



Designing by Dialogue:

Consultative Research to Improve Young Child Feeding



A TRAINING GUIDE

**Support for Analysis and Research in Africa (SARA)
Social Science and Medicine Africa Network (SOMA-Net)
Sustainable Approaches to Nutrition in Africa Project (SANA)**



DESIGNING BY DIALOGUE

*A TRAINING GUIDE ON CONSULTATIVE RESEARCH TO IMPROVE
YOUNG CHILD FEEDING*

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prepared by

The Social Science and Medicine Africa Network

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Table of Contents

Introduction

- Topic 1 Course Orientation**
- Topic 2 An Overview of Consultative Research**
- Topic 3 Reviewing Existing Information**
- Topic 4 Designing Consultative Research**
- Topic 5 Exploratory Research Methods: In Depth Interviews,
Household Observations and Recipe Trials**
- Topic 6 Trials of Improved Practices**
- Topic 7 Checking Research: Focus Group Discussions**
- Topic 8 Synthesizing and Presenting Research Results**
- Topic 9 Using the Results for Strategic Programme Planning**
- Topic 10 Planning Research**
- Topic 11 Preparing the Proposal**
- Topic 12 Workshop Evaluation**

Introduction: Important Information for the Facilitator

Welcome to this training guide on qualitative research methods for nutrition. This guide is based primarily on *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding*. This guide is designed to assist facilitators to train field research staff, nutrition counselors, and program managers or supervisors how to design, carry out, and analyze the results of formative, consultative research. It also provides guidelines to help facilitators use the research to design effective programs to improve infant and young child feeding. This approach is based on evidence that community nutrition programs are more effective in changing child feeding practices and improving nutrition when program planners pay close attention to the voices of the participating families.

The guide has 12 training topics that can be used individually or as a whole. Together, these topics cover all the tasks and information that a program manager or researcher needs in order to develop a proposal for conducting consultative research. It also contains information on how to analyze research findings and use the results to develop information, education, and communications (IEC) strategies for behavior change.

A numbered tab separates each topic from the others. Individually, a topic can be used to update nutrition workers or program managers on specific skills. For example, if a program manager or a supervisor realizes that nutrition counselors or field workers require additional information on conducting focus group discussions, he or she should refer the counselors or workers to Topic 7. Look through the guide to see how it is organized and to get familiar with the contents of each topic.

How Each Topic Is Organized

Each topic has one or more sessions. At the beginning of each topic is a list of sessions and the approximate time they take. Each session includes the following parts:

Topic Title. The topic title and number are given.

Objectives. The objectives section reflects the knowledge and skills trainees should acquire by the end of the topic. At the beginning of each topic, you should clearly state the objectives so that the participants know what they are expected to learn. Objectives inform the trainees what they should be able to do once learning has taken place.

Time. This is the suggested time that the entire topic should take. Depending on the trainees' skill levels, individual sessions might take more or less time.

Topic Overview. An abbreviated list of key sessions within the topic and the approximate time for each is indicated.

Materials. You need certain materials to successfully conduct the training session. If the listed materials are not available, try to find substitutes. They should be tried out before the session to ensure that they are relevant and suitable.

Handouts and Transparencies. Several of the sessions make use of handouts and transparencies. You need to distribute a copy of the listed handouts to each participant and make transparencies for use with an overhead projector.

Advance Preparation. This section explains how you should prepare for the session

Purpose of the Topic. This brief paragraph indicates what the session is about and why it is important.

Procedure. This explanation of the detailed steps in the session combines both content and facilitation techniques.

Additional Information for Facilitators. These notes give you more details on the content of the topic. This section contains important facts you should know to help prepare for a session. Often, the Additional Information section supplies more information than participants actually need. However, you must be well informed so that you can anticipate problems that participants might have and also answer their questions with good explanations.

Course Organization

A topic implies—

- *Theoretical orientation and presentations.* Participants receive orientation and presentations on the necessary theory and concepts underlying the specific steps in proposal development. These presentations cover all the main research components of consultative research
- *Team activity.* The country teams, with assistance from their facilitator, utilize the concepts learned in developing their proposal. The facilitator gives detailed instructions for group work.
- *Daily assignments.* At the end of each day, participants receive assignments based on sections covered during the day. These assignments are handed in to the facilitators.
- *Facilitator meetings.* The facilitators meet each evening to evaluate the day's activities and to go through the assignments so as to give feedback the same night.
- *Plenary sessions.* Though plenary sessions are crucial because they enable sharing, they can be held only during the first two Saturdays of the workshop.
- *Exercises.* Sometimes exercises are given.
- *Fieldwork.* Fieldwork is extremely important for learning process because it gives participants hands-on experience on Trials of Improved Practices (TIPs). If field trips cannot be carried out, role plays amongst participants are conducted.

Depending on the level of the groups, you might consider combining certain topics or shortening or lengthening the time allocated for presentations or fieldwork.

Participants are advised to read the course materials beforehand so that they can benefit as much as possible from presentations and group work. Reading the course materials after presentation and during group work is extremely useful, especially for participants who have had no previous research training or experience. It is advisable to hand out relevant topics in bits prior to the presentation; experience has shown that handing out the whole manual at once discourages reading.

Preparing for Training

The first step to ensuring a successful start to a workshop is the pre-workshop preparations that must be completed long before the first day of the workshop. They must be done properly and efficiently. For example, you must have developed the training program and the workshop objectives. Secondly, the administrative arrangements of the workshop, such as booking a suitable venue and mailing letters of invitation to trainees, should have been completed in advance. Transportation to the venue should also be properly arranged. As the workshop organizer and facilitator, consider arriving at the workshop venue ahead of the trainees. Early arrival enables you to welcome the trainees and give them any information they might need.

The following checklist will help you keep track of the required preparations for the workshop.

Checklist for Workshop Preparation

Preparation Tasks

- ___ Identify training needs
- ___ Identify number of trainees
- ___ Select dates for training workshop
- ___ Make a list of all necessary materials
- ___ Get price quotes for the venue
- ___ Secure the necessary funding
- ___ Organize workshop stationery
- ___ Book the venue
- ___ Identify resource persons and special guests
- ___ Send invitations to speakers, resource persons, and special guests
- ___ Send invitation letters to trainees with program summary and arrangements information
- ___ Reconfirm the venue, training facilities, food, and accommodations

- ___ Arrange transportation to and from the venue
- ___ Arrange for equipment
- ___ Prepare teaching notes and handouts
- ___ Plan and organize an opening
- ___ Arrange for press coverage, if necessary

During the workshop, the facilitator has several administrative tasks to perform. Some of these tasks can be delegated during steering committee meetings. These tasks will help to ensure the smooth running of the workshop. The following checklist itemizes some of these tasks.

During the Workshop

- ___ Make sure that all equipment and materials are available and in working condition
- ___ Manage and monitor registration, reception, opening, and sessions
- ___ Manage and monitor meals, breaks, special events, and closing of the workshop
- ___ File all workshop documentation (flipcharts and notes)
- ___ Prepare and distribute list of trainees' addresses.
- ___ Monitor expenses in relation to established budget
- ___ Reconfirm trainees' departure arrangements
- ___ Optional: Arrange for group photo and press coverage
- ___ Arrange for daily room cleanup

Team Facilitation

Training is often more fun and less stressful when more than one person conducts the sessions. If you intend to train more than 15 participants at one time, you need two or three facilitators. However, if co-facilitators and outside resource people are not properly prepared, they can make more work for you. Before the training begins, it is important for co-facilitators to discuss the following issues:

- Who is responsible for what part of the training or session plan?
- Is there a lead facilitator?
- What assumptions does each make about the training?

- If there is a lead facilitator, what assistance does he or she need from the other facilitator(s) during the session?

Ideally, you should use a team teaching approach to present the contents of this training guide. This can be done with co-facilitators and occasionally with resource people. In order to team teach well, it is important for each member of the team to prepare well and present the session plans clearly. As members of a team, facilitators should be supportive of their colleagues and work together to build a strong team spirit. If possible, involve some of the participants who you feel can assist in facilitating some of the workshop sessions.

For team facilitation, you need to plan and prepare the sessions as a group by studying the steps in each procedure and the additional notes for facilitators. Again, co-facilitators should agree on which parts of the session each one is teaching, and they also need to prepare the flipcharts and handouts for the session.

Resource People

Resource people are technical experts you can call on to facilitate a session or a specific topic within a session. Unlike facilitators, they are often not expected to be present for the entire training course. If you decide to use resource people or outside experts, you should select people who are qualified, competent, and knowledgeable in the topics they will be presenting at the workshop. You will need to contact resource people at least one month before the workshop and do the following:

- Inform them about your program, the workshop, and its objectives.
- Give them the program including the topic objectives, timetable, knowledge level and number of participants, and details about the venue.
- Review the session with them, listening as they describe what they plan to do and making sure they understand the importance of keeping with the agenda and its objectives.
- Arrange transportation, if necessary.
- After the training, be sure to send a thank you letter, noting any relevant information from the participants' evaluation.

Preparation

In total, the training guide has 12 topics. Each has experiential activities that address the topic's objectives in a variety of interesting ways. Each activity specifies the purpose, the materials needed, approximate time required, the steps to follow, and discussion points to spark group discussion. Some activities entail preparation prior to the session. Some activities have accompanying handouts for participants and additional notes for the facilitators; the latter provide supplemental information for you. Throughout the training guide, the words *participant*, *trainee*, *nutrition worker*, and *researcher* are used interchangeably.

To design and conduct a program tailored to the needs of the participants and trainees, you need to do the following:

- Familiarize yourself with the entire training guide. In particular, consult the suggestions for conducting experiential learning activities and small group discussions. Note the use of additional information for facilitators and the text typed in boldface.
- Determine your time frame. The time allocated for each activity is only a guide.
- Before the session begins, prepare any handouts or other materials that might be needed. If guest speakers are required, make sure they are invited well ahead of time and have been properly briefed as to what you expect.
- Introduce each unit of the package by going over the objectives for that particular unit with the participants.

Many activities in the training guide require nothing more than pens and handouts for participants and board and chalk or newsprint and markers for you. Others require index or manila cards, masking tape, extra paper, scissors, a basket, or a container of some sort. A few activities requiring a guest speaker or a panel of speakers must be planned well in advance.

Have a question box available throughout the duration of the training. Decorate an old cardboard box or other container and cut a slot in the top to insert index or manila cards. Encourage the trainees to submit any questions they have and assure them that there is no such thing as a dumb question. Giving the participants an opportunity to ask questions anonymously helps ensure that you can address their concerns promptly and appropriately. Make sure you read the questions in the question box daily and reply to them the following day.

Facilitation Techniques

Experiential Education

Experiential activities in this program are designed to help trainees gain information, examine attitudes, and practice skills. In the structured exercises, participants do something and then process the experience together, generalizing about what they learned and, ideally, attempting to apply it to future situations. Experiential learning is participant-centered. While your role as facilitator is crucial, creating the learning experience is ultimately a group responsibility.

To help make this training successful, involve the participants in their own education. The fun of working together with trainees in experiential programs is learning how much you can learn from them! Here are some tips for conducting experiential activities:

- Review the unit and activities thoroughly until you feel comfortable with the steps.
- If possible, do a dry run before introducing a new activity to the group.
- Consider the learning points of the activity and prepare questions to trigger discussion.

- Arrange the room ahead of time to suit the activity, so you do not waste time hanging signs or newsprint and moving chairs. The chairs should be placed in a circle or semicircle, in front of the board or the flip chart. If space permits, have the trainees sit at tables they can use for note taking, completing handouts, and storing their files or notebooks. Keep one or two in the corner of the room for your supplies and materials.
- Keep an eye on the clock to ensure sufficient time for group sharing and discussion.
- Remember that doing the activity is fun, but the *processing* of the experience is where learning actually takes place.

Specific Techniques

The training guide employs a variety of techniques, some of which you may be more comfortable with than others. Do not be afraid to try new techniques. The topics make use of many different kinds of activities, including role plays, games, brainstorming, small group work, problem-solving scenarios, and presentations by guest speakers. A brief description of some activities follows.

Lecturette. A lecturette is a structured and orderly presentation of information delivered by an individual (facilitator). A lecturette can be used to impart knowledge or introduce skills. A lecturette that allows for an exchange between the facilitator and the trainees is usually more effective.

Discussions. Discussions are a verbal exchange led by the facilitator or participants about a specified topic. Through this process, learners have a chance to share facts and ideas and can listen to and consider different points of view. Discussions are useful in both large and small groups. Small groups may offer shy or less verbal learners more opportunities to speak. Discussions in the larger group give the facilitator the ability to control the flow of conversation.

Role plays. Role plays are short dramas in which learners can experience how someone might feel in a situation. They also provide opportunities for trainees to try out new skills and learn from each other. Role playing in small groups or pairs is usually less threatening for trainees and gives more people a chance to take on a role. Ask for volunteers, as many people are embarrassed or uncomfortable acting in front of a large group. After the role play, be sure to declare the role play over and ask questions about it.

Case studies or scenarios. Case studies are stories, either fictional or true, often presenting a problem and stimulating discussion of a character's options or possible resolutions to the dilemma. Feel free to adapt any scenarios in the package so that the exercise better fits the group. Asking the trainees to come up with case studies or scenarios occasionally as an assignment is a good way to ensure realistic situations and language.

Brainstorming. Brainstorming is a free-flowing exchange of ideas on a given topic. You ask a question, pose a problem, or raise an issue and students suggest answers or ideas. Write all suggestions down for the group to see. No editorial comment or criticism is allowed. When the

brainstorming is finished, the group evaluates the ideas together, perhaps to identify those they consider most useful or to categorize them in some helpful way.

Guest speakers or resource people. Guest speakers or resource people can bring a topic alive by discussing personal experiences and sharing their feelings. You need to identify such people and invite them to the workshop well in advance. Make sure they are dynamic, knowledgeable about the topic, and comfortable speaking in front of an audience. Prepare the learners for a speaker's presentation so that they know what to expect, are ready with questions, and act respectfully. Prepare the speaker with information about the group and a clear understanding of your expectations.

Games and exercises. Games and exercises, a pervasive part of the training guide, include such things as introductions, energizers, and warm-ups. These games and exercises speed up and enhance the amount and quality of interaction in the group. Energizers and warm-ups can be done just before the start of a session, immediately before or after a tea break or lunch, or just before the end of the day's sessions.

Questioning techniques. During the presentation of the training sessions, many opportunities arise for asking and answering questions. Questions can be used to introduce new ideas, to stimulate discussion, and to enable trainees to pause and think about what they have been learning. The best questions start with the following words: who, what, when, why, and how. Encourage the trainees to use these words when they ask each other questions. If for any reason you cannot answer a trainee's question, you should say so and note that you will research the answer and present it at a later stage. You might find trainees asking questions that fall outside the topic; jot those queries down on the flipchart and answer them later.

Getting Started

On the evening of the day that you arrive at the venue, you should tend to several tasks.

- Arrange the workshop room by making sure there are enough chairs and tables for the participants.
- Set up the flipcharts and boards for the cards and newsprint.
- Put up the timetable for the next day.
- Put up flipcharts so volunteers can take responsibility for:
 - Administrative issues.
 - Daily prayers (if appropriate).
 - Daily evaluation.
 - Recording of workshop proceedings.
 - Organizing one fun activity at the end of the day.

- Energizing the group before or after an activity.
- Prepare packets for the participants, including:
 - Day 1 timetable.
 - *Designing by Dialogue*.
 - Information about the hotel.

Workshop Evaluation

The workshop should be evaluated in several ways.

Moodmeter

At the beginning of the workshop, prepare a chart called the *moodmeter*. The moodmeter is an instrument for the daily, subjective measurement of the mood and atmosphere of the group. It is not directly related to the content of the workshop.

Prepare a chart on newsprint with the days or sessions of the program numbered horizontally across the top. In a vertical column to the left, draw at least three different mood symbols—for example, faces showing happiness, indifference or sadness, and frustration or anger.

Alternatively, temperature indicators such as 15, 25, and 35 degrees Celsius can be used.

Trainees should place an X or a dot in line with the emotion they are feeling at the end of the day or the session. You can draw a line through the trainees' marks to reflect the group feeling or the ups and downs of the group. This data could be used to discuss the energy level of the group or possible success or dissatisfaction.

Flash

Participants and facilitators should stand in a circle. You should ask a direct question to the group—for example, “Tell me how did you feel about the day today?” or “What two new things did you learn today?” In quick succession, each person gives a personal opinion in a very short statement. The activity warrants the name *flash* due to the speed with which opinions are given. It should not take more than 30 seconds for each person. No discussion is allowed as the flash is going on.

Evaluation Committee

At the beginning of each day, two or three participants are chosen or volunteer to evaluate the day's events. They may use any technique to gather information from the other learners. Normally, you and the committee meet immediately following the day's sessions, carry out the evaluation, and present the findings the next morning, immediately before the new session begins. You should always ask the group for comments and respond to any other issues that might require your attention. If you choose to use this type of evaluation, make sure you have sufficient copies of evaluation forms available for each day that it will be used.

Final Evaluation

There are several methods of conducting a final evaluation of the workshop. One way is to convert responses to the expectations and fears questions asked at the beginning of the workshop into two separate charts of items to be evaluated by the group. The guiding questions to be asked are “Were we able to avoid the following fear?” and “Were we able to accomplish this expectation?” To answer these questions, the participants base their response for each factor on a scale of one (poorest) to five (best). The points are then tallied and discussed.

Another form of final evaluation involves asking participants to comment on all of the factors to be evaluated at the end of the workshop. This would include the following, among other factors:

- Venue/food/accommodations
- Workshop facilities
- Facilitation
- Content
- Outcomes
- Duration
- Daily schedule
- Use of resource people

These factors should be written on newsprint and participants asked to rate them on a scale of 1 (poorest) to 5 (best). Again, results get tallied and discussed.

In another form of final evaluation, you develop a prestructured questionnaire for learners to complete, and you analyze and share the results before the end of the workshop. Topic 12 provides an example of such a questionnaire, which you can use as is or adapt to meet country-specific situations.

No matter what comes up in the final evaluation, you should never react as if the critique is directed at you personally. Your role is always to ask the opinion of the participants and permit a variety of ideas to be stated. However, you should remind group members to be constructive in their criticism and to look for ways to improve the program.

After the Workshop

Once the training workshop has ended, your job as the facilitator is not yet completed. You still need to tend to the workshop-related activities listed below.

- ___ Meet with other trainers on the team to discuss problems and successes and give general feedback.

- ___ Pay final bills, closing accounts as necessary.
- ___ Send thank you letters to all those who helped with the workshop.
- ___ Draft, edit, and reproduce final report and recommendations.

Preparing the Final Workshop Report

The final workshop report is a record of what happened during the training. This useful document should serve as a reference to plan for future workshops. It is a good idea to divide the parts of the report that need to be written amongst the members of the training team. As the facilitator, however, you have the responsibility of putting the entire report together and distributing it to the other team members, your immediate superiors, and the headquarters.

Here is what should be included in the final workshop report:

- Cover
- Title page
- Workshop objectives
- Workshop timetable
- Summary of sessions
- Analysis of workshop evaluation
- General comments
- Recommendations
- List of trainees and their addresses

It is suggested that the final report be compiled and distributed within four weeks of the end of the workshop. This time frame ensures that the workshop remains fresh in the minds of those who write the report and still enables them to carry on with their other activities.

Topic 1: Course Orientation

Objectives: By the end of this topic, trainees should be able to:

- Name their fellow participants.
- Discuss their expectations and fears.
- Explain the objectives and purpose of the workshop.
- Explain the workshop methodology.
- Discuss administrative and housekeeping arrangements.

Time: 6 hours

Topic Overview

Session 1: Word of Welcome (30 minutes)

Session 2: Introductions (1 hour 30 minutes)

Session 3: Workshop Expectations and Fears (45 minutes)

Session 4: Workshop Objectives (2 hours)

Session 5: Workshop Methodology (45 minutes)

Session 6: Administrative and Housekeeping Matters (30 minutes)

Materials: writing pads, pens, Visualization in Participatory Programs (VIPP) cards, flipchart, masking tape, markers, pins, brown paper, glue, overhead projector, overhead transparencies, transparency pens

Handouts: 1.1: Overview of Workshop Program

Transparencies

1.1: Three Stages of the Program

1.2: Workshop Objectives

1.3: Stages of Proposal Writing

Advance Preparation: Prepare and photocopy handout and make transparencies.

Purpose of the Topic: The purpose of this topic is to get the workshop off to a good start by having participants introduce themselves and to explain the objectives of the workshop. During

one session, the workshop methodology will be explained and participants will have the chance to express their expectations and fears. Any administrative matters will be handled at this time.

Procedure

Session 1: Word of Welcome (30 minutes)

Step 1: Begin this session by officially welcoming trainees to the workshop. If there is an outside guest, invite him or her to speak.

Step 2: Give a brief overview of the workshop and the program. Also mention that this two- to three-week workshop is the first stage of a three-stage process. Stage 1 (the workshop) has two broad objectives: the acquisition of knowledge and skills on consultative research and the development of a project proposal. Stage 2 involves fieldwork and data collection using consultative research, and stage 3 involves another workshop during which the research and findings will be shared and disseminated. Point out that the three stages will become clearer as the workshop objectives and details of the program are unveiled. Use **Transparency 1.1** to discuss the three stages of the program.

Session 2: Introductions (1 hour 30 minutes)

Step 1: Explain to participants that, since they will be together for the next few weeks, it is important to get to know each other, their interests, and their likes and dislikes.

Step 2: Divide the group into pairs of people who do not know each other well. Tell the groups to find a place in the room where they can interview each other. The interview should take about five to ten minutes. Each person should find out the following about his or her partner:

- Name
- Where from, profession, currently doing
- What name he or she would like to be known by in the workshop
- Likes and dislikes
- Experience in qualitative research
- Experience in nutrition
- An adjective that describes the person

Step 3: When participants have finished interviewing each other, ask for a volunteer to introduce his or her partner. Do this until everyone has been introduced. The facilitator has the opportunity when the introductions are going on to ask for more information and to encourage participants to find out more about each other. Each presentation should not last longer than three minutes per person.

Step 4: At the end of the introductions, remind participants to find out more about each other during nutrition breaks, over meals, and during their free time.

Session 3: Workshop Expectations and Concerns (45 minutes)

Step 1: Hang up a card labeled Professional Expectations, another labeled Personal Expectations, and a third labeled Concerns. Give trainees three sets of different-colored cards and ask them to write their professional and personal expectations and fears about the workshop on cards of the color you specify for each category. Then have the trainees hang the cards under the correct heading. Tell participants to write one idea per card, but to write as many cards as they need.

Step 2: Ask for one or two volunteers to read the cards under professional expectations. When all the cards under that heading have been read, ask for a volunteer to synthesize what the cards are saying and pull out any cards that repeat what has already been said. Do the same for personal expectations. Encourage the trainees to discuss and question each other's expectations.

Step 3: Ask for a volunteer to read the cards under Concerns. Synthesize their ideas. Encourage trainees to explain why they have such concerns and what they think should be done to allay these concerns.

Session 4: Workshop Objectives (2 hours)

Step 1: Explain to participants that, as the organizer of the workshop, you tried to anticipate their professional expectations and developed the workshop objectives on that basis.

Step 2: Display **Transparency 1.2** with the workshop objectives on it. As you present the objectives of the workshop, compare them with trainees' expectations and point out the close links between the two. Discuss the participants' expectations and explain that this process, including the workshops and the fieldwork, requires a long-term commitment. Further point out that the workshop might not be able to meet all personal expectations.

Step 3: Ask participants if any objectives need clarification and if they would like to add or delete any objectives, based on their expectations. Mention that the objectives will guide the deliberations of the workshop and that participants should monitor how well they are being achieved during the workshop.

Step 4: Show **Transparency 1.3** with the outline for the stages of proposal writing on it. Explain that one of the main objectives of this workshop is to develop a proposal for conducting consultative research using trials of improved practices (TIPs), and that the workshop will take participants through each stage of proposal writing as well as through the methodology of TIPs.

Session 5: Workshop Methodology (1 hour)

Step 1: Explain to trainees that one facilitation technique that gets adapted and used throughout the workshop is Visualization in Participatory Programs, or *VIPP*. *VIPP* involves the use of different shapes of colored cards to enhance the visualization and sharing of everything that is

done individually and collectively. Point out that VIPP encourages everyone to participate and is based on well-founded theories of adult learning.

Step 2: Using the cards, present the following information about VIPP:

- Uses of VIPP
- VIPP rules
- VIPP techniques, including monitoring and evaluation

After the presentation, ask participants if they have any questions.

Step 3: Explain to the trainees that, in view of the amount of work arising from the workshop objectives and their expectations, it is important to agree on the procedures of the workshop. To do this, ask trainees to negotiate the following times:

- Starting time in the morning
- Break in the morning (how long?)
- Lunchtime (how long?)
- Break in the afternoon (how long?)
- End of the day

Also ask participants about times for working in the evenings and on weekends. Once this has been agreed upon, point out that the time must be respected and can only be changed after renegotiation.

Step 4: As part of setting the tone or climate of the workshop, reiterate that this is a participatory workshop. This means the trainees must play an active role in the planning, organization, management, and evaluation of the workshop. Tell the trainees that the success of the workshop depends of how well they do this. To enable trainees to participate actively, you must establish two committees, namely the steering committee and the social committee. Solicit volunteers for these two committees.

Session 6: Administrative and Housekeeping Matters (30 minutes)

Step 1: Other details that you should explain to trainees on the first day of the workshop include:

- Financial matters
- Personal expenses
- Accommodations and board

- Workshop resources

Step 2: Point out that this is *their* workshop and that they work together toward achieving the workshop objectives. Also remind them that in a participatory workshop, the more they take part, the more they will learn and benefit.

Step 3: End this topic by encouraging participants to ask any questions or to raise points for clarification.

Additional Information for Facilitators

To a large extent, the success of a training workshop depends on how well it starts off. You can do several things to ensure a good start.

Introductions

To get the first workshop session started, welcome the trainees in a warm and friendly manner. You can choose from a number of games specifically geared to increasing the participants' knowledge of each other. This is particularly important in the introductory part of a workshop composed of people from different countries and backgrounds or those who come from different organizations. However, certain exercises are useful for situations when learners know each other at one level and wish to probe deeper to find unknown aspects. The following are short descriptions of some useful introductions.

Cobweb

Ask the participants to form a circle. One is given a ball of string, yarn, or cord and is asked to say his or her name, place of work, type of work, workshop expectations, and one like and/or dislike (for example, "I like soccer; I dislike people who shout"). When the person finishes, he or she holds the end of the string and throws or passes the ball to another learner. Then the receiver presents himself or herself as well and passes the ball to another learner. This procedure goes on until all participants and facilitator(s) are interwoven in a cobweb. **The facilitator has the chance to say something about the important role that each person plays in the workshop and that the success of the event depends on the positive contributions from each person.**

A variation of this exercise consists of disentangling the cobweb in the reverse order in which it was built. Each participant, before returning the ball of string to the one who passed it, tries to repeat the information that was presented by that person.

Mutual Interview

Divide the group into pairs of people who do not know each other well. Each person takes a sheet of newsprint and a marker. The partners interview each other for about five to ten minutes each, asking spontaneous questions and writing down information. At the end of the interview, they are asked to draw a symbol for their partner. When each person has been interviewed, a presentation in plenary takes place. Participants stand in pairs in front of the entire group and present each other, describing what they have learned about their partner and why they chose that

particular symbol. The presentation should not last longer than three minutes per person. If you have room, display the drawings for the remainder of the workshop. **If the participants know each other well, you can ask them to find out about such aspects as hobbies, secrets, visions of the future, or experiences in childhood.**

The Name Game

Sometime during the first days of the workshop, ask students to stand in a circle and clap their hands. As they clap, call out the name of one person and say that person's name as you continue to clap. When the person hears his or her name, the person has then to call out another person's name. Continue saying the name until the person calls on yet another in the circle. Continue to clap throughout. Do this until everyone has had a chance to have his or her name called out. **This is a good game for the afternoon of Day 1 or the morning of Day 2 of the workshop, when the trainees have heard several new names but might still be unsure of who is who.**

Who Am I?

Ask participants to write their name on masking tape and stick it to their shirt or dress. Tell them to stand in a circle, with everyone wearing his or her name tag. Give trainees two minutes to look around the circle and try to get everyone's name. Then tell them to cover their name tag and ask a volunteer to try naming everyone in the circle. Give three or four volunteers the chance to do this.

Introductions are important because they are a good way of getting trainees to know each other and feel free with each other. Introductions bring about group cohesion and a good working relationship. Through introductions, you also learn about the expertise and experiences of one another—knowledge that can be used during the course of the workshop.

Workshop Expectations and Objectives

Once the introductions have been completed, take time to find out the trainees' expectations of the workshop. Ask trainees to share with the group what they expect to learn, what new skills and attitudes they expect to acquire, and how they might personally benefit from this experience.

The stating of expectations provides trainees with the opportunity to see that their views will be taken into consideration. It also enables you and the trainees to appreciate the diversity of expectations, views, and interests among the group. In general, if the workshop objectives have been conceived and formulated well, they should match the trainees' professional expectations. The steering committee should take care of trainees' personal expectations during the course of the workshop.

The objectives of the workshop provide a focus and a sense of direction to the learning experiences that trainees will have. They also let the trainees know what they should expect to accomplish or achieve by the end of the workshop.

Workshop Methodologies

Workshop methodologies help to establish a participatory approach to the organization and management of the workshop. Three procedures need to be considered:

- Negotiating the timetable
- Setting up the steering committee
- Setting up the social committee

Negotiating the Timetable

Negotiating the timetable involves determining the working hours, when to start in the morning, when to end in the evening, and the duration of the breaks. This should be done so that the workshop objectives can be realized in the time that is available and to enable trainees to organize their personal activities during free time. Although there is an overall plan and timetable for the workshop, the daily timetable is made by the participants and is based on their needs. It responds to the level of the participants and the pace at which they work.

Setting Up the Steering Committee

The *steering committee* is a small group of facilitators and trainees who plan and evaluate the workshop together on a daily basis. Their purpose is to provide feedback on how well the workshop objectives and expectations are being realized and to plan for the next day's activities. The workshop facilitators and any other resource people are permanent members of the steering committee. Two different trainees join the committee each day. The best way to solicit trainees to serve on the committee is to post a list of workshop days and ask for two volunteers for each day. Such a list would look like this:

Steering Committee Members

Date	Names
Monday 14/2	John, Anne
Tuesday 15/2	Ellen, Jessica
Wednesday 16/2	Jane, Louise

The workshop organizer serves as a permanent chairperson of the steering committee. In order to give the trainees a chance to participate more fully, the steering committee appoints a new chairperson and secretary for the workshop each day. The chairperson of the day is responsible for keeping time and chairing all of the sessions according to the day's timetable. The secretary prepares a short summary report of the day's proceedings. This report gets submitted to the facilitator, who will use it to compile the workshop report. A report from each steering committee meeting is shared with the trainees during the first 15 minutes of the next day during the Administrative and Housekeeping Matters session. As the chairperson of the day presents

this report, he or she should find out if the trainees have any questions from the deliberations of the workshop.

The Social Committee

The social committee takes care of the well-being of the trainees during the workshop. Usually comprising five trainees, the committee is responsible for organizing entertainment and recreational activities. The committee appoints one of its members to serve as the chairperson and can ask anyone else to join the committee as the need arises. They should consult the workshop facilitator on any financial matters. The chairperson of the social committee should present his or her requests to the steering committee for approval. Members of the social committee should be nominated by the trainees in the workshop. The social committee meets not on a daily basis but only when the need arises.

Administrative and Housekeeping Matters

Certain details concerning the trainees, such as travel, accommodations, and personal expenses, need attention on the first day of the workshop. Addressing these details early, during an Administrative and Housekeeping Matters session, helps trainees to settle in at the workshop and puts their mind at ease. During this session, give information regarding:

- The procedures for making claims
- The facilities available at the venue
- The expenses trainees are expected to meet
- The resources available

If all these tasks are well taken care of, the workshop should get off to a good start.

Handout 1.1: Overview of Workshop Program (To be prepared specifically for each training)

Transparency 1.1: Three Stages of the Program

Three stages of the training process:

- Training workshop on consultative research methods and preparation of proposals
- Proposal funding and implementation of research
- Workshop on lessons learned and program recommendations.

Transparency 1.2: Workshop Objectives

Transparency 1.3: Stages of Proposal Writing

All proposals should contain the following parts:

- Title page
 - Title of the research
 - Research team name, professional qualifications, full address
 - Institutional affiliation
 - A proposal submitted to SOMA-Net
 - SOMA-Net address
 - Date of submission
- Summary
 - Title
 - Principal investigator and co-investigator(s)—names only
 - Institutional affiliation
 - Budgetary requirements
 - ◆ Donor contribution
 - ◆ Institutional contribution
 - Duration
 - Problem statement
 - Research linkages to program(s)
 - Research objectives (general and specific)
 - Methodology
 - Expected outcomes
- Table of contents
- Introduction
 - Background—Demographic and health profile
 - Nutrition status/situation of the country
 - Current feeding practices
- Review of existing literature on selected topic

- Problem statement
 - Rationale and justification
 - Practices to be improved
- Research objectives and expected outcome
- Research link to programs
 - Gaps and weaknesses to be answered by the research
 - Programs to be improved
- Research design
 - Guiding questions and subquestions
- Research site, sampling, population, and study units
- Data collection techniques and tools
 - Formative research methods
 - ◆ In-depth interviews
 - ◆ Household observations
 - ◆ Recipe trials
 - Trials of improved practices (TIPs)
 - ◆ Dietary assessment methods
 - ◆ Question guide for TIPs—Initial, counseling, and follow-up visits
 - Checking research
 - ◆ FGDs and key informant interviews
- Plans for synthesizing, presenting, disseminating, and communicating research findings
- Plans for using the research results for strategic program planning
- Planning research
 - Composition and functions of research team
 - Logistics for fieldwork
 - Work plan, time line, and technical assistance required

- Budget and budget justification
- References
- Annexes
 - List of abbreviations (if applicable)
 - Data collection instruments

Topic 2: An Overview of Consultative Research

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

- Explain the role of malnutrition in child mortality and the vulnerability of children under two years.
- Explain what consultative research is.
- Give a rationale for using consultative research.
- Analyze current experiences from child feeding programs.
- Describe key issues for child feeding programs.

Time: 7 hours 15 minutes

Topic Overview

Session 1: Malnutrition and Child Mortality (1 hour)

Session 2: Consultative Research (1 hour 45 minutes)

Session 3: Experiences from Existing Programs (3 hours)

Session 4: Key Issues for Child Feeding Programs (1 hour 30 minutes)

Materials: flipchart, pens, masking tape, VIPP cards, markers, overhead projector, transparencies, transparency pens

Handouts

2.1: Malnutrition and Child Mortality

2.2: Consultative Research Methodology at a Glance (Box 1.1)

2.3: Key Issues for Child Feeding Programs (Boxes 2.2-2.5)

2.4: Brochure of Facts for Feeding

2.5: Ideal Feeding Practices and Common Problems (Box 2.1)

Transparencies

2.1: Role of Malnutrition

2.2: Stunting and Wasting in Different Countries

2.3: Consultative Research

2.4: Trials of Improved Practices (TIPs)

Advance Preparation: Prepare and photocopy all handouts; prepare transparencies on trends in malnutrition and on consultative research.

Purpose of the Topic: This topic provides an overview of consultative research and why it is a useful method of data collection for improving IEC strategies for behavior change. The topic introduces participants to the importance of malnutrition in child mortality and the role of inappropriate feeding practices in malnutrition. It also reviews current experiences from child feeding programs and raises some key issues about such programs.

Procedure

Session 1: Malnutrition and Child Mortality (1 hour)

Step 1: Begin this session by reviewing the synergistic relationship between malnutrition and child mortality, highlighting recent reports that malnutrition is an underlying cause of nearly half of all deaths of children under five. Distribute **Handout 2.1**. Show **Transparency 2.1**, which illustrates the calculated role of malnutrition in deaths in various countries (from DHS chartbooks). Highlight the percentages of malnutrition in the particular region e.g. Kenya, Uganda, Tanzania.

Step 2: Make the point that although differences exist in the rates of underweight, stunting, and wasting in different countries, there is a fairly consistent age-related trend. Malnutrition often starts before six months of age and peaks during the second half of the second year of life. After two years, the prevalence of malnutrition remains high but usually does not increase or decrease substantially. Draw a line graph to illustrate this typical trend (Transparency 2.2), with age in months on the x-axis, and rates of malnutrition on the y-axis.

Step 3: Explain that although frequent infections are partially responsible for the deterioration in nutrition among young children, inadequate breastfeeding and complementary feeding practices are also a major cause of the problem. Tell the trainees that this training workshop will address common breastfeeding and complementary feeding practices and how they can be improved within programs.

Step 4: Have participants describe interventions or programs that have been implemented to improve child nutrition in their countries. Ask if these programs were successful or not successful. Ask the reasons why programs are not successful at changing peoples' feeding practices, and have a co-facilitator write these points on the flipchart. Make sure the following points come out:

- Lack of political goodwill and support
- Lack of locally tailored, appropriate messages
- Vague or conflicting messages

- Lack of participation by communities in program and message development
- Inadequate training for health providers and counselors
- Lack of community involvement/participation

Conclude by saying that this training workshop will introduce an approach for carrying out participatory research to develop behavior change messages and program strategies to improve young child feeding practices.

Session 2: Consultative Research (1 hour 45 minutes)

Step 1: Introduce this session by asking participants to identify different types of research they have been involved in. Have a co-facilitator list these on the flipchart. Then write the words *consultative research* on the flipchart and ask participants to brainstorm on a definition for this term. Show **Transparency 2.3** and ensure the following points come out:

Consultative research is a systematic approach for working with families to identify household child feeding and caring practices that affect child nutrition and find practical ways to improve these.

Consultative research is a mutual planning and collaborative process that involves stakeholders and enables caregivers to participate and learn better ways to improve child feeding and caring practices.

Consultative research is a type of formative or planning research that guides the development of effective program strategies to improve child feeding practices.

Step 2: Review the consultative research methodology at a glance (**Handout 2.2**). Using the **transparency** (2.3 again), explain to participants what consultative research offers. Emphasize that the approach motivates health personnel to take a sincere interest in learning appropriate ways to work with mothers and other caregivers.

Step 3: Point out to participants that trials of improved practices (TIPs) is the core method of the consultative research approach. Use **Transparency 2.4** to show this method includes the following steps:

1. An initial home visit to gather background information and interview the mother (or other primary caregiver) about the diet of her young child.
2. Analysis of the dietary and feeding practice data to identify positive aspects of and problems with the child's diet and usual feeding practices.
3. Preparation for counseling by identifying a short list of recommended behavior changes that would help to address the specific problems and that would likely be feasible for the mother. An assessment and counseling guide is used to identify appropriate recommendations.

4. A counseling visit with the mother to present several options for improving her child's feeding, to record her reactions to the options, and to negotiate with her to choose one or more options that she is willing to try during the following week.
5. A follow-up visit to find out whether the mother tried the new practice(s), what happened when she did, whether she is willing to continue the practice, and why or why not.

Explain that analysis of the TIPs includes summaries on common feeding problems, identification of the most acceptable recommendations to improve child feeding, ways that mothers modify the recommendations, and their motivations and constraints related to trying these new practices and behaviors. All of this information is then used to develop nutrition messages and to plan a program's communications strategy.

Explain to participants that they will have the opportunity to learn more about this method and its applicability as they develop their research proposals. Ask if any participants have used this method before.

Step 4: Conclude this activity by giving some examples of how different countries have applied TIPs. Trials of improved practices have been tested and refined in many situations, including programs to improve breastfeeding and complementary feeding practices, food hygiene, micronutrient malnutrition, management of diarrhea and acute respiratory infections, and maternal health. Results have been used to design successful program strategies and educational materials. The use of TIPs is also suggested for developing locally appropriate nutrition messages for the integrated management of childhood illness (IMCI). TIPs also may be used with participatory and rapid appraisal (PRA) studies.

Ask participants if they know whether TIPs have been used in any programs in their own countries.

Session 3: Current Experiences from Child Feeding Programs (3 hours)

Step 1: Ask participants if they are familiar with the UNICEF conceptual framework on nutrition. Using VIPP cards, ask participants to brainstorm on the following parts of the framework:

- Basic causes
- Underlying causes
- Immediate causes
- Manifestation

Step 2: In country teams, ask participants to identify common child feeding problems by age and what the ideal practice should be. For example, divide the groups as follows so that one group discusses each topic:

- 0-6 months

- 6-9 months
- 9-12 months
- 12-24 months
- A sick child

Allow about 20 minutes for this exercise and then have participants share their findings in plenary.

Step 3: Ask participants to give examples of ideal feeding practices. List their responses on the flipchart. Then distribute **Handout 2.4** (Facts for Feeding) and **Handout 2.5** (Ideal Feeding Practices and Common Problems). Have trainees compare their responses with the information on these handouts.

Step 4: Ask participants to brainstorm on possible solutions to child feeding problems. Write their responses on the flipchart. The following points should come out:

- Increase breastfeeding frequency.
- Increase the amount of complementary foods consumed at each meal/sitting.
- Increase the frequency of complementary feeding.
- Increase the nutrient density of foods.
- Improve the interaction between caregiver and child during feeding.

Then ask what constraints families might face in adopting better child feeding behaviors. Put up two cards—*Environmental* and *Attitudinal*—and ask participants to write their answers on cards and place them under the appropriate heading. Synthesize their responses.

Step 5: Conclude this part of the activity by asking participants to share examples of constraints and issues to improving child feeding practices in their own countries.

Session 4: Key Issues for Child Feeding Programs (1 hour 30 minutes)

Step 1: Explain to participants that to help them start thinking through the possible research they might do, you are going to give them a set of issues in four crucial areas, with key beliefs and attitudes about each of the issues. Distribute **Handout 2.3** on:

- Key issues related to breastfeeding
- Key issues related to the transition to complementary feeding and to the family diet
- Additional issues related to child feeding

- Issues related to communication strategies and messages

Step 2: Ask participants to form country teams and to identify, based on these issues, one or two possible topics for research. Allow about 30 minutes for this. Then ask them to share their topics in plenary.

Step 3: Conclude this topic by reviewing the key concepts and ideas on such issues as the relationship of malnutrition to child mortality, what consultative research is, the causes of malnutrition, and the key problems for children at different ages and what ideal feeding practices are. Ask for questions.

Assignment 1

Introduction

4.1: Demographic and Health Profile

4.2: Nutrition Status of the Country

4.3: Current Feeding Practices

Additional Information for Facilitators

Prepare several transparencies using DHS chartbook data to illustrate the role of malnutrition in child mortality.

Use the transparency describing what the consultative research approach offers:

- In-depth understanding of child feeding practices. Qualitative methods are used to understand what and how children are fed and the reasons behind these practices.
- Adaptation of feeding recommendations to specific situations. Trials of improved practices are used in homes to test acceptability and feasibility of new practices. Families participate in identifying ways to improve and sustain feeding practices over time.
- Understanding of the motivations and constraints to change behavior. Information is collected on what motivates mothers and other caregivers to try a new practice and what obstacles can prevent its acceptance.
- Flexibility. The research process is a set of methods that can be used in different combinations, depending on what information is needed to design the program. In the workshop, we will discuss how to tailor research to meet program needs and resources.
- Quick and inexpensive field research. If the research is planned carefully to collect only essential information, this approach can be completed relatively rapidly.

- A bridge between the nutrition program and the family and community. Effective nutrition programs must be based on the needs and values of the participants, as well as on nutritional science. In consultative research, the dual goals of improved nutrition and families' needs for convenient, affordable ways to nourish their children are examined and balanced.
- Training in nutrition counseling. Practicing the methods described in the manual to learn what women are thinking, feeling, and doing about child feeding will train potential counselors and educators in essential **skills** such as listening, probing, and negotiating. Using these methods also promotes **attitudes** such as willingness to learn from mothers, empathy for their situations and constraints, and **understanding** of practical changes to recommend. Perhaps most important, this process has been found to **motivate** health personnel to take a sincere interest in learning appropriate ways to work with mothers and other caregivers to resolve feeding problems.

For many participants, TIPs might be a new and unfamiliar method. You should emphasize several important issues during the process of tailoring the research design.

Almost any program aimed at improving child feeding will include messages that ask mothers or other family members to change their behavior. Such **recommendations must be tested**, and for this reason, trials of improved practices are considered an *essential* step that cannot be skipped.

It is essential to set clear and realistic **program objectives** to guide decisions on the research. This is discussed under Phase 1 in **Handout 2.2**.

- Qualitative research tends to occur in cycles of asking questions, gathering information, and then noticing new questions that arise and collecting additional information. In this way, **the respondents influence the direction of inquiry**, and it is not completely controlled by the investigator. This means that it will be difficult to plan the whole process in detail at the start. Stay flexible and use early results to guide the design of later phases, addressing new and important issues that come up.
- Collect only information that will be used. Many interesting questions can be asked about child feeding, but time and resources are likely to be limited. Give priority to the issues that will affect the **effectiveness and relevance of the program**. Because several methods collect similar information, it is not advisable to include them all.

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Handout 2.1: Malnutrition and Child Mortality

Handout 2.2: Consultative Research Methodology at a Glance

Phase 1	Reviewing Existing Information and Designing the Research
Reviewing existing information	<p>To gather and summarize available information.</p> <p>To identify key child feeding problems and possible household actions to solve the problems.</p> <p>To identify remaining research questions.</p>
Designing the research	<p>To select and tailor research components to meet the objectives and answer the research questions.</p> <p>To plan the logistics of implementing the research.</p>
Phase 2	Formative Research Methods
Exploratory research <i>(in-depth interviews and observations, recipe trials, focus groups)</i>	<p>To learn about current feeding practices and problems, as well as related beliefs and attitudes.</p> <p>To obtain advice from families on ways to solve feeding problems.</p> <p>To obtain opinions from other influential people.</p>
Trials of improved practices (TIPs)	<p>To assess feeding practices and provide tailored recommendations.</p> <p>To test mothers' and children's responses to new feeding practices.</p> <p>To learn about motivations and constraints to improving child feeding practices.</p>
Checking research <i>(focus groups, key informant interviews)</i>	<p>To check the response of a broader or different sample to the recommendations or messages.</p> <p>To check the response of decision makers or program implementers to the recommendations.</p>
Phase 3	Building a Bridge from Research to Action
Analysis and presentation	<p>To integrate all the information collected and analyzed during Phases 1 and 2 into one document.</p> <p>To interpret the findings and make recommendations on how to use the results.</p> <p>To share and discuss the results.</p>
Using results for programming	To apply research results to program planning.

	To develop the program strategy and communications plan.
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Handout 2.3: Key Issues Related to Breastfeeding

Key Practices	Key Beliefs and Attitudes
<p>Initiation:</p> <ul style="list-style-type: none"> • Timing of initiation • Feeding or discarding colostrum • Use of pre-lacteal feeds • Keeping mother and baby together 	<ul style="list-style-type: none"> • Concept of milk letdown, milk coming in • Perceptions of colostrum • Need for ritual feeds, cleansing • Need for maternal rest, supervision of newborn
<p>Breastfeeding style:</p> <ul style="list-style-type: none"> • Frequency of feeding • Feeding on demand/cues for feeding • Length of time/who terminates feed • Alternating use of each breast • Night feeding • If and how child is carried with mother • Position 	<ul style="list-style-type: none"> • Image of breastfeeding • Perceived benefits to child, mother • Perceived disadvantages for child, mother • Feelings associated with breastfeeding in public • Perceived adequacy of breast milk and ways to improve supply
<p>Water supplementation:</p> <ul style="list-style-type: none"> • When and how often water is given • Mode of feeding 	<ul style="list-style-type: none"> • Why water is necessary • Understanding of contamination risk
<p>Early supplementation:</p> <ul style="list-style-type: none"> • Access to food • Food control • What is given (milk, formula, juice, cereal)? • When introduced? • How often/how much? • How (by bottle?) and by whom? 	<ul style="list-style-type: none"> • Perceptions that breast milk alone is not enough for the child and why • Why supplements are necessary • Perceived benefits of specific foods • Desire to follow traditional practices • Perception of workload
<p>Maternal diet/care:</p> <ul style="list-style-type: none"> • Amount of food, relative to usual • Types of foods • Amount of fluid • Support in home 	<ul style="list-style-type: none"> • Perceived needs of lactating mother • Taboos and reasons for taboos • Beliefs about relationship of diet to quantity and quality of breast milk • Feelings of stress
<p>Breastfeeding problems:</p> <ul style="list-style-type: none"> • Common problems reported and their impact on breastfeeding 	<ul style="list-style-type: none"> • Social support • Perceived ease/difficulty of breastfeeding • Perception of insufficient milk related to breast size,

<ul style="list-style-type: none"> • Sources of assistance/solutions • External constraints/working outside the home 	<p>diet, confidence, etc.</p> <ul style="list-style-type: none"> • Cultural expectations of women • Reasons for not breastfeeding
<p>Continued breastfeeding:</p> <ul style="list-style-type: none"> • Duration • Frequency 	<ul style="list-style-type: none"> • Belief that breastfeeding can be reduced when foods are given • Advantages and disadvantages of continuing to breastfeed
<p>Introduction of complementary foods:</p> <ul style="list-style-type: none"> • Interaction between caregiver and child • Qualities of caregiver • Venue • Timing/time available • Types of foods given or avoided • Given before or after breastfeeding 	<ul style="list-style-type: none"> • Milestones or cues for introduction • Rituals for introducing foods • Beliefs about what foods are and are not acceptable and why
<p>Introduction of family foods:</p> <ul style="list-style-type: none"> • Timing • Types of foods given or avoided • Ways of introducing (tastes from mother's plate, etc.) 	<ul style="list-style-type: none"> • Milestones or cues for introduction • What can and cannot be given and why • Perceived benefits of particular foods, concept of nutritious or nutritional value
<p>Feeding style:</p> <ul style="list-style-type: none"> • Hygiene • Cup and spoon, bottle, or by hand • Communal vs. individual servings • Special preparations for children • Who feeds food (mother, other adult, sibling, etc.)? • Children's meal patterns vs. adult meal patterns 	<ul style="list-style-type: none"> • Traditional feeding styles • Perceived time constraints on feeding • Ease of feeding liquids • Desire for an independent child
<p>Quality of food:</p> <ul style="list-style-type: none"> • Who prepares food and how • Thickness and dilution • Energy-density • Special preparations for infants • Variety: protein, micronutrients • Use of fermentation, malting • Nutritious quality 	<ul style="list-style-type: none"> • Perception of child's ability to swallow and digest foods • Food taboos for children • Attitudes about distribution of nutritious or desired foods within the family • Perceived elite foods, light or heavy foods, hot and cold foods, etc.
<p>Quantity of food:</p>	<ul style="list-style-type: none"> • Perceived indicators that child's hunger is satisfied

<ul style="list-style-type: none"> • Frequency of meals and snacks • Amount of serving/amount consumed • Constraints (time, food security, etc.) and solutions or strategies • Food distribution (amounts) within the family 	<ul style="list-style-type: none"> • Socialization of child to accept amount given and not to ask for more • Perceptions of desirable physical characteristics in a child • Perceived food availability • Perceived amount child needs • Normal meal pattern
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Handout 2.3 (Cont'd): Other Issues Related to Child Feeding

Key Practices	Key Beliefs and Attitudes
<p>Encouragement of feeding:</p> <ul style="list-style-type: none"> • Supervision of feeding, separate servings • Methods of coaxing, encouraging • Force feeding • Decision-making about child feeding (timing, amount) • Types of food 	<ul style="list-style-type: none"> • Willingness to be patient and persistent • Mothers' self esteem or passivity • Perceptions of control: should child or mother initiate and terminate feeding? • Perceptions of fullness or satisfaction • Perceptions of time available to coax or help child eat • Coaxing strategies
<p>Feeding during illness:</p> <ul style="list-style-type: none"> • Continuing or stopping breastfeeding • Changes in amount or frequency of feeding other foods • Foods avoided or changes in food preparation • Changes due to withholding or child refusal • Advice of health care providers • Coaxing and encouraging • Advice from elders 	<ul style="list-style-type: none"> • Belief that breast milk can cause or worsen an illness • If and why some foods perceived to worsen or cause illness • Degree of concern about lack of appetite and weight loss • Perception of child appetite • Relactate if breastfeeding stopped during illness
<p>Convalescence:</p> <ul style="list-style-type: none"> • Change in amount or frequency of food or breast milk • Control: who initiates changes? • Methods of coaxing • Supervision and monitoring 	<ul style="list-style-type: none"> • Concept of period of convalescence • Concept of need for extra feeding during convalescence • Cues that child is regaining health • Concept of diet contributing to health

Handout 2.3 (Cont'd): Issues Related to Communication Strategies and Messages

Individuals/Influences	Practices and Beliefs
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Family members	<ul style="list-style-type: none"> • Relationships of family members • Relationship of family to community • Roles of fathers, mothers-in-law in child care, feeding • Hopes for children's futures • Images of a healthy child • Perceptions of parental roles • Trust in people who could provide information on nutrition • Acceptance of societal norms • Ways of seeking health care
Health service providers (traditional and modern) Community agents (agricultural extension, teachers, etc.)	<ul style="list-style-type: none"> • Knowledge of appropriate child feeding • Beliefs and attitudes about local families and their child feeding practices • Counseling and health education skills • Motivations and constraints to providing nutrition counseling • Status in the community
Mass media	<ul style="list-style-type: none"> • Types of media and coverage • Proportion of men and women reached in different areas • Health education programs and messages • Popular programs • Authority of medium
Previous health and nutrition communication programs	<ul style="list-style-type: none"> • Messages and materials • Techniques/strategies • Target population/coverage • Successes and lessons learned

Handout 2.4:

Facts for Feeding: Guidelines for Appropriate Complementary Feeding of Breastfed Children 6–24 Months of Age

Note: This handout is Modified from *Facts for Feeding*, a joint publication of the LINKAGES (Breastfeeding, Complementary Feeding, and Maternal Nutrition Program) Project and the SARA (Support for Analysis and Research in Africa) Project.

Notes to Communicators

Appropriate complementary feeding promotes growth and prevents stunting among children 6–24 months.

The period of complementary feeding is when other foods or liquids are provided along with breastmilk. Rates of malnutrition usually peak at this time with consequences that persist throughout life. Stunting is seldom reversed in later childhood and adolescence. Inadequate feeding of girl children also affects their nutrient stores, subsequent reproductive health, and risk of maternal mortality.

Appropriate complementary feeding involves a combination of practices to maintain breastmilk intake and, at the same time, improve the quantity and quality of foods children

consume. The 6–11 month period is an especially vulnerable time because infants are just learning to eat and must be fed soft foods frequently and patiently. Care must be taken to ensure that these foods complement rather than replace breastmilk. For older infants and toddlers, breastmilk continues to be an important source of energy, protein, and micronutrients. Therefore, breastfeeding should continue through 24 months and beyond.

Improving complementary feeding requires a combination of strategies. Energy intake can be increased by increasing breastfeeding frequency, increasing food portion sizes, feeding children more frequently, and/or providing more energy-dense foods. Micronutrient intake can be increased by diversifying the diet to include fruits, vegetables, and animal products, using fortified foods, and/or giving

supplements. Choosing food combinations that enhance micronutrient availability and absorption is also important.

Programs to improve complementary feeding must conduct local assessments.

These assessments will help determine the appropriate emphasis to give each of the practices listed on the following pages. Local studies should identify local diets and current good practices to be supported, test options for improving the traditional diet and related feeding practices, and identify target audiences and effective strategies for reaching them.

T Continue frequent, on-demand breastfeeding, including night feeding for infants

T Introduce complementary foods beginning around six months of age

T Increase food quantity as the child gets older—while maintaining frequent breastfeeding

- Provide 6–8 month old infants approximately 280 kcal per day from complementary foods.
- Provide 9–11 month old infants approximately 450 kcal per day from complementary foods.
- Provide 12–24 month old children approximately 750 kcal per day from complementary foods.
- Local research is needed to determine the best combinations of foods and practices to achieve these levels of energy intake.

T *Increase feeding frequency as the child gets older, using a combination of meals and snacks*

- Feed 6–8 month old infants complementary foods 2–3 times per day.
- Feed 9–11 month old infants complementary foods 3–4 times per day.
- Feed 12–24 month old children complementary foods 4–5 times per day.

T *Gradually increase food consistency and variety as the infant gets older, adapting the diet to the infant's requirements and abilities*

- Feed mashed and semi-solid foods, softened with breastmilk, if possible, beginning around 6 months of age.
- Feed energy-dense combinations of soft foods to 6–11 month olds.
- Introduce “finger foods” (snacks that can be eaten by children alone) beginning around 8 months of age.
- Make the transition to the family diet at about 12 months of age.

T **Diversify the diet to improve quality and micronutrient intake**

- Feed vitamin A-rich fruits and vegetables daily.
- Feed meat, poultry, or fish daily or as often as possible, if feasible and acceptable.
- Use fortified foods, such as iodized salt, vitamin A-enriched sugar, iron-enriched flour or other staples, when available.
- Give vitamin-mineral supplements when animal products and/or fortified foods are not available.

✓ **Practice active feeding**

- Feed infants directly and assist older children when they feed themselves.
- Offer favorite foods and encourage children to eat when they lose

interest or have depressed appetites.

- If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
- Talk to children during feeding.
- Feed slowly and patiently and minimize distractions during meals.
- Do not force children to eat.

✓ **Practice frequent and active feeding during and after illness**

- During illness, increase fluid intake by more frequent breastfeeding and patiently encourage children to eat favorite foods.
- After illness, breastfeed and give foods more often than usual and encourage children to eat more food at each sitting.

✓ **Practice good hygiene and proper food handling**

- Wash caregivers' and children's hands before food preparation and eating.
- Serve foods immediately after preparation.
- Use clean utensils to prepare and serve food.
- Serve children using clean cups and bowls, and never use feeding bottles.

✓ **Supporting advice for caregivers and families**

- Make sure children's immunization schedules are complete by 1 year of age.

- Use ORT to rehydrate children during diarrhea.
- Give liquid iron supplements daily (12.5 mg/day) to infants 6 months to 1 year of age if daily vitamin-mineral supplements or iron fortified foods are not being given. If the prevalence of anemia is known to be very high (40 percent or more) continue supplementation until 24 months of age. For low birthweight infants, start supplementation at 3 months.
- Give semi-annual, high-dose vitamin A supplements after 6 months (100,000 IU for infants and 200,000 IU for children 12 months and older) in areas where vitamin A deficiency occurs.
- Seek appropriate health care for fever, diarrhea, respiratory infections, malaria, hookworm, and other infections.
- Encourage children's psycho-social development by providing them with opportunities for exploration and autonomy.
- Ensure adequate maternal nutrition and micronutrient status to improve women's health and support optimal breastfeeding.
- Give mothers a high-dose vitamin A supplement (200,000 IU) immediately after delivery or within 8 weeks post-partum in areas where vitamin A deficiency occurs.
- Practice family planning that does not interfere with breastfeeding to space children and allow for maternal recuperation.
- Use condoms, consistently and correctly, to prevent transmission of HIV.

References

Brown KH, Dewey KG, Allen LH. Complementary Feeding of Young Children in Developing Countries: A Review Of Current Scientific Knowledge. WHO/UNICEF forthcoming, 1997.

Dickin K, Griffiths M, Piwoz E. Designing by Dialogue: A Program Planners Guide to Consultative Research to Improve Young Child Feeding. Washington DC: Academy for Educational Development, 1997.

Nestel P, Alnwick D. Iron/Multi-Micronutrient Supplements for Young Children: Summary and conclusions of a consultation held at UNICEF, Copenhagen, Denmark, August 19-20, 1996. OMNI, 1997.

**Handout 2.5: 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 ¹ .	<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	<ul style="list-style-type: none"> • Inadequate amounts consumed per meal

¹These daily recommendations for energy from complementary foods are based on the International Dietary Energy Consultative Group's estimates (presented in Brown, Dewey, and Allen, 1996). If users prefer the more conservative estimates published by FAO\WHO\UNU (1985), then use 400, 520, and 850 kilocalories per day for ages 6 to 9, 9 to 12, and 12 to 24 months, respectively. See Appendix C for further details.

	<p>special foods between meals.</p> <p>Total of approximately 750 kilocalories per day from complementary foods.</p> <p>Continued breastfeeding.</p>	<p>(small servings, lack of supervision, lack of appetite).</p> <ul style="list-style-type: none"> • Lack of variety (lack of protein and/or micronutrients). • Low frequency of feeding.
7 to 24	<p>Careful monitoring of child's intake; encouragement and assistance with feeding to ensure adequate intake.</p>	<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	<p>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.</p>	<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.

Transparency 2.1: Malnutrition in sub-Saharan countries

Transparency 2.2: Age-Related Trend of Malnutrition
(line graph showing trend is to be drawn by facilitator)

Transparency 2.3: Consultative Research

Consultative research is

- A systematic approach for working with families to identify household child feeding and caring practices that affect child nutrition and find practical ways to improve these.
- A mutual planning and collaborative process that involves stakeholders and enables caregivers to participate and learn better ways to improve child feeding and caring practices.
- A type of formative or planning research that guides the development of effective program strategies to improve child feeding practices.

Why consultative research?

- In-depth understanding of child feeding practices.
- Adaptation of feeding recommendations to specific situations (*TIPs*).
- Understanding of the motivations and constraints to change behavior.
- Flexibility.
- Quick and inexpensive field research.
- A bridge between the nutrition program and the family and community.
- Training in nutrition counseling skills

Transparency 2.4: Trials of Improved Practices (TIPs)

1. An initial home visit to gather background information and interview the mother (or other primary caregiver) about the diet of her young child.
2. Analysis of the dietary and feeding practice data to identify positive aspects and problems with the child's diet and usual feeding practices.
3. Preparation for counseling by identifying a short list of recommended behavior changes that would help to address the specific problems and that would likely be feasible for the mother. An assessment and counseling guide is used to identify appropriate recommendations.
4. A counseling visit with the mother to present several options for improving her child's feeding, to record her reactions to the options, and to negotiate with her to choose one or more options that she is willing to try during the following week.

5. A follow-up visit to find out whether the mother tried the new practice(s), what happened when she did, whether she is willing to continue the practice, and why or why not.

Topic 3: Reviewing Existing Information

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

- Explain why it is necessary to do a review of existing information.
- Explain where they can find information for review.
- Explain how to review existing information.

Time: 1 hour 45 minutes

Session Overview

Session 1: Rationale for Reviewing Existing Information (30 minutes)

Session 2: Where to Search for Information (30 minutes)

Session 3: How to Review Existing Information (45 minutes)

Materials: flipchart, pens, markers, cards

Handouts

3.1: Preparing for the Review

3.2: Worksheet on Classification of Current Practices

3.3: Worksheet on Key Information for Assessment and Counseling Guide for TIPs

3.4: Preparing for the Review

3.5: Useful Topics for Review

Advance Preparation: Photocopy the handout and the worksheets

Purpose of the Topic: This topic introduces the trainees to the first step in developing a proposal—carrying out a review of existing information. The topic explains why it is important to do a review, where to find the literature, and how to review the existing literature.

Procedure

Session 1: Rationale for Reviewing Existing Information (30 minutes)

Step 1: Explain to trainees that, as one of the first steps in proposal writing, the review of existing information on program objectives is very important in helping them to think through their prospective research topic. Also mention that reviewing information helps researchers to take note of lessons learned.

Step 2: Ask trainees to brainstorm on why they think a review of existing information is a useful activity. Have them write their ideas on cards and hang them on the wall. Synthesize their responses. The cards should reveal that existing information:

- Identifies key nutrition and feeding problems, where they occur, and why they occur.
- Identifies information gaps and issues that require further research.
- Should result in a set of conclusions and recommendations for program decisions, actions, or focus.
- Looks at different methods of research.
- Guides research decisions, such as design, hypotheses, and analysis.
- Provides a basis of comparison with the information collected during field activities (research).

Step 3: Distribute **Handout 3.1** on preparing for the review and discuss it with trainees. Point out that the overall program objectives will determine the topics to review and, therefore, the documents to review and the individuals to interview.

Session 2: Where to Search for Information (30 minutes)

Step 1: Ask trainees to list two sources of information on child feeding and nutrition. Write their suggestions on the flipchart, and ensure the following sources are mentioned:

- Policy documents
- Surveillance and sentinel sites reports
- Government, donor, and nongovernmental organization (NGO) reports on the nutritional situation and nutrition programs
- University publications and dissertations
- Nutrition surveys
- Food consumption surveys

- Market surveys and price information
- Census data
- Health facility surveys
- Formative or evaluation research from health programs
- Ethnographic reports

Ask trainees to list any other source of information about communication programs, and write their ideas on a flipchart. Make sure these sources are mentioned:

- Local research organizations
- Radio and television stations
- Groups working in nonformal and adult education programs
- Media surveys
- Newsletters
- Government information offices
- Government health education divisions

Step 2: Direct the participants to form country teams and ask them to list all sources of information available in their countries and to note the full name of the documents and individuals who will be consulted. Tell them to keep this information in a safe place because they will use it upon returning to their homes.

Session 3: How to Review Existing Information (45 minutes)

Step 1: Start this session by asking trainees what they hope to learn by conducting consultative research. Write their observations on a flipchart. The following points should come out:

- Identification of common problems
- Gaps in information and issues
- Specific conclusions and recommendations
- Guidance on consultative research

- A basis for comparison in the field

Step 2: Ask participants *how* to conduct a review of existing information. Write their responses on the cards and put them in sequential order on the wall. Make sure the trainees bring out the following points:

- Prepare a list of documents to review.
- Check on references cited in those documents.
- Take notes on key points and on related topics of interest.
- Conduct key informant interviews.
- Analyze and write up the review by summarizing by theme or question.
- Write a brief report summarizing existing information, pointing out gaps, and making recommendations for research.

Point out that a review of existing information often helps to identify common problems and gaps on issues or areas that research can address. A review of existing information may lend guidance to determining the focus of consultative research and, at the same time, provide a basis of comparison in the field.

Step 3: Explain to participants that one key objective of the review involves pulling together what is known about child feeding practices and the influences on those practices.

Distribute the worksheets on Classification of Current Practices (**Handout 3.2**) and Key Information for Assessment and Counseling Guide for TIPs (**Handout 3.3**) and explain how to use them. Remind trainees that these handouts are only examples. When conducting the actual review, they should complete separate worksheets for each age group. Information on ideal practices can be found in **Handouts 2.4** and **2.5**. Distribute **Handouts 3.4** and **3.5** and walk through them with participants.

In country teams, allow trainees to spend a few minutes filling in the handouts. Clarify any problems and address any questions. **Mention that they should develop and use such matrices in their own research.**

Step 4: Refer participants to **Handout 2.2** and assign them the task of coming up with or refining their research topic.

Assignment 2

- Review of existing literature—refer to Handout 2.2

- Current feeding practices, dietary intakes, beliefs, attitudes, problems, motivations, constraints
- Specific questions and issues your research needs to address
- Come up with or refine your topic of interest—some examples include:
 - Dietary management of childhood illness
 - Maternal nutrition
 - Micronutrient consumption
 - Improved consumption of special complementary foods
 - Increasing psychosocial stimulation
 - Improving exclusive breastfeeding
 - Food hygiene

Additional Information for Facilitators

Preparing for the Review

The overall program objectives will determine the topics reviewed and, therefore, the documents reviewed and the kinds of individuals to be interviewed. It is important at this point to specify program objectives. The objectives can reflect political and funding constraints as well as public health priorities. Consider the following questions and examples when developing or clarifying objectives.

Who will the program reach?

What issues or practices will be the focus?

Where will the program operate?

How are feeding practices likely to be addressed?

-

Useful Topics for Review

- Prevalence and patterns of undernutrition
- Likely causes of undernutrition

- Demographic characteristics
- Current child feeding practices and problems
- Reasons for current practices and possible constraints and motivations for changing behavior
- Individuals, services, and media that might influence child feeding
- Locally available and affordable foods and their nutritional value
- Experience and effectiveness of previous programs to improve child nutrition

Worksheets 3.1 and 3.2 (**Handouts 3.2 and 3.3**) are used to organize available information and identify the gaps in existing information. Therefore, they are useful tools for reviewing existing information.

For more information on how to analyze and write up the review, refer to pages 3.7–3.8 in *Designing by Dialogue*.

Other helpful information can be found in Module 5: Health Systems Research Training Series. Review of available literature and information: Vol 2, Part 1, pp. 64–67 and in *Making a Difference to Policies and Programmes: A Guide for Researchers* by R. Porter and S. Prysor-Jones (Washington, D.C.: Academy for Educational Development, 1997, p. 3).

Handout 3.1: Preparing for the Review

Task Box for Review of Existing Information	
Preparation Tasks	
Define program objectives.	Who is the program for, what will it try to achieve, what outcomes are expected?
List relevant topics.	Nutrition problems, feeding practices, dietary intakes, beliefs, motivations, constraints, program and communication program experience.
Identify sources of information.	Surveys, qualitative and quantitative studies, national and regional data, local experts, program documents.
Implementation Tasks	
Obtain and review materials.	Review published and unpublished documents that provide information on nutrition and child feeding in the program areas.
Conduct key informant interviews.	Conduct discussions with people who are believed to have special knowledge about these topics.
Analysis and Documentation Tasks	

Summarize the findings.	Group all that is known on each particular issue or question.
Fill in child feeding worksheets 3.1 and 3.2.	Note what is known about practices, problems, motivations, and constraints in the appropriate column, by age group.
Write a problem identification document.	Include summaries of existing information, gaps identified in the worksheets, guidelines on what specific research questions and issues the formative research needs to address and their priority.

Handout 3.2
Sample Worksheet (3.1): Classification of Current Practices

Age Group: 6–9 (fill in one or more sheets for each age group).

Ideal Feeding Practices: Continued breastfeeding. Introduction of soft, nutritious foods (two to three times per day).

Current Feeding Practices	Classification			How Common? Among What Groups?
	Helpful	Harmful	Don't Know	
Majority: Giving sorghum or maize-based pap four to five times per day Minority: Remote rural areas still primarily breastfeeding—pap once or twice a day	- high/adequate frequency		- probably not frequent enough but dilution makes it nutritionally inferior to breast milk	- throughout the country, almost all children this age eat pap - maize in south, sorghum in north - only remote, “traditional” villages
Overdiluted, watery pap is common. Usually no added ingredients		- not nutrient-dense		- very common in rural areas and low-income urban areas - more educated mothers may add milk, egg, or sugar

Handout 3.3
Sample Worksheet (3.2): Key Information for Assessment and Counseling Guide for TIPs

(Fill in one sheet for each age group. Add sheets for any population groups with major differences.)

Age Group: 6–9.

Population Group: Rural Yoruba (regional, ethnic, religious groups).

Ideal Feeding Practices: Continued breastfeeding on demand. First foods are soft (not liquid) but nutrient-rich.

Current Feeding Problems	Beliefs, Practices, and Influences		Recommendations
	Motivations for Current Practice	Constraints to Improving Practice	
Pap is watery	<ul style="list-style-type: none"> - white, liquid pap looks like breast milk - can feed child quickly 	<ul style="list-style-type: none"> - child can't swallow thick pap - takes too long to spoon-feed (mothers are very busy) 	<ul style="list-style-type: none"> - thin pap with a small amount of breast milk instead of water - gradually making the pap thicker each day
Many mothers do not add anything to enrich pap	<ul style="list-style-type: none"> - inexpensive, available - belief that plain pap is nutritious 	<ul style="list-style-type: none"> - extra ingredients mean more cost and time to prepare - beans, sugar cause diarrhea if not well-cooked 	<ul style="list-style-type: none"> - enrich pap with ingredients that are available in the home such as cooked and finely ground soy beans, peanuts, banana, etc.

Handout 3.4: Preparing for the Review

The overall program objectives will determine the topics reviewed and, therefore, the documents reviewed and the kinds of individuals to be interviewed. It is important at this point to specify program objectives. The objectives can reflect political and funding constraints as well as public health priorities. Consider the following questions and examples when developing or clarifying objectives.

Who will the program reach? Specify the target groups and vulnerable populations. Identify likely target audiences for the program.

What issues or practices will be the focus? Child feeding practices include a large number of topics, as illustrated by the lists of issues in Topic 2. Depending on the program, certain issues such as dietary management of childhood illness, maternal nutrition, micronutrient consumption, or increased consumption of special complementary foods might be of specific interest.

Where will the program operate? The implementation is usually defined geographically, often by a region or ecological zone. However, it also can be defined by need—i.e., a national program in urban municipalities.

How are feeding practices likely to be addressed? Although answering this question is one of the main purposes of the research, you can often surmise at the planning stage about the *types of actions* likely to fall within the scope of the program and, therefore, the types of information required. Consider the following examples:

- Is the program broad enough to handle a variety of activities (e.g., income generation, health care), or is it focused primarily on nutrition education or food security?
- Will the program be implemented through the health service delivery system or will it be community-based?
- Will promotion of home gardening and other agricultural interventions be considered? Will training be provided to health workers or to traditional practitioners?

Handout 3.5: Useful Topics for Review

- Prevalence and patterns of undernutrition
- Likely causes of undernutrition (such as inadequacies of food security, care, environmental conditions, or health)
- Which demographic characteristics (i.e., ethnic group, rural or urban residence, region) are likely to have the strongest effect on child nutritional status and on feeding practices
- Current child feeding practices and problems
- Reasons for current practices and possible constraints and motivations for changing behavior
- Individuals, services, and media that might influence child feeding
- Locally available and affordable foods and their nutritional value
- Experience and effectiveness of previous programs to improve child nutrition

Worksheets 3.1 and 3.2 (**Handouts 3.2** and **3.3**) are used to organize available information and identify the gaps in existing information. Therefore, they are useful tools for reviewing existing information.

For more information on how to analyze and write up the review, refer to pages 3.7–3.8 in *Designing by Dialogue*.

Other helpful information can be found in Module 5: Health Systems Research Training Series. Review of available literature and information: Vol 2, Part 1, pp. 64–67 **[Ditto the earlier comment on this section.]**and in *Making a Difference to Policies and Programmes: A Guide for Researchers* by R. Porter and S. Prysor-Jones (Washington, D.C.: Academy for Educational Development, 1997, p. 3).

Topic 4: Designing Consultative Research

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

- Define research objectives and questions.
- Generate a research design.
- Develop a research plan.

Time: 10 hours

Session Overview

Session 1: Defining Research Objectives and Questions (4 hours)

Session 2: Generating a Research Design (4 hours)

Session 3: Developing a Research Plan (2 hours)

Materials: cards, flipchart, masking tape, pens, markers, transparencies, overhead projector, transparency pens

Handouts

4.1: Rationale and Justification for a Research Study

4.2: Example of Guiding Questions and Subquestions

4.3: Guidelines for Selecting Research Methods

4.4: Research Design—Format

4.5: Defining the Population

4.6: Sample Research Plan for Exploratory Research

4.7: Sample Research Plan for Trials of Improved Practices (TIPs)

Transparencies

4.1: Characteristics of Research Objectives

4.2: Examples of Research Objectives

4.3: Elements of Research Design

Advance Preparation: Prepare the transparencies; photocopy the handouts and worksheets. Review topic 10 before facilitating this section. The information present in this topic is similar to that present in Topic 4, therefore the two topics may be combined, if the facilitator wishes to do so.

Purpose of the Topic: This topic introduces participants to the process of defining research objectives and guiding questions. It also explains how to justify doing the intended research. The topic gives information on how to generate a research design, select research methods, and develop a research plan.

Procedure

Session 1: Defining Research Objectives and Questions (4 hours)

Step 1: Start this session by reminding trainees about what is involved in conducting consultative research. Refer them to **Handout 2.2** (Methodology at a Glance) for this purpose. Point out that in this topic, trainees will learn about how to define research objectives and questions, how to generate a research design, and how to develop a research plan.

Step 2: Now explain to trainees that once they have completed a review of existing literature, they should be ready to write a justification (or rationale) for their study and clearly define their research objectives and guiding questions. For each objective, the trainees should have set of questions that could not be answered by the review of existing literature. Therefore, further data collection is required.

Step 3: Distribute **Handout 4.1** on the rationale and justification for a research study and write the following questions on a flipchart. Tell the trainees that a research study or problem is selected with a purpose—also referred to as the *rationale* or *justification*. A statement of justification attempts to respond to the following questions:

- Does the research or problem deserve high priority within the program?
- Has any similar research been carried out in the past?
- Are the findings likely to bring about significant and desirable changes?
- Is the problem solvable and worth spending time, effort, and resources on?
- Who is likely to benefit from this research?

Now ask the trainees to consider the research they want to conduct and to think about the justification for doing so. Point out that it is acceptable to change previously formulated research questions if the justification is not strong enough.

Step 4: Using **Transparency 4.1**, explain that research objectives:

- Cover different aspects of the problem and its contributing factors in a coherent way and in logical sequence.
- Are clearly phrased in operational terms, specifying exactly what is to be done and for what purpose.
- Are realistic considering local conditions.
- Use action verbs that are specific enough to be evaluated.

Point out that research objectives usually take the form of a declarative statement, specifying the purpose of the investigation and the precise ground to be covered. Objectives should be *SMART*—that is, specific, measurable, achievable, realistic, and time-bound. Remind the trainees that applied and consultative research should include an objective focusing on how the results will be used. Then show **Transparency 4.2** with the following examples of research objectives:

- The purpose of this study is to determine the current feeding practices and problems that impede proper nutritional intake among children under 24 months of age in Harare and changes in practices that can be feasibly implemented in the population.
- The aim of this research is to assess health workers’ knowledge of, attitudes toward, and influence with mothers concerning child feeding and to identify ways to improve ongoing programs that provide related counseling in Lusaka.
- This research attempts to investigate the relationship between the concepts of health, growth, and food among child caregivers in Lilongwe and to identify appropriate intervention strategies for improving feeding practices.

Ask trainees to consider whether these objectives fulfill the criteria on the transparency.

Step 5: Tell the trainees that for each research objective, there are some guiding questions that are systematically deduced from the objective and that guide the researcher to collect information and data on the different aspects of the research. For example, in the third objective—“This research attempts to investigate the relationship between the concepts of health, growth, and food among child caregivers and to identify appropriate intervention strategies for improving feeding practices”—the guiding questions might be:

- What is the image of a healthy child?
- What are families’ perceptions about growth?
- In what ways are foods perceived to be connected with child health?

- Who are sources of information in the community about child health, growth, and feeding practices?
- What are obstacles to behavior changes, such as feeding new foods, feeding more food at a meal or snack time, or practicing exclusive breastfeeding?

Point out that if each of these questions is investigated and data gathered, then the overall research objective will be covered.

Step 6: Ask trainees to assemble in country teams and develop their research objective(s) and guiding questions. Allow about two hours for this. Remind the team members of their purpose: to agree on an issue that they will investigate using consultative research methods. The issue should be related to child feeding/nutrition and the research must be linked to an ongoing program and its improvement.

Step 7: In plenary, ask each team to share its objectives and give assistance in revising and improving them. Also remind them to consider the justification or rationale for the research they intend to do and how the research results will be used to improve the ongoing program.

Session 2: Generating a Research Design (4 hours)

Step 1: Explain to trainees that, since they now have their research objectives and guiding questions ready, the next stage in research proposal writing is to generate a research design. A research design is a plan for the collection and analysis of research data and information. As you display **Transparency 4.3**, point out that a research design has the following elements:

- Specification of the research questions—breaking down the guiding questions into subquestions or issues.
- Definition of concepts and terms.
- Identification of the information (data) required.
- Determination of the main sources of data or information required.
- Determination of methods for obtaining needed information.

Mention that additional elements, such as sampling, analysis, and use of research findings, will be discussed in separate sessions.

Step 2: Distribute **Handout 4.2**, which is an example of how to break down guiding questions into subquestions. Explain that subquestions:

- Are smaller units of the guiding question.

- Are related to the guiding question and help to answer it.
- Help to delimit the research. In other words, subquestions spell out the issues that should or should not be included in the research.
- Indicate that the researcher has a clear perception of the objective(s) of the study.

Explain to participants that this type of analysis is really a process of breaking down or *unpacking* the key concepts stated in the research objective into specific ideas and answerable questions. This is done to clarify the scope of the study and the precise meaning of the words used in the statement of the study's objective.

Also mention that a definition of terms does not necessarily refer to dictionary definitions. The earlier example would require the researcher to specify what is meant by *growth*, *food*, and *health* in order to have working definitions of these concepts for the study. Explain that this unpacking process helps the researcher to relate subquestions to the guiding questions and the guiding questions to the research objective.

Step 3: In country teams, have participants break down their guiding questions into smaller, more specific (answerable) questions. Allow about an hour for this. Give them blank copies of **Handout 4.4** to use for this activity.

Step 4: In plenary, ask a few teams to present their guiding questions and subquestions. Ask participants if they have any questions or comments.

Step 5: Direct the participants to design their research with these questions in mind: What do I want to find out, look for, see, observe, count, examine, measure, calculate, describe? What do I want to quantify and what do I want to qualify?

Answering these questions helps the researcher to determine the most appropriate information sources and data collection methods for each subquestion. The teams take each subquestion and break it down into specific ideas that can be quantified or described. Point out that each subquestion has to be able to generate relevant and sufficient information in order to be included in the research.

Step 6: Remind trainees that they must decide which sources are likely to give the most reliable information. Refer them back to the review of existing information on the topic.

Step 7: Distribute **Handouts 4.3** and **4.4** with guidelines on selecting research methods and research design. Ask country teams to read Handout 4.3 and use it to complete Handout 4.4. Allow three hours for this activity. If time allows, share one or two of the completed designs in plenary and give feedback to improve it.

Session 3: Developing the Research Plan (2 hours)

Step 1: Explain to trainees that if the required information and the sources of information are well thought out and clearly defined (as in the last exercise), the population to work with and the methods to use become very easy to define.

Step 2: Write the word *population* on the flipchart and ask trainees to supply a definition. Make sure the following point comes out: Population may be defined as a group or category of human beings who have one or more characteristics in common. In research, they may often be referred to as the *target group* or *target population*.

Step 3: Tell trainees that they must justify their choice of each of the population categories in their research by indicating the special information that population will contribute. In the earlier example, ask who would be considered the target population for the research and why.

Then describe some criteria that could be used for segmenting the population, such as:

- The scope of the program that the research is linked to.
- Areas with high prevalence of undernutrition.
- Geographic or ecological areas.
- Factors such as the degree of urbanization, language, or ethnic or religious affiliation.

Step 4: Explain to trainees that seldom is it possible to research the entire population and that often researchers must investigate a smaller population that they have selected from within that population. This smaller population is known as a *sample*. If a sample is large enough and randomly selected, the findings of the research should give an accurate picture of the whole population. Ideally, such a sample would represent the target population in all respects. The sample would be the whole population in miniature. If this is the case, the findings from the sample can be generalized to the whole population.

In consultative research on young child feeding, research *sites* are often selected randomly; but, within those sites, the samples are selected with purpose to obtain a good distribution of mothers with children of different ages. These samples are not usually large enough to be representative of an entire population. However, care must be taken to ensure that the sample is not different from the population as a whole in important characteristics related to feeding (e.g., mothers' work patterns, income, availability of foods).

The *sample size* refers to the number of people or households selected to participate in the research. Decisions about sample size must be made in light of time and budgetary constraints, as well the scope of the program and the expected use of the research findings.

In consultative research, *purposive sampling* can be done. This means identifying specific caregivers and/or mothers who will be sampled during the research. A maximum number of respondents should be determined based on the size of the study and the resources available.

Step 5: Distribute **Handouts 4.5, 4.6, and 4.7** and give trainees time to practice working through the concepts of population and sampling. Then allow time for country teams to apply these principles to their own research proposals.

Step 6: Conclude this session by asking trainees if they have any questions about the steps covered in generating a research design. Refer participants to the task box (Topic 4, Session 3).for planning the research.

Assignment 3

6.0: Problem Statement (rationale and justification)

Practices to be Improved

7.0: Research Objectives and Expected Outcomes

8.0: Research Linkages to Programs

8.1: Gaps and Weaknesses to Be Addressed by the Research

8.2: Programs to Be Improved

Assignment 4

9.0: Research Design

10.0: Planning Research

Additional Information for Facilitators

Session 1: Defining Research Objectives and Questions

The formulation of clear objectives is critical to the development of all the other components of a research design and thus is a skill that participants need to practice. Two areas might require particular attention.

1. Developing concise, measurable objectives that focus clearly on what the study expects to accomplish.

2. Defining how the research will be linked to an existing program and how the results will be used to improve it.

If the trainees working in their country teams have difficulty specifying a clear research objective linked to an ongoing program, assist them in thinking through the following issues:

1. Review the overhead transparency from Step 2 with the country team and remind them of its components. Ask trainees to note the points in the transparency on paper and refer to them when they are working.
2. Make sure the team knows who will ultimately use the research findings. Ask them to think about the issues that are most important to those users.
3. Remind them that the consultative research methods in *Designing by Dialogue* refer mainly to attempting to bring about behavioral change at the household and community levels, as well as at the health provider level. The subject mainly covers young child feeding practices but can be adapted to study and improve other types of nutrition programs and behaviors.

For further information on defining research objectives and questions, refer to page 3.3 of *Designing by Dialogue*.

Other useful information to help you think about these issues and provide guidance to trainees can be found on pages 1–12 of *Making a Difference to Policies and Programmes: A Guide for Researchers*.

Session 2: Generating the Research Design

Before facilitating this session, read *Designing by Dialogue* pages 4.5-4.20. These pages contain useful information on how to generate the research design and develop the research plan, including defining the population and sample.

Session 3: Planning the Research

Planning involves a series of decisions. The process is one of specifying the research questions, the appropriate groups to sample, and the most practical methods for collecting the needed information. A review of the literature will summarize what is and is not known, which helps to shape decisions about key research questions and the sample.

The following task box presents the main steps in planning the research, including decisions about research design. Some steps, such as selecting the core research team and logistics for fieldwork, are not covered in this session but will be discussed later in the course.

Task Box for Planning the Research
Preparation Tasks

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 sources of information and methods that will be used.	<ul style="list-style-type: none"> • Identifying key informants • Selecting qualitative research methods
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"> • Fill in Worksheets 4.2 and 4.3
Logistics for Fieldwork	
Plan field personnel and supervision needs.	<ul style="list-style-type: none"> • Number needed per site or method • Quality control • Plan transport and accommodations
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
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4.1: Rationale and Justification for a Research Study

A statement of justification answers the following questions:

- Does the research or problem deserve high priority within the program?
- Has any similar research been carried out in the past?
- Are the findings likely to bring about significant and desirable changes?
- Is the problem solvable and worth spending time, effort, and resources on?
- Who is likely to benefit from this research?
- Is the study feasible, given the time and resources available?
- Are the changes to be suggested by the research (particularly TIPs) possible?

Handout 4.2: Example of Guiding Questions and Subquestions

Research Questions	Guiding Questions	Subquestions	Data Required	Information Sources	Methods
To identify complementary feeding practices in children 6-12 months of age.	<ul style="list-style-type: none"> • How are 6- to 12-month-old children fed? 	<ul style="list-style-type: none"> • When are complementary foods introduced? 	<ul style="list-style-type: none"> • age in general (community norm) • age for a specific child (actual practice) 	<ul style="list-style-type: none"> • key informants • caregivers 	<ul style="list-style-type: none"> • key informant interview • in-depth interview
		<ul style="list-style-type: none"> • What types of food are given? 	<ul style="list-style-type: none"> • very first foods given • foods given every day and those given on special occasions • foods given when the child is sick • snack foods • adult foods not given to children 	<ul style="list-style-type: none"> • caregivers/mothers 	<ul style="list-style-type: none"> • in-depth interview • dietary assessment and probing questions • in-depth interview and dietary assessment • interview or focus group
		<ul style="list-style-type: none"> • How is food 	<ul style="list-style-type: none"> • ingredients 	<ul style="list-style-type: none"> • caregivers/mothers 	<ul style="list-style-type: none"> • in-depth

		prepared?	<ul style="list-style-type: none"> • specific recipes • steps to prepare specific recipes and method of preparation • hygienic practices (e.g., hand washing) 		interview <ul style="list-style-type: none"> • recipe trials or structured observation • structured observations
		<ul style="list-style-type: none"> • How is food given? 	<ul style="list-style-type: none"> • by whom? • when in the day (on demand or at set hours) • utensils used • coaxing • supervised feeding • interaction between caregiver and child 	<ul style="list-style-type: none"> • caregivers/mothers 	<ul style="list-style-type: none"> • observations • dietary assessment or observation • observation • observation • observation • observation

Handout 4.3: Guidelines for Selecting Research Methods

Type of Information Desired	Recommended Methods
Information to refine the research question	Review of existing literature Key informant interviews
Caregivers' beliefs, motivations, and constraints related to child feeding practices	In-depth interviews
Actual feeding behavior (frequency, consistency and type of food, amount, interaction with child, etc.)	Observations carried out in conjunction with in-depth interviews
Palatability, acceptance, quantities served, consistency, time for preparation, and ease of teaching new or modified existing recipes to improve children's nutrient intake	Recipe trials
Health care providers' motivation and ability to provide effective counseling on child feeding	In-depth interviews or focus group discussions
Images and perceptions related to child health and feeding	Focus group discussions

Appropriate recommendations on child feeding, and feasibility, resistances, and motivations for changing practices and behaviors	Trials of improved practices (TIPs)
Reactions of stakeholders and program managers to new behaviors that might be promoted by the program	Focus group discussions In-depth interviews

Handout 4.4: Research Design—Format

Research Questions	Guiding Questions	Subquestions	Data Required	Information Sources	Methods

Handout 4.5: Defining the Population

Worksheet 4.1 (Completed as an example)
A. Problem: Nutrition problems are common among children aged 3–36 months living in rural/semi-urban/urban or (specify) rural and urban slum (shanty towns) areas, in the following regions/zones: rural eastern and western provinces; urban areas of three major towns and among the following (ethnic, religious, etc.) groups: not applicable
B. Population Segments: The research will focus on households with children aged 3–24 months in these population segments: 1) rural; 2) peri-urban (shanty towns) in areas of the high-priority districts (<i>defined by government</i>) and those (<i>list other characteristics</i>).
C. Population Units: The type of population that should be used for each segment. <ul style="list-style-type: none"> • Segment 1 rural: a census track of isolated homesteads • Segment 2 peri-urban: the catchment area for a health center

<ul style="list-style-type: none"> • Segment 3 • Segment 4 	
<p>D. Categories of Participants: The research should include information from the following categories of participants:</p> <ul style="list-style-type: none"> • Mothers: of children 3–24 months • Characteristics: at home, working outside home • Other family: fathers, mothers-in-law • Health care workers: birth attendant • • Other: 	
<p>E. Age Groupings: The age groups that likely describe when local feeding patterns change are:</p>	
Age Group (months)	Reason
0–4 months	breastfeeding predominates; most infants do not receive solid foods
5–8 months	period when solid foods are introduced; many feeding and other nutrition problems begin to occur
9–12 months	period when mothers regularly feed solids and begin to vary the diet with snacks
12–17 months	child more independent; transition to family diet; still breastfed
18–24 months	quantity a critical issue; children often fed by siblings or left to eat alone; usual age of weaning
<p>Note: Usual age groupings are 0-6, 6-8, 9-11, 12-17, and 18-24 months unless local feeding practices change at different times, which would result in other categories.</p>	

Handout 4.6: Sample Research Plan for Exploratory Research

Participants	Methods	Population Segments			
		A. Highland, urban	B. Highland, rural	C. Lowland, urban	D. Lowland, rural

		Population Units 1. low-income neighborhood 2.	Population Units 1. local government area (scattered homesteads) 2.	Population Units 1. shanty town 2. low-income neighborhood	Population Units 1. villages 2.
Mothers:					
working at home	recipe trials	1 group	2 groups	1 group	2 groups
working outside home	interviews	10[groups?]	not applicable	10[groups?]	not applicable
Other family members:					
fathers	FGDs	2 groups	2 groups	1 (thought to be similar)	1[group?]
mothers-in-law	FGDs	not applicable	2[groups?]	not applicable	2[groups?]
Health care providers:					
health workers	interviews	5[groups?]	(none available)	5[groups?]	3[groups?]
TBAs	interviews		3[groups?]		3[groups?]
Other influential community members:					
Totals:					

Handout 4.7: Sample Research Plan for Trials of Improved Practices (TIPS)

Participants		Population Segments				
Mothers of children aged (months)	Other criteria	A. Highland, urban	B. Highland, rural	C. Lowland, urban		D. Lowland, rural
		1. low-income neighborhood 2.	1. government area 2.	1. shanty town 2. low-income neighborhood	1. village 2.	
0 to 4		2	2	2	2	2
5 to 8						
5 to 8	well-nourished	1	1	1	1	1
5 to 8	undernourished	2	2	2	2	2
9 to <12	well-nourished	2	2	2	2	2

9 to <12	undernourished	2	2	2	2	2
12 to 17	well-nourished	2	2	2	2	2
12 to 17	undernourished	2	2	2	2	2
18 to 24	well-nourished	1	1	1	1	1
18 to 24	undernourished	1	1	1	1	1
Totals		15	15	15	15	15

Transparency 4.1: Characteristics of Research Objectives

Research objectives—

- Cover different aspects of the problem and its contributing factors in a coherent way and in logical sequence.
- Are clearly phrased in operational terms, specifying exactly what is to be done and for what purpose.
- Are realistic considering local conditions.
- Use action verbs that are specific enough to be evaluated.
- Usually take the form of a declarative statement, specifying the purpose of the investigation and the precise ground to be covered.

Transparency 4.2: Examples of Research Objectives

- The purpose of this study is to determine the current feeding practices and problems that impede proper nutritional intake among children under 24 months of age in Harare and changes in practices that can be feasibly implemented in the population.
- The aim of this research is to assess health workers' knowledge of, attitudes toward, and influence with mothers concerning child feeding and to identify ways to improve ongoing programs that provide related counseling in Lusaka.
- This research attempts to investigate the relationship between the concepts of health, growth, and food among child caregivers in Lilongwe and to identify appropriate intervention strategies for improving feeding practices.

Transparency 4.3: Elements of Research Design

- Specification of the research questions—breaking down the guiding questions into subquestions or issues.
- Definition of concepts and terms.
- Identification of the data and information required.
- Determination of the main sources of the data and information required.
- Determination of methods for obtaining needed information.

Topic 5: Exploratory Research Methods: In-Depth Interviews, Household Observations and Recipe Trials

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

- Describe various exploratory research methods.
- Describe basic tasks that are common to exploratory methods of research.
- Explain how to conduct in-depth interviews, household observations, and recipe trials.

Time: 3 hours 30 minutes

Topic Overview

Session 1: In-Depth Interviews and Observations (3 hours)

Session 2: Recipe Trials (30 minutes)

Materials: flipchart, markers, masking tape, cards, transparencies, overhead projector, transparency pens

Handouts

5.1: Task Box for In-Depth Interviews and Observation Tasks

5.2: How to Conduct In-Depth Interviews and Household Observations (pages 5.10 and 5.11 in *Designing by Dialogue*)

5.3: Recipe Trials Tasks

Transparencies

5.1: Types of Questions to Include in an Interview

5.2: Topic Areas for Interviews

Advance Preparation: Photocopy all handouts and prepare all overhead transparencies.

Purpose of the Topic: This topic explains various methods of exploratory research; the tasks involved in planning, implementing, and analyzing the information and data collected using these methods; and how to apply these research techniques.

Procedure

Session 1: In-Depth Interviews and Household Observations (3 hours)

Step 1: Start this session by explaining that this topic covers two methods of data collection—namely, in-depth interviews and household observations. Write these two terms on the flipchart. Ask trainees to brainstorm on other methods of exploratory research and have a co-facilitator write their responses on the flipchart. The following methods should be stated:

- Recipe trials
- Focus group discussion (FGD)
- Key informant interviews
- Dietary assessment methods

Explain to trainees that this topic will cover interviews, observation, and recipe trials. For each of these methods, trainees will be able to explain what the method is, how to use the method, the tasks involved in planning and implementing the method, and how to summarize the information and data collected by the use of that method. The other methods will be covered in another topic.

Step 2: Tell trainees that they can use a variety of exploratory methods to better understand feeding practices and develop recommendations prior to conducting trials of improved practices (TIPs). Refer participants to Box 1.2 in *Designing by Dialogue* for examples of how different research methods have been combined.

Create buzz groups among the trainees and ask them what the objectives of in-depth interviews and household observations are. Trainees should write their responses on cards, and the following points should emerge from the exercise:

- To reveal knowledge, attitudes, and practices regarding child feeding.
- To gather information on current feeding practices and problems that impede proper nutritional intake.
- To identify the skills and resources available to solve these problems.
- To formulate specific recommendations for testing during TIPs.

Explain to trainees that in-depth interviews and household observations involve direct questioning, structured and open observation, and open-ended discussions with mothers, primary caregivers, and other family members. They might also include health workers or community leaders.

Step 3: Distribute **Handout 5.1** on in-depth interviews and observations and discuss with trainees, making sure to note the preparation tasks, the implementation tasks, and the analysis tasks. Also point out the fact that it may be necessary to revise the research plan developed during Topic 4 based on the discussions in this topic.

Step 4: Assemble the trainees into country teams. Explain that they are going to develop one or two questions for a sample in-depth interview and checklist for a structured observation based on the research plans developed during Topic 4. Allow about 45 minutes for this activity.

Step 5: Explain that the interview should include several types of questions listed on **Transparency 5.1:**

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

Step 6: Use **Transparency 5.2** to show these examples of topic areas for interviews:

- Breastfeeding practices and related attitudes
- Complementary feeding practices
- Perceptions of different types of locally available foods
- Illness history
- Health-seeking behavior
- Perceptions of child growth and development
- Sources of information on child feeding

Specific topics are further elaborated in **Handouts 2.2, 2.3, and 2.4**

Step 7: Explain to trainees that observations are 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.

Tell the trainees that a structured observation guide must include space to record observation notes, whereas an unstructured observation requires that the observer write a description of

everything that happens during a certain event. Here is a set of topics that are useful for *structured* observations:

- Mother's activities concerning the care and feeding of the child
- Children's activities and behavior and how mothers and other caregivers respond to them
- Breastfeeding, bottle feeding, and other child feeding practices
- Food preparation
- Family and child meal time, including who feeds the child, supervision and feeding style, active feeding by the mother, and whether the child has his or her own plate
- Special practices and behavior during illness and recovery
- Conditions in the home, including hygiene

Step 8: Using role play, ask trainees to practice conducting in-depth interviews and household observations using the research guides that they developed (in Step 4). After each role play, ask questions about what participants observed during the role play, what was good, and what could have been done better.

Be sure to give feedback for improving the **questions** in the in-depth interviews.

Step 9: Distribute **Handout 5.2** on how to conduct in-depth interviews and household observations and ask trainees to take five minutes to read it. Answer any questions trainees might have about the contents.

Step 10: Once trainees have completed the interviews and observations, they need to do an initial analysis of the data that were collected. Point out that interview results include summaries, tabulations, and insightful verbatim answers. Information from each household should be summarized by topic and content. Each page must be coded and clearly labeled. Tell trainees they will learn more about data analysis and reporting in another topic.

Session 2: Recipe Trials (30 minutes)

Step 1: Explain to trainees that recipe trials use group cooking sessions (with mothers) to develop and test recipes to determine how appropriate and acceptable they are to young children. The method involves bringing together small groups of mothers, who have children usually between 6 and 12 months in age, in a setting where special foods or food mixes are prepared, tasted, and discussed. Recipe trials may be used as an alternative to find out about child feeding practices. Also note that recipe trials, interviews, and observations often yield similar information and that in most cases it is not necessary to use all three methods.

Step 2: Tell trainees that recipe trials differ from TIPs because they are an exploratory research method used to gather *new* information about likely foods or recipes that may improve child feeding. The results of recipe trials may be tested more broadly during TIPs.

Step 3: Distribute **Handout 5.3** on Recipe Trials Tasks and walk through it with participants, making sure to emphasize the preparation tasks, the implementation tasks, and the analysis tasks. Be sure to describe how to write a summary of the findings.

Step 4: Close this session by reviewing the key points in planning and conducting recipe trials and answer any questions participants have about this method.

Assignment 5

11.1

Develop instruments for in-depth interviews, household observations, and recipe trials, making sure you have included descriptive, structural, contrast, why, and probe inquiries.

Additional Information for the Facilitator

Session 1: In-Depth Interviews and Observations

A variety of qualitative methods can be used to better understand feeding practices and develop recommendations *prior* to conducting trials of improved practices. Usually, at least one of these methods is implemented, except in cases where considerable qualitative information on child feeding is available.

The best mix of methods to use depends on the context and purpose of the work, as discussed in **Handout 5.1**

- **In-depth interviews** are recommended to understand attitudes and practices of mothers and other family members, health workers, or influential people.
- **Observations** are best for learning about actual practices and usually are conducted during an in-depth interview.
- **Recipe trials** are used to understand the potential for modifying existing recipes or developing new food preparations.

These information-gathering techniques permit guided yet flexible discussions. The topics are predefined, but there are no predetermined categories for answers. Yes and no questions are asked, but the key question is *why*, so interviewers' notes are often extensive. This flexibility allows the discussion to proceed in directions 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 the questions. Try not to cover too many topics or the interview becomes a survey with little probing.

Review Box 1.2 in *Designing by Dialogue* for examples of how different methods have been combined in different projects.

When planning this phase, remember that the **outcome** is a description of:

- Actual practices and major problem areas
- Possibilities for improving problem practices (i.e., feeding recommendations to test with TIPs)
- Major constraints and motivating factors that hinder or promote the key practices
- Attitudes and beliefs of other people who influence the feeding practices of primary care givers.

Preparing the In-depth Interview and Observation Guides

Question guides are structured to facilitate note-taking and subsequent analysis. The question guide will contain different types of questions:

- **Background information** that 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.** Closed-ended questions have predetermined yes-no or categorical answers, whereas open-ended questions do not have predefined answers. Probes are ways to ask for more information after an initial response is given. They help to guide the interview. The researcher must phrase all questions in a neutral way so the respondent does not think there is a right or wrong answer. In general, you should avoid questions that are answered with yes or no; the ideal is to allow the interviewee to tell her story.

For example, ask how the interviewee prepares the pap 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 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.

Trainees who do not have experience with qualitative methods might experience difficulty writing open-ended questions and probes. Spend time with the groups to make sure they are developing appropriate closed- and open-ended questions and probes and are phrasing the questions in neutral language to avoid bias.

Appendix B.1 contains examples of household interview guides, and additional references on qualitative research methods are found in the bibliography of *Designing by Dialogue*.

Observation Guide

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.

Analyzing Results of In-Depth Interviews and Observations

More information is given about analysis of qualitative data in Topic 8. However, it is useful to read pages 5.12–5.15 of *Designing by Dialogue* before facilitating this session in case specific questions arise during the session.

Session 2: Recipe Trials

Recipe trials are an optional method for this training. Consult pages 5.18-5.28 in *Designing by Dialogue* for details on how to plan, conduct, and analyze the findings from recipe trials before walking trainees through the steps outlined in the task box handout (**Handout 5.3**).

Recipe trials use group cooking sessions with mothers to develop and test recipes for appropriateness and acceptability for young children. The method involves bringing a small group of mothers and children together in a setting where special foods or food mixes are prepared, tasted, and discussed.

Recipe trials, interviews, and observations often yield similar information, making it unnecessary in most cases to use all three methods. Choose the most appropriate method to gather the data needed to prepare for TIPs. If household observations are not possible, recipe trials are a reasonable alternative because they provide a better understanding of food preparation practices

than do interviews or discussion groups. In recipe trials, mothers do not just report practices; they actually demonstrate them.

The usefulness of the information collected during recipe trials is enhanced by probing *how* mothers prepare children’s food and *why* they do it in these ways. Focus group discussions, described in Topic 7, can take place before or after the cooking part of the recipe trial, or the trial can be held without a group discussion. In this case, simply take notes, ask probing questions, and record comments during the process of preparing and tasting the recipes.

Handout 5.1: Task Box for In-Depth Interviews and Observations

Preparation Tasks	In-Depth Interviews	Observations
Prepare the protocol and guides.	<ul style="list-style-type: none"> question guides 	<ul style="list-style-type: none"> observation guides
Review the research plan.	<ul style="list-style-type: none"> ensure that sample is suitable for question guides 	
Train the field team.	<ul style="list-style-type: none"> developing rapport questioning and probing dietary assessment recording and forms 	<ul style="list-style-type: none"> unbiased observation what to look for structured forms
Test and revise the protocols and guides.	<ul style="list-style-type: none"> to refine and correct and to familiarize trainees to estimate amount of time needed for each interview 	
Draft a field plan based on the research plan and results of testing the protocol.	<ul style="list-style-type: none"> specify number of respondents per group (age, respondent category, etc.) in each site plan now to recruit respondents and divide the interviews among the field team members 	
Implementation Tasks	In-Depth Interviews	Observations
Recruit the households.	<ul style="list-style-type: none"> select households obtain informed consent 	
Conduct household interviews and observations.	<ul style="list-style-type: none"> interview and record findings 	<ul style="list-style-type: none"> observe household, feeding episodes, etc.
Conduct interviews with other respondents, including change agents and opinion leaders.	<ul style="list-style-type: none"> select participants in research plan categories conduct interviews, but usually not observations 	
Analysis Tasks	In-Depth Interviews	Observations
Analyze the interviews and observations.	<ul style="list-style-type: none"> initial analysis sort groups, summarize by themes, interpret 	<ul style="list-style-type: none"> compare with interview findings examine new issues raised

Develop recommendations for testing with TIPs.	<ul style="list-style-type: none"> list possible recommendations, constraints, motivations
Draft a brief report.	<ul style="list-style-type: none"> summarize findings and priorities for next steps

Handout 5.2: How to Conduct Household 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. Let her 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 5.3: Recipe Trials Tasks

Preparation Tasks	
Design the research protocol. <ul style="list-style-type: none"> • What is the purpose? • What foods? • What are the ground rules? 	<ul style="list-style-type: none"> • key questions: Is the goal to test existing recipes or develop new recipes? • types of ingredients • rules or instructions for mothers
Define the sample and type of mothers to include. <ul style="list-style-type: none"> • Number of people • Number of ingredients 	<ul style="list-style-type: none"> • selection criteria: age groups, ethnicity, place of residence, etc. • number of sites, number of sessions • group size

• Availability of ingredients	
Draft the question guides and recording forms.	<ul style="list-style-type: none"> • introduction and explanation of recipe trials • question guides with probes • structured observation and recording forms
Train team members and pretest methods and forms.	<ul style="list-style-type: none"> • one facilitator and one or two observers or note-takers per team • content: objectives and general approach, methodology, role plays, practice sessions, and revision of methods, if needed
Assemble materials and equipment.	<ul style="list-style-type: none"> • utensils and supplies for cooking, serving, washing up • ingredients (and measuring apparatus, if needed) • stove and/or fuel • cassettes and tape recorder, if needed
Draft a field plan.	<ul style="list-style-type: none"> • assignment of responsibilities • scheduling of fieldwork
Implementation Tasks	
Recruit mothers.	<ul style="list-style-type: none"> • initial visit: identify mothers, obtain consent, and schedule the recipe trial • select venue for the session
Conduct the recipe trials.	<ul style="list-style-type: none"> • introduction and explanation • choose volunteers or split into groups • observe, question, probe, record • taste recipes and get feedback • debrief with field team and complete the field notes
Analysis Tasks	
Summarize results of the trials.	<ul style="list-style-type: none"> • describe the recipes prepared • describe the response of mothers and children—which recipes are most popular? • describe constraints and motivations for using the recipes
Revise child feeding recommendations and calculate nutritional adequacy.	<ul style="list-style-type: none"> • identify best options • assess and describe nutrient content and value

	<ul style="list-style-type: none"> • revise the recommendations for the TIPs
Write a brief summary of the findings.	<ul style="list-style-type: none"> • summarize acceptance and rejection of recipes • list remaining or unresolved questions • discuss lessons learned and their program implications

Transparency 5.1: Types of Questions to Include in an Interview

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

Transparency 5.2: Topic Areas for Interviews

- Breastfeeding practices and related attitudes
- Complementary feeding practices
- Perceptions of different types of locally available foods
- Illness history
- Health-seeking behavior
- Perceptions of child growth and development
- Sources of information on child feeding

Topic 6: Trials of Improved Practices

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

- Describe what trials of improved practices (TIPs) are.
- Describe basic tasks that are common to trials of improved practices.
- Explain how to conduct TIPs.

Time: 18 hours

Topic Overview

Session 1: Overview of Trials of Improved Practices (3 hours)

Session 2: TIPs: First Visit and Initial Analysis (6 hours)

Session 3: TIPs: Counseling and Follow-up Visits (6 hours)

Session 4: TIPs Analysis and Interpretation (1 hour)

Session 5: Overview of the Field Practice (2 hours)

Materials: VIPP cards, flipchart, markers, masking tape, overhead projector, transparencies, transparency pens

Handouts

6.1: Task Box for TIPs

6.2: Worksheet 6.1 Assessment and Counseling Guide for TIPs

6.3: The 24-Hour Dietary Recall and Food Frequency Methods

6.4: Checklist for Assessing Feeding Practices and Appropriate Counseling Recommendations

6.5: Using TIPs to Make Program-Specific Recommendations

Handouts 2.2, 2.3, and 2.4 will also be used.

Transparencies

6.1: Content by Day for a Three- Visit Trial

6.2: What Takes Place During the Counseling Visit

6.3: Characteristics of a Good Counselor

6.4: Topics Discussed During the Follow-up Visit

6.5: Steps in TIPs Analysis and Interpretation

6.6: Revising Child Feeding Recommendations

Advance Preparation: Prepare all transparencies and photocopy handouts and worksheets.

Purpose of the Topic: This topic explains what TIPs are, how to conduct TIPs, and how to analyze the information collected from TIPs.

Procedure

Session 1: Overview of Trials of Improved Practices (3 hours)

Step 1: Start this session by giving an overview of what trials of improved practices. Explain that TIPs is a method that tests mothers' responses to recommendations for improving infant and child feeding and determines which are most feasible and acceptable. The TIPs method is used to investigate the constraints on mothers' willingness to change feeding patterns and their motivations for trying and sustaining new practices.

Remind trainees that TIPs begins with an initial visit during which the following information is collected: background information; qualitative data on feeding practices; dietary assessment through 24-hour recalls; 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.

Explain to trainees that behavioral change requires a knowledge of nutrition problems affecting children and information about improved practices that are acceptable and feasible for the family. All practices should be tested through TIPs, ideally in people's homes, before they are recommended. Behavior change comes through counseling and a process of negotiation.

Write TIPs on the flipchart and ask trainees to think of the advantages of TIPs. They should come up with the following points:

- Mothers or primary caregivers are given a choice of recommendations to act on.
- TIPs makes use of locally available resources.
- Mothers take ownership of the process.

- TIPs is sustainable because it has wide application for behavior change in nutrition as well as other health disciplines.
- Mothers or caregivers are questioned about their reasons for their choice, and a follow-up provides a picture of what actually happened.
- The recommendations are tested in a real environment.
- Trials of improved practices test the feasibility of asking people to carry out the accepted behaviors.
- There is a greater appreciation of the problems and constraints faced by mothers or caregivers.

Step 2: Distribute **Handouts 6.1** (TIPs tasks) and **6.2** (The Assessment and Counseling Guide). Walk through them with the trainees, making sure to point out the preparation tasks, implementation tasks, and analysis tasks.

Step 3: Ask participants to form country teams and complete Handout 6.2, the worksheet on assessment and counseling guide for tips. Each group will complete the worksheet for a different age group (i.e., 0-6, 6-9, 9-12, or 12-24 months). Ask them to consider problems, recommendations, and potential motivations for well and sick children. Allow 45 minutes for this and tell the trainees to be prepared to share their findings in the plenary.

Step 4: Explain to trainees the two basic TIPs protocols. One requires three household visits—initial, counseling, and follow-up—and the other requires two—counseling and follow-up. Show **Transparency 6.1** with the content by day for a three-day trial and discuss the steps in each day. Explain that the two-visit protocol is used if household in-depth interviews and observations have been previously conducted (as exploratory research) in the study. Answer any questions trainees have about the purpose and content of the TIPs method.

Session 2: TIPs: First Visit and Initial Analysis (6 hours)

Step 1: Ask whether participants have experience using 24-hour food recall, feeding observation, and food frequency methods. Have participants describe what context the methods were used in—for surveys, for programs, for baseline data, etc.

Explain that modified 24-hour food recall methods are also used in TIPs. The main difference for TIPs is that this information is used to identify foods consumed by young children and specific behaviors and practices that might be improved. The dietary information obtained during TIPs provides a basis for discussion with the caregiver about feeding practices and problems, and it is used to introduce and negotiate feasible improvements. These data are *not* used to precisely quantify daily intake of calories and other nutrients.

Distribute **Handout 6.3** on the 24-hour recall and food frequency methods for TIPs. Walk through the steps outlined on the handout. Explain that 24-hour recalls are generally used on the initial and final TIPs visits only.

Explain that researchers analyze the TIPs dietary information after the first visit so as to answer the questions listed below. Write these questions on a flipchart as they are being discussed.

- 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) to emphasize in this population, given the local diet for young children of different ages?

Answers to these questions—as indicated on the checklist—are then used to determine appropriate recommendations for testing during the second TIPs visit for counseling.

Step 2: Ask trainees to develop question guides for the use of TIPs in their research. Remind them that this is for the first visit only and should take into account:

- Their research objective, guiding questions, and subquestions
- The information obtained from a review of existing literature
- The contents of the assessment and counseling guide for TIPs (Handout 6.2/Worksheet 6.1)
- The gaps in information that must be filled before the next home visit

Allow one hour for this activity. In plenary, ask for volunteers to share their question guides. Refer to the information in the facilitators' notes when providing feedback. Be sure during the first visit that trainees intend to collect information on the social and economic background of the family, 24-hour recall, and food frequency through in-depth interview and observation.

Step 3: Have the trainees imagine they have just returned from the field and their first TIPs visit. Ask them what they think needs to be done with the data collected during the visit. Write their responses on the flipchart and ensure that the following points come out:

- Assess each child’s feeding practices and identify positive practices and areas where practices changes would improve child nutrition.
- Refine the list of feeding problems and recommendations in Worksheet 6.1 based on new information about foods and practices already being followed.
- Select appropriate recommendations for testing during each child’s counseling visit based on the child’s assessment and the updated worksheet.
- Tabulate how often recommended behaviors are already being practiced and identify the most common problems encountered in the sample.

Distribute **Handout 6.4** (Checklist for Assessing Feeding Practices) and review it with trainees. This checklist will help trainees order and assess feeding problems and practices and can be used to guide selection of appropriate recommendations.

Session 3: TIPS: Counseling and Follow-up Visits (6 hours)

Step 1: Explain to trainees why good counseling and negotiation skills are crucial to the success of TIPS. Ask participants to use VIPP cards to list the qualities of a good counselor. Process this information.

Now ask trainees to list the steps in a counseling session. The following points should come out:

- Greet the mother or caregiver politely and warmly.
- Ask the mother about herself and her family and how she and the family are doing. Ask her about her children and how they are doing. Ask about the food situation in the home and community in general.
- Tell the mother or caregiver about TIPS, explaining what TIPS is and how the process works. Explain that trials of improved practices provide a way to learn about how mothers make decisions about feeding their children, and they help in finding practical ways that feeding practices can be improved. Explain that the practices they will discuss today are recommendations based on the information the mothers or caregivers gave them during the initial home visit.
- Ask the mother or caregiver if she understands or has any questions that require further explanation.
- Help the mother or caregiver make a decision about which practices to implement during TIPS.
- Schedule a return visit and explain why a return visit is necessary.

Step 2: Write the words *negotiation skills* on the flipchart and invite participants to come to the flipchart and write the first words that come to mind when they hear these words. Process this information to produce a working definition that should include the following:

- Negotiation is a problem-solving process aimed at persuading and convincing mothers to adopt or adapt specific feeding practices that are recommended by a nutrition counselor.
- Negotiation skills also involve modifying or changing a behavior.

Explain to trainees that in the process of counseling and conducting TIPs, they will need to use these negotiation skills.

Step 3: Ask trainees to perform the following role plays in which they have to use counseling and negotiation skills for TIPs.

- During the first visit to Mrs. Kamau, you discover that she is giving water to her 2-month-old because the baby cries often and she thinks the baby is thirsty. Her mother-in-law has told her that this is what she should do. As the counselor, persuade Mrs. Kamau to practice exclusive breastfeeding.
- During the first visit to Mrs. Chipenda, you learn that she is giving her 8-month-old girl a watery porridge of maize meal three times per day as well as breastfeeding her on demand throughout the day and night. She feeds the baby using a cup and a spoon but the child often refuses to eat all that is offered. As the counselor, convince Mrs. Chipenda to practice appropriate complementary feeding for this 8-month-old girl. (Refer to Facts for Feeding for a definition of appropriate complementary feeding).
- During the first visit to the Kota family compound, you observe 18-month-old Margaret seated on the ground, feeding herself a small yam. While her mother is at the market, Margaret receives care from her 7-year-old brother. Margaret's grandmother is working in the garden. You return later to carry out the first TIPs visit. As the nutrition counselor, persuade Mrs. Kota to practice active feeding. (Refer to Facts for Feeding for a definition of active feeding.)
- During the first visit to the home of Haile Mariam-Selassie, you learn that 1-year-old Gebre is alert and playing with his older sister although his mother tells you that Gebre has been sick with diarrhea for the past two days. Mrs. Haile Mariam still breastfeeds Gebre on demand, but has stopped giving *enjera* and *doro wat* (sauce). As the nutrition counselor, negotiate with Gebre's mother about how to feed a sick child. (Refer to Facts for Feeding for recommendations.)

After the role plays, ask trainees to comment on:

- The advice given to the caregivers.

- Whether positive practices were reinforced.
- How well the counselor used the information given by the mother or observed during the visit when providing advice.
- Counseling skills such as listening, empathizing, communicating, and motivating.
- Negotiation skills such as persuasion, convincing, and problem solving with the mother.
- How effective the counselor was.

Step 4: Using **Transparencies 6.2** and **6.3**, explain to participants what takes place during the counseling visit and the characteristics of a good counselor. Point out that the main goal of the TIPs involves learning about how to motivate behavior change. Therefore, learning why new behaviors have not been tried and adopted is as important as learning which behaviors and practices can be improved. Stress the importance of observing and recording qualitative information. Show **Transparency 6.4** about what topics are discussed during the follow-up visits

Step 5: Ask trainees to form country teams and develop question guides for the counseling and follow-up visits. Remind trainees that many gaps in the guides will be filled in after the first TIPs visit.

Allow one hour for this activity. In plenary, ask for volunteers to share their question guides. Refer to the information in the facilitators' notes when providing feedback.

Session 4: TIPs Analysis and Interpretation (1 hour)

Step 1: Tell trainees that a full analysis of TIPs involves several steps, which you can discuss from the list on **Transparency 6.5**. Then, using **Transparency 6.6**, explain how to revise the child feeding recommendations and write a brief summary on TIPs. Make sure that the summary report includes:

- A brief description of the methods.
- A description of the sample.
- A summary table noting which feeding practices 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 motivations and constraints for improving practices.
- A description of regional differences or any other factors that directly affect the adoption of the recommendations.

- Adaptations that mothers made to recommended practices.
- Conclusions regarding implications of the results for program planning—such as whether different messages are needed for certain population groups.
- Consideration of additional research, a list of the critical issues that need further investigation, and the type of people to participate.

Step 2: As you distribute **Handout 6.5**, explain that using TIPs findings to make specific program recommendations involves several steps:

1. Analyze responses to qualitative questions asked during the initial visit on feeding practices and beliefs by summarizing the major themes, such as:
 - Initiation and exclusivity of breastfeeding
 - Planned duration of breastfeeding and reasons for stopping
 - Breastfeeding problems and solutions
 - Ages and cues for introduction of complementary foods
 - Feeding and appetite during childhood illness
 - Sources of information and advice on infant feeding

Highlight significant contrasts (by rural or urban residence, first-time versus experienced mothers, etc.), and include specific points or quotes mentioned by respondents that illustrate the conclusions.

Focus on information that is useful for program planning by identifying problems, possible solutions, or ways to reach the program population. For additional information, refer to *Designing by Dialogue*'s sections on analysis of interviews and observations in Chapter 5.

2. Summarize the results of dietary assessments. Describe the common feeding patterns of the population by age group, highlighting positive and negative practices. Describe feeding frequency, including meals and snacks as well as times of day children are and are not fed, common food preparation, and nutrient densities.
3. Summarize the results of testing the proposed feeding recommendations. Tally the number of times each recommendation is suggested, agreed to, tried, and adopted; display the totals in a table. Describe adaptations made by mothers. Group the data by age or simply tally by recommendation across all age groups. Describe how changes in nutrient intake may be achieved and the expected magnitude of these changes.

4. These numbers are interpreted based on the *reasons* for acceptance or rejection (i.e., the motivations and constraints). For guidance, excerpts from the presentation of results are found in Chapter 6 of *Designing by Dialogue*.

Compare and contrast the findings from different communities, age groups, and types of households by sorting the summaries into piles by various criteria. Depending on the research questions, it may be important to note differences based on criteria such as whether children are sick or malnourished. Interpretation is different if those who do not comply with the changes are primarily mothers of sick children or if other factors such as food security affect compliance.

Step 3: Summarize the topic by reviewing the task box and the steps involved in implementing TIPs, answering any questions trainees might have.

Session 5: Overview of the Field Practice (2 hours)

Step 1: Explain procedures for the fieldwork to the trainees, including a description of the field site and the names of local contacts and facilitators. Describe how the families have been identified, the number of mothers and household visits that will be made during the fieldwork period, and procedures for reviewing and discussing results of the visits at the end of the day and between visits. Also discuss what participants should expect during the visits in terms of language, food and water availability, and other relevant issues. If any specific dress is required, advise the participants.

Step 2: Discuss the available information about the target population, including results of a review of existing literature, with the trainees. Distribute draft counseling guides and ask participants to review and comment on them. Allow 15 minutes for the review and another 30 minutes for discussion.

Step 3: Ask trainees to break into groups of three, making sure that each group contains at least one person who can speak the local language and one person knowledgeable on child feeding issues. These groups will work together during the field practice. Allow trainees about one hour to prepare question guides for the first household visit and to revise the assessment and counseling guides in preparation for the field practice.

Assignment 6

11.2

- Develop dietary assessment methods and question guides for TIPs.
- Also develop dummy tables on analysis of TIPs.

Additional Information for Facilitators

Session 1: Overview of TIPs

The advantage of TIPs, particularly for refining feeding recommendations, is that mothers or primary caregivers are given a *choice* of recommendations to act on and are questioned about their reasons for that choice. Then researchers follow up to see what actually happened. Did the mothers or caregivers try the new practice and, if so, how did they feel about it? Did they modify it? If they didn't try it, why not? In this way, the proposed recommendations are tested in a real environment, and information is gathered on their acceptability. This information helps program planners to set priorities among the many seemingly important feeding practices and messages. Through TIPs, researchers and nutrition counselors discover:

- The relative ease or difficulty of communicating various recommended practices.
- Modifications that make the recommendations more acceptable.
- Unanticipated resistance points that limit behavior change.
- Ways in which recommendations are undermined by practices such as dilution, replacement, or children's resistance to new foods.
- The approximate proportion of families who are and are not able to modify feeding practices and improve nutrition without additional resources.

Trials of improved practices test the feasibility of asking people to carry out the advocated **behaviors**. (This is different from pretesting educational **materials** and **messages**, which occurs much later.)

The objectives of TIPs are:

1. To test mothers' responses to recommendations for improving infant and child feeding and determine which are most feasible and acceptable.
2. To investigate the constraints on mothers' willingness to change feeding patterns and their motivations for trying and sustaining new practices.

Preparation for TIPs and the Assessment and Counseling Guide

Worksheet 6.1 is used to prepare an assessment and counseling guide used by interviewers during TIPs. Development of this guide is a critical step because it translates information gathered during the research into a list of likely practice improvements.

The Assessment and Counseling Guide will be prepared in the field as part of the consultative research. To begin this process, the trainees will need to gather the following information:

- The review of existing information, including the experiences of previous nutrition programs in promoting certain feeding practices or foods.
- Completed worksheets 3.1 and 3.2 (**Handouts 3.1 and 3.2**).
- The draft reports and worksheets from all research conducted before the TIPs (e.g., in-depth interviews, household observations, etc.).

Tell the trainees they will have to sort the information by appropriate age groups in order to complete Worksheet 6.1. Use the data collected to list all of the **feeding problems** identified for that age group. If many problems are identified, have the trainees choose the most important ones to focus on based on their research and program objectives.

For the feeding problems listed, the trainees must write down **realistic recommendations**. These recommendations should be as specific as possible. Try to identify:

- Positive feeding behaviors that are practiced in some households and could be recommended in others.
- Acceptable modifications of current feeding practices (such as feeding one extra snack each day or modifying the consistency or contents of solid food recipes)
- Locally available foods that can be fed to children to improve their diets.

Leave space on the guide for additional recommendations identified during TIPs implementation.

All practical options that lead to the desired nutritional benefit are explored during TIPs. In many cases, more than one option can contribute to improved feeding practices. For example, to increase energy consumption, children can eat more frequently, consume larger portions, or eat foods that are enriched by additional ingredients or reduced water content. During planning, a list of possible recommendations to achieve each practice improvement is drafted. The list is shortened and refined during the testing process.

Repeat the process outlined above for each age group. Recommendations for special categories of children, such as children who are not breastfed or who are experiencing illness and poor appetite, are also developed.

A completed Assessment and Counseling Guide for Nigeria is found in Attachment 6.1 at the end of Chapter 6 in *Designing by Dialogue*.

TIPs Protocols

Of the two alternative TIPs protocols, one requires three household visits (initial, counseling, and follow-up) and the other requires two (counseling and follow-up only). The number of visits

depends on the scope of the research, the availability of information needed to develop a detailed Assessment and Counseling Guide, and the level of training and experience of the interviewers.

The two-visit protocol combines the initial and counseling visits into one. If the researcher has already uncovered considerable information on child feeding practices, and interviewers are able to conduct a dietary assessment and analysis of feeding problems on-the-spot, then the TIPs can be done in two visits. Otherwise, a three-visit protocol is recommended.

The three-visit protocol offers certain advantages.

- The interviewers have time to assess dietary and qualitative information thoroughly for each child, confer with a field supervisor and other team members to discuss appropriate recommendations, and return to the household well-prepared for the counseling session.
- When less information on child feeding is available at the start, the Assessment and Counseling Guide might not be complete for all situations. With the three-visit design, the guide is refined during the process of conducting TIPs, adding problems and solutions as they arise.

Session 2: TIPs—First Visit

Inform trainees that TIPs involve several activities: interviewing, observation, dietary assessment, counseling, motivation, and assessing response to the trial. Point out that a detailed guide is essential, because the researcher must ask different types of questions and needs to have a different style of interacting with the mother at different times. Sometimes the neutral style of a researcher is required, while at other times the motivating style of a nutrition counselor is preferred.

Question guides outline the steps and key issues in conducting the initial, counseling, and follow-up visits. They may be integrated with, or separate from, the data forms used to record the mothers' responses. The guides and recording forms include the issues listed below.

The Initial Visit:

- Open-ended questions and probes on child feeding practices and mother's beliefs. (Refer to **Handouts 2.2, 2.3, and 2.4**, Topic 2, and the gaps identified in the review.)
- Dietary assessment methods and recording forms.
- Identification of specific feeding problems (interpretation of the dietary assessment).

24-Hour Food Recall and Food Frequency Methods

24-hour food recall is a commonly used method of dietary assessment. In this method, individuals are asked to recall and describe the kinds and amounts of all foods and beverages ingested during a 24-hour period or starting with the day before today.

Because individuals vary in their ability and willingness to recall, describe, and quantify foods eaten, interviewers are trained to ask probing questions that encourage and help organize the individuals' memories about 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, liquids added).

The 24-hour recall method offers some advantages in that it is easy to administer, takes little time, involves a well-defined and recent recall period, and encourages probing and qualitative questions.

Some disadvantages are that single days often do not reflect usual diets, particularly among sick children; portion sizes, such as what container was used and amounts actually consumed, are often difficult to quantify or estimate; breast milk intake is difficult to estimate from recalled data; and quantitative analysis of nutrient intakes requires local food composition data and trained nutritionists.

Food frequency methods are used to complement the 24-hour recall. This information helps to identify foods that are not consumed daily by the young child but that might be available in the home or consumed periodically. Food frequency methods generally ask about the usual number of times different foods are consumed during a specified period of time (e.g., one week, month).

Practicing the 24-hour food recall is an optional exercise. If trainees plan to go to the field for TIPs practice, then practice the method in the classroom.

If a practice recall will take place, set up groups of four to role play the 24-hour recall and food frequency method as described in **Handout 6.2**. One person should play the role of mother or caregiver and another person should be the researcher. The remaining two members of the group analyze the role play by commenting on the following questions:

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

Explain to the participants that during TIPs visits, several methods may be used to obtain useful dietary and feeding information. For example, the methods outlined below can be used to answer the following key subquestions.

Structured Household Observations during the initial visit should answer these questions:

- Does the child eat all that is served? If yes, is more food offered? If no, does the mother offer encouragement or allow the child to decide when he is finished?
- Is the child served separately or does the child eat with other siblings? Is feeding supervised or are the children left to feed themselves?
- Does the child focus on eating or does he or she easily get distracted and go to play?
- Does the child regularly resist eating or does he or she eat vigorously?
- Does the mother feed the child patiently? Does she encourage the child to eat more when he or she loses interest?
- Is the mother distracted when feeding the child? Trying to do other things?

In-depth interviews and probing during the 24-hour recall should provide answers to these questions:

- What dietary and practice changes, if any, does the mother make when the child is ill?
- Does the child seem hungry soon after the meal? What cues does the child give?
- Has the amount of food consumed gradually increased as the child has gotten older, or has it remained the same or diminished?
- Does the mother think that the child is eating similar amounts as other children of the same age?
- Does the mother think that the child is growing well?

Developing Question Guides

When developing question guides, the following points should be kept in mind.

- Be sure to include space for recording background information on the families and a unique identification number for each household.
- Ask sensitive questions later in the interview, after rapport is established.

- Include questions only on those beliefs and practices that are relevant to your program and are not well understood. Also, provide guidelines on whether the researcher should ask these questions in all participating households or only in those with a child in a certain age group.
- Do not cover the same issue repeatedly. Information on many practices and beliefs will be gathered during the dietary assessment or the response to the trials, so additional questions on those issues are not needed.
- Make the guide flexible. Researchers should not read each question word by word. The objective is to remind him or her of the key issues, while allowing for a natural conversation with each mother.
- It is important to provide guidelines for analyzing the diet and planning the counseling for each household. These are discussed later in the session.
- Using a book is a helpful way to keep together the forms from all visits to a particular household. Allow plenty of room to record detailed responses.

Sample questions are found in Appendix B of *Designing by Dialogue*. They can be referred to but should not be used as is.

Initial Analysis

Use **Handout 6.4** to begin the analysis for each child. Note the child's age at the top of the handout. For each feeding category, indicate whether the specific practices apply to the child (yes/no) based on the information from the household structured observations, in-depth interviews, and dietary recall. Note any relevant comments in the space next to the yes/no columns.

Note that the checklist is set up so that all “no” answers are practices that could be recommended/negotiated during the counseling visit. Be careful with double negatives such as “child does *not* use a feeding bottle.” The desired practice is *no* feeding bottles. A *no* in this category means that feeding bottles *are* used and a recommendation to use a cup instead should be considered.

Explain that the TIPs dietary information is analyzed after the first visit to answer the questions listed below.

- Are breastfeeding practices adequate?
- Is feeding frequency adequate?
- Are the serving sizes large enough?

- Do the foods contain enough energy or are they too dilute 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) to emphasize in this population, given the local diet for young children of different ages?

Answers to these questions—as indicated on the checklist—are then used to determine appropriate recommendations for testing during the second TIPs visit for counseling.

Session 3: Counseling and Follow-up

Trainees require good counseling and negotiation skills, with the abilities listed below serving as good examples of desirable counseling skills:

- Praise and encouragement
- Questioning
- Paraphrasing and summarizing
- Active listening
- Use of support materials
- Observation
- Explaining in a language the mother or caregiver understands
- Reflecting
- Nonverbal communication
- Clarification
- Establishing rapport
- Providing information

Refer to the transparency on the counseling visit.

During the counseling visit, the researcher discusses the child’s positive feeding practices and feeding problems. For each problem, the researcher mentions some corresponding recommended

practices and asks caregivers to select from them. Through a process of **negotiation**, the researcher and caregiver 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.

Although it may seem difficult to ask caregivers to change practices, at least in the households where rapport is established, families usually are delighted to see the researcher return and often view this counseling as a reward for their earlier participation. 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 caregivers to adopt one or more of the recommended changes. The Assessment and Counseling 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.

Whenever possible, it is best to teach through demonstration. If a new or modified food is agreed on, prepare it with the caregiver during the visit. If the child is going to eat more food at each meal, stay with the caregiver while she tries to do this. If possible, help her to complete the recommendation successfully. At least check the caregiver'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 caregivers (or at least one family member) are literate, leave a written reminder of what the caregiver has agreed to do.

At the end of the negotiations, agreement is reached on one, two, or, at most, three specific changes the caregiver is willing to try during the following days. The exact agreement is recorded (and later transcribed to 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 five or six days later.

Review the sections on effective nutrition communication in Chapter 2 of *Designing by Dialogue* for more details.

Summarizing the Results of the Counseling Visits

After the counseling visit, researchers summarize each caregiver's response to all of the suggested recommendations. One purpose of TIPs is to get participants' reactions to proposed behavior 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 some recommendations to get left out of counseling are listed below.

- The relevant feeding problem rarely occurs in the sample, so the recommendation is not needed often.
- The feeding behavior is already widely practiced by most of the sample to whom it applies.
- 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.

Changes are made in the recommendations or the approach to counseling if major omissions are identified.

Conduct the Follow-up Visits

The researcher returns to the home on the pre-arranged day to assess the outcome of the trial. During this visit, he or she finds out if any significant changes have taken place in the home or in the child's health since the previous visit. The researcher conducts a second 24-hour food recall and then interviews the caregiver about her reaction to the agreed-upon practices. These discussions include the caregiver's experience with the new practice(s), the child's response, the caregiver's willingness to continue the practice in the future, and any modifications of the recommendations.

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 caregivers refuse to feed thick pap to babies 6 to 12 months old, see if they will try to add a spoonful of oil, add a little less water, or feed enriched pap one or two extra times per day.

Session 4: TIPs Analysis and Interpretation

Much of the initial analysis occurs between home visits, as described above. The interviewers summarize information, such as the child's age; feeding problems; and the recommendations discussed, demonstrated, and agreed on. After the follow-up visit, the mother's experience of carrying out the recommendation gets added to the summary.

After the follow-up visit, household summaries are tabulated for each age group. The tabulation includes information on:

- Recommendations and motivations suggested
- Practices agreed on (noting changes that result from negotiations)
- Outcome of *each* agreement (was it kept, modified, or not followed, and why)
- Reactions from the child and mother (like/dislike and why, problems, benefits they derived, intention to continue and why).

These summaries are used to **compare** reactions among the recommendations so that the best (most accepted) can be chosen. They are also used to assess which recommendations are offered and agreed on most frequently; to determine whether and why some recommendations are not offered; and to reaffirm that each recommendation is tested adequately.

During this analysis, the two dietary assessments (conducted on the initial and follow-up visits) are compared and summarized. The summary includes information such as breastfeeding frequency, consumption of non-breast milk liquids, frequency of feeding solid foods, types of foods and amounts given, and rough calculations of nutrient intake.

At this time it is important to assess roughly whether the counseling affected feeding practices. Point out that 24-hour methods are not used to validate whether counseling affected feeding practices in TIPs. They are used in TIPs to get an idea what practices are being followed (on the first visit) and then they are used on the second visit as a basis for discussion with the mother or caregiver about feeding practices and the child. Also note during the 24-hour follow-up recall whether the agreed-on practices were followed. Stay alert to the possibility that adoption of the recommendations can be offset by detrimental changes in other feeding practices. For example, feeding more frequently might indicate less food given per meal or less frequent nursing of infants. During analysis, record whether adoption of the recommended practices appeared to result in other—beneficial or detrimental—feeding changes.

Developing Child Feeding Recommendations Based on the TIPs

TIPs findings can be used to develop national feeding guidelines, to adapt food box and nutrition counseling portions of the Integrated Management of Childhood Illness (IMCI) protocol, or to develop specific nutrition messages for community and health providers.

To begin to use the findings, make a short list of feeding recommendations that include only those that mothers willingly tried and that mothers and children liked during trials. These recommendations should be as specific (action-oriented), nutritionally sound, and acceptable to caregivers and children as possible. The most important motivating factors and resistance points related to each recommendation are also noted. This list forms the basis of the nutrition program plan—specifically, the nutrition education and communication activities.

Handout 6.1: Task Box for TIPs

Preparation Tasks	
Draft a counseling guide on behavior change recommendations.	<ul style="list-style-type: none"> • list common feeding problems, by age • for each problem (and age) list several realistic recommendations for improving dietary intake • develop the counseling guide by completing Worksheet 6.1
Design the research protocol.	<ul style="list-style-type: none"> • determine number and procedures for each household visit
Develop question guides and recording forms.	<ul style="list-style-type: none"> • specify topics that require additional questioning • draft dietary assessment forms • draft recording forms • experienced nutritionist drafts dietary analysis forms
Revise the research plan.	<ul style="list-style-type: none"> • Worksheet 4.3 • recruit participants
Draft a field plan.	<ul style="list-style-type: none"> • schedule fieldwork • assign responsibilities
Train the field team and pretest the guides and forms.	<ul style="list-style-type: none"> • objectives of TIPs • TIPs methods and forms • role plays and pretesting • initial analysis in the field
Implementation Tasks	
Recruit households.	<ul style="list-style-type: none"> • identify households for TIPs • obtain consent
Conduct the initial visits.	<ul style="list-style-type: none"> • conduct interviews, observations, and assessment in selected households • schedule counseling visit
The steps in the shaded boxes can be skipped if the field team has just completed the in-depth interviews and observations with families who will participate in TIPs.	
Analyze initial data and plan specific recommendations.	<ul style="list-style-type: none"> • review results of initial visit • identify feeding problems and plan recommendations to suggest in each household • revise counseling guide as needed
Conduct the counseling visits.	<ul style="list-style-type: none"> • discuss specific recommendations and negotiate with the mother to try a new practice • schedule follow-up visit
Summarize the response to	<ul style="list-style-type: none"> • preliminary analysis: what recommendations are mothers willing or

counseling.	<p>not willing to try and why?</p> <ul style="list-style-type: none"> • document motivations and constraints
Conduct the follow-up visits.	<ul style="list-style-type: none"> • repeat dietary assessment • find out how mothers followed the suggested practices, why or why not, how they modified the advice and why, and their positive and negative reactions. • review and summarize information
Analysis Tasks	
Tabulate results of the trials.	<ul style="list-style-type: none"> • each recommendation: number agreed to, number tried, number will continue/were successful • note key constraints and motivations
Revise child feeding recommendations.	<ul style="list-style-type: none"> • revise guide to include most appropriate/successful recommendations, amended according to mothers' suggestions • focus on most common problems
Write a report on the findings.	<ul style="list-style-type: none"> • summary • recommendations for programming • remaining questions/recommendations for further research and the decision on need for checking research.

Handout 6.2
Worksheet 6.1: Assessment and Counseling Guide for TIPs

Age Group 1: 0 to less than 6 months (specify)

Ideal Feeding Practices: Exclusive breastfeeding, frequently and on demand, day and night

Problem #1: Child is not exclusively breastfed	
Recommendations*	Potential Motivations
<ol style="list-style-type: none"> 1. Stop giving water. 2. Stop giving milk, porridge or other foods. 3. Increase frequency of breastfeeding. <ol style="list-style-type: none"> a. Breastfeed more at night. b. Breastfeed more often during the day and night. 4. Reduce frequency of other fluids. 	<ul style="list-style-type: none"> • Breast milk contains lots of water and is not contaminated like unboiled water. • Breast milk alone contains all needed nutrients for babies this age. • The more you breastfed, the more milk you will produce, so you'll always have enough to satisfy the baby; the more you breastfeed, the better the baby will grow; the more you breastfeed, the less

5. Reduce frequency of other feeds.	likely you will become pregnant too soon. <ul style="list-style-type: none"> Breastfeeding takes less time, costs less, and is easy to do
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* **These are options** . The mother is asked to try one, two, or three, but not all of them. For example, the mother might not agree to stop giving milk but might reduce water and feed more at night (i.e., she rejects recommendation 2 but adopts 3a and 4).

Problem #2:	
Recommendations	Potential Motivations

Problem #3:	
Recommendations	Potential Motivations

Age Group 2: 6–8 months (specify)

Ideal Feeding Practices: Introduction of soft, nutritious food; continued breastfeeding two to three times per day

Problem #1: Nonnutritious porridge is given; Not energy-dense because overdiluted	
Recommendations	Potential Motivations
<ol style="list-style-type: none"> Make some porridge with less water. Make a “special porridge” recipe with less water and a teaspoon of oil and add fired, mashed groundnuts. Feed the special porridge at least twice a day. 	<ol style="list-style-type: none"> Child less hungry <ul style="list-style-type: none"> more content, less crying will let mother work Child is able to swallow porridge Child will like the taste

Problem #2: Mother feeds with a bottle, not a cup and spoon; She does not hold the child or interact with child when child is eating	
Recommendations	Potential Motivations
1. Feed thicker solid foods (less watery). 2. Introduce active feeding. 3. Use a cup and a spoon. 4. Hold the baby. 5. Continue to breastfeed on demand.	1. Less expensive 2. Mother/child bond 3. Reduce contamination; cups are easier to clean 4. Child is happy and relaxed and will eat more 5. Mother will know how much the child has eaten and whether s/he has had enough to eat

Problem #3:	
Recommendations	Potential Motivations

Handout 6.3: The 24-Hour Dietary Recall and Food Frequency Methods

Ask the caregiver for a complete recall of all the foods and liquids consumed by the child during the previous 24 hours. Record this information on a simple form with columns for time of day, type of food, ingredients, approximate quantity of food or ingredient consumed. Be sure to ask how much was actually eaten, not just how much was served. Inquire if this was a usual day with a diet typical for the child. If it was a special occasion, how was the child's diet affected?

- Ask the caregiver what the child ate the previous day, starting from when the child awoke. Continue by having the caregiver recall various activities that occurred during the previous day and probe whether the child had food at those times. Include beverages and tastes of other people's food.
- As each food is mentioned, find out the ingredients, methods of preparation (such as boiled or fried), and the approximate amount eaten by the child. If the caregiver (or mother) can show the child's cup or plate, it may be easier to estimate accurately the amount consumed. Alternatively, show the caregiver some standard measures (that are carried to the home) and ask her to estimate quantity.
- Prompt the caregiver about any snacks the child ate.

- Ask about frequency of breastfeeding if the child is still nursing. Also ask what cues resulted in nursing (e.g., crying, fussiness, or nursing on a fixed schedule).

After the recall, ask the caregiver if the child consumed other foods and liquids during the preceding two to three days that he or she did not eat in the last 24 hours, and also ask about the foods eaten by older family members but not usually consumed by the child. For each food mentioned, ask how often it is offered and probe why it is not offered every day or not offered at all to the child.

Handout 6.4: Checklist for Assessing Feeding Practices and Appropriate Counseling Recommendations

Child's Age: _____ months

Practice	Yes	No	Comments	Recommend
1. Breastfeeding				
a. Still breastfed				
b. On demand (8 to 12 times per day minimum)				
c. Night feedings (if less than 12 months old)				
2. Complementary feeding frequency (meals + snacks)				
0-5 months—breast milk only				
6-8 months—two to three times per day				
9-11 months—three to four times per day				
12-24 months—four to five times per day				

3. Complementary Foods' Texture and Consistency				
6-8 months—mashed, semisolid				
9-11 months—finger foods + snacks				
12-24 months—eating family diet				
4. Complementary Feeding Quantity (from recall estimations)				
6-8 months—280 kilocalories per day				
9-11 months—450 kilocalories per day				
12-17 months—600 kilocalories per day				
18-24 months—750 kilocalories per day				
5. Complementary Food Energy Density (from recall estimations)				
Greater than 50 kilocalories per 100 grams			If less than 50 kilocalories per 100 grams, give priority to improved energy density	
6. Diet Quality				
Vitamin-A rich foods daily				
Meat, poultry, or fish daily				

Fortified foods consumed				
7. Active Feeding				
Adult caregiver feeds directly (if less than 12 months)				
Adult assists feeding (if 12 months or older)				
Caregiver encourages child to eat more				
Caregiver varies recipes to child's tastes/likes				
Caregiver feeds slowly and patiently				
Care giver does <i>NOT</i> force feed			If force-fed, make recommendation to patient, slow feeding	
8. Hygiene				
Caregiver washes own hands, child's hands				
Foods served immediately (not stored)				
Clean utensils used				
Feeding bottles <i>NOT</i> used			If feeding bottles used, recommend use of a clean cup	
9. Feeding During Illness				

Breastfeeding increased				
Caregiver offers favorite foods patiently, encourages child to eat				
10. Feeding After Illness				
Breastfeeding continued				
Complementary feeding frequency increased				
Complementary foods quantity increased				

Handout 6.5: Using TIPs Findings to Make Program-Specific Recommendations

1. Analyze the responses to qualitative questions asked during the initial visit on feeding practices and beliefs by summarizing the major themes, such as:
 - Initiation and exclusivity of breastfeeding
 - Planned duration of breastfeeding and reasons for stopping
 - Breastfeeding problems and solutions
 - Ages and cues for introduction of complementary foods
 - Feeding and appetite during childhood illness
 - Sources of information and advice on infant feeding

Highlight significant contrasts (by rural or urban residence, first-time versus experienced mothers, etc.) and include specific points or quotes mentioned by respondents that illustrate the conclusions.

Focus on information that is useful for program planning by identifying problems, possible solutions, or ways to reach the program population. For additional information, refer to *Designing by Dialogue*'s sections on analysis of interviews and observations in Chapter 5.

2. Summarize the results of dietary assessments. Describe the common feeding patterns of the population by age group, highlighting positive and negative practices. Describe feeding frequency, including meals and snacks as well as times of day children are and are not fed, common food preparation, and nutrient densities.
3. Summarize the results of testing the proposed feeding recommendations. Tally the number of times each recommendation is suggested, agreed to, tried, and adopted; display the totals in a table. Describe adaptations made by mothers. Group the data by age or simply tally by recommendation across all age groups. Describe how changes in nutrient intake may be achieved and the expected magnitude of these changes.
4. These numbers are interpreted based on the *reasons* for acceptance or rejection (i.e., the motivations and constraints). For guidance, excerpts from the presentation of results are found in Chapter 6 of *Designing by Dialogue*.

Compare and contrast the findings from different communities, age groups, and types of households by sorting the summaries into piles by various criteria. Depending on the research questions, it may be important to note differences based on criteria such as whether children are sick or malnourished. Interpretation is different if those who do not comply with the changes are primarily mothers of sick children or if other factors such as food security affect compliance.

Transparency 6.1: Content by Day for a Three-Visit Trial

Initial Visit (Visit 1)	Counseling Visit (Visit 2)	Follow-up Visit (Day 6–10)
<ul style="list-style-type: none"> • Background information • Qualitative data on feeding practices • 24-hour recall • Food frequency (of other regularly consumed foods) • Analysis 	<ul style="list-style-type: none"> • Problem statement • Recommendations and initial response • Negotiation and motivation • Leave some written/oral instructions behind with mother or caregiver • Agreement 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

Transparency 6.2: What Takes Place During the Counseling Visit

- Researchers give feedback on practices and make recommendations for testing (using the Assessment and Counseling Guide).
- In order to convince and persuade caregivers to try one or more recommendations, the researchers will appeal to and motivate caregivers (using the information synthesized on Worksheet 6.1 and summarized on the guide).
- Researchers must anticipate attitudinal and cultural barriers to behavior change and be prepared to provide alternative options and motivations to overcome these barriers.
- Researchers reach an agreement with the caregiver to try the new practice(s) for a certain period of time (usually about one week) and to be re-interviewed about the experience. (The caregiver should be asked if and how often she is already carrying out the practice.)
- Researchers record the recommendations discussed with the caregiver, as well as the positive and negative reactions to each.
- For each practice, note the following about the caregiver:
 - Overall reaction to the suggested practice
 - Desire to follow the advice and why
 - Perceived ability to follow the advice and why
 - Whether she expects to make any changes in the advice, and why
 - Whether anyone else needs to be consulted for the behavior change to be tried
- Each recommendation that the mother agrees to implement should be carefully noted.

Transparency 6.3: Characteristics of a Good Counselor

A good counselor—

- Listens to me
- Takes me seriously
- Is discreet/confidential
- Respects me
- Is nonjudgmental
- Is relaxed and calm

- Is warm
- Has a sense of humor
- Allows me to be myself
- Is thoughtful
- Is uncritical
- Is open-minded

Counseling is—

- Problem solving
- Listening
- Helping
- Sharing
- Caring
- Empathizing
- Understanding
- Accepting
- Supporting
- An equal relationship
- Reflecting
- Educating

Counseling is not—

- Telling someone what to do
- Giving advice
- Imposing

- Teaching
- Demanding
- Critical
- One-way
- Judgmental
- Interfering
- Psychiatry
- Formal

Transparency 6.4: Topics Discussed During the Follow-up Visit

- The degree to which the caregiver followed the advice and why
- How she felt about her experience (Was trying the new practice hard or easy? Were there any problems?)
- What other people thought and why
- Whether she or her child derived any benefits from or were harmed by the practice (specify)
- If she modified the recommendation and why
- Whether she intends to continue following the practice and why or why not
- How she might persuade a friend or relative to try the new practice
- Any additional counseling on child nutrition, if necessary

Transparency 6.5: Steps in TIPs Analysis and Interpretation

- Complete household summaries (what was recommended, tested, adopted, changed)
- Analyze qualitative information on feeding practices (highlighting similarities and differences)
- Summarize dietary assessments (highlighting common problems and positive practices)
- Summarize the results of the TIPs (what worked, what didn't)

- Describe caregivers' reasons for accepting, trying, adopting, or rejecting recommendations
- Draw conclusions that can be used by programs
 - How to reach caregivers
 - What specific practices and foods or recipes to promote
 - What positive practices can be taught by mothers and caregivers in the community
 - How to motivate caregivers to change behavior
 - How to overcome major barriers to behavior change
 - What specific language and words can be used to convey concepts
 - What major differences between regions/populations must be addressed

Transparency 6.6: Revising Child Feeding Recommendations

- A brief description of the methods
- A description of the sample
- A summary table noting which feeding practices were recommended most frequently and are most likely to be tried, liked, and adopted
- A description of the responses to the recommendations by age group, including the most important motivations and constraints for improving practices
- A description of regional differences or any other factors that directly affect the adoption of the recommendations
- Adaptations that mothers made to recommended practices
- Conclusions regarding implications of the results for program planning—such as whether different messages are needed for certain population groups
- Consideration of additional research, a list of the critical issues that need further investigation, and the type of people to participate.

Topic 7: Checking Research—Focus Group Discussions

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

- Explain why research might need to be checked.
- Describe different methods for checking research.
- Use focus group discussions to check research.

Time: 2 hours 45 minutes

Topic Overview

Session 1: Is Checking Research Needed? (30 minutes)

Session 2: Different Methods for Checking Research (15 minutes)

Session 3: Focus Group Discussions (2 hours)

Materials: flipchart, markers, masking tape, VIPP cards, transparencies, overhead projector, transparency pens, focus group video (optional)

Handouts

7.1: Task Box for Focus Group Discussions

7.2: Techniques for Moderating Focus Group Discussions

Transparencies: 7.1: Checking Research

Advance Preparation: Photocopy handouts and prepare transparency.

Purpose of the Topic: This topic explains why research might need to be checked and what methods can be used to do this. The topic also describes focus group discussions and the tasks involved in planning, implementing, and analyzing data from focus group discussions.

Procedure

Session 1: Is Checking Research Needed? (30 minutes)

Step 1: Start this session by reminding trainees where they are in the process. Tell them to imagine they are now back at their workplaces with their data. Ask participants why they think it might be necessary to check research. Ask them to write their reasons on VIPP cards and then hang them on the wall. Synthesize their responses by explaining that the decision to check

research is made after trials of improved practices have been analyzed. This can be done by assessing the completeness of the information and by answering the following questions:

- How valid are the conclusions?
- Are they applicable to the broader program population?
- Is there enough information available to develop a well-informed program strategy?
- Are there new issues emerging from the data?
- Are there stakeholders whose views need to be polled before making program recommendations?
- Are there interested groups who might object to new program recommendations?

Step 2: Define *checking research* as verifying or clarifying the data you have collected. One way trainees can verify their work involves checking with other people. Point out that national programs and programs with large or diverse target populations almost always require research checks, which researchers typically conduct in a few sites with very small samples.

Step 3: Mention the need to identify issues and questions that the checking of research will answer. Then decide which methods are most appropriate to do that.

Session 2: Different Methods for Checking Research (15 minutes)

Step 1: Ask trainees to brainstorm on different methods they think could be used for checking research. List these on the flipchart. The following methods should be listed:

- Key informant interviews
- Individual interviews
- Recipe trials
- Focus group discussion

Step 2: Remind trainees of the first three methods of checking research, which have already been introduced in the training. Point out that *key informants* are people who are knowledgeable about the topic or population and who are influential in program implementation. Key informant interviews are used to check people's reactions to research results. Ask trainees for the names of people in their programs or research areas who might be appropriate key informants for research-checking purposes.

Step 3: Ask trainees to recall how to conduct individual interviews and recipe trials. Ask how they might use these methods for checking research, and write their ideas on the flipchart. Clarify any questions they pose about these two methods and refer them to the handouts they were given on these two methods.

Session 3: Focus Group Discussions (2 hours)

Step 1: In buzz groups of three, have trainees come up with a definition of focus group discussions (FGDs) and state when they should be used. As you write their responses on flipcharts, ensure the following points come out:

- FGDs are a qualitative method of research.
- They use group dynamics and the flow of discussion to probe deeply into beliefs and concepts people have about a particular subject.
- They are held with small groups of people who have similar characteristics.
- FGDs are led by a moderator who uses a question guide to introduce the topics of interest;
- The deliberations of the discussion are either tape recorded or written down by a recorder.

Step 2: Distribute **Handout 7.1** on the task box for focus group discussions and walk through it with the trainees noting the preparation tasks, the implementation tasks, and the analysis tasks. Clarify any questions they may have.

Step 3: Distribute **Handout 7.2** on the different types of questions that are asked in FGDs. Go over each one, supplying examples. Ask participants if they have experience with FGDs, and how they were used. Tell them to suggest other ways to encourage group participants to speak freely and informatively about child feeding practices and health-related issues. Ask them if they can think of times that FGDs should not be used.

(OPTIONAL: show participants focus group video)

Step 4: Divide participants into two groups and have them conduct the following focus group discussions.

- One group holds a focus group discussion with mothers from a different ethnic/geographic area to discuss the feeding recommendations and recipes developed for 6- to 9-month-old infants during the TIPs in a rural area. (For example, the TIPs recommended ways to increase the energy density and thickness of the typical weaning food and suggested using a cup and spoon to feed it patiently to the young child at least three times each day.)

- The other group does focus group discussions with health workers (nurses, for example) to discuss the results of the field research on how to promote exclusive breastfeeding in the population. (For example, the TIPs suggest that mothers would be willing to stop giving tea and other liquids to their young babies and to exclusively breastfeed; mothers will continue exclusive breastfeeding for about five months by taking their babies with them to the fields while they work; and they will eat and drink more themselves to improve their ability to breastfeed exclusively.)

As each group holds the FGD, the other group should observe the discussion and be prepared to give feedback on what went well, what didn't go well, and how it could be improved.

Participants should remember that, in checking research, the purpose is to get feedback and reactions to the TIPs from other areas and to identify ways that these behaviors will need to be modified for different audiences or in order for stakeholders to approve them.

Step 5: Explain to participants that once the FGD has been conducted, they need to analyze the sessions and write a report on the discussion. Refer trainees to Attachment 7.1 in *Designing by Dialogue*, which is a sample focus group report. Tell the trainees that although the sample was for exploratory (not checking) research, the format and content illustrate how focus group data are interpreted and summarized. Clarify any questions the trainees may have about the method.

Assignment 7[Should this be Assignment 7?]

11.3

Prepare a FGD and key informant guide. See Handout 7.2.

Additional Information for Facilitators

Is Checking Research Needed?

Checking research is used to verify and validate findings and conclusions from TIPs and other research. It involves the use of rapid research methods to check exploratory and TIPs findings with people who have not already participated in the research.

To decide whether checking research is needed, a researcher must assess the completeness of the information obtained from the research so far. If the literature review, exploratory research, and TIPs already provide a clear picture of program needs, checking research might not be necessary.

However, if questions remain, either because the research has raised new issues or because the small sample and intensive methods result in findings that cannot extend to broad generalization, a brief round of checking research is needed to confirm and broaden the results.

National programs and programs with large and diverse target populations nearly always require research checks. Refer trainees to Box 4.2 in Chapter 4 of *Designing by Dialogue*, which lists some occasions when checking research is needed.

Checking research usually gets conducted in just a few sites with very small samples. The emphasis lies in obtaining initial, off-the-cuff reactions to the practices that were favored in the TIPs and that are likely to be promoted in the program. Attention is paid to whether the new groups or individuals react in ways that confirm the earlier findings or contradict them, and what obstacles are present in the minds of people hearing the recommendation for the first time.

Focus Group Discussions and Other Methods

FGDs generally supply the quickest way to assess the reactions of a broader sample to the feeding recommendations. Other methods, such as key informant or in-depth interviews and recipe trials, also can be used for checking research.

Focus group discussions (FGDs) are a qualitative method designed to use group dynamics and the flow of discussion to probe deeply into the images, beliefs, and concepts that people have about a particular subject. Ideally, people become involved in the discussion and react to one another's comments. It is not a group interview but a group discussion focused on a few topics.

To determine who should be in the focus group, a focus group discussion screener can be developed. Such a screener contains questions and criteria for recruiting potential members to a focus group.

FGDs pull together small groups of people who have similar characteristics. The discussions are led by a trained moderator who uses a question guide to introduce the topics of interest and to probe for deeper discussion. Although not generally recommended for documenting actual practices, this is an excellent technique for learning about attitudes and perceptions.

Key informant interviews are another method well-suited to checking people's reactions to the research results. *Key informants* are people felt to be knowledgeable about the topic or population of interest and influential with issues that may affect program implementation. Key informant interviews might prove more effective for checking research than FGDs when the respondents are widely dispersed or of high status, such as health officials. Also, if a subject is considered private, people often are more willing to discuss it in an individual interview rather than a group discussion.

Recipe trials also are used in checking research when mothers frequently modified suggested recipes during TIPs. In this situation, a small number of recipe trials are held to assess preparation methods and to recalculate the nutrient composition of modified recipes.

More on Focus Groups

For checking research, FGDs may be held with different people in the same population that participated in TIPs, or they can be held with different population groups. FGDs are an appropriate approach for the following examples:

- If one set of mothers has been participating intensively in the research, and there is a need to check TIPs results with similar households in communities that have *not* been exposed to the research.
- If TIPs were conducted among the major ethnic groups, but it is important to check for similar responses among mothers of smaller ethnic groups that are also part of the program.
- If the TIPs recommendations require the reactions of health workers and interested professional groups or stakeholders.
- If new ideas arise during TIPs that need further clarification.

The group session is held in a place where the participants will feel comfortable enough to converse candidly. It should be a place that is neutral for participants and moderators. For example, it is not a good idea to discuss health-related topics in the health clinic or in the home of the mothers' club president. A school or village gathering place is preferred.

A FGD usually lasts one to two hours. The moderator should welcome the members to the discussion and allow them to introduce themselves before stating the purpose of the discussion and explaining to members what will take place. The moderator should point out that the questions under discussion have no right or wrong answers. If a tape recorder is available, the moderator should ask the group members for permission to use it. The moderator should also set a time limit and then introduce the topic for discussion.

The discussion begins with the moderator asking a question, making a statement, or posing a problem to stimulate discussion. The moderator only needs to join the conversation occasionally to involve people who are not talking or to draw out a difference of opinion or the reasons for certain feelings or practices. Otherwise, the participants talk and question each other.

Handout 7.2 summarizes some techniques the moderator can use to facilitate honest responses that reflect deeper feelings than those often expressed in answer to direct questions. More information on FGDs is found in Chapter 7 of *Designing by Dialogue*. Other useful references include:

- Dawson, S., L. Manderson, V. Tallo. *A manual for the use of focus groups*. International Boston: Nutrition Foundation for Developing Countries (INFDC), 1993.

- Debus M. *Handbook for excellence in focus group research*. Washington, D.C.: Academy for Educational Development, 1986.

Handout 7.1: Task Box for Focus Group Discussions

Preparation Tasks	
Design the FGD protocol and develop the research plan.	<ul style="list-style-type: none"> • determine remaining questions • choose type of participant • choose sites
Decide who will conduct the FGDs.	<ul style="list-style-type: none"> • look for experienced moderators and note-takers
Develop the question guides.	<ul style="list-style-type: none"> • specify the key issues and questions
Train the moderators and note-takers. Develop a recruitment guide or FGD screener	<ul style="list-style-type: none"> • discuss the roles of the moderator and the note-taker • teach discussion techniques • contains criteria for recruiting participants
Implementation Tasks	
Recruit the participants.	<ul style="list-style-type: none"> • choose participants with similar characteristics
Conduct the FGDs.	<ul style="list-style-type: none"> • provide an introduction • guide and record the discussion • debrief
Analysis Tasks	
Do initial analysis in the field.	<ul style="list-style-type: none"> • transcribe the tapes or prepare notes • summarize each FGD
Sort and summarize the results.	<ul style="list-style-type: none"> • identify themes and trends • compare and contrast groups
Write a brief summary of the results.	<ul style="list-style-type: none"> • highlight how the results reinforce, conflict, or add to earlier findings

Handout 7.2: Techniques for Moderating Focus Group Discussions

- *Asking why.* The focus group discussion is not just another way to do a survey. The moderator's job is to generate a *discussion* that will probe deeper into common child feeding practices and the perceptions and reasons behind them. For example, "Why do women generally believe they must...?"
- *Clarifying an answer.* If more information is needed after an explanation has been given by a participant, ask others for clarification. For example, "Please tell me what Tola means when she says...."
- *Substitution.* Use the words of one of the participants to help clarify the original issue. However, take care not to change what is at the heart of the topic.
- *Polling.* This technique will help enliven a discussion or turn the group's attention away from someone who may be dominating the discussion. Go around the group, asking each participant to express an opinion. But remember that the objective is to have a discussion among participants, *not* an in-depth interview with each participant. Use this to spark debate on divergent opinions.
- *Contrasting.* During the conversation, different opinions or practices might be mentioned for the same problem or situation. Try to draw out the differences without making anyone feel uncomfortable, and ask the group's opinion about these contrasting views.
- *Projection.* Use pictures or a story to present a particular situation that participants can discuss without having to use themselves as examples. For example, show photos of children and ask participants to imagine what these children's lives are like and what makes them healthy or unhealthy, or ask the group to complete a story that reflects decision making on a relevant issue. You could describe a family situation that participants can identify with, explain a problem that the family is facing, and then ask the group to make up an ending to the story that solves the problem.
- *Concluding remarks.* At the end of the session, ask participants what they think about what was discussed and whether they have additional comments. Often, when participants see that the formal session is over, they begin to speak more frankly than they did during the session.

Transparency 7.1: Checking Research

- How valid are the conclusions?
- Are they applicable to the broader program population?
- Is there enough information available to develop a well-informed program strategy?

- Are there new issues emerging from the data?
- Are there stakeholders whose views need to be polled before making program recommendations?
- Are there interested groups who might object to new program recommendations?

Topic 8: Synthesizing and Presenting Research Results

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

- Explain how to synthesize research results.
- Develop summary charts and examples.
- Use research findings to prepare a set of clear and specific recommendations.
- Use the results to influence programs.

Time: 2 hours 45 minutes

Topic Overview

Session 1: Synthesizing Research Results (45 minutes)

Session 2: Presentation of Findings (1 hour)

Session 3: Using the Results to Influence Programs (1 hour)

Materials: flipchart, VIPP cards, markers, pens, paper, masking tape, transparencies, overhead projector, transparency pens

Handouts: 8.1: Task Box for Interpreting Research Results

Transparencies

8.1: Final Report Outline

8.2: Dissemination Strategy

Advance Preparation: Photocopy handout and prepare transparencies.

Purpose of the Topic: This topic helps trainees to understand how to synthesize research results, develop a proper presentation, and organize the final report and dissemination meeting. The topic also explains how to use the results for strategic program planning.

Procedure

Session 1: Synthesizing Research Results (45 minutes)

Step 1: Explain to trainees that in order for TIPs and other research findings to be useful for programs, they need to be analyzed, synthesized, and presented clearly and succinctly.

Conclusions need to be drawn on key issues and specific program recommendations and actions should be formulated.

Step 2: Distribute **Handout 8.1**, the task box for interpreting research results, and walk the trainees through it, making sure to emphasize synthesis and presentation of findings. Point out the necessity of reviewing findings from the existing literature, the exploratory information, TIPs, and the reports from research checks as a first step. Remind trainees that as they are thinking about how to interpret and synthesize the findings, they should keep in mind the *reasons* people behave or believe as they do, and that these are just as important as what they do.

Step 3: Ask trainees to brainstorm and give examples of different ways in which they can present the data they have collected. Write their responses on the flipchart and ensure that the following formats come out:

- A matrix
- A diagram
- A taxonomy
- A decision chart
- Case studies
- Tables or charts
- A list of quotes

Instruct trainees to give examples of these formats and when they might be used. Remind trainees that they should use different formats to illustrate and summarize key points.

Step 4: Now find out whether any trainees have experience with qualitative data analysis. Ask the experienced trainees what methods they used to analyze and interpret the data and how qualitative data analysis differs from quantitative analysis. Explain that interpreting the findings means deciding what the respondents were really saying and uncovering the strength of their feelings and beliefs and the reality of their intentions.

Also emphasize that if research findings are to guide program planning, they must be presented in a form that answers program planning questions such as **what needs to change, what can change, and how can it be changed, and who can change it?** Remind trainees that all final recommendations must be based on the findings, which is sometimes difficult if the findings are very different from what researchers expected.

Session 2: Presentation of Findings (1 hour)

Step 1: Once the trainees have analyzed and synthesized their findings, they need to present them in an acceptable format, which they can do by preparing a final report. Use **Transparency 8.1** to show trainees some recommended outlines for a final report using TIPs and other qualitative methods.

Step 2: Once the report is finalized, it is important to disseminate it and make it available to key players. Although the trainees will prepare a dissemination strategy in their proposal, after the research is completed, they must refine the strategy in light of the findings, the participation of the potential users in the research process, and the level of interest in the findings. Using **Transparency 8.2**, explain what the dissemination strategy should clearly identify.

Step 3: Through brainstorming, ask participants to think about the types of events and publications that might be useful for disseminating the research results from their proposals. Make sure their efforts turn up the following examples:

- Summary policy and program briefs on key findings and recommendations
- Personal presentations to decision makers, managers, health workers, and community organizations
- A dissemination workshop for decision makers, managers, health workers, and community organizations
- Press releases
- Radio or other interviews
- Presentations at workshops or research meetings

Step 4: Mention that dissemination workshops are a useful way to present findings and recommendations that lead to action because they create a forum for discussion. These workshops, whether modest or highly visible, should allow for intensive interaction and should be designed in a way that encourages follow-up action.

Step 5: Hang the following VIPP cards on the wall so trainees can see the steps required to prepare for such a workshop:

- Define the objectives.
- Identify dates and venue for the meeting.
- Identify the participants—who should know about the findings and recommendations?
- Draft the agenda.

- Prepare and copy the materials.
- Invite participants and arrange all logistics.

Ask trainees to brainstorm on what else goes into making a good dissemination workshop. Write their responses on the flipchart and ensure the following points come out:

- Invite the media.
- Draft a press release.
- Draft speeches for key policy makers.
- Foster discussion and active participation.
- Ensure good facilitation.
- Describe research results and recommendations clearly.
- Present answers to questions.
- Have recommendations oriented to concrete action.

Session 3: Using the Results to Influence Programs (1 hour)

Step 1: Remind the trainees that each country team's research proposal will include a statement of how the consultative research results will be used to improve an existing program. Important issues to consider are:

- Who will their results be useful to (community, health staff, program managers, etc.)?
- Who will be involved in the implementation of research recommendations?
- What communications channels can be used to disseminate research results and recommendations?

Write these responses on a flipchart and ask trainees if there are other important questions to add to the list.

Step 2: Assembled in their country teams, trainees decide what steps will be necessary to ensure that their research results are implemented. Ask trainees to consider the questions listed on the flipchart. Mention that two different types of people come into the picture when you talk of implementing research recommendations: those who authorize the decision to make changes in programs and those who implement them. Gaining the confidence and support of each of these groups requires a different strategy.

Ask the country teams to identify the key decision makers and implementors for their proposed research findings and what channels or mechanisms should be used to involve them (1) before the fieldwork, (2) during the analysis, and (3) after the recommendations are decided on.

Step 3: Close session by asking if trainees have any questions about the final report and dissemination strategy and workshop.

Assignment 8

13.0

Plans for synthesizing, presenting, disseminating and communicating research findings.

Additional Information for Facilitators

Synthesizing Results

Preparing a synthesis and final report of the research will help to:

- Get a clear overview of the data collected, field observations, and impressions and consider how different sets of data work together to answer the research questions and objective.
- Assess how well the research was designed and the extent to which it provides valid information for problem solving.
- Develop the general approach for reporting information to key decision makers.
- Allow others to learn about your findings and how they can be used.

During the synthesis of research findings, conclusions are drawn on key issues, such as:

- The ways in which current practices are contributing to undernutrition
- The improvements that families indicated they can and will make
- The factors that motivate or enable improvements
- The constraints to adopting the new practices
- The sources of information on child feeding

During this stage, it is important to begin to think about the knowledge gleaned from the entire research process. To do so, you summarize the key feeding problems and the majority opinions and practices related to them. Also important is the summarization of opinions and practices that

differ from the majority to illustrate the range of responses present in the program area. Keep in mind that the **reasons** people behave or believe as they do bear as much importance as the practices themselves.

Often, findings from different research methods or different population groups are contradictory. It is important to interpret contradictions by thinking about the reasons for them. People might report different feeding patterns from those they actually practice, or contrasting responses might come from groups of people who differ in some important way.

Also, consider which method most likely captured the real situation. Comparing the results of different methods in a process called *triangulation* offers one way to check the validity of your conclusions. You might also compare your results with results from previous qualitative and quantitative studies to see if your findings support or conflict with them.

Different Chart Formats to Clarify and Summarize Key Points

A wide variety of charts and graphics are used to organize, summarize, compare, and illustrate the data. These presentation aids take on special importance with qualitative data, which usually does not lend itself well to summary and interpretation using statistical methods. Charts, graphics, and examples help those who were not involved in the research to visualize the results and understand the implications. Charts and other graphics are used to provide overviews of general concepts and trends and to illustrate specific points, as discussed below.

The formats enumerated below are used to present an overview of general trends, practices, and beliefs.

- A *matrix* links practices with perceived benefits and costs. Matrices are more informative than simple lists of practices because they provide insights into the motivations and constraints underlying those practices.
- A *diagram* of the usual sequence of practices related to different aspects of child feeding is instructional and more informative than textual descriptions. An example for the weaning process is shown in *Designing by Dialogue*, Chapter 8, Box 8.1.
- A *taxonomy* of perceived feeding problems summarizes reported symptoms, causes, and actions or treatments. An example is shown in Box 8.2.
- A *decision chart* is used to outline feeding problems or conditions that affect observed behaviors. The chart shows the sequence of decisions that lead to different behaviors, depending on different conditions and outcomes. Box 8.3 contains an example.

Prepare similar charts or graphics for different groups and compare them. The example in Box 8.4 compares mothers' and grandmothers' beliefs about appropriate infant feeding during the

first six months. Similar charts for health workers, mothers with more and less experience, or mothers from rural and urban areas can be prepared and compared.

Use specific examples to illustrate points and help the audience understand.

- Brief *case studies* describing how feeding practices changed over time among one or two children illustrate transitions in feeding and high-risk age periods.
- A *table* or *chart* describing foods consumed by two children of the same age (one with good practices, the other with poor ones) demonstrates the variation in foods and practices among the population. This comparison also illustrates just how little some children eat and how much others in similar homes consume. Box 8.5 contains an example.
- A *list of quotes* and key phrases about beliefs and local names for practices is also informative. Peoples' actual expressions provide clues on how to phrase effective nutrition messages.

Interpretation

Interpreting the information means deciding what the respondents really intended and discerning the strength of their feelings and beliefs. Most countries have many different child nutrition and feeding problems; the purpose of the interpretation is to highlight which of those should be the program's priorities. If the research findings are to guide program planning, they must be presented in a form that answers program planning questions:

- What *needs* to change?
- What *can* change?
- ***How*** can it be changed and ***by whom***?

Keep the interpretation as simple and direct as possible—this is not the place for detailed theoretical discussions. Pay attention to themes that are mentioned frequently, and look for relationships among various factors. Set the stage for the recommendations by drawing together evidence supporting your main conclusions.

You can easily handle conclusions in a report by preparing a bulleted list of the main findings and writing a highlighted conclusion at the end of each section. The conclusion statement outlines the program response to the evidence. The excerpts from research reports attached to Chapters 5, 6, and 7 in *Designing by Dialogue* are written in this way.

Be aware of personal biases and biases of the research team. Interpreting qualitative research is more subjective than quantitative, but subjective does not mean *biased*. Keep an open mind

about what the results say and examine the conclusions from different points of view (e.g., policy, views of health officials, elder family members, etc.).

Base all final recommendations on the findings. The recommendations must reflect the needs and perceptions of the research participants who will benefit from the program. The recommendations specify the actions to take, preferably listed in order of priority, within the overall program.

As you prepare the summary report, keep the intended audience—program planners and, in some cases, policy makers—in mind at all times. Focus on the essential points and leave out details that do not relate directly to planning. Although a paragraph or two of background information is a good way to begin, you should not necessarily discuss the review of existing information in great detail. Simply cite the background report, mention a few key statistics to give the context, and make the report available upon request.

Arranging a Dissemination Workshop

Making research results accessible to those who can apply them is not simply a matter of writing an informative report. The findings, implications, and recommendations must reach key individuals and organizations in positions to act on the information. You should make the report readily available to those who need it.

To share the research results, you can hold a workshop in which the findings are presented, discussed, and used as the basis for program planning. If key people have a chance to question the results and recommendations, they are more likely to feel that they helped to shape them. By involving planners in the process, they become aware of the findings and their implications. Furthermore, when planners participate in building the bridge from research to program action, they are more likely to follow up actively.

The following steps are required to prepare for the workshop: (1) define the objectives; (2) identify participants, dates, and location for the meeting; (3) draft the agenda; (4) prepare and copy materials; and (5) invite participants and arrange all logistics. If possible, work with an experienced workshop facilitator to ensure clear objectives, an interesting format, and an effectively organized agenda and meeting.

In addition to the final report and presentation transparencies, other types of materials are required for the workshop. For example, if you intend to invite local media to the opening and closing ceremonies, you can draft a press release for their use or submitted it directly to radio, television, and news organizations. Also, prepare speeches and relevant talking points for any key policy makers (such as the health or agriculture minister) you have invited to open and close the workshop.

The dissemination workshop usually requires a one- to three-day meeting, depending on local circumstances. This manual provides no specific workshop agenda because experience indicates

that agendas vary greatly by country and program setting. The general objectives of the workshop are (1) to present the key research methods and findings, (2) to reach consensus on the program-relevant conclusions and recommendations, and (3) to develop a list of follow-up actions to enable participants to implement the recommendations.

You might need to adopt several other strategies to inform key decision makers and implementors about your findings and recommendations. These might include special meetings with or presentations to key decision makers to discuss the progress made during fieldwork or to present important findings and recommendations after analysis. Recommendations and findings should also be presented to the communities studied, so they can offer feedback.

Specific guidelines for personal briefings and dissemination meetings are found on pages 38–40 of *Making a Difference to Policies and Programmes: A Guide for Researchers*. These pages should be read before this session and information extracted as needed.

Handout 8.1: Task Box for Interpreting Research Results

Synthesis	
Summarize and compare findings from all methods.	<ul style="list-style-type: none"> • majority opinions and practices • range of opinions and practices • reasons
Use different chart formats to clarify and summarize.	<ul style="list-style-type: none"> • show patterns and trends • provide specific examples
Interpret the findings and develop recommendations.	<ul style="list-style-type: none"> • focus on program actions and priorities • avoid biases
Presentation of Findings	
Prepare a summary report.	<ul style="list-style-type: none"> • provide results needed by planners
Write an executive summary, press release, and briefing notes.	<ul style="list-style-type: none"> • key recommendations • priorities for behavior change
Arrange workshop and/or distribution.	<ul style="list-style-type: none"> • share information with everyone who can use it

Transparency 8.1: Final Report Outline

- Executive summary (outlined first and written last; three to four pages).

- Brief summary of the contents of the report. (Some people might read no further.)
- Key recommendations and priorities for programs to improve child feeding.
- Brief summary of research methodology (one to two pages).
- Purpose of the research and how the selected methods achieve that goal.
- Basic steps of the research methods.
- Description of population covered by the research (two to three pages).
- Background description of aspects such as geography, demography, ethnicity, degree of urbanization, literacy, occupations, and income.
- Types of people who participated in the study, such as mothers of children under three years old, fathers, and health workers.
- Lifestyle context: general outlook on life, maternal and child caring roles, hopes for children, use of health care services.
- Description of current nutrition and health situation and child feeding practices (five to seven pages).
- Nutrition and health status of the children in the study.
- Summary of the practices related to breastfeeding, complementary feeding, transition to family diet, and feeding during illness, described by age and relevant subgroups within the sample.
- Comparison with previous studies.
- Interpretation of the findings, emphasizing factors that need to be addressed in the program.
- Specific description of possible practice changes, motivations, and constraints (five to seven pages).
- Description of feeding practices, by age group, that are most possible to improve, how, and why.
- Summary table of responses to recommendations tested with TIPs.
- Suggestions for a program strategy (three to five pages).

- Key constraints that prevent mothers, families, and communities from following optimal child feeding. Include all factors: hygiene, child care, health information, lack of resources, seasonal availability of foods, etc.
- Suggestions for a communication strategy (three to five pages).
- Key constraints that prevent mothers or families from following optimal child feeding, which include knowledge and attitudes and how they might be overcome.
- Key phrases and ways to motivate improvements in child feeding.
- Images of people regarded as trusted sources of information on child feeding.
- Access to various communication channels: interpersonal and mass media.
- Final recommendations for program design (two to three pages).
- Priority feeding recommendations, messages, and approaches suggested by the research results. The content of all the educational materials can be judged against this list to ensure that they reflect the expressed needs, attitudes, and context of the consumers of the program.

Transparency 8.2: Dissemination Strategy

A dissemination strategy should clearly identify:

- Individuals and groups targeted as potential users of the research.
- The types of information that are appropriate for each targeted user.
- The barriers to accepting or implementing the results, and strategies for addressing them.
- The most promising channels for transmitting information to each user.

Topic 9: Using the Results for Strategic Program Planning

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

- Revise the problem statement.
- Revise program objectives.
- Develop a strategy framework.
- Identify specific issues and problems for action.
- Develop a communications plan.

Time: 4 hours

Topic Overview

Session 1: Revising the Problem Statement and Revising Program Objectives (45 minutes)

Session 2: Developing a Strategy Framework and Identifying Specific Issues and Problems for Action (1 hour 45 minutes)

Session 3: Developing a Communications Plan (1 hour 30 minutes)

Materials: flipcharts, VIPP cards, masking tape, markers, pens, paper, transparencies, overhead projector, transparency pens

Handouts

9.1: Task Box for Using the Results for Strategic Planning Program

9.2: Worksheet on Strategy Framework

9.3: Sample Communication Plan

Advance Preparation: Photocopy all handouts.

Purpose of the Topic: This topic assists trainees in developing a problem statement and matrix for revising program objectives. It also focuses on the need to develop a strategy framework and identify specific issues and problems for action. Lastly, the topic helps trainees to develop a communication plan for disseminating messages to target audiences.

Procedure

Session 1: Revising the Problem Statement and Program Objectives (45 minutes)

Step 1: Explain to trainees that if the research is properly done and the outcomes have been well documented, the results can be used for strategic program planning. Remind trainees that the focus of the entire effort lies in changing behavior and improving child feeding practices. Also mention that individual counseling to deliver tailored information and support is required for behavior change.

Step 2: Distribute **Handout 9.1** (the task box) for using the results for strategic program planning. Walk through it with trainees, noting the tasks and different steps for each task.

Step 3: Explain to trainees that they need to use research results to develop a program statement; the statement must clearly specify the major problems impeding proper feeding in the population and the types of actions or interventions required to address or improve these problems.

Step 4: Trainees form country teams and discuss how they might develop such a program statement with their own research topic.

Session 2: Developing a Strategy Framework and Identifying Specific Issues and Problems for Action (1 hour 45 minutes)

Step 1: Explain to trainees that once they have developed the problem statement and matrix, the next step involves developing a broad strategy framework that lists possible program components and activities at the institutional, community, and household levels.

Step 2: Hang three cards on the wall and ask trainees to give examples of activities at each of these levels: institutional, community, and household. Instruct them to hang their cards under each heading. Process this information.

Step 3: Distribute **Handout 9.2** and ask trainees in country teams to draft a similar framework with headings and types of activities they expect will follow from their research. Have trainees brainstorm on what needs to be changed, how, and by whom. Then tell them to come up with specific actions for the changes they recommend. Allow about 45 minutes for this and then ask for volunteers to share their findings in the plenary.

Session 3: Developing a Communications Plan (1 hour 30 minutes)

Step 1: Point out that one of the specific actions trainees most likely identified to bring about behavioral change was the need for communication. Tell trainees that communication planners face a major challenge in disseminating messages about specific behavior in a precise and targeted way to people who need the message *when* they need it.

Step 2: Ask trainees in groups to discuss what a communication plan involves. Make sure the discussion brings to light the following points:

- The audience
- The product, often specific practices and foods to improve child feeding
- The message context, motivations, resistances, tone, and authority
- The channels or media mix to be used

Step 3: Explain to trainees that a communication strategy begins with decisions about the audience. Once the audiences have been identified, trainees need to develop an overall strategy that allows each audience to be reached. The strategy is based on the key practices to be changed, along with constraints and motivations related to these practices. The strategy also specifies how to ensure that the messages reach the audience, get remembered, and lead to action. The strategy includes a variety of media to reach the family. However, the core action is very likely to include counseling.

Step 4: Distribute **Handout 9.3**, which contains a sample communication plan from research on vitamin A consumption. Ask trainees in country teams to review the sample and then create a similar plan for what they might expect from their own research topic. Emphasize that this is a practice exercise; they will use their own research results to develop a similar IEC plan. If time allows, ask for volunteers to share their practice plan in the plenary.

Assignment 9

13.0

Plans for using the results for strategic planning.

Additional Information for Facilitators

Session 1: Revising the Problem Statement and Revising Program Objectives

At this stage in the research process, the goal is in sight: an effective and locally appropriate program strategy to improve child feeding practices. Begin by planning a broad program, including strategies that address barriers to improved practices that fall outside the family's control. Then, focus on actions that can be communicated to families to help them make the changes within their power. Despite varying cultural and economic conditions, programs designed to improve child feeding in different countries often contain many of the same elements. The specific program and activities, however, depend on the local setting and the results of the consultative research.

Experience indicates that creating a change in behavior requires individual counseling to deliver tailored information and support. For the nutrition education process to be effective, the families themselves must shape it to address their concerns and conditions. Enabling families to take action is the guiding principle of program strategy development.

Revising the Problem Statement

Use the research results to write a problem statement. List the key behaviors at the household level that are amenable to change and that move families toward more optimal feeding practices; also note the household behaviors and other influences that enhance or impede the family's achievement of improved practices. Key factors such as child care, basic sanitation, quality and availability of health services, and legislation are evident from the research. Identify these problems *clearly* and be realistic about what can be achieved with and without change in these areas.

Revising the Program Objectives

Consider these objectives in light of the conclusions from the research process and the problem statements and revise them accordingly:

- Can the objectives be made more specific now, in terms of the people, problems, and practices they address?
- Have any of the objectives turned out to be low priorities that can be dropped?
- Are additional objectives needed to cover new issues that weren't anticipated at the beginning?
- Have expectations changed regarding the outcomes of the project?

Session 2: Developing a Strategy Framework and Identifying Specific Issues and Problems for Action

Developing a Strategy Framework

The next step is to develop a broad strategy framework that lists possible program components and activities at the institutional, community, and household levels. The framework describes a full range of activities, without restricting the plan to those activities required or feasible within the current program.

- At the *institutional level*, training programs, product development, food fortification, and policy change or legislation are possible options. Private sector actions are also considered.
- At the *community level*, child care, hygiene and sanitation, credit, or food production activities might be initiated.

- At the *household level*, the focus is likely to be on providing information and motivating improved practices within the family. Activities might also include supportive actions such as food preparation demonstrations and training to provide the skills necessary to implement recommended practices.

Select Specific Actions Within the Framework

Once the broad framework is outlined, define specific activities that come within the scope of your program. The activities selected for action address only the priority problems and populations, and they are adapted to your program's scope, resources, personnel, and infrastructure. Even though a particular activity might seem attractive, it should not be included if it does not meet these criteria. Following are some examples of specific activities.

Legislation: In many cases, program activities might need support or reinforcement through policies and legislation. The policies might relate to diverse issues such as maternity leave, infant formula marketing, and food fortification.

Training: Whenever possible, it is useful to coordinate with existing in-service and pre-service training programs, but the need for special training efforts might also exist.

Communication: The channels used to reach an audience can vary tremendously. The Cameroon project used only community workers, but in Ecuador mass media (radio and television) played a major role.

Food product, recipe, or ingredient: The term *product* refers to the practice, recipe, or the single or mixed food that is being promoted. In many programs the product is actually a practice, such as frequent preparation of a more nutritious food for children. However, it also might refer to a packaged food or combination of ingredients that is bought from local vendors.

Other activities: Many other aspects of child care directly affect feeding practices and, therefore, nutrition.

Session 3: Developing a Communications Plan

The major challenge for communication planners is how to disseminate the messages about specific behavior changes in a precise manner that targets the people who need the message *when* they need it. The communications plan must specify;

- The audience
- The product, often specific practices and foods to improve child feeding
- The message context: motivations, resistances, tone, and authority
- The channels or mix of media to be used

The Audience

Communication strategy planning begins with decisions about audience. Generally, the primary audience is mothers or principal caregivers, because they are usually the ones who prepare the food and feed the children. However, the secondary audience of influential people (fathers, children's grandmothers, and other family members or friends) is also important.

The tertiary audience comprises influential people who are one step removed from the family: community leaders, health care workers (traditional and nontraditional) and, possibly, vendors of food that is purchased for children, extension agents, and other relevant groups. Although some members of this audience might possess the training to provide nutrition counseling, in many settings they also require specific messages to help them promote improved feeding practices.

Audience **segmentation** is also important. A *segment* is a portion of the audience that has different attitudes or practices and therefore needs to receive different messages. For example, mothers with newborn infants have different concerns than mothers of children in the second year of life; thus, the age of the child makes a difference in the message. Appropriate segments are identified during the research. For child feeding, common segments are:

- Pregnant women
- Mothers of 0- to 4-month-olds
- Mothers of 5- to 6-month-olds
- Mothers of 7- to 11-month-olds
- Mothers of 12- to 24-month-olds

Mothers who work outside the home often make up an additional segment, as do mothers with children who are sick or recuperating from acute illness. Remember, each additional segment makes a communication plan more complicated and more costly, so include only those segments that research showed really do need different messages.

The Strategy

Develop an overall strategy that allows each audience to be reached. The strategy is based on the key practices to be changed, along with constraints and motivations related to these practices. It also specifies how to ensure that the messages reach the audience, get remembered, and lead to action.

Communication strategies in many of the programs reviewed had two complementary spheres of activities:

- Messages and materials to promote specific changes in child feeding practices

- Messages and materials to promote general principles and awareness of the importance of young child feeding.

1. Communication strategies for promoting specific changes in child feeding practices.

The first sphere of activity aims to reach families with young children and focuses on feasible and actionable improvements. Effective messages:

- Describe specific actions, with clear, practical instructions
- Focus on a few recommendations rather than supplying too much information
- Promote behaviors that are culturally acceptable and feasible
- Suggest foods that are affordable and available
- Include motivating information and reasons for making changes
- Acknowledge and suggest ways to overcome constraints.

The communications plan usually includes a variety of media to reach the family. However, to improve child feeding practices, the core action is usually counseling by a local health or community worker who interacts directly with mothers and primary caregivers. The counselors discuss recommendations tailored to a child's age and current feeding practices. Messages through other media confirm and support the direct counseling.

Following is a list of the types of materials used in various programs to promote specific behavior changes.

- **Counseling cards to help community workers tailor their messages.** Counseling cards have pictures on the front to illustrate the recommendation; the back contains questions to ask the mother and suggestions on how to counsel her to improve her current feeding practices. The set of cards can be color-coded by age group and sometimes another important factor, such as whether child is healthy, sick, or not growing properly. The worker can choose the appropriate card for a particular child so that the advice is directly relevant to the situation. Cards help workers avoid the problem of overloading a mother with too many messages, some of which might not apply.
- **Reminder sheets for the family and the health worker.** Reminder sheets are used in counseling but remain with the family. In Cameroon, reminders were mimeographed copies of the counseling card. In Indonesia, a more elaborate reminder sheet, with pictures illustrating the entire framework of age-specific changes in feeding practices, was kept folded inside the growth card. In El Salvador and the Dominican Republic, the reminder

sheet contained all of the messages and was used to specify exactly what the mother agreed to do, without losing the goal of the more optimal practice.

- **Radio spots and cassettes on key behavior changes.** Radio spots in Swaziland and Indonesia used a dialogue format, featuring a character developed and promoted as a voice of wisdom on child feeding. She discussed specific practices for specific ages and addressed key resistances. Cassette recordings of the spots can be used as discussion starters for group counseling or at growth-monitoring sessions.
- **Posters for health facilities or community centers.** Posters do not replace the need for counseling but can be effective in presenting specific messages to a particular audience segment. Posters were created in Ecuador for maternity hospitals, to remind women about early initiation of breastfeeding, and for health centers, to advise families to feed sick and recuperating children.
- **Food demonstrations and demonstration guides.** These effective and popular activities are the best way to provide practical information on how to prepare a new or enriched recipe. Health workers in Nigeria trained mothers to conduct cooking demonstrations at home with small groups of friends and neighbors, teaching them how to prepare a recipe for children's porridge enriched with bean flour, palm oil, and sugar.

Messages promoting specific behavior changes need to do more than provide information. They need to motivate by presenting positive images and describing how the new practice benefits children and families. Again, research participants are the source of information on how to motivate families. For example:

- Gambian mothers often mentioned during trials of improved practices (TIPs) that in addition to child health, an advantage of feeding a child well was *noflie*, translated as a state of relaxation for the mother, because she would not have to face a crying, fussy child.
- Mothers who achieve fuller breastfeeding by feeding more frequently say the change is worth the extra time because the child sleeps longer and they can work.
- Mothers report an easier time getting a young child to eat by offering a new food.
- Mothers are often motivated to give an added food for its vitamins.

Rather than ignore the potential constraints that might prevent people from adopting a new behavior, it is more effective to address the constraint directly by mentioning it and providing alternatives to overcome the problem. Various reasons people might not be willing or able to try a particular recommendation are identified during the research, and TIPs provide information on how to overcome these resistances.

Testimonials and dialogue format are just two of several effective ways to address common constraints in the communications strategy.

2. Communication strategies for promoting general principles and awareness of the importance of young child feeding.

This second strategy targets a broader audience, including families, community leaders, health workers, policy makers, and other program managers. It includes general program messages such as the importance of child growth to health or the roles of family members in child care.

These general messages support the program by lending credibility to community counselors who provide individualized advice. They also promote awareness and acceptance of the program itself. Widespread recognition of the child feeding program increases its impact and sustainability.

Several strategies exist for increasing program awareness and credibility and for promoting program messages:

- **Name, logo, and song.** Create a name, logo, and identifying symbols (including music) for your program. In Swaziland, the logo consisted of a three-legged pot that symbolizes the staple, corn porridge, and the song used a traditional musical form, the Umboloho.
- **Flip charts.** Flip charts are simple and versatile educational materials that can be used by community workers in a variety of settings and with different audiences. Their pictures and messages can address general concerns, such as the need for men to pay more attention to child feeding and to use family resources wisely.
- **Cassette tapes.** Tape recordings of dialogue and music can be effective in promoting general concepts and discussion. The tapes prepared in Swaziland were intended for use in *shibens*, gathering places of men.
- **Radio, television, and newspapers.** Documentary television programs, feature articles in the Sunday paper, and radio talk shows can enhance interest in child feeding. In Ecuador, a half-hour documentary on the importance of child feeding was produced and broadcast simultaneously on all television channels. This created extensive interest in the activities that followed.
- **Community theater.** Plays that include general program messages often are an entertaining way to reach families and influential community members. When plays use community actors, the acting troupe learns the key messages and communicates them. If well done, stories also become part of the local lore, and messages are learned and shared among listeners.

- **Other media.** Other media include loudspeaker announcements in the community, and lesson plans for school children, for example.

Whatever messages and materials are chosen for the program, they must be tested with the intended audience. Phrasing of messages, preparation of creative briefs for media use, and development of draft materials require local attention. Qualitative methods such as those described earlier in this manual can be adapted for pretesting purposes. Pretesting is important! It is hoped that the consultative research has guided program development in the right direction, resulting in materials and messages that are appropriate, practical, and motivating and that receive positive responses from the pretest audiences. Once messages and materials are pretested and revised, it's time to move forward with program implementation.

Implementation is the culmination of a consultative learning process that began with the review of existing information and followed a path of meaningful interaction with families and the people who care for young children. It is informative to look back and see how the depth and clarity of understanding of attitudes and practices related to child feeding has grown throughout this process.

Counseling serves as the key to behavior change. Learning how to deal with other people's feelings and concerns helps a counselor to win the caregiver's confidence and, at the same time, to develop a personal relationship that the caregiver perceives as being beneficial. Caregivers must be accurately informed and educated in order to understand the nature and implications of their problems. Therefore, it is essential to ensure use of the right approaches when dealing with other people's interests and concerns.

Handout 9.1: Task Box for Using the Results for Strategic Program Planning

Develop a problem statement.	<ul style="list-style-type: none"> • identify major conditions and practices limiting good child nutrition
Revise the program objectives.	<ul style="list-style-type: none"> • add, drop, and make more specific
Develop a strategy framework.	<ul style="list-style-type: none"> • identify main components • adapt headings in Worksheet 9.1
Select specific actions within the framework.	<ul style="list-style-type: none"> • address priority problems • consider motivations and constraints • identify resources • adapt to scope of project
Develop a communications plan.	<ul style="list-style-type: none"> • segment the population • identify key messages

	<ul style="list-style-type: none"> • select media, materials, communicators
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Handout 9.2: Worksheet on Strategy Framework

Legislation/Norms	Communication	Training	Products	Other
<u>Laws:</u> <u>Norms:</u>	<u>Advocacy:</u> <u>Specific Behaviors:</u> <u>Community Support:</u>	<u>Pre-service:</u> <u>In-service:</u> <u>Other:</u>	<u>Homemade:</u> <u>Produced and Marketed:</u>	

Handout 9.3: Sample Communication Plan for Social Marketing of Vitamin A-Rich Foods in West Sumatra

Issues	Findings: Exploratory Research	Findings: TIPs	Message Strategy	Pretesting
Sources of vitamin A-rich foods	Lack of animal and fruit sources but green leafy vegetables (GLVs) are readily available in markets and growing wild.	No new findings.	In mass media, recommend several specific GLVs that are readily available and acceptable; in counseling materials, also recommend papaya and mango.	This was well accepted, although mothers had trouble distinguishing GLVs from vegetables in general.
Main motivation to modify practices	No familiarity with vitamin A; some appreciation of vitamins as good for health and GLVs as good source of vitamins.	Consuming vitamins for better health was an effective motivation for eating more GLVs.	Improve the “image” of GLVs, especially wild greens, as an essential food for good health.	Image of vegetables as full of vitamins and good for health well-accepted but not for wild, free vegetables.
Authority figures/spokesperson	Doctors well-accepted as authorities although others have more contact with mothers.	Doctors were credible sources of advice on eating more GLVs.	On radio and posters use doctor; nurse-midwife and others can say, “Doctors say”; use Elly Kasim, popular regional singer, as spokesperson.	Elly Kasim excellent to create interest, but not credible as source of health/nutrition advice; this should come from doctor.
Frequency of consumption	Some GLVs, but not enough, commonly	All groups except 5- to 12-month-olds	Recommend eating GLVs “every day,	This concept was not well-communicated in

	consumed by families.	increased consumption.	every meal” in specific quantities for various audience segments.	draft radio spots; it was decided to rely on counseling for communicating specific quantitative suggestions.
Resistances				
Fear of big baby/difficult delivery	The main reason for insufficient consumption of GLVs by pregnant women.	This resistance was easily overcome by doctor’s advice.	Eating a small amount of GLVs at every meal essential for mothers’ and babies’ health; mothers feel healthier and stronger; doctors say will not cause big baby/difficult delivery.	Mothers readily believed the doctors’ statements, a few even claiming that GLVs would make the delivery easier.
Digestibility	GLVs and oil considered hard to digest, especially for babies 5 to 12 months old.	This resistance was a major concern only for 5- to 12-month-olds and to some extent for wild vegetables.	Claim that GLVs cause no difficulty in digestion.	This claim given by doctor was readily believed.
Children don’t like GLVs	Mothers claim this for children under 12 months of age.	Emerged as a constraint for all children under 5 months; reinforced by mothers’ allowing children to choose their own food.	For 5- to 12-month-olds, agree that it takes time for babies to accept new foods but mothers must persevere because GLVs are so important.	This claim in radio spot believed.
Inability to chew GLVs	Mothers claim this for one-year-olds.	Not an issue, although new ones emerged (e.g., can’t digest chilies).	Suggest adding GLVs, mashed or chopped, to child’s normal food; also suggest giving without chilies or in sweet dish.	Ideas well-accepted.
Monotony/boredom with regular consumption (every day, every meal)		Barrier for all children and for pregnant and nursing mothers.	Enhance the value of GLVs; monotony will not be an issue if you use varied recipes/creative cooking.	Monotony remained a minor concern.
Availability of GLVs		Perceived unavailability of GLVs emerged as a major barrier—could be proxy for mothers’ lack of time.	Worth the effort to do a little work each day to avoid major work of caring for sick child; on radio, recommend that older children help by hunting for	Messages did not convince some mothers that GLVs were readily available.

			GLVs.	
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Topic 10: Planning Research

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

- Explain the criteria to use for selecting the core and field research team.
- Plan the logistics of the research.

Time: 5 hours 30 minutes

Session Overview

Session 1: Criteria for Selecting the Core and Field Research Team (1 hour 30 minutes)

Session 2: The Logistics of Research (4 hours)

Materials: flipchart, cards, pens, markers, masking tape, overhead transparencies, overhead projector, transparency pens

Handouts

10.1: General Training Topics

10.2: Sample Training Agenda for Field Assistants

10.3: Time Estimates for Various Research Methods

10.4: Time Estimates for Different Research Steps

10.5: Preparing a Budget

Transparencies

10.1: Skills and Experiences of Core and Field Teams

10.2: Characteristics to Look For in the Field Team

Advance Preparation: Photocopy all handouts and prepare transparencies. Also, read over Topic 4 as some of its contents are pertinent for this Topic. Topics 4 and 10 may be carried out jointly, if the facilitator wishes.

Purpose of the Topic: This topic helps trainees to think about all the tasks that are involved in planning the research. It also gives them practical experience in developing a work plan and budget.

Procedure

Session 1: Criteria for Selecting the Core Research and Field Teams (1 hour 30 minutes)

Step 1: Hang the following two cards on the wall:

- Members of the Research Team
- Skills and Experience Needed

Ask trainees to form four groups to identify who should be a member of the research team and what skills the members need. Ask them to write their responses on the cards and to hang them on the wall. Discuss their responses. Point out that the core research team refers to a small group of people who take responsibility for planning, supervising, and analyzing the research. The field team consists of supervisors and interviewers who are conducting the fieldwork.

Step 2: Show **Transparency 10.1**, which summarizes the recommended skills and experience of the core and field research teams. Compare this information with the responses given by trainees.

Ask country teams to think of individuals in their countries who possess the skills and experiences required and if they can work with such people. Point out the importance of having a team in place with backups before embarking on the research.

Step 3: Explain to trainees that the number of field personnel required to conduct research depends on the number of interviews or TIPs to be conducted and the amount of time available to complete the study. Point out that if time is short, several teams might need to work simultaneously, which will increase the number of field workers and supervisors required. Also note that the distance between sites could affect transportation, costs, and time required.

Step 4: Using **Handout 10.1**, explain the importance of training the team on the general issues related to the research. Ask trainees how they plan to train field workers and monitor their work in the field. Point out that the training sessions should be as participatory as possible, using training techniques such as discussions, small group exercises, and role plays. Distribute **Handout 10.2**, a training agenda adapted from a training course for research in Morocco.

Step 5: Explain the importance of field supervision. Point out that supervision involves giving guidance and advice as well as problem solving. Supervisors may be responsible for logistics coordination as well as the technical quality of the research.

Session 2: Logistics of Research (4 hours)

Step 1: Ask trainees to use VIPP cards to brainstorm and identify all the tasks that are involved in the logistics of conducting research.

Step 2: Explain that once all of the tasks have been identified, they must prepare a work plan. Tell the trainees that a work plan is a schedule, chart, or graph that summarizes various components of a research project and how they fit together. It includes the tasks to be performed, when they will be performed, who is responsible for carrying them out, and how much time to spend on each task.

Emphasize that a work plan should be realistic and that changes can be made when the need arises. It should cover preparation, training, implementation, data analysis, reporting, and dissemination of results. The realities of local customs (holidays and festivals) and working hours should be considered.

Distribute **Handouts 10.3** and **10.4**, which describe the time estimates for various research activities and steps. Explain that trainees can use the time estimates to help plan the research.

Step 3: Explain that one important aspect of planning the research involves the preparation of a budget. Distribute **Handout 10.5**, which provides information on the categories to include in a budget.

Step 4: Instruct trainees to form country teams, develop a work plan, and a draft budget for their research project. Tell them to use the information on tasks and time estimates along with the previously completed handouts from Topic 4, which describe their research plan for this activity. Allow about two hours for this activity and then ask a few teams to share their work in plenary.

Step 5: Summarize this session by reminding trainees that their work plans should be flexible and should accommodate changes if the need arises.

Assignment 10

15.0

Planning research, composition and functions of research team, logistics for fieldwork, work plan and budget

Additional Information for Facilitators

This topic describes the logistical issues related to implementation of the research plan. The main tasks for this stage were listed in the task box in Topic 4. (Refer to Additional Information for Facilitators under that topic.) The task box lists task in a loose chronological order, although many of the tasks are interrelated and their order may vary.

Session 1: Criteria for Selecting the Core and Field Research Team

The **core research team** refers to a small group of people who will be responsible for planning, supervising, and analyzing the research. The core team should include:

- A **research director** whose primary responsibilities will be planning, supervising staff, following the research plan and protocols during implementation, and analyzing the research results.
- A **nutritionist** who will help develop nutritionally sound recommendations and analyze dietary information.
- **Other experts** (such as a behavioral scientist, anthropologist, or a communicator) on the methods or topics of the research, who will assist as needed.

The **field team** consists of field supervisors and interviewers. Ideally, all members of the core research team participate in all aspects of the research (training, interviewing, observation, analysis, and report writing). Early recruitment of the technical resource people is critical so they can be involved in decisions on research design, sampling, and question guides. If the research is limited so that just one or two people function as field supervisors, it is beneficial to hire them early in the process so they can participate in planning.

Local resources and the level of participation desired by program personnel will determine how the core and field teams are selected. In some places, research can be contracted to a research firm or institute selected through competitive bidding. In other cases, it can be handled partially or completely by the program, which may hire the research director or other team members.

Individuals with some training in nutrition and/or the social sciences are ideal candidates for team membership. The team should include at least one person with knowledge of and experience in community nutrition programs. The core team should be capable of using all of the research methods that are planned, willing to stay for extended periods in the communities, and able to participate until the research is completed. Ideally, some members of the team will also be involved in implementing the program that follows from the research.

The transparencies list the skills and experience that will be important elements of the core and field research team, although no one person needs to have all of the qualifications. These have already been discussed during the session. Expertise that is lacking can be obtained by consulting with local experts, such as communications specialists or anthropologists.

Select the Field Team

If possible, select more staff than needed and include them in the training program. This approach offers some advantages in that it allows leeway to hire only persons who perform well during the training and, if a few additional staff are needed later to replace workers who quit or become ill, you already have a pool of trained applicants.

In setting up the team, the research director should establish good communication and cooperation within the team. Making an effort to foster good team morale is important because fieldwork can be difficult both physically and emotionally. 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, with 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.

Train the Field Team

During training, field staff are oriented on background and general issues related to the research prior to learning about and practicing the research methods. **Handout 10.2** lists the topics to be covered during training. More information on training can be found in Chapter 10 in *Designing by Dialogue*.

Encourage the trainees to use or adapt the handouts they are given during this training for training their own field teams. Additional materials such as an outline of the research and program objectives, the literature review, and completed worksheets should also be prepared and distributed.

The training sessions should be as participatory as possible, using training techniques such as discussions, small-group exercises, and role plays. Listen to trainees' suggestions, and find out about their previous research and program experience. Also be clear about expectations and the ways in which this approach is unlike research they might have conducted before, such as surveys. Include as many members of the research team as possible—i.e., supervisors and people who will be involved in analysis and writing, as well as the interviewers. The general training should take about four to five days to complete.

Plan Field Personnel and Supervision Needs

The number of staff needed depends on the number of interviews, discussions, and TIPs to be implemented and the amount of time available for completion of the study.

- If time is short and the sample is large, have several teams working simultaneously, thereby increasing the number of staff needed for data collection and for supervision.
- The accessibility and distance between sites affects the plan; if sites are very far apart, it might make sense to send separate teams to different sites rather than have one team travel long distances between sites.
- The various research methods also require different staff numbers and qualifications and different amounts of time to complete.

All of these decisions have salary, accommodation, and transport implications.

Field supervision is critical to the effective performance of the team.

- It is essential that someone be responsible for logistical issues such as transport, scheduling, and making sure that staff members have what they need to conduct the research.
- At the same time, oversight of sample selection and careful review of the data collected is an important determinant of data quality.
- Daily supervision is necessary to catch errors or incompleteness of data, so that field workers can revisit households or individuals to correct any problems.
- If teams are working in widely separated sites, additional supervisors are needed.

The research director should make frequent, unannounced visits to observe field activities and examine a sample of data forms. The director occasionally should accompany interviewers to understand their work and offer suggestions for improvement. It is also helpful if the director or supervisor validates each interviewer's work early in the research process. This step entails 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. Staff should feel free to ask questions and raise issues rather than feel compelled to cover up mistakes out of fear of disapproval or criticism.

Session 2: Planning the Logistics of the Project

The objective of this session is to facilitate planning for the resources and arrangements needed to conduct the research. Thinking about these issues now allows more efficient implementation of the fieldwork.

To facilitate coordination of activities, draw up a work 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. Time requirements vary widely, but **Handout 10.3** provides some estimates of the number of interviews or group discussions that a person can conduct each day based on previous experience.

These estimates are recommended as guidelines to assist in calculating the number of field interviews and time required to conduct the research. In locations where populations are very dispersed, it might 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. Avoid the temptation to schedule too many field activities simultaneously because overscheduling makes supervision more difficult.

Use the work plan and budget to calculate transport and accommodation needs and to make arrangements in advance. It is recommended that the field staff (interviewers and field supervisors) stay overnight in or near the research sites, at least during the work week. Returning

to their home location on a daily basis greatly increases the amount of time spent traveling. Interviewers need to be available to meet participants at their convenience, perhaps in the early morning or in the evening. Living together as a team also provides opportunities for frequent debriefing, retraining, and initial analyses of the findings. The cost of accommodations and food, including a driver, is likely to be justified by reduced fuel costs and less salary expenditure because of the shorter duration of the study.

Handout 10.1: General 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.

Handout 10.2: Sample Training Agenda for Field Assistants (adapted from curriculum used in Morocco for IMCI training)

Day 1	
Hour	Theme
9:00–9:30	Workshop opening, introductions, presentation of objectives, overall agenda
9:30–10:00	Explanation of integrated case management approach and need to adapt nutrition counseling messages and advice to local circumstances
10:00–10:15	Tea break
10:15–11:15	Presentation of results of a local literature review on infant and young child feeding practices, and follow-up group discussion of these issues

11:15–12:30	Introduction on consultative research (what it is, why it is used, past experience)
12:30–13:30	Lunch
13:30–14:30	Presentation of the TIPs methodology (rationale, steps, how results are used)
14:30–16:00	Discussion of effective interpersonal communication, role play
16:00–16:15	Tea break
16:15–16:30	Presentation of the objectives of this research project
16:30–17:45	Presentation of the first interview guide (for exploratory research with key informants), review of translation issues, group practice administering the guide to each other
17:45–18:00	End-of-day evaluation

Day 2	
Hour	Theme
8:30–8:35	Overview of the day's agenda
8:35–11:00	Field practice using the exploratory research interview guide
11:00–11:15	Tea break
11:15–12:30	Analysis of the findings from the field practice
12:30–13:30	Lunch
13:30–14:30	Continued discussion of the findings
14:30–15:30	Presentation of the results in plenary
15:30–15:45	Tea break
15:45–16:45	Lessons learned from the field practice
16:45–17:45	Overview of recruitment and selection procedures for the TIPs
17:45–18:00	End-of-day evaluation

Day 3	
Hour	Theme
8:30–8:35	Overview of the day's agenda

8:35–9:00	Continued discussion on recruitment and selection for TIPs
9:00–9:35	Presentation of the goal and activities of the first TIPs visit
9:35–10:15	Presentation of the first visit interview guide, review of translation issues (for local language), discussion
10:15–10:30	Tea break
10:30–11:30	Role play using the first visit guide
11:30–12:30	Discussion of the different steps to follow during the initial visit and precautions to take during the visit (to avoid bias, improve cooperation, establish rapport with families)
12:30–13:30	Lunch
13:30–16:30	Field practice for the first TIPs visit
16:30–16:45	Tea break
16:45–17:30	Discussion and analysis of the results of the field practice
17:30–18:15	Presentation of the results of the field practice
18:15–18:30	End-of-day evaluation

Day 4	
Hour	Theme
8:30–8:35	Overview of the day's agenda
8:35–9:15	Discussion of the goal, activities for the second TIPs visit (for counseling)
9:15–10:15	Presentation of the guide for counseling during the second visit (how it was developed, how it is used), discussion of translation issues
10:15–10:30	Tea break
10:30–12:30	Continued review of the counseling guide and how it is used during the second visit, with discussion of how to negotiate an agreement for trying new practices during the counseling visit
12:30–13:30	Lunch break
13:30–16:30	Field practice for the counseling visit
16:30–16:45	Tea break

16:45–17:30	Discussion and analysis of the results of the field practice
17:30–18:15	Presentation of the results of the field practice
18:15–18:30	End-of-day evaluation

Day 5	
Hour	Theme
8:30–8:35	Overview of the day’s agenda
8:35–9:30	Continued discussion of the results of the field practice and lessons learned
9:30–10:00	Discussion of the goal, activities for the third TIPs visit (for follow-up)
10:00–10:15	Tea break
10:15–11:15	Presentation of the question guide for the third TIPs visit and discussion of translation and other issues
11:15–12:30	Discussion of how results of the TIPs are analyzed with sample findings from one country (Senegal)
12:30–13:30	Lunch
13:30–16:30	Field practice using the third visit guide
16:30–16:45	Tea break
16:45–18:00	Planning of activities for the field research, schedule
18:00–18:30	Final evaluation of the training
18:30	Training closes

Handout 10.3: Time Estimates for Various Research Methods

Method	Number per day
1. Household depth interviews with observation	1–2 by each interviewer
2. Recipe trials	1 using a 3-person team
3. Trials of improved practices (TIPs)	2 by each interviewer for the first visit 3 by each interviewer for each follow-up visit

4. Key informant interviews	4 by each interviewer
5. Focus group discussions	2 using a 3-person team
6. Recruitment (average for all methods)	1 day per method
7. Preliminary analysis in the field (average for all methods)	allow one-half day for every 2 days in the field

Handout 10.4: Time Estimates for Different Research Steps

Step	Time	Comments
1. Literature review	1–3 weeks	Depends on number of people and amount of literature.
2. Research design	1 week	
3. Logistics/personnel	1–2 weeks	Depends on procedures and availability of people. If contract is with a company, contracting procedures may take longer.
4. Exploratory: <ul style="list-style-type: none"> • Training • Fieldwork • Analysis 	1 week 3 weeks 2 weeks	Will vary depending on sample size.
. TIPs: <ul style="list-style-type: none"> • Planning • Fieldwork • Analysis 	1 week 3 weeks 2 weeks	Will vary depending on sample size.
6. Checking: <ul style="list-style-type: none"> • Planning • Fieldwork • Analysis 	3 days 1–2 weeks 1 week	Will vary depending on sample size.
7. Final report and recommendations	2 weeks	
TOTAL for the full process, including exploratory research: about 6 months		
TOTAL if it is possible to move directly from the background review to TIPs: 3–4 months		

Handout 10.5: Preparing a Budget

Personnel

One research director

One field supervisor per field team

Field workers

Expert help, such as a nutritionist, focus group moderator, etc.

Transportation

Vehicle rental (one per team)

Drivers (one per team)

Fuel, oil, maintenance

Accommodations and meals

During training (meals, snacks)

During fieldwork

During analysis and report writing (if done away from home)

Research supplies (for training, fieldwork, analysis, report writing, and dissemination)

Paper, notebooks, pencils, erasers (all activities)

Photocopies (all activities)

Flipcharts and transparencies (training, analysis, report writing, and dissemination)

Computer and printer supplies (optional; mainly for in-house production and printing of materials)

Tape recorders and cassettes (optional; mainly for FGDs)

Calibrated cups and implements (for dietary assessments)

Food, cooking fuel, and utensils (for recipe trials)

Other expenses

Honoraria for field assistance (if appropriate)

Facility costs (if needed for dissemination workshop)

Printing summary of findings (if appropriate)

Administrative expenses

Secretarial and related support

Financial support

Overhead allowance

Transparency 10.1: Skills and Experience Needed on the Core Research Team

- Respect for the perspective of potential program participants and willingness to learn from the participants are essential attitudes of all team members.
- Experience with qualitative research and data analysis.
- Program experience and an orientation toward community development.
- Technical expertise in nutrition and child health.
- Management skills: financial, logistical, personnel.
- Writing skills.
- Willingness and time available to provide close and supportive supervision of field activities.
- Democratic style: willingness to listen to the interviewers and learn about the results of the fieldwork.
- Familiarity with local languages and cultures.

Transparency 10.2: Characteristics to Look For in the Field Team

- 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 might 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.
- Previous background in health or/and nutrition so as to probe effectively and counsel mothers.
- Willingness to live and work in the study communities during the research.
- Ability to analyze a situation, think and act independently, and write adequately.

Topic 11: Finalizing the Proposal

Objective: By the end of the session, trainees should be able to complete a draft proposal for consultative research.

Time: 5 hours

Session Overview

Session 1: Proposal Preparation

Materials: pens, flipcharts, cards, markers, masking tape

Handouts and Transparencies: none

Advance Preparation: all materials developed during the workshop

Purpose of the Topic: This topic gives trainees time to work in country groups to assemble and finalize their proposal for consultative research, which they will carry out when they return to their countries.

Procedure

Session 1: Proposal Preparation (5 hours)

Step 1: Ask participants to break up into country teams to continue writing (and finalizing) their draft proposals. These proposals will use information assembled and written during the workshop. All proposals should contain the following sections:

- Title page (title, investigators, institutions, date of submission, whom submitted to)
- Summary (one page)
- Table of contents
- Research objective
- Problem statement
- Review of literature
- Justification
- Linkage of research to ongoing programs (and how findings will be used)

- Research design and methods
- Description of site and sample
- Composition of research team
- Plan for analyzing the findings
- Plan for disseminating research findings
- Work plan with time line and need for technical assistance
- Budget (with line item justification)
- References

Allow four hours for this activity. During this period, one facilitator should be available to each group to answer questions and give guidance on the proposal contents.

Step 2: Ask each group to give a 10-minute summary of their proposal in plenary session. For each country, assign another country team to make specific comments. Use the remaining time for comments and discussion and to answer questions.

Step 3: Collect copies of the proposals at the end of the session or workshop.

Topic 12: Workshop Evaluation

Objective: By the end of the session, trainees should be able to evaluate a training workshop.

Time : 3 hours

Session Overview

Session 1: Workshop Evaluation

Materials: pens, flipcharts, questionnaire, cards, markers, masking tape

Handouts: 12.1: Evaluation of Training Workshop

Advance Preparation: Prepare the evaluation questionnaire or the cards with the topics for evaluation.

Purpose of the Topic: This topic allows trainees to evaluate the process and procedures of the workshop. It suggests different ways to do this.

Procedure

Session 1: Workshop Evaluation (3 hours)

Step 1: Explain to the trainees that throughout the workshop they have been monitoring and evaluating the sessions on a daily basis through the steering committee meetings. The feedback received at the steering committee meeting was then used to plan the next day's activities.

Step 2: Tell the trainees that they will evaluate the entire training workshop by writing their comments and feelings about the following topics:

- Workshop objectives
- Workshop procedures
- Presentation of inputs
- Training contents
- Participatory approach
- Workshop organization and administration
- Workshop resources

- Any other comments

Give each trainee a bunch of cards and tell the participants to write one idea per card. Explain to the trainees that they should write as many cards as they wish on one topic. Ask them to place the cards under the topic on the flipchart on the wall.

Step 3: Once the cards have been placed under the correct topic, ask one trainee to read aloud all the cards on the flipcharts that belong to one topic. The trainee should give a general overview of what the trainees have written on the cards. You should add your own comments and observations. Repeat this process by assigning a different trainee to each topic.

Step 4: Conclude the session by explaining to the trainees that this is a participatory way of evaluating a training workshop. The information on the cards should be analyzed, interpreted, and used for writing the final report on the workshop. The report becomes a permanent record of the workshop and should be used for planning and improving similar workshops in the future.

Another instrument trainees could use to evaluate the workshop is a questionnaire, a sample of which appears in the facilitators' notes.

Additional Information for Facilitators

The introduction to this training guide contains useful suggestions about how to evaluate a training workshop. Irrespective of the method that you decide to use to evaluate the training workshop, the steering committee should be involved in the choice of methods and topics to be included in the evaluation. If you choose to use a questionnaire to evaluate your training workshop, you should sit together with the other trainers to develop it. The questionnaire should be shared during the steering committee meeting and then finalized. Once the trainees have completed the questionnaire, it should be analyzed immediately so you can share the findings with the trainees before the end of the workshop. Here is an example of such a questionnaire.

Handout 12.1: Evaluation of the Training Workshop

1. Preworkshop Information/Preparation

1.1. Did you receive a letter of invitation to this workshop? Yes _____ No _____

1.2. Did you receive it well in advance? Yes _____ No _____

1.3. What did you do to prepare for the workshop? (Please specify.)

2. Workshop Facilities and Services

Place a check mark in the appropriate column to rate the following facilities and services.

	Excellent	Good	Fair	Poor
Accommodations				
Session room				
Facilities for group work				
Support services				
Social committee functioning				
Steering committee functioning				
Facilitators				
Fieldwork				
Workshop resources				
Transport arrangements				

Comments: _____

3. Time

What is your feeling about the time allotted for the following tasks?

	Not enough	Just right	More than enough
Total time for workshop			
Session inputs			
Group work			
Fieldwork			
Reporting back sessions			

Comments: _____

4. Workshop Procedures

4.1 What do you think about the day-to-day planning of the program by the steering committee?

	Very much	Much	Somewhat	Not at all
Did it contribute to the achievement of workshop objectives?				
Did it contribute to the achievement of your professional needs?				
Was it confusing?				
If you made any suggestions, do you think they were taken into account by the committee?				

Comments: _____

4.2 What is your opinion of these workshop procedures?

	Very Good	Good	Poor	Very Poor
Inputs				
Group Work				
Plenary				

Comments: _____

4.3. In your opinion, to what extent did workshop procedures encourage active participation in learning?

Completely _____

To a great extent _____

Somewhat _____

Not at all _____

Comments: _____

5. All in all

	Very Well	Well	Somewhat	Not at all
How well did the workshop improve your skills as a trainer?				
How well do you think you are now prepared to train others?				

Comments: _____

7. Any other comments?

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