Why</b> To confirm the results of the methods that have already been used</p> <p>To check the recommendations identified during the trials of improved practices</p>

## Supplement 3.7: Trials of Improved Practices (TIPs)

### Definition

Trials of improved practices, the core method of consultative research, are used to make recommendations for improving feeding practices. These recommendations are then negotiated with the mother, and their feasibility is tested.

### Goals

- ◆ To test mothers' responses to the recommendations for improving infant and child feeding in order to determine which recommendations are most feasible and acceptable
- ◆ To study the constraints encountered by mothers who wish to change their feeding practices and their motivations for trying and sustaining new practices

## The Steps

- ◆ Draft a counseling guide on behavior change recommendations
- ◆ Design the research protocol
- ◆ Develop question guides and recording forms
- ◆ Revise the research plan
- ◆ Draft a field plan
- ◆ Train the field team and pretest the guides and forms
- ◆ Recruit households
- ◆ Conduct the initial visits
- ◆ Analyze the initial data and plan specific recommendations
- ◆ Conduct the counseling visits
- ◆ Summarize the response to counseling
- ◆ Conduct the follow-up visits
- ◆ Tabulate results of the trials
- ◆ Revise child feeding recommendations
- ◆ Write a report on the findings

# The Advantages

- Gives mothers a CHOICE of recommendations
- Requires researchers to test recommendations in real-life situations
- Helps researchers select priority messages for improving feeding practices

## Sample TIPs Findings

- ◆ **Morocco**—The recommendations most frequently made and accepted by mothers were:

- ⇒ Stop giving water, herbal tea and milk to the child if he/she is less than six months old;
- ⇒ Stop using a bottle;
- ⇒ Increase frequency of breastfeeding.

The recommendation that was not accepted by most mothers was:

- ⇒ Stop giving milk or other liquids by cup or spoon.

- ◆ **The Gambia**—Although many mothers agreed to add peanut butter to children's porridge, actual trial and adoption were much lower due to the poor availability and high cost of peanuts at the time of the TIPs.

- ♦ **Tanzania**—Mothers gave water to breastfed children under six months to prevent constipation, but they were willing to try exclusive breastfeeding and were pleased with this new practice.
- ♦ **Senegal** – In the region of Birkilane, a large number of the mothers accepted to give to their children of 5-8 months seasonal fruits as well as a porridge of enriched maize meal, enriched with curdled milk and peanut oil.

# Content by Day for a Three-Visit Trial:

## ***Initial visit (Day 1)***

- ◆ Background information
- ◆ Current feeding practices
- ◆ 24-hour recall
- ◆ Food frequency (of other regularly consumed foods)

## ***Counseling Visit (Day 2)***

- ◆ Feedback on practices
- ◆ Recommendations and initial response
- ◆ Negotiation and motivation
- ◆ Discussion with interviewers if needed
- ◆ Agreement on specific practices to try

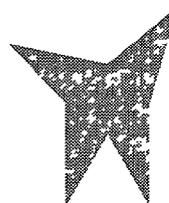
## ***Follow-Up Visit (Day 6-10)***

- ◆ Changes since last visit
- ◆ 24-hour recall
- ◆ Outcome and response to trial
- ◆ Modifications
- ◆ Adoption of practice

# Module 4

Practical Application of the  
Primary Consultative Research  
Tools for Improving Child  
Feeding

Total Time Required  
7 hours



## Overview of the Two Sessions in Module 4



3 hours, 30 minutes



### Session 1: Practicing Communication Techniques Used in Consultative Research

#### Instructional Objectives

At the end of Session 1, the participants should be able to

- √ Explain the importance of communication and counseling methods in consultative research geared towards improving child feeding practices
- √ Identify the primary characteristics of effective communication
- √ Identify their strengths and weaknesses as effective facilitators and communicators
- √ Learn how to improve their communication skills



3 hours, 30 minutes



### Session 2: Practical Overview of Three Useful Methods for Consultative Research

#### Instructional Objectives

At the end of Session 2, the participants should be able to

- √ State the characteristics of a focus group discussion and its value in consultative research
- √ Explain the primary tasks in a focus group discussion
- √ Explain the primary steps in facilitating a focus group discussion
- √ Name the characteristics of two quantitative methods used in consultative research 24-hour recall and dietary assessment
- √ Explain the value of using the 24-hour dietary recall method and the dietary assessment method in conducting trials of improved practices (TIPs)

## Session 1: Practicing Communication Techniques Used In Research

⌚ 3 hours, 30 minutes

### Instructional Objectives

At the end of Session 1, the participants should be able to

- √ Explain the importance of communication and counseling methods in consultative research geared towards improving child feeding practices
- √ Identify the primary characteristics of effective communication
- √ Identify their strengths and weaknesses as effective facilitators and communicators
- √ Learn how to improve their communication skills

### Part 1: Understanding the Role of Communication and Counseling Methods in Consultative Research

⌚ 45 minutes

#### Instructional Objective for Part 1

- √ Explain the importance of communication and counseling methods in consultative research geared towards improving child feeding practices

#### Activity 1 Brief presentation on the role of communication and counseling methods in improving child feeding practices

⌚ 15 minutes

Equipment overhead projector

- 1) The instructor begins by reminding the participants that Modules 1-3 have shown that it is possible to change child feeding practices and to have a positive impact on children's

nutritional status. The goal is to identify key practices and make recommendations for sustainable improvements. In order for the counseling recipients to participate actively in the process, the message must be clear, and communicators must be competent and credible.

- 2) The instructor continues his/her overhead presentation using Supplement 4.1
- 3) He/she concludes the presentation by noting that Module 4 allows the seminar participants to practice and internalize the skills they will need to develop in the field during Module 6.

### **Activity 2 Small-group discussion on examples of effective interpersonal communication techniques**

⌚ 15 minutes

- 1) The instructor asks the participants to break up into small discussion groups and to identify two or three different instances of effective interpersonal communication. He/she asks them to highlight the reasons why they are successful examples and to write their conclusions on colored visualization cards or a sheet of flip chart paper.
- 2) The instructor gives the groups 15 minutes to complete this task.

### **Activity 3 Plenary discussion on effective interpersonal communication skills**

⌚ 15 minutes

- 1) The instructor collects the results and hangs them on the wall.
- 2) He/she clarifies and corrects the examples as necessary.
- 3) The instructor summarizes the characteristics which illustrate effective communication using the examples from the participants.
- 4) The instructor concludes the activity by stressing that the participants will need to enhance their skills in the areas of effective communication, listening, probing opinions and negotiation. He/she also stresses that they will need to de-

velop appropriate attitudes such as willingness to learn more from mothers, empathy with their situations and constraints, and understanding of the actual changes that will be recommended

## Part 2 Practicing Effective Communication

⌚ 2 hours, 45 minutes

### Instructional Objectives for Part 2

- √ Identify the primary characteristics of effective communication
- √ Identify own strengths and weaknesses as effective facilitator and communicator
- √ Learn how to improve own communication skills

### Activity 1 Recognizing non-verbal communication silent partner exercise

⌚ 30 minutes

Equipment flip chart and overhead projector

- 1) The instructor introduces the exercise by explaining to the participants that they are going to learn and to use non-verbal communication skills and that these skills are important for facilitators
- 2) First, the instructor asks the participants to give examples of different ways of communicating among themselves. He/she lists the responses on the flip chart and adds to the list as necessary, using Supplement 4 2
- 3) He/she then asks the participants to pair off and to follow the instructions that he/she provides, using Supplement 4 3
- 4) The instructor then asks the various pairs to discuss their experience freely for several minutes
- 5) The participants come back together to discuss the exercise with the instructor for ten minutes, using Supplement 4 4
- 6) The instructor ends the exercise with a brief overhead presentation on non-verbal behaviors that reduce a facilitator's

effectiveness, as well as non-verbal behaviors that encourage full participation (Supplement 4 5)

### **Activity 2 Effective listening Restatement exercise**

⌚ 1 hour

Equipment flip chart and overhead projector

- 1) The instructor introduces the exercise by stressing the disadvantages of poor listening skills missing important information, making the other party feel left out or offended, misunderstanding what has actually been said, and so on
- 2) He/she asks the group to participate in an active listening and restatement exercise according to the instructions in Supplement 4 6
- 3) The instructor brings the participants back together and asks them to give their impressions of the experience for five minutes He/she notes their impressions on the flip chart
- 4) He/she ends the exercise by using the remaining ten minutes to present a series of guidelines on good listening skills (Supplement 4 7) and answering any questions the participants may have as they arise

### **Activity 3 Careful questioning exercise formulating various questions**

⌚ 30 minutes

Equipment flip chart and overhead projector

- 1) The instructor introduces the exercise by stressing that the facilitator's job is to ask the right questions at the right time, and that the questions have an influence on the answers He/she briefly describes the various types of question open-ended, closed-ended, biased, two questions in one (Supplement 4 8)
- 2) He/she divides the group into teams of four and asks each team to spend ten minutes writing one example of each type of question on sheets of flip chart paper The instructor encourages the teams to think about the interview guide for exploratory research as they formulate the questions

- 3) He/she then asks one volunteer from each team to hang up the sheet of flip chart paper showing the open-ended question. If the responses do not correspond to the open-ended question, the instructor asks the team to reformulate their question.
- 4) He/she continues in the same way for the remaining types of question.
- 5) The instructor ends the exercise by presenting a five-minute summary using the overhead projector and Supplement 4 9.

#### **Activity 4 Probing further “What did I do?” exercise**

⌚ 45 minutes

Equipment overhead projector

- 1) The instructor introduces the exercise by stressing that probing for opinions is a means of gathering additional information and improving comprehension of what someone has said. This can be done by asking a question, making a statement, or remaining silent.
- 2) He/she asks the participants to form a circle with their chairs and explains that he/she will spend the next 15 minutes asking them individually about a subject common to all of the members of the group. The instructor asks the participants to pay close attention to what he/she will say and do.
- 3) The instructor questions one of the participants for five minutes, generally following the rules for the probing skill but making a few errors.
- 4) He/she then questions another participant in the same way.
- 5) After 15 minutes, the instructor analyzes the exercise (See Supplement 4 10). He/she begins by asking the interviewees what they were thinking about during the interview.
- 6) The instructor then asks the group to answer a question about the probing procedure he/she used and names one participant to write the group’s comments on the flip chart.
- 7) The instructor ends the exercise with an overhead presentation (Supplement 4 11).

## Session 2: Practical Overview of Three Useful Methods for Consultative Research

⌚ 3 hours, 30 minutes

### Instructional Objectives

At the end of Session 2, the participants should be able to

- ✓ State the characteristics of a focus group discussion and its value in consultative research
- ✓ Explain the primary tasks in a focus group discussion
- ✓ Explain the primary steps in facilitating a focus group discussion
- ✓ Name the characteristics of two quantitative methods used in consultative research 24-hour recall and dietary assessment
- ✓ Explain the value of using the 24-hour recall method and the dietary assessment method in conducting trials of improved practices (TIPs)

### Part 1: Learning the Focus Group Discussion Method

⌚ 1 hour, 15 minutes

#### Instructional Objectives for Part 1

- ✓ State the characteristics of a focus group discussion and its value in consultative research
- ✓ Explain the primary tasks in a focus group discussion
- ✓ Explain the primary steps in facilitating a focus group discussion

#### Activity 1 Reviewing the importance of the focus group discussion (FGD) method

⌚ 15 minutes

- 1) The instructor asks the participants to recall the value of facilitating a focus group discussion and the environment in

which the discussion takes place

- 2) The instructor supplements the participants' responses  
(Supplement 4 12)

### **Activity 2 Small-group reflection on the primary steps in a focus group discussion**

⌚ 45 minutes

- 1) The instructor asks the participants to list the primary steps in a focus group discussion
- 2) He/she advises them that their work will not be presented in the plenary session
- 3) When the list is complete, the instructor distributes a checklist of the primary steps to the participants, asks them to compare it to their own lists, and answers any questions they may have  
(Supplement 4 13)

### **Activity 3 Presentation on facilitating a focus group discussion**

⌚ 15 minutes

The instructor concludes Part 1 with a presentation (Supplement 4 14) on facilitating a focus group discussion

#### **Instructor's Tip**

If the videocassette and remote control are available, the instructor can take a more active, pedagogical approach and add a final exercise in self-training and self-evaluation of knowledge acquired. In this exercise the instructor's role is to run the video in ten installments, stopping to facilitate a mini-discussion among the participants on possible answers to the question corresponding to each section of tape.

#### **Background document**

*Instructional Booklet on Focus Group Discussions* AED March 1995,  
HEALTHCOM

## Part 2 Learning the 24-hour Recall Method

⌚ 30 minutes

### Instructional Objectives for Part 2

- √ Name the characteristics of the 24-hour dietary recall method
- √ Explain the value of using the 24-hour dietary recall method

### Activity 1 Presentation on the 24-hour dietary recall method

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor makes an overhead presentation on the goals and characteristics of the method, using Supplement 4 15
- 2) He/she then displays a sample 24-hour dietary recall questionnaire on the overhead projector and explains the various components and the content of the questionnaire
- 3) The instructor gives the participants the opportunity to ask questions during the course of his/her presentation
- 4) The instructor then presents the advantages and disadvantages of the method, still using Supplement 4 15
- 5) Finally, he/she specifies the guidelines to be followed in using the 24-hour dietary recall questionnaire

### Instructor's Tip

Reread the documents on this subject

- Chapter 6 of *Designing by Dialogue*, USAID/SARA Project

### **Activity 2 Practicing the 24-hour dietary recall method simulation**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor distributes the 24-hour dietary recall questionnaire (Supplement 4 16) and asks the participants to pair off
- 2) He/she asks the members of each pair to use the questionnaire in turn
- 3) After 30 minutes, the instructor brings the participants back together in a plenary session, inventories the problems they had in using the method, and responds to their questions

### **Part 3 Learning the Dietary Assessment Method**

⌚ 1 hour

#### **Instructional Objectives for Part 3**

- ✓ Name the characteristics of the dietary assessment method
- ✓ Explain the value of using the dietary assessment method

#### **Activity 1 Brief review of energy and nutrient requirements**

⌚ 15 minutes

The instructor begins Part 3 with an overhead presentation briefly reviewing the requirements for children aged 0 to 24 months (Supplement 4 17) and answers any questions

#### **Activity 2 Presentation on guidelines for performing a quantitative assessment of a child's diet as part of TIPs**

⌚ 15 minutes

The instructor uses Supplement 4 17 to present the five primary steps in calculating energy and other nutrients consumed by the child

### **Activity 3 Individual exercise child diet assessment**

⌚ 30 minutes

- 1) The instructor gives each participant a case study (Supplement 4 18)
- 2) He/she gives each member of the group 15 minutes to do the exercise, keeping in mind the presentations on child energy and nutrient requirements and the guidelines for quantitative assessment of the child's diet
- 3) He/she asks the participants to share their results in a plenary session During the course of the session, the instructor assists participants who have difficulty understanding the exercise

# Supplements to Module 4

<b>Supplement 4 1</b> Review of Communication and Counseling Methods Used to Improve Child Feeding Practices	<b>Page 4-15</b>
<b>Supplement 4 2</b> The Various Methods We Use to Communicate	<b>Page 4-18</b>
<b>Supplement 4 3</b> Instructions for Silent Partner Exercise (Non-Verbal Communication)	<b>Page 4-19</b>
<b>Supplement 4 4</b> Questions for Plenary Discussion of Participants' Experiences during Silent Partner Exercise (Non-Verbal Communication)	<b>Page 4-20</b>
<b>Supplement 4 5</b> Favorable and Unfavorable Behaviors in Non-Verbal Communication	<b>Page 4-22</b>
<b>Supplement 4 6</b> Instructions for Active Listening and Restatement Exercise	<b>Page 4-23</b>
<b>Supplement 4 7</b> Guidelines for Good Listening	<b>Page 4-25</b>
<b>Supplement 4 8</b> The Most Common Types of Questions	<b>Page 4-26</b>
<b>Supplement 4 9</b> Summary on Formulating Questions	<b>Page 4-27</b>
<b>Supplement 4 10</b> Analyzing the "Probing Further" Exercise	<b>Page 4-28</b>
<b>Supplement 4 11</b> Summary on "Probing Further"	<b>Page 4-29</b>
<b>Supplement 4 12</b> The Value of Holding Focus Group Discussions (FGDs)	<b>Page 4-31</b>

**Supplement 4 13** **Page 4-32**  
Key Steps in a Focus Group Discussion (FGD)

**Supplement 4 14** **Page 4-36**  
Characteristics of a Focus Group Discussion (FGD)

**Supplement 4 15** **Page 4-38**  
Methods of the 24-hour Dietary Recall

**Supplement 4 16** **Page 4-39**  
Table for Use during the 24-hour Recall

**Supplement 4 17** **Page 4-40**  
The 5 Main Steps for Calculating Energy and Other  
Nutrients Consumed by the Child

# **Supplement 4.1: Review of Communication and Counseling Methods Used to Improve Child Feeding Practices**

## **Review of the Advantages of Consultative Research**

Trials of improved practices (Module 6) give professionals the opportunity to visit families, to listen to what mothers and other child caregivers have to say about their problems, and to find solutions. They learn more from the mothers, and mothers have more faith in the advice they receive because they have had a chance to express themselves and feel that their child's particular situation has been taken into account.

The strength of the consultative research approach is that it develops and tests recommendations in the same family settings where the new behaviors will need to be practiced.

## **Nutrition Counseling**

Learning what women are thinking, feeling and doing about child feeding allows the researcher to design recommendations that will solve feeding-related problems.

Negotiating with families and motivating them to improve child feeding practices will enable health professionals to acquire the skills and sensitivity required for effective nutrition counseling.

Counseling through negotiation is an important process. It must be based on a technically sound analysis of common and significant child feeding problems and must suggest solutions that will actually result in improved nutrient intakes. It also requires effective interpersonal communication to adjust advice to individual situations, motivate change and provide follow-up support to sustain new behaviors.

## The Value of Effective Communication and Counseling

- 1) Nutritional negotiation increases the chances for improving feeding practices at the household level, where resources are limited
- 2) Effective communication encourages families and communities to make better use of their resources for improved nutrition
- 3) By motivating behavior changes, effective communication enhances the impact of programs to manage diarrhea and acute respiratory infections
- 4) Improvement of child feeding practices is possible if it is negotiated
- 5) Health care workers who have listening, probing and negotiating skills are motivated to
  - learn more from mothers
  - understand and analyze the constraints
  - suggest appropriate solutions
- 6) When the mother is recognized as a resource in the process of solving child feeding problems, she
  - can express herself
  - feels that her concerns are taken into consideration

## Characteristics of Effective Communication for Quality Counseling

The health care worker who practices quality counseling is a skilled communicator and negotiator and knows how to win the acceptance of the other party

The characteristics of effective communication for quality counseling are

- asking open-ended questions, listening, observing and reinforcing existing positive practices with lavish praise,
- providing clear, practical, specific and convincing information on the advantages of following recommendations adapted to the setting (recommendations minor, alternative and specific modifications to existing practices),
- involving the mother in the problem-solving process, listening and responding to her concerns, not overwhelming her with information or giving too much advice, and allowing her to make the final decision regarding the action to be taken,
- identifying constraints that could stand in the way of improving child feeding,
- taking these constraints into account and reducing resistance by offering alternatives and recommending changes in small, progressive steps,
- using concepts and images that motivate mothers and encourage them to take action

## Supplement 4.2: The Various Methods We Use to Communicate

- words
- coded sounds
- silence
- voice
- body (gestures, postures)
- eyes (eye contact, winking, eyebrows)
- facial expression (smile, reacting appropriately to speaker)

We tend to underestimate non-verbal communication in favor of verbal communication. Non-verbal communication is often more effective and always more subtle than verbal communication. Non-verbal communication can convey intentions (feelings, concerns) that words can only convey with difficulty.

- reduce anxiety,
- communicate empathy,
- inspire respect,
- express sincerity (feelings are clear),
- inspire confidence (feelings are understood),

Non-verbal communication can convey information that contradicts verbal communication.

## **Supplement 4.3: Instructions for Silent Partner Exercise (Non-Verbal Communication)**

### **Instructions**

- 1 Find a partner
- 2 Spend two or three minutes telling your partner about a concern or a personal problem (your partner must remain silent)
- 3 Your silent partner expresses interest and understanding in various non-verbal ways
- 4 Then you will reverse roles and repeat the exercise for another two to three minutes
- 5 Each pair of partners takes a few minutes to discuss their experience of the exercise freely
- 6 All participants rejoin the instructor for a plenary session

## **Supplement 4.4: Questions for Plenary Discussion of Participants' Experiences during Silent Partner Exercise (Non-Verbal Communication)**

### **Checklist of Questions for the Exercise**

- 1 How did you feel when you had to speak for several minutes without stopping?
- 2 How did you feel when you couldn't talk?
- 3 Did you have the impression that your partner understood? How did you know (for example, facial expression, body movements, eye contact)?
- 4 Did anyone in the group feel that he/she was helped? Why or why not?
- 5 Why can silence be difficult to tolerate?
- 6 What are the specific body movements that communicate understanding and support?
- 7 What happens when non-verbal behavior conflicts with the verbal message (for example, confusion, uncertainty, mistrust)?
- 8 What verbal messages can contradict (or create ambiguity with) simultaneous non-verbal messages (for example, saying "yes" and frowning at the same time)?

## Illustration

(Source Observer's notes, Dakar regional seminar, Adapting the IMCI Feeding Recommendation Tables, July 1997)

### *What did you feel?*

- “frustrated because I expected help, embarrassed by the other party’s silence, felt I wasn’t taken seriously, no confidence, I was boring the other person, doubted my ability to be understood, felt I wasn’t encouraged”
- “frustrating, boring (a little long), what does he think of me? can I reassure him, let him know I’m listening, that I’m with him? silence is a barrier, difficult not to react, comfortable because interested, curious to know the rest” (Feelings of the silent partner)

### *Did the silent partner understand you?*

- “Yes broad smile, nodded, paid attention, leaned closer and lent an ear, presence”
- “No not a word Ambiguity of non-verbal messages, lack of confidence”

### *Why is silence difficult to tolerate?*

“Culture of words, you want to express yourself, silence leaves room for personal feelings, you aren’t sure what silence means, silence is associated with difficult situations (mistrust, pain), you’re anxious

### *What happens when there’s a contradiction between the verbal message and the non-verbal message?*

“Total confusion”

### *What non-verbal behaviors facilitate understanding and offer support?*

“Nodding, broad smile, encouraging gestures, focusing on the person”

## **Supplement 4.5: Favorable and Unfavorable Behaviors in Non-Verbal Communication**

### **Non-Verbal Behaviors That Are Unfavorable to Good Communication**

- Nodding too often (gives the impression that you are in agreement, this is ambiguous if you have no particular opinion or if you wish to remain neutral, for example in a counseling setting)
- Not looking at the speaker (discourages the other party from continuing the interaction)
- Acting distracted
- Allowing interruptions
- Smiling or frowning at inappropriate moments (gives the impression that you are making a judgment or do not respect the other party)

### **Non-Verbal Behaviors That Are Favorable to Good Communication**

- Exhibit attentive and non-intimidating posture and facial expression (for example, leaning towards the group when encouraging people to talk)
- Stepping back and looking at the entire audience when you don't want the participants to address you directly or too personally
- Nod or smile slightly to encourage someone to share his/her opinion
- Adopt appropriate empathetic expressions (for example, a sad face in response to a sad story)

# Supplement 4.6: Instructions for Active Listening and Restatement Exercise

## General Introduction to the Exercise

Purposes of the exercise

- become aware that it is difficult to listen actively
- understand the value of accurate restatement (show that you have listened closely, give feedback)
- learn how to reassure the other party that the process is working, that he/she is communicating well and that his/her message is heard

## Instructions

Divide into groups of three (A + B + C) The exercise is done in three parts in each group of three and takes a total of 45 minutes for each group

*Part 1 “A “ tells a story or recounts a powerful personal experience passionately and in detail (total time 15 minutes)*

Person A tells the story

Person B listens to the story

Person C observes A telling the story and B listening to A

A begins to speak and then, after a minute, stops his/her story to asks B “What did I say?”

“ B” must then restate what A has said, using his/her own words and without distorting the story If A is not satisfied with the restatement, B is required to restate it again as many times as A finds necessary, within a maximum period of three minutes

A continues his/her story and then, after a minute, stops to ask B once again “What did I say?”

B must then restate what A has said, using his/her own words and without distorting the story If A is not satisfied with the restatement, B is required to restate it again as many times as A finds necessary, within a maximum period of three minutes

After eight minutes, C gives A and B a brief summary of his/her observations on

- how well B restated the story

- how well A confirmed the restatements

After five minutes, the group of three switches roles

Person B becomes the storyteller

Person C becomes the “restater”

Person A becomes the observer

*Part 2 “B” tells a story or recounts a powerful personal experience passionately and in detail (total time 15 minutes)*

The group follows the same procedure as in Part 1

*Part 3 “C” tells a story or recounts a powerful personal experience passionately and in detail (total time 15 minutes)*

The group follows the same procedure as in Part 1

### **Analyzing the Participants’ Impressions of the Exercise (Five Minutes)**

Sample impressions

- Restating correctly is difficult
- Listening attentively is difficult because you listen partially and understand partially
- The speaker forgets that he/she and the listener are in different situations
- Interest fosters active listening
- People don’t use the same words
- Trying to restate often changes meaning
- The speaker can’t listen to him/herself
- Hard to follow if story is long and fast, etc

## Supplement 4.7: Guidelines for Good Listening

### Introduction

What is listening? A deeply felt attitude of availability, an active attitude To listen is to observe, to understand, to deduce

### Principles of Effective Listening

- Stop talking! (It's hard to listen while you talk )
- Don't interrupt Don't anticipate by trying to guess
- Keep your attention focused on the other party or parties Try to put yourself in the place of the speaker and to understand what he/she is thinking and feeling (empathy)
- Maintain a non-judgmental facial expression when you listen
- Speak only when it is necessary to clear up confusion or move the discussion along If someone talks too much, find an opportunity to interrupt gently
- To clear up confusion, ask a non-biased question along the lines of "Can you tell me more about that?"
- Eliminate your personal emotions for the moment Avoid replacing the cares and concerns conveyed by the speaker with your own Do not let yourself be distracted or caught up in feelings that prevent you from listening
- As you listen, remain aware of what is going on in the group climate, attitudes, responsive facial expressions, anything that reveals feelings
- Allow moments of silence Other people need time to think about what they're going to say You need time to think about what you've heard
- Restate, say what you think they said (restate in your own words plus the emotional context), for example, "If I understood you " and pause
- Acknowledge what one person has just said while suggesting that others join the discussion
- Distinguish between what you've heard (what you actually heard people say their words, their ideas, the feelings they expressed) and what you deduce (your personal impressions of what they were trying to say)

## Supplement 4.8: The Most Common Types of Questions

### Open-Ended Questions —questions that begin with

- “What,” “How,” “Who,” “Where”
- “What do you think about,” “Can you make a list of your thoughts about,” “Can you tell me,” “Can you explain”
- “How do you feel about,” “Can you tell me more about,” “What can you add to that”

Open-ended questions encourage answers that go beyond one word. They accommodate a broad range of responses and allow the questioner to become familiar with the feelings, actions, reactions and knowledge of the participants.

### Closed Questions —questions that begin with

- “Did you understand”
- “Do you” (for example, “Do you breastfeed at night?”)
- “To what extent”
- “How many,” “In your opinion, how many ”

Closed questions invite short answers (for example, age, color, date) or yes/no answers. They do not encourage the respondent to expand on a subject.

### Two-in-One Questions—examples

- “What foods are forbidden when a child has diarrhea and why?”
- “How many times and at what intervals do you give your child porridge?”

Questions like these create confusion because they force the respondent to think about and react to two things at once, and they evoke answers that are difficult to analyze.

They should be framed as two separate questions to allow the respondent time to think about each of them.

### Biased (Leading) Questions —examples

- “In your opinion, is it good to breastfeed your baby?” (Better question: “What do you think about breastfeeding your new baby?”)
- “Why don’t you take your children to be vaccinated?”

These questions are biased by the person asking them. They introduce hypotheses that

the respondent may not have considered and limit the responses. This type of question should be avoided, particularly in a focus group discussion.

## **Supplement 4.9: Summary on Formulating Questions**

This “careful questioning” exercise has enabled the group to

- learn how to formulate questions carefully
- understand the importance of asking the right questions at the right time

The context of the question and the way in which it is asked influence the way in which it is answered.

Formulating questions is important for a face-to-face interview or for a focus group discussion (“focused” on a topic).

Questions make the researcher familiar with

- feelings
- actions
- reactions
- what the respondent(s) know(s)

It is important to ask questions that stimulate discussion rather than discouraging it.

Questions should be carefully formulated and organized to obtain the desired information. In research, the questions must be tested and reviewed to ensure that they are as open as possible. Closed questions are used only to limit the scope of the answers. Biased or two-in-one questions should not be used.

## Supplement 4.10: Analyzing the “Probing Further” Exercise

**What were you thinking about during the conversation?**

- focused on the sequence of events as they happened
- a little uncomfortable
- afraid that the intent to communicate wouldn't come through
- comfortable with communicating

**What did you note, observe, remark in my questions and in my actions?**

- spontaneity of questions
- more specific questions to encourage the respondent to say more
- restated several times
- verbal encouragement (“very good,” “that’s right”)
- use of different types of questions
- stay with the subject and pick up on certain words to restart the discussion
- reassuring tone
- repetitions, silences
- open-ended, general questions

## Supplement 4.11: Summary on “Probing Further”

Probing opinions is a way of obtaining additional information or reaching a better understanding of what someone has said. Probing allows the questioner to go beyond the initial response and learn something new. This can be achieved by means of

- a silence—remaining silent to give the participants time to expand on what they have said
- a question—“For example?”
- a statement—“I’m a little confused by all that, before     but now, I expect that     ” or a restatement such as “You said but     ”
- repetition of key words in response to what you have heard—“That’s good, but what’s good about it?” “That would be practical. How would it be practical?”
- a third-person reference—“You seem very convinced of that. In your opinion, what might other people think about it?”

In focus group discussions and in exploratory, face-to-face conversations, probing is an important communication skill for avoiding superficial and predictable results. Of course, it isn’t possible to anticipate everything in a subject guide, and the researcher never really knows what relevant, interesting questions the participants will raise. The greater the researcher’s experience as a group facilitator, the better he/she knows *how* to probe, and above all *when* to do it.

## Examples of questions and formulations for probing opinions

- Can you tell me more?
- What do you mean by that?
- What makes you think that?
- Can you give me an example of that?
- I'd like to know more
- I'm not sure I understand how
- What is it that you like about it?
- What does the message say to you?
- What is it about?
- What does it say to you personally?
- What were you thinking while you were watching it?
- What went through your mind?
- You started to say something about ?
- You mentioned something about ?
- What words would you use to describe ?

## Supplement 4.12: The Value of Holding Focus Group Discussions (FGDs)

The focus group discussion is a qualitative method of social research borrowed from marketing

This technique is used to gather information about target groups, to learn more about people's perceptions (and prejudices) on topics that are relevant to the research, and to understand why they think and act in a given way. It can be very useful for analyzing needs in order to guide policy development.

Upstream, the focus group discussion is used to identify issues for consultative research, downstream, it is used to clarify and explore results.

Focus group discussions provide answers to questions about

- attitudes,
- knowledge, perceptions,
- behavior of target groups

Among other characteristics, they

- seek to gather the opinions of individuals without striving for consensus,
- are based on verbal communication and use group dynamics and the flow of discussion to probe into the images, opinions, and knowledge that the group has about a particular topic,
- take place in the language of the participants, or in another language if all of the participants master it thoroughly

# Supplement 4.13: Key Steps in a Focus Group Discussion (FGD)

## PREPARATION PHASE

### *Step 1*

Decide whether FGDs are the right tool for obtaining the information you need

Determine what you need to know Discuss the types of research likely to yield the information Make a list of the research objectives that the FGDs should allow you to reach

### *Step 2*

Determine who should participate in your research with the FGDs

Make a list of the characteristics your participants should have

Decide when and how to divide the participants into separate sub-groups

Set priorities for group selection

### *Step 3*

Draft a selection questionnaire to help you recruit participants

Choose one sub-group and plan recruitment of participants (ask yourself where you can find people whom you don't know, who don't know each other, and who match the description of the participants) Use a selection questionnaire to be sure that the participants represent the target group (this selection questionnaire will be used again just before the FGD begins if the participants are recruited by others) Check carefully to be sure that everyone involved in recruitment understands the need for selection

### *Step 4.*

Develop a topic (and subject) guide summarizing the various types of information and knowledge required for your research

Draft the questions based on the four steps for conducting the discussion, working with the research team and the moderator As you do this, refer back to the list of

things you want to learn (Step 1) Identify six to eight topics you wish to cover and formulate questions related to these topics Put the questions in order from general to specific Think about in-depth questions that could be used to probe each discussion topic For each topic, identify creative approaches that can capture the participants' attitudes and personal experiences at a deeper level

### *Step 5*

Design questionnaires that the moderator and note-taker can use during a focus group discussion

Prepare a questionnaire that gives the name of everyone participating in the focus group discussion, along with key information on each participant taken from the selection questionnaire

### *Step 6*

Draft a self-evaluation form

Make a list of the skills to be used during the focus group discussion Develop the form based on your preferences (open-ended, with a grading system, etc )

## **IMPLEMENTATION PHASE**

The day before the focus group discussion, pay special attention to the following logistical considerations

- Choose an accessible, private location that is available for two hours and is relatively quiet,
- Set up the room and provide refreshments,
- Reread the guide and practice aloud to become comfortable with the words and the flow of ideas

### ***Step 1 Making Introductions***

Explain the general purpose of the research and its role at this level. Explain the methods that will be used (for example, that you will be asking each of the participants to express him/herself in turn) and the reasons behind them. Indicate that you are interested in hearing diverse points of view. Ask an introductory question that is interesting and does not expose the differences in status among the participants.

### ***Step 2 Getting Started***

Use one or two open-ended questions that everyone in the group can easily answer and that are interesting enough to encourage participation. Encourage everyone to participate while waiting for someone to take the floor. Avoid asking in-depth questions at this stage.

### ***Step 3 Probing Further***

Use the discussion questions and approaches prepared in advance, adapting them to the group's dynamics and the flow of discussion without getting away from the questions. Listen attentively to what the participants say, and respond by asking in-depth questions to gather unexpected but relevant information.

### ***Step 4 Reaching Closure***

Emphasize what you regard as the most significant differences (opinions, practices and perceptions) within the group, and give the participants an opportunity to clarify their positions. Gather additional reactions by asking one or two questions along the lines of "Is there anything we haven't discussed that seems relevant?" Briefly summarize what you have heard on the various topics that were discussed. Take thorough notes on what the participants say, with direct quotes if possible, as well as on any non-verbal communication that seems particularly significant.

## ANALYSIS PHASE

### *Step 1 Evaluate the Experience*

Reflect on the experience with the note-taker. Discuss the self-evaluation form together and fill it out. Emphasize the things that should be done differently next time.

### *Step 2 Review and Complete the Notes*

Review the notes on the day of the FGD and use your memory to complete them.

### *Step 3 Organize the Notes*

Use separate forms for each of the six to eight research topics. Write your notes on them. Write summaries for each issue.

### *Step 4 Review the Process to Learn from Each Focus Group Discussion*

Check to see whether the focus group discussion has provided the type of information you were looking for, and evaluate missing information that could be filled in using other research methods. Evaluate the appropriateness of participant selection and decide what changes, if any, to make to the selection questionnaire. Decide whether you need to change the discussion questions, etc.

## **Supplement 4.14: Characteristics of a Focus Group Discussion (FGD)**

### **FGD Participants**

Each FGD includes eight to ten participants with the same characteristics (for example, a group of mothers with children under 24 months of age) They should not know each other or be familiar with the topic of discussion before the FGD meeting

The participants correspond to a representative sampling of the target group for the study or research project The characteristics of the participants must be clear and must meet the project's objectives gender, race, income level, age, rural/urban, etc The most homogeneous groups yield the best results

### **Standard Guide Content: Three Categories of Topics**

- 1 General topics designed to get discussion started, allow participants to reveal their perceptions and attitudes in general
- 2 Specific topics illustrate key aspects, how participants make decisions, as well as their attitudes toward a given subject, product, or service
- 3 In-depth topics questions designed to clarify more in-depth information or to explain previous responses

Be sure to limit the number of topics, or the meeting will be too long and the responses superficial

### **Note-taker**

The note-taker should be trained to provide an objective report on the discussion and on observation of the group's non-verbal responses, such as facial expressions

### **Moderator**

The moderator should be the same gender as the participants and should be familiar with the topics of discussion in order to probe further during the FGDs

Desirable qualities flexible, sensitive, sense of humor, ability to make connections among the ideas expressed by the group, encouraging everyone in the group to participate, openly expressing participants' opinions, establishing a close rapport with the members of the group, encouraging discussion among them

Undesirable qualities getting off the subject, giving his/her own opinion, giving information during the discussion, playing the role of an expert, directing the discussion toward a series of questions and answers

### **Instructions for Holding a FGD**

- Introduce yourself and ask the participants to do the same, ensuring that the members of the group do not have any other information to communicate to the group
- Present the topic of discussion and point out the presence of the note-taker and tape recorder Reassure the members of the group that the information being gathered is confidential Ask them for their permission to record the discussion
- Sketch out the general topics, then direct the discussion towards an in-depth examination of the major topic The order of the topics can be varied according to the interests and concerns of the group
- Guide the group by focusing on attitudes that have been discussed in order to determine opinions on important questions Summarize
- Above all, use the guide to control the discussion and to ensure that the most important points are addressed during the FGD

### **Analyzing the Information**

- Carefully preserve the documentation on note-taking and analysis for future research
- Evaluate opinions on each general and specific topic and see whether there is consensus or disagreement on these issues
- Break the results down into the appropriate topics
- Compare the responses based on the characteristics of the group

## Supplement 4.15: The Methods of the 24-Hour Dietary Recall

- Ask the caregiver for a complete recall of all the foods and liquids consumed by the child during the previous 24 hours. Record this information on a simple form with columns for time of day, food preparation (e.g., soup, puree, etc.), ingredients, approximate quantity of food or ingredient consumed. Be sure to ask how much was actually eaten, not just how much was served. Inquire if this was a usual day with a diet typical for the child. If it was a special occasion, how was the child's diet affected?
- Ask the caregiver what the child ate the previous day, starting from when the child awoke. Continue by having the caregiver recall various activities that occurred during the previous day and probe whether the child had food at those times. Include beverages and tastes of other people's food.
- As each food is mentioned, find out the ingredients, methods of preparation (such as boiled or fried), and the approximate amount eaten by the child. If the mother (or caregiver) can show the child's cup or plate, it may be easier to estimate accurately the amount consumed. Alternatively, show the mother some standard measures (that are carried to the home) and ask her to estimate quantity.
- Prompt the caregiver about any snacks the child ate.
- Ask about frequency of breastfeeding if the child is still nursing. Also ask what cues resulted in nursing (e.g., crying, fussiness, or nursing on a fixed schedule).

### **After the recall, ask the mother:**

- In the past two or three days have you given any foods to your child several times which you did not give yesterday?
- Was there any food prepared for or eaten by adults in the home yesterday that was not given to the child?

# Supplement 4.16: Table for Use during the 24-Hour Dietary Recall

Time	Food or Drink	Ingredients	Consistency	Quantity	Mode

## Supplement 4.17: The 5 Main Steps for Calculating Energy and Other Nutrients Consumed by the Child

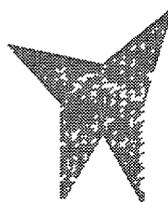
A large number of nutrient calculations should be carried out in advance i.e. before the dietary assessment. There are many steps to calculate the nutrient composition of cooked foods (ready to be consumed). Also, note that the dietary assessment of the TIPS is not exact, but serves to point out the areas where the diet of the child can be improved.

- **Examine the local diet** First, obtain information on the energy content of local foods from food consumption tables. These usually give values for 100 g portions of non-cooked foods. To determine the nutrients of the cooked foods, these estimations must be adjusted to take into consideration factors such as the absorption of water during cooking, and the variety of ingredients in a recipe.
- **Identify the utensils used frequently and portion size** Once the cooking factors have been taken into consideration, the quantity of 100 g is converted into local measures such as 'spoons', 'full cup' etc.
- **Identify the recipes, the variations, and the different foods and their preparations** If there are different ways of cooking a food such as porridge, it is necessary to account for these different consistencies, and calculate the different densities in calories. For example, a porridge can be prepared to be fed via a bottle, while others can be prepared to be drunk in a cup, or eaten with a spoon.
- **Calculate consumption** Once the nutritive values of the foods prepared for the various portions has been estimated, the intake of energy and primary nutrients of the child can be calculated.
- **Categorize and classify different foods and their various recipes** To better identify appropriate recommendations to improve the child's diet, foods (and recipes) can be classified as a function of their energy density (if calories is the major problem) or their value in terms of essential nutrient content.

# Module 5

Designing and Planning  
Consultative Research:  
Adapting the IMCI Feeding  
Recommendations to a Local  
Context

Total time required  
18 hours, 30 minutes



## Overview of the Three Sessions in Module 5



1 hour

### **Session 1: Stages of Qualitative Research Geared Towards Adapting the IMCI Feeding Recommendation Tables**

#### **Instructional Objectives**

At the end of Session 1, the participants should be able to

- √ Name the various stages of research geared towards adapting the IMCI Feeding Recommendation Tables
- √ List the logistical, human and financial resources required at the various stages of research for a given example
- √ Indicate the amount of time required for the various stages of research for a given example



3 hours, 15 minutes

### **Session 2: Value of Reviewing Existing Information on Child Feeding**

#### **Instructional Objectives**

At the end of Session 2, the participants should be able to

- √ List the reasons why it is important to review existing information on child feeding prior to adapting the IMCI Feeding Recommendation Tables to the local environment
- √ Summarize the kinds of information that are useful in describing existing feeding practices and nutrition problems
- √ Identify the key data and information requirements that must be met in adapting the IMCI Feeding Recommendation Tables to conditions in their own countries under the IMCI approach
- √ Explain how to identify the types of information that are missing
- √ Explain how to analyze and document existing information
- √ Describe the procedures used in identifying essential data on child feeding and nutritional status in order to adapt the IMCI Feeding Recommendation Tables



- √ Describe the procedures used in identifying sources of data on child feeding and nutritional status in order to adapt the IMCI Feeding Recommendation Tables
- √ Name the most effective techniques used in reviewing, organizing and analyzing the information required to adapt the IMCI Feeding Recommendation Tables
- √ Name the methods that should be used in gathering additional information
- √ Explain the value of interviewing key informants

### Session 3: Value of Exploratory Research

#### Instructional Objectives

At the end of Session 3, the participants should be able to

- √ Explain the value of conducting exploratory research
- √ Summarize the key tasks in conducting exploratory research
- √ Summarize the topics of exploratory research
- √ Develop and use an interview guide
- √ Explain how to design exploratory research
- √ Explain how to analyze the findings of exploratory research and document it
- √ For each age-specific problem identified, make at least one realistic recommendation to improve feeding practices
- √ Fill out the worksheet on the IMCI Feeding Recommendation Tables based on the review of existing information and exploratory research



14 hours, 30 minutes



## Session 1: Stages of Qualitative Research Geared Towards Adapting the IMCI Feeding Recommendation Tables

⌚ 1 hour

### Instructional Objectives

At the end of Session 1, the participants should be able to

- ✓ Name the various stages of research geared towards adapting the IMCI Feeding Recommendation Tables
- ✓ List the logistical, human and financial resources required at the various stages of research for a given example
- ✓ Indicate the amount of time required for the various stages of research for a given example

### Part 1 Listing the Various Stages of Research

⌚ 30 minutes

Equipment overhead projector

#### Instructional Objective for Part 1

- ✓ Name the various stages in research geared towards adapting the IMCI Feeding Recommendation Tables

#### Activity Presentation on the various stages of research

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor makes an overhead presentation on the various stages of research (Supplement 5 1)
- 2) The instructor responds to the participants' question as he/she goes through the presentation

Background document

*Designing by Dialogue* pp 4 1-8

## Part 2: Research Design

⌚ 30 minutes

### Instructional Objectives for Part 2

- √ List the logistical, human and financial resources required at the various stages of research for a given example
- √ Indicate the amount of time required for the various stages of research for a given example

### Activity Presentation of an actual example of operational research design geared towards adapting the IMCI Feeding Recommendation Tables Zambia and Madagascar

⌚ 30 minutes

- 1) The instructor uses Supplement 5 2 to prepare a presentation on experience gained in Zambia and Madagascar in adapting the IMCI Feeding Recommendation Tables to each country He/she explains the logistical considerations involved in organizing the research conducted in these two countries
- 2) The instructor encourages the participants to ask question as he/she presents the examples

### Background document

*Designing by Dialogue* pp 4 20-24

## Session 2: Value of Reviewing Existing Information on Child Feeding

⌚ 3 hours

### Instructional Objectives

At the end of Session 2, the participants should be able to

- √ List the reasons why it is important to review existing information on child feeding prior to adapting the IMCI Feeding Recommendation Tables to the local environment
- √ Summarize the key tasks involved in reviewing the information
- √ Summarize the kinds of information that are useful in describing existing feeding practices and nutrition problems
- √ Explain how and where to find the information
- √ Explain how to analyze and document existing information

### Part 1 Understanding the Importance of Reviewing Existing Information

⌚ 1 hour, 45 minutes

#### Instructional Objectives for Part 1

- √ List the reasons why it is important to review existing information on child feeding prior to adapting the IMCI Feeding Recommendation Tables to the local environment
- √ Summarize the key tasks involved in reviewing the information
- √ Summarize the kinds of information that are useful in describing existing feeding practices and nutrition problems

### **Activity 1 Discussion on the usefulness of reviewing existing information**

⌚ 15 minutes

- 1) The instructor introduces a brainstorming exercise by raising the following question “Why is it useful to review available information at the beginning of a qualitative research project?”
- 2) He/she lists the participants’ responses
- 3) The instructor supplements the list using Supplement 5 3
- 4) He/she concludes the activity by stressing that in most countries there is a variety of information on nutrition and child feeding practices that can be obtained from existing documents and knowledgeable individuals. This range of information is useful in making research-related decisions

### **Activity 2 Presentation on tasks involved in reviewing information**

⌚ 15 minutes

- 1) The instructor presents a table summarizing the tasks involved in reviewing existing information (Supplement 5 4)
- 2) He/she responds to the participants’ questions

### **Activity 3 Small-group discussion on issues relevant to child feeding in the participants’ countries**

⌚ 45 minutes

- 1) The instructor asks the participants to break up into small groups
- 2) He/she gives each group three tables on key issues (key practices, beliefs and key attitudes) related to
  - Breastfeeding
  - Transition to complementary feeding and to the family diet
  - Child feeding
- 3) He/she asks each member of the team to read one of the three tables and to note the topics that seem relevant as well as those

that need to be added for his/her own country

- 4) After 30 minutes, the instructor asks the groups to share their conclusions and to write them on a sheet of flip chart paper

### Background document

*Designing by Dialogue*, pages 2 14-16

## **Part 2· Identifying Sources of Information**

⌚ 45 minutes

### **Instructional Objectives for Part 2**

- √ Explain how and where to find the information

### **Activity 1 Group discussion on possible sources of information**

⌚ 30 minutes

- 1) The instructor asks the participants to identify possible sources of information on the relevant topics identified earlier. For each source, he/she asks them to specify how to gain effective access to the information. If the participants already belong to a core research team, the instructor asks them to consider how to distribute the various information-gathering tasks among themselves based on available sources.
- 2) He presents the list of questions to be asked before carrying out a literature review (Supplement 5 5)
- 3) After 30 minutes, the instructor collects the results of the discussion.

### **Activity 2 Presentation on key sources of information on feeding and nutrition**

⌚ 15 minutes

- 1 The instructor begins by presenting a typology of primary sources of literature on feeding and nutrition, using Supplement 5 6

- 2) The instructor asks the participants to work together to revise the results of the previous activity as needed, based on his/her presentation. The instructor assists the participants if he/she has information that is appropriate to the specific context.
- 3) Finally, the instructor points out to the participants that correctly identifying sources of literature does not guarantee that the literature search will be successful. Real research requires time, patience, and effort to gain access to literature that may be “lost” in forgotten places or held by individuals who are reluctant to make it available for review.

#### Background document

*Designing by Dialogue* pages 3-4-6

### Part 3 Using Existing Information

⌚ 1 hour, 15 minutes

#### Instructional Objective for Part 3

- √ Explain how to analyze and document existing information

#### Activity 1 Discussion on guidelines for summarizing documents

⌚ 30 minutes

- 1) The instructor begins by reminding the participants how to review existing information (Supplement 5.4) and stresses the following points:
  - Make a list of documents to be reviewed,
  - Note the reference information for each document,
  - Take notes on key points related to topics of interest,
  - Interview key informants,
  - Record the analysis by drafting summaries for each topic or question,
  - Draft a report summarizing existing information, identifying missing information and making research recommendations

- 2) The instructor then lists the main guidelines to follow in summarizing the content of a document on a worksheet (Supplement 5 7)
- 3) He/she emphasizes the bias that is often encountered in reviewing documents (Supplement 5 8)

### Background document

*Designing by Dialogue* pages 3 5-8

### **Activity 2 Analyzing available information on child feeding practices and influences on these practices**

⌚ 30 minutes

- 1) The instructor reminds the participants that one of the primary objectives of the review is to pull together what is known about child feeding practices and the influences on these practices He/she then presents two worksheets designed to summarize these issues
  - Worksheet 3 1 in *Designing by Dialogue* (page 3 9), *Classification of Current Practices*
  - Worksheet 3 2 in *Designing by Dialogue* (page 3 11), *Key Information for Assessment and Counseling Guide for TIPs* on current feeding problems, motivations and constraints as they relate to beliefs, practices and influences
  - The instructor advises the participants that these worksheets are useful in collecting available information on feeding practices, identifying gaps in the information and in considering the need for further study to fill the gaps He/she adds that this is often the case whenever motivations and constraints to improved practices are involved
- 2) The instructor explains that the worksheets are to be completed with reference to ideal practices and the feeding problems that have already been studied
- 3) The instructor spends more time on presenting Worksheet 3 2 He/she ensures that the participants clearly understand the difference between the motivations that drive mothers to adopt harmful child feeding practices and the constraints that pre-

vent them from improving their feeding practices. To make this distinction, the instructor uses the examples of motivations and constraints presented on page 3 10 of *Designing by Dialogue*. He/she asks the participants to add additional examples based on their own knowledge and experience.

- 4) The instructor continues his/her presentation of Worksheet 3 2 by focusing on the last column containing “Recommendations” likely to improve child feeding and nutrition. He/she gives sample recommendations based on his/her own experience and asks the participants to suggest other recommendations adapted to their area of research.
- 5) The instructor gives detailed instructions on completing the worksheets (see the instructions in *Designing by Dialogue*, pages 3 8 and 3 10).
- 6) He/she points out that one or more worksheets should be completed for each age group, and reminds the participants that the age groups are the usual ones based on WHO standards. The instructor asks the participants to consider dividing the age groups differently according to known local meal patterns, and stresses that it is important to think about how to divide the age groups in order to have
  - A series of key arguments justifying the decision either to use the usual age groups or to adapt them.
  - Theories on feeding practices that need correction.

### **Activity 3 Drafting a report summarizing available information**

⌚ 15 minutes

- 1) The instructor distributes a framework of key questions that should be covered in the report (pages 3 12-13 of *Designing by Dialogue*), allows the participants to study it and then answers any questions they may have.
- 2) He/she supplements the answers with pointers on drafting the report, particularly as regards gaps in existing knowledge. The instructor draws on his/her own experience to give examples of insights gained from reviewing literature, or uses the report on the review of literature conducted in Morocco (Supplement 5 9).

- 3) The instructor also reminds the participants that there may be a great deal of information missing at the end of the review, and gives examples of the types of information that may be missing
  - **Broad examples** household-based research on actual feeding behaviors, qualitative information on mothers' beliefs and attitudes,
  - **Specific examples** mothers' behaviors in motivating their children to eat, the causes of low rates of exclusive breastfeeding even though mothers know that breast milk alone is enough,
  - **Other gaps** frequency of breastfeeding, feeding of sick children, food frequency, consistency and preparation of porridge, composition of the family meal, how children are fed from the family meal
- 4 The instructor then summarizes the key findings that should result from the review of existing information
  - A set of age groups that is appropriate to current feeding practices in the region for the program under consideration,
  - Identification of key child feeding problems in the region for the program under consideration,
  - An analysis of factors motivating mothers to adopt harmful child feeding practices in the region under consideration,
  - An analysis of constraints that may prevent mothers from improving feeding practices,
  - A list of missing information likely to be gathered during exploratory research supplementing the review of existing information

#### **Activity 4 Presentation on various methods for finding missing data**

 30 minutes

- 1 The instructor makes a presentation on methods used to fill in missing data
  - *In-depth interviews* are recommended as a means of understanding

- beliefs, motivations and constraints affecting the mother and the other members of the family in the area of child feeding practices,
  - health workers' motivation and ability to provide effective counseling on child feeding
  - *Observations* are most appropriate as a means of learning more about actual feeding behavior (frequency, consistency and type of food, amount, interaction with child, etc )
  - *Focus group discussions* (FGDs) are very useful when there is little time to collect and analyze data, FGDs are recommended particularly as a means of
    - evaluating health care workers' knowledge of and attitudes towards child feeding,
    - understanding their motivation and ability to encourage good feeding practices,
    - identifying images and perceptions related to child health and feeding
  - *Dietary recall* is not a qualitative research method, but it is frequently used in exploratory research or during trials of improved practices (TIPs) when the researcher needs specific information to supplement existing data on child food intake in order to identify the most logical and practical dietary improvements to be tested later with mothers
- 2) The instructor makes it clear that in-depth interviews and household observations complement each other and are often implemented at the same time. The primary objectives are
    - To gather information on current feeding practices and problems that impede proper nutritional intake,
    - To identify the resources available to solve these problems and
    - To formulate specific recommendations that can be tested with families during TIPs
  - 3) The instructor answers questions from the participants as they arise
  - 4) He/she then asks the participants to spend five minutes thinking about the kinds of people to interview in order to gather missing information

- 5) The instructor lists the responses on the flip chart
- 6) The instructor concludes by discussing key informants (Supplement 5 10)

## Session 3: Value of Exploratory Research

🕒 14 hours 30 minutes

### Instructional Objectives

At the end of Session 3, the participants should be able to

- √ Explain the value of conducting exploratory research
- √ Summarize the key tasks in conducting exploratory research
- √ Summarize the topics of exploratory research
- √ Develop and use an interview guide
- √ Explain how to design exploratory research
- √ Explain how to analyze the findings of exploratory research and document it
- √ For each age-specific problem identified, make at least one realistic recommendation to improve feeding practices
- √ Fill out the worksheet on IMCI Feeding Recommendation Tables based on the review of existing information and exploratory research

### Part 1: Understanding the Value of Exploratory Research

🕒 6 hours

#### Instructional Objectives for Part 1

- √ Explain the value of conducting exploratory research
- √ Summarize the key tasks in conducting exploratory research
- √ Summarize the topics of exploratory research
- √ Develop and use an interview guide

### **Activity 1 Discussion on the usefulness of exploratory research**

⌚ 30 minutes

- 1) The instructor introduces a brainstorming session by raising the following question “Why is it useful to conduct exploratory research after existing information has been reviewed?”
- 2) He/she lists the participants’ responses
- 3) The instructor supplements the responses, he/she begins by saying that the purpose of exploratory research is to identify the primary constraints that hinder good practices and the key factors that foster them
- 4) He/she adds that exploratory research is necessary when
  - The review of existing information reveals too many gaps in knowledge of current child feeding practices and attitudes,
  - The researcher needs specific information on the beliefs, knowledge and attitudes of health care workers or other individuals who influence the feeding practices of the primary child caregiver
- 5) The instructor presents a tool for deciding whether exploratory research is necessary, based on Box 4.3 on page 4.7 of *Designing by Dialogue*

### **Activity 2 Presentation on key topics in exploratory research and the tasks involved**

⌚ 30 minutes

- 1) The instructor asks the participants to think about possible key topics and issues for exploratory research as they relate to theories on available information, based on the age groupings selected (See Module 1) He/she lists their suggestions on the flip chart
- 2) The instructor then presents an interview guide to be used with mothers and other child caregivers, using Supplement 5.11
- 3) He/she then presents a table summarizing the tasks involved in in-depth interviews and observations (See box on pages 5.2-3 of *Designing by Dialogue*)

- 4) The instructor allows the participants to examine the table and ask questions
- 5) The instructor answers the participants' questions

#### Background document

*Designing by Dialogue* pages 5 5-6

### **Activity 3 Group discussion of the interview guide**

⌚ 1 hour, 30 minutes

Equipment sheets of flip chart paper

- 1) The instructor divides the participants into working groups based on the age groupings selected, and asks them to draft an interview guide on sheets of flip chart paper, based on the feeding problems identified in Session 2 (Part 1, Activity 3) and on theories about the missing information
- 2) He/she gives them an hour to work
- 3) The instructor brings the participants back together to share their results

### **Activity 4 Simulation using an interview guide**

⌚ 2 hours

- 1) The instructor introduces two mothers with children who fall into the two age groups under consideration, and asks for two volunteers to interview them based on the results shared in the last activity
- 2) The instructor concludes the activity by listing the precautions that should be taken in conducting interviews (Supplement 5 12)

## Part 2 Designing Exploratory Research

⌚ 1 hour

### Instructional Objective for Part 2

√ Explain how to design exploratory research

### Activity 1 Group discussion on research design

⌚ 45 minutes

- 1) The instructor begins by asking the participants how they plan to design the research and raises the following question “What activities need to be completed before the exploratory research itself is conducted?” He/she gives the participants 20 minutes for discussion
- 2) The instructor pulls the responses together
- 3) He/she summarizes all of the activities that need to be completed in the following order
  - Identify research priorities based on the goals of the program involved and the review of existing information,
  - Choose a sampling plan list the age groups and categories of affected children in the households where the interviews and observations will take place, list the family members and influential people to meet, and decide on the number of interviews,
  - Select the research methods to be used,
  - Develop a research plan (indicating the participants, methods, specific groups of people or population segments) that is based on research priorities, the sampling plan and available resources and that will yield a range of behaviors and attitudes within the population,
  - Draft a field plan indicating how many members each field team will have, what their responsibilities will be and how their time will be budgeted, the exact locations where the research will be conducted and the families selected (if recruitment has already been done), bearing in mind the following factors
    - logistics in the field

- the number of interviews per family and per team member
  - health workers and other influential people to be interviewed
  - the time required for discussion, thinking about the information being collected, organizing field notes, and making repeat visits to families if necessary
  - the time required to travel to the locations involved and recruit participants
  - Develop the interview guides and observation guides, and
  - Recruit families
- 4) The instructor responds to any questions from the participants

### **Activity 2 Guidelines to follow for research design**

⌚ 15 minutes

The instructor presents guidelines for research design

- Prepare a brief protocol on the steps required for selecting sites, choosing a sampling of families and interviewees and conducting interviews,
- Train the interviewers to formulate probes, to recognize new topics and relevant information that may emerge during an interview or discussion, and to formulate appropriate questions,
- Recruit families (through the field team or local community members) while the interview guides are being developed and tested (to save time),
- Recruit a sampling of families that is representative of the community (in order to avoid bias),
- Determine the length of the visits and the number of visits per household based on observation, discussion, and the participants' reaction

## Part 3 Analyzing Exploratory Research Findings

⌚ 2 hours

### Instructional Objectives for Part 3

- √ Explain how to analyze the findings of exploratory research and document it

### Activity 1 Presentation on analyzing findings

⌚ 1 hour

- 1) The instructor introduces the activity by noting that there is a variety of tables that can be used to organize, summarize, compare and illustrate research findings. He/she also points out that research findings are analyzed in two phases: initial analysis in the field followed by a summary.
- 2) The instructor indicates that the **initial field analysis** is performed each night to review, supplement, discuss, comment on, and summarize field notes. He/she presents a working procedure for this task, drawing on his/her own experience, page 5-14 of *Designing by Dialogue*, and the two sample worksheets in Appendix B-4 of the guide.
  - Summary worksheet, page B-25 and following in Appendix B-4 of the guide
  - Diet History and Current Diet Analysis Form, pages B-29-30 of the guide
- 3) The instructor takes time to explain how to summarize the information from each household, how to organize relevant information on various issues, and how to use a coding system to identify the various summary sheets. He/she then answers the participants' questions.
- 4) The instructor concludes the presentation by noting that, once all of the information has been collected, it is sorted and summarized with the research supervisor. The instructor gives several key subjects for the **summary**.
  - Analysis of current feeding practices, as they relate to the transition to solid food, for example (which foods and when are they introduced), by geographic location, according to nutri-

tional status and breastfeeding history,

- Cultural perceptions and beliefs that influence current practices and the willingness to change feeding behaviors,
  - Opinions of influential people regarding current practices
- 5) The instructor should not give too much detail on the working procedure for this analysis, which must be performed in the field with the supervisor of the core research team

### **Activity 2 Group discussion on reporting exploratory research findings**

⌚ 45 minutes

- 1) The instructor gives the participants a sample summary of exploratory research findings taken from the guide *Designing by Dialogue*, Chapter 5, Attachment 5 1, page 5 29 and following “Excerpt from a Report on Household Interviews and Observations ”
- 2) The instructor asks the participants to read the document and to hold a group discussion on the question, “Based on your examination of this document, what are the key points, and what additional elements are required to complete the report?”
- 3) He/she gives the participants 20 minutes to discuss the question and then pulls the responses together

### **Activity 3 Presentation on summarizing findings**

⌚ 15 minutes

- 1) The instructor begins by noting that exploratory research findings are summarized in a report before the trials of improved practices are designed, and adds that the core research team uses the completed report to make recommendations that are likely to be accepted in the community
- 2) The instructor highlights the key elements of the summary based on the section “Drafting a Summary of the Findings” on page 5 14 and following of *Designing by Dialogue* He/she emphasizes that the core findings will be useful in developing the counseling guide that will be used during the TIPs
- 3) The instructor answers the participants’ questions

## Part 4: Drafting an Assessment and Counseling Guide on Child Feeding Practices

⌚ 5 hours, 30 minutes

### Instructional Objectives for Part 4

- √ For each age-specific problem identified, make at least one realistic recommendation to improve feeding practices
- √ Fill out the worksheet on the IMCI Feeding Recommendation Tables based on the review of existing information and exploratory research

### Activity 1 Presentation on the value of developing an assessment and counseling guide on child feeding practices and the steps to follow in drafting a guide

⌚ 1 hour

Equipment overhead projector, Worksheet 6 1 *Designing by Dialogue*

- 1) Before beginning the presentation, the instructor asks the participants to recall the key objectives of TIPs. He/she uses the overhead projector to present a format for the counseling guide and then comments on it (Supplement 5 13)
- 2) The instructor presents the various steps in developing the guide (Supplement 5 14)

Background document

*Designing by Dialogue*, pages 6 4-7

### Activity 2 Small-group discussion on drafting an assessment and counseling guide on child feeding practices

⌚ 2 hours

- 1) The instructor reviews the exploratory research findings (data from research conducted either before the seminar or during the seminar at the instructor's option)

- 2) He/she divides the participants into groups corresponding to the age groupings selected, and asks the groups to indicate **problem feeding practices** for each age grouping. For each problem practice, the groups must identify both the **motivations** fostering the practice and the **constraints** standing in the way of improving it, and then complete the worksheet provided.
- 3) The groups then reflect on possible **recommendations** for improving the practices in each age group, using data on local foods, preparation practices, and nutrient composition tables, and referring to Supplement 5.14.

#### Background document

*Designing by Dialogue*, Appendix C, 'Guidelines for Dietary Analysis during TIPs'

#### **Activity 3 Plenary discussion on drafting an assessment and counseling guide on child feeding practices**

⌚ 2 hours, 30 minutes

Equipment flip chart

- 1) The instructor asks the participants to present their recommendations.
- 2) He/she proposes improvements to the suggestions.
- 3) The participants copy the recommendations onto the worksheet provided.
- 4) The instructor concludes Part 4 by stressing several principles:
  - Make recommendations in simple, accessible language,
  - Offer alternatives,
  - Review the list of recommendations with nutrition expert to ensure that following the recommendations will address existing problems and have a positive impact on child diet.

# Supplements for Module 5

<b>Supplement 5 1</b> Key Steps in Consultative Research	<b>Page 5-25</b>
<b>Supplement 5 2</b> Operational Research Design Geared towards Adapting the IMCI Feeding Recommendation Tables	<b>Page 5-26</b>
<b>Supplement 5 3</b> Importance of Reviewing Literature and Other Documents Prior to Trials of Improved Practices	<b>Page 5-28</b>
<b>Supplement 5 4</b> Steps for Reviewing Existing Information	<b>Page 5-29</b>
<b>Supplement 5 5</b> List of Questions to Ask Prior to Reviewing Existing Literature	<b>Page 5-30</b>
<b>Supplement 5 6</b> Possible Sources of Information	<b>Page 5-32</b>
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<b>Supplement 5 11</b> Sample Interview Guide for Exploratory Research	<b>Page 5-38</b>
<b>Supplement 5 12</b> Precautions to Take and Factors to Consider	<b>Page 5-41</b>
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**Supplement 5 14**  
Steps for Writing a Counseling Guide

**Page 5-62**

**Supplement 5 15**  
Energy and Other Nutrient Requirements by Age

**Page 5-64**

## **Supplement 5.1: Key Steps in Consultative Research**

### **Step 1 Identify the Necessary Data and Sources of Information**

- √ Identify the data needed to adapt the IMCI Feeding Recommendation Tables and the training materials
- √ Identify sources of information
- √ Review available information to select the needed data and identify areas where additional data must be gathered

### **Step 2 Draft Preliminary Feeding Recommendations**

- √ Make a list of common feeding problems for each age group
- √ Devise possible solutions using highly nutritious foods that are locally available

### **Step 3: Test Preliminary Feeding Recommendations**

- √ Use the Trials of Improved Practices (TIPs) method to test mothers' and children's responses to the new feeding practices

### **Step 4 Revise the Recommendations**

- √ Modify the list of recommendations and keep only the ones that the mothers agreed to try and mentioned as having advantages

### **Step 5: Discuss the Recommendations with a Group of Local Experts**

- √ Distribute the recommendations
- √ Have local experts (nutrition, health, agriculture, community development, etc ) approve the recommendations

### **Step 6: Adapt the IMCI Feeding Recommendation Tables and the Training Materials**

- √ Adapt the tables to incorporate recommendations for key foods that are nutritious, locally available, and acceptable to the target groups
- √ Adapt the training module *Counseling Mothers*

## Supplement 5.2: Operational Research Design Geared towards Adapting the IMCI Feeding Recommendation Tables

Activity	Zambia Urban, 1996	Madagascar, 1996
<b>Review of existing information</b>	External Consultant	Internal Consultant
<b>Collection of supplementary information</b>	Focus Group Discussions with mothers Interviews with health workers	Interviews with health workers
<b>Setting up of a committee of experts</b>	Nutritionists from the NFNC, UNICEF, NRDC, WHO	SNA, District Health Services, Center of Research for the Environment
<b>Drafting of a preliminary counseling guide and have it reviewed by the committee of local experts</b>	The entire research team Guide was circulated amongst a group of experts	Elaborated by a sub-committee and reviewed by the research team
<b>Selecting of regions for research</b>	Peri urban Lusaka chosen by the IMCI committee	2 rural districts in which project BASICS worked
<b>Assembling of a research team</b>	Nutritionists from the NFNC, other nutrition-trained personnel, nutrition professors	Assistant director of the Center of Nutrition Surveys, social science experts, local education workers  Two teams, one for each district
<b>Factors for selection of households for interviews</b>	Factors feeding practices, socio-economic, ethnicity, (mixed throughout the region) language	Feeding practices, Health status, profession, population of communities, distance from the markets

<b>Activity</b>	<b>Zambia Urban, 1996</b>	<b>Madagascar, 1996</b>
<b>Duration of training</b>	5 days, including the field work	5 days, including field work The two teams split up
<b>Field work</b>	Communication with health centers Identification of households in certain sites by the community health workers	Introduction of the research team by the local personnel
<b>Recruitment</b>	Recruitment from household to household	Recruitment of households
<b>Drawing up of a work schedule</b>	Scheduling of visits Designation of age groups and sites	Scheduling of visits Designation of age groups and sites
<b>Review of field information</b>	On a daily basis Discussion of field work Completion of recruitment sheets	On a daily basis Discussion of field work Completion of recruitment sheets
<b>Analysis of results</b>	By the team, led by a consultant	General review of the sample by the team
<b>Adaptation of the IMCI Feeding Recommendation Tables</b>	By the entire group using the filed results	Further discussion and revision of results by a sub group of the team
<b>Presentation of results</b>	By the entire group, during a meeting	By the entire group, during a meeting
<b>Report Writing</b>	By the consultant, and revised by the country team	By the consultant, and revised by the country team

## **Supplement 5.3: Importance of Reviewing Literature and Other Documents Prior to Trials of Improved Practices**

- 1) A review of existing documents prevents duplication of research or studies that have already been done, saving time and money
- 2) It enables the researcher to take advantage of lessons learned in past and current nutrition and feeding programs
- 3) It makes the researcher familiar with the various methods that are used in research
- 4) It allows the researcher to identify key nutrition and feeding problems, where they occur, and why
- 5) It should enable the researcher to justify conducting supplemental field research in order to gather missing data

## **Supplement 5.4: Steps for Reviewing Existing Information**

### **Step 1 Obtain Existing Information**

- √ Prepare a list of the documents to be reviewed
- √ Add to the list as other documents are identified, making sure to specify the author, title, and year of publication of each document collected
- √ Choose documents or other sources of information that are relevant to your research objectives

### **Step 2: Organize the Information**

- √ Using separate sheets of paper, summarize the relevant points from each of the documents you have selected and read
- √ Organize the sheets of paper into piles by topic
- √ Once the sheets are organized by topic, review them and note general trends

### **Step 3 Review the Information Gathered**

- √ Fill out the Child Feeding Matrices (worksheet)

## **Supplement 5.5: List of Questions to Ask Prior to Reviewing Existing Literature**

### **Describe child nutrition problems**

- √ Where are children most malnourished?
- √ In what age groups? In what population groups
- √ What types of under- or malnutrition occur (chronic, acute, micronutrient)?
- √ What are the most important causes of undernutrition (illness, food availability, inappropriate practices, etc )?

### **Identify other important health or environmental problems**

- √ What illnesses are most common among young children?
- √ Are there difficulties with water supply and sanitation? What are they?

### **Describe child feeding practices:**

- √ What are the patterns and practices of breastfeeding (initiation, the first months, later after the first foods are introduced)?
- √ When are other foods introduced? What foods?
- √ How are foods for children prepared? Are commercial foods popular for young children? If so, which ones?
- √ How are young children fed? By whom?
- √ How many meals are children fed? Do they eat snacks?
- √ What locally available and affordable ingredients could be added to children's diets to improve nutrition?
- √ What happens to feeding during a childhood illness?

### **Describe mothers' and other family members' beliefs and attitudes regarding child feeding, nutrition and health**

- √ What are the underlying reasons for the current practices?
- √ How strong are the beliefs and attitudes? Which will be most difficult to change?
- √ What could motivate changes in behavior?

- √ What beliefs or external constraints could prevent improvements in feeding practices?
- √ What are prevailing attitudes about children (by gender if important) and parenting?
- √ Whom do mothers trust for advice on child feeding? Who makes decisions in the household on child feeding?
- √ What role do community groups and institutional programs play?

**Identify the population groups that should be the focus of research and programs to improve child feeding**

- √ What groups seem to differ greatly in feeding practices?
- √ Are there important differences in rural and urban practices?
- √ Are there important religious and/or ethnic differences?
- √ Do practices vary by region or climate (i.e., coastal, desert, forest)?

**Examine past and current efforts to improve nutrition or communicate information about infant and child feeding and health:**

- √ What media have been used and what was their impact?
- √ What educational messages are being communicated?
- √ What lessons have been learned?

## Supplement 5.6: Possible Sources of Information

### What are they?

- √ Government, donor and non-governmental organization documents on the nutritional situation and nutrition programs
- √ University publications and dissertations
- √ Nutrition surveys such as EDS
- √ Market surveys and price information
- √ Food consumption data
- √ Ethnographic reports
- √ Census data

### Where are they?

#### *A At the district or regional level*

- √ Health organization data based on current records or statistics
- √ Opinions of development workers in various organizations
- √ Annual reports by health organization personnel, etc

#### *B At the national level*

- √ Articles in national publications, books found during research in university and other national libraries, as well as the libraries in the offices of WHO, UNICEF, USAID, IDRC, ORSTOM and other organizations based in-country
- √ Reports or other documents from national food and nutrition services
- √ NGO activity reports

#### *At the international level*

- √ Information from the regional libraries of WHO, UNICEF, ORANA, etc

## Supplement 5.7: Guidelines for Summarizing Document Content

Each summary should include:

- √ Key words
- √ A content summary limited to information that is relevant to the research study
- √ A brief analysis of the content with comments on
  - adequacy of the methodology
  - important aspects of the research study
  - ways of applying the information obtained from this research study (recommendations)

## Supplement 5.8: Examples of the Types of Bias That May Be Encountered in Reviewing Existing Information

- √ The findings of the study contain discrepancies and contradictions.
- √ Only publications that support the author's point of view are cited.
- √ The author draws significant conclusions from findings that are preliminary or doubtful, or that make generalizations based on a single case or a small study.
- √ The author's methodology in conducting the research or survey is not rigorous (sampling error, statistically invalid analysis, etc.).

## Supplement 5.9: The Results of a Literature Review, Morocco 1997

The South and North Center are the regions most affected by chronic malnutrition of children under 5 years of age, with a prevalence of 31% and 25% respectively. The South Region is considered most affected by acute malnutrition. 3.2% of children under 5 have a low weight for height, as opposed to 1.7% in the North Center. Diarrheal diseases which represent the leading cause of mortality and morbidity in children 0-5 years of age are more prevalent in the North Center Region (17.9%) compared to the South Region (6.3%). An analysis of the distribution of anemia in children under 5 years of age illustrates that the South and the North Center districts are the most affected, (29.2% and 38.5% respectively) in children 6-24 months.

The median duration of breast feeding is higher in the South (16.2 months) than in the North Center (14 months). This duration is lowest in the Oriental and Center regions at 12.5 months and 13.3 months respectively. The mothers' lack of information and knowledge on breastfeeding, separation of new born babies from the mother at maternity clinics, prescription of artificial milk to the children by the doctors, and the advertising of artificial milk are all factors that lead to the low duration of breast feeding by mothers in Morocco.

The national data of the DHS reveal that exclusive breast feeding during the first three months of life is rarely published by mothers. Nearly all the children are breast fed exclusively at the age of 1 month (96%). Only 36.7% of children 0-1 months are exclusively breastfed, fresh milk and other liquids are introduced during the first month. New born babies who are immediately breast fed in the first hour of birth following delivery are more in the South (58.1%) than in the North Center (28.5%).

Bottle feeding of infants 0-3 months is more common in the South (39%) than in the North Center (15%). The DHS indicated that this practice of bottle feeding is common for infants 0-1 month of age. It can also be associated with the fact that some mothers are convinced that their breast milk is insufficient to cover the needs of their children, or that their breast milk is of poor quality.

Between 4 and 5 months, child feeding is characterized by bottle feeding, as well as the introduction of solid foods or porridges (26.4%) of fresh milk and other liquids. During this period in life, 8 out of 10 infants are still breast feed.

The introduction of complementary foods occurs a little later than optimal between the ages of 8.5 months in the North, and 11.5 months in the South. Complementary foods primary consist of cereals.

At the end of the first year of life, only 60% of children are still breast fed. Breast feeding decreases with age so that at 22-23 months, only 30% of children are still breast fed. Weaning occurs in a somewhat abrupt fashion, and in rural areas, occurs primarily when the mother becomes pregnant,

Based on Thiam L. *Resultats des essais des pratiques alimentaires effectues a Meknes et a Agadir (Maroc)* December 1997

## Supplement 5.10: Important Aspects of Key Informants

### What is a key informant?

- √ A person who can serve as a resource for the experiences and information the researcher seeks to study

### Why conduct a key informant interview?

- √ To gather missing information on practices and sociocultural factors that are relevant to the research topic
- √ To study available information more closely in order to improve the design of future research activities

### What are the characteristics of a key informant?

- √ He/she knows the environment well
- √ He/she is available
- √ He/she is objective
- √ He/she is well established and well accepted in the environment

# Supplement 5.11: Sample Interview Guide for Exploratory Research

## I Breastfeeding

- Where did you give birth?
- Who assisted you?
- What was your child given immediately after he/she was born?
- (list all of the foods and liquids mentioned by the key informant)
- For each food or liquid mentioned, ask the mother to give the reasons why
- When did you breastfeed the baby for the first time?
- If more than one hour, give the reasons
- What did you do with your first milk, the yellowish milk? Ask the mother to give the reasons why
- Do you feed your baby from both breasts at each feeding?  
Yes \_\_\_\_ No \_\_\_\_  
If not, which breast do you use most often?  
Left \_\_\_\_ Right \_\_\_\_  
Why do you use that breast?
- How long do you keep the child for one feeding?
- Who decides when the feeding is over?
- Do you think that the baby needs to empty each breast completely before moving on to the other and why?
- How often do you breastfeed your baby between morning and night?
- What do you feed your baby at night? Why? If breastfeeding is not mentioned, ask about it
- If so, how many times?
- If not, why not?
- Have you ever heard of expressing breast milk?  
Yes \_\_\_\_ No \_\_\_\_
- If so, how would you describe it? Have you done it?
- How is your child fed in your absence?
- Is your child given other foods or liquids in addition to breast milk?  
Yes \_\_\_\_ No \_\_\_\_
- If so, which ones and why?
- Do you give your baby water? Why or why not?

- When did you introduce water? Why?
- How often do you give the child water during the day?  
How much? How?
- Have you ever heard of breastfeeding?
- Yes \_\_\_ No \_\_\_
- What do you think of breastfeeding exclusively?
- Are there circumstances under which children are not breastfed?  
Yes \_\_\_ No \_\_\_
- If so, which circumstances and why?
- In your opinion, at what age should a child be given his/her first foods?
- How old was your child when you began to give him/her food?
- Which foods?
- If you feed your child porridge, what do you make it with?
- How many times a day do you give your child porridge? How much?  
\_\_\_ times Quantity \_\_\_\_\_
- What is the consistency of the porridge you give your child?  
Liquid? \_\_\_ Semi-liquid? \_\_\_ Thick? \_\_\_
- Is the child given other foods in addition to breast milk and porridge?  
Yes \_\_\_ No \_\_\_
- If so, what is he/she given? (If the mother mentions the family meal, ask the following questions)
- How old was the child when he/she began to eat it?
- How are these foods prepared?
- How are they given to the child?
- In what form?
- How much?
- How many times a day? \_\_\_\_\_ times/day
- Which ingredients does the child eat from the family meal (vegetables, fish, meat, etc )?
- Who feeds the child?
- Does the child have his/her own bowl?  
Yes \_\_\_ No \_\_\_
- Does the child get snacks between the family's meals?  
Yes \_\_\_ No \_\_\_  
If so, what kinds of snacks does he/she get, and how many times a day?

## II Feeding the Sick Child

- Does the child's appetite change when he/she is sick?

Yes \_\_\_\_ No \_\_\_\_

- If so, how is he/she fed?
- How do you breastfeed your child when he/she is sick? Why?
- Are there some illnesses during which a child shouldn't be given certain foods?  
Yes \_\_\_\_ No \_\_\_\_
- If so, name the foods for each illness

# Supplement 5.12: Precautions to Take and Factors to Consider

## Mastering the Interview Guide

Pay careful attention to open-ended questions consider how to ask the questions and how to ask them in the right order

Think about probing as you prepare the guide, and ask questions that correlate with certain information For example

### **How do you give the child water?**

- When?
- What do you use to give the child water? A spoon? A cup?
- How often do you breastfeed? When do you wake up? How many times between morning and noon?

Be systematic but not inflexible

Study the guide thoroughly and use it

Use your active listening skills to take the opportunity to link the interviewee's response to another question that would logically come later in the interview if you followed the guide

## Key Principles of Communication

Establish relaxed and natural contact

Make an appropriate introduction to avoid any ambiguity

Restate questions differently if the interviewee doesn't understand the original phrasing

Begin by congratulating the mother on what she is doing before you give advice

### **Don't**

- Adopt an attitude of evaluating, judging or approving the interviewee
- Take an action-oriented attitude

### **Do**

- Adopt a 'questioning' attitude to learn more and to gather additional data to check or to pursue the interview
- Convey an attitude of reassuring support
- Adopt an understanding attitude this translates to a genuine effort to step into the interviewee's shoes, to see the problem from his/her perspective, and to understand what he/she is saying and reflect it back to him/her

## **Relevance of Information Gathered**

Select interviewees with care

The intent of consultative research is clear. Seek out genuine opinions rather than responses that are calculated to support your research hypothesis. There are no wrong answers. Information is considered relevant if it serves your research objective.

The interviewer's presence can influence the responses. Your way of introducing yourself will have important consequences for the rest of the interview.

Responses to very open-ended questions can be difficult to analyze.

Write down as much information as possible without losing the flow of the conversation. Make verbatim notes to capture the other person's way of expressing him/herself.

Review your notes the same day and add words, expressions and information that were not recorded during the interview.

**The key tools for gathering relevant information are**

- the guide
- note-taking

**Useful techniques**

- consistent active listening
- probing
- restating

## Supplement 5.13: Example of a Counseling Guide

Age group 0-1 month

Ideal feeding pattern Exclusive breastfeeding

**Problem #1** Mother not breastfeeding exclusively, child is given water, other liquids or food

### Recommendations

- 1 1 Stop giving water, other liquids and food
- 1 2 Reduce the quantity of water, other liquids and food given to child
- 1 3 Reduce frequency of water, other liquids and food
- 1 4 Breastfeed more frequently (at least 8 times per 24-hour day)

### Arguments to motivate mother

- Breast milk protects the child against illnesses such as diarrhea
- Breast milk alone promotes balanced, healthy growth
- Breastfeeding strengthens the bond between mother and child
- Early introduction of other foods or liquids can give the child certain illnesses
- Breast milk meets all the child's needs to the age of four months Breast milk involves no preparation or expense

**Problem #2** Mother did not begin breastfeeding at birth and is giving other liquids

### Recommendations

- 2 1 Breastfeed the child immediately after birth
- 2 2 Stop giving other liquids
- 2 3 Breastfeed frequently

### Arguments to motivate the mother

- Accelerates delivery
- Reduces delivery-related bleeding
- Stimulates production of milk

### **Problem #3 Mother is expressing and discarding colostrum and giving other liquids**

#### **Recommendations**

- 3 1 Feed colostrum to the child
- 3 2 Continue to feed colostrum until milk comes in—the colostrum is the child's “first vaccination”

#### **Arguments to motivate the mother**

- Nourishes the child
- Cleanses the child's digestive tract

### **Problem #4 Short breastfeeding sessions**

#### **Recommendations**

- 4 1 Allow the child to feed for as long as possible
- 4 2 Empty one breast before moving to the other one
- 4 3 Find a position that is comfortable for both mother and child

#### **Arguments to motivate the mother**

- Prevents engorgement
- The longer the feed, the richer the milk
- Promotes balanced, healthy growth
- The child sleeps well
- Feeding period is longer, and the child feels full longer

### **Problem #5 Mother is breastfeeding child less than 8 times a day**

#### **Recommendations**

- 5 1 Increase frequency of breastfeeding to 8 times per 24-hour day

#### **Arguments to motivate the mother**

- Maintains milk production
- Promotes healthy growth
- Ensures good milk production
- Prevents breast engorgement
- Strengthens bond between mother and child

## **Problem #6 Child is fed from a bottle**

### **Recommendations**

6 1 Stop giving water, other liquids or food from a bottle

### **Arguments to motivate the mother**

- Bottles can be a source of microbial contamination and thus can give the child diarrhea
- Bottles are difficult to sterilize

## **Problem #7 Child does not breastfeed enough in event of illness or other problem**

### **Recommendations**

7 1 Breastfeed more frequently than usual

7 2 Encourage and help the child to breastfeed

7 3 Express milk and give it to the child from a spoon or cup if the child cannot breastfeed

### **Arguments to motivate the mother**

- The child gets well faster
- Prevents the child from losing weight
- Reduces health care costs
- Easy to digest
- Is most appropriate for a sick child

## **Problem #8 Mother not breastfeeding sick child frequently enough**

### **Recommendations**

8 1 Continue breastfeeding during illness

### **Arguments to motivate the mother**

- The child gets well faster
- Prevents the child from losing weight
- Reduces health care costs
- Easy to digest
- Is most appropriate for a sick child

## Age group: 2-4 months

### Ideal feeding pattern Exclusive breastfeeding

#### Problem #1 Mother not breastfeeding exclusively, child is given water, other liquids or food

##### Recommendations

- 1 1 Stop giving water, other liquids and food
- 1 2 Reduce the quantity of water, other liquids and food given to child
- 1 3 Reduce frequency of water, other liquids and food
- 1 4 Breastfeed more frequently (at least 8 times per 24-hour day)

##### Arguments to motivate the mother

- Breast milk contains enough water for the child
- Breast milk is the right food for the child
- Breast milk is available at all times and doesn't cost anything
- Breast milk can be expressed and stored for six hours at room temperature
- Breast milk protects the child against illnesses such as diarrhea
- Breast milk alone promotes balanced, healthy growth
- Breastfeeding strengthens the bond between mother and child
- Early introduction of other foods or liquids can give the child certain illnesses

#### Problem #2 Mother is breastfeeding child less than 8 times a day

##### Recommendations

- 2 1 Increase frequency of breastfeeding to 8 times per 24-hour day

##### Arguments to motivate the mother

- If you breastfeed often, you will have a lot of milk, and the child's growth will be healthy
- The child will feel more satisfied
- Strengthens emotional bond between mother and child
- Maintains milk production

### **Problem #3 Short breastfeeding sessions**

#### **Recommendations**

- 3 1 Breastfeed until both breasts are empty
- 3 2 Allow the child to feed for as long as possible
- 3 3 Find a position that is comfortable for both mother and child

#### **Arguments to motivate the mother**

- The longer the feed, the higher the fat content of the milk
- Promotes the child's growth and mental development
- Increases the amount of breast milk the child receives
- The child feels full longer
- Feeding period is longer

### **Problem #4 Mother is giving foods other than breast milk (porridge, lemon, monkey bread) during illnesses**

#### **Recommendations**

- 4 1 Breastfeed more frequently than usual
- 4 2 Avoid giving the child other foods

#### **Arguments to motivate the mother**

- Breast milk protects the child against certain infections
- Introducing food other than breast milk can make the illness worse
- Breast milk is clean and does not contain microorganisms

### **Problem #5 Child is given water and fed from a bottle**

#### **Recommendations**

- 5 1 Stop giving water, other liquids or food from a bottle

#### **Arguments to motivate the mother**

- Bottles can be a source of microbial contamination and can give the child diarrhea
- Bottles are difficult to sterilize

## Age Group 5-8 months

**Ideal feeding practice** Continue breastfeeding and begin complementary feeding

**Problem #1** Child's porridge is poor in energy content (<65kcal/100ml) and/or nutritive value

### Recommendations

1 1 Add grains to porridge cow's butter, peanut butter, palm oil, peanut oil, egg yolk, fish meal, sugar and milk

1 2 Set aside a portion of the family meal (mashed vegetables, fish, meat, and rice)

### Arguments to motivate the mother

—The child will grow better

—The child will be stronger and more resistant

—The child will be sick less often

—The family meal is readily available

**Problem #2** Child is not given any foods other than breast milk

### Recommendations

2 1 Give the child other foods such as enriched porridge, *laxu-caxan*, *daxin*, mashed fruits or vegetables, or mashed cooked egg yolks

2 2 Set aside a portion of the family meal (mashed vegetables, fish, meat, and rice)

### Arguments to motivate the mother

—Breast milk is no longer adequate at this age

—Helps the child become accustomed to new tastes

—Prepares the child for the family diet

—Gives the child the food he/she needs at this age

—Gives the mother more freedom

—The child can eat mashed foods at this age

### **Problem #3 Child is not given enough porridge (less than 100 ml per meal)**

#### **Recommendations**

- 3 1 Increase quantity of porridge
- 3 2 Give porridge more often
- 3 3 Diversify the child's diet by introducing other foods such as *laxu-caxan*, *daxin* and mashed fruits

#### **Arguments to motivate the mother**

- Helps the child grow better
- The child will feel more satisfied
- Gives the child the necessary amount of food for his/her age

### **Problem #4 Child is given thin porridge**

#### **Recommendations**

- 4 1 Thicken porridge with flour
- 4 2 Enrich porridge with fats and other ingredients such as peanut butter or powder, fish meal, meat, sugar or milk
- 4 3 Set aside a portion of the family meal (mashed vegetables, fish, meat, and rice)

#### **Arguments to motivate the mother**

- Helps the child grow better
- The child will feel more satisfied
- Makes child stronger

### **Problem #5 Child is not getting vegetables**

#### **Recommendations**

- 5 1 Give seasonally available mashed vegetables (carrots, turnip, eggplant, potato, sorrel, okra, etc )

#### **Arguments to motivate the mother**

- Makes the child stronger
- The child will be sick less often
- Requires no additional expense since these foods are already included in the family meal

## **Problem #6 Mother breastfeeds less frequently when child has diarrhea**

### **Recommendations**

6 1 Breastfeed more frequently than usual

### **Arguments to motivate the mother**

—The milk replaces what the child is losing to the diarrhea

—The child will be more resistant and less fatigued by the diarrhea

—The child will get well faster

## **Problem #7 Child is given water and fed from a bottle**

### **Recommendations**

7 1 Stop giving water, other liquids or food from a bottle

### **Arguments to motivate the mother**

—Bottles can be a source of microbial contamination and can give the child diarrhea

—Bottles are difficult to sterilize

## **Problem #8 Mother does not know how much food child consumes because he/she eats from a collective bowl**

### **Recommendations**

8 1 Feed the child from his/her own bowl

8 2 Help the child eat, children cannot eat as quickly as adults

### **Arguments to motivate the mother**

—Lets the mother know whether the child is getting enough to eat

—Helps to increase the child's ration, even if there are economic difficulties or constraints

—Lets the mother know if the child is not well (if he/she eats less than usual)

—Prevents the child from playing with food

**Problem #9 Eggs, curdled milk, meat and fish are forbidden when child has measles**

**Recommendations**

9 1 Give the child all of the foods he/she needs for healthy growth

9 2 Give substitutes with the same nutritional value that are not forbidden, such as cowpeas, chicken, *laxu-caxan*, egg, meat, fish and/or curdled milk

**Arguments to motivate the mother**

—A child with measles who doesn't eat these foods is less likely to survive

**Age group 9-11 months**

**Ideal feeding pattern Frequent breastfeeding complemented by nutritious soft foods and mashed foods from the family meal.**

**Problem #1 Child is given thin porridge**

**Recommendations**

1 1 Thicken porridge with flour

1 2 Enrich porridge by adding oil, peanut powder or butter, sugar, milk, cow's butter, egg yolk, or fish meal

1 3 Set aside a portion of the family meal (mashed vegetables, fish, meat, and rice)

**Arguments to motivate the mother**

—Thick porridge helps the child gain weight

—Enriched porridge promotes healthy growth

—The child will be stronger

—The child feels full longer

## **Problem #2 Child does not get all of the ingredients from the family meal**

### **Recommendations**

2 1 Give the child the various ingredients from the family meal (mashed fish, vegetables, rice) at each meal

### **Arguments to motivate the mother**

- Promotes healthy growth
- The child will be stronger
- The child will feel more satisfied, and the mother will have more time for her tasks

## **Problem #3 Child is not getting enough food (less than 250 ml per meal)**

### **Recommendations**

3 1 Increase quantity of food given to the child at each meal

3 2 Give the child at least one more meal or snack (fruit, fritters, bread, *akara*, biscuits) per day

3 3 Encourage the child to eat more food than usual

### **Arguments to motivate the mother**

- Promotes healthy growth
- The child will be stronger
- The child feels full longer
- The child will feel more satisfied, and the mother will have more time for her tasks

## **Problem #4 Mother does not know how much food child consumes because he/she eats from a collective bowl**

### **Recommendations**

4 1 Feed the child from his/her own bowl

4 2 Help the child eat, children cannot eat as quickly as adults

### **Arguments to motivate the mother**

- Lets the mother know whether the child is getting enough to eat
- Helps to increase the child's ration, even if there are economic difficulties
- Lets the mother know if the child is not well (if he/she eats less than usual)
- Prevents the child from playing with food

## **Problem #5 Child's food is not varied or nutritious enough**

### **Recommendations**

5 1 Diversify the child's diet by giving thick millet or rice porridge enriched with peanut butter or powder, oil, sugar, cowpeas (mashed to porridge consistency), *laxu-caxan*, fruit, *daxin*, *akara*

5 2 Set aside a portion of the family meal (mashed fish, meat, vegetables and rice)

### **Arguments to motivate the mother**

- The child will grow better
- The child will be stronger
- The child will be sick less often
- The family meal is readily available

## **Problem #6 Sick child not encouraged to eat**

### **Recommendations**

6 1 Prepare special meals that the child likes

6 2 Be patient when you feed the child

6 3 Avoid giving the child too much to eat

6 4 Give the child small quantities frequently

### **Arguments to motivate the mother**

- Food gives the child more strength to fight the illness
- Overfeeding can result in death
- Food helps the child to get well quickly
- With patience, the child will get well quickly, and his/her appetite will return

## **Problem #7 Some foods are forbidden for sick children**

### **Recommendations**

7 1 Continue to feed more than usual

7 2 If the child has diarrhea and millet porridge is forbidden, replace it with rice porridge enriched with peanut butter or powder, oil, sugar, cowpeas (mashed to porridge consistency), rice

7 3 If the child has measles and certain foods are forbidden, give other substantial and nutritious foods

### **Arguments to motivate the mother**

- A sick child needs a rich and varied diet
- A child with measles needs a greater variety of foods
- Eliminating nutritious foods such as fish or meat when a child has measles can lead to severe malnutrition

**Problem #8 Child is given water, other liquids or food from a bottle**

**Recommendations**

8 1 Stop giving water, other liquids or food from a bottle

8 2 Use a cup to give the child water, other liquids or food

**Arguments to motivate the mother**

—Prevents the child from getting diseases such as diarrhea

**Age group: 12-17 months**

**Ideal feeding pattern Breastfeeding complemented by the family meal and snacks (child should be given at least five meals a day, including the family meal and snacks)**

**Problem #1 Mother does not know how much food child consumes from the family meal because he/she eats from the collective bowl**

**Recommendations**

1 1 Serve the child in his/her own bowl

2 2 Watch the child eat

**Arguments to motivate the mother**

—The child can eat as much as he/she needs at his/her own pace

—The child benefits from all the vitamins contained in the family meal

—A well-nourished child grows normally

—The mother can be sure that the child has eaten as much as he/she needs to grow better

## **Problem #2 Mother says she plans to stop breastfeeding**

### **Recommendations**

2 1 Continue to breastfeed the child until he/she is 24 months old

### **Arguments to motivate the mother**

- The child will be sick less often
- Breast milk is an important component of the child's diet

## **Problem #3 Mother says she plans to stop breastfeeding suddenly**

### **Recommendations**

3 1 Gradually reduce the number of breastfeeding sessions

3 2 Gradually increase the quantities of other foods

3 3 Vary the child's diet

### **Arguments to motivate the mother**

- It will be easier for the child to get used to being weaned
- Other foods will gradually replace breast milk and prevent severe malnutrition

## **Problem #4 Child is not getting enriched porridge**

### **Recommendations**

4 1 Enrich porridge by adding oil, peanut butter, egg yolk, soy flour, peanut powder, fish meal, sugar and milk

4 2 Give the child thick porridge

4 3 Give the child a portion of the family meal, including all of the ingredients (fish, rice, vegetables) instead of porridge

### **Arguments to motivate the mother**

- Promotes healthy growth
- Stimulates the appetite and makes the child happy and beautiful

## **Problem #5 Child is getting fewer than five meals a day**

### **Recommendations**

- 5 1 Give at least three meals a day plus two snacks
- 5 2 Increase the current number of meals per day by at least one
- 5 3 Increase the quantity given to the child at each meal (in some cases, the mother can't make another meal and the child will be hungry)

### **Arguments to motivate the mother**

- Promotes healthy growth
- Children have small stomachs and need to eat more often

## **Problem #6 Child is not getting enough food when he/she is sick**

### **Recommendations**

- 6 1 Increase frequency of meals
- 6 2 Vary the child's diet
- 6 3 Give the child foods that he/she likes
- 6 4 Encourage the child to eat

### **Arguments to motivate the mother**

- The child needs to eat better (quantity and quality) to tolerate the illness
- Stimulates the appetite

## **Problem #7 Mother withholds certain foods during certain illnesses**

### **Recommendations**

- 7 1 Continue feeding as usual
- 7 2 Depending on the illness, give other foods in the same category (For example, if the child has diarrhea, replace millet porridge with rice porridge)

### **Arguments to motivate the mother**

- Allows the child to recover quickly
- Helps the child tolerate the illness better

### **Problem #8 Child is not getting any fruit**

#### **Recommendations**

9 1 Give the child fruit

#### **Argument to motivate the mother**

—The child will be sick less often

### **Problem #9 Child is given a non-nutritious breakfast**

#### **Recommendations**

9 1 Replace tea and bread with milk and bread at breakfast

9 2 Give thick millet or rice porridge enriched with peanut butter or powder, sugar, milk, oil, or cowpeas (mashed to porridge consistency)

#### **Arguments to motivate the mother**

The child will feel full faster and will grow better

The child will be more resistant to disease

**Age group: 18-24 months**

**Ideal feeding pattern** Breastfeeding complemented by the family meal and snacks (child should be given at least five meals a day, including the family meal and snacks).

### **Problem #1 Mother says she plans to stop breastfeeding**

#### **Recommendations**

1 1 Continue to breastfeed the child until he/she is 24 months old

#### **Arguments to motivate the mother**

—The child will be sick less often

—Breast milk is an important component of the child's diet and promotes health

## **Problem #2 Mother says she plans to stop breastfeeding suddenly**

### **Recommendations**

2 1 Gradually reduce breastfeeding

### **Arguments to motivate the mother**

—Sudden elimination of breastfeeding

\*\*exposes the child to malnutrition and disease,

\*\*exposes the child to psychological problems and impedes psychomotor development

—Gradual elimination of breastfeeding allows the child to become accustomed to other foods and to the family diet

—Continuing breastfeeding as long as possible makes the child better prepared for weaning

## **Problem #3 Child does not get foods from family meals**

### **Recommendations**

3 1 Gradually introduce foods from the family meal to the child's diet

### **Arguments to motivate the mother**

—Introducing foods from the family meal accustoms the child to the foods consumed by the family

—Supplementing breast milk with food from the family meal gives the child the nutrients he needs to grow

## **Problem #4 Mother does not know how much food child consumes from the family meal because he/she eats from the collective bowl**

### **Recommendations**

4 1 Feed the child from his/her own bowl

### **Arguments to motivate the mother**

—Serving the child in his/her own bowl enables the mother to monitor the quantity and type of food the child is eating

—Serving the child in his/her own bowl allows the child to taste new foods

## **Problem #5 Child gets fewer than five meals a day**

### **Recommendations**

- 5 1 Give at least three meals a day plus two snacks
- 5 2 Increase the current number of meals per day by at least one
- 5 3 Increase the quantity given to the child at each meal (in some cases, the mother can't make another meal and the child will be hungry)

### **Arguments to motivate the mother**

- Promotes healthy growth
- Children have small stomachs and need to eat more often

## **Problem #6 Child is not getting enough food (less than 250 ml per meal)**

### **Recommendations**

- 6 1 Increase quantity of food given to the child at each meal
- 6 2 Give the child at least one more meal or snack (fruit, fritters, bread, *akara*, biscuits) per day
- 6 3 Encourage the child to eat more foods

### **Arguments to motivate the mother**

- Promotes healthy growth
- The child will be stronger
- The child feels full longer
- The child will feel more satisfied, and the mother will have more time for her tasks

## **Problem #7 Some foods are forbidden for sick children**

### **Recommendations**

- 7 1 Continue to feed the child when he/she is ill

### **Arguments to motivate the mother**

- Eliminating or restricting foods
  - \*\*makes the sick child weaker,
  - \*\*makes the illness worse,
  - \*\*makes the child more likely to contract other diseases
- Feeding your child properly during an illness allows him/her to recover his/her strength and get well quickly

## **Problem #8 Child doesn't want to eat**

### **Recommendations**

- 8 1 Give the child small quantities of food frequently
- 8 2 Prepare special foods that the child likes
- 8 3 Give the child a variety of foods enriched with oil, eggs, ground peanuts, fish, vegetables, meat
- 8 4 Be patient when feeding the child
- 8 5 Avoid giving the child too much to eat

### **Arguments to motivate the mother**

- Food will make the child stronger and better able resist disease
- Food helps the child to get well quickly
- With patience, the child will get well quickly, and his/her appetite will return
- Overfeeding can result in death

## **Problem #9 Child is not getting any fruit**

### **Recommendations**

- 9 1 Give the child fruit

### **Argument to motivate the mother**

- The child will be sick less often

## **Problem #10 Child is not getting enriched porridge**

### **Recommendations**

- 10 1 Enrich porridge by adding oil, peanut butter, egg yolk, soy flour, peanut powder, fish meal, sugar and milk
- 10 2 Give the child thick porridge
- 10 3 Give the child a serving of the family meal, including all of the ingredients (fish, rice, vegetables) instead of porridge

### **Arguments to motivate the mother**

- Promotes healthy growth
- Stimulates the appetite and makes the child happy and beautiful

### **Problem #11 Child gets fewer than five meals a day**

#### **Recommendations**

- 11 1 Give at least three meals a day plus two snacks
- 11 2 Increase the current number of meals per day by at least one
- 11 3 Increase the quantity given to the child at each meal (in some cases, the mother can't make another meal and the child will be hungry)

#### **Arguments to motivate the mother**

- Promotes healthy growth
- Children have small stomachs and need to eat more often

### **Problem #12 Child is given thin porridge**

#### **Recommendations**

- 12 1 Thicken porridge with flour
- 12 2 Enrich porridge with oil, peanut powder or butter, sugar, milk, cow's butter, egg yolk, or fish meal
- 12 3 Set aside a portion of the family meal (mashed vegetables, fish, meat, and rice)

#### **Arguments to motivate the mother**

- Thick porridge will help the child gain weight
- Enriched porridge promotes healthy growth
- The child will be stronger
- The child feels full longer

### **Problem #13 Child is not getting vegetables**

#### **Recommendations**

- 13 1 Give seasonally available mashed vegetables (carrots, turnip, eggplant, potato, sorrel, okra)

#### **Arguments to motivate the mother**

- Makes the child stronger
- The child will be sick less often
- Requires no additional expense since these foods are already included in the family meal

## Supplement 5.14: Steps for Writing a Counseling Guide

- 1 Review existing information, including
  - experiences of previous nutrition programs in promoting certain feeding practices or foods,
  - additional information gathered through exploratory research,
  - information about local food preparation methods, food availability and nutrient values
- 2 Sort the information by appropriate age groups
- 3 Briefly list the ideal feeding practices for the first age group, based on local norms (Ministry of Health) or other reference materials such as UNICEF's *Facts for Life*
- 4 Use the data gathered to list all of the feeding problems identified for that age group
- 5 If many problems are identified, choose the most important ones to focus on Focus on practices that are
  - common in the population,
  - likely to have a significant negative impact on nutrition, and
  - could be improved using resources available to the family
- 6 For each problem selected, suggest realistic recommendations that help mothers take small steps that move them toward the ideal behavior These recommendations should be as specific as possible
- 7 Try to identify
  - positive feeding behaviors that are practiced in some households and could be recommended in others,
  - locally available foods that can be fed to children to improve their diets
- 8 Leave space on the guide for additional recommendations identified during TIPs
- 9 Explore all practical options that lead to the desired nutritional benefit In many cases, there is more than one option for improving feeding practices For example, to increase energy consumption, children can eat more frequently, consume larger portions, or eat foods that are enriched by adding ingredients or reducing water content
- 10 Repeat the process for each age group

- 11 Be sure to include recommendations for special categories of children, such as children who are experiencing illness or poor appetite
- 12 Once the list of recommendations is complete, review it with the team's nutritionist to be sure that, if followed, the recommendations will have a positive impact on children's diets and the problems being addressed
- 13 Number the recommendations for each age group

## Supplement 5.15: Energy and Other Nutrient Requirements by Age

	0-5 months	6-8 months	9-11 months	12-18 months	12-24 months
<b>Energy*</b>					
Projected average weight* (kg)	6	8	9	11	12
Recommended energy intake					
—kcal/kg/day	110	95	100	105	105
—kcal/day	600	800	900	1145	1270
<b>Nutrients**</b>					
Proteins (g/day)	9 1	9 1	9 6	10 9	10 9
Vitamin A ( $\mu\text{g RE/day}$ )	350	350	350	350	350
Iodine ( $\mu\text{g/day}$ )	55	60	60	70	70
Zinc (mg/day)	4	5	5	65	65
Iron (mg/day)					
— medium bioavailability	11	11	11	6	6
— high bioavailability	7	7	7	4	4

\*Average weight for each age range at the midpoint

\*\*Based on the FAO/WHO/UNU Technical Report on energy and protein requirements 1985

\*\*\* Based on Dietary Reference Values for the United Kingdom cited in Brown et al Complementary Feeding in Developing Countries A State-of-the-Art Review, 1996

# Module 6

Using Trials of Improved Practices  
(TIPs) to Adapt the Feeding  
Recommendations of the IMCI to a  
Local Context

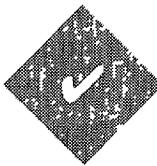
Total time required  
22 hours or approximately 3 days



## Overview of the Four Sessions in Module 6



4 hours, 30 minutes



### Session 1: Preparing for Trials of Improved Child Feeding Practices

#### Instructional Objectives

At the end of Session 1, the participants should be able to

- ✓ List the various steps in the TIPs method
- ✓ Summarize the primary considerations in conducting TIPs in the field
- ✓ Name the primary precautions that should be taken in selecting sites
- ✓ Explain the correct approach for selecting children to participate in TIPs
- ✓ Give the number of household visits and the procedures for each visit
- ✓ Name the factors to consider in developing a visit implementation plan
- ✓ Identify the precautions that should be taken in assembling a field team

### Session 2: Initial Visit

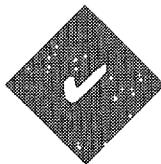
#### Instructional Objectives

At the end of Session 2, the participants should be able to

- ✓ Use the interview guide for the initial visit
- ✓ Use the 24-hour recall and food frequency forms
- ✓ Name at least two key steps in preparing for the initial visit
- ✓ Gather information on family diet and feeding practices during the initial visit
- ✓ Perform a qualitative child diet analysis
- ✓ Identify primary child feeding problems based on the diet analysis
- ✓ Identify key factors that can contribute to the success of an initial visit in the field



5 hours, 30 minutes



### Session 3: Counseling Visit

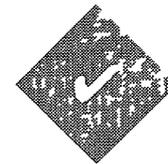
#### Instructional Objectives

At the end of Session 3, the participants should be able to

- √ Use the interview guide for the counseling visit
- √ Revise the counseling guide as necessary by developing specific recommendations for each age group
- √ Name at least two steps in preparing for the counseling visit
- √ Use the correct approach in discussing and negotiating specific recommendations with mothers during the counseling visit
- √ Explain the motivations and constraints affecting mothers' willingness to try the recommendations after the counseling visit
- √ Correctly complete the forms for summarizing data collected during visits 1 and 2
- √ Identify key factors that can contribute to the success of a counseling visit in the field



6 hours



### Session 4: Follow-up Visit

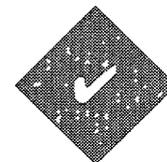
#### Instructional Objectives

At the end of Session 4, the participants should be able to

- √ Use the interview guide for the follow-up visit
- √ Name at least two steps in preparing for the follow-up visit
- √ Talk with mothers and determine why practices have changed since the counseling visit
- √ Explain the motivations and constraints affecting mothers' willingness to try the recommendations after the counseling visit
- √ Correctly complete the forms for tabulating the results of the follow-up visit
- √ Identify key factors that can contribute to the success of a follow-up visit in the field



6 hours



## Session 1: Preparing for Trials of Improved Child Feeding Practices

⌚ 4 hours, 30 minutes

### Part 1 Primary Considerations in Conducting Trials of Improved Practices in The Field

⌚ 45 minutes

#### Instructional Objectives for Part 1

- √ List the various steps in the TIPs method
- √ Summarize the primary considerations in conducting TIPs in the field

#### Activity 1 Plenary discussion on the value of trials of improved practices

⌚ 15 minutes

Equipment flip chart

- 1) The instructor introduces Session 1 by reminding the participants of the value of the TIPs method in adapting the IMCI Feeding Recommendation Tables
- 2) Selected participants recall the objectives of the TIPs method and its primary advantages
- 3) The instructor corrects and supplements the responses as necessary, pointing out that
  - Visit 1 is used to identify specific feeding problems
  - Visit 2 is used to negotiate trial feeding practices
  - Visit 3 is used to assess which of the practices tried are applicable, feasible and acceptable

#### Instructor's Tip

This is an interactive session, with the instructor noting the various responses on the flip chart. This activity allows the

instructor to review the TIPs (see Module 3) and to remind the participants of the seminar's primary goal equipping the participants with skills in the area of adapting the IMCI Feeding Recommendation Tables to the local environment

### Background document

*Designing by Dialogue* Chapter 6 pages 6 1-2 on the objectives of the TIPs

### Activity 2 Presentation on tasks involved in preparing and implementing TIPs

⌚ 30 minutes

Equipment/Materials overhead projector, document to be distributed

- 1) The instructor stresses the importance of having a checklist of tasks to be completed
- 2) Using the overhead projector, the instructor presents a table summarizing the various tasks involved in preparing and implementing TIPs and using the results
- 3) At the end of the presentation, the instructor takes questions and then concludes the activity by distributing the "Summary of Preparatory Tasks for TIPs" (Supplement 6 1)

### Background document

Summary of Preparatory Tasks for TIPs

## Part 2: Understanding How to Select Sites and Recruit Households

⌚ 45 minutes

### Instructional Objectives for Part 2

- √ Name the primary precautions that should be taken in selecting sites
- √ Explain the correct approach for selecting children to participate in TIPs

### Activity Presentation on selecting sites and recruiting children to implement TIPs

⌚ 45 minutes

Equipment flip chart and overhead projector

- 1) The instructor begins by noting that TIPs are conducted at the minimum number of sites needed to represent the diversity of feeding practices affecting targeted children in the region under consideration
- 2) The instructor then introduces a brainstorming exercise with the question, “What factors can influence feeding practices?” He/she notes the responses on the flip chart and supplements them with a transparency on sample selection (Supplement 6 2)
- 3) He/she introduces a second brainstorming exercise by raising the question, “What are the criteria used to recruit children?” He/she notes the responses on the flip chart and supplements them by pointing out that children are selected based on
  - The age groupings selected (during the process of identifying feeding problems in the region under consideration, covered in Module 5),
  - Ethnic diversity
  - The child’s condition (healthy, normal weight for age, mal-nourished, sick)
  - The household’s environmental and socio-economic level
- 4) The instructor concludes the activity by presenting a number of recommendations using Supplement 6 3

#### Background documents

For recommendations on selecting children and households *Designing by Dialogue* Chapter 6 pages 6 11-12,

For a sample household recruitment sheet *Designing by Dialogue* Appendix B pages B 2-7

## Part 3: Designing a Work Schedule for Trials of Improved Practices in The Field

⌚ 3 hours

### Instructional Objectives for Part 3

- √ Give the number of household visits and the procedures for each visit
- √ Name the factors to consider in developing a visit implementation plan
- √ Identify the precautions that should be taken in assembling a field team

### Activity 1 Presentation on the content of the three visits and the supplements used for each visit

⌚ 1 hour

Equipment Visit forms

- 1) The instructor presents the purpose of the initial visit and the tasks involved (Supplement 6 4) He/she distributes the forms to be completed during visit 1 and the form to be completed after the visit (Supplement 6 5) and answers any questions the participants may have as they familiarize themselves with the documents
  - The interview guide and instructions for conducting the feeding interview and observation
  - The 24-hour dietary recall form
  - The food frequency table
  - The food availability form
  - The diet analysis form
- 2) The instructor then presents the purpose of the counseling visit and the tasks involved (Supplement 6 6) He/she distributes the form to be completed during visit 2 (Supplement 6 7), along with the results analysis table that will be completed after the visit (Supplement 6 8), and answers any questions the participants may have as they familiarize themselves with the documents

3) The instructor concludes the presentation by discussing the purpose of the follow-up visit and the tasks involved (Supplement 6 9). He/she distributes the forms to be completed during visit 3 (Supplement 6 10), along with the results analysis table to be completed after the visit (Supplement 6 11), and answers any questions the participants may have as they familiarize themselves with the forms.

- Dietary assessment
- Questionnaire on recommendations tried
- Diet analysis

### **Activity 2 Small-group discussion on factors to consider in scheduling the visits and assembling the team**

⌚ 1 hour

Equipment flip chart

- 1) The instructor divides the participants into small groups and asks them to draw up a schedule for conducting the three visits in twelve households over two weeks, with a team composed of three members and a supervisor.
- 2) He/she gives them 30 minutes to work and then asks them to make sure that they
  - Specify the supervisor's role
  - List the precautions that should be taken in designing a field plan

#### **Instructor's Tip**

Even if the sites have already been prepared in advance of the seminar, the participants should nonetheless be exposed to the factors that need to be considered in designing a field work schedule.

### Activity 3 Presentation on the primary factors to consider in scheduling visits and assembling a team

⌚ 1 hour

Equipment flip chart and overhead projector

- 1) The instructor asks the groups to hand in the results of their work
- 2) He/she displays a sample schedule (Supplement 6 12) on the overhead projector and reviews the precautions that should be taken in designing a TIPs work schedule (Supplement 6 13)
- 3) The instructor also reviews the supervisor's responsibilities
  - Hold a meeting the day before the visits to review correct use of forms,
  - Accompany the interviewers in the field and ensure that they are well received in the households,
  - Analyze the results of each visit with the interviewers,
  - Ensure that the forms are correctly completed and if necessary ask the interviewer to see the mother again to complete them,
  - Encourage the interviewers and advise them on improving their performance
- 4) The instructor then spends 15 minutes covering information on the applicability of TIPs, on scheduling visits, on assembling teams and on assigning supervisors
- 5) At the end of his/her presentation, the instructor responds to the questions and comments of the participants

#### Background document

*Designing by Dialogue*, Chapter 6 pages 6 12-14 and Attachment 6 2  
"Sample Research Plan for Qualitative Research Infant Feeding in Osun and Oyo State Nigeria" page 6 35 and following

## Session 2: Initial Visit

⌚ 5 hours, 30 minutes

### Part 1 Preparing and Conducting the Initial Visit

⌚ 4 hours

#### Instructional Objectives for Part 1

- √ Use the interview guide for the initial visit
- √ Use the 24-hour recall and food frequency forms
- √ Name at least two key steps in preparing for the initial visit
- √ Gather information on family diet and feeding practices during the initial visit

#### Activity 1 Discussion on the interview guide for the initial visit

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor questions the participants about the purpose of the initial visit and the tasks involved. He/she supplements their responses as necessary, using Supplement 6.4
- 2) The instructor asks the participants to divide into pairs and spend 25 minutes familiarizing themselves with the interview guide and the forms
- 3) He/she then responds to the participants' questions and comments, and reviews the precautions that should be taken during the interview (using the Supplements in Module 4)
- 4) The instructor then reviews the procedure for conducting the 24-hour dietary recall (using the Supplements in Module 4)
- 5) He/she concludes the activity by explaining the standard measuring utensils used by mothers to estimate quantities

## **Activity 2 Small-group discussion preparing for the simulation of the initial visit**

⌚ 45 minutes

Equipment working supplements for the initial visit

- 1) The instructor asks the participants to pair off to prepare for the visit 1 simulation (these groups will make up the survey teams during the actual visits) He/she stresses that the simulation will enable the participants to practice and to note potential areas of improvement, both in the interview guide and in the interview procedure itself
- 2) The groups spend 45 minutes preparing for the simulation
- 3) Each group decides how the various tasks and responsibilities will be distributed between its members, consulting the supervisor as necessary

## **Activity 3 Plenary simulation of the initial visit**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks for two volunteers to participate in a simulation of the initial visit
- 2) He/she asks the participants to comment on the way in which the simulated visit was conducted, and supplements their observations with his/her own comments
- 3) The instructor concludes the activity by presenting a list of recommendations for conducting the initial visit correctly
- 4) He/she answers any questions concerning the procedures for completing the tasks involved in the initial visit

### **Instructor's Tip**

The instructor should see to it that the following tasks have been correctly simulated

- Using the recruitment sheet to identify children and households,
- Using the interview guide to collect general information on the

household, to ask questions about the child's medical and diet history and to obtain additional information on child feeding practices using the 24-hour dietary recall and food frequency forms,

- Thanking the mother for her patience and hospitality, explaining the purpose of the upcoming counseling visit, and telling her clearly when it will take place

#### **Activity 4 Initial visit (in the field near the training site)**

⌚ 2 hours

- 1) Each team goes out to its work site
- 2) The teams complete the various tasks involved in the initial visit
- 3) The teams check carefully to be sure that all of the information collected has been recorded before they leave the site

#### **Part 2: Analyzing the Results of the Initial Visit**

⌚ 1 hour, 30 minutes

##### **Instructional Objectives for Part 2**

- √ Perform a qualitative child diet analysis
- √ Identify primary child feeding problems based on the diet analysis
- √ Identify key factors that can contribute to the success of an initial visit in the field

#### **Activity 1 Presentation on performing the tasks involved in assessing feeding practices**

⌚ 30 minutes

Equipment flip chart

- 1) The instructor begins by asking the teams to take turns reporting on their activities in the field and to share any conclusions or questions they may have

- 2) The instructor summarizes the participants' conclusions on the flip chart and draws up an inventory of lessons learned
- 3) He/she then briefly reviews child nutritional requirements (Supplement 6 14)
- 4) The instructor then presents the core tasks required to analyze the child's intake, to assess feeding practices and to review the feeding problems and revise the recommendations (Supplements 6 15 and 6 16) He/she illustrates the presentation with an example (Supplement 6 17)

## Activity 2 Small-group discussion of results

⌚ 1 hour

Equipment flip chart

- 1) The instructor asks each group to reflect on the results obtained during the visit, indicating that each group should work with the supervisor to distribute the various tasks involved in assessing feeding practices (complete the appropriate form and note the results on a sheet of flip chart paper) and in reviewing the feeding problems and revising the recommendations (note the results on a second sheet of flip chart paper)
- 2) The group members work with their supervisor to complete the form on identifying feeding problems for each child (Supplement 6 18) and record the results in a table on a third sheet of flip chart paper

Background document

*Designing by Dialogue* Appendix C "Guidelines for the Dietary Analysis during TIPs "

## Session 3: Counseling Visit

⌚ 6 hours

### Part 1 Preparing and Conducting the Counseling Visit

⌚ 5 hours

#### Instructional Objectives for Part 1

- √ Use the interview guide for the counseling visit
- √ Revise the counseling guide as necessary by developing specific recommendations for each age group
- √ Name at least two steps in preparing for the counseling visit
- √ Use the correct approach in discussing and negotiating specific recommendations with mothers during the counseling visit

#### Activity 1 Discussion on potential revisions to the counseling guide

⌚ 1 hour, 30 minutes

Equipment flip chart and overhead projector

- 1) The instructor brings the groups back into plenary session and asks them to take turns presenting their results on the flip chart
- 2) He/she then asks them to spend 30 minutes revising the counseling guide (See Module 5)
- 3) The instructor asks the participants to present their revisions (feeding problems, recommendations) As the proposed revisions are adopted or rejected by the entire group of participants, the instructor makes changes and additions to the transparencies of the original counseling guide for the age groups under consideration
- 4) The participants copy the recommendations that are suitable for child feeding practices at their site on the appropriate forms (complete the Recommendations sections of the interview guide for the counseling visit)

## **Activity 2 Discussion on the interview guide for the counseling visit**

⌚ 30 minutes

- 1) The instructor questions the participants about the purpose of the counseling visit and the tasks involved. He/she supplements their responses as necessary, using Supplement 6.6
- 2) The instructor asks the participants to divide into pairs and spend ten minutes familiarizing themselves with the interview guide (Supplement 6.7)
- 3) He/she then responds to the participants' questions and comments, and reviews the precautions that should be taken during the interview, using Supplement 6.19)

## **Activity 3 Small-group discussion preparing for the simulation of the counseling visit**

⌚ 15 minutes

Equipment working supplements for the counseling visit

- 1) The instructor asks the participants to divide into their field teams to prepare for the simulation of visit 2
- 2) The groups spend 15 minutes preparing for the simulation
- 3) Each group decides which tasks and responsibilities will be assigned to each member, consulting the supervisor as necessary

## **Activity 4 Plenary simulation of the counseling visit**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks for two volunteers to participate in a simulation of the counseling visit
- 2) He/she asks the participants to comment on the way in which the simulated visit was conducted, and supplements their observations with his/her own comments
- 3) The instructor concludes the activity by presenting a list of

principles for negotiating with mothers and reviewing the principles of active listening (Supplements 4 1-4 9)

4) He/she answers any questions concerning the procedures for completing the tasks involved in the counseling visit

#### Instructor's Tip

The instructor should see to it that the simulation has included

- Congratulating the mother for her positive practices before discussing feeding problems,
- Asking the mother if she would be willing to try something new,
- Asking the mother whether she has any ideas for improving her child's diet,
- Discussing appropriate recommendations,
- Negotiating with the mother on the practice(s) she would be willing to try over the next few days,
- Explaining that the field worker will return within the next 48 hours to ask the mother's opinion about the new practice(s)

#### Activity 5 Counseling visit

⌚ 2 hours

- 1) Each team goes out to its work site
- 2) The teams complete the various tasks involved in the counseling visit
- 3) The teams check carefully to be sure that all of the information collected has been recorded before they leave the site

## Part 2: Analyzing the Results of the Counseling Visit

⌚ 1 hour

### Instructional Objectives for Part 2

- √ Explain the motivations and constraints affecting mothers' willingness to try the recommendations after the counseling visit
- √ Correctly complete the forms for summarizing data collected during visit 2
- √ Identify key factors that can contribute to the success of a counseling visit in the field

### Activity 1 Presentation on procedures for summarizing the data collected during the counseling visit

⌚ 15 minutes

- 1) The instructor begins by asking the teams to take turns reporting on their activities in the field and to share any conclusions or questions they may have
- 2) The instructor summarizes the participants' conclusions on the flip chart and draws up an inventory of lessons learned
- 3) He/she then gives a brief presentation on the procedure for summarizing information collected during the counseling visit

### Activity 2 Small-group discussion of results

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks each group to reflect on the results obtained during the visit and to summarize the data collected (mothers' reactions and recommendations accepted) on the form (Supplement 6 8)
- 2) The group members then record the results in a table on a sheet of flip chart paper
- 3) The instructor asks the participants to present their results in a plenary session

## Session 4: Follow-up Visit

⌚ 6 hours

### Part 1: Preparing and Conducting the Follow-up Visit

⌚ 4 hours

#### Instructional Objectives for Part 1

- √ Use the interview guide for the follow-up visit
- √ Name at least two steps in preparing for the follow-up visit
- √ Talk with mothers and determine why practices have changed since the counseling visit

#### Activity 1 Discussion on the interview guide for the follow-up visit

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor questions the participants about the purpose of the follow-up visit and the tasks involved. He/she supplements their responses as necessary, using Supplement 6 9
- 2) The instructor asks the participants to divide into pairs and spend 15 minutes familiarizing themselves with the interview guide and forms (Supplement 6 10)
- 3) He/she then responds to the participants' questions and comments

#### Activity 2 Small-group discussion preparing for the simulation of the follow-up visit

⌚ 45 minutes

Equipment working supplements for the follow-up visit

- 1) The instructor asks the participants to pair off to prepare for the visit simulation
- 2) The groups spend 45 minutes preparing for the simulation

- 3) Each group decides which tasks and responsibilities will be assigned to each member, consulting the supervisor as necessary

### Activity 3 Plenary simulation of the follow-up visit

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks for two volunteers to participate in a simulation of the follow-up visit
- 2) He/she asks the participants to comment on the way in which the simulated visit was conducted, and supplements their observations with his/her own comments
- 3) The instructor concludes the activity by presenting a list of recommendations for conducting the follow-up visit correctly
- 4) He/she answers any questions concerning the procedures for completing the tasks involved in the follow-up visit

#### Instructor's Tip

The instructor should see to it that the simulation has included

- Conducting a 24-hour dietary recall using the same approach and the same format as in visit 1,
- Analyzing the dietary information and using the results of the 24-hour dietary recall to note any change since visit 1,
- Checking for any indication that the mother has added the new practices recommended and negotiated during visit 2, based on the 24-hour dietary recall,
- Assessing breastfeeding practices, feeding frequency, and the quality, quantity and consistency of foods fed to the child, based on the results of the 24-hour dietary recall,
- Identifying with the mother the practices she had agreed to try, based on the agreement made with her during visit 2,
- Asking the mother whether she has tried the practices agreed upon or not if not, discussing the reasons for her decision, if so, asking her what she liked and did not like about the new practice, and why and how she modified the new practice,

- Asking the mother about her own mother's reaction to the new practice,
- Asking the mother about the reactions of other community members to the new practice that was tried or modified,
- Asking the mother whether she is willing to continue the recommended new practice and why

#### **Activity 4 Follow-up visit**

⌚ 2 hours

- 1) Each team goes out to its work site
- 2) The teams complete the various tasks involved in the follow-up visit
- 3) The teams check carefully to be sure that all of the information collected has been recorded before they leave the site

#### **Part 2. Analyzing the Results of the Follow-up Visit**

⌚ 1 hour

##### **Instructional Objectives for Part 2**

- ✓ Explain the motivations and constraints affecting mothers' willingness to try the recommendations after the counseling visit
- ✓ Correctly complete the forms for tabulating the results of the follow-up visit
- ✓ Identify key factors that can contribute to the success of a follow-up visit in the field

### **Activity 1 Presentation on procedures for summarizing the data collected during the counseling visit**

⌚ 15 minutes

- 1) The instructor begins by asking the teams to take turns reporting on their activities in the field and to share any conclusions or questions they may have
- 2) The instructor summarizes the participants' conclusions on the flip chart and draws up an inventory of lessons learned
- 3) He/she then gives a brief presentation on the procedure for summarizing information gathered during the follow-up visit

### **Activity 2 Small-group discussion of results**

⌚ 45 minutes

Equipment flip chart

- 1) The instructor asks each group to reflect on the results obtained during the visit, indicating that each group should work with the supervisor to distribute the various tasks involved in assessing feeding practices (complete the appropriate form and note the results on a sheet of flip chart paper), the mothers' reactions, and the recommendations that were adopted (complete the appropriate form and note the results on a second sheet of flip chart paper) See Supplement 6 11
- 2) The instructor asks the participants to present their results in a plenary session

### **Activity 3 Discussion of results obtained in the district**

⌚ 1 hour

- 1) The instructor asks the participants to spend 20 minutes noting the results individually
- 2) The instructor facilitates a discussion comparing the various teams' results for feeding practices negotiated with the mother, the results of the agreements, and the mothers' and children's reactions, as well as dietary assessments, particularly as regards frequency of breastfeeding, consumption of liquid other than

breast milk, frequency of solid food, types and quantities of food given and approximate calculations of nutrient intake

- 3) The instructor concludes the discussion by asking for the participants' feeling about the impact of counseling on feeding practices. He/she reminds them that the final in-depth analysis of the results of the three visits will be performed in the next module.
- 4) The instructor asks each group to complete the TIPs Tabulation Form for each mother and site and to submit the forms to the supervisor.

# Supplements for Module 6

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<b>Supplement 6 2</b> Selecting the Sample	<b>Page 6-28</b>
<b>Supplement 6 3</b> Recommendations for the Selection of Households	<b>Page 6-29</b>
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<b>Supplement 6 10</b> Household Trials—Follow-Up Visit (3)	<b>Page 6-48</b>
<b>Supplement 6 11</b> Tabulation Form to Be Completed After Visit 3	<b>Page 6-52</b>
<b>Supplement 6 12</b> Sample Two-Week Schedule for Conducting Three-Visit Trials in Twelve Households in One Community	<b>Page 6-53</b>

<b>Supplement 6 13</b> Precautions to Take in Designing a TIPs Work Schedule	<b>Page 6-55</b>
<b>Supplement 6 14</b> Brief Review of Child Nutritional Requirements	<b>Page 6-56</b>
<b>Supplement 6 15</b> Tasks for Analysing Feeding Practices	<b>Page 6-57</b>
<b>Supplement 6 16</b> Guidelines for Selecting Recommendations to Negotiate with Mothers	<b>Page 6-59</b>
<b>Supplement 6 17</b> Specific Recommendations for Identified Feeding Practices	<b>Page 6-60</b>
<b>Supplement 6 18</b> Analysis of Diet with Supervisor (to be completed after the first visit)	<b>Page 6-61</b>
<b>Supplement 6 19</b> Precautions to Take in Conducting the Visit 2 Interview	<b>Page 6-62</b>
<b>Supplement 6 20</b> Some Ways of Negotiation with the Mother	<b>Page 6-63</b>
<b>Supplement 6 21</b> Precautions to Take during the Follow up Visit (Visit 3)	<b>Page 6-64</b>

## Supplement 6.1: Summary of Preparation Tasks for Trials of Improved Practices (TIPs)

<b>Preparation Tasks</b>	
<b>Identify the necessary data</b>	<ul style="list-style-type: none"> <li>— Identify the types of data to be gathered</li> <li>—Identify sources of data</li> <li>—Review existing information</li> <li>—Make a list of prevailing child feeding problems based on document review</li> <li>—Conduct supplemental exploratory research to collect missing information at the field level</li> <li>—Analyze data gathered during the exploratory research</li> </ul>
<b>Draft a counseling guide on behavior change recommendations</b>	<ul style="list-style-type: none"> <li>—List common feeding problems by age</li> <li>—For each problem (and age) make several realistic recommendations for improving dietary intake</li> <li>—Develop the counseling guide</li> </ul>
<b>Design the research protocol</b>	<ul style="list-style-type: none"> <li>—Determine procedures for each household visit</li> </ul>
<b>Develop interview guides</b>	<ul style="list-style-type: none"> <li>—Specify topics that require additional questioning</li> <li>—Draft dietary assessment forms</li> <li>—Draft dietary analysis forms with the help of a nutritionist</li> </ul>
<b>Set up the sampling plan for the research</b>	<ul style="list-style-type: none"> <li>—Decide how many sites need to be included in the research</li> <li>—Choose sites based on sociocultural, ecological and other criteria</li> <li>—Determine the child age groups to be selected for the TIPs</li> <li>—Decide how many children to include for each age group and each site selected</li> <li>—Recruit households</li> </ul>
<b>Draft a field plan</b>	<ul style="list-style-type: none"> <li>—Schedule field work (calendar of activities what who, with whom, and when)</li> </ul>

<b>Preparation Tasks (continued)</b>	
<b>Train the field team and pretest the guides and forms</b>	<ul style="list-style-type: none"> <li>—Training should focus on</li> <li>—Defining the objectives of the TIPs</li> <li>—Discussing the content and use of the interview guides for the three visits</li> <li>—Conducting practical exercises (thorough role-playing)</li> <li>—Pretesting the guide</li> <li>— Having the instructors make a preliminary field visit (increasing awareness, familiarization with sites, etc )</li> </ul>
<b>Implementation Tasks</b>	
<b>Recruit households</b>	<ul style="list-style-type: none"> <li>—Identify households for TIPs</li> <li>—Obtain consent</li> </ul>
<b>Conduct the initial visits (Visit 1)</b>	<ul style="list-style-type: none"> <li>—Conduct interviews, observations and assessments in selected households</li> <li>—Schedule counseling visit</li> </ul>
<b>Analyze initial data and plan specific recommendations</b>	<ul style="list-style-type: none"> <li>—Review results of initial visit</li> <li>—Identify feeding problems and plan recommendations to suggest in each household</li> <li>—Revise counseling guide as needed</li> </ul>
<b>Conduct the counseling visits (Visit 2)</b>	<ul style="list-style-type: none"> <li>—Discuss specific recommendations and negotiate with the mother to try a new practice</li> <li>—Schedule follow-up visit</li> </ul>
<b>Summarize the response to counseling</b>	<ul style="list-style-type: none"> <li>—Analyze responses what recommendations are mothers willing/not willing to try and why?</li> <li>—Explain motivations and constraints</li> </ul>
<b>Conduct the follow-up visits (Visit 3)</b>	<ul style="list-style-type: none"> <li>—Repeat 24-hour recall</li> <li>—Find out how mothers followed the suggested practices, why/why not, how they modified the advice and why, and their positive and negative reactions</li> <li>—Review and summarize information</li> </ul>

### Analysis Tasks

<b>Tabulate results of the trials</b>	<ul style="list-style-type: none"> <li>—Summarize each type of recommendation number agreed to number tried number will continue/were successful</li> <li>—Note key constraints and motivations</li> </ul>
<b>Revise child feeding recommendations</b>	<ul style="list-style-type: none"> <li>—Revise guide to include most appropriate/successful recommendations, amended according to mothers' suggestions</li> <li>—Focus on most common problems</li> </ul>
<b>Adapt the generic WHO IMCI Feeding Recommendation Tables</b>	<ul style="list-style-type: none"> <li>—Determine whether or not age groups must be revised based on national policy prevailing feeding practices and accepted recommendations</li> <li>—For each age group, determine which feeding recommendations should be adapted in light of the realities in the field</li> </ul>
<b>Write a report on the findings</b>	<p>The report should include the following components</p> <ul style="list-style-type: none"> <li>—a summary of the findings from the three visits</li> <li>—recommended adaptations</li> </ul>

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## Supplement 6.2: Selecting the Sample

- √ Selection takes place at several levels
  
- √ Sites should represent differences in feeding practices in the program area, taking into consideration the factors that can influence them
  - Ethnicity
  - Socioeconomic status
  - Urban vs rural residence
  - Geographical area
  
- √ Selection should include the minimum number of sites needed to represent the diversity of child feeding practices in the region involved
  
- √ The researcher should select sites where he/she is much more likely to encounter feeding problems
  
- √ The larger the number of sites, the more expensive and time-consuming the research will be
  
- √ It may be inappropriate to choose very poor areas where struggling families will be unable to improve their diet without external assistance
  
- √ Selection should include planned sites for implementation of IMCI

## **Supplement 6.3: Recommendations for the Selection of Households**

### **1) Factors to Consider in Selecting Households**

- Determine the most appropriate age groups for adapting the IMCI Feeding Recommendation Tables
- Consider the children's health and nutritional status
- There is no hard-and-fast rule for calculating the sample size required for qualitative research, but you are advised to select two to three children per site and age group
- You may increase the number of children for a specific age group if you wish to modify their mothers' feeding practices
- If you notice that feeding practices vary significantly (more than expected) for a specific site or age group, you may increase the number of children as data are being gathered
- A few additional children may be included to replace the drop-outs that are likely to occur
- Include only one child per family compound

### **2) Key Criteria for Selecting Age Groups of Children**

- What age groups have nutritional problems?
- What age groups reflect transitions in feeding practices?

### **3) When to Exclude Children Over Two from the Study**

- When the incidence of undernutrition does not increase during the third year
- When there are no major transitions in child feeding during that period

#### 4) Sample Age Groups for TIPs

0-6 months	Exclusive breastfeeding is recommended
6-9 months	Nursing infants begin to need supplemental foods, risk of infection and malnutrition is high
9-12 months	Caregivers begin giving children a wider variety of foods
12-18 months	Children are able to walk and are often considered ready for the transition to the family diet
18-24 months	Children need larger quantities of highly nutritious foods as breastfeeding tapers off
24-36 months	Nutrient requirements and morbidity can be high, but children are often left to themselves with little adult supervision

#### 5) Example of a TIPs Sampling Plan

Age Group	Site 1	Site 2	Site 3	Total
2 to 3 months	2	2	2	6
4 to 5 months	2	2	2	6
6 to 11 months	2	2	2	6
12 to 18 months	2	2	2	6
19 to 24 months	2	2	2	6
Total	10	10	10	30

## 6) Actual TIPs Sampling Plan

### Antsirabe II district, Madagascar

<b>Age group (months)</b>	<b>Healthy Normal weight/age</b>	<b>Sick Low weight/age</b>	<b>Number that completed trials</b>
0-2	4	5	6
2-4	6	3	9
4-6	5	2	7
6-12	5	8	13
12-18	9	1	10
18-24	6	2	8
<b>Total</b>	<b>35</b>	<b>21</b>	<b>56</b>

## Supplement 6.4: Initial Visit (1)

### Purpose

Gather background information to assess child diet and prepare recommendations

### Tasks

- Go to the person responsible for child care
- Ask what foods and liquids the child has consumed over the past 24 hours and write them down
- Complete forms (sample below)
- Review the data with your supervisor to assess feeding patterns
- Identify problems
- Draft recommendations
- Complete form

# Supplement 6.5: Household Trials—Initial Visit (1)

## Instructions

### *Introduction to the Households*

- Give the reasons and justifications for your visit
- Say what kind of information you hope to gather
- Describe how the process works
- Specify what you expect from the visits and how you will use the information you gather
- Explain that you want to learn and that you hope the interview will be open and honest
- Say how many times you plan to visit and ask the household's permission for this and future visits
- Inform the interviewee that you will need to take notes to remember what is said and make sure that he/she does not object
- Explain that the data gathered and analyzed will be kept confidential

### *Breastfeeding Observations*

If the mother breastfeeds during the interview, observe her and the child and take notes on her breastfeeding style. For example, notes could include responses to the following questions

- Does the mother seem relaxed about breastfeeding?
- Does she feed the child from both breasts?
- Does she begin the next feeding with the other breast?
- Who initiates and ends the feeding—the mother or the child?
- Does the child breastfeed frequently? For long periods?

### *Feeding Observations*

As part of the dietary assessment, observe any feedings that take place during the interview, noting the issues such as type of food, consistency, amount served and consumed, and method of feeding, as well as the attitude of both mother (or other caregiver) and child

## I Background Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Start time \_\_\_\_ \_\_\_\_  
          m        d        y

Community \_\_\_\_\_

Interviewer \_\_\_\_\_

Child's name \_\_\_\_\_

Age in months \_\_\_\_\_                      Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_

Number of hours per week that mother is away from child \_\_\_\_\_

Name of caregiver during mother's absence \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address/compound \_\_\_\_\_

## II. Feeding and Health History

Explain to the mother that you want to learn about the child's health and feeding

1(a) How is the child's current health? (Probe for current or recent illnesses or symptoms )

(b) How is the child's overall health? Any problems? (Probe for frequent illnesses and mother's general impression of the child's health )

If possible, check the growth chart and note how well the child is growing Also note your own observations about the child's health Does he/she look healthy or not?

2 Does the child normally eat well?

3 Does the child have a good appetite? \_\_\_\_\_(Y/N)

4 Is the child breastfed? \_\_\_\_\_(Y/N)

How often? day \_\_\_\_\_ night \_\_\_\_\_

Length of feed \_\_\_\_\_ minutes

On demand? day \_\_\_\_\_ night \_\_\_\_\_ (Y/N)

Do you feed from both breasts?

If not, why not?

5 Conduct a 24-hour recall for all foods and liquids (including water) other than breast milk

Ask the mother to tell you everything the child has taken by mouth in the previous day and night Start in the morning, and for each meal, ask what the ingredients were, the amounts and the mode of feeding (calabash, cup, bottle, etc )

Probe for snacks or pieces of fruit between meals, bites of family meals shared with the mother, foods purchased from vendors, drinks or milk, water or other liquids Be patient and give the mother time to recall everything she can

Did the baby eat normally (as usual) yesterday?

If not, what was the difference?

# Food Frequency Table

<b>Time</b>	<b>Food or Drink</b>	<b>Ingredients</b>	<b>Consistency</b>	<b>Amount</b>	<b>How Administered</b>

**6** Ask about the frequency of other foods, drinks or snacks that the child commonly receives (even if not in the past 24 hours) Ask the mother what other foods she sometimes gives the child, but not yesterday The idea is to learn about other foods that were not included in the 24-hour recall but that the child might eat at least once a week

Probe for foods eaten only once in a while, such as when away from home, on weekends, or just when available Ask the mother to estimate how much the child usually eats of this food, and about how often Also ask about purchased foods and snacks

The child's diet history will tell you whether the mother is aware of how much the child eats These questions on appetite and amount are applicable to breastfeeding and other foods

Food/Drink	Ingredients	Amount	Times/Week

**7** Ask the mother about the child's appetite Who decides the timing and number of the child's meals (Does she leave it up to the child? What signals does the child use?) Does she think the child is eating enough? Why or why not? Has she already tried to get the child to eat more? When? How? Did it work? Do other people use other approaches? Can she give examples?

**8** Ask about feeding and the child's appetite when he/she is sick How is his/her appetite when he/she is sick? Is it a problem? What can be done about it?

**9** What foods does the family usually eat?

# Food Availability Table

Name (in English)	Name (local)	Grown	On hand	Purchased every day	Purchased sometimes

10 Mother's ethnicity \_\_\_\_\_

Mother's primary activity \_\_\_\_\_

Father's profession \_\_\_\_\_

Try to learn the mother's education level, the number of children, and the birth order of this child (first, fifth, etc )

Mother's level of education (check one)

None \_\_\_\_\_ Primary incomplete \_\_\_\_\_ Primary completed \_\_\_\_\_

Secondary incomplete \_\_\_\_\_ Secondary completed \_\_\_\_\_ Post-secondary \_\_\_\_\_

Number of children \_\_\_\_\_ Birth order of child in study \_\_\_\_\_

Counseling visit arranged for \_\_\_\_\_

*Closure Thank the mother for answering your questions and explain that you will return tomorrow to discuss the child's diet with her Arrange a time to visit the next day*

Time finished \_\_\_\_\_

### III Analysis of Diet with Supervisor

*(To be completed after the first visit)*

Take a few minutes to review the dietary information and identify any feeding problems listed in the Counseling Guide. Write a brief summary of the following aspects of the diet and indicate whether or not current feeding is adequate.

Breastfeeding practices (including frequency)

Frequency of meals

Amount given

Quality/variety

Consistency/thickness

Positive practices \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems identified \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supplement 6.6: Counseling Visit (2)

### Purpose

Suggest feeding practices to the mother (or other child caregiver) you visited

### Tasks

- Give the mother an explanation of the feeding problems identified in Visit 1
- Make recommendations on possible practices
- Negotiate the feeding practice(s) (not more than three to be realistic)
- Record the mother's reactions and write down the reasons why she accepts or rejects the practice(s)
- Record the agreement you have reached and what the mother is willing to try
- Set a date when you will come back to see how she has applied the practices she has agreed to try

# Supplement 6.7: Household Trials—Counseling Visit (2)

## I. Background Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start time \_\_\_\_ \_\_\_\_  
Community \_\_\_\_\_ Code \_\_\_\_\_  
Interviewer \_\_\_\_\_ Code \_\_\_\_\_  
Child's name \_\_\_\_\_ ID \_\_\_\_\_  
Age in months \_\_\_\_\_

*Greet the mother and ask her how the family has been since your last visit*

### Dietary Assessment

1 Explain your assessment of the child's diet to the mother, remembering to praise her for any positive practices

For example

“Your child has/has not been receiving breast milk ”

[If receiving, note frequency and any problems ]

“In addition, your child is getting ”

\_\_\_\_\_ (milk) and

\_\_\_\_\_ (foods) ”

[Note frequency, quantity, thickness for the mother ]

“Your child takes this from a bottle / cup / calabash / or from a collective bowl with the rest of the family, etc ”

“As you have told me, your child seems to be healthy / has been ill in the past / is frequently ill / is ill today ”

[Add any other important information the mother has mentioned Ask if she agrees with your summary ]

## 2 Problem-solving

- Ask the mother if she would be willing to try something new to improve the child's diet and make him/her healthy and strong
- Ask if she has any ideas on the subject—make general suggestions and try to get her to come up with some possible improvements
- Use the recommendations in the guide for the problems you have identified to suggest the types of improvement that the mother might try
- Using the Counseling Guide, discuss the appropriate recommendations for the child's age and current feeding patterns
- Use the forms on the following pages to record the mother's reactions to the recommendations in as much detail as possible
- Negotiate with the mother so that she chooses a practice that she would be willing to try for a few days

## 3 Recommendations

Recommendation # \_\_\_\_\_

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Specific food options suggested

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Mother's response

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Willing to try? Why or why not?

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Are there any other circumstances under which she would be willing to try the recommendation?  
When? What modifications?

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[Note You will need to have several copies of this page for each household, since several recommendations will be proposed and discussed ]

Summarize what the mother has agreed to try

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Ask the mother to explain to you the new practices she will try Make sure she understands and agrees Ask if she has any questions or comments (record them)

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Write what she is going to try on a "Child Feeding Reminder" slip and give it to her to keep

Arrange a date for the follow-up visit (see schedule of activities) You may ask the mother when it would be most convenient for her to meet with you and try to arrange that she will be home when you come

Follow-up visit arranged for \_\_\_\_\_

Follow-up \_\_\_\_\_

*Closure Thank the mother for spending time answering your questions and encourage her to actually try the new practice*

Time finished \_\_\_\_\_

# Supplement 6.8: Tabulation Form to Be Completed After Visit 2

Age group \_\_\_\_\_ Community \_\_\_\_\_ Interviewers \_\_\_\_\_

ID	Age	Feeding Problems	Reasons/ Reactions	Recommendations accepted

## Supplement 6.9: Follow-up Visit (Visit 3)

### Purpose

Assess the applicability, the feasibility and the acceptability of the practices tried

### Tasks

- Ask what the child has eaten and drunk over the past 24 hours and write it down
- Complete the form on encouraged practices
- Record the mother's reactions and write down the reasons why she followed the recommendations
- Record any changes made by the mother and the results
- Write down the practices that were adopted

# Supplement 6.10: Household Trials—Follow-Up Visit (3)

## I. Background Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Start time \_\_\_\_

Community \_\_\_\_\_

Interviewer \_\_\_\_\_

Code \_\_\_\_\_

Child's name \_\_\_\_\_

ID \_\_\_\_\_

Age in months \_\_\_\_\_

*Greet the mother and ask her how the family has been since your last visit*

Begin with a 24-hour recall, following the same approach as during the first visit. Probe for all foods, beverages, and snacks consumed by the child during the previous day and night.

## Dietary Assessment

Begin by conducting a 24-hour recall to see if anything has changed since the last visit

Time	Food or drink	Ingredients	Consistency	Amount	How administered

## 2. Information on Recommended Practices the Mother Has Tried

Refer to the summary of the agreement made with the mother during the second visit. Using the forms on the following page, note each practice she agreed to try, and ask the questions listed. Complete separate forms for each recommended practice she agreed to try.

**Recommendation** \_\_\_\_\_  
\_\_\_\_\_

Has the mother tried it? \_\_\_\_\_ Y/N

If not, what are her reasons?

\_\_\_\_\_  
\_\_\_\_\_

If yes, did she like it? \_\_\_\_\_ Y/N

What did she like about it in particular?

\_\_\_\_\_  
\_\_\_\_\_

What didn't she like about it?

\_\_\_\_\_  
\_\_\_\_\_

How does she feel the child responded?

\_\_\_\_\_  
\_\_\_\_\_

Did she modify the recommendation? How? Why?

\_\_\_\_\_  
\_\_\_\_\_

Did other people say anything about it? Who? What did they say?

\_\_\_\_\_  
\_\_\_\_\_

Will she continue the recommended practice? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Will she recommend it to others? How can she convince them to try it?

\_\_\_\_\_  
\_\_\_\_\_

**Note** You will need to have several copies of the preceding page for **each** household, since several recommendations will be proposed and discussed

*Closure Encourage the mother to continue the practice and ask if she has any questions or comments Provide counseling or information as needed Thank her for her participation in the study*

Time finished \_\_\_\_\_

### **3. Analysis of Diet**

Write a brief summary of the following aspects of the diet and compare current feeding with the analysis of the 24-hour recall

Breastfeeding practices (including frequency)

Frequency of meals (other than breastfeeding)

Amount given

Quality/variety

Consistency/thickness



### Supplement 6.11: Tabulation Form to Be Completed After Visit 3

I D.	Age	Feeding Problems	Recommendations Offered	Reasons/ Reactions	Recommendations Tried	Agreed Outcome Results, Reactions	Adopted

## Supplement 6.12: Sample Two-Week Schedule for Conducting Three-Visit Trials in Twelve Households in One Community

*Use a team with one supervisor and three counselors*

Schedule	Activity	Field Workers			Total
		I	II	III	
<b>Week 1</b> Monday	Meet community leaders Recruit mothers based on sampling criteria and child age groups				Recruit about 15, to end up with 12
Tuesday	Initial Visits (A)	2	2	2	6
	Analyze feeding problems, plan counseling Modify Counseling Guide as needed				
Wednesday	Counseling Visits (A)	2	2	2	6
	Review notes and summarize results				
Thursday	Initial Visits (B)	2	2	2	6
	Analyze feeding problems, plan counseling Modify Counseling Guide as needed				
Friday	Counseling Visits (B)	2	2	2	6
	Review notes and summarize results				
Saturday	Complete any missed Counseling Visits				
Sunday	Day off				

Schedule	Activity	Field Workers			Total
		I	II	III	
<b>Week 2</b> Monday	Follow-up visits (A)	2	2	2	6 complete
Tuesday	Analyze findings review and summarize Conduct any missed Follow-up Visits				
Wednesday	Follow-up visits (B)	2	2	2	6 complete
Thursday	Analyze findings review and summarize Conduct any missed Follow-up Visits				
Friday	Do final analysis and community-level summary Debrief community leaders as needed				

## Supplement 6.13: Precautions to Take in Designing a TIPs Work Schedule

- √ Determine the time and place for the research activity
- √ Allow adequate time for **immediate** analysis of each visit
- √ Remember that you must allow more time for recruiting if you wish to include children with special characteristics (for example, malnourished or anorexic children or children in very narrow age ranges)
- √ Note that the time required to visit the households will depend upon the number of sites and workers, the availability of transportation and the distances traveled
- √ Draw up the schedule in advance, it is a good idea to notify community leaders, especially if they will be helping to identify households
- √ To estimate the time you will need, start from the principle that each interviewer can conduct two or three initial visits per day (if the homes are not too far apart)
- √ Take lodging conditions into account
- √ Note that the time between visits will become shorter as the researchers become more skilled at asking questions and taking notes and as they become better at grasping the problems and possible solutions
- √ Adapt logistical resources to the realities of the field (adapted vehicles, etc )
- √ As you draw up the calendar or work schedule, allow for the follow-up visit (visit 3) to be conducted six days after the counseling visit (visit 2)
- √ Keep the interviewer profile in mind the interviewers must be well trained and capable of communicating well, they must be available for the entire period and know the environment well, and they must be convinced of the value of the TIPs
- √ Draw up schedules in advance so that the workers can tell the mothers when they will return
- √ The team members who do the research must speak the language of the country
- √ Take the time to have the guide translated into the language of the community
- √ Put a supervision plan in place

## Supplement 6.14: Brief Review of Child Nutritional Requirements

	0-5 months	6-8 months	9-11 months	12-18 months	12-24 months
<b>Energy*</b>					
Projected average weight* (kg)	6	8	9	11	12
Recommended energy intake					
—kcal/kg/day	110	95	100	105	105
—kcal/day	600	800	900	1145	1270
<b>Nutrients**</b>					
Proteins (g/day)	9.1	9.1	9.6	10.9	10.9
Vitamin A ( $\mu\text{g}$ RE/day)	350	350	350	350	350
Iodine ( $\mu\text{g}$ /day)	55	60	60	70	70
Zinc (mg/day)	4	5	5	6.5	6.5
Iron (mg/day)					
— medium bioavailability	11	11	11	6	6
— high bioavailability	7	7	7	4	4

\*Average weight for each age range at the midpoint

\*\*Based on the FAO/WHO/UNU Technical Report on energy and protein requirements, 1985

*Based on Dietary Reference Values for the United Kingdom, cited in Brown, et al. Complementary Feeding in Developing Countries: A State-of-the-Art Review, 1996*

## Supplement 6.15: Tasks for Analysing Feeding Practices

### Inventory the Child's Intake

#### *A. Breastfeeding*

- √ Frequency
- √ Day and night
- √ Length of feeds
- √ Give both breasts

#### *B. Other Foods*

- √ Number of times child has been given food
- √ Review the "Ingredients" column to check quality
- √ Review the "Amount" column to determine whether the child received an adequate amount for his stomach
- √ Review the "Consistency" column to determine whether the child's porridge is substantial enough

### Summarize 24-Hour Recall

#### *A. Breastfeeding*

Frequency, duration, use of both breasts

#### *B Other Foods*

- √ Frequency count the number of meals, including snacks
- √ Quality/Variety assess ingredients
- √ Consistency estimate whether it is adequate or inadequate
- √ Quantity estimate the volume consumed by the child

### Identify Practices That Are Not Consistent with the Recommendations

Using this as a basis, complete the "Analysis of Diet" form

3 1 Positive practices

3 2 Problems identified

## **Decide on Your Recommendation(s)**

- a) Refer to the Counseling Guide to find the problem you have identified in the age group for the child in question
- b) Review the possible recommendations in light of the information gathered during the initial visit
  - Availability table
  - Food frequency table
  - Presence or absence of mother (reference to breastfeeding)
  - Child's appetite (even for healthy child)
  - Child's growth chart

## Supplement 6.16: Guidelines for Selecting Recommendations to Negotiate with Mothers

- 1) What are the key child feeding problems?
- 2) What are the most probable causes?
- 3) See the Counseling Guide
  - √ Consult the portion of the Guide for the child's age group, or the portion that describes problems (such as lack of appetite) that occur across several age groups
  - √ Find the feeding problems that apply to the child
  - √ Make a list of the recommendations indicated for each feeding problem (some recommendations may appear under more than one problem)
  - √ Review the possible recommendations in light of
    - Food availability
    - Food frequency
    - Presence or absence of mother (reference to breastfeeding)
    - Child's appetite (even for healthy child)
    - Child's growth chart
  - √ If there are several recommendations, assess the ones that are most likely to have a positive impact on the child's dietary status
  - √ Try not to negotiate more than three recommendations with each mother

## **Supplement 6.17: Specific Recommendations for Identified Feeding Practices**

### **Positive Practices**

- √ Breastfeeding mother always breastfeeds the child
- √ Consistency thick porridge plus mashed vegetables
- √ Frequency adequate, meals and snacks are given 4-5 times per day

### **Problems Identified**

- √ The child is not getting enough food per day
- √ The child's diet is not varied enough
- √ The child's appetite is poor
- √ The child is given water from a bottle

### **Possible Recommendations**

- √ Feed the child more frequently
- √ Give the child more food
- √ Give nutritious foods
- √ Encourage the child to eat
- √ Stop giving water from a bottle and give water in a cup after the child has eaten

## Supplement 6.18: Analysis of Diet with Supervisor (to be completed after the first visit)

Take a few minutes to review the dietary information and identify any feeding problems listed on the Counseling Guide

Write a brief summary of the following aspects of the diet and indicate whether or not current feeding is adequate

### *Sample*

#### **Breastfeeding practices (including frequency).**

Frequency probably adequate

Use of both breasts no information

Duration probably adequate

#### **Other Foods:**

Frequency of meals four to five times a day

Amount given not enough

Quality/Variety adequate for each day but not varied enough from one day to the next

Consistency/Thickness adequate and appropriate

## Supplement 6.19: Precautions to Take in Conducting the Visit 2 Interview

- √ Begin the conversation with the mother by greeting her and making small talk
- √ Explain the purpose of the second visit to the mother
- √ Congratulate the mother on the positive child feeding practices that she is currently applying
- √ Ask the mother if she is willing to try something new to improve her child's diet, health and nutrition
- √ Ask if she has any ideas on the subject
- √ Use your Counseling Guide to make a few suggestions to the mother that are appropriate for the child's age
- √ Write down the mother's reactions to your suggestions
- √ Ask the mother if she would be willing or would like to try at least one of your suggestions
- √ Ask for the reasons behind each of the mother's responses
- √ If she says no, negotiate and reflect with the mother on possible modifications that could make your suggestion more feasible and realistic, given the constraints on the mother due to factors such as time, cost, available foods, etc
- √ Summarize with the mother the recommendations or suggestions that she has agreed to try
- √ Ask whether the mother has other questions or comments about the suggestions she will be testing

## Supplement 6.20: Some Ways of Negotiation with the Mother

### Negotiation

- √ Should be a dialogue which aims at resolving a problem
- √ Does not have to conclude with the trial of an ideal practice, but with the acceptance that a feeding practice will change. For example, maybe the mother will not be able to give one more meal to the child, but she can add two spoons or more of a rice to an existing meal
- √ Should conclude with a specific practice to be tried by the mother

## Supplement 6.21: Precautions to Take during the Follow up Visit (Visit 3)

- √ Note the changes in practices since the last visit by referring to the results of the 24 hour recall
- √ Verify whether or not the mother has tried the recommendations as agreed
- √ For each response given by the mother, probe with her to identify reasons
- √ For each practice tried, record what the mother liked the most. Note the reasons why the mother liked this practice
- √ For each recommendation tried, record what the mother did not like
- √ Note each modification carried out by the mother for each recommendation tried
- √ Note the reactions of other family members who commented on the new practices or recommendations
- √ Evaluate, with the mother, if she can continue to carry out the new practices
- √ Try to note the reactions of the mothers by using her own words as much as possible

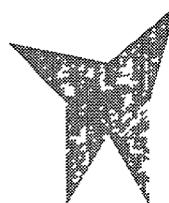
### **You should take note of the following points related to feeding practices.**

- √ After greeting the mother, carry out the 24 hour recall first, before asking her questions on specific recommendations which she had accepted to try
- √ While the mother says she tried a practice, check whether this practice appears in the 24 hour recall
- √ If the mother mentions having tried a practice but it does not appear in the 24 hour recall, ask further questions to know why without appearing to blame her
- √ Ask the mother if it is the first time she has tried the practice, especially if it appears unusual or unexpected

# Module 7

Presenting and Validating  
Findings of Trials of Improved  
Practices

Total time required  
Approximately 5 hours or 1 day



## Overview of the Two Sessions in Module 7



Approximately  
4 hours



### Session 1: Synthesizing and Presenting Results

#### Instructional Objectives

At the end of Session 1, the participants should be able to

- √ List the main recommendations that the mothers have tried and then adopted
- √ Name three key factors that can improve current practices and lead to gradual reduction in child under- and malnutrition
- √ Name the primary constraints to adopting new practices
- √ Summarize the key child feeding problems and the reasons for feeding practices in the families surveyed at the field site
- √ Compare findings from the various field sites
- √ Revise the proposed recommendations
- √ Identify the primary elements of field experience that demonstrate the value of TIPs in adapting the IMCI Feeding Recommendation Tables
- √ Name the primary components of a synthesis report

## Session 2: Validating Findings and Adapting the IMCI Feeding Recommendation Tables

### Instructional Objectives

At the end of Session 2, the participants should be able to

- √ Explain the value of checking research and name the main steps in the procedure
- √ Choose the appropriate method for conducting checking research
- √ Name the primary types of key informants who participate in checking research according to the method used
- √ Name at least two other methods for validating findings and describe the working procedures that must be followed



Approximately

1 hour



## Session 1: Synthesizing and Presenting Findings

### Part 1 Synthesizing Findings from the Three Visits

⌚ 1 hour, 30 minutes

#### Instructional Objectives for Part 1

- ✓ List the main recommendations that the mothers have tried and then adopted
- ✓ Name three key factors that can improve current practices and lead to gradual reduction in child under- and malnutrition
- ✓ Name the primary constraints to adopting new practices
- ✓ Summarize the key child feeding problems and the reasons for feeding practices in the families surveyed at the field site
- ✓ Compare findings from the various field sites
- ✓ Identify the primary elements of field experience that demonstrate the value of TIPs in adapting the IMCI Feeding Recommendation Tables

#### Activity 1 Review of work performed during visits and analysis of findings

⌚ 15 minutes

Equipment heavy brown paper and flip chart

- 1) The instructor introduces Session 1 by reviewing the process by which mothers adopt recommendations. He/she presents a table designed to organize the summaries of the data collected during the three visits (Supplement No 7.1)
- 2) He/she takes five minutes to complete the table on brown paper, using information for a sample site provided by the participants. (At the end of Module 6, the participants have completed one form for each mother and site)
- 3) He/she takes a sheet of flip chart paper and spends three minutes making a list of constraints preventing the adoption of new practices, then takes another sheet of flip chart paper

and spends an additional three minutes making a list of factors favorable to the adoption of new practices

- 4) The instructor asks the participants to supplement the lists later on their own

### Instructor's Tip

The instructor should run this session with a firm hand because there is very little time allotted for this preliminary activity. The essential thing is for the participants to achieve the first three instructional objectives for this session. Ideally the instructor has prepared the table in advance.

### Background document

*Designing by Dialogue* Appendix B 8 and Appendix 6 3 on TIPs summaries in Swaziland and The Gambia

## Activity 2 Presentation on the steps for synthesizing TIPs findings

⌚ 15 minutes

Equipment overhead projector

- 1) The instructor begins by emphasizing the importance of having a checklist of the various steps used in synthesizing the findings from the various field sites, age groups and types of household, and in revising the initial recommendations made to mothers
- 2) The instructor uses the overhead projector to present the various steps in synthesizing the TIPs findings (Supplement 7 2)
- 3) After this brief presentation, the instructor introduces the next activity by asking the four working subgroups to meet for 45 minutes to synthesize their findings, from the review of literature through the analysis of the three visits. He/she shows them the process they should use, distributes the working documents they will need to complete the work in their subgroups

Instructor's Tip

It is essential that the process for comparing and interpreting the findings be presented in the plenary session. This saves time and allows the instructor to solicit the participants' concerns about the work done in this activity.

### Background document

*Designing by Dialogue*, pages 81 – 83

### Activity 3 Small-group discussion on synthesizing TIPs findings and revising recommendations

⌚ 45 minutes

Equipment sheet of flip chart paper

- 1) Using the approach presented by the instructor, each subgroup compares the findings for the various age groups and types of household and interprets the contrasts observed (Support 7.2). The subgroup discussions are conducted with the help of the supervisor assigned to the corresponding research site.
- 2) After thirty minutes, regardless of the progress of the work, each subgroup revises the recommendations in light of the ones that were tried and judged positive by the mothers and were well received by the children. The instructor asks the participants to work individually to fill in the most important motivating factors and the major sticking points affecting each recommendation.

### Activity 4 Discussion of the TIPs experience

⌚ 15 minutes

Equipment visualization board, colored visualization cards

- 1) Using the visualization board and the colored visualization cards, the instructor leads a discussion in each subgroup on lessons learned in the field.
- 2) He/she gives each participant visualization cards of a different color and asks the group to reflect on the following three aspects of the experience: "I learned to...", "I learned more about...", "I'm wondering about..."

- 3) The instructor reviews the guidelines for the visualization cards the participants will use them to note their responses and to display the results of the subgroup's reflection for the other subgroups to read He/she then allows each participation to fill out the cards
- 4) After 10 minutes of reflection time, the instructor begins to collect and display the cards so that everyone in the group can see them

### Instructor's Tip

After the activity, the instructor sorts the cards and eliminates any duplicates He places the cards on a large surface, where the participants can easily see the responses This activity is important as it allows the participants to carry out an evaluation, as well as allows the trainer to identifier key points that are still unclear to the participants

## Part 2: Presenting TIPs Findings

⌚ approximately 1 hour

### Instructional Objective for Part 2

- √ Name the various components of a presentation on synthesis of findings and explain their characteristics

### Activity 1 Small-group discussion to prepare presentation of findings

⌚ 45 minutes

Equipment sheets of flip chart paper

- 1) Each group takes 30 minutes to discuss and prepare its presentation
- 2) Regardless of the progress of the work, the group's spokesperson spends the remaining ten minutes putting the presentation in final form on a sheet of flip chart paper, using key words to keep the presentation concise

### Instructor's Tip

The supervisor assigned to the subgroup for each site ensures that a session chair and a spokesperson are designated and personally monitors the subgroup's time management

## Activity 2 Plenary reflection on factors to consider in presenting findings

⌚ approximately 1 hour

Equipment flip chart

- 1) The instructor asks one of the subgroups to take 20 minutes to present its findings
- 2) Afterwards, he/she asks the subgroup members to spend five minutes sharing their feelings and concerns about the experience of preparing and making the presentation
- 3) The instructor then spends ten minutes soliciting and validating the participants' comments
- 4) He/she takes the participants through a brainstorming exercise using the question, "What factors should be considered in making a good oral presentation of findings?" and writes the participants' suggestions on the flip chart using key words
- 5) Finally, the instructor spends ten minutes taking any remaining questions that the participants may have on presenting findings

### Instructor's Tip

The instructor should take ten minutes to introduce the reflection exercise by stressing the importance of the participants' observation during the subgroup's presentation. He/she also indicates that only one subgroup will present its findings in the plenary session; the work of the other three subgroups will be displayed to allow the participants to examine it on their own. The instructors will provide direct feedback to the group involved. The instructor immediately sets up a working group, made up of two representatives from each site, which will be responsible for synthesizing the revised recommendations with the goal of adapting the IMCI Feeding Recommendation Tables to the local environment and presenting them to the group.

## **Part 3 The summary report of the TIPS findings**

⌚ approximately 1 hour

### **Activity 1 Small group discussion on the summary report of the TIPS findings**

⌚ approximately 45 minutes

Equipment flip chart

- 1) The instructor invites the participants to discuss, in small groups, the elements of the summary report, while keeping in consideration the research carried out and the results obtained
- 2) After 30 minutes, he synthesises their responses, and summarises the key points

### **Activity 2 Small group discussion on the summary report of the TIPS findings**

⌚ 15 minutes

Equipment overhead projector and flip chart

- 1) The instructor begins by making an overhead presentation on the components of a summary report, using Supplement 7 3
- 2) He/she notes the participants' questions about the summary report on the flip chart

Background documents

*Designing by Dialogue*, pages 8 11-13

## Session 2: Validating Findings and Adapting IMCI Feeding Recommendation Tables

### Part. Identifying Methods of Validating Findings

⌚ 1 hour

#### Instructional objectives for Part 1

- √ Explain the value of checking research and name the main steps in the procedure
- √ Choose the appropriate method for conducting checking research
- √ Name the primary types of key informants who participate in checking research according to the method used
- √ Name at least two other methods for validating findings and describe the working procedures that must be followed

#### Activity 1 Discussion on checking research

⌚ 15 minutes

Equipment flip chart

- 1) The instructor uses the brainstorming technique, asking the participants to answer two questions “What is checking research?” and “Why use the checking research method?”
- 2) He/she raises the first question and takes several minutes to write the responses one by one on the flip chart, without offering any criticism
- 3) He/she raises the second question and takes several minutes to write the responses one by one on the flip chart, without offering any criticism

- 4) The instructor then spends five minutes making any necessary corrections to the responses with the help of the participants

## **Activity 2 Presentation on checking research**

⌚ 30 minutes

Equipment overhead projector

- 1) The instructor makes an overhead presentation based on Supplement No 7 4 as well as Supplements 4 12 to 4 14 which related to Focus Group Discussions
- 2) He/she concludes the presentation by indicating the key components of a work schedule

### **Instructor's Tip**

The instructor should pay close attention to time management since this is an interactive presentation. He/she should have prepared a sufficient number of illustrations and should structure the presentation so as to allow the participants to ask any questions as they arise. A document providing more detailed information on checking research will be distributed at the end of the presentation.

## **Activity 3 Discussion on validation methods**

⌚ 15 minutes

Equipment flip chart and overview document

- 1) The instructor encourages the participants to list the various methods for validating the recommendations other than checking research
- 2) He/she uses the beehive technique to stimulate reflection by the participants and indicates that their reflection should result in a

- 3) After five minutes, the instructor takes five minutes to allow each of the small groups an opportunity to speak and notes their responses on the flip chart
- 4) He/she concludes the activity by supplementing the participants' responses and ensures that they are aware that a workshop will be held

#### Instructor's Tip

The best approach is to go straight to the essentials, using key words to present the conclusion and leaving the details to the overview document, which will be distributed to the participants at the end of this activity

# Supplements for Module 7

**Supplement 7 1** **Page 7-15**  
Table to Summarize the Three Visits of the TIPS

**Supplement 7 2** **Page 7-16**  
Synthesizing the Results From the Literature Review and  
the TIPS

**Supplement 7 3** **Page 7-17**  
The Outline of the Final Report

**Supplement 7 4** **Page 7-18**  
Brief Presentation on Checking Research

**Supplement 7.1: Table to Summarize the Three Visits of the TIPS (an example of 5 household visits)**

Recommendations	Proposed	Accepted	Tried	Liked	Adopted
1 Stop giving liquids or other foods	5	5	5	5	5
2 Stop giving the bottle	5	5	5	5	5
3 Increase lactation	0	0	0	0	0

# Supplement 7.2: Synthesizing the Results From the Literature Review and the TIPs

## SYNTHESIS

### Summarize and compare findings from all methods

- Majority opinions and practices
- Range of opinions and practices
- Reasons why

### Use different chart formats to clarify and summarize

- Show patterns and trends
- Provide specific examples

### Interpret the findings and develop recommendations

- Focus on program actions and priorities
- Avoid biases

## PRESENTATION OF FINDINGS

### Prepare a summary report

- Provide results needed by planners

### Write an executive summary, press release, and briefing notes

- Key recommendations
- Priorities for behavior change

### Arrange workshop and/or distribution

- Share information with everyone who can use it

## Supplement 7.3: The Outline of the Final Report

Executive summary (outlined first and written last)	3-4 pages
Research methodology – Brief Summary	1-2 pages
Description of the population covered by the research	3-5 pages
Description of the current nutrition and health situation	5-7 pages
Specific description of motivation factors, and points of resistance, and constraints (which provoke or limit a change in practice)	5-7 pages
Suggestions for a communication strategy	3-5 pages
Final recommendations for program design	2-3 pages

## Supplement 7.4: Brief Presentation on Checking Research

√ Checking Research involves the use of rapid research methods such as focus group discussions (FGDs)

Focus Group Discussions are the main method of checking research

√ Checking Research is used to verify the findings of the TIPS with people who have not already participated in this research

√ The decision to carry out this methodology is taken after analysing the results of the TIPS, to evaluate if the information obtained is complete

√ The conclusions you have reached must be valid and applicable to the population?

√