

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. Box 9.3 provides an example of the learning process on issues related to dietary intake of vitamin A in West Sumatra, Indonesia.

**BOX 9.3: SOCIAL MARKETING OF VITAMIN A-RICH FOODS: THE LEARNING PROCESS IN WEST SUMATRA, 1986–1987**

(Adapted from Favin, M et al. Reducing micronutrient deficiencies:
a guide for investigators and program planners)

ISSUES	FINDINGS FROM IN-DEPTH INTERVIEWS, FOCUS GROUP DISCUSSIONS	FINDINGS FROM TIPS	<u>MESSAGE STRATEGY</u>	<u>PRETESTING</u>
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 consumed by families.	All groups except 5- to 12-month-olds increased consumption.	Recommend eating GLVs "every day, every meal" in specific quantities for various audience segments.	This concept was not well-communicated in draft radio spots; it was decided to rely on counseling for communicating specific quantitative suggestions.
<u>RESISTANCES</u>				
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 5-12 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 >12 months.	Emerged as a constraint for all children >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 GLVs.	Messages did not convince some mothers that GLVs were readily available.

TRAINING

CHAPTER 10: ADAPTING THE APPROACH FOR USE IN TRAINING

In previous chapters, the manual provided information on formative research for nutrition program planning. In this chapter, the focus is on using the research process as a training tool to sensitize workers who implement nutrition improvement programs.

In the past, participation in consultative research resulted in more effective nutrition program strategies *and* had a positive impact on the interviewers themselves. Experience suggests that working closely with mothers and other caregivers to develop and test feeding recommendations increases workers' knowledge about child feeding practices. Involvement in the process also creates greater empathy and awareness of household-level constraints and enhances recognition of the need to listen to mothers when providing services and advice. We therefore recommend that exposure to and practice using consultative methods for adapting nutrition counseling messages when training all nutrition workers who work at the community level.

Types of Training Programs

Consultative research training can be offered to various levels of health, nutrition, or other personnel working on government, non-government, and community-based programs. Examples include:

- pre-service technical training in community nutrition offered at the university, graduate, and postgraduate levels;
- in-service training for health and other outreach workers who work in communities (in extension or community development, for example);
- training for community volunteers or women's groups involved in participatory assessment of the nutrition situation in their own communities; and
- short training sessions to sensitize planners or managers of nutrition programs to the needs and perspectives of program trainees.

The amount of recommended exposure to consultative research varies with the type of training being offered. In brief training programs (less than two weeks), it is not essential to include all the exploratory and checking methods discussed because trainees usually do not need to learn a wide range of research methods for their work. In these situations, training and practice with trials of improved practices (TIPs) are recommended to influence trainees' attitudes about what families can and will do to improve child feeding, and to teach them ways to interact effectively with their clients. In longer programs, experience with additional methods and analysis are suggested.

The remainder of this chapter describes how to use the manual for in-service training of community level workers. Adaptations for other training uses are included at the end of the chapter.

Train Counselors to Promote Improved Feeding Practices

This section presents an outline for a module on teaching nutrition counseling skills to personnel who provide health, agriculture, development, or other related services at the community level. This training is suitable for workers who are not already trained in nutrition but who are responsible for helping mothers improve child feeding practices.

The activities are organized around learning to conduct trials of improved practices (TIPs). This is because the skills needed to conduct TIPs are the same as those needed on the job by a nutrition educator.

The objectives are for trainees to:

- learn about child feeding and existing nutrition messages or recommendations, and discuss possible modifications to the messages and whether they expect the messages to be successful in changing behavior;
- test recommendations in households using a counseling approach based on negotiation and asking mothers to choose the most acceptable new practices;
- become more empathetic to families' situations and the need for counseling and negotiation; and
- apply the lessons learned to improve content and techniques of their nutrition counseling.

Implementation of TIPs allows trainees to:

- identify feeding problems and appropriate solutions in their communities;
- assess motivations and constraints to improved practices;
- examine and improve their counseling skills; and
- provide supportive, follow-up action.

Box 10.1 contains an outline for a two-part, in-service training program with the fieldwork occurring between the two classroom sessions. The entire training program requires a period of about six weeks, with only eight days devoted to the classroom. The rest of the time is spent at work, gaining hands-on experience conducting TIPs and counseling because learning by doing is more effective than listening to lectures. The course teaches that mothers benefit more when they are actively involved in the counseling process; the same is true for the trainees.

Box 10.1: Suggested Schedule for a Two-part In-service Training Program

First Session 5 days	<ul style="list-style-type: none"> ■ recommendations to improve child feeding practices ■ TIPs method ■ counseling skills
Practical Experience	<ul style="list-style-type: none"> ■ return to work and conduct TIPs with mothers in the community

4-week period	<ul style="list-style-type: none"> ■ summarize results and lessons learned
Second Session 3 days	<ul style="list-style-type: none"> ■ discuss findings related to feeding recommendations ■ discuss findings related to counseling skills ■ apply lessons learned to daily work responsibilities

Topics and Activities for the First Session

The suggested topics and activities for the first session are summarized in Box 10.2.

1. Child feeding

Start by providing trainees with background information related to child nutrition and feeding practices, which is found in Chapter 2. Use a discussion approach to help trainees define the information needed to advise mothers effectively.

Next, discuss ideal feeding practices by age group, common feeding problems, ways to improve feeding, and motivations and constraints to changing practices. Ask trainees to work in groups to summarize the problems, motivations, and constraints for their program populations and identify the additional information required to answer these questions. Ask each group to fill in child feeding matrices for one or two age groups (use worksheets 3.1 and 3.2) and present their findings to the class.

During training it is also necessary to review the current national nutrition education messages that relate to breastfeeding and other child feeding practices. If many nutrition messages currently are being promoted, limit the review to only one aspect of child feeding, such as breastfeeding or introduction of complementary foods. Ask trainees to analyze existing messages by listing all the specific actions that must follow the messages' recommendations (see box below). If existing messages are very general, such as "feed a balanced diet," such analysis is difficult. Nonetheless, it illustrates the actions that must be taken to carry out the advice. Also discuss whether existing recommendations emphasize the most important behaviors and are specific and practical enough for mothers to follow.

Finally, ask the class to develop a list of recommendations for testing with mothers. Select among current messages or develop new ones if the current ones are not amenable to household trials. Test only those messages that require specific actions that can be tried over a few days.

Throughout this process, be sure that the trainees understand the point of the exercise—to see that messages must match needs and situations of the people who are expected to follow them.

2. Nutrition counseling skills

Trainees also need to learn about nutrition counseling. The main topics related to counseling are listed below.

<p>Behavioral analysis of the recommendation</p> <ul style="list-style-type: none"> ■ "breastfeed frequently for six months" ■ breastfeed frequently, day and night ■ solve breastfeeding problems ■ resist pressure to give water or other liquids or foods (be confident that your milk supply is adequate) ■ maintain close contact with infant or express and store breastmilk for feeding when absent ■ eat well and drink plenty of fluids ■ seek family support
--

- General counseling skills, such as asking open-ended questions, listening and observing, praising positive practices, checking mothers' understanding of new information, and providing supportive follow-up.
- The importance of providing specific, practical messages rather than general information on nutrition and feeding.
- The need to tailor nutritional advice—i.e., assess current feeding practices and family situation, to provide the right recommendations for a particular child and not overload the mother with advice.
- Nutritional negotiation: involving the mother in the problem-solving process, listening and responding to her concerns, and letting her make the final decision about what action to take.
- There may be various constraints to improving child feeding, not just poverty, and these must be acknowledged, regardless of whether they are based on attitudes or limited resources.
- Constraints and resistances can be overcome by presenting options and encouraging change in small, incremental steps. Use concepts and images that motivate parents to encourage them to take action.

Have the trainees practice their counseling skills through role play. Ask them to counsel each other and observe and discuss the interactions.

3. Trials of improved practices (TIPs)

After the preceding topics are covered, it is time to learn about TIPs. Explain that the purpose of TIPs is to test feeding recommendations and counseling skills in homes and to get feedback from the families who try the recommendations. Then provide training on the TIPs method. This training follows Chapter 6, using the three-visit protocol, with an emphasis on methods of:

- identifying child feeding problems and matching them with potential solutions (interviewing and dietary assessment);
- selecting and counseling on appropriate feeding recommendations and negotiating with a mother about what she will try (based on the counseling skills discussed above);
- allowing for the trial and follow-up; and
- filling in the forms and tabulating the results.

Discuss the initial analysis required after each visit. During training, focus on methods for understanding the motivations and constraints that affect the families' willingness to try new practices. The successes and problems encountered during counseling are discussed at length during the second training session.

Ask the trainees to help develop the question and counseling guides and forms that will be used to record information. Prepare draft guides and forms beforehand (see samples in Appendix B). Hold a brainstorming session to discuss the trainees' ideas about what information to collect, what feeding problems exist, and what recommendations can be suggested, *before* showing them the existing forms. Then incorporate these ideas into the existing forms, or develop new forms, if necessary.

Test the forms through role play in the classroom and practice interviews in a nearby community. Practice sessions are essential for in-service courses; they reinforce the training methods and messages. They are also necessary to identify and solve problems before trainees return to their work and conduct TIPs independently.

**Box 10.2: SUGGESTED ACTIVITIES FOR THE FIRST SESSION OF AN
IN-SERVICE TRAINING PROGRAM ON NUTRITION COUNSELING**

Time frame: 5 days, including one day of practice in a community

- Discuss: what do you need to know to advise mothers effectively? What advice is being given currently?
- Reading assignment on child feeding problems, appropriate solutions, motivations and constraints to improving nutrition (Chapter 2 or other reference).
- Small group activity: Prepare summary presentations on specific aspects of child feeding.
- Fill in worksheets 3.1 and 3.2 and identify gaps in existing information.
- Discuss counseling techniques and communication approaches.
- Lectures and role plays for TIPs (see Chapter 6).
- Plan and draft question guides (include only topics relevant to the workers' job responsibilities).
- Review and revise counseling guides and recording forms.
- Plan how to conduct interviews and trials while on the job.
- Role play and practice doing TIPs in a community setting.
- Discuss pretest and necessary revisions.
- Discuss analysis: What do we want to find out?
- Discuss supervision, scheduling, and expectations for second session.

Be sure to adapt TIPs training so that it is compatible with the trainees' job responsibilities. For example:

- If growth monitoring is part of their work, the assessment portion of the initial visit can include interpretation of the child's weight gain (as is done during a growth monitoring session).
- Focus on issues related to child feeding during illness if health workers are involved in case management of childhood diseases.
- Include issues such as maternal diet during pregnancy and lactation, or food hygiene in TIPs if they are addressed routinely during the trainees' work.

During the training explore ways for trainees to conduct TIPs when they return to their posts. Draft a schedule for TIPs and initial analysis. Finally, provide instructions on how to obtain assistance and supervision during the practice period.

By the end of the first training session, trainees will have learned about common feeding problems and appropriate recommendations for solving them; practiced skills in open-ended interviewing, counseling, and negotiating for behavior change to improve nutrition; and learned how to use the question and counseling guides and data forms. They also leave with a plan for conducting TIPs, and with a clear understanding of what they are expected to do and the information they are required to bring to the second training session.

Practical Experience—Between Training Sessions

In the interval between the first and second sessions, trainees return to their jobs and conduct TIPs with at least six mothers. All tabulation and summary forms are completed (Appendix B.8) and a brief summary of the lessons learned about counseling is written.

The way TIPs are conducted between training sessions depends on trainees' usual job responsibilities. For example, if home visiting is done routinely, trainees can easily identify families with nutrition problems and visit them specifically for the trials. If trainees work mainly in clinics, initial interviews may take place in the clinic, although the second and third TIPs visits should take place in homes.

A four-week period is usually adequate to complete the six TIPs, as long as trainees get started soon after they return, when the training is still fresh in their minds. Advise trainees to begin TIPs with at least two mothers during their first week back.

Supervision is important during the practice period to discuss the results and help resolve difficulties with the method. Ideally, each trainee is visited at least once, and preferably during the first two weeks post-training. If field supervision is difficult, hold a one-day group discussion for all trainees during the practice period.

Topics and Activities for the Second Training Session

The objective of the second session is to guide trainees to an understanding of how information collected from their clients can be used to improve the services they provide. Suggestions for the second session are summarized in Box 10.3.

Trainees come to the second training session with their field notes, completed tabulation sheets (which summarize their results), and a list of lessons learned about counseling.

1. Debriefing and analysis

During the second session, the main activity is discussion of the TIPs experience. Start with a general debriefing focusing on the successes and difficulties encountered in conducting TIPs and motivating mothers to try new practices. Guide the discussions by posing some of the debriefing questions listed in the box below.

Debriefing questions:

- What happened? What was different from expected?
- What problems were encountered?
- How did mothers respond to the new style of counseling with negotiation?
- What points really motivated mothers to try new practices?
- What were the most important constraints? Why?
- How did the trainees feel? What did they like or dislike about counseling?

Analysis of the information obtained during TIPs is a new experience for most trainees. Remember to focus on issues related to provision of counseling, rather than those for planning a program strategy.

Have trainees work in groups to identify the recommendations that were well-accepted by mothers and those that were not. Then ask them to modify the nutrition recommendations and the counseling guide, based on their own results.

By comparing the results obtained in various places, trainees may find that different nutrition messages are needed for different areas of the country, or that different approaches are needed to motivate families to overcome constraints and improve feeding practices. Ask the class to identify the best ways to persuade mothers to take action in different circumstances and areas.

After the discussion, ask the class to revise the child feeding matrices (worksheets 3.1 and 3.2) that were filled in during the first session. Ask them to list the relevant motivations and constraints for the revised list of nutrition recommendations, based on the results of TIPs.

2. Applying the lessons learned

Group discussions during the second session focus on lessons learned about nutrition counseling and how to implement these lessons while providing services at the community level. Answer the following questions:

- What was learned about how to counsel mothers, and what will trainees do differently when they return to their posts?
- When is it most feasible to do counseling?
- What kind of follow-up actions are useful?
- What materials or other resources are required?

If nutrition counseling materials are being developed, ask trainees to plan prototype materials and messages based on their research findings. If new materials are not being developed, ask trainees to suggest ways to use existing education materials in combination with the TIPs counseling approach. If materials, or their use, are being modified in any way, it is advisable to involve local health education staff in the appropriate training sessions.

3. Dissemination and follow-up

Because it is usually impossible to train everyone, it is important to document and disseminate findings from the training session to others working in the field. A bulletin on the fieldwork and lessons learned is one means of communicating results to a broader audience. Other strategies are to ask trainees to hold a seminar for program planners and decision-makers (similar to but briefer than the workshop described in Chapter 8), or to prepare presentations for colleagues who did not attend the training but who may benefit from the information obtained. The recommendations and lessons learned also should be presented to members of the communities where the trainees work, followed by informal discussion.

If resources are available, plan a follow-up session six months post-training to see whether nutrition counseling has improved.

BOX 10.3: SUGGESTED ACTIVITIES FOR THE SECOND SESSION OF AN IN-SERVICE TRAINING PROGRAM

Time frame: 3 days plus 1 day for outreach seminar, if included

- Discuss what worked and what didn't.
- Presentations of each trainee's results: information obtained, usefulness of methods, unexpected findings.
- Discuss proposed revisions of counseling messages.
- Small group exercise: What were the most important lessons learned?
- Discuss how to apply these findings on the job.
- Prepare a summary report or presentation.
- Develop or modify counseling materials (optional).
- Present findings to program managers, supervisors, or colleagues.
- Prepare presentation to the community.

Other Types of Training Programs Using this Methodology

The training program described above can be adapted for use with other types of participants. Box 1.3 in Chapter 1 summarizes the relevant chapters for different types of courses. The following brief descriptions highlight issues related to two different types of training programs.

1. Pre-service training programs for community workers

Pre-service training programs cover many of the same topics and activities described earlier in this chapter, but in greater depth. Because training occurs over a longer period of time, pre-service participants benefit from more exposure to research, analysis, and program development and implementation activities. Pre-service training may emphasize program planning and improved counseling skills.

Pre-service training often takes place in facilities with direct access to libraries and other sources of information. Supplement the technical information on child feeding communicated in the curriculum with practical assignments. Ask trainees to review existing written materials or conduct key informant interviews to find out about child feeding in different areas. If time permits, have trainees conduct exploratory research such as household observations or recipe trials.

The possible uses of exploratory methods in pre-service training are summarized in Box 10.4; the protocols in previous sections of the manual can be used for training in these methods. Note that many of the skills used for interviewing and observation are also learned as part of TIPs.

BOX 10.4: PRE-SERVICE TRAINING USES OF EXPLORATORY METHODS

Method	Training Uses
In-depth Interviews	<ul style="list-style-type: none">■ developing open-ended questioning and probing skills■ understanding of context in which child feeding occurs■ interaction with community members■ qualitative data analysis
Observation	<ul style="list-style-type: none">■ observational skills■ introduction to household conditions, food preparation, and feeding techniques■ practice in recording and analyzing data
Recipe Trials	<ul style="list-style-type: none">■ skills in recipe preparation, demonstration, eliciting and recording mothers' ideas and reactions■ exposure to participatory technique■ to evaluate and modify feeding recommendations

TIPs are also recommended as the core method in pre-service training. Trainees recruit and select families, and plan and conduct each round of household visits in nearby communities. Between home visits trainees return to the classroom to analyze and discuss their findings and plan counseling and follow-up recommendations.

A suggested approach is to have trainees conduct initial interviews and dietary assessments in two homes. After the initial visits, return to the classroom to discuss the experience and give guidance on the changes to recommend during the counseling (second) visits. Conduct the counseling visits and discuss the results. Continue implementing the three-visit protocol, with classroom time in between to discuss, plan, and revise the question forms, analysis, recommendations, and follow-up. When trainees feel confident with the method, have them conduct the trials independently.

2. Training program managers to use consultative research in planning and monitoring child feeding activities, especially nutrition education programs

In this type of training, the goal is to strengthen program planning and management skills. The specific objectives are to ensure that participants understand the resources required to provide work environments that are conducive to effective nutrition counseling, and that they know how to design and manage programs that minimize barriers to effective communication.

In this type of training, program managers use TIPs to learn how to allocate time for home visits, develop appropriate counseling materials and messages, provide supportive supervision, and communicate with health workers. TIPs are also used to illustrate the need for practical and specific nutrition advice, to inspire confidence in mothers' willingness and determination to do what is best for their children, and to demonstrate a need for local adaptation of national nutrition messages and materials.

This type of training can be conducted in pre-service or in-service settings. It uses the materials provided in Chapters 4, 6, and 8. The results of TIPs are interpreted broadly, and their implications for strategic planning and policies are emphasized. The field practice is held during a single training session, rather than during the interval between two sessions.

In the contexts described above, consultative research is used primarily to improve the quality of nutrition counseling provided to families. The consultative research process energizes health workers, helps them recognize the concerns of the people they work with, and inspires them to work more closely with their communities. The skills developed are not just information-gathering, as in a survey, but those related to problem-solving, strategy-building, communication, and provision of counseling tailored to the needs of specific families.

Bibliography

- Bentley M.E., K.L. Dickin, S. Mebrahtu, et. al. Development of a nutritionally-adequate and culturally-appropriate weaning food: An interdisciplinary approach. *Soc Sci and Med* 1991; 33:1103-1111.
- Bentley M.E., M.T. Boot, J. Gittlesohn, and R. Y. Stallings. *The use of structured observations in the study of health behavior*. Occasional Paper 27. The Hague, Netherlands: IRC International Water and Sanitation Centre, 1994.
- Bhandari, N., M.K. Bhan, R. Bahl, and A. Vij. *Validation of draft guidelines for local adaptation of feeding advice*. Consultant report prepared for CDR, WHO, Geneva, 1995.
- Brown, K.H., and M. Bentley. *Improved nutritional therapy of diarrhea: A guide for planners and decision makers*. PRITECH/USAID, n/a.
- Brown, K.H., K. Dewey, L. Allen, et. al. Complementary feeding in developing countries: A state-of-the-art review. Geneva: World Health Organization, 1996, in press.
- Burgess A. et.al. *Community nutrition for Eastern Africa*. Nairobi, Kenya: AMREF, 1994.
- Cameron, M., and Y. Hofvander. *Manual on feeding infants and young children*. Oxford: Oxford University Press, 1983.
- Creed de Kanashiro, H., M. Fukumoto, M. Bentley, E. Jacoby, C. Verzosa, and K. Brown. Use of recipe trials and anthropological techniques for the development of a home-prepared weaning food in the central highlands of Peru, *Journal of Nutrition Education* 23(1):30-35, 1991a.
- Creed de Kanashiro, H., and M. Fukumoto. *A community intervention to improve infant feeding practices related to diarrhoeal disease and growth, and the evaluation of the changes in behaviour. Progress report, Year 2*. Report to WHO, 1991b.
- 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*. Prepared for Academy for Educational Development (HealthCom): Washington, DC, 1986.
- Dickin, K. *Adaptation of the food box for the Sick Child Initiative for Arusha, Tanzania*. Consultant report prepared for CDR, WHO, Geneva, 1994.
- Dickin, K. *Trip report on qualitative research on infant feeding in Nigeria*. Consultant report prepared for Wellstart International, Washington, DC, 1995.

- Diene, S.M. *Use of participatory approaches to design, implement and evaluate a sustainable community-based nutrition education delivery system in the Fatick region of Senegal*. Doctoral dissertation. Ithaca, NY: Cornell University, 1995.
- Doloksaribu, D., M. Griffiths, and M. Zeitlin. *Rapid assessment tool for dietary adequacy: The Indonesia precoded 24-hour food recall*. Jakarta: Ministry of Health, 1980.
- Favin, M and C Baume. *A guide to qualitative research for improving breastfeeding practices*. The Manoff Group and Wellstart International's Expanded Promotion of Breastfeeding Program, June 1996.
- Favin, M. et. al. *Reducing micronutrient deficiencies: A guide for investigators and program planners*. The Manoff Group, draft.
- Gibbons, G., and M. Griffiths. *Program activities for improving weaning practices*. Information for Action Issue Paper. Washington, DC: World Federation of Public Health Associations and UNICEF, 1984.
- Gillespie, S. and J. Mason. *Nutrition-related actions: some experiences from the eighties and lessons for the nineties*. Geneva: ACC/SCN, United Nations, 1991.
- Griffiths, M. Defining concepts and strategies for improving young child feeding practices: The experience of The Weaning Project, in Koniz-Booher P.(ed.), *Communication strategies to support infant and young child nutrition*. Cornell International Nutrition Monograph Series, Numbers 24 and 25. Ithaca, NY: Cornell University, 1993.
- Griffiths, M. *Improving young child feeding practices in Indonesia: Project overview*. Jakarta, Indonesia; Ministry of Health and The Manoff Group, 1991.
- Griffiths, M. Understanding infant feeding practices: Qualitative research methodologies used in The Weaning Project, in Scrimshaw, N.S., and G.R. Gleason (eds.), *Rapid assessment procedures: Qualitative methodologies for planning and evaluation of health related programmes*. Boston, MA: International Nutrition Foundation for Developing Countries, 1992.
- Griffiths, M. Using Anthropological Techniques in Program Design: Successful Nutrition Education in Indonesia, in Loriel, J. and K. Mull (eds.), *Anthropology and primary Healthcare*. Boulder: Westview Press, 1990.
- Griffiths, M., and J. Aphane. *Improving young child feeding practices in Swaziland: project overview*. Swaziland: National Nutrition Council and The Manoff Group, 1992.
- Griffiths, M., and Y. de Grijalva. *Improving young child feeding practices in Ecuador: Project overview*. Quito, Ecuador: Ministry of Health and The Manoff Group, 1992.
- Griffiths, M., E. Piwoz, M. Favin, and J. Del Rosso. *Improving young child feeding during diarrhea*. Arlington, VA: PRITECH/USAID, 1988.

- Griffiths, M., E. Piwoz, S. Masaora, and A. Alhabsyi. *Research manual for improving young child feeding*. Jakarta, Indonesia: Ministry of Health and The Manoff Group, 1986.
- Herman, E. *Issues in improving child feeding during diarrhea: Experiences in four African countries*. PRITECH/USAID, 1994.
- Herman, E., and M. Bentley. *Rapid assessment procedures (RAP): to improve the household management of diarrhea*. Boston, MA: International Nutrition Foundation for Developing Countries, 1993.
- Hollis, C., E. Seumo, and A.M. Bappa. *Improving young child feeding practices in Cameroon: project overview*. CARE/Cameroon and The Manoff Group, 1989.
- Ministry of Health, Ghana. *Improving young child feeding practices in Ghana. Assessment field activity: Ghana household intervention trials*. Ghana: Nutrition Division, 1989a.
- Ministry of Health, Ghana. *Improving young child feeding practices in Ghana. Assessment field activity: Focus group discussions*. Ghana: Nutrition Division, 1989b.
- Mitzner, K., N. Scrimshaw, and R. Morgan (eds.). *Improving the nutritional status of children during the weaning period*. Boston, MA: Massachusetts Institute of Technology, 1984.
- Piwoz, E. *Improving feeding practices during childhood illness and convalescence: Lessons learned in Africa*. Washington DC: Academy for Educational Development, 1994.
- Project for Promotion of Improved Young Child Feeding. *Household observations and trials*. Swaziland: National Nutrition Council, 1988.
- Project for the Promotion of Improved Young Child Feeding. *Focus group discussions*. Swaziland: National Nutrition Council, 1987.
- Saadeh, R., M. Labbock, K. Cooney, and P. Koniz-Booher (eds.). *Breastfeeding: The technical basis and recommendations for action*. Geneva: WHO, 1993
- Samba, N.K. *Improving infant and young child feeding practices in the Gambia*. PRITECH/ USAID, 1992.
- Savage King, F. *Helping mothers to breastfeed*. Nairobi, Kenya: African Medical and Research Foundation, 1992.
- Scrimshaw, S., and E., Hurtado. *Rapid assessment procedures for nutrition and primary health care*. Los Angeles: The University of California, 1987.
- Shorr, I. *How to weigh and measure children: Assessing nutritional status of young children in household surveys*. New York: United Nations, 1986.
- UNICEF. *Food, health and care: the UNICEF vision and strategy for a world free from hunger and malnutrition*. New York, 1992.
- UNICEF, WHO, UNESCO, and UNFPA. *Facts for life: A communication challenge*. Oxfordshire, UK: P&LA, 1993.
- Vella, J. and V. Uccellani. *Learning to listen to mothers*. Nutrition Communication Project/USAID, 1993.



APPENDIX A

BLANK WORKSHEETS

- 3.1: Classification of Current Practices
- 3.2: Key Information for Assessment and Counseling Guide for TIPs
- 4.1: Planning the Scope of the Research
- 4.2: Sampling Frame for Exploratory Research
- 4.3: Sampling Frame for Trials of Improved Practices (TIPs)
- 6.1: Assessment and Counseling Guide for TIPs
- 9.1: Strategy Framework

Worksheet 3.1: Classification of Current Practices

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

Ideal Feeding Practices: _____

CURRENT FEEDING PRACTICES	CLASSIFICATION			HOW COMMON? AMONG WHAT GROUPS?
	C HELPFUL	C HARMFUL	C DON'T KNOW	

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: _____ **Population Group:** _____ (regional, ethnic, religious groups)

Ideal Feeding Practices: _____

CURRENT FEEDING PROBLEMS	BELIEFS, PRACTICES, AND INFLUENCES:		RECOMMENDATIONS
	C MOTIVATIONS FOR CURRENT PRACTICE	C CONSTRAINTS TO IMPROVING PRACTICE	

Worksheet 4.1: Planning the Scope of the Research

A. Nutrition Problem. Nutrition problems are common among children aged _____ living in rural/semi-urban/urban or (specify) _____ areas, in the following regions zones: _____
 _____ and among the following (ethnic, religious, etc.) groups: _____

B. Population Segments. The research will focus on households with children aged _____ in _____ areas of _____ regions and those _____. (list other characteristics)

C. Population Units. The type of population that should be used in each area/segment

Segment 1 _____
 Segment 2 _____
 Segment 3 _____
 Segment 4 _____

D. Category of Participant. The research should include information from the following types of participants:

Mothers: _____
 Characteristics: _____
 Other family: _____
 Health care workers: _____
 Other: _____

E. Age Groupings. The age groupings that likely describe when local feeding patterns change are:

Age group (months)	Reason

Note: Usual age groups would be 0-5 months, 6-8, 9-11, 12-17, and 18-24 unless local feeding practices change at different times, which would result in other categories.

Worksheet 4.2: Research Plan for Exploratory Research

Participants	Methods	Population Segments			
		A.	B.	C.	D.
		Population Units 1. _____ 2. _____	Population Units 1. _____ 2. _____	Population Units 1. _____ 2. _____	Population Units 1. _____ 2. _____
Mothers:					
Other family members:					
Health care providers:					
Other influential community members:					
Totals:					

Worksheet 6.1: Assessment and Counseling Guide for TIPs

Age Group 1: _____ (specify)

Problem # :

Recommendations:

Potential Motivations:

Problem # :

Recommendations:

Potential Motivations:

Problem # :

Recommendations:

Potential Motivations:

WORKSHEET 6.1 (continued)

Age Group __: _____ (specify)

Problem # :

Recommendations:

Potential Motivations:

Problem # :

Recommendations:

Potential Motivations:

Problem # :

Recommendations:

Potential Motivations:

Worksheet 9.1

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



APPENDIX B

EXAMPLES OF QUESTION GUIDES, FORMS, AND FORMATS

- B.1 Household In-depth Interview Guides
- B.2 Observation Form
- B.3 Recruitment Form
- B.4 Summary Sheets for Scoring Behaviors
- B.5 Sample Diet History
- B.6 Recipe Trials Recording and Assessment Forms
- B.7 Trials of Improved Practices (TIPs) Guides for a Three-visit Interview
- B.8 TIPs Tabulation Form
- B.9 Focus Group Discussion Guides

Appendix B.1

SAMPLE HOUSEHOLD IN-DEPTH INTERVIEW GUIDE FOR EXPLORATORY RESEARCH

(From: The Weaning Project, Department of Health Indonesia)