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: Counselling 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
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 care-givers are given a choice of recommendations to act on.
- TIPs make use of locally available resources.
- Mothers take ownership of the process.
- TIPs are sustainable because it has wide application for behavior change in nutrition as well as other health disciplines.
- Mothers or care-givers 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 care-givers.

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 care-giver 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 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 counselling.

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 care-giver 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 care-giver 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 care-givers gave them during the initial home visit.

- Ask the mother or care-giver if she understands or has any questions that require further explanation.
- Help the mother or care-giver 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 care-givers.
- 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

ADDITIONAL INFORMATION FOR FACILITATORS

Session 1: Overview of TIPs

The advantage of TIPs, particularly for refining feeding recommendations, is that mothers or primary care-givers 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 care-givers 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 care-givers to select from them. Through a process of negotiation, the researcher and care-giver agree on the specific practices that the care-giver will carry out for the next several days, until the scheduled follow-up visit. Throughout this discussion, the researcher carefully records the care-giver's reaction to the recommendations and the stated reasons for accepting or not accepting each one.

Although it may seem difficult to ask care-givers 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 care-givers 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 care-giver during the visit. If the child is going to eat more food at each meal, stay with the care-giver while she tries to do this. If possible, help her to complete the recommendation successfully. At least check the care-giver'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 care-givers (or at least one family member) are literate, leave a written reminder of what the care-giver has agreed to do.

At the end of the negotiations, agreement is reached on one, two, or, at most, three specific changes the care-giver 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 care-giver 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 care-giver'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 care-giver about her reaction to the agreed-upon practices. These discussions include the care-giver's experience with the new practice(s), the child's response, the care-giver'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 care-givers 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.

HANDOUT 6.1

TASK BOX FOR TRIALS OF IMPROVED PRACTICES (TIPS)	
Preparation Tasks	
Draft a counseling guide on behavior change recommendations.	• 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.	• determine number and procedures for each household visit
Develop question guides and recording forms.	• specify topics that require additional questioning • draft dietary assessment forms • draft recording forms • experienced nutritionist drafts dietary analysis forms
Revise the research plan.	• Worksheet 4.3 • recruit participants
Draft a field plan.	• schedule fieldwork • assign responsibilities
Train the field team and pretest the guides and forms.	• objectives of TIPs • TIPs methods and forms • role plays and pretesting • initial analysis in the field
Implementation Tasks	
Recruit households.	• identify households for TIPs • obtain consent
Conduct the *initial visits*.	• conduct interviews, observations, and assessment in selected households • schedule counseling visit

Analyze initial data and plan specific recommendations.	• 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.*	• discuss specific recommendations and negotiate with the mother to try a new practice • schedule follow-up visit
Summarize the response to counseling.	• preliminary analysis: what recommendations are mothers willing or not willing to try and why? • document motivations and constraints
Conduct the *follow-up visits.*	• 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.	• each recommendation: number agreed to, number tried, number will continue/were successful • note key constraints and motivations
Revise child feeding recommendations.	• revise guide to include most appropriate/successful recommendations, amended according to mothers' suggestions • focus on most common problems
Write a report on the findings.	• summary • recommendations for programming • remaining questions/recommendations for further research and the decision on need for checking research.

HANDOUT 6.2 : Sample 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:
1. Stop giving water. 2. Stop giving milk, porridge or other foods. 3. Increase frequency of breastfeeding. a. Breastfeed more at night. b. Breastfeed more often during the day and night. 4. Reduce frequency of other fluids.	- 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 likely you will become pregnant too soon. Breastfeeding takes less time, costs less and is easy to do.

* **These are options.** The mother is asked to try one, two, or three, not all of them. For example, the mother may not agree to stop giving milk, but only to reduce water and to 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, 2-3 times/day

Problem # 1: Non-nutritious porridge is given; not energy-dense because over diluted

Recommendations:	Potential Motivations:
1. Make some porridge with less water. 2. Make a "special porridge"—recipe with less water and a teaspoon of oil and add fired, mashed groundnuts. 3. Feed the special porridge at least twice a day.	1. Child less hungry - more content, less crying - will let mother work 2. Child is able to swallow porridge 3. Child will like the taste

Problem #2: Mother feeds with a bottle, not a cup and spoon and 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:

- 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.

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 care-giver, as well as the positive and negative reactions to each.
- For each practice, note the following about the care-giver:
    - Overall reaction to the suggested practice
    - Desire to follow the advice and why

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)
• Background information • Qualitative data on feeding practices • 24-hour recall • Food frequency (of other regularly consumed foods) • Analysis	• Problem statement • Recommendations and initial response • Negotiation and motivation • Leave some written/oral instructions behind with mother or care-giver • Agreement on specific practices to try	• Changes since last visit • 24-hour recall • Outcome and response to trial • Modifications • Adoption of practice

- 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

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

, compromise
, willingness
, finding a way through
a solution
, clearing an obstacle
eyes to terms

Topics Discussed During the Follow-up Visit

- The degree to which the care-giver 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 6.6:

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.

THE 24-HOUR DIETARY RECALL AND FOOD FREQUENCY METHODS

Ask the care-giver 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 care-giver what the child ate the previous day, starting from when the child awoke. Continue by having the care-giver 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 care-giver (or mother) can show the child's cup or plate, it may be easier to estimate accurately the amount consumed. Alternatively, show the care-giver some standard measures (that are carried to the home) and ask her to estimate quantity.

- Prompt the care-giver 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 care-giver 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 Age: _____months

Practice	Yes	No	Comments	Recommend
1. Breastfeeding				
a. Still breastfed				
b. On demand (8-12 times/day minimum)				
c. Night feedings (if < 12 mo)				
2. Complementary Feeding Frequency (meals + snacks)				
0-5 mo - breastmilk only				
6-8 mo - 2-3 times/day				
9-11 mo - 3-4 times/day				
12-24 mo - 4-5 times/day				
3. Complementary Foods Texture and Consistency				
6-8 mo - mashed, semi-solid				
9-11 mo - finger foods + snacks				
12-24 mo - eating family diet				

4. Complementary Feeding Quantity (from recall estimations)				
6-8 mo ~ 280 kcal/day				
9-11 mo ~ 450 kcal/day				
12-17 mo ~600 kcal/day				
18-24 mo ~ 750 kcal/day				
5. Complementary Food Energy Density (from recall estimations)				
> 50 kcal/100 g			If < 50 kcal/100 g 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 care giver feeds directly (if < 12 mo)				
Adult assists feeding (if 12 mo or older)				
Care giver encourages child to eat more				
Care giver varies recipes to child's tastes/likes				
Care giver feeds slowly & patiently				

Care giver does NOT force feed			If force-fed, make recommendation to patient /slow feeding	
8. Hygiene				
Care giver washes own/child's hands				
Foods served immediately (not stored)				
Clean utensils used				
Feeding bottles *NOT* used			If feeding bottles used, recommend use of a clean cup	
9. Feeding During Illness				
Breastfeeding increased				
Care giver offers favorite foods patiently, encourages child to eat				
10. Feeding After Illness				
Breastfeeding continued				
Complementary feeding frequency increased				
Complementary foods quantity increased				

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.

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 care-giver 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 care-givers 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.

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 care-givers' reasons for accepting, trying, adopting, or rejecting recommendations
- Draw conclusions that can be used by programs:
  - How to reach care-givers
  - What specific practices and foods or recipes to promote
  - What positive practices can be taught by mothers and care-givers in the community
  - How to motivate care-givers 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

Using TIPS Findings to Make Programme 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.

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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.