

**Formative Research:
Skills and Practice for Infant and Young Child Feeding
and Maternal Nutrition**

ACKNOWLEDGEMENTS

This manual was prepared for facilitators, program planners, and implementers of health and nutrition programs of AED/LINKAGES partners in India.. The manual was written by the AED/LINKAGES team. Contributions were also made by LINKAGES' partners (CARE/India, Catholic Relief Services (CRS/India), and World Vision/India) across India who shared their experiences conducting formative research and provided comments and feedback on this manual during a workshop in January 2003. We would also like to thank the women and families that we interviewed for this manual, and those that provided their field sites to test the various tools related to formative research.

This module draws considerably from *Designing by Dialogue: A Guide to Consultative Research*, developed by the AED/SARA project and the Manoff Group (1997), though contains less detail and requires less time for training. For a more in-depth guide to formative research and TIPS specifically, please consult *Designing by Dialogue* (listed in references).

This training manual is a product of LINKAGES: Breastfeeding, LAM, Related Complementary Feeding, and Maternal Nutrition Program, and was made possible through support provided to the Academy for Educational Development (AED) by the GH/HIDN of the United States Agency for International Development (USAID), under the terms of Cooperative Agreement No. HRN-A-00-97-00007-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID or AED.

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Introduction

Formative Research: An overview

Formative research looks at the community in which an organization is implementing or plans to implement program activities, and helps the organization to understand the interests, characteristics, and needs of different populations and groups in their community. Formative research is research that occurs before a program is designed and implemented, or while a program is being implemented to help “form” or modify a program. Formative research should be an integral part of developing programs or adapting programs, and should be used to help refine and improve program activities.

Formative research is conducted in the early stages of designing a health communication program to understand the current practices, motivators, and barriers related to ideal behaviours. It also defines the acceptability and feasibility of adopting a new behaviour, target audience(s), convincing messages for each audience, the channel, and the ideal frequency of exposure to the message. It provides an opportunity for stakeholders to participate in and contribute to program activities that are based on tested recommendations for program planners and implementers by keeping the focus on issues important to the community.

Formative research helps program planners and implementers identify specific behaviours to promote; identify the knowledge, motivators, and barriers to desired behaviours that messages need to either overcome or strengthen; and identify central themes and messages comprising BCC interventions. Behaviour identification involves selecting among the ideal behaviours. All ideal behaviours may not be possible. Trials of improved practices (TIPS) help to test recommendations and determine which ideal behaviours are possible in certain contexts, which need to be modified and which are not feasible at all in the area. Long lists of ideal behaviours may be reduced to shorter lists on which BCC interventions can focus. A comprehensive BCC strategy is developed based on the findings of formative research.

Notes to the Trainer

Purpose and Audience

The purpose of this module is to build the capacity of program staff to design and manage formative research on infant feeding and maternal nutrition practices. It can also be adapted to design and manage formative research for other health and nutritional issues. This module emphasizes the skills and information needed to design and implement formative research to develop a comprehensive behaviour change strategy. This module will help the facilitators to prepare participants to conduct formative research (trials of improved practices, in-depth interviews, household observations, 24-hour recall, and focus group discussions), and to use effective communication skills in order to plan and improve programs. The focus is on infant feeding but the skills can be adapted for other health interventions. Participants should have a solid foundation in infant feeding technical information, an understanding of behaviour change communication, and experience in counselling or strong interpersonal communication skills. Field visits provide an opportunity for participants to immediately transfer their learning.

Design and methodology

This module is designed for experienced facilitators who have a thorough understanding of infant and young child feeding and maternal nutrition. Facilitators will need significant time to prepare in advance of the training course. This module is designed to support facilitators who are engaged in behaviour change communication programs and will facilitate training workshops on BCC. Facilitators can use their creativity and experience to make the sessions interesting, applying their own methodologies and techniques based on participants’ needs and expectations. The sessions were written in such a way that they can be used as separate sections independently or rearranged as needed.

We suggest using a participatory training approach. Facilitators should encourage and support participatory construction of knowledge, build on participants' previous experiences, and enhance the skills of participants through role-play and practice. Each training session is designed to encourage listening, dialogue, and action. The sessions include the following components where relevant:

- Time required
- Learning objectives
- Content
- Materials
- Process
- Notes to the facilitator
- Handouts (worksheets, theory, and presentations)

A range of training methods is available to facilitators. Each method has advantages and disadvantages, depending on the objectives of the training. The training methods differ primarily in terms of the involvement or participation of trainees in the learning process. This involvement can be represented on a continuum from least to most. It is difficult to identify one method of instruction as superior to others so depending on the participants' experience and circumstances methodologies can be changed as needed.

The choice of a training method is a matter of the facilitator's experience, competence, and judgment of what and how much a group of participants can learn from one method or another. This training module uses adult learning methodologies to help participants learn, retain, and transfer key concepts. The module focuses primarily on results-oriented performance improvement. The possible methodologies include lectures, large group exercises, small group exercises, role plays, games, case studies, quizzes, field visits, practice of specific skills, reading, and written assignments.

For best training results, field visits should be arranged to reinforce new knowledge and skills. Field visits should be organized to practice in-depth interviews and household observation with mothers of children 0-12 months, TIPS with mothers of children 6-12 months, and focus group discussions with mothers, grandmothers, men, and community health workers. The participants should have an opportunity to practice each skill during the course of the training. If a participant's skills need strengthening, additional supervised practice should be arranged with the facilitator or at the participant's worksite until competency is achieved.

Use the observation checklists provided during each of the classroom role-plays and field visits to guide the participants' experience, focus their performance, improve practices, and provide a tool for performance monitoring at the completion of training. Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp. Meet with trainer colleagues to develop ways to help participants learn the challenging content.

Soliciting participant feedback

Participants should be given the opportunity to provide feedback on a daily basis. It provides facilitators with information to improve and adjust their style and content and allows participants to feel that their needs are being listened to and addressed. This can be done in a number of ways including the following daily evaluation activities (you may also invent your own):

- At the end of each day ask participants to answer three questions written on a piece of paper: 1) What did you like? 2) What should be changed or improved? and 3) What did you learn? Ask participants to fold their answers and place them in a basket. When all answers are collected, redistribute them so that participants have someone else's comments. Ask participants to read the responses they were given. This allows participants to evaluate the day's activities in confidence.

- Alternatively, ask two or three participants to be the representatives for the day. At the end of each day, meet with them to discuss what the participants liked, what they would like changed, and what they learned. This is another way to ensure participants' opinions, needs, and concerns are addressed in the training.

Preparation through follow-up

As in all training, consideration must be given to tasks to be completed before, during, and after training. The following table outlines these tasks and the responsibilities of the organization, the trainer, and the trainee and the relationships among them.

Materials

Select sample formative research tools and questionnaires that are appropriate for the target audience that participants will be working with in their programs and during field visits. Sample formative research tools are available from www.linkagesproject.org

Role-plays

Create role-play scenarios based on the local context or ask participants to suggest possible scenarios based on their own experience or the experiences of their co-workers.

Training Tasks and Responsibilities

Personnel	Before training	During training	After training
Organization's management or supervisor of trainee	<ul style="list-style-type: none"> • Know the problem • Commit resources • Collaborate with other organizations 	<ul style="list-style-type: none"> • Support the activity • Keep in touch • Receive feedback • Plan for later 	<ul style="list-style-type: none"> • Mentor trainee • Reinforce behaviours • Plan practice activities • Expect improvement • Encourage networking among trainees • Be realistic • Utilize resources
Trainer	<ul style="list-style-type: none"> • Know audience (profile of trainee) • Design course content • Develop pre/post tests, guides, checklists • Select practice activities, training methods, materials 	<ul style="list-style-type: none"> • Know audience (profile of trainee) • Foster trust, respect • Use many examples • Create identical situations • Use problem-centered training 	<ul style="list-style-type: none"> • Provide follow-up: refresher or problem-solving sessions
Trainee	<ul style="list-style-type: none"> • Know purpose of training and roles and responsibilities after training • Be motivated to expect that training will help performance • Have community volunteers "self-select" 	<ul style="list-style-type: none"> • Create an action plan 	<ul style="list-style-type: none"> • Know what to expect and how to maintain improved skills • Be realistic • Practice to convert new skills into habits
Organization's management/supervisor of trainee & trainer	<ul style="list-style-type: none"> • Establish selection criteria • Establish evaluation criteria 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Organization's management/supervisor of trainee & trainee	<ul style="list-style-type: none"> • Conduct situational analysis of training needs 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Organization's management/supervisor of trainee & trainer & trainee	<ul style="list-style-type: none"> • Conduct needs assessment • Establish goals • Establish objectives • Identify days, times, location 	<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate
Trainer/trainee		<ul style="list-style-type: none"> • Provide feedback 	<ul style="list-style-type: none"> • Provide feedback • Evaluate

Schedule

This training was designed to take place over 5 ½ days. Sessions may be used separately according to facilitators' requirements. The module specifies the minimum time needed for adequate facilitation. Facilitators with more or less time available may adjust the timing to suit their needs.

Facilitation Tips

Successful facilitation greatly depends on effective group interaction. The interrelationship of the group members and the relationship between the group members and the facilitator can be referred to as group interaction. The following methods, activities, and tools can be employed to ensure more effective group interaction:

- Icebreakers and openers – These are activities establish a comfortable environment to encourage participation and learning by all participants. Well-selected ice breakers and openers can help members feel “associated with” group members and the facilitator.
- Ground rules – Agreed upon norms and ground rules that respect individual rights and responsibilities, build trust among participants and between participants and facilitator, and contributes to a successful learning experience should be decided on as a group in the beginning.
- Stages of group development – An understanding of the foundations of group development can be useful to a facilitator entering a group setting or working with a group over time. For example, Tuckman’s theory of group development identifies the stages groups pass through: forming, storming, norming, performing, and adjourning. (See annex 1 for additional information)
- Behaviours that enhance or hinder group effectiveness – The facilitator must be able to identify such behaviours and determine their impact on the dynamics of the group. If the behaviours hinder the group, the facilitator may need to intervene to help change the behaviour.
- Nonverbal communication – Facilitators can become skilled at “interpreting” gestures and expressions to understand the participants and make the learning process joyful.

Session 1 Welcome and introductions

Learning objective: To learn each others' names and some information about each other, create mutual interdependency among participants and facilitators

Time required

30 minutes

Materials

- Name tags

Process

Welcome participants and thank them for their participation. Familiarize participants with the location of restrooms and review the general schedule, start and end times, lunch and break times. Facilitate an ice breaker in order for participants to meet one another.

Suggested “ice breakers” (others can be invented or adapted to the local context):

Set the tone for training by conducting ice breaker exercises to help participants begin to value their fellow participants’ unique talents and contributions. You may select one of the two suggested activities below or create your own.

“Name Game”

Ask each person to compare herself or himself to an animal or thing that exemplifies some trait of his/her personality and explain the choice. Examples: “I am like an ant because I am always on the move,” “I am like a horse because I swiftly do my tasks,” “I am like a bird because I like to dream.”

“Card Game”

Arrange playing cards with paired royalty (king, queen, jack) and/or paired numbers (10, 9, 8). Spread cards in a fan and ask participants to pick a card and find their match. Have participants interview each other asking their names and what they expect from this training. Record contributions and expectations and tell participants whether their expectations will be addressed in the design of the training.

“Commonalities”

Divide participants into pairs. Ask participants to share their names and positions and to try to find three things they have in common. Allow 10 minutes for this exercise. In plenary, have each pair introduce each other to the group and share one commonality they discovered.

Session 2 Participant expectations and learning objectives

Objectives

- To compare participants' expectations to learning objectives
- To understand training objectives, schedule, and approach

Time required

30 minutes

Materials

- Flipchart for writing expectations
- Flipchart with learning objectives
- Copies of training schedule

Content

Training Purpose

The purpose of this training is to build the capacity of program staff on formative research methodologies, with an emphasis on skills and practice, in order that they can be used in the design and implementation of a behaviour change strategy.

Specific Learning Objectives

By the end of this training, participants will be able to:

- Explain the role of formative research in a behaviour change communication strategy
- Define formative research and explain its purpose
- List and define the methodologies used in formative research
- Explain the importance of reviewing existing data before planning for the use of other research methodologies

- Ask and formulate open-ended questions
- Describe and demonstrate probing
- Differentiate between in-depth interviews and surveys
- Conduct in-depth interviews
- Differentiate between focus groups discussions and group interviews or health education talks
- Facilitate a focus group discussion

- Explain the purpose of 24-hour recall and when it should be used
- Explain the purpose and process of Trials of improved practices (TIPS)
- Name the phases of TIPS and the activities associated with each phase

- Name and employ characteristics of effective counselling
- Identify current feeding practices of individual mothers and make feasible and appropriate recommendations

- Analyze, interpret, and summarize findings from in-depth interviews, focus group discussions, 24-hour recall, and TIPS
- Explain how the findings from formative research can be used to plan and adapt programs

Process

In plenary, ask participants to name their expectations for this training. Write participants' responses on the flipchart. Present learning objectives tell participants whether their expectations will be addressed in the design of the training. Compare participants' expectations to learning objectives and allow participants to ask questions. If realistic, add any additional objectives recommended based on participants' expectations.

Review training schedule, compare to expectations and objectives, and answer any questions.

Session 3 Pretest

Objective: To assess the pre-training knowledge level of participants

Time required

30 minutes

Materials

- Handout 3: Pretest
- Recording sheet to note participant scores and questions that caused confusion or should be revised

Process

Distribute pretests to participants. Ask participants to complete them individually and write their names (or a symbol) on the top. Tell participants they have 25 minutes to complete the test. Give them a 5-minute and 2-minute warning.

Collect pretests and grade them during the break or lunch time. Record questions answered correctly/incorrectly, participant scores, and average scores. Identify topics that caused disagreement or confusion that need to be addressed. Record how many participants answered correctly or incorrectly each question to see if the question is wrongly worded or perhaps too easy.

Session 4 Technical Review

Learning objective

By the end of this session, participants should be able to:

- List optimal infant and young child, and maternal nutrition behaviours

Time required

30 minutes

Materials

- Handout 4: Sample questions and answers on infant feeding and BCC
- LINKAGES *Frequently Asked Questions* series on infant feeding topics
- LINKAGES *Facts for Feeding* series with technical information on infant feeding
- Flipchart to record scores

Process

Explain that participants will play a game to test their knowledge on infant feeding and behaviour change communication (BCC). Divide the group into 3 teams. Have each team decide on a name and a team captain. As a team they will be asked a question and will have 30 seconds to decide on their answer. Only the team leaders can answer the questions. If they answer correctly, they get 10 points. If they answer incorrectly they get 0 points and the next team has the opportunity to answer the question in 15 seconds or choose a new question. If the other team answers that question correctly they receive 10 points, if they answer incorrectly they get negative 10 points. Either way that team will be asked a new question.

One facilitator is the score keeper and the other asks the questions. Choose a number between 1 and 100 and have participants select a number to determine who will go first (whoever is closest to the number).

Ask each team their questions. Provide the correct answer to questions that are not answered correctly (after each team has tried). The game should last for 5-7 rounds. The winner is the team with the highest score. If there is a tie, questions can be asked to both teams at the same time and whoever answers first wins.

Pass out infant feeding handouts and discuss any issues that caused confusion during the game.

Session 5 Overview of behaviour change communication (BCC)

Learning objective

By the end of this session, participants will be able to:

- Define behaviour change communication (BCC)

Time required

45 minutes

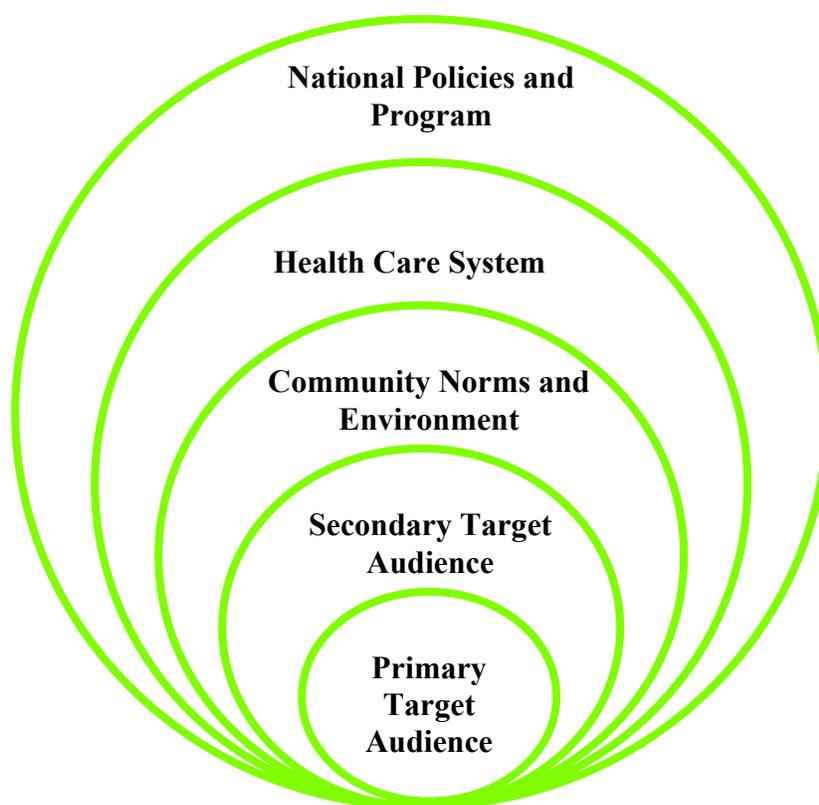
Materials

- Flipchart with BCC model
- Flipchart with stages of behaviour change

Content

BCC is a multi-level tool for promoting and sustaining risk-reducing behaviour change in individuals and communities by distributing tailored specific health messages in a variety of communication channels: mass-media campaigns, print materials, interpersonal communication, group talks, health fairs, drama, or story telling. The aim of BCC is to foster positive behaviours; encourage sustainable individual, community and societal changes in behaviour; and maintain optimal behaviours. It is important to have a BCC strategy that targets every level that could impact an individual's decision to try a new practice and ultimately maintain that behaviour.

BCC Model



Elements of developing a BCC program

- Consumer-Centered Planning
- Research-Guided Decisions
- Specific Behavioural Goals
- Multi-Channel Communication
- Integrated Program Components
- Balanced Supply and Demand

Behaviour change is most often a gradual process consisting of identifiable stages. Long-term change occurs as people gain knowledge and skills and increase self-confidence through repeated trials and reinforcement.

Stages	Appropriate interventions to encourage behaviour change in infant and young child, and maternal nutrition behaviours To convince the target audience to try new practice – to provide support for the mother’s/caregiver’s choice and change community norms
Never heard about it	Build awareness/provide information -Drama, fairs -Community groups -Radio -Individual counselling -Mother-to-mother support groups
Heard about it or knows what it is	Encourage/discuss benefits -Group discussions or talks -Oral and printed word -Counselling cards -Mother-to-mother support groups
Thinks about it trying it	Negotiate and help to overcome obstacles -Home visits, use of visuals -Groups of activities for family and the community -Negotiate with the husband and mother-in-law (or other influential family members) to support the mother
Tries it out	Praise/reinforce the benefits -Congratulate mother and other family members as appropriate -Suggest support groups to visit or join to provide encouragement -Encourage community members to provide support (radio programs)
Continues to do it	Provide support at all levels -Reinforce the benefits -Praise

People in every culture have belief systems that tell them how to behave appropriately. Understanding why people behave the way they do is important in order to develop appropriate BCC strategies and messages to change behaviour.

One BCC approach is listening, understanding, and then negotiating with individuals to try a new health behaviour. Talking with people, listening to them, and having them agree to try something new; not just telling them to do something different is critical for successful nutrition behaviour change.

Stimuli to Behaviour Change

- Physical
- Rationale
- Emotions
- Skills
- Family and Personal Network
- Social Structure

Behaviours expected to be performed

- Ideal behaviour: “Best” and medically “optimal”
- Current behaviour: “Actually being done”
- Feasible behaviour: “Acceptable and doable”

Process

Present information on BCC and discuss how it is different from health education and information, education, and communication (IEC). Present stimuli to behaviour change, elements of developing a BCC program, stages of change, and the behaviour change model.

In plenary ask participants:

- What are our goals when we promote exclusive breastfeeding from 0– 6 months and complementary feeding beginning at 6 months?
- How can we improve infant and young child nutrition?
- How can we convince a mother to change her feeding practices?
- Does telling a mother what to do change her behaviour?

Discuss how giving someone information is not usually enough to change behaviour. Ask participants to think about a behaviour they have changed or tried to change. Were they able to change it? Why? What helped them the most? What could have made it easier? Review the stages of change and discuss how a person moves up through the stages and what supports they need at each stage.

Divide participants into groups of four or five. Ask groups to think about a time when someone told them what to do. Ask them to think about how they felt. Encourage group members to share their feelings. Ask them to note common themes or feelings. Then ask participants to think about a time when someone asked them what they wanted to do. Ask them to think about how they felt in this situation. Encourage group members to share their feelings. Ask them to look for common themes or feelings and compare the two experiences.

In plenary discuss the difference between how it felt to be told what to do and how it felt to be asked what they wanted to do. Ask a few participants to share their feelings. Write common themes on a flipchart. Discuss how these experiences relate to communicating with mothers. Ask: What is one way to get people to change their behaviour? How can we be facilitators when we counsel mothers? Reinforce that this training focuses on facilitating behaviour change.

Session 6 Introduction to formative research and its role in BCC

Learning objectives

By the end of this session, participants will be able to:

- Define formative research and explain its purpose
- List and describe the methodologies used in formative research
- Explain the role of formative research in a behaviour change communication strategy

Time required

60 minutes

Materials

- Flipchart paper
- Cards with stages/methods of formative research (review existing information, in-depth interviews, focus group discussion, TIPS, summarizing and analyzing)
- Handout 6a: Formative Research Methodology Overview
- Handout 6b: Phases of Formative Research
- Flipchart paper and markers

Content

Formative research looks at the community in which an organization works to better understand the interests, characteristics, and needs of the community. Formative research occurs before a program is designed and implemented, or while a program is being implemented. Formative research can help to 1) understand motivators and barriers to optimal practices, 2) create messages and programs specific to the needs of the community, and 3) ensure messages and programs are appropriate, acceptable, and feasible to beneficiaries. Formative research should be an integral part of developing or adapting programs and should be used to help refine and improve program activities.

Research methods that can be used in formative research include:

- Existing data review
- Household observations
- In-depth interviews
- Focus-group discussions
- Trials of improved practices (TIPS)
- 24-hour recall
- Survey

Review Existing Data

- Take advantage of lessons learned from other organizations
- Use existing reports and key informant interviews to better understand population
- Identify knowledge gaps that can guide the topics to focus on for the research
- Observation
- Reveal actual practices
- Often conducted during an in-depth interview
- Identify resources available in order to make realistic recommendations

In-depth Interviews

- Use direct questioning, open-ended discussions, and both structured and unstructured observation-the principal question is “why”
- Reveal knowledge, attitudes, and practices
- Identify motivators and barriers to optimal practices
- Formulate specific recommendations for TIPS

Focus Group Discussions

- Bring a small group of people (5-10) together with similar backgrounds or experiences to discuss specific topics
- Use flexible topic guide with probing
- Facilitator is there to collect information not disseminate it
- Focus on what people do, think and feel and why

24-hour recall

- Ask respondents to recall and describe feeding and dietary practices from previous day
- Provides basis for discussion about practices and negotiate for feasible improvements

Trials of Improved Practices (TIPS)

- Involves a series of household visits to test recommendations for improving practices
- Determines which recommendations are feasible and acceptable
- Identifies motivators and barriers to practicing recommendations
- Involves mother in process
- Provides general information on practices

Role of Formative Research in BCC

To develop appropriate messages, current practices must be identified and compared to ideal practices. Then acceptable messages that encourage feasible behaviours can be developed accordingly. Recommendations should be tested and revised for improved practices in order to develop effective messages to be used in mass-media campaigns, print materials, or interpersonal communication.

A variety of qualitative methods can be used to better understand feeding practices and develop recommendations prior to conducting TIPS. Usually at least one of these methods is implemented, except when considerable qualitative information on child feeding is available. The best mix of methods to use depends on the context and purpose of the research:

- In-depth interviews – to understand attitudes and practices of mothers and other family members, health workers, or influential people
- Observations – best for learning about actual practices and usually conducted during an in-depth interview
- Focus group discussions – to understand the general attitudes, opinions, and practices of mothers and/or influential others

These qualitative methods allow the researchers flexibility when talking with respondents. Although the topics have been predetermined, the categories are not. Yes and no questions are asked, but the emphasis is on asking and understanding why. This flexibility allows the discussion to proceed in a direction that researchers might not have anticipated during interview planning.

The key to successful qualitative research is deep probing of issues raised as mothers respond to questions. Try not to cover too many topics or the interview will become a survey with little probing.

Process

Write “formative research” on a flipchart and ask participants to brainstorm a definition.

Ask participants to name the kinds of research methods used for formative research. Ask them to explain the purpose and the process of different methods. What types of information does each method generate? Which methods do they have experience with?

Divide participant into working groups with 4-5 participants. Pass out cards with the different stages/methods of formative research printed on them. Ask participants to put the stages in order, based on how they believe the research should be designed. Ask participants to display the order they selected on their table. Give participants 5 minutes to walk around and view the other groups’ order and listen to their reasons for selecting the order.

Note to facilitators

The purpose of this exercise is for participants to learn that there is no one, standard way to conduct formative research, but rather that formative research is based on the information gaps that exist in each unique situation and there are different methods that can be used based on the type of information that needs to be gathered and the populations with whom they are working.

Pass out the “Formative Research Methodology at a Glance” handout and the stages of formative research. Facilitate a discussion on the recommended order and answer any questions on the order of definitions or particular methods.

Session 7 The first stage of formative research: Review existing information

Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of reviewing existing data before planning to use other formative research methods
- List the sources of information that can be reviewed

Time required

45 minutes

Materials

- Handout 7a: Ideal feeding practices and common feeding problems by age group or illness status
- Handout 7b: Behaviour change matrix

Content

Before beginning any formative research it is important to review the program objectives and related existing information. The outcome of this process will reveal what is already known and what information gaps exist. Once gaps are identified, research questions can be developed and the most appropriate methods can be selected to answer them. All programs should begin with a review of existing related information. Taking advantage of lessons learned from other maternal and child health programs can be extremely valuable and save time and costs. Sources for existing information include: formative research and evaluation reports from other projects/NGOs, health facility surveys, government reports, and national health surveys. In addition to reports and publications, key-informant interviews can be conducted with individuals to supplement and explain the information that is gathered. Key-informants may also be able to provide information on common practices that are so inherent in a community that they might not be reported.

Information gathered during this step should be summarized and analyzed like qualitative data: reading notes, identifying themes and sub-themes, summarizing main points under each theme. This analysis allows for the identification of gaps and decisions to be made on the most appropriate methods to use.

Process

Ask participants whether they think it would be important to review existing information and why. Discuss the importance of reviewing existing information and identifying information gaps. Ask participants what sources they would utilize if they were designing a formative research plan.

Emphasize the importance of identifying gaps. Present the behaviour change matrix, explaining each column. Divide participants into 5 working groups. Assign each group an age group (0–6 months, 6–9 months, 9–12 months, and 12–24 months) or sick child. Ask participants to identify common feeding difficulties in their communities by age and state the ideal practice for each age group or for sick children. After 15 minutes, allow each group to share their responses. In plenary, facilitate a discussion and correct any misinformation.

Session 8 Non-verbal communication

Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of paying attention to non-verbal communication
- Demonstrate effective listening skills

Time required

45 minutes

Materials

- Flipchart with SOFTEN
- Flipchart paper and markers

Content

The methods used in formative research are mostly qualitative and require strong listening and communication skills. Listening effectively and asking the right questions will result in collecting usable data. We communicate using words, sounds, silence, voice, body, eyes and face. Fifty-percent of communication is said to be non-verbal.

Nonverbal behaviours that lead to good communication:

- Attentive and non-threatening posture and facial expressions (leaning toward the person who is talking)
- Nodding or smiling slightly to encourage someone to talk or share an opinion
- Using appropriate facial expressions (sad face for sad stories)

Nonverbal behaviours that may block good communication:

- Nodding too often
- Not looking at the person who is talking
- Acting disinterested
- Allowing interruptions
- Smiling or frowning inappropriately

SOFTEN demonstrates effective listening

S-smile

O-open posture

F-forward lean

T-touch

E-eye contact

N-nod

In addition to being aware of your own non-verbal communication, it is important to pay attention to the other person's non-verbal cues.

Process

Remind participants that most of the research methodologies used in formative research are qualitative and require that the interviewer/facilitator has effective listening and communication skills. Ask participants to name consequences of ineffective listening and poor communication in formative research. Write the responses on a flipchart. Ask participants to name ways we communicate and write them on the flipchart.

Ask for a few volunteers to stand in front of the group and act out non-verbal gestures and facial expression and talk about what they mean. Prompt them by asking how do you show someone that you accept them? That you are listening? That you agree? etc. Discuss SOFTEN.

Divide participants into pairs and have one member tell the other a story. The partner who is listening cannot talk but can express interest and understanding without words. After 2–3 minutes ask participants to switch roles. Give pairs an additional 2–3 minutes to discuss their experience. Facilitate a discussion about participants' experiences. How did you feel? How was it when you switched roles? Was your partner able to communicate without talking? Did you feel that your silent partner helped you? Did you feel that you listened better when you knew that you could not speak? What verbal messages can contradict a non-verbal message? (Saying yes while frowning). Ask participants to list non-verbal behaviours that do and do not lead to good communication. Write responses on a flipchart.

Session 9 Asking questions and probing

Learning objectives

By the end of this session, participants will be able to:

- Identify different types of questions
- Ask and formulate open-ended questions
- Explain and demonstrate probing

Time required

45 minutes

Materials

- Flipchart with several different kinds of questions

Content

Asking and formulating questions

It is important to ask appropriate questions at the right time and really listen to the responses. The way questions are asked and the types of questions asked can influence the answers given.

Open-ended – encourage answers that go beyond one word. Disclose feelings, actions, reactions, and knowledge.

Examples include:

- Questions that begin with what, how, where
- What do you think about...? How do you feel about...? Can you tell me more about...?

Closed-questions – encourage short responses or yes/no answers. Do not encourage respondents to expand on the subject. Examples include questions that begin with

- Do you, did you, how many...?

Two-in-one questions – create confusion because they force respondents to react to two things at once, and responses are usually difficult to analyze. Example:

- How many times do you feed your child a day and what do you give?

Biased or leading questions – lead respondents to say something they may not have thought about and can limit the responses. Example:

- Is it good to breastfeed your baby?

It is important to formulate questions that stimulate rather than discourage discussion. Questions should be tested and reviewed prior to being used in formative research to ensure they are as open as possible.

Probing

Probing can be achieved through:

- Silence that gives the respondent time to expand their thoughts
- A question to follow up (Why...?)
- A statement (I am a little unclear about that...) or restatement (You said ...)
- Repetition of key words in response to what the talker has said (You said that is good, but what is good about it?)
- Reference to another person or group (What might other people think about that?)

Probing is important because it allows for a deeper understanding of the reasons behind a response. The key to successful qualitative research is deep probing of issues raised as respondents respond to the questions. Try not to cover too many topics, or the interview will become a survey with little probing.

Process

Introduce this exercise by reminding participants of the importance of asking appropriate questions at the right time and discuss the influence different types of questions can have on answers.

Prior to this session, write several different kinds of questions on a flipchart (open-ended, closed-ended, biased or leading, two questions in one). Ask for volunteers to answer the questions. After a participant answers one question discuss the kind of information that was given (short, yes/no, in-depth). Ask participants to describe which kinds of questions were most effective. Why? Review each of the questions on the flipchart and label the type of each one. Facilitate a discussion on the different types of questions and discuss when each type of question should be used, as well as advantages and disadvantages of each type.

Explain that probing is a way to get additional information or a better understanding of what someone has said. Probing allows the interviewer to go beyond the initial response and learn something new.

Role-play probing during an in-depth interview, with one in the role of questioner and the other as the mother. Be sure to use several of the different probing techniques. After 5 minutes, ask participants to discuss the exercise. Was the researcher able to get more information by probing? What kinds of probing techniques were used? Which were the most effective?

Divide participants in pairs. Have each person ask their partner one open-ended question and then use probing to find out additional information. Remind participants that this is also a listening exercise. After 4-5 minutes have participants switch roles and repeat the exercise

In plenary, ask a few pairs to share the questions they asked as well as the probing questions and have them report the responses as well. They must have listened well in order to report on the responses. Ask the respondent if the answers reported are correct. Continue this exercise with a few other pairs. Ask participants, what problems they had listening. How can it be made easier? How was probing?

Session 10 In-depth interviews

Learning objectives

By the end of this session, participants will be able to:

- Differentiate between in-depth interviews and surveys
- Conduct in-depth interviews

Time required

60 minutes

Materials

- Flipchart with objectives of in-depth interviews
- Handout 10a: Conducting in-depth interviews and observations
- Handout 10b: Preparing in-depth interviews and observations guides

Content

In-depth interviews involve direct questioning, structured and/or open observation, and open-ended discussions. For the purpose of infant and young child feeding and maternal nutrition, they are conducted with mothers, primary caregivers, and other family members. They might also be conducted with health workers or community leaders.

Objectives of in-depth interviews:

- To reveal knowledge, attitudes, and practices regarding infant and young child feeding
- To gather information on current feeding practices, motivators and barriers to proper nutritional intake
- To identify the skills and resources available to solve these inappropriate feeding behaviours
- To formulate specific recommendations for testing during TIPS

Types of questions for in-depth interviews:

- Descriptive – request an account of an event
- Structural – enable interpretation of how things, including knowledge, are structured and organized
- Contrast – ask the difference between one or more events or objects
- Why – ask respondents to explain the reasons for a situation or an action

Examples of topics for in-depth interviews:

- Breastfeeding practices and related attitudes
- Complementary feeding practices
- Perceptions of different types of local foods
- Illness history
- Perceptions of child growth and development
- Sources of information on child feeding

Process

Explain that a variety of methods can be used to understand feeding practices and develop recommendations prior to conducting TIPS. Different research methods can be combined in various ways depending on available existing information and the research objectives. Review the objectives of in-depth interviews.

Distribute the handout on in-depth interviews and observations and discuss with participants, making sure to note the preparation tasks, the implementation tasks, and the analysis tasks.

Distribute and review a sample in-depth interview questionnaire on maternal nutrition. Discuss the types of questions and the order of the questions.

Divide participants into groups to develop several questions for an in-depth interview questionnaire on infant and young child feeding and assign each group a population (mothers of children 0-6 months, mothers of children 6-12 months, health workers, etc). Pass out flipchart paper for them to write their questions. Allow about 30 minutes for this activity. Explain that the questionnaire should include several different types of questions and suggested probes/follow-up questions. Encourage them to think about the kind of information that they would want to know based on their population.

In plenary, after teams have finished writing their questions, have each group share their questions and allow other teams to ask questions or provide feedback. Discuss the activity. Distribute additional sample questionnaires for participants to review.

Session 11 Observation

Learning objectives

By the end of this session, participants will be able to:

- Describe the purpose of observation
- Explain how observation is conducted

Time required

30 minutes

Materials

- Sample observation guide

Content

The purpose of conducting an observation is to gather information on actual practices and identify motivators and barriers to performing optimal practices. Observation can also be used to identify resources available in order to formulate recommendations for TIPS.

Household observations are usually conducted in conjunction with in-depth interviews. Observations can either be structured or unstructured. During structured observations, observers have a checklist of practices to observe and record on observation forms. During unstructured observation, observers write a description of everything that happens during an event (i.e., a feeding). If interviewers are in the home for an entire day, it is better to record dietary intake using observation rather than 24-hour recall. Observed feeding practices can also be used to validate the findings from 24-hour recall. In observation the emphasis is on understanding participants' practices and environment, without altering or manipulating the setting or practices.

If conducting an unstructured observation, it is important to take detailed field notes during the observation. Even though it is unstructured, it is still possible to have a simple protocol to aid the process and keep focused. Topics may include:

- Who is being observed? How many people are involved? Who are they? What individual roles and mannerisms are observed?
- What is going on? What appears to be the steps involved in a practice? What are people saying or doing? What is the physical setting like?
- What activities seemed significant? What is surprising?

Qualitative research requires simultaneous data collection and analysis. It is important to note both the actual practices and observer reflection.

Guidelines for field notes:

- Try not to have expectations for what you will observe.
- Try to recognize and dismiss your own assumptions and biases and remain open to what you observe; try to see things through the participants' perspectives.
- Write up field notes as soon as possible; list main ideas and themes. Do not discuss observation until the field notes are written, discussion may alter your initial perspective.
- List the date, site, time, and topic on each set of field notes. Draw diagrams of the site if it is relevant.
- When writing up notes, first list key words related to the observation and then outline what was seen and heard.
- Keep descriptive and reflective sections of field notes separate.

- Note questions, insights, thoughts after each observation.
- Numbering the lines or paragraphs of notes will help to find particular sections later.

Possible structured observations topics

- Mother's infant and young child care and feeding practices
- Children's activities and behaviour and the response of mothers and other caregivers to them
- Breastfeeding, bottle feeding, and other child feeding practices
- Food preparation
- Family and child meal time, including who feeds the child, what kind of supervision and feeding style is used, how actively the mother feeds, and whether the child has his or her own plate
- Special practices and behaviour during illness and recovery
- Conditions in the home, including hygiene
- Food availability

Process

In plenary, present information on observation and review the observation guide. Discuss participants' experience with observation. What are some of the challenges or perceived challenges? What suggestions would they offer to facilitate the process? Is there anything that should be added to the observation guide? What would be the advantages of using structured or unstructured observation?

Explain to participants that observation is used to learn about actual conditions and practices. Point out that the two types of observations, structured and unstructured, are usually carried out during in-depth interviews. A structured observation guide must include space to record observation notes, whereas an unstructured observation requires the observer to write a description of everything that happens during a certain event. Review a list of topics that are useful for structured observations. Answer any questions.

Session 12 24-hour dietary recall and food frequency

Learning objective

By the end of this session, participants will be able to:

- Explain the process for collecting dietary information using 24-hour recall

Time required

45 minutes

Materials

- Handout 12: Sample 24 hour recall recording form

Content

Modified 24-hour dietary recall methods are used at TIPS visit #1. This dietary information provides a basis for discussion with the caregiver about feeding practices and problems and is used to introduce and negotiate feasible improvements when conducting TIPS. 24-hour recall is not used to precisely quantify a child's usual dietary intake.

24-hour dietary recall is a commonly used method of dietary assessment. In this method people are asked to recall and describe the kinds and amounts of all foods and beverages ingested during a 24-hour period or starting the previous day. Because people's ability and willingness to recall, describe, and quantify foods eaten varies, interviewers must ask probing questions that encourage and help organize peoples' memory of eating events. Probes to clarify or check information should be neutral. To obtain adequate descriptions of foods, researchers also ask questions about the type of food, the main ingredients in recipes, cooking methods, and other special features (e.g., consistency or liquids added).

It is not necessary to quantify child's exact intake, but should be able to determine if:

- breastfeeding practices are adequate
- feeding frequency is adequate
- serving sizes are large enough
- foods contain enough energy, aren't too diluted or bulky
- there is enough variety in the diet to provide adequate amounts of protein, vitamin A, iron, and other essential nutrients
- there is an appropriate balance between feeding frequency, nutrient density, usual serving size, and diet variety (quality) that can be emphasized in this population, given the local diet for young children of different ages

The results of 24-hour recall interviews are used to identify current practices and select appropriate recommendations for testing; refine the original list of problems and recommendations; and track how often recommended behaviours are already being practiced. It is important to report on positive practices so that the need for dietary improvement is in the context of all diets, not only those with problems.

Process

Ask participants if they have experience using 24-hour recall. Have participants describe what context the methods were used in—for surveys, for programs, for baseline data, etc. Distribute handouts on 24-hour recall for TIPS. Review the steps outlined on the handout. Explain that 24-hour recall is generally used on the initial and final TIPS visits only. Explain that researchers analyze dietary information after the first visit (or at the first visit if doing only 2 TIPS visits) in order to identify feeding problems and understand current practices. Explain that during TIPS visits several methods may be used to obtain useful dietary and feeding information.

Divide participants into groups of three and distribute the 24-hour recall role-play and recording form. Have each member of the group play one of the following roles: mother, interviewer, and observer. The interviewer should ask the mother the questions and record the responses, and probe for additional information. The observer should observe the role-play considering the following questions:

- How well did the interviewer ask the questions?
- What difficulties did the caregiver have responding to the questions?
- What additional skills or information does the researcher need to conduct the interview?

After the interview, the group should discuss what recommendations they would make to this mother based on the information gathered. In plenary, discuss the experience and allow participants to share the recommendations they would suggest to the mother and why. Answer any questions.

Session 13 Counselling and negotiation

Learning objectives

By the end of this session, participants will be able to:

- Name and employ characteristics of effective counselling
- Explain how negotiation is different from telling a mother what to do
- List the steps of negotiation

Time required

60 minutes

Materials

- Flipcharts with counselling information
- Case studies for role-plays

Content

Counselling

- Counselling is a helping process where one person explicitly and purposefully gives time, attention and skills to assist the client to explore his/her situation and identify and act upon solutions within the limitations of their given environment
- Counselling is one form of interpersonal communication
- Counselling is helping a client make informed and voluntary decisions
- Counselling is a communication process, where the counsellor provides information based on the NEEDS of the person being counselled
- Counselling requires a set of communication skills
- Principles of counselling: Client need is to be put first, facilitate the process of informed decision and confidentiality
- Counselling helps to correct information, crisis management, identify needs, offer customized solutions and behavioural change
- Counsellors should use active listening, summarizing, offering options, empathizing, and assisting a client to make a decision

Steps for effective counselling

G-Greet
A-Ask
T-Tell
H-Help
E-Explain
R-Return

Counselling Process

- Identify the need for counselling
- Prepare for counselling session
- Conduct the session
- Follow-up with the client

Good Counsellor

C-Credible
O-Observant
U-Unbiased
N-Non-judgmental
S-Sensitive
E-Empathetic
L-Listens
L-Lets clients decide
O-Open-minded
R-Respects the rights of clients

Negotiation

Negotiation is a communication skill. Clear communication is the first foundation for successful negotiation. Everybody negotiates all the time, at work, at home, and as a consumer. For some it seems easy, but others view the process of negotiation as a source of conflict to be resisted and avoided if possible. Negotiation is a life skill. For example, we use it in our social lives perhaps for deciding a time to meet, or where to go on a rainy day. Preparation is the foundation of successful negotiation.

Listening is a prime tool for a negotiator. Listening well is the hardest part of communication. Unless you listen well your communication will suffer, and so will your negotiation. All negotiation requires an element of trust. If you can establish a state of trust, you are much more likely to achieve a win-win-outcome.

Negotiation is the process of identifying, recommending and agreeing to the terms and conditions, whatever they may be, of a deal. A good negotiator has skills in handling both process and communication.

The skills that support negotiation success include:

- listening
- seeing things from the other person's point of view
- identifying areas of agreement
- identifying points of leverage and blockages
- understanding motivators and barriers
- flexibility and sensitivity

Using negotiation in nutrition during home-visits helps mothers to understand possible ways to improve child feeding by asking them to try one or more new practices, and helping them overcome barriers to adopting improved feeding practices. This method motivates mothers to try the new practices recommended to them. Once they have tried the new practices, mothers usually see the benefits and will maintain them.

Negotiation Process: ARARA

Negotiation process, part 1

A: **Ask** the mother about her infant feeding practices

R: **Recommend** options based on the information that the mother gives you

Negotiation process, part 2

A: Negotiate with the mother to **agree** to try one of the options that was recommended

R: **Remind** the mother of the practice

A: Make a follow-up **appointment**

Being creative is important when negotiating. It can be more effective when you try to understand a problem from a different viewpoint. If you have any creative techniques, use them when negotiating.

Process

Review the information on counselling and negotiation. Emphasize why both skills are important when conducting formative research. Ask participants to share their experience with both. What tips can they share? What challenges have they faced? Introduce ARARA and describe the steps of negotiation. Discuss how negotiation is different from counselling.

Demonstrate the steps of negotiation in a role-play between a health worker and a mother who would like to start giving her 3-month-old baby water because she is worried that the baby is not getting enough milk. Discuss the negotiation process (ARARA: ask the mother, recommend options, agree, remind, appointment). Discuss how participants would prioritize behaviours to focus on. Ask them to identify the facilitator's actions that correspond to the various steps.

Divide participants into groups of three. Explain that they will do role-plays to practice the steps of negotiation in triads, with one person playing the mother, one playing the health worker, and one playing the observer. Tell them that a case study will be read aloud and they will have 5 minutes to conduct the role-play. After each role-play, the observer will have two minutes to give feedback. After feedback is given, participants will switch roles in their triads, and another case study will be read aloud. This will continue until all participants have acted in each role.

In plenary facilitate a discussion about their experience with this role-play and answer questions.

Session 14 Trials of improved practices (TIPS)

Learning objectives

By the end of this session, participants will be able to:

- Explain the purpose of TIPS
- Name the steps of TIPS and the activities associated with each step
- Identify current feeding practices of individual mothers and recommend improved practices

Time required

2 hours

Materials

- Sample TIPS visit #1 questionnaires
- Handout 14: TIPS visit #1 observation checklists

Content

TIPS is a method that tests mothers' responses to recommendations for improving infant and child feeding and determines which recommendations are most feasible and acceptable. TIPS is used to investigate the barriers to changing feeding patterns and their motivation for trying and sustaining new practices. TIPS is conducted in either two or three household visits. During TIPS visit 1, information is collected on current feeding practices and the researcher suggests possible practices for the mother to try and she agrees on 1-3 practices. During TIPS visit 2, the researcher and mother discuss whether the practices were tried and the mother's and child's reactions to them. In a three-visit TIPS trial, visit 1 is divided into 2 visits, see table below.

Content by day for a 2-visit TIPS trial

Visit 1	Visit 2
<ul style="list-style-type: none">• Background information• Qualitative data on feeding practices• 24-hour recall• Food frequency (of other regularly consumed foods in the community)• Analysis• Problem statement• Recommendations and initial response• Negotiation and motivation• Leave some written/oral instructions behind with mother• Agree on specific practices to try	<ul style="list-style-type: none">• Changes since last visit• 24-hour recall• Outcome and response to trial• Modifications• Adoption of practice

Content by day for a 3-visit TIPS trial

Visit 1	Visit 2	Visit 3
<ul style="list-style-type: none"> • Background information • Qualitative data on feeding practices • 24-hour recall • Food frequency (of other regularly consumed foods in the community) • Analysis 	<ul style="list-style-type: none"> • Problem statement • Recommendations and initial response • Negotiation and motivation • Leave some written/oral instructions behind with mother • Agree on specific practices to try 	<ul style="list-style-type: none"> • Changes since last visit • 24-hour recall • Outcome and response to trial • Modifications • Adoption of practice

For the purpose of this module a two-visit TIPS trial will be used which combines visits 1 and 2. In order for this to be successful, researchers must be able to listen to feeding information and be able to make appropriate and feasible recommendations. Since visits 1 and 2 are combined and are distinct in purpose and actions, visit one should be divided into two halves when presenting the process.

TIPS visit 1 (or the first half of visit 1)

During visit 1, the following information is collected: background information, qualitative data on feeding practices, dietary assessment through 24-hour recall, and additional questions about other foods consumed by young children. The data collected are not used to precisely estimate usual intake of energy, protein, micronutrients, etc., for individual children or to relate these estimates to specific outcomes (e.g., growth). Rather, the information is used to get a general idea of the feeding patterns and levels of intake in the population.

Visit 1 (or the first half of visit 1) includes:

- Open-ended questions and probes on child feeding practices and mother's beliefs
- Dietary assessment
- Identification of specific feeding problems (interpretation of the dietary assessment)
- 24-hour dietary recall and food frequency methods

During the initial visit, researchers collect background information and conduct dietary assessments based on the prepared 24-hour recall and food frequency forms. Because a child's illness often influences feeding decisions, information on health status and appetite is also probed and recorded at this time.

In addition to conducting the 24-hour dietary recall, interviewers ask whether the child consumed foods during the previous 2–3 days that were not consumed on the day of the recall, and whether other foods available in the home are consumed by older family members. This information is used to identify foods that are not consumed every day but that are considered appropriate for children, as well as foods that might be available to add to the child's diet. Researchers usually also ask open-ended questions about the child's appetite, feeding styles, and preparation practices and observe and take notes on child feeding or food preparation activities that occur during the visit. During TIPS visits several methods may be used to obtain useful dietary and feeding information.

Dietary information is analyzed during the first visit to answer questions on infant feeding, and that information is then used to determine appropriate recommended behaviours for the mother to try.

Questions to consider when talking with mothers about infant and young child feeding practices:

- Are breastfeeding practices adequate?
- Is feeding frequency adequate?
- Are the serving sizes large enough?
- Do the foods contain enough energy, or are they too diluted or bulky?

- Is there enough variety in the diet to provide adequate amounts of protein, vitamin A, iron, and other essential nutrients for growth and development?
- What is the appropriate balance between feeding frequency, nutrient density, usual serving size, and diet variety (quality) that can be emphasized in this population, given the local diet for young children of different ages?

TIPS Visit #2 (or the second half of visit #1)

During the counselling/negotiating visit, the researcher discusses both positive feeding practices and feeding problems. For each problem, the researcher mentions some corresponding recommended practices and asks mothers to select one she would be willing to try. Through a process of negotiation, the researcher and mother agree on the specific practices that the caregiver will carry out for the next several days, until the scheduled follow-up visit. Throughout this discussion, the researcher carefully records the caregiver's reaction to the recommendations and the stated reasons for accepting or not accepting each one.

It may seem difficult to ask mothers to change practices, but if rapport has been established, families are usually happy to see the researcher return. Families generally are eager to try new practices that seem feasible when they understand how they can benefit the child. During the negotiations, researchers often face resistance to new practices and they must encourage mothers to adopt one or more of the recommended changes. The Assessment and Counselling Guide includes strategies for motivating adoption and continuation of each recommendation. The success of different motivational strategies is also recorded during the visit. This information is used later to select motivational components of nutrition messages.

If a new or modified food is agreed on, prepare it with the caregiver during the visit if possible. If the child is going to eat more food at each meal, stay with the caregiver while she tries to do this and help her to complete the recommendation successfully. At least confirm the mother's understanding by asking her to repeat in her own words what new practice she is going to try and how she will do it. In areas where mothers (or at least one family member) are literate, leave a written reminder of what the mother has agreed to try.

At the end of the negotiation, agreement is reached on one, two, or, at most, three specific changes the mother is willing to try during the following days. The exact agreement is recorded (and later transcribed on the appropriate follow-up forms). It is important that each caregiver feels she has made her own decision about what to try. Finally, a date is arranged for a follow-up visit one to two weeks later.

Steps of negotiation in TIPS

- Researchers give feedback to mothers on current practices and discuss recommended practices she could try.
- Researchers negotiate with mothers to try one or more recommendations.
- Researchers must anticipate attitudinal and cultural barriers to behaviour change and be prepared to provide alternative options and motivations to overcome these barriers.
- Researchers reach an agreement with the mother to try the new practice(s) for a certain period of time (usually about 1-2 weeks) and to be re-interviewed about the experience. (The mother should be asked whether and how often s/he is already carrying out the practice.)
- Researchers record the recommendations discussed with the mother, as well as the positive and negative reactions to each. For each practice, note the following about the mother:
 - Overall reaction to the suggested practice
 - Desire to follow the advice and reason
 - Perceived ability to follow the advice and reason
 - Whether s/he expects to change the advice and why
 - Whether anyone else needs to be consulted for the behaviour change to be tried
- Each recommendation that the mother agrees to try should be carefully recorded

Advantages of TIPS:

- Mothers are given a choice of recommended practices to try
- TIPS makes use of locally available resources
- Mothers take ownership of the process
- Recommendations are tested in a real environment
- TIPS tests the feasibility of asking people to carry out the accepted behaviours
- There is a greater appreciation of the problems and constraints faced by mothers

Process

Divide participants into working groups and have them use visualization in participatory process (VIPPP) cards to write what they know about TIPS. Have each group post its cards and review in plenary. Summarize their comments.

In plenary, explain that in order to plan a BCC strategy program planners must have an understanding of nutrition problems affecting a community and information on practices that are acceptable to and feasible for the populations affected. All recommended practices should be tested through TIPS, ideally in people's homes, before they are recommended on a larger scale. Review the tasks of each of the stages of TIPS and the two or three household visits.

Inform participants that TIPS involves interviews, observation, dietary assessment, counselling, negotiation, motivation, and assessing mothers' responses to the recommended practices. Point out that detailed questionnaires are essential because the researcher must ask different types of questions and may need to use a different style when communicating with the mother about different topics. At times the neutral style of a researcher is required, while at other times the motivating style of a nutrition counsellor is needed. Questionnaires outline the steps and key issues in conducting TIPS visits. Review sample questionnaire for TIPS visit 1.

Review the "Assessment and Counseling Guide for TIPS" handout and have participants write recommendations based on the matrices they completed on current feeding practices in their regions on day 1.

Divide participants into groups of three to practice TIPS visit 1. One participant will play the mother, one the researcher, and one the observer. Pass out sample questionnaires with feeding recommendations, an observation checklist to the observer, and three cases with information about each of the roles. After each role-play, the observer will provide feedback. After time is given for feedback, participants will switch roles within their groups, and practice with another case study. This will continue until all participants have acted in each role. In plenary facilitate a discussion about their experience with this role-play and answer questions.

Session 15 Summarizing TIPS visit #1 findings

Learning objective

By the end of this session, participants will be able to:

- Summarize the findings from TIPS visit #1

Time required

30 minutes

Materials

- Completed TIPS visit 1 questionnaire (from previous session)

Content

Immediately after the visit 1, researchers summarize the mother's response to all of the suggested recommendations. One purpose of TIPS is to get caregivers' reactions to proposed behaviour changes before and after they try to implement them. Negative reactions and unsuccessful adoption are as important as positive reactions and successful adoption. The reasons a practice is not followed and the conditions under which it might be, as well as any modifications that people make in the recommended practice during the trial, are valuable research findings. At this time, researchers should be sure not to leave out any important recommendations. Recommendations that are not suggested cannot be tested, and gaps will remain in the understanding of the acceptability of these practices. The most common reasons for recommendations to not be suggested to caregivers during a counselling visit are listed below.

- The relevant feeding problem rarely occurs in the sample, so the recommendation is not needed often.
- The feeding behaviour is already widely practiced by most of the sample.
- A particular recommendation is at the end of a long list, so others are mentioned first.
- The researchers feel uncertain about making the suggestion, because they don't feel it is an appropriate practice or they are unsure how to explain and promote it.

Process

Explain the importance of summarizing initial reactions immediately following visit 1. Review the information on summarizing the findings. In the same groups as the previous session, have participants summarize the findings from the case studies. Have a few participants share how they recorded information and what additional information they thought was important to record.

Session 16 Field visit

Learning objectives

By the end of this session, participants will be able to:

- Conduct TIPS visit 1
- Conduct an in-depth interview with household observation

Time required

4-5 hours

Materials

- In-depth interview questionnaire with observation guide
- TIPS questionnaire with recommendations
- Handout 16c: Observation checklists for TIPS

Process

Select a field visit site that will allow each pair to visit one household to practice in-depth interview and observation, and one household to practice TIPS (the pair will return to the TIPS household in two days). It may be necessary to visit more than one village. The households for in-depth interviews should have children 0-12 months, and the households for TIPS visits should have children 6-12 months. Arrange for transportation to the field visit site and coordinate with local NGO or community health workers to help identify and locate all of the households.

Prior to the field visit, divide participants into pairs and allow them to decide who will conduct the in-depth interview visit, and who will conduct the TIPS visit. During the session when they are not conducting the interview, they will act as the observer and provide the interviewer with feedback after the visit. Distribute the in-depth interview, TIPS questionnaires, and observation checklists the night before the field visit to ensure that participants are familiar with the questions and checklists.

Remind participants that it may be necessary to talk with the mother in private as other family members may dominate the interview. If this occurs, thank the other family members for sharing their opinions and ask the mother to move to a more private location. The observer should only observe, if they notice an omission, they can remind their partner, but should not directly ask the mother questions. Remind participants that in-depth interviews are conducted prior to TIPS and the findings are then used to help develop recommendations that are appropriate and feasible, as well as target practices that need improvement.

Upon returning to the training site

Ask participants who practiced the same methodology (in-depth interviews or TIPS) to divide into two groups. Ask both groups respond to the following questions:

1. How was their experience?
2. What was the most surprising thing that happened?
3. What would they change if they could do it over?
4. What do they wish they had known before going to the community?

Give participants 10 minutes to answer the questions and write them on a flipchart. In plenary, ask both groups present their responses.

Session 17 Summarizing and interpreting results from in-depth interviews

Learning objective

By the end of this session, participants will be able to:

- Summarize and analyse results from in-depth interviews

Time required

45 minutes

Content

Interview results include summaries, tabulations, and insightful verbatim answers. Notes taken during the interview are reviewed and summarized with some analysis each night to identify important issues or insights. Initial analysis of the household results should be done immediately in the field.

During the initial analysis:

- Complete field notes from each interview and observation
- Prepare and clearly label household summary sheets
- Field supervisor reviews all field notes, makes comments, and requests clarifications when necessary.
- Discuss new issues and problems as a team
- Make changes to the question guide (if needed).

In the field, interviewers summarize the information from each household by topic and content. Relevant information from various sections of the guide are cross-tabulated. For example, maternal work patterns are compared with infant and young child feeding frequency and style, reported practices are compared with observed behaviours, etc. Clearly labelled summary sheets highlight key findings and simplify future analysis tasks.

The dietary assessment information for each child is summarized separately, using one page per child. Each page is coded with the selection or other criteria, such as the age of the child, area of residence, illness status, or mother's work status. This coding allows sheets to be shuffled, as needed, during different types of analyses. For these reasons, clear labelling is essential.

All of the interview and observation data across households should be summarized to identify patterns in practices and attitudes, and compare and contrast different population segments and participants. The research questions serve as a guide to the direction of the analysis. Decide the relevant ways to sort the information (i.e., by site, maternal age and experience, ethnic group, etc.). Then create summary tabulations for important pieces of information. Summaries present responses on a single topic for all households in one site or for all households in the sample. Generally, small groups are compared with one another.

Separate the notes into piles for mothers working at home and mothers working outside the home, then write a summary of the important responses on breastfeeding practices: one page on mothers at home and one on mothers working outside the home. If there are no apparent differences in practices, these groups no longer need to be separated for breastfeeding issues. A conclusion should be written on the bottom of each summary tabulation sheet. Other examples include summarizing:

- breastfeeding patterns by area, nutritional status, illness status, and child care patterns;
- transition to solid food-what food and when introduced-by area, nutritional status, breastfeeding history; and
- feeding frequency and style by age, area, child's state of health, and mother's work pattern.

In addition to analysis of actual practices, search for cultural patterns. Pay attention to beliefs or terms that are mentioned frequently and explain common practices. Many cultures have a set of beliefs related to the child's ability to chew, swallow, and digest foods, and these beliefs affect the timing, type, and dilution of foods that are offered. The purpose of collecting this information is to discover whether these beliefs affect people's willingness to change feeding behaviours. Only focus on information that is relevant to developing infant and young child feeding recommendations or program activities.

Results of the other individuals interviewed are also analyzed by area and type of participant (for example, compare all health workers' views). Determine if the responses from influential people are consistent with what mothers say, and the extent to which these people influence mothers and others in the household and community.

After completing the initial analysis, a summary of the findings should be drafted. The report on the results of the in-depth interviews and observations should focus on the information needed to prepare for TIPS. The summary also highlights implications for development of the program and its education and communication activities. Write a clear summary of the findings immediately after completing the analysis to ensure that details are recorded accurately. Circulate the draft to the field team for feedback on whether or not it accurately reflects their impressions from the participants.

Points to include in the summary are:

- a brief summary of field procedures and lessons learned for future programs;
- a description of the communities studied, the participating families, and other respondents;
- a detailed account of the infant and young child feeding practices or attitudes that are the focus of the research, such as:
 - breastfeeding patterns (initiation, frequency, duration, supplementation),
 - patterns of age of introduction of foods, type of food, preparation, mode of feeding, density/consistency, quantity, and quality,
 - motivations, barriers, and beliefs of mothers and other participants that encourage or discourage feeding nutritious foods to young children, and
 - ways in which an infant or young child's behaviour influences feeding decisions made by the mother;
- an analysis of the benefit or harm of the specific feeding practices:
 - examine mothers' actions objectively,
 - the aim is to learn how to close the gap between scientifically ideal behaviour and actual practices that are hindering infant and young child growth and development, and
 - build on current practices to the extent possible;
- information on sources of information on maternal diet and infant and young child feeding; and
- conclusions and recommendations regarding the priorities and specific feeding recommendations that will form the basis of TIPS.

The information gathered in in-depth interviews is then used to develop recommendations to test during TIPS. Detailed accounts of infant and young child feeding, including positive practices and difficulties, are completed before planning the household trials. The information gained from interviews, dietary recalls, and observations form the basis for determining the most logical and practical dietary improvements to try with mothers.

Process

Present information on summary and analysis of in-depth interviews. Answer any questions. Let participants know that they will have an opportunity to practice this later.

Session 18 Summarizing and interpreting results from TIPS visit 1

Learning objective

By the end of this session, participants will be able to:

- Summarize and analyze information from TIPS visit 1

Time required

45 minutes

Content

After TIPS visit 1, researchers summarize each mother's response to all of the suggested recommendations. One purpose of TIPS is to get mothers' reactions to proposed behaviour changes before and after they try them. Negative reactions and unsuccessful adoption are as important as positive reactions and successful adoption. The reasons a practice is not followed and the conditions under which it might be followed, as well as any modifications people make in the recommended practice during the trial, are valuable research findings.

During visit 1, it is important for researchers to be sure not to leave out any important recommendations. Recommendations that are not suggested cannot be tested, and gaps will remain in the understanding of the acceptability of these practices.

Process

Present information on summary and analysis of TIPS. Answer any questions. Let participants know that they will have an opportunity to practice this later.

Session 19 Finalizing notes and summarizing field visit #1

Learning objective

By the end of this session, participants will be able to:

- Summarize the findings from field visit 1

Time required

75 minutes

Materials

- Flipchart paper

Process

Divide participants into groups based on the method they practiced during the field visit (in-depth interviews or TIPS), further divide the group so there are only 4-5 participants in each group. If different sites were used it would be better to group those with the same method and location together. In their groups, ask participants to summarize and analyze their findings from the first field visit on flipchart paper.

For in-depth interviews: Ask participants to list the key information collected. Ask how they would summarize their findings. Ask participants to answer these questions based on their visits:

- What are the current practices that you would address in TIPS? Why?
- What are appropriate and feasible practices that you would recommend mothers try in TIPS?

For TIPS: Ask participants to list the key information collected. Ask how they would summarize their findings. Ask participants to answer these questions based on their visits:

- What recommendations are women willing or not willing to try? Why?
- What are the motivators that encouraged women to agree to try a practice? Barriers?

In plenary, have each group select a spokesperson to present a summary of their findings. Ask participants to provide comments and feedback and encourage them to ask questions of each other.

Session 20 TIPS round 2

Learning objectives

By the end of this session, participants will be able to:

- Explain the purpose of TIPS visit 2 (follow-up visit)
- List the steps of TIPS visit 2

Time required

60 minutes

Materials

- Completed questionnaires from TIPS visit 1 field visit
- Handout 20: Observation checklist for TIPS visit #2

Content

For TIPS visit 2 (follow-up visit) the researcher returns to the home on the agreed upon day to assess the outcome of the trial; specifically whether the caregiver tried the recommended practice(s). During this visit, the researcher asks if any significant changes took place in the home or in the child's health since the previous visit. The researcher conducts a second 24-hour dietary recall and then interviews the mother about her reaction to the practices she agreed to try. These discussions include the mother's experience with the new practice(s), the child's response, the mother's willingness to continue the practice in the future, and any modifications made to the recommended practices.

If an important recommendation is consistently unsuccessful, and if time and logistics permit, it is useful to offer one or two alternative recommendations and conduct a second follow-up visit. For example, if mothers refuse to feed thick porridge to babies 6 to 12 months old, see if they will try adding a spoonful of oil, add a little less water, or feed enriched pap one or two extra times per day.

Process

Ask participants what they think happens in TIPS visit 2. Provide additional information or correct any misinformation. Review the steps of visit 2. Distribute and review sample questionnaire for TIPS visit 2. Answer any questions.

Divide participants into their pairs from field visit 1. Have the participant who conducted TIPS visit 1 play the role of the researcher and the participants who observed the TIPS visit play the role of the mother. Give participants time to review what happened during visit 1 and then role-play visit 2 based on what the observer thinks will happen. Give participants 10 minutes for the role-play, allowing additional time for feedback. In plenary facilitate a discussion about the experience with this role-play and answer questions.

Session 21 Focus group discussions

Learning objectives

By the end of this session, participants will be able to:

- List characteristics of effective focus group discussions
- Explain the purpose of focus group discussions

Time required

75 minutes

Materials

- Handout 21: Focus group discussion observation checklist

Content

Focus groups are group discussions that bring together people from similar backgrounds or experiences to discuss a specific topic. The facilitator introduces topics for discussion and helps the group participate in a lively and natural discussion. A focus group is not a group interview in which a facilitator asks the group questions and participants individually provide answers. The focus group relies on group discussion and is especially successful when the participants are able to talk to each other about the topic.

The discussion usually "focuses" on a particular area of interest. It does not cover a large range of issues but allows the researcher to explore one or two topics in greater detail. Focus groups are also "focused" because the participants usually share a common characteristic.

Focus groups usually involve about five to ten participants. The facilitator uses a prepared question guide that is used to ask general questions. The question guide is only an outline of the major questions that will be asked of the group. An observer/note-taker records key issues raised and responses given in the session and other factors that may influence the interpretation of information. S/he may point out questions that are not well explored or that are missed or may suggest areas that could be investigated. Focus groups are used to explore people's beliefs, attitudes, and opinions.

Process

Ask participants to share their experience with focus groups. Write key elements on a flipchart. Ask several questions about focus groups to generate a discussion of the characteristics and objectives of focus groups. What is a focus group? What can you learn from a focus group? What can't you learn? How many participants? What are characteristics of effective focus group discussions? Ineffective?

Divide participants into two groups. Have one group prepare a role-play to demonstrate a good focus group and another demonstrate a poor focus group. Give the groups 10 minutes to prepare. They should select one person to be the facilitator.

Give the poor focus group 10-15 minutes to perform its role-play. Discuss the characteristics of the group that made it ineffective. What could have been done differently? Give the good focus group 10-15 minutes to perform their role-play. Why was it effective? Could anything have been done to make it more effective?

Be sure the following points about focus groups are mentioned or discussed:

- Not a health education session or a time to disseminate information
- Use open-ended questions

- Introduce session and remind participants that you are there to learn about their thoughts, but you can answer questions after the focus group
- There are no right or wrong answers
- There to collect information not disseminate it
- Try to learn why and how they do things not what they think they should do
- Always conduct two separate focus groups to compare findings
- Get those who are quiet to talk and those who talk too much to be quiet

Divide participants into groups of 5. Pass out focus group discussion guide and roles for role-play. Have each group select a facilitator and an observer/note-taker. Allow groups 15 minutes to practice and then switch facilitators. After each facilitator finishes, participants should give feedback.

In plenary, discuss the exercise. What were the challenges of facilitating a focus group discussion? What was done well? What could have been done differently? Summarize the exercise and repeat characteristics of effective focus group discussions.

Session 22 Taking notes during focus group discussions

Learning objective

By the end of this session, participants will be able to:

- Describe how to take notes during a focus group discussion

Time required

20 minutes

Content

The role of the note-taker in a focus group discussion is to:

- observe and record the group dynamics and other subtle reactions and interactions among participants;
- assist the moderator by recording background information on participants; and
- develop a system for identifying all the participants and attributing their remarks.

In the field, immediately following the focus group discussion, the moderator and the note-taker hold a debriefing session to review and discuss the discussion and to produce detailed notes. They should discuss the results and revise the question guides to resolve any difficulties that arise. The initial analysis involves the following steps:

- Complete the notes from the session.
- Transcribe the taped discussions (if applicable).
- Summarize each session. Write a brief description of the group, summarize the major points by theme or topic, and include relevant quotes to illustrate the points of view expressed.
- Make any necessary revisions to the question guide taking into account new issues that are raised that require further investigation.

Process

Ask participants to share their previous experience recording focus group discussions. Review the process. Discuss challenges and tips for effective note taking. Answer any questions.

Session 23 Field visit #2

Learning objectives

By the end of this session, participants will be able to:

- Conduct TIPS visit 2 (follow-up visit)
- Facilitate focus group discussions

Time required

4-5 hours

Materials

- TIPS visit 2 questionnaire
- Focus group discussion question guide
- Observation checklists for focus group discussions

Process

Divide participants into the same pairs from the first field visit. Distribute the focus group discussion question guide, TIPS visit 2 questionnaires, and observation checklists for observers the night before the field visit to ensure that participants are familiar with the questions. The observer should only observe, if they notice an omission, they can remind their partner, but should not directly ask the mother questions. In the Focus Group the note-taker does not participate or remind partner of anything overlooked.

Upon returning to the training site

Ask participants who practiced the same methodology (TIPS, focus group discussions) to divide into two groups. As a group have them respond to the following questions:

1. How was their experience?
2. What was the most surprising thing that happened?
3. What would they change if they could do it over?
4. What do they wish they had known before going to the community?

Give participants 10 minutes to answer the questions and write them on a flipchart. In plenary, have both groups present their responses.

Session 24 Summarizing and interpreting results from TIPS visit 2

Learning objective

By the end of this session, participants will be able to:

- Summarize and interpret responses from TIPS visit 2

Time required

30 minutes

Content

After reviewing and summarizing each visit, researchers should write a summary report that includes the following:

- A summary table with feeding practices that were recommended most frequently and seemed most likely to be tried, liked, and adopted
- A description of the responses to the recommendations by age group, including the most important motivators and barriers
- A description of regional differences or any other factors that directly affect the adoption of the recommendations.
- Adaptations that mothers make to the recommended practice
- Conclusions about implications of the results for program planning, such as whether different messages are needed for certain population groups

Process

Present information on summary and analysis of responses from TIPS visit 2. Answer any questions. Let participants know that they will have an opportunity to practice this later.

Session 25 Summarizing and interpreting results from focus group discussions

Learning objective

By the end of this session, participants will be able to:

- Summarize and interpret notes from focus group discussion

Time required

30 minutes

Content

After each discussion, the moderator and the note-taker hold a debriefing session to review the discussion and to produce detailed notes. They should discuss the results and revise the question guides to resolve any difficulties that arise. The initial analysis involves the following steps:

- Complete the notes from the session.
- Transcribe the taped discussions (if applicable).
- Summarize each session. Write a brief description of the group, summarize the major points by theme or topic, and include relevant quotes to illustrate the points of view expressed.
- Make any necessary revisions to the question guide taking into account new issues that are raised that require further investigation.

Once the group discussions summaries are complete, summarize across groups and look for trends or important differences.

- Finish analyzing the transcripts for content and summarizing each theme on a separate page. Note any relevant facts about the group or the participants.
- Code the summaries of the themes using colored markers or symbols to indicate where the information is from and from what type of participant. Highlight key words or phrases.
- Make summaries that indicate the major points made on each topic and where there is consensus or difference of opinion. Remember that this is not a quantitative content analysis, and there is no need to count the number of people who expressed a particular opinion. Trends and interesting points that arise in the group are highlighted.
- List special vocabulary or unusual phrases used. Leave plenty of direct quotes in the content summary.
- Pull together all of the summaries for each type of participant, such as working mothers. Summarize the similarities and differences noted within each participant category. The objective here is to emphasize the similarities, but also note any important differences among the groups studied.
- Analyze different population segments (such as regions or ethnic groups) to develop a profile of the entire population. Again, look for similarities and focus on differences only when relevant to program design.

Process

Present information on summary and analysis of focus group discussions and answer any questions.

Session 26 Finalizing notes and summarizing field visit #2

Learning objective

By the end of this session, participants will be able to:

- Summarize the findings from field visit 2

Time required

75 minutes

Materials

- Flipchart paper

Process

Divide participants into groups based on the method they practiced during the field visit (focus group discussions or TIPS), further divide the group so there are only 4-5 participants in each group. If different sites were used it would be better to group those with the same method and location together. In their groups, ask participants to summarize and analyze their findings from the second field visit on flipchart paper.

For focus group discussions: Ask participants what they think is the key information collected. Ask how they would summarize their findings. Ask participants to answer these questions based on their visits:

- What are the current practices and beliefs that impact feeding practices?
- What are appropriate and feasible practices that you would recommend?

For TIPS: Ask participants what they think is the key information collected. Ask how they would summarize their findings. Ask participants to answer these questions based on their visits:

- Did women try the agreed upon practices? Why or why not?
- Do they plan to continue? Why or why not?
- What modifications were made?

In plenary, have each group select a spokesperson to present a summary of their findings. Ask participants to provide comments and feedback and encourage them to ask questions of each other.

Session 27 Linking formative research to a BCC strategy

Learning objective

By the end of this session, participants will be able to:

- Explain how formative research findings can be used to develop a BCC strategy

Time required

60 minutes

Materials

- Flipchart paper, markers

Process

Divide participants into four groups. Ask each group to think about their experiences using formative research during the field visits. Based on those experiences and the experiences of their fellow participants, what would be the messages that they would focus on if they were developing a BCC program? Why? Ask them to discuss the relationship between formative research and BCC and summarize what they learned about the purpose of each of the formative research methods. Provide participants with markers and flipchart paper to display their summaries. Give each group 5 minutes to report on the discussion in their group.

Session 28 Designing formative research

Learning objective

By the end of this session, participants will be able to:

- Sample population segment (New objectives for this Session needed)

Time required

60 minutes

Materials

- Handout 28: Steps for designing formative research

Content

Steps for Designing Formative Research

1. Define research objectives

In order to design an efficient research plan, research objectives must first be defined based on the overall goals of the program and the findings from the review of existing information.

(e.g. To gather detailed information on feeding practices of infants and young children under 2, etc)

2. Develop research questions

Research questions should be developed based on the information gaps identified by completing the infant and young child feeding matrices (based on information collected during the review of existing information (baseline) and key informant interviews (with staff from previous child survival project). What is the key information that needs to be gathered in order to plan interventions and develop messages?

(e.g. What are the usual serving sizes and frequency of feeding, by age? etc)

3. Select core research team

Decide who will be responsible for planning, supervising, and analyzing the research. The team should include:

- Research director to plan, supervise, follow research plan and protocols, and analyze results
- Nutritionist to develop recommendations and analyze dietary information
- Other experts on the different types of research that will be used

It is important to select the core team members early so they can be involved in the decisions on research design, sampling, and questionnaires.

4. Select research methods

Research methods should be chosen based on the research questions identified. (see Table 1. Decision Guide for Selecting Methods)

5. Selecting the Sample

Selecting the sample for formative research requires the following steps: choosing population segments; identifying appropriate population sampling units within these segments; choosing categories of participants; choosing the age groupings for children of participants; selecting sites; and determining sample size.

a) Identify population segments:

A population segment is a group of people sharing similar characteristics that affect the topic being researched (i.e. infant and young child feeding). Population segments can be determined based on regions to be covered (geographic

areas: mountains, highlands, plains, other zones that affect child feeding/food sources) and population groups (ethnic, language, religion, occupation, access to communication/education sources, or anything that would affect infant and young child feeding). Focus on the most appropriate segments within the designated groups. Population segments may be defined by political, funding, or other factors. For most programs, no more than four population segments should be selected, although programs of national scope may require more segments. Create segments *only* when groups differ so much that different activities, messages, and/or communication strategies are required to reach them. Choosing *too many segments* increases the complexity, duration, and cost of the research. Do not collect detailed information on more groups than the program itself can target with tailored actions.

For example, typical segments are two distinct ecological zones where diets are different, such as highlands and lowlands. In the lowlands the lifestyle differences between rural and urban residents may be large, and undernutrition may be widespread in urban areas with recent migrants. This scenario suggests three sampling segments: lowland rural areas, lowland urban areas with long-term residents and recent migrants, and highland rural areas.

b) Population sampling units

A unit is a community or cluster of people that is used to select research sites. Each unit should contain 35-50 children in the age group of the study (to provide a large enough population for recruiting households). A village could be a population unit.

c) Categories of participants:

Who does influence infant and young child feeding and whose input is needed to answer the research questions determine categories of participants (e.g. mothers, other family members, health care providers, other influential people). It is important to sample mothers who vary by other characteristics that may influence infant and young child feeding or willingness to accept recommendations (i.e. age, work status, education level).

d) Age Selection of children:

Choose the appropriate child age groupings based on ages when a transition in feeding takes place and ages that have nutritional problems. Suggested age groupings are:

- Zero to less than six months (when exclusive breastfeeding is recommended)
- Six to less than nine months (a period of high risk for infection and malnutrition, when infants begin to need complementary foods)
- Nine to less than 12 months (when children are introduced to a greater variety of foods);
- 12 to less than 18 months (when children are able to walk and often are considered ready for a transition to the family diet)
- 18 to less than 24 months (when children need even greater quantities of nutrient-dense foods)

The age groups may be divided differently to reflect culturally relevant practices. For example, if there is a local ceremony at 10 months to mark a milestone in children's lives, this may be a more appropriate break point than the nine months cut-off suggested above. It may be possible to narrow the overall age range or reduce the number of groups, depending on the local situation and the scope of the program.

e) Site selection:

Select the actual sites where research will be conducted, based on the population segments and units (at least 2-3 sites per each population segment). Select the specific villages, neighbourhoods, or zones that are included. The sites should be representative of the program area in terms of socio-economic status, access to health care and other services, food availability, and other characteristics that are likely to affect the recommendations or the way the program will be delivered. If necessary, the findings in these sites can be confirmed/checked in other sites.

If a listing of suitable population units (such as cities, census zones, etc.) is available, sites may be selected randomly. But, because qualitative research includes a small number of sites and a small sample, purposive sampling is often best for this research. *Purposive sampling* means choosing a site on purpose because it has characteristics representative of the population that a program aims to serve. It does *not* mean choosing a site just because it is convenient for the research team. If there is not enough information to select sites based on specific characteristics, it is better to select sites randomly. Visiting potential sites to assess their suitability is very useful at this stage. Site selection is an important step; choosing inappropriate sites can bias the research findings.

f) Determine sample size:

The sample size is the number of people or households selected to participate in the research. There are no definitive rules for calculating sample sizes in qualitative research, but including at least 2 or 3 individuals per participant category (i.e. mothers of children 0-6 months, etc) in each population unit is recommended. For TIPS, the sample should include 10 to 15 children from each site, or two to three children in each age group per site. If there is another characteristic of particular interest, such as whether children are growing well or are ill, the sample size is increased. Using these estimates, determine the number of participants needed within each site to ensure that the major age groups and relevant characteristics are covered adequately.

Notes on sample size:

- Although research sites may be selected purposively, individuals in those sites should be selected randomly.
- A purposive sample is chosen to represent the characteristics of interest in the research and program. Because the sample is not random, it is not representative in the statistical sense. It is not valid to apply statistical tests to results based on a purposive sample.
- Decisions about sample size must be taken in light of time and budgetary constraints.
- Because there is no statistical process for calculating the sample size, during the research the team may decide not to interview the entire sample, if interviews after a certain point stop yielding new and useful information.
- Alternatively, the team may decide to add interviews of a certain type of respondent on the basis of early findings.

6. Plan the logistics

Determine the number of staff needed, based on number of interviews, discussions, and visits; and the amount of time available to complete the study. The research director should make frequent unannounced visits to observe field activities and examine a sample of data forms and accompany interviewers to offer suggestions for improvement. It is also helpful if the director or supervisor validates each interviewer's work early in the research process by revisiting homes where interviews were done and confirming the information obtained. For this type of work, it is important to train supervisors to be supportive rather than critical in dealing with problems and inconsistencies. It is better to have staff feel free to ask questions and raise issues than to have them cover up mistakes out of fear of disapproval or criticism.

Draw up an implementation plan that shows the planned dates for initiation and completion of all stages of the research, including training, travel time, sample selection, data collection, and analysis. See Table 2 for Time Estimates for various research methods. In locations where populations are very dispersed, it may not be possible to conduct more than one or two interviews or trials per day and time estimates should be increased accordingly. In some cases an activity cannot begin until a preceding step has been completed; in other cases overlap is possible, which shortens the overall schedule. It is wise to avoid scheduling too many field activities simultaneously because this makes supervision more difficult.

7. Select and train the field team

Now that there is a research design and plan for recruiting personnel, it is time to select the best candidates. Ideally, field workers work in teams of two or three members, although they conduct interviews individually. A small team

can move together to each community, each person taking responsibility for interviewing respondents with children in a specific age group. Where language varies, team members will have to specialize by language skills instead of by age group.

During the training, field staff are oriented on background and general issues related to the research prior to learning about and practicing the research methods. Materials to distribute during the general training include an outline of the research and program objectives, a reference document on infant feeding (*LINKAGES Facts for Feeding*), worksheets reviewing existing information, and a list of key points on the qualitative research approach.

Characteristics of field team members:

- Fluency in the local language(s).
- Ability to establish rapport with strangers, converse naturally, and put people at ease so that they can express themselves freely.
- Ability to observe and record situations without judging or distorting.
- Empathy with the type of people who will be interviewed.
- Maturity, ability to handle difficult situations that may arise during fieldwork.
- Comfort in discussing child care, child illness, and child feeding issues. (While men and women are potential team candidates, women are usually more at ease when talking with women about these issues.)
- Previous field experience.
- Willingness to live and work in the study communities during the research.
- Ability to analyze a situation, think and act independently, and write adequately.

Training Topics:

- Overview of the program, its background and objectives.
- Objectives of the research.
- Outline of the training: objectives, format, schedule.
- Qualitative research methods: theory, attitudes, skills.
- Background information on child nutrition and feeding practices and their relevance to health.
- Expectations of field staff: responsibilities, attitudes, supervision.
- Field conditions and logistical arrangements.
- Overview of the research design, including methods, participants, and implementation schedule.

Process

Ask participants to think of the main steps involved in designing formative research. Write them on a flipchart. Present the information on designing formative research and incorporate participants' responses. Distribute the handout and answer any questions.

Session 29 Action plans

Learning objective

By the end of this session, participants will be able to:

- Write an formative research action plan

Time required

60 minutes

Materials

- Flipchart with an action plan template

Process

Divide participants into working groups based on organization. Ask them to come up with an action plan for designing, implementing, and analyzing formative research. Action plans should include training needs, timelines, external resources needed, etc.

Allow each group to present its action plan. Encourage other groups to ask questions and offer suggestions.

Session 30 Post-test and final evaluation

Objective: To assess the change in knowledge by comparing the pre-test and post test.

Time required

45 minutes

Materials

- Handout 30a: Post-test
- Handout 30b: Participant evaluation

Process

Distribute post-test to participants. Ask participants to complete them individually and write their names on the top. Tell participants they have 25 minutes to complete the test. Give them a 5-minute and 2-minute warning.

Correct all the tests while participants complete the evaluation. Identify topics that continue to be confusing and address them quickly and provide participants with information on additional resources.

Distribute copies of the evaluation form to each of the participants. Encourage them to be honest and specific so that future workshops can be improved.

Handouts

Handout 3: Pretest

Handout 4: Questions and answers on infant feeding and BCC

Handout 6a: Formative Research Methodology Overview

Handout 6b: Phases of Formative Research

Handout 7a: Ideal feeding practices and common feeding problems by age group or illness status

Handout 7b: Behaviour change matrix

Handout 10a: Conducting in-depth interviews and observations

Handout 10b: Preparing in-depth interviews and observations guides

Handout 12: Sample 24-hour dietary recall questionnaire

Handout 16: TIPS Visit #1 observation checklist

Handout 20: TIPS Visit #2 observation checklist

Handout 21: Focus group discussion observation checklist

Handout 28: Steps for designing formative research

Handout 29: Action plan template

Handout 30a: Post-test

Handout 30b: Participant evaluation

Handout 3: Pretest

Name: _____

20 points

1. What is the main purpose of formative research? (circle the correct answer) 2 points
 - (a) to collect data that can be used in the development of baseline and endline surveys
 - (b) to disseminate information on optimal behaviors
 - (c) to explain to community members what they should be doing
 - (d) to collect information to use for program design and planning

2. Is a focus group discussion different than a health talk? If so, how? If not, why? (Give 2 examples) 2 points

3. Which of the following is NOT one of the purposes for conducting focus groups? 1 point
 - (a) Learn about participants' current practices and beliefs
 - (b) Recommend improved practices
 - (c) Understand the reasons behind current practices and beliefs
 - (d) Test the feasibility of recommended practices

4. Which one of the following questions CANNOT be answered by 24-hour dietary recall? 1 point
 - (a) Are breastfeeding practices adequate?
 - (b) Are serving sizes adequate?
 - (c) Is the exact amount of calories consumed by each individual adequate?
 - (d) Is there enough variety in the diet to provide adequate amounts of protein, vitamin A, iron, and other essential nutrients?

5. How are in-depth interviews different from surveys? (Give 2 examples) 2 points

6. What is the correct order for conducting TIPS (trials of improved practices)? (number the correct order) 4 points (.5 each)
 - () learn about mothers reactions to the new practices
 - () summarize findings: make recommendations for program planning and possible further research
 - () identify sub-optimal practices and develop recommendations to suggest during household visits
 - () conduct in-depth interviews, observations, and dietary assessments
 - () identify common feeding practices in a community, by age, and list related optimal practices and recommendations
 - () tabulate findings: number agreed to, number tried, number will continue; note barriers/ motivators
 - () develop question guides
 - () conduct counseling visit to discuss specific recommendations and negotiate with the mother/caregiver

7. What is the role of formative research in a behavior change communication strategy? (circle correct answer) 2 points

- (a) Provides quantitative information that can be used to plan and adapt behavior change communication programs
 - (b) Allows messages and materials to be pre-tested with the primary and secondary target audiences
 - (c) Assess the current level of support for recommended practices at the institutional level
 - (d) Evaluates current practices and reactions to recommended practices in order to develop appropriate and feasible messages.
8. Write one example of an unbiased (not leading), open-ended question. 2 points
9. Circle true or false – Formative research is a rigid process, with specific steps and methodologies, which must be implemented in its entirety. 1 point
10. Which of the following can be used to quickly validate the recommended practices that come out of TIPS? 1 point
- (a) Focus group discussions
 - (b) 24-hour recall
 - (c) Household observations
 - (d) In-depth interviews
11. On your first TIPS visit to Usha’s house you learn that she gives rice and milk to her 9-month old son three times a day in addition to breastfeeding on demand. What are two questions you would ask her in order to determine which practices you should recommend she try? 2 points

Handout 4: Sample Questions and Answers on Infant Feeding and BCC

1. Name three advantages of breastfeeding for the baby
2. Name three advantages for the mother.
3. How soon after birth should the baby be offered the breast?
4. At what age should a baby begin to eat first foods?
5. Define exclusive breastfeeding
6. What should babies under 6 months old be given to eat or drink?
7. Name a common difficulties associated with breastfeeding and one way to manage each of these difficulties.
8. What should mothers offer to their babies as first foods?
9. What consistency should the food be?
10. How many times a day should children 6–8 months be fed?
11. How many times a day should children 9–11 months be fed?
12. How many times a day should children 12–24 months be fed?
13. Name four ways to improve feeding of infants 6–11 months old:
14. Name two things women can do to decrease the risk of passing HIV to their babies through breastmilk.
15. What is the difference between information, education and communication (IEC) and behavior change communication (BCC)

Handout 6a: Formative Research Methodology Overview

Review Existing Data

- Take advantage of lessons learned from other organizations
- Use existing reports and key informant interviews to better understand population
- Identify knowledge gaps that can guide the topics to focus on for the research
- Observation
- Reveal actual practices
- Often conducted during an in-depth interview
- Identify resources available in order to make realistic recommendations

In-depth Interviews

- Use direct questioning, open-ended discussions, and both structured and unstructured observation-the principal question is “why”
- Reveal knowledge, attitudes, and practices
- Identify motivators and barriers to optimal practices
- Formulate specific recommendations for TIPS

Focus Group Discussions

- Bring a small group of people (5-10) together with similar backgrounds or experiences to discuss specific topics
- Use flexible topic guide with probing
- Facilitator is there to collect information not disseminate it
- Focus on what people do, think and feel and why

24-hour recall

- Ask respondents to recall and describe feeding and dietary practices from previous day
- Provides basis for discussion about practices and negotiate for feasible improvements

Trials of Improved Practices (TIPS)

- Involves a series of household visits to test recommendations for improving practices
- Determines which recommendations are feasible and acceptable
- Identifies motivators and barriers to practicing recommendations
- Involves mother in process
- Provides general information on practices

Handout 6b: Phases of Formative Research

Phase 1 Reviewing Existing Information and Designing the Research

Reviewing existing information

- To gather and summarize available information.
- To identify key child feeding problems and possible household actions to solve the problems.
- To identify remaining research questions.

Designing the research

- To select and tailor research components to meet the objectives and answer the research questions.
- To plan the logistics of implementing the research.

Phase 2 Formative Research Methods

Exploratory research (*in-depth interviews and observations, recipe trials, focus groups*)

- To learn about current feeding practices and problems, as well as related beliefs and attitudes.
- To obtain advice from families on ways to solve feeding problems.
- To obtain opinions from other influential people.

Trials of improved practices (TIPS)

- To assess feeding practices and provide tailored recommendations.
- To test mothers' and children's responses to new feeding practices.
- To learn about motivations and constraints to improving child feeding practices.

Checking research (*focus groups, key informant interviews*)

- To check the response of a broader or different sample to the recommendations or messages.
- To check the response of decision makers or program implementers to the recommendations.

Phase 3 Building a Bridge from Research to Action

Analysis and presentation

- To integrate all the information collected and analyzed during Phases 1 and 2 into one document.
- To interpret the findings and make recommendations on how to use the results.
- To share and discuss the results.

Using results for programming

- To apply research results to program planning.
- To develop the program strategy and communications plan.

**Handout 7a: Ideal Feeding Practices and Common Feeding Problems
by Age Group or Illness Status**

Age (mos.)	Ideal Practices	Common Feeding Problems
0 to 6	Exclusive breastfeeding; on demand and frequently, day and night.	<ul style="list-style-type: none"> • Delayed initiation of breastfeeding. • Giving prelacteal feeds in place of colostrum. • Feeding water, milk, or other liquids, usually by bottle (to accustom the child). • Premature introduction of complementary foods because the mother feels her milk is not enough to nourish the baby.
6 to 9	Continued breastfeeding on demand. Gradual introduction of soft, nutritious complementary foods. Total of approximately 280 kilocalories per day from complementary foods.	<ul style="list-style-type: none"> • Dilute or watery foods with low nutrient density. • Delay in introducing complementary foods.
9 to 12	Continued breastfeeding. Increasing variety of foods, including mashed family foods, fruits, and vegetables. Total of approximately 450 kilocalories per day from complementary foods.	<ul style="list-style-type: none"> • Low frequency of feeding. • Low nutrient density; starchy or dilute foods continued. • Lack of variety.
12 to 24	Family meals, plus snacks or special foods between meals. Total of approximately 750 kilocalories per day from complementary foods. Continued breastfeeding.	<ul style="list-style-type: none"> • Inadequate amounts consumed per meal (small servings, lack of supervision, lack of appetite). • Lack of variety (lack of protein and/or micronutrients). • Low frequency of feeding.
7 to 24	Careful monitoring of child's intake; encouragement and assistance with feeding to ensure adequate intake.	<ul style="list-style-type: none"> • Child's refusal or lack of interest in eating. • Lack of persistence or coaxing of a child with poor appetite (however, forced feeding is practiced in some countries). • Quantity consumed is unknown; child is not given own serving of food.
Sick Child	Continue or increase frequency of breastfeeding. Continue feeding regular foods or switch to soft foods. Provide special foods or more food for several days once child feels better.	<ul style="list-style-type: none"> • Breastfeeding and feeding dramatically reduced or stopped (however, forced feeding is practiced in some countries). • Period of convalescence not recognized.

**Handout 7 b: BCC Matrix
Classification of Current Practices**

Age Group: (Fill in one or more sheets for each age group)

Ideal feeding practices:

Current Feeding Practices	Classification			How common? Among what age groups?
	Helpful	Harmful	Don't know	

Handout 10a: Conducting In-depth Interviews and Household Observations

The household in-depth interviews and observations are the key techniques for identifying problems and potential solutions. Interviews are carried out in each home during one visit or over the course of several visits. Observations and assessment of nutritional status and diet can be conducted during the same visits but are discussed in later topics. The length of time and number of visits depends on what is being observed or discussed and on the participants' reaction. If a visit is too short, participants may not have the time to relax and provide in-depth information. If a visit is too long, or too many visits are made, participants may become frustrated by the inconvenience. Be sure to treat responses confidentially.

Prior to initiating an interview, it is important to establish credibility and a level of acceptance with the family. Visit the formal or informal community leader to request his or her permission to carry out research in the community and explain why the information is being collected. Some programs might benefit from holding a community meeting to introduce the interviewers before fieldwork begins. In other places, interviewers might make brief introductory household visits. It is not always advisable to identify the interviewers by profession, especially if they are doctors or nurses, because this can bias people's responses.

Establishing a friendly relationship with participants generally is not difficult if interviewers are sympathetic and speak the local language. Once rapport is established, the family will not feel it must treat the interviewer like a guest but will go about usual chores, leaving the interviewer to complete notes or to help. The in-depth interviews usually take place in the home or around the housing compound. Specific interview topics such as food preparation are discussed in the kitchen area so that the actual utensils used to prepare and serve the food can be observed. This facilitates conversation and permits the interviewer to compare reported practices and beliefs with actual behaviors. Interviewers move around the home with participants, allowing them to continue their daily chores during the interview.

Dietary recalls require greater concentration by participants. These are conducted in the most comfortable environment possible, at a time when participants are not distracted by other tasks. An interviewer who visits the house repeatedly or for an extended period can introduce discussion about the neighbors or local problems to divert the conversation but still reveal the participants' views. Remember, it is fine just to relax. If the mother sits in the shade for a minute to shell peas, sit with her and allow her to begin the conversation. Start the interview with the basic questions listed earlier: name, address, and family composition. Then guide the conversation by asking different types of questions, probing, and requesting clarifications. Be careful to keep these questions free of suggestions of correct or desired responses.

Unlike formal surveys, where responses are brief, in-depth interviews encourage clarification of what each person says. Ask the respondent to explain the full meaning by repeating or rephrasing a question. Questioning does not have to stick to the guides. In-depth interviewing involves probing for information on new themes and issues as they emerge. If people are reluctant to talk because they do not think they have any information to offer, offer assurance that their views are of great interest and importance. Decide whether to tape the in-depth interviews. While extensive note-taking helps to get the most out of the interviews, it is difficult to take extensive notes and listen attentively at the same time. If the field team lacks prior experience with note-taking, consider it worthwhile to tape the in-depth interviews. In this case, field workers listen to the tapes after an interview and add details to their field notes as

required. Transcribing the tapes is not necessary. Interviews are summarized immediately so that decisions about modifying guides and exploring new lines of inquiry are made and acted on.

Structured observation is a method for obtaining information about specific practices such as food distribution at mealtime, the baby's location in relation to the mother throughout the day, or food preparation by the mother. Open observation is when interviewers notice something casually (the presence of a food or other products in the home, for example). Observations conducted during the interview capture the context in which behaviors occur and identify new behaviors or new issues not discussed in the question guide. Observations may confirm or contradict what the respondent reports during the interview and are an extremely important part of the home interview.

Handout 10b: Preparing In-depth Interview and Observation Guides

Question guides are structured to facilitate note-taking and analysis and should contain different types of questions:

Background information is important for analysis and interpretation—for example, child’s birth date, mother’s level of education, ethnic group, etc. Remember that this is not a demographic survey, and no question should be added if it is not relevant to the research objectives.

Open- and closed-ended questions and probes are essential to effective interviews. Closed-ended questions have predetermined yes-no or categorical answers, whereas open-ended questions do not have predefined answers. Probes can be used to ask for more information after an initial response is given and help guide the interview. Be sure to phrase all questions in a neutral way so the respondent does not think there is a right or wrong answer.

For example, ask how the interviewee prepares the semi-solid foods for his or her infant, rather than inquiring whether the caregiver thins the food prepared for the infant. Similarly, ask, “How do you feel about what the health worker said to you about...”? rather than “How good do you think the advice was from the health worker?”

In qualitative research, the phrasing and ordering of questions may vary among interviews. Interviewers should ask for elaboration and explanation of new topics or relevant issues that arise during conversation. In this way, qualitative research differs from survey research. The key to successful qualitative research lies in training interviewers to recognize relevant issues and to encourage participants to discuss them openly.

If observations are planned, the question guide must include space to record observation notes. For conducting structured observations, specify the behaviors of interest. The observers should develop a checklist of practices to observe and record. For example, key features to observe during a nursing episode include who initiated the feeding, what cue signaled that it was time to feed, how long the feed lasted, whether the child fed from both breasts, how the child latched on, how comfortable the mother seemed, and who terminated the feed.

For unstructured observations, the observers write a description of everything that happens during a certain event, such as a feeding.

Handout 12: Sample 24 – hour diet recall questionnaire

1. Generally, do you give your child fruits? Yes / No _____
2. Generally, do you give your child green leafy vegetables? Yes / No _____
3. Was child ill yesterday? Yes / No _____
4. Number of times child breast feed yesterday
 During day _____
 During night _____

Family Meal Pattern

5. How many meals did the family have yesterday? _____
6. Did you offer any foods from the meal to the child?*

For each meal ask:

Meal	What time eaten	What was eaten by family (write all food items)	Whether given to child? Yes / No	Reason (for yes and no)
Meal 1				
Meal 2				
Meal 3				

*Note: For children 8 months and older if you find foods in the family meal that could be given to the infant and was not given, then ask why the particular food item was not given.

Handout 14: TIPS Visit #1 Observation Checklist

- Greet the mother and establish confidence.
- Ask the mother about current practices (breastfeeding/FADUA) and listen to what she says. Identify key problems, if any, and select the most important one to work on.
- Recommend: Present options and help her select one that she can try.
- Get the mother to agree to try one of the options.
- Remind the mother of the behavior and help her to overcome obstacles.
- Make an appointment for the follow-up visit.

Name one or more things the agent did well:

Name one important thing you recommend the agent work on to improve the next time:

Handout 20: Observation Checklist TIPS Visit #2

- Greets the mother and establishes confidence
- Asks whether the mother tried the agreed practice
- Asks what happened when she tried the new practice
- Asks whether she made any changes to the new practice
- Asks what problems she had
- Helps her solve problems she might have had
- Asks whether she likes the practice agreed on and thinks she will continue to do it
- Praises the mother and motivates her to continue the practice.
- Reminds the mother to take the child to be weighed (attend well-baby clinic, growth monitoring)
- Tells the mother where she can get support from community health workers, health centers, or mother support groups

Name one or more things the community health worker did well:

What one important thing do you recommend the community health worker work on to improve the next time?

Handout 21: Focus Group Discussion Observation Checklist

- Arranges seating in a way that encourages participation (all at same level, eye contact, seated in a circle or around a table)
- Facilitator introduces her/himself
- Uses local dialect
- Explains purpose of group
- Assures participants of confidentiality
- Lets participants know there are no right or wrong answers
- Encourages conflicting opinions, lets participants know they do not need to all agree or reach consensus
- Asks background questions to participant (that do not identify status)
- Shows interest
- Displays neutral body language and facial expressions
- Allows participants to talk
- Uses probing questions to clarify responses and get more information (without asking leading questions)
- Encourages participants to talk to each other, not the facilitator
- Encourages non-responsive participants to speak (in a non-threatening way)
- Does not allow dominant individuals to talk more than others
- Covers all of the topics in the discussion guide
- Identify and summarizes key themes and asks participants to correct the summary or modify their responses
- Thanks participants for their participation

Handout 28: Steps for Designing a Formative Research Plan

1. Define research objectives based on the overall goals of the program and the findings from the review of existing information. (e.g., To collect detailed information on feeding practices of children under 2)

2. Develop research questions based on the information gaps identified when completing the child feeding matrices (based on information collected during the review of existing information and key informant interviews). What is the key information that needs to be collected in order to plan interventions and develop messages? (e.g., What are the usual serving size and frequency of feeding, by age?)

3. Select core research team and decide who will be responsible for planning, supervising, and analyzing the research. It is important to select the core team members early so they can be involved in the decisions on research design, sampling, and questionnaires. The team should include:

- Research director to plan, supervise, follow research plan and protocols, and analyze results
- Nutritionist to develop recommendations and analyze dietary information
- Other experts on the different types of research that will be used

4. Select research methods based on the research questions identified (see Table 1)

5. Selecting the Sample requires the following steps: choosing population segments; identifying appropriate population sampling units within these segments; choosing categories of participants; choosing the age groupings for children of participants; selecting sites; and determining sample size.

a) Identify population segments:

A population segment is a group of people sharing similar characteristics that affect the topic being researched (i.e. infant feeding). Population segments can be determined based on regions to be covered (geographic areas: mountains, highlands, plains, other zones that affect child feeding or food sources) and population groups (ethnic, language, religion, occupation, access to communication or education sources, or anything that would affect infant feeding). Focus on the most appropriate segments within the designated groups. Population segments may be defined by political, funding, or other factors.

b) Population sampling units

A unit is a community or cluster of people that is used to select research sites. Each unit should contain 35-50 children in the age group of the study (to provide a large enough population for recruiting households). A village could be a population unit.

c) Categories of participants:

Who influences child feeding and whose input is needed to answer the research questions determine categories of participants (e.g. mothers and caregivers, other family members, health care providers, other influential people). It is important to sample mothers who vary by other characteristics that may influence child feeding or willingness to accept recommendations (i.e. age, work status, education level).

d) Age Selection of children:

Choose the appropriate child age groupings based on ages when a transition in feeding takes place and ages that have nutritional problems (0-6; 6-12; 12-18; 18-24 months).

e) Site selection:

Select the actual sites where research will be conducted, based on the population segments and units (at least 2-3 sites per each population segment). Select the specific villages, neighborhoods, or zones that are included. The sites should be representative of the program area in terms of socio-economic status, access to health care and other services, food availability, and other characteristics that are likely to affect the recommendations or the way the program will be delivered. If necessary, the findings in these sites can be checked in other sites.

If a listing of suitable population units (such as cities, census zones, etc.) is available, sites may be selected randomly. But, because qualitative research includes a small number of sites and a small sample, purposive sampling is often best for this research. *Purposive sampling* means choosing a site on purpose because it has characteristics representative of the population that a program aims to serve. It does *not* mean choosing a site just because it is convenient for the research team. If there is not enough information to select sites based on specific characteristics, it is better to select sites randomly. Visiting potential sites to assess their suitability is very useful at this stage. Site selection is an important step; choosing inappropriate sites can bias the research findings.

f) Determine sample size:

The sample size is the number of people or households selected to participate in the research. There are no definitive rules for calculating sample sizes in qualitative research, but including at least 2 or 3 individuals per participant category (i.e. mothers of children 0-6 months, etc) in each population unit is recommended. For TIPS, the sample should include 10 to 15 children from each site, or two to three children in each age group per site. If there is another characteristic of particular interest, such as whether children are growing well or are ill, the sample size is increased. Using these estimates, determine the number of participants needed within each site to ensure that the major age groups and relevant characteristics are covered adequately.

Notes on sample size:

- Although research sites may be selected purposively, individuals in those sites should be selected randomly.
- A purposive sample is chosen to represent the characteristics of interest in the research and program. Because the sample is not random, it is not representative in the statistical sense. It is not valid to apply statistical tests to results based on a purposive sample.
- Decisions about sample size must be taken in light of time and budgetary constraints.
- Because there is no statistical process for calculating the sample size, during the research the team may decide not to interview the entire sample, if interviews after a certain point stop yielding new and useful information.
- Alternatively, the team may decide to add interviews of a certain type of respondent on the basis of early findings.

6. Plan the logistics

Determine the number of staff needed, based on number of interviews, discussions, and visits; and the amount of time available to complete the study. The research director should make frequent unannounced visits to observe field activities and examine a sample of data forms and accompany interviewers to offer suggestions for improvement. It is also helpful if the director or supervisor validates each interviewer's work early in the research process by revisiting homes where interviews were done and confirming the information obtained. For this type of work, it is important to train supervisors to be supportive rather than critical in dealing with problems and inconsistencies. It is better

to have staff feel free to ask questions and raise issues than to have them cover up mistakes out of fear of disapproval or criticism.

Draw up an implementation plan that shows the planned dates for initiation and completion of all stages of the research, including training, travel time, sample selection, data collection, and analysis. See Table 2 for Time Estimates for various research methods. In locations where populations are very dispersed, it may not be possible to conduct more than one or two interviews or trials per day and time estimates should be increased accordingly. In some cases an activity cannot begin until a preceding step has been completed; in other cases overlap is possible, which shortens the overall schedule. It is wise to avoid scheduling too many field activities simultaneously because this makes supervision more difficult.

7. Select and train the field team

Now that there is a research design and plan for recruiting personnel, it is time to select the best candidates. Ideally, field workers work in teams of two or three members, although they conduct interviews individually. A small team can move together to each community, each person taking responsibility for interviewing respondents with children in a specific age group. Where language varies, team members will have to specialize by language skills instead of by age group.

During the training, field staff are oriented on background and general issues related to the research prior to learning about and practicing the research methods. Materials to distribute during the general training include an outline of the research and program objectives, a reference document on infant feeding (LINKAGES *Facts for Feeding*), worksheets reviewing existing information, and a list of key points on the qualitative research approach.

Characteristics of field team members:

- Fluency in the local language(s).
- Ability to establish rapport with strangers, converse naturally, and put people at ease so that they can express themselves freely.
- Ability to observe and record situations without judging or distorting.
- Empathy with the type of people who will be interviewed.
- Maturity, ability to handle difficult situations that may arise during fieldwork.
- Comfort in discussing child care, child illness, and child feeding issues. (While men and women are potential team candidates, women are usually more at ease when talking with women about these issues.)
- Previous field experience.
- Willingness to live and work in the study communities during the research.
- Ability to analyze a situation, think and act independently, and write adequately.

Training Topics:

- Overview of the program, its background and objectives.
- Objectives of the research.
- Outline of the training: objectives, format, schedule.
- Qualitative research methods: theory, attitudes, skills.
- Background information on child nutrition and feeding practices and their relevance to health.
- Expectations of field staff: responsibilities, attitudes, supervision.
- Field conditions and logistical arrangements.
- Overview of the research design, including methods, participants, and implementation schedule.

The summary of the above steps is in Table 3 Tasks for Planning Formative Research.

Table 1. Decision Guide for Selecting Research Methods

1.	Review existing information and design research	
	Review existing information	Review of relevant documents and reports; and key information interviews
	Is sufficient information available to design household trials and develop feeding recommendations for testing?	If yes, proceed to #3
		If no, proceed to #2
2.	Conduct one or more of the following types of research if information is needed on:	
	Mothers beliefs, motivations, constraints related to child feeding practices	In-depth interviews
	Actual feeding behavior (frequency, consistency and type of food, amount, interaction with child, etc) especially if you believe reported details may not be accurate	Observations while doing interviews
	Acceptance, quantities served, consistency, time for preparation, and ease of teaching new or modified existing recipes to improve children's nutritional intake	Recipe trials
	Health workers' motivation and ability to provide effective counseling on child feeding	Focus group discussions or in-depth interviews with health workers
	Images and perceptions related to child health and feeding	Focus group discussions with mothers and/or family members
3.	Test recommended behaviors with mothers	
	Based on results on steps 1 and 2, develop a guide with recommended behaviors to be tested	Trials of improved practices (TIPS)
4.	Modify the program plan and messages, based on results of steps 3. Conduct checking research if needed.	
	To check responses among people not exposed to the household trials and obtain immediate reactions to recommendations and motivations	Focus group discussions with mothers in other communities of the same population segments
	To check acceptability of the actions and messages among program personnel, implementers, or key influential people	Key informant interviews or focus group discussions with relevant people
5.	Analyze results, develop strategy and move toward program implementation	

Source: SARA Project and Manoff Group. 1997. Designing by Dialogue: Consultative Research for Improving Young Child Feeding. Washington: AED

Table 2. Time Estimates for various research methods

Method	Number per day
Key informant interview	4 by each interviewer
In-depth interviews	1-2 by each interviewer
TIPS	2 by each interviewer for visit 1 3 by each interviewer for visit 2
Focus group discussions	2 using a 3 person team
Recruitment of households/subjects (average for all methods)	1 day per method
Preliminary analysis in the field (average for all methods)	Allow 1 half-day for every 2 days in the field

Source: SARA Project and Manoff Group. 1997. Designing by Dialogue: Consultative Research for Improving Young Child Feeding. Washington: AED

Table 3. Tasks for Designing and Planning Formative Research

Preparation	
Define the research objectives and questions.	<ul style="list-style-type: none"> • based on review document • reflecting program objectives
Select the core research team.	<ul style="list-style-type: none"> • research director • field supervisors
Decision guide for research design	
Specify the research components	<ul style="list-style-type: none"> • TIPS • FGD • In-depth interviews • Household observations
Choose population segments and types of population units.	<ul style="list-style-type: none"> • regions to be covered • population groups (ethnic, language, rural/urban, etc.)
Choose categories of participants.	<ul style="list-style-type: none"> • mothers and primary caregivers • other family members • health care providers • other influential people
Choose age groups of children to be included.	<ul style="list-style-type: none"> • overall age range of children • age groups to reflect feeding practices
Select sites (population units) within each segment.	<ul style="list-style-type: none"> • number of sites • criteria for sites
Develop the research plan.	<ul style="list-style-type: none"> • based on the above information
Logistics for field work	
Plan field personnel and supervision needs.	<ul style="list-style-type: none"> • number needed per site/method • quality control • plan transport and accommodation
Schedule training and fieldwork.	<ul style="list-style-type: none"> • time needed for each step
Estimate cost requirement.	<ul style="list-style-type: none"> • budget
Select the field team.	<ul style="list-style-type: none"> • criteria for field workers • train a few more than required
Train the field team.	<ul style="list-style-type: none"> • general training issues

Source: SARA Project and Manoff Group. 1997. Designing by Dialogue: Consultative Research for Improving Young Child Feeding. Washington: AED

Handout 30a: Post-test

Name: _____

20 points

1. What is the main purpose of formative research? (circle the correct answer) 2 points
 - (a) to collect data that can be used in the development of baseline and endline surveys
 - (b) to disseminate information on optimal behaviors
 - (c) to explain to community members what they should be doing
 - (d) to collect information to use for program design and planning

2. Is a focus group discussion different than a health talk? If so, how? If not, why? (Give 2 examples) 2 points

3. Which of the following is NOT one of the purposes for conducting focus groups? 1 point
 - (a) Learn about participants' current practices and beliefs
 - (b) Recommend improved practices
 - (c) Understand the reasons behind current practices and beliefs
 - (d) Test the feasibility of recommended practices

4. Which one of the following questions CANNOT be answered by 24-hour dietary recall? 1 point
 - (a) Are breastfeeding practices adequate?
 - (b) Are serving sizes adequate?
 - (c) Is the exact amount of calories consumed by each individual adequate?
 - (d) Is there enough variety in the diet to provide adequate amounts of protein, vitamin A, iron, and other essential nutrients?

5. How are in-depth interviews different from surveys? (Give 2 examples) 2 points

6. What is the correct order for conducting TIPS (trials of improved practices)? (number the correct order) 4 points (.5 each)
 - () learn about mothers reactions to the new practices
 - () summarize findings: make recommendations for program planning and possible further research
 - () identify sub-optimal practices and develop recommendations to suggest during household visits
 - () conduct in-depth interviews, observations, and dietary assessments
 - () identify common feeding practices in a community, by age, and list related optimal practices and recommendations
 - () tabulate findings: number agreed to, number tried, number will continue; note barriers/ motivators
 - () develop question guides
 - () conduct counseling visit to discuss specific recommendations and negotiate with the mother/caregiver

7. What is the role of formative research in a behavior change communication strategy? (circle correct answer) 2 points
- (a) Provides quantitative information that can be used to plan and adapt behavior change communication programs
 - (b) Allows messages and materials to be pre-tested with the primary and secondary target audiences
 - (c) Assess the current level of support for recommended practices at the institutional level
 - (d) Evaluates current practices and reactions to recommended practices in order to develop appropriate and feasible messages.
8. Write one example of an unbiased (not leading), open-ended question. 2 points
9. Circle true or false – Formative research is a rigid process, with specific steps and methodologies, which must be implemented in its entirety. 1 point
10. Which of the following can be used to quickly validate the recommended practices that come out of TIPS? 1 point
- (a) Focus group discussions
 - (b) 24-hour recall
 - (c) Household observations
 - (d) In-depth interviews
11. On your first TIPS visit to Usha’s house you learn that she gives rice and milk to her 9-month old son three times a day in addition to breastfeeding on demand. What are two questions you would ask her in order to determine which practices you should recommend she try? 2 points

Handout 30b: Participant Evaluation

Please answer the questions as honestly as you can to help improve future training.

Place a \surd in the box that reflects your feelings about the question.

	Excellent	Very good	Good	Fair	Poor
1. I would rate this training overall as...					
2. The content was...					
3. The sequence of information was...					
4. The amount of information was ...					
5. Materials and visual aids were...					
6. Trainer facilitation was...					
7. The practicum was...					

8. The length of the training was

- (a) Too long
- (b) Too short
- (c) Just right

9. What could have made this training better?

10. Should anything be left out in future training?

Comments:

Annex 1: The Tuckman Model of Group/Organization Formation

As a group or organization forms, it goes through certain predictable stages, progressing from a collection of individuals to a cohesive group working together for a common cause.

Theory

In 1965 Tuckman published his famous 'Forming, Storming, Norming, and Performing' model. This model identifies four distinct phases within a group's life.

Forming

At this stage, personal relations are characterized by a dependency on group leaders to provide structure. The leader's main goal is to orientate members of the group - to the mission, vision and goals of the organization.

The kind of behaviour that is commonly observed at this point is questioning. Why are we here? What we are supposed to do? How are we going to get it done? These questions are part of the group forming process.

A leader should provide as much structure as possible in this stage. Team building is important here, so things such as games and clarification exercises are necessary. Don't assume that people know each other, or are comfortable with each other.

Storming

This stage in group development is characterized by a focus on personal relationships within the group. Different people vie for positions, and there is a fair amount of: conflict and confrontation among group members. Confrontations can be about who is responsible for what, who are going to be the 'leaders' of the group, what are going to be the work rules, and so forth. On a committee, differences of opinion over how things should be done, and who should be the 'movers and shakers' will come to play.

Working In The Storming Stage

It is important to help members move constructively from conflict between themselves towards a renewed commitment to the group. If this does not happen, members may become isolated, annoyed, or generally lose interest in the group. In the Storming stage, leaders may need to provide clarification or support to individual members if they are unsure or insecure about their own role within the group. Leaders need to ensure at this stage that nobody is being treated too harshly or unfairly.

Norming

During this stages the group begins to settle down. Personal relations are marked by greater cohesion. Members of the group start to feel that they belong to it, rather than merely being in it. At the Norming stage of development members begin to share ideas, feelings, give and receive feedback, and generally chat about what is going on and what they are doing.

During this period, members of the group feel good about being a part of their group. At this time, there is a brief abandonment of the task at hand (studying, working or whatever) and a period of play - enjoyment of each other, socializing, and general fun.

Working In The Norming Stage

At this time members of the group are generally happy to be a part of things. They would be happy to do more work, or whatever it would take to get more involved. Leaders at this stage can easily and successfully give a lot of work to members of the group. This could mean committee work, event/program coordination etc.

Performing

At this stage, group members achieve interdependence. This means that they work well together, achieving more together than they would as individuals. In a committee context, this means that people help each other with ideas and support. In the Performing stage group members are both task and maintenance (people) orientated - this means that they get things done but also make sure that individuals in the group are okay. By this point, a group has set itself clear goals (to have a good time, to run a big event, etc), and a lot is achieved.

Working in the Performing Stage

At this time, a leader should take a less active role and allow the group considerable autonomy. In general a leader won't need to do that much in the performing stage - but close attention needs to be paid to make sure that the group avoids the 'Imploding' stage - where people get irritated with each other and things start to go wrong; this means talking to group members, and solving small problems before they escalate.

Source: http://www.wujs.org.il/activist/leadership/manual/hadracha/group_behaviour.shtml