

# INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

## IMCI ADAPTATION GUIDE

*A guide to identifying necessary adaptations of clinical policies  
and guidelines, and to adapting the charts and modules  
for the WHO/UNICEF course*

### **PART 3** **The Study Protocols**

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#### D. Protocol for Adapting the Feeding Recommendations

#### E. Protocol for Identifying and Validating Local Terms

#### F. Protocol for Designing and Pretesting an Adapted Mother's Card

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The 2002 working draft of the IMCI Adaptation Guide consists of the following sections:

- Section A.** The Adaptation Process
- Section B.** Procedures for Adapting the Charts and Modules
- Section C.** Technical Basis for Adapting the Clinical Guidelines, Feeding Recommendations and Local Terms
- Section D.** Protocol for Adapting the Feeding Recommendations
- Section E.** Protocol for Identifying and Validating Local Terms
- Section F.** Protocol for Designing and Pretesting an Adapted Mother's Card
- Section H.** Modifying the Generic Chart Booklet: Using Microsoft Publisher®

Please provide comments and further input to WHO/CAH, Geneva, Switzerland.

This protocol is based on guidelines first developed in 1995  
by Kate Dickin and Marcia Griffiths  
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## **D. Protocol for Adapting Feeding Recommendations**

### **INTRODUCTION**

As countries prepare to train health workers using the *Integrated Management of Childhood Illness* (IMCI) course, it is important to ensure that feeding recommendations given in the course are appropriate for the local culture and needs. The module and chart titled *Counsel the Mother* present generic feeding recommendations for children age 2 months up to 5 years. Your job is to adapt these recommendations for the country where the course will be given.

This protocol will guide you through the steps of investigating local feeding practices and adapting and testing feeding recommendations. The protocol is focused on the needs of the IMCI course; the resulting recommendations are not intended to be a substitute for more comprehensive nutrition guidelines in the country.

On the following pages are copies of portions of the *Counsel the Mother* chart to be adapted. Notice the blank spaces reserved for listing local foods. An essential part of adaptation is to fill in these blanks with:

- Energy and nutrient-rich complementary foods that are culturally acceptable for:
  - children age 4-6 months up to 12 months, and
  - children age 12 months up to 2 years
- Nutritious foods to give between family meals to children age 2 years up to 5 years (i.e., nutritious "snacks")

Although the space for listing foods on the chart is small, more detailed descriptions of foods can be provided in the module if necessary.







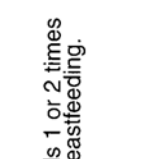



Possible additional adaptations include:

- revising the period for which exclusive breastfeeding is recommended,
- adding common local feeding problems and locally appropriate advice to the list given in the *Counsel the Mother* module and chart,
- adding or adapting information in the module *Counsel the Mother* (section 3.1, page 19) about locally available breastmilk substitutes and local constraints to breastfeeding,
- suggesting specific fermented milk products or semisolid foods in the persistent diarrhoea recommendations given on the *Counsel the Mother* chart,
- suggesting specific home fluids for treatment of diarrhoea.

*Note: If information is needed on home fluids for treatment of diarrhoea, you may be asked to obtain this information along with information on foods and feeding. If so, use Annex D-9, page 79, to incorporate questions related to home fluids into this protocol.*



## ► Feeding Recommendations During Sickness and Health

 <p><b>Up to 4 Months of Age</b></p>	 <p><b>4 Months up to 6 Months</b></p>	 <p><b>6 Months up to 12 Months</b></p>	 <p><b>12 Months up to 2 Years</b></p>	 <p><b>2 Years and Older</b></p>
<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.</li> <li>Do not give other foods or fluids.</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.</li> <li>Only if the child:                             <ul style="list-style-type: none"> <li>shows interest in semisolid foods, or</li> <li>appears hungry after breastfeeding, or</li> <li>is not gaining weight adequately,</li> </ul> </li> </ul> <p>add complementary foods (listed under 6 months up to 12 months).</p> <p>Give these foods 1 or 2 times per day after breastfeeding.</p>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Give adequate servings of:                             <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> </li> <li>3 times per day if breastfed; 5 times per day if not breastfed.</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeed as often as the child wants.</li> <li>Give adequate servings of:                             <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> </li> <li>or family foods 5 times per day.</li> </ul>	<ul style="list-style-type: none"> <li>Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:                             <ul style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> </li> </ul>
				

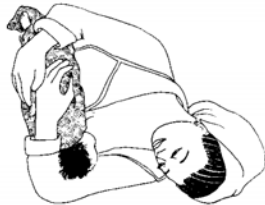
\* A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

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

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

## ► Counsel the Mother About Feeding Problems

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



- If the mother reports difficulty with breastfeeding, assess breastfeeding. (See *YOUNG INFANT* chart.) As needed, show the mother correct positioning and attachment for breastfeeding.

- If the child is less than 4 months old and is taking other milk or foods:

- Build mother's confidence that she can produce all the breastmilk that the child needs.
- Suggest giving more frequent, longer breastfeeds, day and night, and gradually reducing other milk or foods.

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

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

- If the mother is using a bottle to feed the child:

- Recommend substituting a cup for bottle.
- Show the mother how to feed the child with a cup.

- If the child is not being fed actively, counsel the mother to:

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

- If the child is not feeding well during illness, counsel the mother to:

- Breastfeed more frequently and for longer if possible.
- Use soft, varied, appetizing, favourite foods to encourage the child to eat as much as possible, and offer frequent small feedings.
- Clear a blocked nose if it interferes with feeding.
- Expect that appetite will improve as child gets better.

- Follow-up any feeding problem in 5 days.



## STEPS IN ADAPTING FEEDING RECOMMENDATIONS

Here is an overview of the steps described in this protocol. Notice that you will start by collecting information that is already available. You will conduct additional research and household trials only if needed.

- 1.0 Obtain information already available to adapt the feeding recommendations.
- 2.0 Develop draft feeding recommendations.
- 3.0 Determine if household trials are needed to test feeding recommendations.  
If YES, go to step 4.0. If NO, go to step 7.0.
- 4.0 Prepare to conduct household trials of feeding recommendations.
- 5.0 Conduct household trials as planned.
- 6.0 Revise feeding recommendations based on household trials.
- 7.0 Obtain appropriate reviews and finalize feeding recommendations.

The guidelines in this protocol are organized according to the above steps. The process will require about 2 weeks if feeding recommendations can be based on existing information. The process will take an average of 4 weeks if exploratory research and/or household trials are needed.

Keep in mind that the feeding recommendations developed through this process will not cover every possible situation. More detailed nutrition counselling and additional nutrition interventions will be needed to overcome severe malnutrition. IMCI will be implemented in coordination with other on-going health and nutrition activities in the country. The purpose of this protocol is to develop a brief set of feeding recommendations so that health workers can give age-appropriate advice about nutrition to mothers who bring their sick children for care.

## 1. Obtain information already available to adapt the feeding recommendations

### 1.1 Review the *Counsel the Mother* module and chart, and the list of information needed for adaptation

In order to understand how the feeding recommendations are used in the ICMI course, study the *Counsel the Mother* module and chart. Take special note of the blanks to be filled with information on local foods and local feeding problems. Also notice the exercises and examples that mention foods and feeding problems. The individuals who adapt the course materials will use the information that you obtain to make these exercises and examples locally meaningful and realistic.

Here are lists of the information needed for adaptation. The first box shows background information needed to identify differences in areas of the country. These differences would affect the planning of exploratory research or household trials, if required. The second box shows information about feeding needed to adapt the *Counsel the Mother* module and chart.

#### **1. Background Information Needed**

- Geographic regions of the country
- Population density in different regions of the country
- Languages spoken in different regions of the country
- Prevalence of malnutrition among children under 3 years, by age group and region of the country
- Prevalence of specific nutritional problems (particularly vitamin A deficiency and anaemia) and their distribution in the population (e.g., by age, ecological zones, ethnic groups)
- National breastfeeding policies
- Ethnic groups, ecological zones, rural or urban distinctions, social classes, or other demographic characteristics likely to have a strong effect on child feeding practices

*Note: Information in Box 2 below may be recorded on Worksheets 1-3 beginning on page 11. References are made to the appropriate worksheets.*

## **2. Information Needed to Adapt Feeding Recommendations**

For the predominant population groups in the country, information on current child feeding practices is needed for the following age groups:

- age 2 months up to 4 months
- age 4 months up to 6 months
- age 6 months up to 12 months
- age 12 months up to 2 years
- age 2 years up to 5 years

Information needed on feeding practices by age group (to be recorded on *Worksheet 1*):

- Breastfeeding rates for age groups up to 2 years
- Common reasons for stopping breastfeeding, or for early supplementation
- Foods commonly given
- Frequency of feeding and typical amount fed
- Common feeding problems\* and reasons for these problems

*\* Identify feeding problems by comparing actual practices to the recommendations on the Counsel the Mother chart. Problems may be related to the ages at which foods are introduced, nutritional content of foods, the frequency or amount of food given, or the way in which the child is fed.*

Additional information on nutritious complementary foods/ snacks (to be recorded on *Worksheet 2*):

- Description of how common foods are prepared, with information on content to allow assessment of nutritional value
- Locally available and affordable nutritious foods that could be added to children's diets
- Acceptability of these foods for children, and feasibility of giving them to children

Other information needed (to be recorded on *Worksheet 3*):

- Common breastmilk substitutes used and how they are prepared
- Description of how foods are fed to children (e.g., active feeding? shared plate?); local examples of how caretakers encourage children to eat
- Customs and practices regarding feeding a child during illness
- Availability of fermented milk products (such as yoghurt); acceptability for children with persistent diarrhoea

## 1.2 Identify existing sources of information

Sources of information may include people and documents. Identify the following types of *people to contact*:

- Experts in the country in the fields of community nutrition, maternal and child health, anthropology, and agriculture
- Staff of government ministries, health and nutrition centres, and nongovernmental organizations concerned with nutrition issues
- Researchers who have done nutrition studies in the country

Identify and obtain the following types of *documents*:

- Results of national and regional nutrition surveys
- Results of other national or regional surveys in which nutrition and feeding data were collected
- Results of Demographic and Health Surveys  
(These usually include data on child nutritional status, breastfeeding and complementary feeding practices, and feeding and fluids given during diarrhoea.)
- Reports of child feeding programs
- Reports of nutrition and food-related research (often available from such organizations as UNICEF, WHO, FAO, or The World Bank)
- Results of qualitative or anthropological studies on child-rearing or dietary practices of population groups (often available in educational institutions where research is conducted for thesis requirements)

## 1.3 Collect available information through interviews and document review

Start by obtaining the background information on the country listed in Box 1 on page 5. This will give you a familiarity with the different areas and population groups in the country.

Next interview people who are familiar with nutrition and feeding practices in the country (as identified in Step 1.2). It may be useful to hold a group session so that people can react to one another's ideas. Try to include people from different backgrounds and different parts of the country, so that they can describe the range of feeding practices in the country. Ask questions to obtain the information listed in Boxes 1 and 2 on pages 5 and 6. Even if you cannot obtain specific data or rates, interviews are a good source of descriptive information on feeding practices, feeding problems, and the cultural reasons for these.

Review documents identified in Step 1.2. Make notes as you find the information listed in Boxes 1 and 2 on pages 5 and 6. You may wish to use the worksheets in the next section to guide you in making notes. Keep track of the sources and dates of your information.

#### **1.4 Summarize available information**

Determine whether, within the country, there appear to be distinct ethnic groups, ecological zones, rural or urban distinctions, social classes, or other demographic distinctions that have a strong effect on child feeding practices. For example, are there certain ethnic groups that have a very different diet? Are the foods available in one area of the country very different from those available in another area? If there are distinct population groups with different feeding practices, define those groups. Summarize the information on each group separately.

Use the following three worksheets to summarize the information that you have collected. (Use additional paper if more space is needed.) These worksheets will help you see what necessary information is missing.

**Instructions for Worksheet 1:**

**Feeding Information by Age Group**

1. If there are distinct population groups with different feeding practices, enter the population group for which you are completing this worksheet.
2. Age groups used on the *Counsel the Mother Chart* are listed in the first column. In the second column, for each age group up to 2 years, enter the estimated breastfeeding rate. (You may have found rates for slightly different age groups; if so, do your best to extrapolate from these.)  
*Note: In this and all columns, note any specific sources used. If estimates are based on discussions with informed people, note this.*
3. In the next column, for each age group up to 2 years, briefly describe common reasons for stopping breastfeeding or early supplementation (before 4 months).
4. In the next column, list foods other than breastmilk that are commonly given to children in each age group.  
*Note: If breastmilk substitutes are commonly given, include them in this column.*
5. The column titled "Frequency and amount fed" may be most difficult to complete. For as many age groups as possible, describe how often children are typically fed (e.g., breastfed 6 times daily, 3 family meals daily). If possible, also describe amounts fed. Include "educated guesses" from people whom you have interviewed.
6. In the last column, list common feeding problems found in each age group, and reasons for these problems. Identify feeding problems by comparing actual practices to the recommendations on the *Counsel the Mother* chart. Problems may be related to the ages at which foods are introduced, nutritional content of foods, the frequency or amount of food given, or the way in which the child is fed (e.g., use of feeding bottles, shared plates that require the child to compete for food). If possible, also describe the reasons for feeding problems.

On the *Counsel the Mother* chart there are a number of common feeding problems listed below the feeding recommendations. These generic problems are reprinted on page 4 of this section. Determine whether these problems apply, and to which age groups they apply, in this country.





## Worksheet 1: Feeding Information by Age Group

Population group (if applicable): \_\_\_\_\_

Age group	Estimated breastfeeding rate	Common reasons for stopping breastfeeding before 2 years (or supplementation before 4 months)	Foods (other than breastmilk) commonly given	Frequency and amount fed	Common feeding problems; reasons
2 months up to 4 months		<b>Stopping:</b> _____ _____ _____ <b>Supplementation:</b> _____ _____ _____			_____ _____ _____ _____ _____ _____
4 months up to 6 months		<b>Stopping:</b> _____ _____ _____ <b>Supplementation:</b> _____ _____ _____			_____ _____ _____ _____ _____ _____
6 months up to 12 months		<b>Stopping:</b> _____ _____ _____ <b>Supplementation:</b> _____ _____ _____			_____ _____ _____ _____ _____ _____

Remember to note sources of information.

Worksheet 1: Feeding Information by Age Group, continued

Age group	Estimated breastfeeding rate	Common reasons for stopping breastfeeding before 2 years (or supplementation before 4 months)	Foods (other than breastmilk) commonly given	Frequency and amount fed	Common feeding problems; reasons
12 months up to 2 years		<p>Stopping: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supplementation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
2 years up to 5 years		<p>Stopping: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supplementation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>			<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Remember to note sources of information.

**Instructions for Worksheet 2:****Analysis of Foods**

1. If there are distinct population groups with different feeding practices and foods, enter the population group for which you are completing this worksheet.
2. Age Group: Since for children up to 4 months exclusive breastfeeding is always recommended, this age group is not listed in this column. The next two age groups from the *Counsel the Mother* chart (4-6 months and 6-12 months) are combined here, as the same types of complementary foods are used for both age groups. Some different complementary foods may be recommended for age 12 months up to 2 years, so this group is listed separately, as is the oldest age group.
3. In the next column, for age groups up to 2 years, list complementary foods currently given (previously listed on *Worksheet 1*) and nutritious, available foods that could possibly be added to the diet. Mention all ingredients. Describe any preparation methods that would affect nutritional content.

By age 2 years, a child will be eating family meals; for this age group, list foods currently given between meals, that is, "snacks" (previously listed on *Worksheet 1*). Also list additional nutritious, available foods that could be given between meals.

4. With assistance from local nutritionists, estimate the nutritional contents of foods as typically prepared. Then complete food content columns as follows:
  - Energy density: Indicate kilocalories per 100 millilitres.
  - Protein source: Indicate (*Yes or No*) whether the food is a rich source of protein, e.g., from beans, eggs, milk.
  - Vitamin A: Indicate (*Yes or No*) whether the food is a rich source of vitamin A.
  - Iron: Indicate (*Yes or No*) whether the food is a rich source of iron.
  - Other: Indicate any other important food contents.

#### D. Protocol for Adapting Feeding Recommendations

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5. Based on the food content columns, indicate (*Yes or No*) whether the food is nutritionally adequate for a complementary food or nutritious snack.

Criteria for a nutritious complementary food are as follows:

- It should be energy-rich (at least 100 kilocalories per 100 millilitres), and/or
- It should be nutrient-rich (i.e., be a rich source of protein and micro-nutrients, particularly iron and vitamin A)

The recommended total diet should have a combination of energy-rich and nutrient rich foods.

Snacks should be energy-rich (at least 100 kilocalories per 100 millilitres) and, whenever possible, nutrient-rich.

6. Acceptability and Feasibility: For possible additions to the diet, or changes in preparation methods, indicate whether the additions/changes will be acceptable to and feasible for families. Note any possible constraints. For example, certain foods may be too expensive or may only be available seasonally or in certain areas. Local beliefs may prevent serving certain foods to children.

Since snacks are given between meals, when the mother may be busy with other things, feasibility is especially important. Note whether snacks are:

- easy to prepare (or possible to but ready-made)
- easy for the child to eat on his/her own.

7. In the last column, write YES or NO to indicate whether a food should be recommended for an age group based on its nutritional adequacy and its acceptability and feasibility for families. If you are not sure, write TRIAL to indicate that the recommendation should be tested.

*Remember to note sources of information.*



**Instructions for Worksheet 3:**

**Other Information on Feeding**

This worksheet is a place to record other information needed for adaptation of the IMCI materials that may not have been recorded on other worksheets.

Answer the questions based on the information that you have collected so far. If you cannot answer the questions, this may indicate the need for further investigation.

*Remember to note sources of information.*





### Worksheet 3: Other Information on Feeding

Population group (if applicable): \_\_\_\_\_

#### Breastmilk Substitutes

1. When women stop breastfeeding early or supplement breastfeeding, what breastmilk substitutes are commonly used? \_\_\_\_\_  
\_\_\_\_\_
2. Are these breastmilk substitutes correctly prepared?
  - Is the correct amount of water used? \_\_\_\_\_
  - Is boiled water used for dilution? \_\_\_\_\_
  - Is the prepared milk used within an hour to avoid spoilage? \_\_\_\_\_
  - Is a cup used to feed the child rather than a bottle? \_\_\_\_\_
3. Would the following recipe given in the *Counsel the Mother* module be acceptable/feasible for mothers using breastmilk substitutes? Why or why not?  
*"To prepare cow's milk for infants less than 3 months of age, mix 1/2 cup boiled whole cow's milk with 1/4 cup boiled water and 2 level teaspoons of sugar."*  
\_\_\_\_\_  
\_\_\_\_\_
4. If the above recipe is acceptable, how should measurements be described for mothers?  
*Note: Each level teaspoon of sugar should equal 5 grams. A cup contains 200 ml.*  
\_\_\_\_\_  
\_\_\_\_\_

#### Feeding During Illness

1. What are customary feeding practices during illness? (For example, is the child fed less or more? Is the child given special foods? Are certain foods not given?) \_\_\_\_\_  
\_\_\_\_\_
2. Are any of the above practices harmful? If so, what are the reasons for these practices and constraints to changing them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Feeding During Persistent Diarrhoea

1. Is a fermented milk product such as yoghurt available? Is it considered acceptable to give to young children who have diarrhoea? \_\_\_\_\_  
\_\_\_\_\_
2. If a fermented milk product is not available or acceptable, what is a nutrient-rich semisolid food that families would find acceptable for giving children who have diarrhoea? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Active Feeding

1. How are foods served to children? Are they fed by the caretaker? Do siblings share a common plate? \_\_\_\_\_  
\_\_\_\_\_
2. What are local examples of how caretakers encourage children to eat? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Note concerning possible need for exploratory research to collect additional information:**

If you were able to obtain most of the information needed to complete the preceding Worksheets 1, 2, and 3, then you have enough information to draft feeding recommendations. In such cases, there is no need for further exploratory research, and you should proceed to Step 2.0 to draft feeding recommendations. These draft recommendations will receive further review and testing to ensure that they are acceptable and to resolve any remaining questions.

If there is very little information available on feeding practices in the country, then you may need to conduct some exploratory research before drafting feeding recommendations. So far, in countries where the IMCI course has been adapted, this exploratory research has not been necessary, because previous nutritional studies have been done. However, if you feel that exploratory is needed, possible methods include:

- in-depth individual interviews with caretakers or others familiar with child care and nutrition,
- focused group discussions with caretakers or others familiar with child care and nutrition, or
- use of cooking groups to observe, demonstrate, or develop recipes.

In depth interviews and focused group discussions are widely used qualitative study methods, and manuals are available on their use (Dawson et al., 1993; Debus, no date; Griffiths et al., 1988; Scrimshaw and Hurtado, 1987). Whatever method that you choose, keep the scale of this research small, and focus strictly on the information needed (i.e., the items that you were not able to complete from Worksheets 1, 2, and 3).

## 2. Develop draft feeding recommendations

If there are population groups with very different feeding practices within the country, it may be necessary to develop more than one set of feeding recommendations. If this seems to be the case, discuss the situation with the focal person for adaptation.

Decide whether to:

- develop and possibly test more than one set of recommendations now, or
- choose one population group (the one where the course will initially be given) for which to develop recommendations now.

Develop more than one set of recommendations only when different messages are truly needed to reach different population groups. Do not plan to develop and test recommendations for more groups than the programme can actually target with tailored communications activities. For most programmes, no more than 4 population groups should be selected.

*Note: Steps 3.1 through 3.4 should be done with the assistance of a small group of local experts, perhaps some of the same people who provided information in Step 1.0.*

### 2.1 Draft basic feeding recommendations for each age group, including appropriate local foods

These recommendations should use the format on the *Counsel the Mother* chart. For the most part, it is a matter of filling in the blanks on the chart, although some additions or deletions may be needed. Remember that these are **draft** recommendations. After further review, and possibly household trials, certain foods may be omitted or added.

Age Group	
Up to 4 months	There is no need to add or change anything in the recommendation for exclusive breastfeeding for this age group. If certain fluids are commonly given as supplements, you might want to explicitly say <u>not</u> to give these fluids.
4 months up to 6 months	Determine whether keeping this age group is consistent with national breastfeeding policies. If so, there is no need to change anything in the recommendation for this age group. Complementary foods for this age group are listed in the next column of the chart.

Age Group	
<b>6 months up to 12 months</b>	List nutritious local complementary foods. Include foods commonly given now, as well as nutritious local foods that could be added to the diet. You identified these foods on <i>Worksheet 2: Analysis of Foods</i> as being energy-rich and nutrient-rich. They should also be acceptable and feasible for families to give to children.
<b>12 months up to 2 years</b>	List nutritious local complementary foods for this age group. Variety should be increased. The diet should include an energy-rich food (such as thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.
<b>2 years and older</b>	List examples of nutritious local foods that could conveniently be given between meals.

## 2.2 Draft locally appropriate feeding recommendations for persistent diarrhoea

These recommendations will be incorporated into the box on the *Counsel the Mother* chart titled "Feeding Recommendations for a Child who has PERSISTENT DIARRHOEA." Most of the box will remain the same. The adaptation should include a specific fermented milk product or nutrient-rich semisolid food to recommend for children taking milk other than breastmilk.

## 2.3 Draft lists of common feeding problems and corresponding recommendations

By age group, list the major feeding problems found (or hypothesized based on the available information). Then think of possible recommendations for each problem, keeping in mind local beliefs and preferences and locally available nutritious foods.

Also list problems and recommendations that may affect several age groups, such as problems related to feeding during illness or lack of active feeding.

Have any listed breastfeeding problems and recommendations reviewed by someone who has been trained in the WHO/UNICEF Breastfeeding Counselling Course. If no one in the country has attended this course, request a review from WHO/CAH to ensure that breastfeeding recommendations are technically sound.

At this stage, it is not necessary to be sure that all of the recommendations will be acceptable to families, although you should consider whether acceptance is likely. You are developing a range of possible recommendations that will be reviewed by others and possibly tested through household trials. It will be helpful to number each problem (1, 2, 3, etc.) and each recommendation to go with the problem (1a, 1b, 1c, etc. for problem 1). Then, if household trials are needed, the recommendations can be identified in this way on questionnaires.

## Examples

**Age Group:** 2 months up to 4 months of age

**Problem 1:** Mother is not breastfeeding exclusively.

**Recommendations:**

- 1a. Breastfeed more frequently; on demand and at least 8 times in 24 hours.
- 1b. Stop giving feeds of water, milk, porridge or other foods/fluids.
- 1c. Reduce frequency or amount of feeds of water, milk, porridge, or other foods.

**Age Group:** 4 months up to 6 months

**Problem 4:** Complementary food (uji) is not nutrient-dense enough.

**Recommendations:**

- 4a. Make uji thicker, using more maize or cereal.
- 4b. Enrich uji by adding milk, fat, beans, groundnut, egg, etc.
- 4c. Also give kideri (sour milk and mashed banana).

A more complete example of a list of problems and recommendations is provided in Annex D-1, page 35. Some parts of the example may not be applicable in the country in which you are working. The example is included so that you can see the type of list that is needed.

## **2.4 Draft recipe for locally available breastmilk substitute, to be used only when necessary**

For cases in which exclusive breastfeeding is not possible, the *Counsel the Mother* module includes the following recipe for a breastmilk substitute:

*"To prepare cow's milk for infants less than 3 months of age, mix 1/2 cup boiled whole cow's milk with 1/4 cup boiled water and 2 level teaspoons of sugar."*

In this recipe, each level teaspoon of sugar equals 5 grams, and a cup contains 200 ml. Adapt the recipe to include local ingredients and measurements.

## **2.5 Translate feeding recommendations**

All feeding recommendations will need to be translated into the language to be used in the adapted IMCI materials. If the language spoken by mothers in the area is different, a second translation may be needed.

### 3. Determine if household trials are needed to test feeding recommendations

Household trials are a means of testing the draft feeding recommendations with mothers to see if they are acceptable and feasible. If the draft recommendations are based on recent and thorough information, and if the recommendations are very similar to common current feeding practices, then it is probably not necessary to conduct household trials. If this is the case, go to Step 7.0 and review the feeding recommendations with local medical and nutrition professionals, national programme staff, and persons adapting the IMCI materials.

In many cases, there will be aspects of the feeding recommendations that require testing. For example, the recommendations may include new foods, changes in food preparation, or changes in feeding practices, and you may be uncertain whether mothers will accept these changes. Or you may still be uncertain about what feeding problems are most common, or which recommendations would be most acceptable out of several possibilities.

If household trials are needed to test the draft feeding recommendations, interviewers conduct three visits to selected households:

- |          |   |
|----------|---|
| Visit 1. | Ask questions to determine children's current diets, feeding practices, and any feeding problems.   |
| Visit 2. | Counsel caretakers on recommended improvements (based on the draft feeding recommendations), and ask caretakers to try a new feeding practice in the home for a few days. |
| Visit 3. | Discuss with caretakers their experience and feelings about the new practice.   |

The objectives of the household trials are as follows:

- to test caretakers' responses to the draft recommendations for improving child feeding;
- to determine which of the draft recommendations are most feasible and acceptable and thus should be included on the *Counsel the Mother* chart;
- to investigate constraints on caretakers' willingness to change feeding patterns, and their motivations for trying and sustaining new practices, during the process of counselling them on their children's feeding; and
- to identify common feeding problems and caretakers' responses to them, with particular attention to ways of encouraging children to eat.

If you feel that household trials are needed, go to Step 4.0 to prepare to conduct trials.

*Note: If you have developed more than one set of draft recommendations, for populations with very different feeding practices, you may need to do household trials for more than one set of recommendations. Each population group with a different set of recommendations will require a separate study. Each study should incorporate*

*sites to account for within-group variability (such as urban and rural sub-populations), as described in Step 4.0. If separate studies cannot be done at this time, select one population group to study first (perhaps the one where the IMCI course will first be conducted, or the one where you are most uncertain of the recommendations).*



## **4. Prepare to conduct household trials of feeding recommendations**

### **4.1 Select sites and determine the number of children to be visited per age group per site**

The number of sites needed depends on the variability expected in the study population (i.e., the population for whom the feeding recommendations are intended). If there are several different sub-populations that may have different feeding practices, choose sites to represent these sub-populations. For example, you may need to select sites based on ethnic groups, urban/rural residence, religion, or ecological zones (desert, coastal, etc.). The site may be identified as a village or an area (such as an area served by a certain health facility).

It is useful to select your sites in low-income communities, where feeding problems are likely to occur. However, the very poorest areas, or those suffering from severe food shortages may not be appropriate, since these families may be unable to make any improvements in child feeding without external assistance. When selecting the sites, think about the target audience of the IMCI initiative (i.e., caretakers who take their sick children to a health facility). Try to identify areas where families would be likely to be positively affected by nutritional counselling.

In most countries 2 or 3 sites have been sufficient to test the draft feeding recommendations. If you are confident of very little variability in the population, one site may be adequate.

At least 10 children, covering the ages for whom the feeding recommendations are intended, should be selected at each site. The table on the next page shows a suggested sampling scheme for the minimal sample from three sites. If you expect feeding problems to be concentrated in certain age groups, you could include more children in those age groups. To replace dropouts that are likely to occur, it is also wise to include one or two additional children at each site, in the age groups expected to have the most feeding problems.

In a qualitative study such as this one, the size of the sample need only to be large enough to include the range of usual responses. If in the process of collecting data, you find that feeding practices for an age group or a site vary more than expected, it may be necessary to increase the sample for that age group or site.

**Example: Sampling Scheme from 3 Sites**

Age Group	Site 1	Site 2	Site 3	Total
2 months up to 4 months	2	2	2	6
4 months up to 6 months	2	2	2	6
6 months up to 12 months	2	2	2	6
12 months up to 18 months*	2	2	2	6
18 months up to 2 years*	2	2	2	6
<b>TOTAL</b>	10	10	10	30

\* These groups are part of the age group "12 months up to 2 years" on the *Counsel the Mother* chart. More children are needed from this age group because it covers more months, and because most of the feeding practices/problems that are likely to be site-specific are more clearly observed in this age group.

No children are included in the age group "2 years and older" because they primarily take family foods, and "snacks" can be identified from foods mentioned for the age group "12 months up to 2 years."

Make a preliminary visit to each site to ensure that it is appropriate, to explain the study to community leaders, and to gain permission to work in the area. During the preliminary visit, locate a landmark or building to serve as the starting point when interviewers arrive to select households. This landmark/building should be in an area where families with children live.

## 4.2 Adapt questionnaires and instructions for household trials

Questionnaires and/or written instructions are needed for:

- Selecting households to visit
- Initial visit (to assess current feeding of child)
- Discussion with supervisor to plan counselling visit
- Counselling visit (to agree on recommendations that mother will try)
- Follow-up visit (to see if recommendations were tried and get mother's reaction)

Sample questionnaires and instructions are provided in Annexes D-2 through D-6 and are introduced below. Adapt these as necessary for the specific set of feeding recommendations being tested.

### **Instructions for selecting households (Detailed Instructions and Sample Form in Annex D-2, page 41)**

As described in Step 4.1, one or more sites (e.g., villages or communities) should be selected in which to visit households. At each site, the supervisor and interviewers will need to know how to choose which households to visit. The general process is as follows.

- The survey team starts together at a certain point in the area. The team has a recruitment form (included in Annex D-2, page 44) with the number of children in each age group to be found.
- The team goes door to door asking if the household has any children under the age of 2 years.
- Whenever a child of a suitable age is identified, one interviewer stays at that household to conduct an interview. The rest of the team goes on to identify the next household.
- When the necessary number of children in a certain age group have been identified, no more interviews are conducted for that age group.

It does not matter whether the children identified are healthy or have minor illnesses, as the feeding recommendations are intended for all children, healthy or sick. (However, do not enroll extremely ill children, as the dietary history may be unusual due to refusal to eat during illness.)

### **Questionnaire for initial visit (sample in Annex D-3, page 51)**

During the initial visit, the interviewer collects background information and asks the caretaker to recall foods that the child has eaten in the past 24 hours. The interviewer also asks about other foods commonly taken by the child (even if not in the past 24 hours). This feeding history will be the basis for identifying common local foods and any feeding problems, but no counselling is given to the caretaker until after discussion with the supervisor. At the end of this visit, the interviewer makes an appointment to meet with the caretaker within the next 24 hours to discuss with her the feeding recommendations for her child.

**Discussion with Supervisor to plan counselling visit  
(sample instructions and form in Annex D-4, page 55)**

The supervisor and interviewer meet to review the feeding history, determine which aspects of the child's feeding are adequate, and identify any feeding problems. For feeding problems, the supervisor and interviewer consult the draft feeding recommendations and discuss recommendations to be presented to the caretaker in the second visit.

**Questionnaire for counselling visit (sample in Annex D-5, page 60)**

During the second visit, the interviewer praises the caretaker for correct feeding practices, explains any feeding problems identified, and suggests the corresponding recommendations. The interviewer assesses and records the caretaker's reaction to each suggested recommendation, and her reasons for being willing or unwilling to try each recommendation.

The interviewer and caretaker agree on one (or at most two) specific feeding changes that the caretaker will try over the next few days. It is important that the caretaker make her own decision about what to try. The interviewer records the changes agreed on and arranges for a follow-up visit three to four days later.

**Questionnaire for the follow-up visit  
(sample in Annex D-6, page 65)**

The interviewer returns to the household to assess the caretaker's reaction to the new feeding practice(s) that she has tried. The interviewer conducts a second 24-hour feeding history and asks about the caretaker's experience with the new feeding practice(s), the child's response, the caretaker's willingness to continue the practice in the future, and any modifications of the recommendations.

If the current feeding is still inadequate, the interviewer should provide further nutritional counselling during this final visit.

**4.3 Translate questionnaires and instructions, as necessary**

In addition to adapting the content of the questionnaires and instructions provided in the annexes, it will be necessary to translate them into the language spoken by the caretakers and interviewers.

#### **4.4 Pretest the process of conducting household trials**

All of the instructions for selecting households and conducting household visits should be pretested. Conduct the pretest in an area that was not selected as a site for the household trials but that has similar characteristics. Use the adapted and translated feeding recommendations, questionnaires, and instructions in the pretest.

If possible, involve individuals in the pretest who will later serve as supervisors in the household trials. This will be a useful introduction to the process for them. After the pretest, make any necessary revisions. Then make sufficient copies of the feeding recommendations, questionnaires, and instructions to use in training interviewers.

#### **4.5 Plan schedule for visits at each site**

The length of time needed for household trials depends on the number of sites, sample size, number of interviewers and supervisors, availability of transportation, and distances that must be covered. It is important to plan the schedule in advance and inform community leaders at the sites.

Because this is a qualitative data study, it is important to review results and summarize and analyze findings during the process of data collection. Allow time for review and discussion each day in order to capture the depth and breadth of the information gathered. Remember that a discussion with the supervisor is required between the first and second visit to each household.

The need for three visits to each household makes scheduling somewhat complex, especially since the family may not be home when the interviewer returns for follow-up. Interviewers will need to inform each caretaker in advance of each return visit and plan it for a time when the caretaker will be home. An extra day may be needed for repeat attempts at follow-up.

If the sites are at great distances apart, it may be best for a team to stay in one site until all three visits to selected households are finished. However, if travel time allows, a team may conduct two visits at one site, move to another site to conduct two visits there, and then return to do the third visit at the initial site.

The following table shows how visits might be scheduled at two nearby sites, by a team of three interviewers and one supervisor who need to interview 12 caretakers at each site (10 caretakers of children in specified age groups plus 2 more in case of drop-outs). According to this schedule, each interviewer conducts four interviews per day. It is reasonable to expect that each interviewer can do 3-4 interviews per day. If necessary, the supervisor can conduct an interview or two to finish those scheduled for the day.

**Example: Schedule of visits at two nearby sites  
by a team of three interviewers (A, B, and C)**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Child	Site 1	Site 1	Site 2	Site 2	Site 1	Site 2
1	A	A	Following a similar schedule, conduct first two visits to twelve households at second site.		A	Conduct follow-up (third) visits at second site.
2	B	B			B	
3	C	C			C	
4	A	A			A	
5	B	B			B	
6	C	C			C	
7	A	A			A	
8	B	B			B	
9	C	C			C	
10	A	A			A	
11	B	B			B	
12	C	C			C	

#### 4.6 Recruit and train interviewers and supervisors

Interviewers and supervisors must speak the local language. If possible, recruit interviewers and supervisors with a background in nutrition education. Experience with qualitative research is also helpful. The skills developed in conducting this research will improve their skills in nutrition education, so nutrition programmes will benefit if their personnel are included.

Interviewers will work in teams of three with a supervisor, preferably someone who participated in the pretest. Supervisors should participate in and assist with training of interviewers. *(Note: Increasing the size of teams, or using a large number of teams, will make it difficult to standardize field performance and provide adequate supervision.)*

Allow 4 days for training interviewers: two days in a classroom learning how to use the questionnaires and doing role plays of interviews; one day of field experience; and a final day to review the field experience, make any necessary final changes in the process, discuss the logistics of transportation, etc. A sample agenda for training interviewers is provided in Annex D-7, page 69.

## 5. Conduct household trials as planned

Following the plans and schedules previously established, teams should proceed to their assigned sites to conduct the household trials.

Each day, it is important to discuss findings as a team so that qualitative information is not forgotten or lost. The supervisor should take notes at daily meetings, as interviewers may be more descriptive during a discussion than when writing on the data collection forms.

To keep information organized, the supervisor should also do these daily tasks:

- Keep all data collection forms used with one household in a folder for that household. Label the folder with the site name, the child's name and ID number, and the interviewer's name.
- Update the *Household Trials Recruitment Sheet* (found in Annex D-2) by entering the date for visits completed.
- Compile information by age group on the *Age Group Summary* (found in Annex D-8, page 76). A different form should be used for each age group at each site. As visits are completed, review and discuss the data collection forms from those visits and add the relevant information to the appropriate *Age Group Summary*. After the third visit to a household, this will involve comparing the dietary histories from the initial visit and the follow-up visit to see what changes were made and how overall feeding was affected.

## 6. Revise feeding recommendations based on household trials

### 6.1 Analyze results of household trials

Some analysis is done daily in the field by the supervisor, who reviews the questionnaires with the interviewers and enters results on the *Age Group Summary* (Annex D-8). The supervisor keeps a separate form for each age group and completes a section of the form after each visit. When the form is completed, it shows by age group which feeding problems were identified, which recommendations were offered, whether or not the recommendations were accepted or rejected, whether or not they were actually tried, and the caretakers' reactions.

When the interview teams return from the field, the supervisors should turn in all recruitment sheets, questionnaires, and *Age Group Summary* to the study coordinator. Since the total sample may be as small as 30 children, it is possible for the coordinator to read all of the completed questionnaires, and this type of review may be necessary in order to understand fully the reactions and opinions of caretakers at different sites.

The study coordinator should take the *Age Group Summaries* and use them to complete the *Summary of Recommendations Offered and Tried* (also in Annex D-8, page 78). This form summarizes, for all the sites, for each feeding recommendation, how many times the recommendation was offered, agreed on, tried, and received positively or negatively. The form also allows room for comments on reasons for positive or negative responses.

The coordinator should also summarize the following types of information, based on completed questionnaires from visit 1:

- Breastfeeding practices (exclusivity and frequency at different ages)
- Common reasons for stopping breastfeeding, or for early supplementation
- Foods commonly given at different ages
- Frequency of feeding and amount served at different ages
- Ways that caretakers encourage children to eat
- Customs and practices regarding feeding a child during illness
- Availability and acceptability of fermented milk products (such as yoghurt) and other foods for children with diarrhoea

Compare and contrast the findings from different sites. If findings were very different, determine why. For example, was one community very poor or experiencing a food shortage? Did cultural differences affect food choices?



## **6.2 Determine implications for feeding recommendations**

Based on the summaries of findings from the household trials, consider such questions as the following:

- Which recommendations were offered most often?  
Which recommendations were offered rarely or not at all?
- If a recommendation was never or rarely offered, determine why. Was it never needed because the corresponding problem never occurred? Or was it considered too impractical even to offer?
- Which recommendations were modified by caretakers? How were they modified?
- Which recommendations were not accepted by caretakers and why?
- Which recommendations were accepted, tried, and liked by caretakers?

## **6.3 Select the most feasible and acceptable recommendations**

Use your answers to the above questions to eliminate from the draft feeding recommendations any that were unnecessary, unacceptable, or impractical. If some recommendations were acceptable with modification, consider modifying them (if there are no detrimental effects). Include recommendations that caretakers accepted, tried and liked.

## **7. Obtain appropriate reviews and finalize feeding recommendations**

### **7.1 Present recommendations in chart format**

Use the format on the *Counsel the Mother* chart. In the section titled "Feeding Recommendations during Sickness and Health," be sure to include:

- locally appropriate and nutritious complementary foods for ages 4-6 months and 6-12 months;
- locally appropriate and nutritious foods for ages 12 months to 2 years;
- nutritious food to give between meals (snacks) for age 2 and older.

In the section titled "Counsel the Mother about Feeding Problems," be sure that the problems and recommendations are relevant and suitable in this country. You may need to modify some of the information on the "generic" chart. Add to the list of problems, as necessary:

- common local feeding problems and feasible, acceptable recommendations for each;
- local examples of ways to encourage children to eat.

In the box about PERSISTENT DIARRHOEA, include:

- fermented milk product or nutrient-rich semisolid to give if necessary during persistent diarrhoea.

### **7.2 Obtain reviews from local medical and nutrition professionals, national programme staff, and persons adapting IMCI materials**

It may be necessary to remind reviewers that the feeding recommendations are for use in the IMCI training materials and are not intended to cover every situation. They are not intended to be a substitute for more comprehensive nutritional guidelines in the country, but they should be consistent with such guidelines. If household trials were done, enclose a summary of the results to support the recommendations.

### **7.3 Revise feeding recommendations as necessary based on reviews**



## **Section D**

### **ANNEXES**

<b>Annex D-1</b>	Example list of feeding problems and recommendations
<b>Annex D-2</b>	Instructions for selecting households
<b>Annex D-3</b>	Instructions and questionnaire for initial visit
<b>Annex D-4</b>	Instructions and form for planning the counselling visit
<b>Annex D-5</b>	Instructions and questionnaire for counselling visit (Second visit)
<b>Annex D-6</b>	Instructions and questionnaire for follow-up visit (Third visit)
<b>Annex D-7</b>	Training interviewers
<b>Annex D-8</b>	Forms for analysis of household trials
<b>Annex D-9</b>	Obtaining information on home fluids

## Annex D-1

### Example list of feeding problems and recommendations

*(Note: Some of the problems in this example may apply in your area and others may not. The recommended foods in this example were identified in the adaptation of the IMCI course in Indonesia.)*

**Age Group:** 2 months up to 4 months

**Ideal feeding pattern:** Exclusive breastfeeding

**Problem 1:** Mother is not breastfeeding exclusively.

**Recommendations:**

- 1a. Breastfeed frequently on demand -- at least 8 times per day.
- 1b. Give only breastmilk until 4 months of age. Stop other foods like banana, rice, porridge, top milk.

**Problem 2:** Mother is trying to breastfeed exclusively but feels she does not have enough milk.

**Recommendations:**

- 2a. Hold the baby in correct position, as shown by health worker.
- 2b. Increase the length and frequency of breastfeeds.

**Problem 3:** Mother is not breastfeeding exclusively because she works outside the home.

**Recommendations:**

- 3a. Breastfeed as frequently as possible before going to work, after coming back from work and during the night.
- 3b. Express breastmilk in a container. Ask caretaker to give it with a cup and spoon in mother's absence.

**Problem 4:** Mother has stopped breastfeeding because of child's illness.

**Recommendations:**

- 4a. Give breastfeeds frequently; otherwise child will become weak.

**Problem 5:** Child is being bottle-fed.

**Recommendations:**

- 5a. Increase breastfeeding; reduce and then stop bottle feeds.
- 5b. If unavoidable (e.g., adopted child, mother has no breastmilk), give formula prepared correctly using cup and spoon.

**Age Group:** 4 months up to 6 months

**Ideal feeding pattern:** Exclusive breastfeeding to be continued. Complementary foods to be started (1 or 2 times per day after breastfeeding) if the child:

- shows interest in semisolid foods, or
- appears hungry after breastfeeding, or
- is not gaining weight adequately.

**Problem 6:** Breastfeeding is being replaced or reduced too quickly.

**Recommendations:**

- 6a. Breastfeed as often as the child wants, day and night.
- 6b. Give complementary foods after breastfeeding only if the child continues to show signs of hunger.

**Problem 7:** Child is being bottle-fed.

**Recommendations:**

- 7a. Stop using bottle. Instead, feed with cup and spoon.

**Age Group: 6 months up to 12 months**

**Ideal feeding pattern:** Continue breastfeeding. Feed complementary foods 3 times a day if the child is breastfed and 5 times a day if not breastfed. *Example of an adaptation for Indonesia:* At each meal give the following amount:

- 6 tablespoons to a 6 months old child
- 7 tablespoons to a 7 months old child
- 8 tablespoons to a 8 months old child
- 9 tablespoons to a 9 months old child
- 10 tablespoons to a 10 months old child
- 11 tablespoons to a 11 months old child

**Problem 8:** Mother has stopped breastfeeding because she is giving complementary foods.

**Recommendations:**

8a. Continue to breastfeed along with complementary foods.

**Problem 9:** Complementary foods have not been started or foods with low nutrient density are given.

**Recommendations:**

- 9a. Give foods like pisang (banana), mento (mixture of rice and banana), nagaseri (banana, wheat flour, sugar, coconut milk mixture wrapped in a banana leaf).
- 9b. Improve the quality of complementary food by adding protein sources like tofu/tempe/egg/chicken/meat/groundnuts/beans.
- 9c. Give food in semi-solid form.

**Problem 10:** Amount of food fed to the child is inadequate (frequency less than recommended, or amount at each meal less than recommended for that age).

**Recommendations:**

- 10a. Give 1 extra meal to the child.
- 10b. At each meal give the child 1 additional tablespoon until the child is consuming the recommended amount for age.

**Problem 11:** The child is consuming foods in the recommended frequency and amounts, but the variety is not adequate.

**Recommendations:**

- 11a. Give the child different foods at different meals or on different days such as rice/potato + chicken/egg/tempe/tofu + green leafy vegetable/red vegetable + coconut oil.

**Problem 12:** Child is being bottle-fed.

**Recommendations:**

- 12a. Stop using bottle. Instead, use cup and spoon to feed the child.

**Age Group:** 12 months up to 2 years

**Ideal feeding pattern:** Breastfeeding to be continued. The child should be eating family diet plus extra feeds, at least 5 times a day. *Example of an adaptation for Indonesia:* Give at least 10 tablespoons at each meal.

**Problem 13:** Mother has stopped breastfeeding because family/complementary foods are being given.

**Recommendations:**

- 13a. Continue to breastfeed until the child is at least 2 years old.
- 13b. Try to breastfeed again, if possible.

**Problem 14:** Child is not yet being given family foods.

**Recommendations:**

- 14a. Give family foods like rice, tofu, chicken, meat, egg, vegetables, sop (veg).
- 14b. Give a nutritious snack like banana, nagaseri, etc.

**Problem 15:** Child is being given family meals, but variety/nutrient density is low.

**Recommendations:**

- 15a. Improve the quality of the currently given food by adding a protein source like beef, tofu, egg, chicken, and tempe.
- 15b. Change foods given to the child; give different foods on different days or different foods at different meals.
- 15c. Give high-energy snacks like fried banana, nagaseri, mento.

**Problem 16:** The child is being fed inadequate amounts (i.e., less than 5 times a day or less than 10 tablespoons per meal).

**Recommendations:**

- 16a. Give one extra meal to the child. Slowly increase the number of meals until the child is eating 5 meals a day.
- 16b. Feed the child one extra tablespoon of food at each meal. Keep increasing the amount until the child is eating 10 tablespoons at each meal.
- 16c. Give snacks at least twice a day.



**Problem 17:** Child refuses to eat.

**Recommendations:**

- 17a. Give the child his favourite foods.
- 17b. If the child is ill, get treatment.
- 17c. Use different ways to encourage the child to eat, for example:
  - play with child while feeding him
  - sing to the child

**Problem 18:** Child is being bottle-fed.

**Recommendations:**

- 18a. Stop using bottle. Instead, use cup and spoon to feed the child.

## Annex D-2

### Instructions for selecting households

These instructions assume that a team of 2-3 interviewers and a supervisor are working together at a site. The instructions are directed to the supervisor. A suitable starting point, in an area where families live, should have been identified in advance.

1. Prepare the *Household Trials Recruitment Sheet* as follows: Enter the name of the site and describe the starting point for selecting households in the area. Enter the ages of children needed for the sample; for example, if two children of age 2 months up to 4 months are needed, enter that age range twice in the "Age" column. (See example on the next page.) Also enter ID numbers, distinctive from those used at other sites. For example, use an initial letter to represent the site and then consecutive numbers to represent each child.
2. Go together as a team to the specified starting point. Take the *Household Trials Recruitment Sheet*, copies of the questionnaire titled *Household Trials: Visit 1*, writing supplies, clipboards, etc.
3. Go door to door from the starting point. Introduce yourselves and ask if the household has any children under the age of 2 years, and if the primary caretaker is home. If there is a child under the age of 2, and the caretaker is home, ask the specific age of the child(ren) in months. If there is a child of an age needed for the sample, explain the purpose of your visit:
  - You are doing a research project to develop a programme for caretakers and children.
  - You would like to ask questions about how she feeds her child.
  - You want to learn from the experiences of caretakers, because they know the most about their children.
  - You want the program to be practical, so you need her opinion on what is possible and makes sense.

Explain what is expected and ask if the caretaker is willing to participate:

- One of you will visit her three times: now, tomorrow, and again in 3-4 days.
- You will ask questions and take notes.
- You would like her to report actual practices; all information is confidential.
- Is she willing to participate?

*Note: Children may be enrolled if they are healthy or have a minor illness; however, do not enroll very ill children.*

#### D. Protocol for Adapting Feeding Recommendations

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4. If the caretaker agrees to participate, enter the child's name next to the relevant age group on the *Household Trials Recruitment Sheet*. Also enter the caretaker's name, and the address or location of the house. (*Note: Only enroll one child per household in the study, even if there is more than one child of a suitable age living there.*) Assign an interviewer to stay at the house to conduct the first visit, and enter that interviewer's name and the date of the visit.

Enter the child's name and ID number (from the recruitment sheet) on a copy of the questionnaire for visit 1. Give the questionnaire to the interviewer and explain where to meet you when finished.

5. If there is no child of a suitable age at a household, or the caretaker is not willing to participate, go on to the next household and repeat step 2. However, whenever a child of suitable age and a willing caretaker are identified, skip 8-10 houses before inquiring at another household. This is important to increase the likelihood of getting a range of feeding practices. When you reach a corner or turn in the road, you may use any random method (such as flipping a coin) to decide which way to go.

*Note: Once the required number of children have been identified in an age group, do not select any more children in that age group.*

6. When each interviewer has a household, continue identifying households with children in the needed age groups and asking consent of caretakers, and entering suitable children on the *Household Trials Recruitment Sheet*. Meet with the interviewers at the previously decided place and assign them the remaining eligible households.

After conducting the second and third visits, remember to enter the date of those visits on the *Household Trials Recruitment Sheet*.

**Example: Household Trials Recruitment Sheet**

Site: \_\_\_\_\_

Starting Point: \_\_\_\_\_

ID No.	Age	Child's name, caretaker's name, address	Interviewer	Date Visit 1	Date Visit 2	Date Visit 3



## Household Trials Recruitment Sheet

Site:

Starting Point:

[illegible]



### **Annex D-3**

#### **Instructions and questionnaire for initial visit**

These instructions are directed to the interviewer. The instructions are numbered according to the sections and questions of the questionnaire which is at the end of this annex. ***Place the questionnaire next to the instructions as you study them for the first time.***

Most of the questions for the initial visit are open-ended and require you to write a narrative response rather than simply tick a box or answer YES or NO. It is important for you to understand the intent of the questions in order to write a complete response without being overly long or wordy. Please write clearly at all times.

#### **Introduction**

Introduce yourself to the caretaker, children, and other household members present. Learn their names and refer to them by name during the interview. The caretaker has already given consent to be interviewed, but you may need to remind her of the purpose: to find out how she feeds her child in order to develop a practical nutrition program. You would like her to report actual feeding practices.

Try to arrange a quiet, private place for the discussion.

#### **Background Information**

Enter the date and starting time of the interview. Also enter the site name, your name as the interviewer. The child's name and ID number should have already been recorded on the form by your supervisor.

Record the child's age in months and birthdate (day, then month, then year). Confirm that the child is in desired age range.

Record the child's sex (M or F) and the caretaker's name. Ask questions to determine the caretaker's relationship to the child. Record "mother," father," "aunt," etc. It is best to interview the mother if possible; if another caretaker is interviewed, that caretaker must be very familiar with the child's feeding, day and night.

Record the address or describe the location so that you can find it again.



## Health and Feeding History

- 1.(a) The purpose of this question is to find out if the child has any health problems that may be affecting his appetite or feeding today. Ask the question as phrased then probe if necessary. To "probe" means to ask additional questions to prompt the caretaker to answer more fully. Try to ask open questions rather than leading questions that suggest a certain answer.

Examples:

➤ **Good probe:** *Is Jaun feeling well or sick today? (If sick) What symptoms does he have? When did they start?*

Leading probe (not as good): *Is Juan a healthy child? (Suggests a YES answer; doesn't ask about health today)*

- 1.(b) The purpose of this question is to find out about the child's general health, not just his health today. This information may be used later to motivate the caretaker to try some changes in feeding practices.
2. It is important to know the caretaker's impression of the child's appetite. Does she think the child is eating enough? Is the child eager to eat or does he have to be coaxed?
3. Answer Y for Yes or N for No to indicate whether the child is breastfed. If the child is breastfed even a little bit, the answer is Yes.

**If the child is breastfed,** ask how often. Indicate the usual number of times during the day and during the night. To help the caretaker remember, you may need to probe by asking such questions as:

*How often did you breastfeed in the morning?*  
*How often did you breastfeed during the night?*

Ask whether the child is breastfed on demand (i.e., whenever the child desires). Record Y or N.

**If the child is not breastfed,** you want to know whether the child was ever breastfed, when breastfeeding was stopped, and why.

4. **24-hour recall of all foods and liquids taken other than breastmilk:**

Explain that you are interested in knowing everything that the child ate or drank the day before. Specify the time period, i.e., "since waking up yesterday until waking up today."

Explain that you want to know about all foods and fluids taken other than breastmilk, even water and small amounts of food. If the caretaker responds that the child has taken only breastmilk, tick to indicate that no other foods or fluids were given and go on to question 5.

Otherwise, begin to reconstruct the previous day, probing about feeding, for example:

*Yesterday, in the morning, what did you feed the child?*

*How much did the child eat? In what cup? Can I see it? How full was it? Did the child finish all that you gave him? Did you give more? If yes, how much? If no, why not?*

*What were the ingredients? How much of each? Can you show me?*

When you have described the first meal of the day, continue asking about the rest of the day. For example:

*After breakfast, what did you do? Did the child take anymore food? What?*

Probe about the amount of food/fluids taken and the mode of feeding (e.g., cup, bottle, shared plate). Probe about amounts of ingredients, but do not spend much time on the method of cooking unless it is something that may affect the child's nutritional intake.

If the child is taking porridge, remember to probe about thickness, and whether milk, sugar, or other ingredients were added. Ask to see the porridge prepared today if possible.

*How is it served? Does the child drink it?*

Additional questions to probe for more information:

*Between meals, did you give the child anything else?*

*What else did the child eat or drink, besides what you have mentioned?*

*Was the child with you throughout the day yesterday? If not, who was the child with? Was the child given anything to eat while you were away? What? How much? How often?*

*While you were cooking, did the child cry for some of the ingredients? If yes, did you give the child some? What? How much?*

*Did you buy any snacks from a vendor while you were out? Did you share any of your meals with the child?*

*Did you give the child anything before he went to sleep? What? Did you give anything during the night? What? How many times?*

Be observant. For example, if you see a feeding bottle, ask:

*Did you give anything in the feeding bottle yesterday? What? How often?*

If certain foods are visible, ask if the caretaker gave any to the child.

Be patient and encourage the caretaker to remember everything she can.

#### 5. **Food frequency table:**

The purpose of this table is to collect information on foods that the child takes fairly frequently, but has not taken in the past 24 hours. You are most interested in foods taken at least once a week. Ask the caretaker to tell you about foods that she sometimes gives the child, but did not give yesterday. (If the child is exclusively breastfed, i.e., never takes foods or fluids other than breastmilk, tick in the space provided, and go on to question 6.)

Suggested Probes:

*Are there foods that the child takes only once in a while, such as when away from the house, or on weekends?*

*Are there foods that the child takes only when available?*

*Are there foods or snacks that are occasionally purchased?*

*Do you sometimes prepare regular foods differently, with extra ingredients?*  
(For example, caretaker may add eggs to pap occasionally, but not every day.)

For each food, ask about the ingredients, amount usually taken, and number of times per week taken, and fill in the table.

#### 6. **Cues for feeding:**

The intent of these questions is to find out whether and how the child is encouraged to eat. You also want to know whether the mother has a fixed feeding schedule or feeds on demand (according to cues that the child gives). Write a brief narrative summary of the caretaker's response.

7. **Quantity eaten:**

Again, these questions apply both to breastfeeding and other foods. The intent is to find out whether, why, and how the child is encouraged to eat more than usual. It will be especially useful to have examples of how the caretaker or her friends encourage children to eat more. Again, write a brief narrative response.

8. **Appetite during illness:**

The purpose is to find out whether the child's appetite decreases during illness, and if so, whether there is anything special the caretaker does to encourage the child to eat (for example, give special foods or prepare them differently).

*Optional 9 (Include if information is needed on foods suitable for persistent diarrhoea.)*

9. **Persistent diarrhoea:**

The purpose of these questions is to find out what foods, especially fermented milk products, are available and considered suitable for children with diarrhoea.



<b>BACKGROUND INFORMATION</b>	
<b>Date:</b> ____ / ____ / ____ Day      mo.      yr.	<b>Start time:</b> ____ : ____
<b>Site:</b> _____	<b>Interviewer:</b> _____
<b>Child's name:</b> _____	<b>ID number:</b> _____
<b>Age in months:</b> _____	<b>Birthdate:</b> ____ / ____ / ____
<b>Sex (M or F):</b> _____	
<b>Caretaker's name:</b>	_____
<b>Relationship to child:</b>	_____
<b>Address/location of household:</b>	_____ _____ _____

If previously breastfed, when/why was breastfeeding stopped?

4. **24-recall of foods and fluids taken (other than breastmilk):**

Starting with yesterday when the child woke up in the morning, what foods and drinks has the child taken?

Probe for everything taken by mouth, including water and other drinks, snacks, bites of family meals shared with the mother, foods purchased from vendors, etc. For each food or drink, ask about and record the approximate time taken, ingredients, amount taken, and mode of feeding. End with the last feeding during the previous night.

(If child received only breastmilk and no other foods or fluids, tick here: \_\_\_\_\_, and go on to question 5.)

[illegible]

5. **Food Frequency Table:**

Besides the foods and drinks that the child took yesterday, what other foods and drinks do you sometimes give the child?

Probe for foods and drinks that were not taken yesterday, but that the child might take at least once a week. Probe for foods taken when away from the house, purchased from vendors, etc. For each food/drink, record the ingredients, amount usually taken, and number of times per week usually taken.

*(If child receives only breastmilk and no other foods or fluids, tick here: \_\_\_\_\_, and go on to question 6.)*

Food/Drink	Ingredients	Amount	Times/week

The following questions apply to breastfeeding and other foods.

6. How do you know when it is time to feed your child? How do you know when your child is hungry? \_\_\_\_\_

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7. Do you feel that the child eats enough? Why or why not? Do you ever try to get the child to eat more? When? How? Does it work? Do other people have other ways of encouraging children to eat more? Can you give some examples? \_\_\_\_\_

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8. How is the child's appetite when sick? Is this a problem? What can be done? \_\_\_\_\_

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9. Is *(name of fermented milk product such as yoghurt)* easily available in your community? If your child had diarrhoea, would you consider giving this product to your child? Why or why not? What foods are considered suitable to give to children with diarrhoea? What foods are not considered suitable? \_\_\_\_\_

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Thank the caretaker for her collaboration, and make an appointment within the next 24 hours to discuss with her the feeding recommendations for her child.

**Time Finished:**

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### Annex D-4

#### Instructions and form for planning the counselling visit

These instructions are directed to the supervisor, who will hold a discussion with each interviewer after each initial visit to a household. The purpose of the discussion is to review information about the child's feeding, determine which aspects of feeding are adequate, and identify any feeding problems and possible recommendations. The interviewer will then present recommendations to the caretaker during the second visit, the counselling visit.

1. With the interviewer, review the information obtained in the initial visit. Compare the child's actual feeding with the draft feeding recommendations for the child's age group. *Note: When counting frequency of feeding in the past 24 hours, count the number of "meals" fed, not the number of times the child is given just "bites".*
2. With the interviewer, complete the form in this annex titled *Analysis of Feeding*. For each aspect of feeding listed, describe what is adequate and inadequate, as compared to the recommended practices.
3. Included in the draft feeding recommendations is a list of numbered problems. Identify which problems apply in this case. Record the numbers of these problems on the *Analysis of Feeding* form.
4. Through discussion with the interviewer, identify which of the possible recommendations for each problem might be applicable in this case. (Since the interviewer is most familiar with the family's situation, s/he may be able to rule out some recommendations as impractical.) Record the number and letter of each potentially suitable recommendation.
5. If this will be the interviewer's first counselling visit, ensure that the interviewer has a copy of the draft feeding recommendations, and review how to use them during the visit (i.e., present the possibilities and allow the caretaker to select one or two to try).
6. Remind the interviewer to take to the second visit:
  - The completed questionnaire from the first visit (for reference if needed)
  - The completed *Analysis of Feeding* form
  - The draft feeding recommendations
  - A blank copy of the questionnaire for visit 2, including several copies of the page titled "Discussion of Recommendation"
  - *Child Feeding Reminder* slips



## ANALYSIS OF FEEDING

Site: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Child's name: \_\_\_\_\_

ID number: \_\_\_\_\_

Aspect of feeding	Adequate	Inadequate
Breastfeeding practices		
Feeding frequency		
Amount given		
Quality/variety of foods		
Consistency/thickness of complementary foods		
Mode of feeding		

Record problems identified and corresponding recommendations by number and letter:

Feeding problems	Recommendations to present to caretaker



## **Annex D-5**

### **Instructions and questionnaire for counselling visit (Second visit)**

These instructions are directed to the interviewer. The instructions are numbered according to the sections of the questionnaire provided in this annex. ***Place the questionnaire next to the instructions as you study them for the first time.***

Again the questions in this questionnaire require you to write a narrative response. You will record in detail the caretaker's response to the feeding recommendations that you suggest. Be sure to record both positive and negative responses, and the reasons for these. Please write clearly at all times.

You will need several copies of the page titled "Discussion of Recommendation", as a separate page will be used for each recommendation discussed.

#### **Background information**

You may complete most of this section ahead of time, based on the information previously recorded. When you arrive at the household and confirm that the caretaker is present, record the date and starting time of the second visit.

Thank the caretaker for being available to speak with you again, and try to arrange a quiet place for the discussion.

#### **Review of current feeding**

1. Referring to your notes on the *Analysis of Feeding* form, review with the caretaker your assessment of the child's current diet. Start with a simple summary of the child's feeding and health as reported to you in the first interview. For example:

*Your child has/has not been receiving breastmilk about \_\_\_\_\_ times per day and \_\_\_\_\_ times during the night. In addition, your child is taking \_\_\_\_\_ (milk) and \_\_\_\_\_ (foods).  
Your child takes this from a bottle/cup/common plate with the rest of the family.  
As you have told me, your child seems to be healthy/recently ill/frequently ill.  
Your child seems to you to have a good/poor appetite.....*

Ask the caretaker if she agrees with your summary. If not, ask her to remind you of any additional important information.

2. Praise adequate feeding practices and help the caretaker recognize any inadequacies or problems. Rather than simply pointing out the problems, help her recognize the problems by asking such questions as:

*What do you think about the child's diet? Are you satisfied? Why or why not?  
Do you think your child gets enough to eat? How do you know?*

*You are breastfeeding \_\_\_\_ times per day. Is that enough? How do you know?  
Does your 18 months old child need extra feedings? Why or why not?*

Continue probing to help the caretaker understand any problems. The specific probes to use will depend on the problems identified. If the caretaker does not feel that there are any feeding problems, you may need to explain to her that some improvements in the child's diet would be beneficial and point out the areas that need improvement.

If there really are no feeding problems (e.g., a 3-month-old child is exclusively breastfed), praise the mother. Explain that, since she is doing so well, there will be no need for a third visit. (Another child of this age group should be included in the study if possible.)

### **Problem solving**

Even if a number of feeding problems are identified, you will need to focus the discussion on one or possibly two. For each of these problems, you will make one or two recommendations and discuss these with the caretaker. The caretaker will then choose which recommendations she will try over the next several days.

If a recommendation is not acceptable to a caretaker, probe for reasons why and for other circumstances that might make it more acceptable. For example, ask if she would try it if the food was available, if the child was older, etc. Probe for possible modifications to make the recommendation more acceptable.

Some caretakers may agree to try recommendations without being realistic. Probe about possible constraints. For example, ask "*Do you expect any difficulties? Why or why not? How would you overcome them?*" If the caretaker does not mention any difficulties, you should mention some (time, expense, etc.) and probe responses. Make sure that the recommendation is practical for the caretaker; if not, guide her to consider another recommendation, again probing for possible constraints, etc.

Throughout the discussion, record the caretaker's responses on the questionnaire. Use a separate page for each recommendation discussed. When you reach agreement on one (or at most two) recommendations that she will try, have her repeat to you what she will do. Record the recommendation on your form and on the page titled *Child Feeding Reminder*. Give the reminder to her to keep.

Thank the caretaker for her time, and praise her for the good things she is doing for her child. Explain that you need to return in a few days for a follow-up visit. At that time you will ask her about how she likes the new feeding practice. Arrange a date and time for the return visit.

Finally, record the time that you finish the counselling visit.





**BACKGROUND INFORMATION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Start time: \_\_\_\_ : \_\_\_\_  
 Day mo. yr.

Site: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Child's name: \_\_\_\_\_ ID number: \_\_\_\_\_

Age in months: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex (M or F): \_\_\_\_\_

Caretaker's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address/location of household: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Referring to your notes on the *Analysis of Feeding* form, summarize what the caretaker told you about the child's feeding and health during the previous interview.  

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2. Praise adequate feeding practices and help the caretaker recognize any inadequacies or problems.

3. Record below one or two problems that the caretaker seems to feel are important. Use the problem numbers from the draft feeding recommendations.  

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4. For the above problem(s), you will suggest possible recommendations. Suggest and discuss one recommendation at a time. Record responses on the page titled "Discussion of Recommendation". Use a separate page for each recommendation discussed.
5. After discussing several recommendations, agree with the caretaker on one (or at most two) that she will try over the next several days. Record these as instructed on the page titled "Discussion of Recommendation".
6. Agree on a time for follow-up visit:  
Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Time Finished:**

## DISCUSSION OF RECOMMENDATION

Recommendation Number/Letter: \_\_\_\_\_

(Use a separate page for each recommendation discussed.)

Specific wording of recommendation as described to caretaker:

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Caretaker's response:

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Would the caretaker be willing to try this recommendation with her child? Why or why not?  
(Probe for any constraints.)

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If not willing to try, are there other circumstances in which she would be willing to try the recommendation? What circumstances? With what modifications?

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After discussing several possible recommendations as above, agree on one or two that the caretaker will try over the next few days. Then complete the section below:

Is this a recommendation that the caretaker will try over the next few days? \_\_\_\_\_ (Yes/No)

If YES, summarize exactly what the caretaker has agreed to try:

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Ask the caretaker to repeat back the practice to you, and make sure she understands. Ask if she has any questions or comments. Record them below:

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Record the practice to be tried on a *Child Feeding Reminder* slip. Give it to her to keep.

**CHILD FEEDING REMINDER**

Remember to:

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Day and time of follow-up visit:

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**CHILD FEEDING REMINDER**

Remember to:

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Day and time of follow-up visit:

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**CHILD FEEDING REMINDER**

Remember to:

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Day and time of follow-up visit:

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## **Annex D-6**

### **Instructions and questionnaire for follow-up visit (Third visit)**

These instructions are directed to the interviewer. Instructions are given for each section of the questionnaire provided in this annex. ***Place the questionnaire next to the instructions as you study them for the first time.***

During the third visit you will determine whether the caretaker tried the recommendations agreed on in the second visit, whether she liked the new practice(s), and why or why not. Be sure to record all positive and negative responses, and the reasons for these. Write clearly at all times.

#### **Background information**

You may complete this information ahead of time, based on information previously recorded. When you arrive at the household and confirm that the caretaker is present, record the date and starting time of the third visit.

Thank the caretaker for being available to speak with you again, and try to arrange a quiet place for the discussion.

#### **Breastfeeding**

Ask questions to determine how often the child has been breastfed in the past day and night and whether the child is being breastfed on demand. This information will be compared to information obtained during the first visit.

#### **Feeding in past 24 hours**

As you did in the first visit, ask the caretaker to recall everything that the child has taken by mouth (food or fluids) in the past 24 hours. Begin with the time that the child awoke yesterday morning and probe about all foods/fluids taken up until this morning.

Probe to ensure that the caretaker recalls all food/fluids taken, at home or away from home, during the past 24 hours. Use similar probes to those described in Annex D-3.

This table should be complete enough to compare to the previous table (from visit 1) to identify any changes.

### Feedback on recommendation

Complete a separate page for each recommendation that the caretaker agreed to try in the previous visit. Before you arrive at the household, you may enter at the top of each page the recommendation number/letter and the summary of the feeding practice that she agreed to try.

You may be able to tell from the response to question 1 and from the 24-hour feeding table whether or not the caretaker has tried the new practice. If you ask directly, "Did you try it?" the caretaker may only say what she thinks you want to hear. It may be better to say something like:

*From what you have told me, I notice that yesterday you did/did not give \_\_\_\_\_ (new food) in the child's meals. Were there other days that you did/did not give this food? Did you like giving it? or What were your reasons for not giving it?*

Use the remaining questions to probe carefully about the caretaker's reaction to the new practice. Stress that you want her honest opinion. You want to know:

- whether the practice was easy or hard to carry out, and why;
- whether the practice had benefits for herself or the child, or caused problems (for example, feeding more frequently may mean that less food is given per meal or that children are breastfed less);
- what other people thought or said about the practice;
- whether she modified the practice, and why;
- whether she plans to continue the practice, and why/why not;
- how she might persuade others to try the practice.

Write complete narrative answers. All of the details about the caretaker's reaction are important.

After discussing all of the recommendations, thank the caretaker and record the time finished.

<b>BACKGROUND INFORMATION</b>	
<b>Date:</b> ____ / ____ / ____ Day      mo.      yr.	<b>Start time:</b> ____ : ____
<b>Site:</b> _____	<b>Interviewer:</b> _____
<b>Child's name:</b> _____	<b>ID number:</b> _____
<b>Age in months:</b> _____	<b>Birthdate:</b> ____ / ____ / ____
<b>Sex (M or F):</b> _____	
<b>Caretaker's name:</b> _____	
<b>Relationship to child:</b> _____	
<b>Address/location of household:</b> _____	
_____	
_____	
_____	

I. During the day yesterday, how many times did the child breastfed? \_\_\_\_\_  
 How many times did the child breastfeed during the night? \_\_\_\_\_  
 Is the child breastfeeding on demand? Day \_\_\_\_\_ Night \_\_\_\_\_ (Y/N)

[illegible]



## FEEDBACK ON RECOMMENDATION

Page \_\_ of \_\_

*Complete a separate page for each recommendation that the caretaker agreed to try in the previous visit.*

Recommendation Number/Letter: \_\_\_\_\_

Summary of feeding practice that the caretaker agreed to try:

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Has the caretaker tried it? \_\_\_\_\_ (Yes/No)

If she did not try it, what are her reasons?

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If she did try it, did she like it? \_\_\_\_\_ (Yes/No)

What did she like about it?

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What did she not like about it?

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How does she feel the child responded to the change in feeding?

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Did she modify the recommendation in any way? If so, how?

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Did other people say anything about the change? Who? What did they say?

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Will she continue the recommended practice? Why or why not?

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Would she recommend the practice to others? How would she convince them to try it?

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Encourage the mother to continue the practice, or give additional counselling if needed.

After all recommendations have been discussed, thank the caretaker for participating in the study.

**Time Finished:**

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## **Annex D-7**

### **Training interviewers**

Allow four days to train interviewers for household trials. You will need a room where all interviewers and supervisors can meet together, as well as several smaller areas where teams can practice interviews by role-playing. For the third day, which is devoted to field practice, you will need transportation and permission to conduct interviews at a site which is similar to (but not one of) the selected sites for household trials.

The following materials are needed **for each supervisor and interviewer** at the training session:

- Pencils and paper
- Clipboard
- Copy of the training agenda (example follows)
- Copy of the draft feeding recommendations to be tested
- Copies of annexes d-2 through d-6, including forms
- Several copies of each questionnaire and form for use in role-plays
- Additional copies of each questionnaire and form for use in field practice
- Name badge to wear during training and field practice

Also have available the following:

- Overhead projector/transparencies for showing examples, if possible
- Index cards for preparing role-play scenarios
- Flip chart and markers (or black board and chalk)
- Paper clips
- Stapler
- Copies of annex d-8 for supervisors

As you prepare, remember that there are three important elements in effective training:

- **Information** (such as oral and written explanations),
- **Examples** (such as demonstrations of good interview technique), and
- **Practice** (such as role-plays of interviews and field practice).

With practice, it is always important to give **feedback**, that is, to describe to the trainee what was done well and what needs improvement. In this training, you and the supervisors will give feedback to the interviewers as they practice. Likewise, you will give feedback to the supervisors when they practice supervisory tasks.

On the following sample agenda, notice that information, examples, and practice are all included. The length of time that you spend on each item will vary. For example, if you find that a certain task (such as taking the 24-hour food history) is very difficult, you may spend extra time on that task and develop extra role-plays to practice it.

#### D. Protocol for Adapting Feeding Recommendations

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Following the agenda are some brief notes about each item. You will see that some preparation is required. For example, you may wish to make some overhead transparencies to help show examples of completed forms. You will need to prepare some scenarios for role-plays and write them on index cards and copies of the *Analysis of Feeding* form.

## SAMPLE AGENDA FOR TRAINING

		Information and forms in Annex:
<b>DAY 1</b>	I. Introduction <ul style="list-style-type: none"> <li>– Purpose of household trials</li> <li>– Description of a qualitative study</li> <li>– Description of sample (number of children per age group per site)</li> </ul>	
	II. Presentation of feeding recommendations to be tested	
	III. Household selection <ul style="list-style-type: none"> <li>– Instructions for selecting households</li> <li>– Use of the <i>Household Trials Recruitment Sheet</i></li> <li>– Role-play: Household selection</li> </ul>	D-2
	IV. The initial visit <ul style="list-style-type: none"> <li>– Instructions and questionnaire for initial visit</li> <li>– Demonstration: Initial visit</li> <li>– Role-plays: Initial visit</li> <li>– Extra role-plays as needed: 24-hour feeding history</li> </ul>	D-3
<b>DAY 2</b>	V. Planning the counselling visit <ul style="list-style-type: none"> <li>– Instructions and form for planning counselling visit</li> <li>– Demonstration: Supervisor and interviewer plan counselling visit</li> <li>– Role-plays: Planning the counselling visit</li> </ul>	D-4
	VI. The counselling visit (second visit) <ul style="list-style-type: none"> <li>– Instructions and questionnaire for second visit</li> <li>– Demonstration: Counselling visit</li> <li>– Role-plays: Counselling visit</li> </ul>	D-5
	VII. The follow-up visit (third visit) <ul style="list-style-type: none"> <li>– Instructions and questionnaire for third visit</li> <li>– Demonstration: Follow-up visit</li> <li>– Role-plays: Follow-up visit</li> </ul>	D-6
<b>DAY 3</b>	VIII. Field practice of initial visit, planning counselling, and counselling visit	
<b>DAY 4</b>	IX. Discussion of field practice <ul style="list-style-type: none"> <li>– Logistical arrangements for travel to sites, etc.</li> <li>– Explanation of "Age Group Summary" form for supervisors</li> </ul>	D-8

## NOTES ON TRAINING AGENDA

### I. Introduction

The purpose of the household trials is to test some feeding recommendations that have been developed for families with children under age 5. Specifically, you will be testing recommendations for children ages 2 months up to 2 years.

The household trials will determine whether caretakers (usually mothers) are willing to try the recommendations, and whether they find them acceptable and feasible. After the trials, the feeding recommendations will be revised based on the caretakers' comments and experiences.

The feeding recommendations will then be used in a training course for health workers called *Integrated Management of Childhood Illness*. The household trials are very important to ensure that recommendations in this training course are appropriate for this country and area. It is critical to get the honest opinions of caretakers about what is acceptable and feasible.

This study is a **qualitative** study, which means that descriptive answers are important, not just numbers and statistics. You will not visit a large sample of caretakers, but each visit will be thorough, in order to find out the details of feeding practices and the reasons behind them. In most cases, your answers will be narrative descriptions rather than a simple "yes" or "no".

This group will be divided into \_\_\_\_\_ teams, which will visit a total of \_\_\_\_\_ sites. At each site, the team will visit households with children age 2 months up to 2 years. The team will need to find:

- \_\_\_\_\_ Children age 2 months up to 6 months
- \_\_\_\_\_ Children age 6 months up to 12 months
- \_\_\_\_\_ Children age 12 months up to 18 months
- \_\_\_\_\_ Children age 18 months up to 2 years
- \_\_\_\_\_ Extra children age \_\_\_\_ - \_\_\_\_ in case there are dropouts

An interviewer will visit each household three times in order to:

- assess current feeding practices,
- counsel the mother using the draft feeding recommendations, and
- follow up with the mother to obtain her comments on the new practices that she has tried.

This training will prepare you to select households and conduct these household visits.

## **II. Presentation of feeding recommendations to be tested**

Allow time for reading and discussion of the draft feeding recommendations. You may need to remind the interviewers that these recommendations are to be **tested**; they are not final. Some recommendations may be changed based on the trials.

Explain that interviewers will only present a few recommendations to each mother. With the supervisor's help, they will choose appropriate recommendations based on the child's current feeding and age.

## **III. Household selection**

Distribute Annex D-2 and review it with the group. Answer questions. Discuss the example *Household Trials Recruitment Sheet* (and any differences in the numbers required for your study).

The role-play should be done by supervisors, since supervisors will select households in the field. You and the interviewers may play the role of mothers being recruited. Try several role-plays with different situations (e.g., the child is too old; the mother is not home; there are two children under age 2; etc.) Encourage the supervisor to follow the guidelines in Annex D-2.

It is helpful to write down the details of the "mother's" situation ahead of time on an index card. These can then be given to individuals playing the mother's role.

While one supervisor is role-playing recruiting the mother, the others should keep a record on the *Household Trials Recruitment Sheet*. Remind supervisors that, once the quota for an age group is reached, they no longer need to identify children in that age group.

## **IV. The initial visit**

Distribute Annex D-3 and review it with the group. Go through the items on the questionnaire, point by point, referring to the explanations given in Annex D-3. Answer questions.

Demonstrate an initial interview. You may play the role of the interviewer and ask a supervisor or interviewer to be the "mother". Again, it is helpful to supply an index card with the details about the mother, the child's age, and particularly the details of the child's feeding in the past 24 hours.

Divide into groups of three, plus a supervisor for each group. Give each group several index cards with role-play situations. Members of the group should take turns playing the roles of the interviewer and the mother, and serving as an observer to give feedback. The supervisor should also observe and give feedback.

If the 24-hour feeding history is difficult for interviewers, several additional role-plays may be done focusing just on this history. (This skill is very important, as it is the basis for identifying feeding problems. The skill is used again in the third visit.)

### V. Planning the counselling visit

Distribute Annex D-4 and review it with the group. Go through the items on the *Analysis of Feeding* form point by point, referring to the explanations given in Annex D-4. Answer questions.

If possible, prepare an overhead transparency showing a completed questionnaire from an initial visit and a blank *Analysis of Feeding* form. Demonstrate how the *Analysis of Feeding* form would be completed in this situation. Point out how the numbers and letters of the feeding recommendations are used in the bottom section of the form.

Use one of the completed questionnaires from a previous role-play to do a demonstration of a discussion between a supervisor and interviewer as they plan a counselling visit. Play the role of the supervisor and ask an interviewer to be the interviewer. Afterwards, show and explain how you have completed the *Analysis of Feeding* form. Explain that the interviewer will use this form as a guide in the counselling visit.

Divide into groups with one supervisor per group. Using questionnaires completed in earlier role-plays, each supervisor should role-play a discussion with one or two interviewers. Go from group to group to observe and give feedback.

### VI. The counselling visit (second visit)

Distribute Annex D-5 and review it with the group. Go through the items on the questionnaire, point by point, referring to the explanations given in Annex D-5. Point out that a separate page is used for each recommendation discussed with the mother. For the one or two recommendations that the mother agrees to try, the bottom part of the page is also completed.

Use the *Analysis of Feeding* form from the previous demonstration to demonstrate a counselling visit. Try to make the demonstration realistic. A common problem is that mothers are very eager to please the interviewer and thus agree to try every recommendation presented. Help the "mother" to limit the recommendations to be tried to one or two that she feels will be most practical and beneficial.

Divide into groups of three, plus a supervisor for each group. Give each group several *Analysis of Feeding* forms to use as a basis for the role-plays. (You may have some completed forms available from the previous role-play, but you will probably need to prepare a few more.) Members of the group should take turns playing the roles of the interviewer and the mother, and serving as an observer to give feedback. The supervisor should also observe and give feedback.

## **VII. The follow-up visit (third visit)**

Distribute Annex D-6 and review it with the group. Go through the items on the questionnaire, point by point, referring to the explanations given in Annex D-6. Answer questions.

Demonstrate a follow-up visit using the completed questionnaire from the previous demonstration.

Divide into groups of three, plus a supervisor for each group. Each group should use the completed questionnaires from the previous role-plays as the basis for the follow-up visit role-plays. Members of the group should take turns playing the roles of the interviewer and the mother, and serving as an observer to give feedback. The supervisor should also observe and give feedback.

## **VII. Field practice of initial visit, planning counselling, and counselling visit**

Have interviewers and supervisors work together in the teams to which they will be assigned for the real household trials. Stay together in teams for these practice interviews so that everyone can observe and the supervisor can give feedback.

Since only one day is allowed for field practice, plan to practice several initial visits in the morning and go back to the same households for counselling visits in the afternoon. Between the visits, discuss as a group what recommendations you will make. Field practice of the follow-up visit will not be possible, but the team may role-play follow-up visits on return, using the real questionnaires from the counselling visits.

## **VIII. Discussion of field practice**

### **Logistical arrangements for travel to sites**

### **Explanation of *Age Group Summary* form for supervisors**

Based on questionnaires completed during counselling visits in the field, role-play several follow-up visits.

Discuss any problems identified during field practice and how to solve them. If any wording on the questionnaires is confusing to interviewers or mothers, now is the time to clarify the wording, as final copies of the questionnaires will be made at the conclusion of training.

Provide supervisors and interviewers with schedules for their teams. Explain arrangements for transportation, lodging, per diem, etc. After the discussion of logistics, you may dismiss the interviewers.

Distribute copies of the *Age Group Summary* and instructions (found in Annex D-8) to supervisors. Review the instructions step-by-step and answer any questions. Based on the interviews done in field practice, have supervisors complete the sections of the *Age Group Summary* to be completed after the first two visits. Discuss the types of entries that might be made after the third visit.





**Annex D-8**  
**Forms for analysis of household trials**

**Instructions for Completing Age Group Summary**

These instructions are directed to the supervisor.

While at the field site, complete a separate *Age Group Summary* for each age group. (Depending on the sample size, there may be only 2-4 children per age group at each site.) Add information to this form after each household visit is completed.

1. Record the age group and site at the top of the form.
2. The best time to complete the first section of the form is during the discussion with the interview following the first household visit. (At this time you will also be completing the *Analysis of Feeding* form included in Annex D-4.) Record the child's ID number and specific age in months. Then record any feeding problems identified and the recommendations to be offered (using the numbers from the draft feeding recommendations).
3. After the second visit, briefly record the caretaker's reaction to each feeding recommendation offered. You will not have space to record the details, but indicate whether the reaction was positive or negative, and briefly explain why. In the next column indicate (Y for Yes, N for No) whether the caretaker *agreed to try* the recommendation.
4. After the third visit, indicate whether the caretaker *actually tried* the practice that she had agreed to try. If she tried the practice for only one day, record "Y", but explain in the next column. If she modified the recommended practice in any way, record "Y", but describe the modification in the next column. Describe the caretaker's reaction to the practice (e.g., positive or negative? reasons why?).

In the last column indicate whether the caretaker said she would continue the practice.

5. At the bottom of the form indicate the total number of caretakers interviewed per visit. If there were no dropouts, this number will be the same for each visit.



## AGE GROUP SUMMARY

Age Group: \_\_\_\_\_

Site: \_\_\_\_\_

<i>Complete after first visit:</i>				<i>Complete after second visit:</i>		<i>Complete after third visit:</i>		
ID	Age (months)	Feeding problems	Recommendations to be offered	Reactions to recommendations	Agreed to try (Y/N)	Tried (Y/N)	Outcome, reaction, changes	Will continue (Y/N)
Total interviewed first visit:				Total interviewed second visit:		Total interviewed third visit:		



### **Instructions for completing summary of recommendations offered and tried**

These instructions are directed to the coordinator of the household trials, i.e. the person in charge of the final analysis of results. The coordinator should complete this summary based on the *Age Group Summaries* done by the supervisors.

This summary could be done first separately for different sites or age groups, if you wish to easily see differences between sites or age groups. However, in most cases it will be sufficient to complete one summary including all sites and age groups, as described below:

1. List in the first column (in order by number/letter) all of the draft feeding recommendations.
2. Referring to the *Age Group Summaries*, count (tally) and record the number of times that each specific recommendation was offered. If the recommendation was never offered, record 0.
3. Count and record the number of times that a caretaker agreed to try each recommendation (the number of "Y" responses on the *Age Group Summaries* in the column titled "Agreed to try").
4. Count and record the number of times that a caretaker actually tried each recommendation (the number of "Y" responses on the *Age Group Summaries* in the column titled "Tried").
5. Based on the comments on the *Age Group Summaries* in the column titled "Outcome, reactions, changes", count and record the number of generally positive and generally negative responses. Record explanatory comments in the last column.
6. At the bottom of the last page of the form, indicate the number of completed second visits and third visits.



SUMMARY OF RECOMMENDATIONS OFFERED AND TRIED

Recommendation	Offered	Agreed to try	Tried	Positive reaction	Negative reaction	Comments
Total completed second visits:			Total completed third visits:			





## Annex D-9

## Obtaining information on home fluids

Early in the process of adapting the IMCI course, the adaptation group should discuss national policy and recommendations for management of diarrhoea. At that stage the adaptation group should determine whether there is a national policy on home fluids for preventing dehydration.

If not, the group may use the document titled "Selection of Fluids and Food for Home Therapy to Prevent Dehydration for Diarrhoea: Guidelines for Developing a National Policy" (WHO/CDD/93.44) as an aid to identify several home fluids that could be recommended.

If additional information is needed on home fluids for treatment of diarrhoea, you may be asked to obtain this information during household trials to test feeding recommendations. If asked to do so, insert additional questions about home fluids at the end of the first household visit.

If the adaptation group has identified several possible home fluids, insert questions to ask specifically about these fluids, for example:

- Would you ever give \_\_\_\_\_ (*specific fluid*) to a child with diarrhoea?
- Why or why not?
- Would you be willing to give increased amounts of \_\_\_\_\_ (*specific fluid*) to a child with diarrhoea?
- Why or why not?
- How do you prepare this fluid? (Does it have salt in it?)
- Is the fluid usually available and affordable for you?

If the adaptation group has not identified specific fluids to ask about, structure the questionnaire to include the above questions about each fluid that a caretaker has mentioned in the 24-hour recall list (excluding any fluids known to have added sugar or undesirable effects). Also ask:

- Are there any **other** fluids, not already mentioned, that you would give to a child who has diarrhoea?
- Would you be willing to give increased amounts of this fluid to a child with diarrhoea?
- Why or why not?
- How do you prepare this fluid? (Does it have salt in it?)
- Is the fluid usually available and affordable for you?

Use the table on the following page to summarize information obtained about possible home fluids for preventing dehydration.

### SUMMARY OF INFORMATION ON HOME FLUIDS

FLUID (Number of caretakers mentioning it*)	Number of caretakers willing to give to children with diarrhoea	Number of caretakers willing to give increased amount	Number who prepare the fluid with salt	Number who say the fluid is available and affordable
Fluids with added sugar or undesirable effects				

(\*If you are working from the 24-hour recall list, include in parentheses the number of caretakers who mentioned each fluid.)