



FAO European Union Food Facility Project

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Trials of Improved Practices (TIPs) Reference Notes and Tools



A Manual for TIPs Trainers and Implementers

Defeat hunger and poverty in Cambodia

July 2011

FAO EU Food Facility Project

Project “Improve the Food Security of Farming Families Affected by Volatile Food Prices”

To reduce the effects of volatile food prices, the European Union provides financial support to the Food and Agriculture Organization of the United Nations (FAO) to help address the food insecurity in Cambodia. Through FAO the European Union Food Facility Project focuses on the sustainability of increased productivity, improved management practices and improved access to agricultural inputs and services and to improve dietary diversity and family feeding practices, starting with Infant and Young Child Feeding (IYCF). FAO is implementing the project in collaboration with General Directorate of Agriculture (GDA) of the Ministry of Agriculture, Forestry and Fisheries (MAFF), with cooperation from Ministry of Women’s Affairs (MoWA), Ministry of Water Resources and Meteorology (MoWRAM), Fisheries Administration (FiA), relevant provincial departments and local non-government organizations (NGO)



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The nutrition messages and recipes in this Manual were developed, field-tested and refined in nine provinces (Kampong Speu, Takeo, Prey Veng, Svay Rieng, Kampong Thom, Preah Vihear, Banteay Meanchey, Siem Reap and Otdar Meanchey) by teams of officers from the Ministry of Women's Affairs, Ministry of Agriculture, Forestry and Fisheries, Ministry of Health and FAO.

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List of Abbreviations

EU	European Union
EU Food Facility	European Union Food Facility
FAO	Food and Agriculture Organization of the United Nations
GDA	General Directorate of Agriculture
IYC	Infant and Young Children
IYCF	Infant and Young Child Feeding
MAFF	Ministry of Agriculture, Forestry and Fisheries
MoWA	Ministry of Women's Affairs
NNP	National Nutrition Program
SFA	Seasonal Food Availability
TIPs	Trials of Improved Practices
WHO	World Health Organization

Introduction

A. Purpose of these Reference Notes and Tools

The Reference Notes and Tools for TIPs trainers and implementers come in 2 parts.

PART I consists of **Reference Notes** which provide technical information on basic nutrition and how to facilitate improved feeding practices in communities using a simplified version of the methodology known as Trials of Improved Practices (TIPs), before wider dissemination and promotion of improved child and family feeding recommendations.

PART II consists of **TIPs Tools**. There are 8 TIPs tools for use by different key players during TIPs implementation. They included tools for:

- Use during home visits (to be conducted by district TIPs implementers)
- Summarizing and analysing outcomes of the home visits
- Compiling information and experiences gained during the trials.

The TIPs Tools also include guidance on when and how to each tool should be used.

B. How the Materials were Designed

These reference materials were designed based on experiences from FAO projects in several countries and have been further developed for use by the FAO EU Food Facility Project “Improve the Food Security of Farming Families Affected by Volatile Food Prices GCP/CMB/033/EC”. The materials are targeted to district TIPs implementers and their provincial and national level supervisors.

District TIPs implementers and provincial supervisors receive 5 days training on:

- Basic nutrition, including food needs of infant and young children (IYC), pregnant and lactating mothers and the sick child.
- Facilitation skills and qualities of a good facilitator.
- How to assess seasonal household food availability and access patterns, family feeding practices; and effects of seasonal gender-based activity patterns on child and family feeding patterns.
- How to identify poor feeding practices and how to improve them using food resources available to households.
- How to develop and test nutritionally improved recipes.
- How to counsel households to improve feeding practices using readily available food resources.
- How to mobilize communities for TIPs and select households to participate in TIPs.
- How to facilitate TIPs, using TIPs tools.

The strategy for promoting adoption of nutritionally improved infant and young child (IYC) feeding practices in entire communities is not part of these notes.

C. Contents

1. **Part I** consists of relevant Reference Notes on:
 - Basic Nutrition 1: The food we eat
 - Basic Nutrition 2: Special food needs of infants and young children, pregnant and lactating women and the sick child
 - Seasonal Food Availability access patterns and calendars
 - Facilitation skills, how to facilitate and qualities of a good facilitator
 - What is TIPs, why undertake TIPs, how (process) and expected outputs of TIPs
 - Conducting nutrition counselling
 - Tips on developing improved complementary feeding recipes and testing them with caregivers
 - Food Safety and Hygiene
 - Conducting cooking demonstrations: why, where and how?
 - Community mobilization for TIPs

These Reference Notes serve as a practical implementation guide to provide basic facts to district TIPs implementers on human dietary needs throughout the lifecycle and how to use the TIPs methodology to improve feeding practices.

2. **Part II** consists of TIPs tools to use during each of the 4 home visits foreseen during the TIPs implementation. They include tools for summarizing outcomes of these home visits, i.e.:
 - **Tool 1:** Checklist to use during the “Initial Assessment Home Visit”, which has space for entering responses of household members.
 - **Tool 2:** Child Feeding and Care Classification Form, which is completed immediately after the initial assessment home visit.
 - **Tool 3:** Counselling guide, which serves as reference material when preparing for the first counselling visit.
 - **Tool 4:** Recording Form on Outcomes of Counselling and Follow-up Visits, which is completed at the end of the counselling visit and at the end of each follow-up visit.
 - **Tool 5:** Recording Form on Issues Requiring the Advice of the Provincial Supervisor, includes 2 columns:
 - **Column I:** is completed by the district TIPs implementer only **if necessary**. The TIPs implementer records feeding practices that he/she cannot clearly identify as a good or a bad practice; other problems that may require the attention of the provincial supervisor should be recorded.
 - **Column II:** Once Column I is completed during the monitoring visits, the provincial supervisor responds to concerns of the district TIPs implementer in Column I and writes down the reply against each concern in Column II.

- **Tool 6:** TIPs Evaluation Form 1- for District TIPs Implementers is for:
 - Summarizing child feeding problems identified in all households covered by a District TIPs Implementer, recommendations implemented during TIPs and willingness of households to continue implementing the improvements.
 - Recording the total number of households unable to make significant improvements in feeding practices without additional support.

- **Tool 7:** TIPs Evaluation Form 2 - for Provincial Supervisors is for:
 - Summarizing child feeding problems in all households in one province, recommendations implemented and willingness of households to continue implementing improved practices; and
 - Recording the total number of households unable to make significant improvements in feeding practices without additional support.

- **Tool 8:** Checklist for Monitoring Visits by Provincial and National level Supervisors during TIPs implementation. It summarizes tasks to be undertaken and issues to look into during each monitoring visit, including those which are undertaken by district, provincial and national level supervisors during the promotion and dissemination of tested nutritionally improved recipes in communities.

PART I

REFERENCE NOTES FOR TIPs IMPLEMENTERS

Reference Notes 1

The Food We Eat

A. What is Food?

A food is something we eat that provides:

1. **Energy or strength** for activities such as
 - Breathing, keeping warm, digesting food, etc;
 - Talking, laughing, walking, running, playing, etc;
 - Working in the field, riding a bicycle, doing housework, chopping wood, etc.
2. Protein for **growth** and **repairing body cells** and vitamins and minerals for **protecting the body from illnesses and for staying healthy.**

The different substances in food that provide energy for the body to grow and remain healthy are called nutrients. Most foods have a variety of different nutrients. The types of nutrients in different foods vary, for example, breast milk, eggs and small fish that are eaten whole have many different nutrients, but refined foods such as sugar and oil have one nutrient only.

B. What is Nutrition?

Nutrition is an area of knowledge and practice, which is concerned with the food system from production through preparation, to how the body uses the food; that is:

1. How food is produced, collected, bought, processed, and sold;
2. How food is selected to prepare meals;
3. How the meals are prepared and how the cooked food is shared and eaten,
4. What happens to food in the body, i.e. how it is digested, taken up by the body; and
5. How it is used by the body and influence the well-being of individuals.

C. Why We Need to Eat Well?

There is **no food**, apart from **breast milk in the first 6 months** of life, which can provide all the nutrients that humans need in the right proportions. The amount of food and nutrients we need depend on different factors, including:

- age;
- sex;
- level of activity (whether someone works hard physically or has a job sitting down); and
- physical status, e.g. pregnancy, breastfeeding or sickness.

Thus people need certain quantities of nutrients from their diet, from the time of

conception to old age. A lack of sufficient nutrients from food leads to illness and even death. In young children, lack of adequate nutrients affects their growth, development and health status.

The most critical stage of human development is from conception to 24 months of age. This is when physical growth occurs most rapidly. Therefore it is crucial that pregnant and lactating women and small children receive the right amount of nutritious food in order to ensure proper child growth, brain development and resistance to infection.

D. Types of Food

We need different types of food to get the nutrients that the body needs in the right proportions.

Some foods are eaten in large amounts and others in small amounts. Those we eat in large amounts often form the basis of our diet. If we do not eat such foods for a long time, we feel as if we have not eaten, even if we have eaten other substitutes (foods) which are not part of our usual cultural diet.

The important thing to remember is that, those foods we eat in large amounts **do not** provide **all the nutrients** we need. Therefore other foods eaten in relatively small amounts play a very important role in our diet.

Food can be classified in different ways, depending on the source. For example, there are foods from plants and foods from animals. Foods can also be classified into:

1. **Staple foods** usually:

- form the largest part of our meal in terms of bulk or volume;
- supply most of the starch (energy) and protein (in the case of cereals) in the diet; and
- are cheaper than other foods.

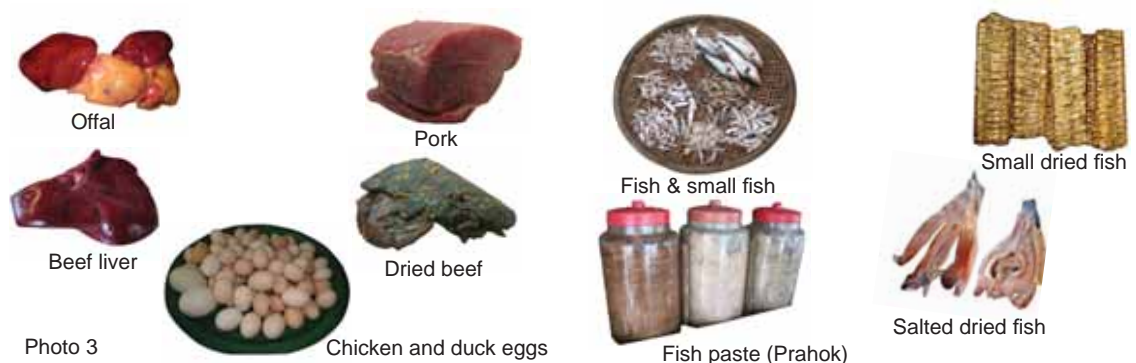
In Cambodia, rice is the staple food. When people eat rice, they feel they have eaten, but if they eat bread for 3 days without rice, they start feeling that they have not eaten.



2. **Other Common Starchy Foods:** Though eaten in relatively small amounts, other available starchy foods are *sweet potatoes, taro, maize and cassava*. They also provide plenty energy and can be used to replace rice in meals, where it is culturally appropriate. Rice contains some protein but most roots and tubers are poor sources of protein and therefore needs to be complemented by other foods that are good sources of protein.
3. **Vegetables and fruits** are important sources of the nutrients that the body needs in small amounts. They are also called micronutrients. Even though they are needed in small quantities only, they are essential for good health. Commonly consumed dark green vegetables and other non-leafy vegetables like pumpkins are good sources of Vitamin A and fruits provide Vitamin C.



4. **Food of Animal Origin or Animal Foods:** Fish, eggs, poultry, and meat are excellent sources of protein and they contain fat. They supply important amounts of iron and zinc, and many other nutrients which the body needs in small amounts (micronutrients). Liver of all types is a very rich source of iron and vitamin A. Iron and zinc are especially important for child growth and development. Children who receive too little iron and zinc do not grow well and may grow up less intelligent than children who receive adequate amounts. Such children also recover slowly from infectious diseases, such as diarrhoea.



5. **Legumes and oilseeds**, such as **groundnuts, dried beans** and **pumpkin seed** are good sources of protein. Groundnuts and oilseeds also provide fat. Pumpkin seeds are particularly rich in zinc. However, zinc from plant foods is less bioavailable (less able to be used by the body) compared to zinc from flesh foods.



Photo 4

6. **Fats and oils** are concentrated sources of energy. For example, one spoon of cooking oil contains *twice as much energy* as one spoon of starch or one spoon of sugar. Main sources of fats and oils are cooking oil, fatty meat, especially pork, fish, and foods that have been fried in oil. A little oil added to children's meals helps to make the food tasty, increases the energy content of the meal and helps to make the food relatively soft.



Photo 5

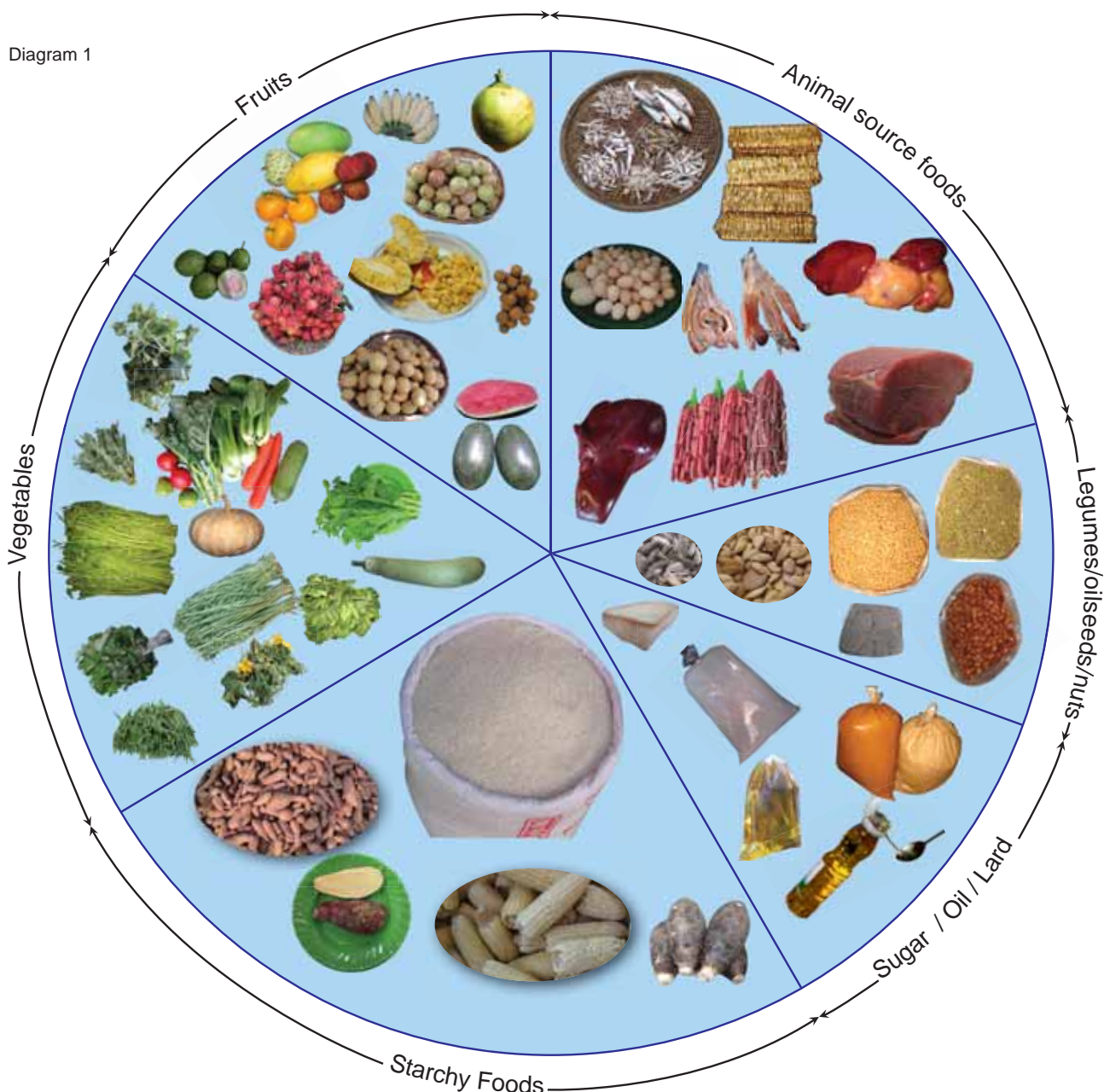
7. **Sugar** gives only energy and no other nutrients. It is useful for making foods taste nice and for improving appetite, for instance during illness. Adding sugar can also be a convenient way of increasing the energy content of a meal without overly increasing its volume, especially in meals of small children.



Photo 6

E. How to Plan Good Meals

Apart from sugar and oil, all foods from plants and animals contain a mixture of nutrients. No single food, except breast milk in the first 6 months of life, provides all the required nutrients. We therefore must eat a variety of foods every day to stay healthy. Therefore foods have to be carefully selected in meal preparation to make balanced meals.



The basic rule to follow when planning a balanced meal is to ensure the inclusion of at least one food item from the “minimum list of essential foods for a balanced diet”. For poor rural communities, the list can include:

1. Starchy foods i.e., grains (rice, maize – for energy and protein) or tubers (*sweet potatoes and taro*) – **[for Energy]**
2. Legumes and nuts (groundnuts or dried beans) **[for Proteins and at times Energy]**

3. Foods of animal origin, i.e., flesh foods (fish, poultry and meat, especially liver/organ meats), eggs and milk [**for protein, vitamin A, iron, zinc and other nutrients needed in small amounts**]. To the extent possible, at least one food of animal origin, even in small amounts, should be part of the daily diet. If not available and too expensive, consuming food of animal origin 2-3 times a week makes a difference.
4. Green leafy vegetables and other vegetables and fruits [**for vitamin A and at times vitamin C**]
5. A little oil is desirable, especially for rural communities [**for Energy**]

You can use the following formula to come up with a balanced meal:

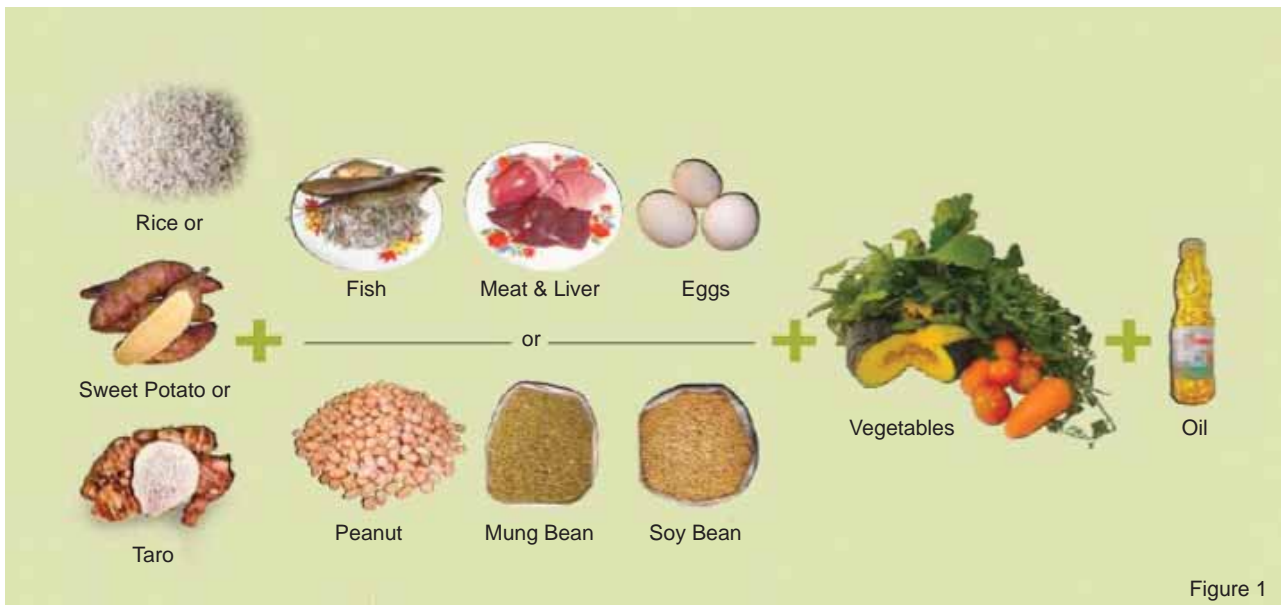


Figure 1

A starchy food + legumes/nuts, eggs or flesh food + vegetable + a little oil.

Fresh fruits eaten with *the meal* should complement the above.

To eat a balanced diet, we need:

1. The right variety of foods combined using the above guidelines; and
2. Eat at least 3 meals a day depending on the age and physical state. For small children 3 main meals and one or two snacks a day, depending on the age are desirable. Details will be discussed in subsequent sessions.

Reference Notes 2

Food Needs of Infants and Young Children, Pregnant and Lactating Women and Sick Children

A. What determines the food needs of different family members?

The amount of food a person needs varies with:

- **Age:** Total food needs increase with age up to about the 60s, then decrease as one gets older and less active. However when these food needs are expressed per kilogram body weight, children's food needs per kilogram body weight are much higher, because small children grow rapidly and need more nutrients per kilogram body weight than adults.
- **Sex:** On average, men are bigger than women therefore have higher food needs compared to women. However, depending on their reproductive state, menstruating, pregnant and breastfeeding women will need more nutrients compared to other women because of loss of blood.
- **Activity:** When doing heavy duties such as working in the field, chopping firewood or riding a bicycle, we use more energy compared to somebody who is typing, sewing or reading a book. People who do heavy work therefore need more food compared to those who do light work.

Food and nutrient needs are usually higher during sickness and recovery.

B. Special Food Needs of Infant and Young Children (IYC), Pregnant and Lactating Women and the Sick

The following family members have very special food needs for reasons given in the Table 1 below.

Table 1: Food Needs of IYC, Pregnant and Lactating Women and the Sick

	Family Members With Very Special Food Needs	Reasons Why They Have these Special Food Needs	How to Meet These Special Needs
1	Babies: 0-6 months	<ul style="list-style-type: none"> • Breast milk contains all the nutrients a baby needs for the first six months of life. It has enough water. • Exclusive breastfeeding reduces the risk of diarrhoea and other infections. 	<ul style="list-style-type: none"> • Exclusive breast feeding to make sure they do not get germs from water and other fluids. • Exclusive breastfeeding means mothers are unlikely to get pregnant.
2	Children: 7-24 months	<ul style="list-style-type: none"> • They need a good mixture of soft food because: <ul style="list-style-type: none"> - Breast milk is no longer enough to support child growth; - They are growing fast and therefore need more protein, energy and micronutrients per kilogram body weight compared to adults; - They have relatively small stomachs compared to older people and therefore need frequent feeds (breastfeeding plus complementary foods) 	<ul style="list-style-type: none"> • Give enriched <i>rice porridge</i> from 6 months on. • Ensure that vegetables and fruits are also given to the child. • Ensure that foods that are rich in proteins and micronutrients, especially vitamin A, iron and zinc, such as fish (especially small fish that can be eaten whole), eggs, groundnuts and meat are also added to the child's food.

	Family Members With Very Special Food Needs	Reasons Why They Have these Special Food Needs	How to Meet These Special Needs
3	Pregnant and lactating Women	<ul style="list-style-type: none"> • Pregnant women need additional food to support the growth and development of the unborn child. • In order to make enough milk, lactating women need additional food that is rich in micronutrients. They also need to drink plenty of clean water. Otherwise, they may not produce enough milk and start introducing complementary feeding too early. 	<ul style="list-style-type: none"> • Pregnant and lactating women should eat additional food that is rich in micronutrients (e.g. small fish eaten whole, groundnuts and pumpkin seed snacks, eggs and meat). • Lactating women need to take more fluids, especially clean water, which helps to improve milk production.
4	Sick and people recovering from sickness	<ul style="list-style-type: none"> • Sick people often lose appetite and it becomes difficult to eat. • When sick, a person needs more food to: <ul style="list-style-type: none"> - Fight the infection and get well; - Make up for the food which is being lost if the person has diarrhoea or vomiting. • Eating foods that are particularly rich in micronutrients ensures quick recovery. 	<ul style="list-style-type: none"> • Give soft nutrient-rich foods and feed more often. • Give plenty of fluids, especially clean water.

Other family members with special food needs are:

- Children aged 2-5years
- School children
- Adolescents, and
- The elderly (but their needs will not be discussed at this stage).

C. How can we encourage mothers to breastfeed exclusively?

- Helping the baby to start suckling within one hour of birth – the mother and baby should be in skin contact immediately after birth.
- Checking that the baby is suckling correctly.
- Advising the mother to feed 'on demand' (when the baby wants to feed) at least 8–10 times over 24 hours, and let the baby suckle for as long as he or she wants day and night.
- Dealing with breastfeeding problems (e.g. sore nipples, engorged breasts, thrush in baby's mouth) promptly.
- Referring the mother to a local breastfeeding support group, baby friendly hospital or community initiative, or health centre.



Photo 7 (Source:NNP)

D. What should the mother feed to a child of six months and how does she start?

From 6 months:

- Breast milk alone cannot supply all the energy and nutrients needed for growth.
- Children of 6 months are able to eat and digest other soft foods.
- Advise the mother to start by giving 2-3 tablespoons of semisolid foods twice a day.
- By the age of 1 year, most children can eat suitable family meals and snacks.

Good complementary foods are:

- Rich in energy, protein, micronutrients (vitamins and minerals).
- Not watery (i.e. thick not thin porridges).
- Easy to eat and digest.
- Hygienically prepared and fed.
- Not too spicy or salty. Too much salt is bad for children.

They contain:

- A little oil to make the food soft and less bulky; and
- Contain no bones or hard pieces that might choke the baby.



Enriched Borbor

Photo 8

E. How often should a small child be fed?

Young children have small stomachs. They therefore should eat often. For the average healthy and frequently breastfed child, complementary foods should be given as follows:

- 2 meals a day, starting with 2-3 tablespoons per meal;
- 3 meals a day at ages 7–8 months;
- 3 meals a day plus 1 snack at ages 9–11 months;
- 3 meals a day plus 2 snacks at ages 12–24 months;



Figure 2 (Source: NNP)

F. Importance of Eating Well during Pregnancy and Lactation

Women need to eat well when they are pregnant or breastfeeding. If they eat **healthy**, balanced diets and the right amount of food, they are likely to:

- Stay active and well;
- Produce healthy babies of the expected weight; and
- Breastfeed successfully.

Women's needs for energy and most nutrients increase during pregnancy and breast feeding. To meet these needs, they should eat:

- 4 meals a day with plenty of nutrient-rich foods, such as vegetables, fish, eggs or meat; or
- 3 meal a day plus 2 snacks between the main meals, whichever is practical.



Photo 9 (Source:NNP)

Iron needs during pregnancy are very high and frequently difficult to obtain from food alone. It is therefore advisable for pregnant women to take iron supplements, or combined iron/folic acid tablets which should be obtained in the antenatal clinic at the nearest health centre.

Women who lack iodine when they become pregnant are at greater risk of having a baby who is physically and mentally retarded. It is therefore advisable to use iodized salt all the time, particularly during pregnancy.

Often, mothers are not ready to eat more because they wish to give priority to:

- Their children, and
- Their husband's food needs.

If women are small in size, they may also wish to keep their baby from growing big so as to give birth more easily and thus deliberately reduce their food intake.

Husbands and other members of the family, especially grandmothers, must therefore be encouraged to support pregnant and breastfeeding women by encouraging them to eat more nutritious foods and to take good care of themselves during this very important life stage. Husbands should be encouraged to help their wives and discourage them from performing hard physical work or carrying heavy loads.

G. How can we help sick children and adults to eat well?

- Offer small amounts of food frequently, especially if the person is not hungry. If possible offer food every 1–2 hours.
- Give soft foods (e.g. porridge, mashed bananas or soup) and other easy-to-eat foods that the person likes, and try to include energy- and nutrient-rich foods.
- Give a sick person plenty to drink every 1–2 hours. For example, give boiled water and fresh fruit juice.

- Add a little fat-rich food or sugar, which is an easy way to increase energy without making the meal too big.
- Try to include a variety of fruits and vegetables.
- Encourage the person to eat more at each meal.
- Feed the person sitting up (especially if vomiting is likely).
- Feed a child sitting on someone's lap.
- If a young, breastfeeding child is sick, the mother should breastfeed more often.

Reference Notes 3

Brief Presentation on Seasonal Food Availability Calendars

Short Brief on Seasonal Food Availability(SFA) Calendars

Short Brief on Seasonal Food Availability(SFA) and Activity Calendars

Content:

- What are SFA Calendars and Why they are important
- Examples of SFA Calendars and options for preparing them
- Implications of Seasonal Variation in Food Availability on Nutrition
- Approaches to use when training **TIPs** facilitators

What is A Seasonal Food Availability Calendar?

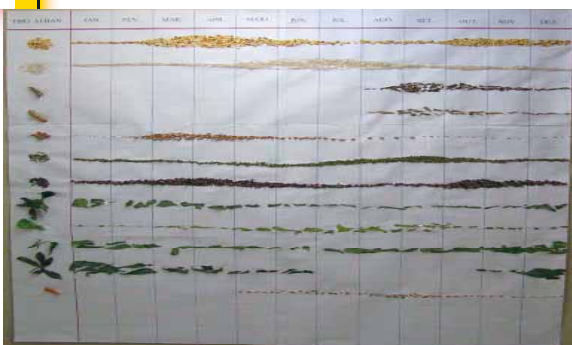
Visual Expression of **Months** &/or **Seasons** in a Year (local perception), reflecting year round pattern of food availability, e.g.:

- Cereals, roots and tubers
- Vegetables and fruits
- Legumes and nuts
- Fish and meat
- Fats and oils

SFA Calendar - Why Important?

- Provides visual & easy-to-understand impression of foods available at different times of year – **Useful for seasonal recipe development**
- Identification of periods of year that HHs have difficult in making balanced meals – **Useful for selecting corrective actions**
- Corrective actions: e.g. types of **food production** and **processing activities** (if there is surplus) to promote
- Useful for self-monitoring in communities

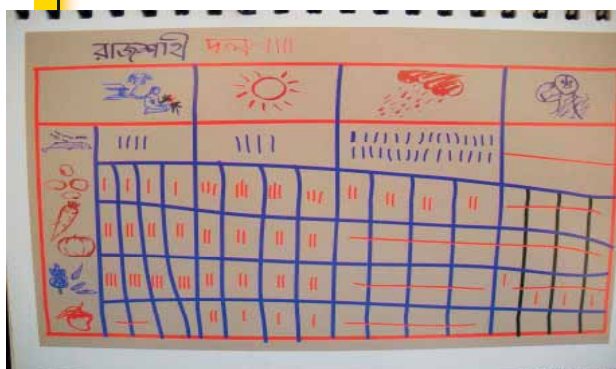
Example of Food Availability Calendar – East Timor



Example of Food Availability Calendar - Afghan

	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Food Type												
Cereals	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Legumes and nuts	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Roots	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Veg.	Not available	Not available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Fruits	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Dairy Prod.	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Meat, fish and Egg	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Fats	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available
Sugar	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available	Occasionally available

Example of Food Availability Calendar – Bangladesh (1)



Example of Food Availability Calendar – Bangladesh (2)



Example of Food Availability Calendar-Cambodia



Example of Food Availability Calendar-Cambodia



Different Ways of Preparing Seasonal Calendars

- Thickness of bar reflecting periods of plenty and times of scarcity (E. Timor)
- Colour coding to show times of plenty and times of scarcity (Afghan + Malawi)
- Using drawings and symbols for foods and seasons (Bangladesh)
- Using actual foods to construct calendar if community is semi-literate (Cambodia)

Approach To Use **Now** and **When** Training Community TIPs Facilitators

- Workshop to decide on approach to use during group work
- Participant to reflect on best approach to use at community level when working with communities
- Workshop to decide whether to use community SFA calendars for self-monitoring in beneficiary communities

Reference Notes 4

Facilitation Skills and Qualities of a Good Facilitator

A. What is facilitation?

1. Guiding an event through to a successful conclusion
2. Art of guiding a group or meeting, impartially towards a successful outcome

Facilitation is needed when we want to involve people to arrive at a decision and act on the decision, but not telling them what to do.

B. Role of Facilitator:

The role of a facilitator is to help a group of people to understand their common objectives and assist them to plan to achieve these objectives by assisting them to:

- Gain greater awareness of the resources around them and explore how best they may use them better;
- Become aware of their abilities, what works for them in their own lives, and introduce alternatives in a persuasive manner, which they may want to consider or try out;
- Exchange or share information in discussions and learn from each other; and
- Get suggestions from participants without pushing the facilitator's own opinions on them.

When facilitating in a group, the facilitator does not dictate (push his/her own ideas), but uses leadership skills to:

- Maintain order and purpose of the discussion or meeting; and
- Ensure that the group works in a productive and pleasant way.

C. How to facilitate

- Initiate a conversation rather than waiting for someone else to ask.
- Listen attentively and enthusiastically.
- Ask rather than tell.
- Be willing to spend time in building relationships and trust.
- Negotiate in a persuasive manner, while making suggestions rather than dictating.

D. Character of Good Facilitator

A good facilitator

- Gets all group members involved in the subject under discussion.
- Encourages open communication.
- Asks questions that will lead to deeper thinking without providing all the answers to the participants.
- Helps to keep the discussion on track.
- Observes and listens for opportunities to explore further in discussion.

- Steers the group in a positive direction.
- Has the ability to extract positive outcomes from difficult situations.
- Summarizes the outcome of discussions.

E. Tips on Facilitation

- Set the ground rules.
- Do not criticize anyone's suggestion.
- Maintain focus – if the group or an individual gets off topic, politely stop them and refocus them.
- Encourage group members to learn from one another.
- Bring out information from quieter members of the group and allow new ideas to be discussed.
- Allow everyone to have a voice.
- Discourage participants from talking at the same time.
- Tactfully stop participants from dominating the floor.
- Ensure that all contributions are discussed and treated fairly.

Reference Notes 5

What is TIPs, Why Undertake TIPs and How

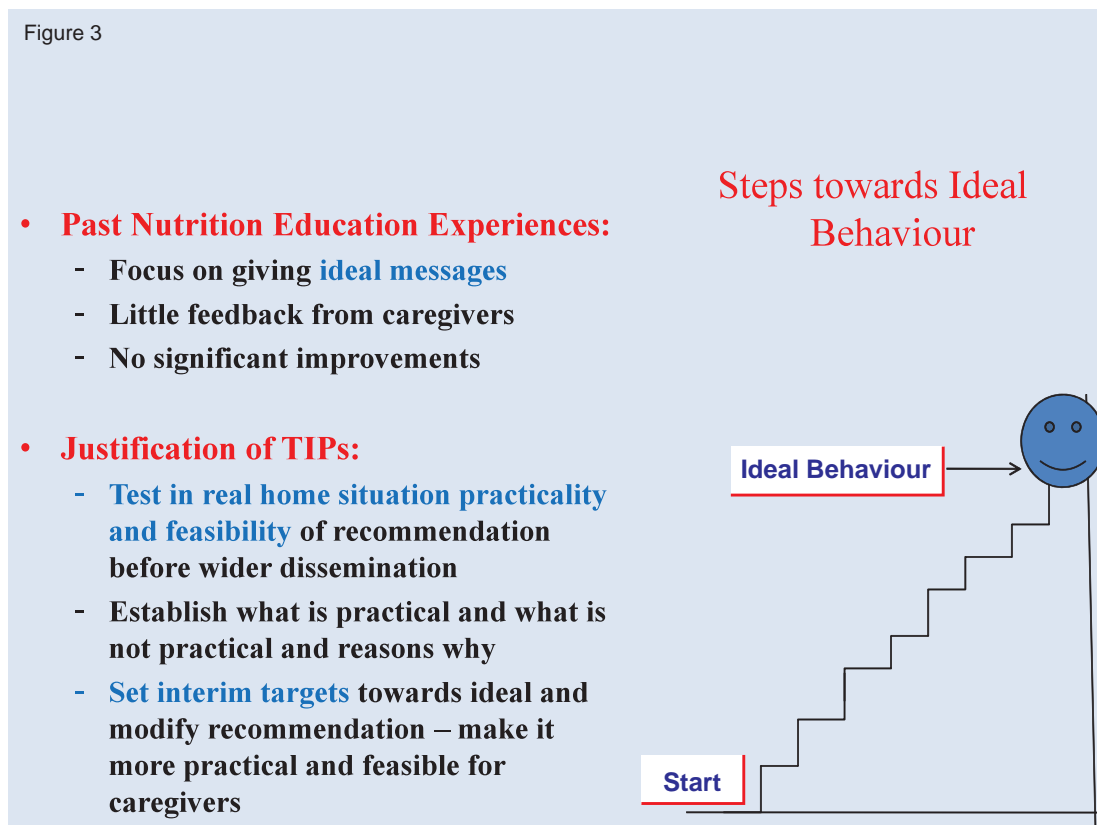
A. What is TIPs (Trials of Improved Practices)?

Nutrition education does not only aim at disseminating information but at bringing about positive behaviour change for better health and nutrition. Recommendations on improved feeding and food-related practices can be tried out or tested in people's homes to see if they are acceptable to caregivers and feasible before wider dissemination, using a methodology known as Trials of Improved Practices (TIPs).

B. Why use the TIPs Methodology

In the past, nutrition education efforts have focused on giving ideal feeding recommendations without involving families and caregivers in testing the recommendations in a real home setting. The results obtained were frequently below expectations in terms of behaviour change, despite knowledge gained. The TIPs methodology was therefore developed as a means of testing the acceptability and feasibility of improved feeding recommendations prior to their wider dissemination in the community at large. **Figure** below summarizes why we use the TIPs methodology to test the acceptability and feasibility of improved feeding recommendations.

Figure: Why Use the TIPs Methodology



C. Main Focus of the TIPs Methodology

Mothers, and other caregivers, including key family members and husbands are given:

- a choice of recommendations or options to try out; and
- an opportunity to respond and give reasons for their choice.

They are then followed up to see what actually happened, i.e. whether they tried the new practice. If so:

- How did they feel about it?
- Did they modify it?
- How do they feel about the modifications, if any?
- Are they willing to continue feeding the child/themselves/the family in the recommended manner?

If they did not try out the recommendation:

- Why not? and
- What modifications would they want to see made to the recommendation to make it more practical?

This way, proposed recommendations are:

- Tested in real home settings.
- Information is gathered on their acceptability.
- The feeding or food-related recommendations are further refined to make them practical under given conditions; and
- Interim targets set towards ideal child and family feeding practices.

Through TIPs, nutrition advisors/counsellors or TIPs implementers will discover:

- The relative ease or difficulty of communicating various recommended practices.
- Modifications that make the recommendations more acceptable.
- Motivating factors for improving feeding practices.
- Unanticipated resistance points that limit behaviour change.
- Children's acceptance/resistance to new foods; and
- The approximate proportion of families who are and are not able to modify feeding practices and improve nutrition without additional resources to enhance food security for instance.

D. The Objective of TIPs

The objectives of conducting Trials of Improved Practices are to:

- Identify and document current child feeding practices and problems.
- Understand reasons for current child and family feeding practices and possible constraints.
- Identify motivation for changing behaviour; and
- In a consultative process with caregivers, come up with feasible and acceptable child and family feeding recommendations that can be disseminated through identified channels of communication, e.g., community health workers, peer educators, women's groups, etc.

These improved feeding recommendations may have to be season and/or region specific, depending on the food availability calendars of different regions.

E. Steps to Follow When Implementing TIPs

There are 3 stages in implementing TIPs, namely:

- **Preparatory stage:** Consisting of adapting the TIPs tools to the levels of the TIPs implementers and the local conditions, followed by training the District TIPs implementers.
- **Implementation stage:** Starting with community mobilization for improved feeding, followed by actual implementation, which entails undertaking the
 - i. *Initial home visit* to assess the food and family feeding situation;
 - ii. *Counselling visit* to negotiate possible improvements and arrive at an agreement on what the caregiver would like to try out; and
 - iii. *Follow-up visit* to assess progress and discuss other possible actions that the caregiver may wish to try, as the household situation changes.
- **Evaluation stage:** Entails putting together recipes and feeding recommendations, which are considered acceptable and feasible by caregivers for wider dissemination and promotion making sure that these meet as much as possible optimal nutrient recommendations; and defining any relevant follow-up action, based on feedback from households participating in TIPs.

F. Steps for District TIPs implementers to follow when implementing the Project's Nutrition Strategy

Within the context of a project, district TIPs implementers will undertake the following actions after receiving training on TIPs:

- Mobilize the community to participate in TIPs;
- Facilitate implementation of the trials in selected households; and
- Facilitate evaluation of the trials, followed by wider dissemination and promotion of the improved feeding recommendations that are considered acceptable and feasible by caregivers.

G. Summary of TIPs Tools

Record keeping by TIPs implementers is crucial for the effective evaluation of TIPs. A set of 8 tools has been adapted to the Cambodian context, particularly in view of the in-country technical capacities. These TIPs tools facilitate:

- Data collection using a checklist, data analysis, identification of feeding problems and outlining possible improvements for discussion with households during the counselling visit.
- Recording outcomes of counselling and follow-up visits, which will form the basis for evaluating the trials.

The tools include an age-specific counselling guide. Where the district TIPs implementer is expected to fill in a matrix, instructions on how to complete these forms are included. A full set of the TIPs tools is provided in **Part II** of these Reference Notes and Tools for TIPs Trainers and Implementers.

H. Selection Criteria for Households to participate in TIPs

Households that may participate in the trials should have:

- At least one child aged 0-24 months age group; and
- A caregiver, father or close relative (e.g. grandmother, aunt) who is willing to participate in the trials.

If possible, households with malnourished children or children who are showing visible signs of malnutrition should be included in the trials. That is, children who look too thin for their height, with arms and legs looking like sticks and a big belly (pot belly). Staff from the Outreach Unit of the nearest health centre can provide such information from their usual records. If a household has 2 children in the 0-24 months age group, unless they are twins, only one of the two children will participate in TIPs.

I. Sample Size for TIPs

1. Key Issues to Consider

The number of households to be covered by each district TIPs implementer depends on:

- The population density of the village;
- The number of district TIPs implementers trained;
- Whether trained district TIPs implementers acquire adequate confidence to work individually or initially work in pairs; and
- The number of days budgeted for undertaking the initial home visits.

Based on the duration (at most 1.5 hours per household) of administering the initial household assessment checklist, a district TIPs implementer should cover at least 4 households in Day 1. As he/she gains experience in administering the checklist, at least 5 households can be covered from Day 2 onwards. Given the technical capacities of already trained district TIPs implementers, it is desirable for them to work in pairs during the initial assessment home visit and counselling visit, and then work individually during follow-up visits. Preferably, TIPs implementers without previous training in nutrition should be paired with those with those with a strong nutrition background.

The proposed duration of undertaking planned home visits and sample size are provided below.

2. Time Allocation and its Effect on Sample Size

a) Duration of Undertaking Initial Assessment Home Visits - 2 Days: Each pair of district TIPs implementers covers a minimum of 4 households in Day 1 of the initial assessment home visit and 6 households in Day 2 as they gain experience in administering the checklist, giving total coverage of 10 households per village.

b) Duration of Undertaking Counselling - 1 Day: Each district TIPs implementers covers a minimum of 5 households.

c) Duration of Follow-up Visits - 2 Days: Each individual covers 5 households. The exact number of households per district TIPs implementers will be mutually agreed upon during the training of district TIPs implementers, while taking into account their usual workload as district officers.

3. Proportion of Children in Each Age Group

The majority of children must be in the 7-8 months age group, followed by the 9-11 months age group. More specifically the following can be used as a guide:

- 0-6 months: approximately 20% of agreed sample size in a given village;
- 7-8 months: approximately 33% of agreed sample size;
- 9-11 months: approximately 27% of the sample;
- 12-23 months: approximately 20% of the sample.

J. Expected Outputs of TIPs

These are:

1. A list of field-tested recipes considered practical and feasible by caregivers and household members. Some of them can be season-specific, depending on the local food availability and accessibility pattern. These can be disseminated and promoted throughout the community and presented in a form which intended users understand easily.
2. The proportion or percentage of households that cannot make significant improvement without additional support to enhance household food security through enhanced food production or income generation capacities. Within the context of a food security and nutrition improvement project, such households should be given priority to participate in food security interventions.

Reference Notes 6

Nutrition Counselling

A. What is Nutrition Counselling?

Nutrition counselling is the process of working with individuals and groups of people to assist them to develop eating patterns that meet their food needs and lifestyle. During this process, the Nutrition Counsellor/TIPs implementer provides practical training (demonstrations on preparation of improved feeds or dishes), information, educational materials, support, and follow-up to help caregivers and household members make and maintain the desirable dietary changes.

B. Whom to Involve?

Counselling can be with individual caregivers, groups or household members. However efforts must be made to involve those with influence on household food availability and accessibility, its utilisation, preparation and sharing among household members. This may mean involving the:

- mother-in-law or grandmother, given her influence on child care practices;
- father, given his significant role and potential contribution when it comes to purchasing special foods that are very rich in nutrients which the young children require;
- brother / brother-in-law / sister -in-law;
- other older relatives;
- older sibling/teenage daughter; and
- sympathetic neighbours.

It is important to find out how these *influential people* can help and support the caregiver or household to solve identified problems.

Photo 10



Counselling

Photo 11



Group discussion and counselling

Photo 12

C. Assessing Which Foods are Available at Household Level

Nutrition counselling begins with discussions between the Counsellor/TIPs implementer and caregiver or household members. The Counsellor/TIPs implementer asks questions on the usual diet of the household and particularly that of the nutritionally vulnerable. For example, the nutrition counsellor finds out the following using the initial assessment checklist:

- Number of meals eaten by different household members in a day (including small children and pregnant and lactating women) and the ingredients used to prepare these meals; and
- How often the household consumes certain food types, e.g. vegetable, fruits, fish, eggs, meat in a day, week or month.

Counsellors/TIPs implementers should find out about the different factors that influence nutrition-related practices and behaviours, if they do not know these already, these factors may be:

- Food availability in local shops and markets and prices;
- Family income and who decides how the income is spent;
- Cultural and religious beliefs and attitudes, including food taboos;
- People who have influence over what people buy and eat, e.g. friends, grandmothers, other mothers, religious leaders, media, newspapers, TV, radio, billboards, etc.

Nutrition counselling includes discussing how a household:

- Can produce a wider variety or buy more or different foods.
- Feed a sick child or adult better.
- Prevent infections.
- Increase the time between each birth.
- Prevent young girls (< 18 years) from becoming pregnant; and
- Reduce women's workload.

Part II of these Reference Notes provides a checklist of issues to discuss with caregivers and other household members during the initial assessment home visit.

D. Identifying Practices which Require Changing

On the basis of the responses by the household and personal observations, the TIPs implementer will be in a position to identify and list:

- Good and bad or harmful practices and behaviours which affect the diet (e.g. those observed in households visited during the field-testing of the checklist for the initial assessment visit);
- Practices and habits that need to be improved; and
- Practical opportunities for improving the situation using available food and other resources, while taking into account the lifestyle of household members.

Where a child starts showing visible signs of growth failure for instance, the caregiver is often aware of the problem but may require help to make effective dietary changes. If the child becomes extremely thin, uninterested in things around him/her and less active or becomes very weak, pale, irritable, with a dry skin, which may peel off and develops reddish-orange hair. Such a child is severely malnourished and must be referred to the nearest health centre (include some photos/posters of signs and symptoms of malnutrition during training).

After identifying behaviours and practices that are harmful to the child's health or that could be improved, the TIPs implementer works together with the mother and/or other caretakers to assist them to gain a clear understanding and appreciation of a young child's special nutritional needs and the reasons why small children are particularly vulnerable and at risk of becoming sick and malnourished. Then they work together to:

- Prioritize the changes/improvements needed; and
- Work out how to make the desirable changes.

The TIPs implementer should refer to information in the Section on “Tips on Developing Improved Complementary Feeding Recipes” above and the Counselling Guide in Part II, which provide guidelines on preparing nutritionally balanced recipes and a summary of common nutrition problems and possible solutions, respectively.

E. Assisting Households to Make and Maintain Nutrition Improvements

Making nutrition-related behavioural changes is a process that often requires negotiation. The caregiver may initially feel that the desired improvements are inconvenient, time consuming or costly. Through discussions and mutual understanding, the district TIPs implementer can skilfully and tactfully assist the caregiver to explore and agree on:

- Simple actions that can be undertaken to improve the child’s diet for instance, if the child is not feeding and growing properly; and
- When to conduct follow-up visit/discussions.

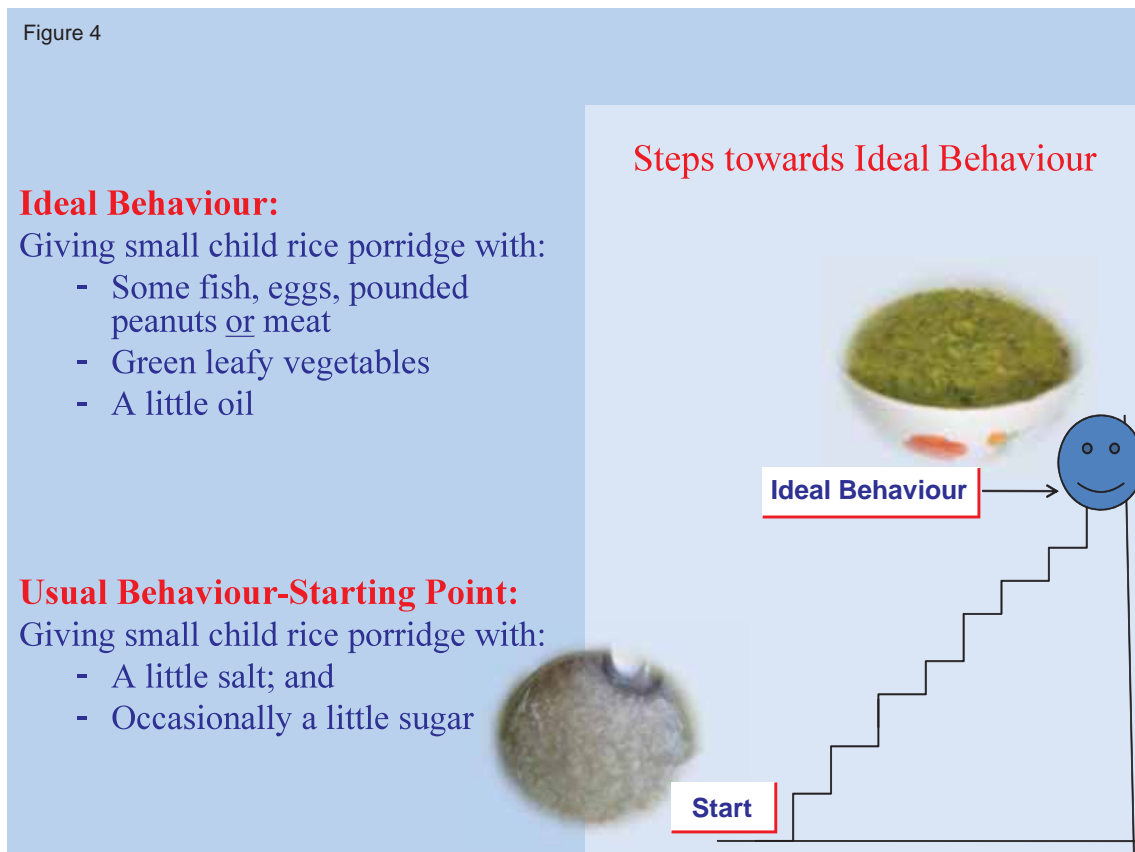
Special attention must be given to developing and promoting a variety of low-cost, easy-to-prepare and culturally acceptable improved dishes from which the caregiver can make a choice. **Part II** of these Reference Notes provides a Counselling Guide and Annex 2 includes a series of recipes. These can be discussed with the caregiver during the second home visit or counselling visit.

A caregiver may not be in a position to make major changes right from the start. She must be encouraged to:

- Set her own target and start with easier and more feasible changes which can be done with available resources; and
- Set new targets and improve on the initial improvements gradually, during follow-up counselling sessions, as the resource situation of the household improves, as a result of better improved agricultural production, home gardens or income, or better utilisation of wild foods.

This process is like going up a stair case. It is generally impossible to jump from step 1 to step 4. When asked to do so, most of us give up before trying. Hence it is crucial to assist caregivers to “walk” up the “staircase of behaviour change”, especially when working with poor households. **Figure** below illustrates that it may be difficult for poor households to “jump” from the starting point to adopting ideal complementary feeding practices without assisting them to put in place measures to improve the household’s to get more diverse foods and or increased quantity of these foods.

Figure: Assisting Caregivers to Set Practical Targets Towards Ideal Complementary Feeding Practices



Also, some caregivers may lack practical knowledge and skills and the confidence to prepare nutritionally improved dishes. Participatory food preparation demonstrations are useful ways of imparting such skills and break this barrier.

F. Follow-up Counselling Sessions

The first follow-up counselling session should be conducted after at least two weeks and within a month of the initial counselling visit. Follow-up nutrition counselling sessions are important for:

- Assessing progress being made in adopting agreed nutrition improvement practices;
- Solving problems associated with behaviours that are particularly difficult to change; and
- Providing an opportunity to re-evaluate targets over a period of time and setting new targets as the household moves towards the desired and ideal nutrition behavioural pattern.

G. Qualities of a good nutrition Counsellor/District TIPs implementers

A good Counsellor/TIPs implementer should:

- Be very observant and listen sympathetically to household members;
- Be practical and use local resources and services;
- Congratulate and encourage caregivers who do a good job and use them as peer educators; and

- Keep good records to facilitate effective follow-up and ultimate evaluation of the project.

A TIPs implementer should avoid starting counselling and giving advice before having fully assessed and understood the household situation. This is to prevent giving inappropriate advice.

During the counselling process, the continuation of practical training sessions and demonstrations for the mother or caregiver is very important to ensure that she acquires the relevant practical skills and confidence to practice these skills in the home setting.

Reference Notes 7

Tips on Developing Improved Complementary Feeding Recipes

A. Why Improve Local Complementary Feeding Recipes

Children need good food to grow and develop properly, that means:

- Exclusive breastfeeding for the first 6 months of life;
- Introduction of nutritious and safe complementary foods from 6 months onwards; and
- Giving these complementary foods to children aged:
 - 6 months: start giving one food at a time, give 2-3 tablespoons per feed and feed the child 2 times a day, in addition to breastfeeding;
 - 7-8 months: 3 times a day with continued breastfeeding;
 - 9-11 months: giving complementary food 3 times plus a snack e.g. a fruit daily in addition to breast feeding; and
 - 12-24 months: giving complementary food 3 times plus 2 snacks daily in addition to breast feeding.

However, many mothers and caregivers are not sufficiently aware of the food needs of Infant and Young Child Feeding.

Common child feeding problems are:

- Children are not exclusively breastfed despite the mothers' awareness of the importance of exclusive breastfeeding during the first 6 months.
- Giving children plain rice porridge, which is not enough to support child growth and development and this contributes to high levels of child malnutrition.
- Cooking complementary foods in bulk once a day (i.e. for 3 daily meals once a day, resulting in children eating left-overs at lunch and supper time, which if improperly stored and not well heated before feeding, become unsafe - especially in very hot climates, and can make children sick).
- Late introduction of vegetables, fish, meat and boiled or fried eggs into the child's diet (at around 1 year). These are very good foods and should be introduced much earlier. There is a common misconception which stops mothers feeding their children these foods because they are considered difficult for the child to chew and swallow, which is not the case.
- When available, peanuts can be given to children, but are introduced too late into the child's diet at 2 years of age, and could be given much earlier if pounded and made into a paste.

Therefore, common complementary foods currently given, lack adequate nutrients to support proper growth and development. The nutrients that are not sufficient are proteins, vitamins and minerals. In addition, fat is often also insufficient.

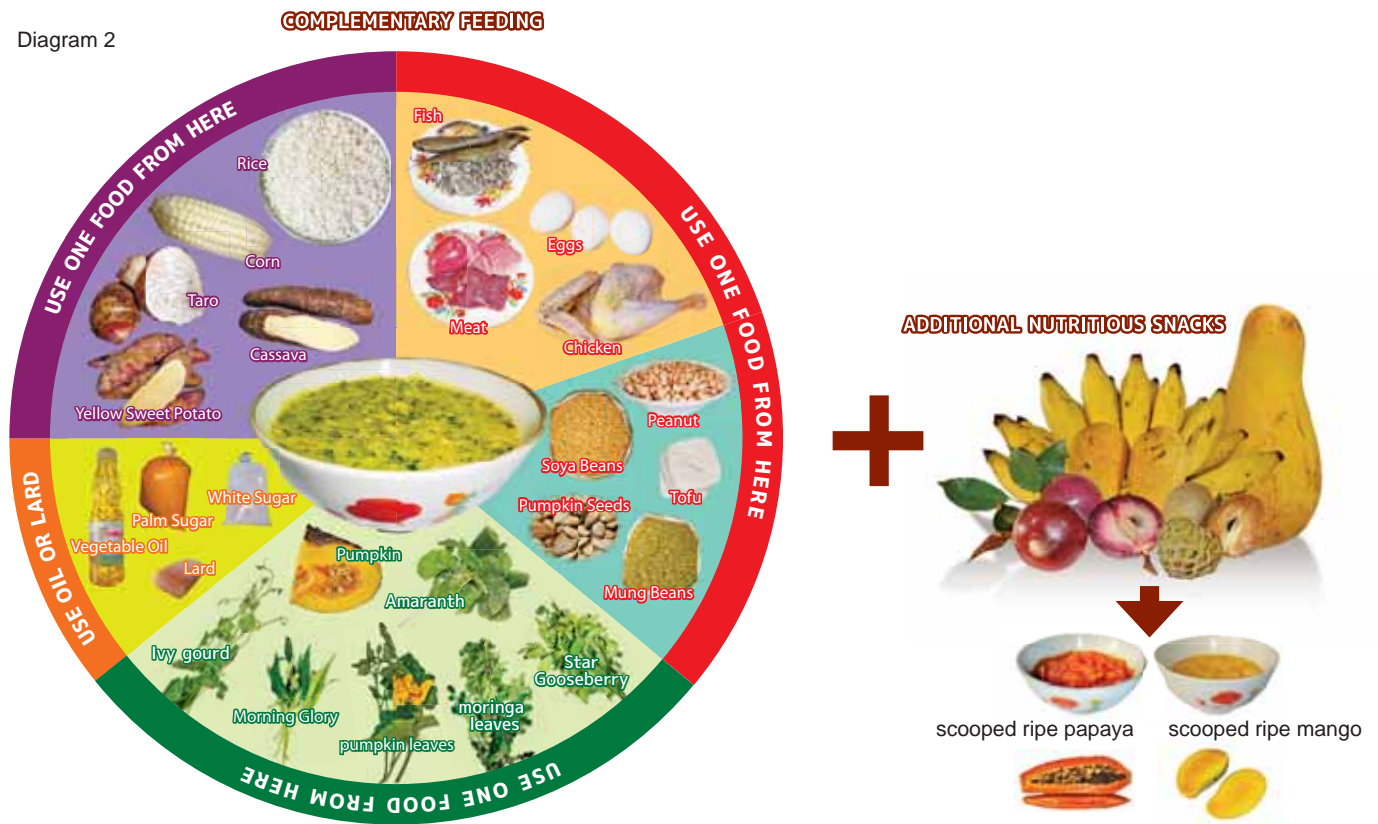
B. Good Complementary Foods

The foods must contain at least:

- A starchy food like rice, maize, taro or sweet potatoes;

- A food from the nuts or beans (dried) family, e.g. peanuts, dried beans; or
- A food from animal sources, such as fish, eggs and meat, including meat from animals. These should be added at least twice or three times a week;
- Green leafy vegetables and orange coloured vegetates such a pumpkin, etc; and
- A little oil to make the food tasty, soft and provide the essential fatty acids.

Diagram 2



Common complementary feeding recipes consist primarily of plain rice or rice porridge. They can therefore be improved to meet the food needs of the fast growing child, given the variety of foods available in most rural households.

Mashed fruits such as papaya, banana, mango, etc, can complement these improved recipes.

C. Main Components of a Recipe

Most recipes give:

- A list of food ingredients;
- Quantities of the different food ingredients, often in household measures;
- Instructions on how to prepare and cook the dish (cooking method); and
- At times, the number of people who may be served with the cooked food.

D. What are Household Measurements?

Common household measurements are spoons, bowls, tins and any other containers (utensils) or ways of measuring food, commonly used in the area or homes when purchasing, preparing and eating food.

E. Why Use Household Measurements?

They are useful tools which mothers can use when preparing family meals and complementary foods to ensure that they prepare adequate quantities for each meal.

The mother may use a teaspoon, tablespoon, bowl (250ml) or tin (300ml) to measure cooking ingredients, depending on whether she is:

- Preparing food for a meal for one child; or
- Preparing food for more than one child.

It is very important to use the right proportions of the main ingredients, as explained in the section below.

F. Tips on Developing Improved Complementary Feeding Recipe

1. Recommended Unites of Household Measurements

Depending on the quantity, it is convenient to express household measures as follows:

- Bowl or tablespoon;
- Other measures may be expressed in $\frac{1}{2}$ or $\frac{3}{4}$ of a bowl or $\frac{1}{2}$ tablespoon.

Measurements smaller than these fractions are difficult for most rural caregivers to understand, particularly for people who are semi-literate or illiterate.

2. Variety of Ingredients to Use in Complementary Feeding Recipes

- a) Traditional rice porridge recipes can be improved by adding one or all of the following:
 - Foods such as fish, eggs, peanuts flour or meat when available. Flesh foods, like fish and meat are also rich in essential minerals, such as iron and zinc as well as vitamin A, especially small fish if the entire fish is used (i.e. fish liver is very rich in vitamin A).
 - Finely chopped or pounded leafy vegetables and pumpkins, which are rich in vitamins.
 - A little oil.
- b) As an alternative to rice, sweet potatoes and taro can be used as the starchy base of complementary foods. This increases the variety of complementary foods, which caregivers can prepare for their children.
- c) Therefore, the basic rule is :

A starchy food + legumes/nuts, eggs or flesh foods + vegetable + a little oil

Depending on ingredients used and the child's age, 1 teaspoon, $\frac{1}{2}$ or 1 tablespoon of oil per meal are recommended because slightly over one third of the child's dietary energy in complementary food must come from oil or fat. Vegetable oil is much healthier compared to lard (pork fat), if affordable.

- d) Types of complementary feeding recipes to promote may include:
- Rice + fish or eggs or peanuts or meat +vegetables +a little oil
 - Sweet potato + fish or eggs or peanuts or meat + vegetables + a little oil
 - Taro + fish or eggs or peanuts or meat + vegetables + a little oil

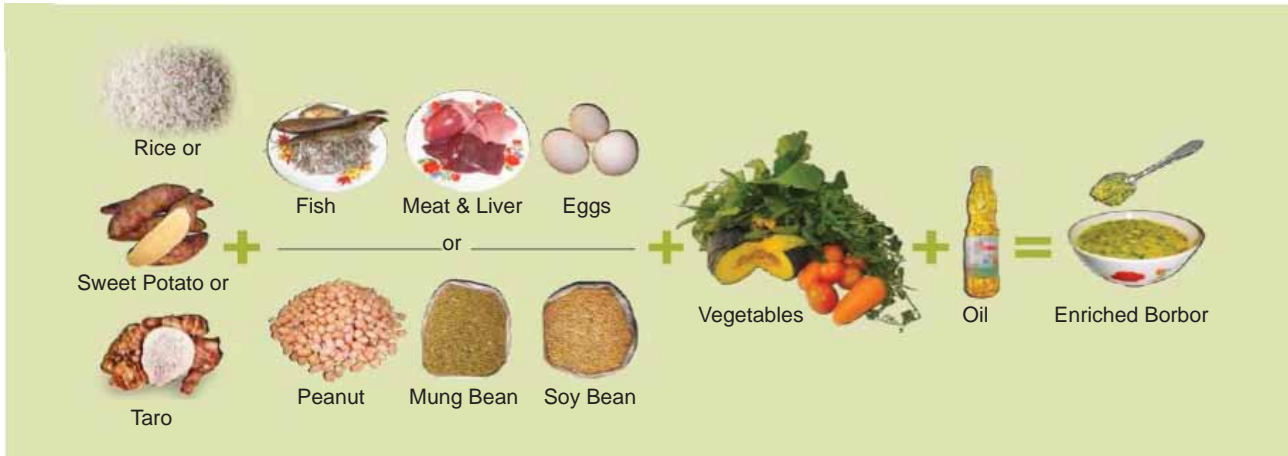


Figure 5

3. Quantities (proportions) to Use During Meal Preparation

- a) Following the basic guideline of using the *right proportion* for the main ingredients, i.e., the *starchy food* (rice, sweet potatoes or taro) and the *protein- rich food* (fish, meat peanuts and egg) as explained above, proportions which may be used in meal preparation (complementary food) are:

Rice-based dishes (proportions/quantities)

- Rice : mashed boiled fish or chopped meat = 1 : ½
- Rice : smoked fish flour = 1 : ¼
- Rice : pounded peanuts = 1 : ½

How to cook

Cooked food



Figure 6

Sweet potatoes or Taro-based dishes

- Sweet potato or taro: mashed boiled fish or chopped meat = ½ bowl: 1 tablespoon
- Sweet potato or taro : smoked fish flour = ½ bowl : ½ tablespoon
- Sweet potato or taro : pounded peanuts = ½ bowl : 1 tablespoon



Figure 7



Figure 8

b) Because of the relatively small amounts of vegetables and oil required, it is easier to express quantity in terms of the amount per feed, as follows:

- Chopped/pounded leafy vegetables = 1-2 tablespoons per feed
- Oil per feed = 1 teaspoon to ½ tablespoon per feed
- Salt (iodized) = 1 light 2-finger pinch per feed

The actual quantity depends on the age of the child. Proposed proportions have been developed through trials in different settings. We therefore use the above as practical guide and adjust where necessary.

4. Quantities (proportions) to Use During Meal Preparation

The Cambodian National Nutrition Program (NNP) has adapted the WHO recommendations on quantities of cooked complementary food per meal by age and daily meal frequency to the Cambodian situation using the 250 ml local soup bowl as shown in Figure below. Posters and flipcharts on this are available at NNP and details of the WHO recommendations are in **Table 2** of the Counselling Guide, provided in **Part II** of these Reference Notes. Also reflected visually in the NNP complementary feeding materials is the concept of the consistency of the complementary food. The cooked food must not be watery.

Quantity of Cooked Complementary Food By Age Per Feed

6 Months	7-8 Months	9-12 Months	12-24 Months
	 	 	 
2 meals per day	3 meals per day	3 meals + 1 snacks per day	3 meals + 2 snacks per day

Figure 9 (Source: NNP)

Reference Notes 8

Food Safety and Hygiene

A. Why Food and Drinks must be Safe and Clean

It is important that the food we eat and the water we drink is clean and safe. If food and drink have germs, they are no longer safe. They may give us food poisoning or cause multiplication of bacteria in the intestine, which make us sick, e.g.:

- Diarrhoea; or
- Vomiting.

B. How Do We Get Germs Through Food and Water?

1. Many germs come from human or animal faeces (waste).
2. Germs can reach food when:
 - We touch food with dirty hands;
 - Flies and other insects walk on food;
 - Mice and other animals walk and bite the food; and
 - When we use dirty utensils to prepare or eat food.
3. Germs can reach water if the water is from an un-protected source such as:
 - Open well;
 - River;
 - Pond, etc.
4. After reaching the food, germs can multiply (grow and increase in number) in the food and reach dangerous levels, which make people sick.
5. Germs grow fastest and increase in number in:
 - Warm food; and
 - Wet food (e.g. porridge), especially if it contains sugar or fish or meat.

C. How Can We Prevent Food Poisoning?

We can prevent food poisoning by:

1. Washing hands after contact with faeces (human and animal waste).
2. Dispose (getting rid of) faeces safely.
3. Cover foods to keep them clean and safe.
4. Store fresh food (especially foods from animals) and cooked foods in a cool place.
5. Keep dry foods such as flours and legumes in a dry, cool place protected from insects, rodents and other pests.
6. Avoid storing leftover foods for too long (current Ministry of Health Guidelines on this are to reheat every two hours where possible).
7. Always store food covered and reheat them thoroughly until hot and steaming (bring liquid food to a rolling boil).
8. Buy fresh foods, such as meat or fish on the day they are to be cooked. Look for signs of poor-quality fish or meat, e.g., bad smell or colour, fish with dull eyes and no scales, dried fish and meat with moulds, etc.
9. Prevent raw meat, offal, poultry and fish from touching other foods when storing and cooking food:

- a) Keep the food preparation area and chopping board clean.
 - b) Use clean, carefully washed dishes and utensils to store, prepare, serve and eat food.
 - c) Wash vegetables and fruits with clean water and peel if possible/necessary.
 - d) Wash meat with clean water before cooking it, since butchers often rinse it in dirty water or leave it out hanging, exposed to dirt and flies.
 - e) Prevent raw meat, offal, poultry and fish from touching other foods, as these animal foods often contain germs.
 - f) Wash surfaces of any wooden chopping boards and utensils touched by raw foods with hot water and soap, before using them again.
 - g) Cook meat, offal, poultry and fish well.
 - h) Boil eggs so they are hard and do not eat raw or cracked eggs.
10. Process and dry foods such as rice and legumes (beans) properly to prevent the mould from growing on them.
 11. If food becomes mouldy, try not to eat it – they can make people very sick. Mouldy foods are good for your compost.
 12. Keep dangerous chemicals away from food and water, e.g. fertilizer, pesticides, etc.



Cover your water jar



Do not leave water jars uncovered.



Pump water from a safe source



Only drink boiled or clean water

Figure 10 (Source: UNICEF)

Figure 11 (Source: UNICEF)



Always cover food



Do not leave food uncovered



House with clean surroundings



House with dirty surroundings

Figure 12 (Source: UNICEF)

Figure 13

D. When Must We Wash Our Hands?

We must wash hands with clean water and soap (or ashes):

- After going to the toilet/latrine;
- After cleaning a baby's bottom or cleaning clothes, dirty bed linen;
- After cleaning surfaces contaminated with faeces;
- Before and after preparing food and eating;
- Before eating and feeding a child or sick person (make sure they wash their hands too);

- Dry hands by shaking and rubbing them together or using a clean cloth that is kept only for this purpose;
- Keep fingernails short and clean;
- Avoid coughing or spitting near food or water;
- Cover any wounds on hands to prevent contamination of food during its preparation.



Figure 14

E. How do we Dispose (getting rid of) Faeces Safely?

We dispose or get rid of the faeces safely by:

- Using a latrine and keep it clean and free of flies.
- Putting children's faeces in the latrine (toilet) or bury it in the ground.
- Teach small children to use the latrine/toilet.
- Use the latrine and dispose of faeces in a safe way.
- Cleaning up animals faeces from the home surroundings.

F. How to Prevent Getting Germs from Water?

Practical ways of preventing getting germs from water are to:

1. Use water that comes from a safe source, or
2. Use water that is boiled before drinking.
 - a) Examples of Safe Water Sources:
 - (i) Water from a spring or protected well;
 - (ii) Treated pipe water.
 - b) What to do if the water is not safe:
 - (i) Boil the water, i.e. leave water to boil for 1 min after it has started boiling;
 - (ii) Use filtered water where possible.
 - c) How to store Drinking:
 - (i) Use clean covered containers to collect water; and
 - (ii) Use clean covered containers to store water.

G. Additional Actions to Help Keep Food and Water Clean and Safe (hygiene around the home)

1. Keep the surroundings of the home free from animal faeces and other rubbish;
2. Keep animals in a separate place from the rooms where the family lives, eats and prepares food (especially the kitchen);
3. Keep rubbish in a covered bin (container) and empty it regularly so it does not attract flies;
4. Make compost (a natural fertilizer) for the garden with suitable waste food, garden rubbish and animal faeces.

NB: Composting destroys germs in faeces. You can dig a hole and put the waste inside. You should alternate layers of soil and waste. Compost heaps should be wetted, mixed and turned regularly. After three to four months, once they become dark and look like earth, they are ready to use. The mixture can then be used as fertilizer for the vegetable garden.

H. How to Keep Dangerous Chemicals Away from Food and Water

1. Follow carefully the instructions for using chemicals.
2. Be strict about keeping chemicals away from children.
3. Never put food or water into containers that have been used for chemicals.
4. Wash hands after using chemicals, and wash any foods (e.g. fruit) that have been sprayed with them.

I. TIPS on How to Help Families Have Safe and Clean Foods and Drinks

Firstly, find out about:

1. How to dispose of faeces;
2. Hand washing practices;
3. The source and storage of water; and
4. The ways in which food is prepared.

This helps you to understand ways in which germs may be reaching food and water, possible practices that are encouraging germs to grow and increase in food.

Secondly, Negotiate for Improvement:

Facilitate a discussion (negotiate) practical ways to improve water and food hygiene. In the discussion, try to reach agreement on action(s), no matter how small (interim target), which the family is willing to try to improve their situation, given their resources and activity pattern.

Reference Notes 9

Conducting Cooking Demonstrations

A. Food Preparation Demonstrations

1. What Are Food Preparation Demonstrations?

Food preparation demonstrations are a practical means of showing household members and other members of the public practical ways of preparing improved dishes using readily available foods. They are often conducted to show people how to make nutritious and tasty dishes, while respecting local culture and food habits.

2. Why Are They Important?

In nutrition education, food preparation demonstrations are useful for:

- Creating awareness of under-utilised nutritious foods which can be used to improve meals;
- Showing the process of preparing nutritious meals, while encouraging active participation in their preparation e.g. cutting or pounding ingredients, where feasible; and
- Providing an opportunity to taste prepared dishes and give feedback on the:
 - colour and appearance of the improved dish;
 - smell; and
 - its taste.

B. Objectives of Food Preparation Demonstrations

The objectives of conducting a food preparation demonstration are therefore to:

- Show the audience how to prepare nutritionally improved dishes (in terms of diversity, quality, quantity.....).
- Develop practical skills and confidence to prepare nutritionally improved dishes if the demonstration is conducted in a participatory manner; and
- Give the audience the chance to taste the food and express their opinion on the improved/enriched food.

C. Key Issues to Take into Account When Planning a Food Preparation Demonstration

1. Select recipes that conform to the local eating patterns and make improvements where necessary;
2. Make sure you use:
 - local foods that are readily available to most households;
 - utensils that are found in most homes;
 - cooking facilities and processing equipment that are available in most homes.
3. Ensure that everyone in the audience can clearly see what you are doing;
4. Plan to actively involve the audience in the process (encouraging them to ask questions and offer suggestions);

5. Ensure availability of utensils for use by the audience when tasting the food and materials (chart) for writing down the audience's opinion on the:
 - Appearance;
 - Smell; and
 - Taste of the food.
6. On the basis of the comments from the audience, you may have to modify the recipe to make the food, appearance or smell more acceptable, while ensuring inclusion of minimum essential food items which must be in the child's daily diet (see Reference Notes 7 for details).

NB: for improved children's foods, it will be important to give the food to children and observe how they react. Where you are facing resistance from parents and older children, ask the caregivers to feed the younger children first. School children can also be invited to taste the food and give their opinions.

D. Steps to Follow

The steps to follow can be classified under the following:

- Preparatory stage;
- Actual demonstration; and
- Evaluation of experiences.

1. Preparations

- a) Decide on the:
 - objectives of the demonstration;
 - dishes to make; and
 - location (where the demonstration will be done).
- b) Make a list of the ingredients and utensils that you will need.
- c) Make sure you have all the ingredients, utensils and equipment you need if the demonstration is being held in a public place.
- d) Where possible, inform the audience about the day of the planned demonstration and place where the demonstration will be held.
- e) If the demonstration is in a home and is being conducted with household members only:
 - find out the types of foods that the household has; and
 - ask the household to give you the ingredients, utensils and equipment you need to conduct the demonstration.
- f) If the cooking or processing time of some of the ingredients is too long, process or do some of the preparations beforehand (e.g. soak or cook the beans, clean the rice, etc).

2. Actual Demonstration

- a) Ensure that every member of the audience can clearly see what you are demonstrating.
- b) Explain the purpose of the demonstration, what you are going to make and give the nutritional message(s) for the day.

- c) Start the actual cooking and ask some of the members of the audience to assist in preparing the ingredients, e.g. cutting vegetables, pounding some of the ingredients, etc.; and
- d) Make sure everybody understands each step of the demonstration as you go along.

3. Evaluation of the Experience

Ask the members of audience and the selected group to taste the food(s) and request them to indicate whether the appearance, taste and smell is good, not so good/fair and bad.

Ask them reasons for rating the food(s) that way (good, not so good/fair, and bad). These comments will help you to improve those aspects of the food that people find bad or not so acceptable.

E. Where to Conduct Food Preparation Demonstrations

Food preparation demonstrations can be conducted:

1. Within the community as a mean of mobilising the community and sensitise them on improvements that can be made to some of the local dishes commonly consumed by the family or by special groups in the family, e.g. the small children, the sick, etc.
2. At agricultural shows or other public events;
3. At Health centres;
4. At Community centres;
5. At Local schools, etc.

Reference Notes 10

Community Mobilization for TIPs

A. What is Community Mobilization?

Community mobilization is the process of building up interest, enthusiasm and commitment among community members to come together, with their resources to undertake development activities. The process provides an opportunity for everyone interested to participate in decisions and actions that affect/transform their lives.

B. Why Community Mobilization During TIPs

In FAO-supported nutrition improvement initiatives, Trials of Improved Practices (TIPs) are often undertaken in the context of a more comprehensive project aimed at:

1. Improving food security and nutrition of the target population as a response to high levels of malnutrition; or
2. When local food resources are under-utilized and special groups like infants and children fail to get maximum benefit from available food resources. To undertake TIPs in a selected community, there is need to undertake the following steps:
 - Inform the community leadership and community members about the Government's and the support agent's wish to assist the local community to participate in solving their food and food-related problems;
 - Select date, venue and time for conducting community mobilization with a view to:
 - Create **awareness** on local nutritional problems, who is most affected by these problems, what the community, with support from government and the support agency **may consider to do** in order to transform their situation, including their children's' nutrition, because children suffer most from inadequate feeding practices;
 - **Explain** the food needs of vulnerable groups, especially good nutrition for:
 - o Infants and young children, who are growing fast and therefore need a good variety of foods from at least 4 different groups to support growth, overall child development and remain healthy; and
 - o Pregnant and lactating women who need additional nutritious food to support the growth of the unborn child during pregnancy, and ensure production of enough breast milk once the child is born and the mother is breastfeeding.
 - **Explain** the need to use local nutritious foods, including traditional foods

because some of these local foods such as amaranth, peanuts, pumpkin seed and small fish which are very nutritious. They are good not only for older children but can also be prepared in a way that can benefit infants and young children.

- **Explain** the TIPs process and **selection criteria** of households that may wish to participate in the trials.
- **Demonstrate** some of the possible improvements by preparing dishes using selected improved child and family feeding recipes (based on foods readily available in most households) that will be tasted during community mobilization. Acceptable dishes will eventually feature on the list of dishes to be field-tested during the trial period.
- **Enrol** households interested in participating in TIPs, provided they meet the criteria provided by the project.

Trial of such improvements in home settings allows caregivers to provide feedback on what is feasible and practical and what is not. Challenges raised by caregivers are taken seriously. They re-direct our efforts (both community, government and support agencies) into jointly exploring practical solutions to those challenges and limitations.

C. How to Mobilize Participating Communities

1. Selecting a Day, Venue and Time for Community Mobilization

A team of district TIPs implementers, comprising: (i) District Women's Affairs Officers; (ii) District Agricultural Officers, (iii) staff members from the district health department, and (iv) staff members from the nearest health centre will facilitate community mobilization. After receiving training, they will make plans to mobilize the community. Community members to participate in the nutrition component of the FAO/EU-supported project should be selected prior to the training, using the selection criteria and methodology developed by the project in consultation with the Government.

Initially, TIPs implementers in collaboration with the village leadership will:

- Select a day, venue and time for informing the community about the project, the objectives of the nutrition component in particular, and the expected outcome.
- Inform other stakeholders and interested parties of the Community Mobilization date, time, venue and the plan to conduct a food preparation demonstration.

2. Planning for the Community Mobilization Day

Once the date, venue and time are fixed, the district TIPs implementers will refine programme of the community mobilization day, using a draft that would have discussed during their training. District TIPs implementers will:

- Select among them, a person who will give a more detailed account of the TIPs process and the selection criteria for households that will participate, using

“**Reference Note 5, Section G and H**” and any relevant notes provided during their training;

- Agree on the person responsible for organizing the food preparation demonstrations and together with interested caregivers, prepare some of the dishes in advance, which will be tasted by those present, including mothers with children aged 6-24 months;
- Ensure that they have all the materials they need for conducting a public food preparation demonstration.

3. Conducting Community Mobilization

While following the village protocol, the village head will inform the community of the project and its objectives. Then one of the district TIPs implementers (selected beforehand) will give a more detailed account of the TIPs purpose and process and the selection criteria for households that will participate.

While this is happening, other district TIPs implementers will be preparing some of the complementary foods they like most, using readily available local food (to be bought using project resources).

After the briefing on the project, community members, starting with the village leadership, will be invited to taste some of the improved complementary foods prepared on the day. As they taste, the district TIPs implementers will:

- Note down the dishes most preferred by the children, mothers and community in that order (using the method which will be used in the practical cooking session, during training).
- Ascertain interest of caregivers present to participate in TIPs and invite those interested in participating in the trials to enrol.
- Enrol interested households for TIPs, provided they have children in the age-group targeted for TIPs, i.e., 1-24 months.

NB: When enrolling households, TIPs implementers will give special attention to houses where children are not growing very well (check with nearest health centre) and invite them to join in the trials even if they fail to attend the community mobilization session.

Community Mobilization is therefore a tool for:

1. Informing the community about the project, and the TIPs process in particular.
2. Creating interest to participate in TIPs through tasting of some of the improved recipes; and
3. Creating an environment where caregivers can voluntarily enrol to participate in TIPs.

PART II

Summary of TIPs Tools and When to Use Them

List of the TIPs Tools to be used by District TIPs implementers

Tool 1: Checklist for Initial Assessment Home Visit

Tool 2: Child Feeding Classification Form and Tool of Identifying Possible Improvements

Tool 3: Counselling Guide

Tool 4: Recording Form on Outcome of Counselling & Follow-up Visits

Tool 5: Recording Form on Issues Requiring the Advice of the Provincial Supervisor

Tool 6: TIPs Evaluation Form 1- for District TIPs Implementers

Tool 7: TIPs Evaluation Form 2 - for Provincial Supervisors

Tool 8: Checklist for Monitoring Visits by Provincial and National level Supervisors

Summary of TIPs Tools and When to Use Them

The 8 TIPs tools are for use during home visits as well as for summarizing outcomes of these visits and to facilitate compilation of information and experiences gained during the trials. They include brief guidance on when and how to use each tool, i.e.:

- **Tool 1:** Checklist to use during the “Initial Assessment Visit”, including brief summary of how to use this checklist and summarize outcomes of discussions.
- **Tool 2:** is divided into 2. **Tool 2.A** is for classifying infant and young child feeding practices into good and harmful practices. **Tool 2.B** summarizes types of foods available, complementary foods prepared, types of mashed fruits given, daily meal frequency, how often caregiver prepares meals daily and weekly frequency of consuming flesh foods and fruits. Space is provided in the last 2 Columns for writing down:
 - (i) possible improvements to suggest to caregiver during counselling visits
 - (ii) possible challenges, in preparation for the counselling visit.
- **Tool 3:** is a Counselling Guide, which serves as reference material when preparing for the counselling visit.
- **Tool 4:** is the Recording Form on Outcomes of Counselling and Follow-up Visits. It is completed at the end of the counselling visit and at the end of each follow-up visit.
- **Tool 5:** is the Recording Form on Issues Requiring the Advice of the Provincial Supervisor, which includes 2 columns:
 - **Column I:** is completed by the district officer if necessary. The district officer records feeding practices that he/she cannot clearly identify as good or bad practice. Also other problems that may require the attention of the provincial supervisor should be recorded accordingly.
 - **Column II:** Once Column I has been completed by the district officer, during the monitoring visits, the provincial supervisor responds to concerns raised by the district officer in Column I and writes down the response against each concern in Column II.
- **Tool 6:** TIPs Evaluation Form 1- for District TIPs Implementers is for:
 - Summarizing child feeding problems identified in all households covered by a District TIPs Implementer, recommendations implemented during TIPs and willingness of households to continue implementing the improvements; and
 - Recording the total number of households unable to make significant improvements in feeding practices without additional support.
- **Tool 7:** TIPs Evaluation Form 2 - for Provincial Supervisors is for:
 - Summarizing child feeding problems in all households in a province, recommendations implemented and willingness of households to continue implementing improved practices.
 - Recording the total number of households unable to make significant improvements in feeding practices without additional support.
- **Tool 8:** Checklist for Monitoring Visits by Provincial and National level Supervisors during TIPs implementation. It summarizes tasks to be undertaken and issues to look into during each monitoring visit. It also includes tasks to be undertaken by district, provincial and national level supervisors during the promotion and dissemination of well-tested recipes in communities.

Table: Summary of TIPs Tools and Their Purpose

TIPs Tools	Purpose of Tool	When and how to Use Tool
<p>1. Tool 1: Checklist for Initial Assessment Home Visit</p>	<p>Collect background information from participating household on:</p> <ul style="list-style-type: none"> • Year-round food availability pattern • General household feeding practices (main dishes, daily meal frequency and frequency of consumption of certain foods) • Feeding the sick • Overall hygiene and sanitation • Food preparation and processing equipment available to the household 	<p>During the Initial Home Visit. It has space to fill answers. For some questions, it provides possible answers for the field worker to <i>tick</i> the <u>correct answer</u>, where appropriate</p>
<p>2. Tool 2: Consisting of Tool 2.A - Child Feeding Classification Form; and Tool 2.B - Identification of Possible Improvements</p>	<p>Tool 2.A is for summarizing the outcome of the initial home visit, with focus on infant and young child feeding, i.e., child feeding practices are classified into 3 categories:</p> <ul style="list-style-type: none"> • <i>Useful ones.</i> During the next visit, the facilitator will praise and encourage the mother to continue these. • <i>Harmful ones.</i> These will form the basis for counselling. • <i>Ones which TIPs implementer is not sure of their benefits.</i> The facilitator asks for advice from the provincial supervisor during his/her next monitoring visit. 	<p>Completed by the district officer immediately after the initial assessment home visit, using the information written on the checklist during the assessment visit.</p>
	<p>Tool 2.B is for</p> <ul style="list-style-type: none"> • Summarizing (i) types of foods available to the household, (ii) types of complementary foods given the child and ingredients used, (iii) number of meals given to child daily, how often the mother prepares these meals daily, and (iv) weekly frequency of consuming meat and mashed fruits. • Writing possible improvements to suggest to the caregiver during the counselling visit and possible challenges which the mother may face (for the fieldworker to write in the last 2 columns of the matrix). 	<p>The last 2 columns of Tool 2.B are for the district officer to write possible feeding improvement to suggest to the household and possible challenges which the household may face, if any.</p>
<p>3. Tool 3: Counselling Guide</p>	<p>Serves as reference material when preparing to undertake the counselling visit, i.e., give feedback on good feeding practices and praise mother for practicing useful feeding practices summarized Tool 2.A and:</p> <ul style="list-style-type: none"> • Recommend improved practices, while referring to the Counselling Guide; and • Negotiate and encourage the caregiver to select some practical options to try out. 	<p>Reference guide for the TIPs implementer(district officer)</p>
<p>4. Tool 4: Recording Form on Outcomes of Counselling & Follow-up Visits</p>	<p>For the district TIPs implementer to record:</p> <ul style="list-style-type: none"> • Caregiver’s response to the advice given by the District TIPs implementers; and • Specific actions that caregiver selected, following negotiations with the District TIPs implementers; and • Reason why the caregiver implemented or did not implement some of the recommendations. 	<p>At the end of each Counselling and Follow-up Visit. It has 3 columns:</p> <ul style="list-style-type: none"> • Column A: For completion shortly after the counselling visit, • Column B: for completion after the 1st follow-up visit; and • Column C: for completion towards the end of the trials

TIPs Tools	Purpose of Tool	When and how to Use Tool
<p>5. Tool 5: Recording Form on Issues Requiring the Advice of Provincial supervisor</p>	<p>Column I of this Form is for the district TIPs implementer to record:</p> <ul style="list-style-type: none"> • Feeding practices that the district TIPs implementer is not sure of how to classify, i.e., whether it is a good or bad practice; and • Any other problems that the district TIPs implementer may be encountering during TIPs implementation. <p>Column II of this Form is for the provincial supervisor to record:</p> <ul style="list-style-type: none"> • Advice that the provincial supervisor gives on feeding practices that the district TIPs implementer is not sure of how to classify. • Advice that the provincial supervisor gives on any other problems that the district TIPs implementer may encounter during TIPs implementation. 	<p>Column I: To be completed, <u>if necessary</u> when the district officer requires advice from provincial supervisor</p> <p>Column II: To be completed, only <u>if Column I of form is completed.</u> The provincial supervisor completes this, if necessary</p>
<p>6. Tool 6: TIPs Evaluation Form1: for District TIPs Implementers</p>	<p>Tool 6 is for summarizing:</p> <ul style="list-style-type: none"> • Child feeding problems identified in all the households covered by the District TIPs Implementer during the first assessment home visit to households participating in the trials; • Recommendations implemented and observed changes in IYCF during TIPs; • Willingness of households to continue implementing improved practices; • Recommendations not accepted and the reasons why; and • Total number of households unable to make significant improvements in feeding practices because of lack of materials resources 	<p>Completed by the district officer immediately after the last Follow-up-Evaluation home visit, using the information written on <u>All</u> the Tools No. 4, completed for each household covered by the district officer</p>
<p>7. Tool 7: TIPs Evaluation Form2: for Provincial Supervisors and National supervisors</p>	<p>Tool 7 is for summarizing:</p> <ul style="list-style-type: none"> • Child feeding problems identified in <u>all the households in the province</u>; • Recommendations implemented and observed changes in IYCF during TIPs; • Willingness of households to continue implementing improved practices; • Recommendations not accepted and the reasons why; and • Total number of households unable to make significant improvements in feeding practices because of lack of materials resources 	<p>Completed by the provincial supervisor during the last Supervisory-Evaluation visit, using the information written on <u>All</u> the Tools No. 6, completed district officers after the last Follow-up-Evaluation home visit</p>
<p>8. Tool 8: Checklist for Monitoring Visits by Provincial and National level Supervisors</p>	<p>Tool 8 summarizes:</p> <ul style="list-style-type: none"> • Issues that Provincial Supervisors and National Supervisors should look at during each monitoring visit 	<p>Details are provided in the checklist</p>

TIPs Tool 1

Checklist for Initial Assessment Home Visit

Assessing Household Food Availability/Accessibility and Family Feeding Practices

NB: (1) Both mother and father should be present during discussions on family feeding

(2) To facilitate quick completion of discussions, TIPs implementer can write down information on 1a) to 1c) which

they know, then go and ask only questions on issues they do not know. The same applies to issues under 2. to 6.

(3) Please carefully review the questions before the home visit to familiarize yourself with the questions and make sure

they are clear to you. This way, you will finish the assessment visit quickly. Key Questions to Ask: Start by “Which, what, when, how, where, by whom, etc.”

(4) REMEMBER! Complete one checklist for each household participating in TIPs.

1. General Issues

Date of Initial Assessment:.....

a) Province:..... District:..... Commune:..... Village:

b) Name of District TIPs implementers: Name of Household Head of Household:.....

c) Type of Household (*please tick ✓*) (i) Household Headed: Male. Female.

(ii) No. of Family members in HH:.....

d) No. of Children in Household:.....; No. of Children \leq 24 months of Age:.....; Age of Child Participating in TIPs:....months

2. Land Ownership (Field) and Crops Grown: Yes. Rent. No (*Go to Item 3.*)

What are the main field crops grown?: Rice. Potato (.....). Maize.

Watermelon. Others (*Specify*):.....

a) Months of adequate **rice** supply: FromTo..... Months when there is rice shortage: From.....To.....

b) What does the family do during months of **rice shortage**:

.....

3. Vegetable Garden Ownership: Wet season: Yes. No. Dry season: Yes. No.

a) Types of vegetables grown:

(i) Wet Season:

.....

(ii) Dry Season:

.....

b) How are the **vegetables** used (*Please tick ✓*):

Eaten. Sold. Given to relatives/neighbours/friends. Fed to animals.

Others (specify):

c) Months of adequate **vegetable** supply: From to..... Months when there are vegetable shortages: From.....To.....

d) What does the household do when they have **excess vegetables**:

.....

e) What does the family do during months of **vegetable shortage**:

.....

4. Ownership of Fruit Trees: Types, No. of trees and months fruits available:

- Banana=; Available: From.....To.....; Papaya=.....; Available: From.....To.....
- Mango=; Available: From.....To.....; Custard Apple=.....; Available: From...To.....
- Sapodilla=; Available: From.....To.....; Jack fruit=.....; Available: From..... To.....
- Others (*specify*)=

5. Animals Owned land Use:

(i) Type, numbers and used:

- Cow/Buffalo=.....; Used: Labour. Eat. Sell. Chicken=.....; Used: Eat. Sell.
- Duck=.....; Used: Eat. Sell. Other (*specify*):.....

(ii) Challenges faced in looking after animals:

.....

6. Are the following foods available, when are they available and how are they used?

Food Items	Months When Available	How Family Uses the Food (Please tick ✓ the appropriate column)			Remarks, if Any
		Eat	Sell	Other Uses (Please specify)	
1. Sweet potatoes	From..... To.....				
2. Taro	From..... To.....				
3. Peanuts	From..... To.....				
4. Pumpkin	From..... To.....				
5. Pumpkin Seed	From..... To.....				
6. Dried beans	From..... To.....				
7. Other nuts/seeds (specify):.....	From..... To.....				
8. Eggs for family consumption/sell	From..... To.....				

7. Foods collected from nature/wild (specify types, when they are collected and how they are used)

(i) Types of food:	(ii) When collected:	(iii) How they are Used:	(iv) Age (mths) When Child Starts Eating
Food			
(i.1).....	From.....To.....	.....	Aged=.....months
(i.2).....	From.....To.....	.....	Aged=.....months
(i.3).....	From.....To.....	.....	Aged=.....months
(i.4).....	From.....To.....	.....	Aged=.....months
(i.5).....	From.....To.....	.....	Aged=.....months

(i.6)..... From.....To..... Aged=.....months

(i.7)..... From.....To..... Aged=.....months

8. Foods regularly purchased from shops/market (types, quantities and how often):

Starchy Food (rice, potato, etc):

Protein Food:
.....

Vegetable:
.....

Fruit:

9. Other sources of food (gifts and bartering or exchange). Which foods?:
.....

10. Family meals and frequency of consumption of certain foods

a) Number of main family meals and snacks eaten daily during the wet, shortly after harvest and late dry seasons:

Daily Meal Frequency and Snack Consumption	No. of Meals in a Day			Remarks
	Wet Season	Shortly After Harvest	Late Dry Season	
1. No. of main family meals eaten	.....times/day	.....times/day	.....times/day	
2. No. of snacks eaten	.....times/day	.....times/day	.....times/day	

b) Daily, weekly, every 2 weeks or monthly frequency of consuming vegetables, fruits, fish, eggs, and meat (please enter the number or number range in only ONE column under wet season and one column under dry season): i.e. how often is the food listed consumed in a day, week, every 2 weeks or per month, whichever is appropriate)

Daily Meal Frequency and Frequency of Eating Certain Food Item	Frequency of Consumption or How Often The Food Is Eaten								Remarks
	Wet Season				Dry Season				
	Daily	Weekly	Every 2 Weeks	Monthly	Daily	Weekly	Every 2 Weeks	Monthly	
1.Green Leafy vegetables	....times	....times	....times	....times	....times	....times	....times	....times	
2.Fruits (also fruits from the forest)									
3.Fish									
4.Eggs									
5.Meat									
6.Other important foods (<i>specify</i>):									

c) Usual composition of family meals (ingredients used):

Ingredients Often Used <i>(Please Tick ✓ in the right column if ingredient is OFTEN used)</i>	Breakfast	Lunch	Dinner	Snacks <i>(Morning and Afternoon)</i>	Remarks
1. Rice					
2. Rice porridge					
3. Noodles					
4. Vegetables					
5. Fish					
6. Egg					
7. Meat					
8. Oil					
9. Others (specify):					

d) **Type of Cooking oil:**

(i) Types of oil used in family cooking: Vegetable oil. Coconut oil. Lard.

(ii) Source of the oil.....

(iii) How often does household use oil in cooking in:

..... times/day. times/week. other (specify):

11. What is the main source(s) of income?:

.....

12. Where does most of the family income go: In the order of importance, please write No. 1 against the item on which most of the family income goes. Then, write 2 against the next item, and 3 against the next item (at most 3).

Things on which household spends most of its income	<u>Rank first three items</u> on which the household spends most of its income
Rice	
Vegetable	
Meat	
Cooking Oil	
Other foods:	
Clothing	
Any other things (specify):	

13. Breastfeeding: (Ask only if TIPs child is below 6 months otherwise skip item 13. and go to item 14.)

- a) Breastfeeding: What does the mother feed the child soon after birth?
.....
- b) Does the mother give colostrums: YES. NO.
- c) How often is the child breastfed during 24 hours:time
- d) How does the mother know when the child has taken enough breast milk?:
.....
- e) At what age does the mother start giving water, or local herbs to the child; and why?:
- (i) **Water:** Aged..... months Reasons:
- (ii) **Rice/porridge (specify other ingredients):**.....
Age:months Reasons:.....
- (iii) **Other Foods (Specify ingredients) :**
.....
Age:months Reasons:.....
- (iv) **Local Herbs and Others (Specify):**
.....
Age:months Reasons:.....

14. Complementary Feeding: (Ask only if TIPs child is above 6 months otherwise skip item 14. and go to item 15.)

- a) When does the mother start giving rice or porridge to the child; and why?:
Age:months Reasons:
- b) **Ingredients Normally Used to Make Complementary Foods:** When making rice porridge, chewed rice or any other special foods for the very small baby.

Type of Complementary Food (Main Ingredient)	Ingredients Usually or Often Added to the Main Ingredient (Please Tick ✓)							No. of Times Child is Fed Per Day	No. of Times Mother Prepares Food Per Day	Weekly Frequency of Giving		Remarks (if any)
	Salt	Sugar	Oil	Veg.*	Fish	Egg	Others (Specify)			Flesh Foods	Fruits	
1. Rice (Porridge)								.....t/d	.....t/d	.....t/w	.....t/w	
2. Rice (Chewed)												
3. Others (specify) :												

* Veg. = green leafy vegetables

- c) Who usually feeds complementary food to the child? (*please tick ✓*)
- d) Mother. Grandmother. Others (*specify*):
- e) Age at which mother starts giving fruits, leafy vegetables fish, eggs, peanuts, meat, sweet potatoes, taro, pumpkins, etc. to the child; and why?

Type of Food	Age when Mother starts giving the food to Child	Reasons Why	How does Mother Make the Food Suitable and Easy For the Child to Eat			
			Nothing (Tick ✓)	Chew Food (Tick ✓)	Mash Food (Tick ✓)	Others (Specify)
1. Green leafy vegetables	Age:.....months					
2. Fish	Age:.....months					
3. Eggs	Age:.....months					
4. Peanuts	Age:.....months					
5. Meat	Age:.....months					
6. Sweet potatoes	Age:.....months					
7. Taro	Age:.....months					
8. Pumpkins	Age:.....months					
9. Fruits (<i>list types</i>) 9.a) 9.b) 9.c) 9.d) etc	Age:.....months					
10. Any other food (<i>specify</i>):	Age:.....months					

f) Are there any foods that are considered good or bad for small children? YES. NO.

g) If YES, which ones and why? (*Please fill the table below*):

Foods Considered Good for Children		Foods Considered Bad for Children	
Food Item	Why Good for Children	Food Item	Why Bad for Children

h) Any *snacks* given to the child? If Yes, give:

- i) Types of snacks:
- ii) Age when the snacks are introduced to the child's diet:months
- iii) Daily feeding frequency:times/day

i) When does the mother stop preparing a special complementary food for the small child?: Age.....months.

- j) (i) At what age do you stop breastfeeding? : months; (ii) Who decides when to stop:
- k) How do you stop?:

15. Feeding Sick Children or Children Without Appetite:

- a) **Common childhood illnesses (e.g. diarrhoea, vomiting, fever, etc) and the types of food given to such sick children and daily feeding frequency:**
 (i) Which foods do you give to the sick child? (List these foods in column 2); and (ii) How often is the child fed?
 (iii) Which foods are avoided (fill in column 4); and (iv) Give the reasons in column 5.

Type of Sickness	Foods Given to Child	How often Child is Fed per Day	Foods Avoided	Why These Foods are Avoided	Remarks, if any
1. Diarrhoea		.....times/day			
2. Vomiting		.....times/day			
3. Fever		.....times/day			

16. Feeding Practices of Pregnant and Lactating Women:

- a) Which foods do you eat when pregnant or lactating and which ones do you avoid to eat and why. Fill very brief summary of answers in Columns 1-3.
- b) How many meals and snacks do you eat when pregnant or lactating per day?

State of Women	Foods Eaten	Foods Avoided	Why Foods are Avoided	No. of Daily Meals Eaten	No. of Snacks Eaten Daily	Type of Daily Snacks Eaten
Pregnancy				.....times/day	.....times/day	
Lactation				.....times/day	.....times/day	

17. General Advice on Child and Family Feeding

- a) **Information source:** Who gives the family advice on what, how and when to: (i) feed the child at different ages; (ii) good feeding practices during pregnancy and lactation; and (iii) feeding the family in general

Category of Household Member	Sources of Advice <i>(please tick ✓)</i>				
	Older Family and Community Member	Health Centre	Radio	TV	Others <i>(specify)</i>
1. Infant and Young Children					
2. Pregnancy and Lactation					
3. General Family Feeding					

b) Which of these information sources will you most likely follow and why?

Category of Household Member	Information Source You Will Most Likely Follow <i>(please tick ✓)</i>					Why
	Older Family and Community Member	Health Centre	Radio	TV	Others <i>(specify)</i>	
1. Infant and Young Children						
2. Pregnancy and Lactation						
3. General Family Feeding						

c) What advice do you usually get; and which advice does the household find easy or difficult to follow and why?

No	Advice you Usually Get	Advice Which Family can <u>Easy</u> Follow		Advice Which Is <u>Difficult</u> for the Family to Follow	
		Please Tick	Reasons Why it is Easy to Follow	Please Tick	Reasons Why it is Difficult to Follow
1					
2					
3					
4					
5					
6					
7					

18. Observations: Observe the following

- a) **Household Measures** in the house (cups, spoon, bowls) and food processing and preparation/serving equipment (this information is useful if you have to assist the mother and demonstrate how to make some of the dishes in the second home visit – the counselling visits.

.....

.....

.....

.....

- b) **Personal Hygiene and Hygiene in and Around the House:** Give an indication of the overall hygiene situation by ticking in the appropriate column

Aspects of Personal and Family Hygiene	Give Your Opinion on Whether the Hygiene of Different Aspects of Home/Persons is Good, Fair or Poor <i>(Please Tick ✓ in Appropriate Column)</i>			Remarks If Any
	Good	Fair	Poor	
1. Surroundings				
2. Clothing , hands, etc				
3. House				
4. Kitchen (overall)				
5. Food: storage of cooked food (if seen)				
6. Latrine (if any)				
7. Any other (specify)				

- c) Is there a latrine?: YES. NO.
- d) Are animals living inside the house?: YES. NO.
- e) Hand Washing: If observed, does mother wash hands before handling food to cook or feed? YES. NO.
- f) If YES, how? *(please tick ✓)*
- In a bowl. Running water or pour water over the hands.
- g) As observed, does the mother use soap or ash when washing hands? YES. NO.

TIPs Tool 2

Child Feeding Classification Form and Tool of Identifying Possible Improvements

Tool 2 is divided in 2 tables. Both tables summarize key information on the checklist for the initial assessment home visit.

REMEMBER!

You complete one Tool 2.A and one Tool 2.B for each household participating in TIPs, using the information you wrote on the checklist (Tool 1)

Tool 2.A: focuses on classification of infant and young child feeding practices into good and harmful practices. To complete this part:

1. Go to Items 13, 14 and 15 of the checklist and list all the feeding practices you noted down during the assessment visit.
2. List these in Column 2 of Tool 2.A, depending on the age of the child.
3. In the third Column, “Classification of Practices”, tick against each practice whether it is good or harmful.
4. If you are not sure of how to classify the practice, tick the last column, “Do Not Know”.
5. Then take Tool 5 and write (in Column 1 of Tool 5) the practices you are not sure of how to classify and ask your supervisor.

Tool 2.B: summarizes types of foods available to the household and current Infant and Young Child (IYC) feeding practices. The tool also provides space for writing possible improvements to current IYC feeding practices for discussion with the household during the counselling visit. To complete this form:

1. Go to Items 2 - 9 of the checklist (TIPs Tool 1) and list all the available foods in Column 1 of Tool 2.B.
2. To complete the middle column on “types of complementary foods given to the child”, use the information from Item 14 of the checklist to **TICK** appropriate complementary foods given to the child. If the food is NOT provided in the table under Tool 2.B, write the foods under item 1.c of this table.
3. Against each complementary food, list ingredients used to prepare the dish.
4. For each dish, count food groups represented in each dish (refer to your reference noted on Tips for Recipe Development).
5. Enter the number of “Food Groups Represented” against each complementary feeding dish.

6. Using the information you wrote down in Item 14 e), under 9a), 9b), 9c) and 9d) of the checklist, list mashed fruits given as snack to the child at the bottom of Tool No. 2.B, Item 1.d.
7. To complete the, next section, use the information in 14(b) to complete the section on:
 - Number of times the child is fed;
 - How often the mother prepares complementary foods daily; and
 - Weekly frequency of giving flesh foods (meat and fish) and mashed fruits to the child.
8. Now refer to information in Tool 2.A and Tool 1, Item 14 b) of the Checklist and Reference Notes on “Food Needs of IYC, “Food Safety and Hygiene” and “Tips for Developing Improved IYC Feeding Recipes” to reflect on ways to improve child feeding in the household and write possible improvements in the space in Tool 2.B.
9. Reflect on possible challenges, with a view to explore possible solutions to these.
10. Write the possible challenges in the last column of Tool 2.B.

TIPs Tool 2.A: Child Feeding & Care Classification Form

District: Commune: Village: Name of Head of HH:

Child's Age Group	Current Child Feeding and Care Practices	Classification of Practices		
		Helpful	Harmful	Do Not Know
0-6 months				
7-8 months				
9-11 months				
12-24 months				

TIPs Tool 2.B: Tool for Identifying Possible Complementary Feeding Improvements

District: Commune:.....Village: Name of Head of HH:

List of Foods Available to HH in Current Season	Type of Complementary Foods Given to Child, Ingredients Used, Daily Frequency of Feeding and Weekly Frequency of Giving Flesh Part of Food From Animal Source (flesh foods) and Mashed Fruits							Possible Improvements	Possible Challenges	
	Type of Complementary Food	Ingredients Used		Daily No. of Meals given to Child	No. of Times Mother prepares food per day	Weekly Frequency of Giving				
		Type of Ingredient or Type of Fruits	No. of Food Groups Represented			Flesh Foods	Fruits			
1. Foods Produced by Family	1. Special food for child			.....t/d	.....t/d	.....t/w	.....t/w		
	1.a) Rice Porridge:									
2. Foods Collected from Nature										
	1.b) Chewed Rice:									
3. Foods Bought										
	1.c) Others (specify):.....									
									
									
									
5. Food From Other Sources										
	1.d) If mashed fruits are given as snack:									
	• Please list types of fruits usually given to child in spaces marked (i) to (iv)	(i)								
		(ii)								
		(iii)								
		(iv)								

TIPs Tool 3

Counselling Guide

COMMON FEEDING PROBLEMS AND RECOMMENDATIONS FOR HOUSEHOLD PARTICIPATING IN TRIALS OF IMPROVED PRACTICES

PROBLEMS AND RECOMMENDED ACTION BY AGE GROUP AND HEALTH STATE

Age Group: 0 to 6 months

Ideal feeding pattern: Exclusive breastfeeding

Problem 1: Mother not breastfeeding exclusively

Recommendations:

- 1.a If child is not yet breastfed and is being given foods before breast feeding, put child to the mother's breast immediately and breastfeed frequently, day and night. The more the child sucks, the more the mother produces breast milk.
- 1.b If throwing away colostrum, give colostrum to the child because it protects the baby from illnesses while the baby is developing its own immune system.
- 1.c If giving water (water, honey or any other fluids) because the child gets or looks thirsty, stop giving water or honey, breast milk is a clean and safe liquid that contains enough water and all the food for the baby during the first 5 months of life.
- 1.d Stop giving porridge or other foods/liquids before 6 months and breastfeed more frequently: on demand, i.e. at least 8-10 times per day (day and night).

Problem 2: Mother tries to breastfeed exclusively, but feels she is not produce enough milk because the child cries often, resulting in the early introduction of weaning foods.

Recommendations:

- 2.a Stop introduction of other foods before the age of 6 months and breastfeed more frequently-2 more times per day, minimum of 8 times per 24 hours.
- 2.b Use both breasts at each feed and empty breasts completely by feeding longer.
- 2.c Increase nursing mother's intake of fluids, e.g. safe drinking water, soups with vegetables, fish, eggs or meat and juice seasonal/wild fruits. If the mother is already eating 3 meals a day, she should eat 2-3 extra spoonfuls of rice with the soup to enable her to produce more of the clean, safe and ready to suck breast milk. The mother can also eat snacks such as roasted/boiled groundnuts, corn or pumpkin seeds between the main family meals.

- 2.d Hold the baby in the right position (correct attachment to nipple) and feed frequently.
- 2.e Encourage the nursing mother to take a little more rest each day.
- 2.f Encourage the husband to increase support to the breastfeeding mother and encourage positive communication between the wife and husband.
- 2.g Encourage other members of the household to increase support to the breastfeeding mother so as to give her chance to rest and relax a little more.

Ideal feeding pattern: Breastfeed until the child is 2 years of age or beyond and wean child gradually from breast milk.

Problem 3: Abrupt weaning because the mother is pregnant

Recommendations:

- 3.a Continue breastfeeding a small infant during pregnancy. Breast milk from a pregnant mother is still very safe for the child.
- 3.b Increase nursing-pregnant mother's intake of fluids (soups), fish, meat and juicy seasonal fruits. The mother must give herself extra 3-4 fistfuls of rice to eat with the soup because she is now eating for 3 people, i.e. herself, the nursing child and
- 3.c Gradually wean the breast feeding child by introducing nutritious complementary foods.
- 3.d Use contraceptives to prevent early pregnancies in future.

Problem 4: Abrupt weaning because the mother is ill or dies.

Recommendations:

- 4.a Continue breastfeeding a small infant even if the mother is sick. Breast milk from a sick mother is still safe for the child.
- 4.b In the case of acute respiratory infections (colds, coughs, and in particular TB), the mother should cover her mouth with a cloth when she is breastfeeding and has close contact with the child.
- 4.c The mother should drink many fluids and eat regularly to help her get better soon and produce good milk for the child.

If the mother is extremely ill or dies:

- 4.d Get a wet nurse (another woman in the family/community) to continue breast feeding the child.

- 4.e If baby milk formulas are affordable, buy and prepare the milk formulas for such a child if less than 6 months. Make sure to follow instructions on the tin and not to use too much water.
- 4.f When feeding the child with milk formula, use clean utensils (glasses, spoons). Avoid using a baby bottle, because it becomes easily dirty and can cause the child to have diarrhoea.

Age Group: 6 months

Ideal feeding pattern: Frequent breastfeeding complemented by nutritious soft foods.

Problem 5: Child's rice porridge not nutrient-dense enough (child gets plain rice porridge with little salt)

Recommendations:

- 5.a Give the child one new food at a time, starting with 2-3 tablespoonfuls of a soft porridge per feed, feed the child 2 times a day in addition to breastfeeding on demand and gradually increase quantities of the new food over a 3 to 5-day period.
- 5.b As the child gets accustomed to eating a particular food, add the next new food into the child's diet, starting with small quantities and gradually increase quantities.
- 5.c Towards the end of the 6th month, start giving the child a mixture of two or more foods which the child is already accustomed to and gradually increase the quantities, depending on the child's appetite.

Age Group: 7-8 months

Ideal feeding pattern: Frequent breastfeeding complemented by nutritious soft foods.

Problem 6: Child's rice porridge not nutrient-dense enough (child eating plain porridge with little salt)

Recommendations:

- 6.a Enrich child's rice porridge with pounded groundnut, eggs, de-boned mashed fish or fish flour, pumpkin seed flour, finely chopped/pounded meat, a little oil and a little sugar if affordable.
- 6.b Feed the child 3 times a day and gradually increase quantities per feed to ½ a 250ml bowl.
- 6.c Add finely chopped vegetables to the child's food and cook for 2-3 minutes.

- 6.d Give mashed fruits (e.g. banana, papaya, orange, mango, etc.) to the child between the main meals.
- 6.e Store/buy and keep a small amount of groundnuts and pumpkin seeds specifically for enriching the child's rice porridge at time when family stocks are likely to go down. This helps to ensure variety in the child's diet.

Problem 7: Depending on the age of the child, the child is fed less, too few meals per day (in addition to breastfeeding on demand, or given too small amounts of the enriched rice porridge)

See Table below for details on the number of meals and quantity of food to give to the child, by age.

Recommendations:

- 7.a Feed one extra nutritious meal or snack every day.
- 7.b Increase serving by 1-2 tablespoonfuls each meal (or more if child will take more) and encourage child to eat the whole serving.

Age group: 9-11 months

Ideal feeding pattern: Continued breastfeeding, nutritious soft complementary foods and family foods.

Problem 8: Solid family foods introduced but child given the liquid part of the rice porridge

Recommendations:

- 8.a Make sure child is given plenty of mashed fish, finely chopped meat and mashed vegetables which form part of the rice porridge.
- 8.b Give nutritious snacks such as fruits (banana, mango, ripe papaya, wild fruits, etc) once a day.
- 8.c If child eats from same dish with others, give a separate serving in own plate and monitor and ensure that the child eats all the food.

Age Group: 12 months-2 years

Ideal feeding patterns: Eating with family diet plus extra feeds, with continued frequent breastfeeding.

Problem 9: Child fed less than meals per day because of the mother's heavy workload (during the rains and harvest)

Recommendations:

- 9.a Bulk preparation: Prepare some of the flours, e.g. groundnuts, pumpkin seed and dried fish flours in large quantities/stocks to feed the child for 1-2 weeks.

9.b If you are leaving the child with an old grandmother, teach the grandmother the proper way of preparing the food or prepare the food before leaving home and make sure the food is well protected from flies, etc.

9.c Give the child 3 times meal a day and increase the amount of the food to a full bowl at each meal.

9.d Give child different snacks, e.g. fresh fruits between the 3 complementary feeding meals twice a day.

Table 2: Daily Meals of Breastfed Children and Quantities By Age

Age of the Child in Months	Daily Meals of Complementary Food	Quantities of Uncooked Food for One Meal Per Child		Amount of Cooked Food an Average Child will usually Eat at Each Meal
		Rice-Based Complementary Food	Sweet potatoes or Taro-Based Complementary Food	
6	2 meals per day	2 tablespoons	½ bowl	Start with 2-3 tablespoon per feed and increase gradually, introducing one food at a time for the child to get accustomed to the new food
7-8	3 meals per day			Increase gradually to ½ bowl (250ml)
9-11	3 meals plus 1 snack per day	2½ tablespoons	1 bowl	Increase gradually from ½ -1 bowl (250 ml)
12-23	3 meals plus 2 snacks per day	3½ tablespoons	1½ bowls	One full 250ml bowl
If baby is not breastfeeding, give in addition, 1-2 glassed of milk per day, and 1-2 extra meals per day				

Feeding the Sick Child

Ideal feeding patterns: Continue feeding small quantities of soft easy to swallow nutritious foods frequently

Problem 10: Caregiver stops feeding or limits food intake while child has diarrhoea and is vomiting

Recommendations:

- 10.a Continue breastfeeding and breastfeed more often if the child is still breastfeeding
- 10.b Continue giving soft foods without spices if weaning and give small amounts at a time more frequently
- 10.c Select the food that the child likes most, exercise patience in feeding sick child, feeding small quantities more frequently

Feeding the Sick People with no appetite

Ideal feeding patterns: Give small meals of soft, nutritious and easy to digest foods to sick people

Problem 11: Sick people demanding expensive but not necessarily nutritious foods

Recommendations:

- 11.a Prepare soft, that are easy to digest and contain a good mixture of foods (i.e. rice or sweet potatoes + eggs or fish or meat + vegetables and fruits);
- 11.b Practice good personal and food hygiene to minimise possibility of infecting the patient and other members of the household

Problem 12: Looking after sick people takes a lot of time of the caregiver

Recommendations:

- 12.a Exercise patience when caring and feeding sick people but encourage them to do what they can still do by themselves;
- 12.b Share caring task with other members of family.

Ideal feeding patterns: Wash Hands with Soap before Meals

Problem 13: Small child washing hands in dirty water used by parents and older children

Recommendations:

- 13.a Stop giving children water that has been used by many others to wash their hands
- 13.b Wash hands by pouring clean water from cup for all household members
- 13.c Use soap to wash hands and if not available, use ashes.

Problem 14: Looking after sick people takes a lot of time of the caregiver and there is a risk of cross-infection between the patient and caregiver.

Recommendations:

- 14.a Practice good personal and food hygiene to minimize possibility of infecting the patient and other members of the household;
- 14.b Exercise patience when caring and feeding the sick but encourage them to do what they can still do by themselves;
- 14.c Share caring task with other members of the family.

TIPs Tool 4

Recording Form on Outcomes of Counselling and Follow-up Visits

Tool 4 is completed at the end of the counselling visit and at the end of each follow-up visit by the district TIPs implementers. Tool 4 has 3 Columns:

- **Column A** is completed shortly after the counselling visit. It is for recording:
 - Each feeding problem (from TIPs Tool 2.B).
 - Recommendations offered (from TIPs Tool 2.B or any other sound recommendations which come to mind during counselling).
 - Reaction of the caregiver to the advice given by the district officer and reasons why
 - Recommendations or actions agreed upon by the caregiver, following negotiations with the caregiver and other household members, to the extent possible.

- **Column B** is completed shortly after the 1st follow-up visit. Follow-up visits are for assessing progress made in adopting agreed improved feeding practices; solving problems associated with behaviours that are particularly difficult to change and for re-evaluating targets over time, setting new targets as households move towards desired feeding behaviour. To complete Column B, you find out from the household members:
 - Whether the agreed actions were undertaken and TICK in the appropriate column;
 - If agreed action was not tried, find out why.
 - Then negotiate other possible alternatives or re-evaluate targets if the household food situation is changing, depending on season and other circumstances
 - Note the outcome of the re-negotiations or re-setting of targets in Column B of Tool 4.

- **Column C** is completed during the last follow-up visit, which is followed by the evaluation of the trials. During this visit, you find out:
 - The willingness of the caregiver/household to continue with the improved feeding practices and TICK response “Yes/No” in the appropriate column.
 - Then find out the reason for Yes – motivating factors; and No – constraints and note these in the appropriate column of Tool 4.
 - Under the last main column – “Dietary Changes Noted”, write down:
 - o New number of daily meal if this was one of the problem;
 - o Number of food groups now used to make a complementary food regularly; and
 - o Weekly frequency of giving flesh foods and mashed fruits to the child.

TIPS Tool 5

Recording Form on Issues Requiring the Advice of the Provincial Supervisor

District: Commune: Village: Name of District Officer: Name of Provincial Supervisor:

Column I: To be completed by the District TIPs Implementing Officer		Column II: To be completed by Provincial Supervisor during Monitoring Visits	
Feeding Practise that District TIPs Implementer could <u>Not</u> Classify as Useful or Not Useful	Date	Advice Given by Provincial TIPs Team During Monitoring Visit	Date
1.			
2.			
3.			
4.			
5.			
Any other Problems Encountered by District TIPs implementers	Date	Advice Given by Provincial TIPs Team During Monitoring Visit	Date
6.			
7.			
8.			
Etc.			

TIPs Tool 6

TIPs Evaluation Form I: for District TIPs Implementers

Tool 6 is for summarizing information on all TIPs Tool 4 forms completed by each District TIPs Implementer. It can also be used to compile information collected by all Implementers to come up with a district summary. To complete Tool 6, you use information on all Tool 4 forms which you completed for each household during counselling and follow-up.

1. First, sort all the completed Tool 4 forms by age groups of the children provided on Tool 6.
2. For each set of forms sorted by age group, compile a list of feeding problems in that group and list these problems by age group in Column 1 of Tool 6.
3. For each problem, count the number of households experiencing the same problem.
4. Enter the number of households with the same problem in the column marked “HHs with same”.
5. Using your Counselling Guide - TIPs Tool 3, write the ideal recommendation against each problem.
6. Depending on the Age of the child, you have an option for the middle column, “Recommendations Implemented –Observed Dietary Changes).
 - a) For children less than 6 months of age, group observed feeding and care changes noted on the Tool 4 forms, Column B and C, into 2 groups, namely:
 - i) Changes in child feeding and care;
 - ii) Changes in mother feeding and care;
 - iii) TICK in the appropriate sub-column, the action(s) which the household implemented;
 - iv) Write actions not listed on Tool 6 under “Others” and specify the action undertaken by the household.
 - b) If the child is above 6 months of age, use information on Tool 4 Column B and C to identify households that:
 - Increased daily meal frequency. (i) Tick this change, (ii) Enter the number of households that increased meal frequency by age group, and (iii) give indication of what daily meal frequency was before the trial and what it is at evaluation;
 - Now add new ingredients to rice porridge. (i) Tick the ingredient being added, (ii) Count HHs which are now adding that ingredient, and (iii) Enter the number of these households by age group in the appropriate column;
 - Go back to completed forms of Tool 4 (last two columns) and count HHs which are giving children:
 - Flesh foods at least 3 times a week; and
 - Mashed fruits at least 4 times a week.
 - Enter the number of HHs in the last two sub-columns of the middle column, “Recommendations Implemented”.
7. The last 2 main columns “Willingness to Continue” and “Recommendations not Accepted” are the same for all age groups. Use information on Tool 4 Column A and Column C. For each problem and age group:
 - a) Count HHs that are willing to continue the improved feeding practice or care and those not willing.
 - b) Insert “YES” and give total numbers of HHs willing to continue. Then insert “NO”, and give numbers of HHs not willing to continue.

- c) In the next column, Tool 6, give common reasons for wishing to continue and for not wishing to continue.
8. Go back to Tool 4, Column A, sub-column 3 and identify recommendations not accepted by age group, the reasons and the number of HHs which did not accept each age-specific recommendation.
9. Enter this information in the last 3 columns under “Recommendations not Accepted”
10. Regarding snacks:
 - a) Snacks Given (according to initial assessment):
 - i) Go back to the check list, TIPs Tool 1, Item 14.b under Complementary Foods, “Others”, Item 14.e under Fruits and Item 14.h under “Snacks”. Identify households which give snacks to children and those which do not
 - ii) Sort the HHs by age.
 - iii) On Tool 6, First large column, enter the total number of households which:
 - Do not give snacks;
 - Give 1 snack per day;
 - Give ≥ 2 snacks per day
 - iv) Then list the types of snacks in the next column.
 - b) Snack Given (at evaluation of the trials):
 - i) Go back to TIPs Tool 4 forms Column A, “Recommendations Offered”, “Recommendations Agreed Upon” and Last column on “Dietary Changes Noted” and sort HHs into those that:
 - Do not give snacks;
 - Give 1 snack per day;
 - Give ≥ 2 snacks per day, and enter the total number of households in each category in the appropriate column on Tool 6.
 - ii) List the types of snacks in the next column, if the information is available.
11. Then sort HHs into those that were able to make:
 - a) 2 or more changes (improvements) to the quality of complementary food given to the child.
 - b) One or no sustainable change to the quality of complementary foods.
12. Enter this information on the last Item of Tool 6. Work out percentages and enter these in appropriate columns.
13. On the basis of the information on Tool 4, count (or note from your observations during follow-up visits), HHs now making sweet potato-based and taro-based complementary foods. Enter the number of these HHs in the appropriate column and calculate the percentage.

TIPs Tool 6

TIPs Evaluation Form I: for Completion by District Officer (District TIPs Implementer) *(Summary of Information on All TIPs Tools 4 Completed by the District TIPs Implementer)*

Province: District: Commune: Village: Name of District TIPs Implementer:

No. of households (HHs) Covered by District TIPs Implementer: Date of Compilation of Outcome of Trials:

Feeding Problem by Age of Child <i>(Summary of all the Feeding Problems on TIPs Tool 4 Completed by the District TIPs Implementer)</i>	Ideal Recommendation <i>(As given in the Counselling /guide)</i>	Recommendations Implemented – Observed Changes in Child and Mother Feeding and Care Practices <i>(Accepted and Tried by Mothers)</i>						Willingness to Continue Observed Feeding Practices			Recommendations Not Accepted							
		Child Feeding and Care Practices <i>(Please Tick the Appropriate & State No. Of HHs)</i>			Mother Feeding and Care Practices <i>(Please Tick the Appropriate & State No. Of HHs)</i>			Yes/ No <i>(Specify)</i>	Reasons	What was not accepted <i>(specify)</i>	No of HHs							
		Breastfeed More Often Daily <i>(from-to-)²</i> & No. of HHs	Stop Giving Water & No. of HHs	Stop giving other Foods & No. of HHs	Other Actions <i>(Specify)</i> & No of HHs	Increase food & Fluid Intake & No. of HHs	Mother Getting More Rest & No. of HHs					Mother Gets More Family Support & No. of HHs	Other Actions <i>(Specify)</i> & No. of HHs					
0-6 months																		
Type of Problem	HHs with Same																	

² State daily frequency of breastfeeding noted during the initial assessment home visit (*Question No 13 d. of checklist*), then indicate the new frequency of breastfeeding at the time of evaluation

Feeding Problem by Age of Child	Ideal Recommendation <i>(As given in the Counselling guide)</i>	Recommendations Implemented - Dietary Changes Observed <i>(Accepted and Tried by Mothers)</i>							Willingness to Continue Observed Dietary Changes		Recommendations Not Accepted		
		Increased Daily meal frequency <i>(please tick)</i>	No of HHs	Adding other ingredients to Sticky Rice/Porridge <i>(tick the appropriate)</i>			No of HHs Giving Flesh Foods ≥ 3 times per week	No of HHs Giving Fruits and other non-leafy Veg ≥ 4 times per week	Yes/No <i>(Specify)</i>	Reasons	What was not accepted <i>(specify)</i>	Reasons	No of HHs
				No of HHs	No of Leafy Veg. HHs	No of Protein-Rich Foods								No of HHs
12-24 months													
Type of Problem	HHs with Same												

Snacks Given to Children by Age

Age	No. of Snacks Given Per Day												
	During Initial Assessment Visit (1 st Home Visit) <i>(Please Tick in Appropriate Column and State No. of HHs)</i>					At Evaluation <i>(Please Tick in Appropriate Column and State No. of HHs)</i>							
	None	1 Snack	No of HHs	≥ 2 snacks	No of HHs	Types of Snacks	None	No of HHs	1 Snack	No of HHs	≥ 2 Snacks	No of HHs	Types of Snacks
9-11 Months													
12-24 Months													

- No. of households preparing sweet potato-based complementary foods =HHs
As % of the total No of TIPs households in the District =%
- No. of households preparing taro-based complementary foods =HHs
As % of the total No of TIPs households in the District =%
- No. of households unable to at least 2 ingredients to rice porridge or stick rice =HHs.
As % of the total No of TIPs households in the District =%

Remarks:

TIPs Tool 7

TIPs Evaluation Form II: for Completion by Provincial Supervisor (Provincial TIPs Implementer)

(Summary of Information on All TIPs Tools 6 Completed by District TIPs Implementers in the Province)

Province: District: Commune: Village: Name of Provincial Supervisor:

No. of TIPs households (HHs) in the Province: Date of Compilation of Outcome of Trials:

Feeding Problem by Age of Child (Summary of all the Feeding Problems on TIPs Tool No. 6 Completed by District TIPs Implementers)	Ideal Recommendation (As given in the Counselling /guide)	Recommendations Implemented – Observed Changes in Child and Mother Feeding and Care Practices (Accepted and Tried by Mothers)					Willingness to Continue Observed Feeding Practices		Recommendations Not Accepted												
		Mother Feeding and Care Practices (Please Tick the Appropriate & State No. Of HHs)					Yes/ No (Specify)	Reasons	What was not accepted (specify)	Reasons	No of HHs										
		Child Feeding and Care Practices (Please Tick the Appropriate & State No. Of HHs)	Stop Giving Water & No. of HHs	Stop giving other Foods & No. of HHs	Other Actions (Specify) & No of HHs	Increase food & Fluid Intake & No. of HHs						Mother Getting More Rest & No. of HHs	Mother Gets More Family Support & No. of HHs	Other Actions (Specify) & No. of HHs							
0-6 months																					
Type of Problem	HHs with Same																				

⁴ State daily frequency of breastfeeding noted during the initial assessment home visit (Question No 13 d. of checklist), then indicate the new frequency of breastfeeding at the time of evaluation

Feeding Problem by Age of Child	Ideal Recommendation <i>(As given in the Counselling /guide)</i>	Recommendations Implemented - Dietary Changes Observed <i>(Accepted and Tried by Mothers)</i>										Willingness to Continue Observed Dietary Changes		Recommendations Not Accepted			
		Increased Daily meal frequency <i>(please tick)</i>	No of HHs	Adding other ingredients to Sticky Rice/Porridge <i>(tick the appropriate)</i>				No of HHs Giving Fish Foods ≥3 times per week	No of HHs Giving Fruits and other non-leafy Veg ≥4 times per week	Yes/ No <i>(Specify)</i>	Reasons	What was not accepted <i>(specify)</i>	Reasons	No of HHs			
				No of HHs	No of HHs	No of HHs	No of HHs										
12-24months																	
Type of Problem	HHs with Same																

Snacks Given to Children by Age

Age	No. of Snacks Given Per Day													
	During Initial Assessment Visit (1 st Home Visit) <i>(Please Tick in Appropriate Column and State No. of HHs)</i>					At Evaluation <i>(Please Tick in Appropriate Column and State No. of HHs)</i>								
	None	No of HHs	1 Snack	No of HHs	2 snacks	No of HHs	Types of Snacks	None	No of HHs	1 Snack	No of HHs	2 Snacks	No of HHs	Types of Snacks
9-11 Months														
12-24 Months														

- No. of households preparing sweet potato-based complementary foods = HHs
As % of the total No of TIPs households on the Province =%
- No. of households preparing taro-based complementary foods = HHs
As % of the total No of TIPs households on the Province =%
- No. of households **unable** to at least 2 ingredients to rice porridge or stick rice = HHs
As % of the total No of TIPs households on the Province =%

Remarks:

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TIPs Tool 8

Checklist for Monitoring Visits By Provincial and National Level Supervisors

Two monitoring visits are foreseen during TIPs implementation and an additional 2 during dissemination of well-tested recipes. Issues to cover in each of these monitoring visits are provided below

	Type of Monitoring Visit and by whom	Issues to Undertake
1	Monitoring Visit 1 - TIPs Implementation Provincial and National Level Supervisors <i>(To coincides with counselling visit)</i>	<ol style="list-style-type: none"> 1. Review the following TIPs Tools completed by district officers: <ul style="list-style-type: none"> • Tool 2.A and Tool 5 and respond to issues raised on these 2 tools; • Note down the advice given to the District TIPs Implementer in Column 2 of Tool 5 as per instructions; • Review Tool 2.B and critically look at the possible improvements for negotiation with TIPs household, and where necessary, advise accordingly 2. Participate in some of the counselling sessions and provide support, where necessary; 3. Note the reactions of caregivers and the agreed actions to take and assist the district officers to complete Column A of Tool 4 immediately after the counselling session, if there is need
2	Monitoring Visit 2 – TIPs Implementation Provincial and National Level Supervisors <i>(To coincides with 2nd follow-up visit or last- evaluation home visit)</i>	<ol style="list-style-type: none"> 1. Review the Column B of Tool 4 and participate in some of the final follow-up visit to gain insight into the views of caregivers; 2. Assist district officers to summarize information collected on each household (on Tool 4) to compile it onto Tool 6; 3. Assist provincial supervisors to summarize information collected by each district officer (on Tool 6) to compile it onto Tool 7; 4. Assist in the preparation of a brief provincial report and development of a draft workplan for training community nutrition promoters and refinement of the community level implementation strategy.
3	Monitoring Visit 1 - Promotion of Tested Improved Recipes District, Provincial and National Level Supervisors <i>(after one month up-start)</i>	<p>Joint monitoring visit to:</p> <ul style="list-style-type: none"> • Monitor number of cooking demonstrations, attendance per cooking demonstration and record keeping using the form provided by the project; • Monitor number of mothers being reached by each peer educator, and the outcome; • Provide technical support, where necessary.
4	Monitoring Visit 2 - Promotion of Tested Improved Recipes District, Provincial and National Level Supervisors <i>(2 weeks before Project Evaluation Workshop)</i>	<p>Joint monitoring visits to:</p> <ul style="list-style-type: none"> • Assess number of households that are adopting improved complementary feeding practices • Determine willingness of mother to continue with improved feeding practices; • Identify issues requiring further attention or investigation, through simple community records and focus group discussions with participating households • Assist in the preparation of a provincial report for presentation at the project evaluation workshop.

Annex I

Workshop Programme for Training TIPs Implementers

Date	Topic	Potential Presenter/ Facilitator
Day 1		
08:00-08:15	Registration	
08:15-08:45	Welcoming remarks and introduction of persons present	
08:45-09:30	Project orientation: Project objectives and project components	
09:30-10:15	Workshop objectives, methodologies and programme, and participants expectations (<i>Use Session 1 Guiding Notes – participants expectations</i>)	
10:15-10:30	Tea Break	
10:30-11:15	Revised implementation strategy of project's nutrition component and TORs of district TIPs implementers, community nutrition promoters and provincial supervisors	
11:15-12:15	Basic Nutrition I: The food we eat – what, why and how; and how the foods can be classified or combined to make healthy family meals (<i>Use Session 2 Guiding Notes</i>)	
12:15-13:15	Lunch Break	
13:15-13:30	Review of Guiding Notes on how to facilitate Basic Nutrition 1 session when training community nutrition promoters (<i>Use Session 2 Guiding Notes</i>)	
13:30-13:45	Feedback on the participants' Expectations (<i>Use Session 1 Guiding Notes</i>)	
13:45-15:45	Basic Nutrition 2: Special food needs infants and small children (IYC), i.e., breastfeeding, complementary feeding, feeding children aged 2-5 years; nutritional needs of pregnant and lactating women; and nutritional needs of sick children (with common childhood illnesses). (<i>Use Session 3 Guiding Notes</i>)	
15:45-16:00	Review of Guiding Notes and materials to use when facilitating the Basic Nutrition 2 training session during the training community nutrition promoters (<i>Session 3 G. Notes</i>)	
16:00-17:00	Brief presentations on seasonal food availability patterns and their importance to nutritional wellbeing of households (<i>Use Session 4 Guiding Notes</i>)	
Day 2		
08:00-08:15	Summary of outcomes of the previous day's deliberations	
08:15-10:00	Working Group Session 1: Development of food availability/Access calendar in project districts/village and their implication on nutritional wellbeing	
10:00-10:15	Tea Break	
10:15-10:45	Presentation of outcome of group discussions and discussion on implications on Nutrition	
10:45-11:00	Review of Guiding Notes and materials to use when facilitating the session on development of simple food availability calendar during training community nutrition promoters (<i>Use Session 4 Guiding Notes</i>)	
11:00-12:00	Plenary Discussions Session 1: Development of gender-based activities calendar in project districts/village and their implication on nutritional wellbeing (<i>Use Session 5 Guiding Notes</i>)	
12:00-13:00	Lunch Break	

Date	Topic	Potential Presenter/ Facilitator
13:00-13:15	Review of Guiding Notes and materials to use when facilitating the session on development of simple gender-based activity calendar during training community nutrition promoters	
13:15-14:00	Facilitation: What is it? How to facilitate, including qualities of a good facilitator <i>(Use Session 6 Guiding Notes)</i>	
14:00-14:15	Review of Guiding Notes and materials to use when facilitating the session on “Facilitation: What and how?” during the training community nutrition promoters <i>(Use Session 6 Guiding Notes)</i>	
14:15-15:30	What is TIPs, What, Why and How? and Procedures to Follow <i>(Use Session 7 Guiding Notes)</i>	
16:00-17:00	Summary of TIPs Tools and In-depth review of Checklist for Initial Assessment Home Visit <i>(Use Session 8 Guiding Notes)</i>	
Day 3		
08:00-08:15	Summary of the Previous Day’s Deliberations	
08:15-10:00	Field Work 1: Participatory Development of SFA Calendar in nearby community <i>(Use Session 4 Guiding Notes, part B)</i>	
10:00-10:15	Tea Break	
10:15-12:00	Field Work 2: Field-testing of TIPs Tool 1 - Initial Assessment Household Visit; Classification of Observed Feeding Practices Using Tool 2.A; Summarizing Outcome of Field Visit on Tool 2.B and Identification of Possible Improvements <i>(Use Session 9 Guiding Notes)</i>	
12:00-13:00	Lunch Break	
13:00-13:15	Plenary discussion on SFAC by community members compared to SFAC by participants working group the day before	
13:15-14:30	Group presentations of outcomes of field-work and completed TIPs Tools 2.A and 2.B.	
14:30-16:00	Presentation on “Nutrition Counselling” and in-depth review of Part I of the Counselling Guide – TIPs Tool 3 <i>(Use Session 10 Guiding Notes)</i>	
16:00-17:00	Role play on Counselling Visit and Discussion on How to Prepare for the Counselling Visit (second home visit) using TIPs Tool 2.B and Tool 3 <i>(Use Session 10 Guiding Notes)</i>	
Day 4		
08:00-08:15	Summary of the Previous Day’s Deliberations	
08:15-09:45	TIPs on development of improved complementary feeding recipes and in-depth review of draft list of improved CF recipes: Part II of the Counselling Guide – TIPs Tool 3 <i>(Use Session 11 Guiding Notes)</i>	
09:45-10:00	Review of Guiding Notes and materials to use when facilitating this session during the training community nutrition promoters	
10:00-10:15	Tea Break	
10:15-11:45	Food safety hygiene <i>(Use Session 12 Guiding Notes)</i>	
11:45-12:00	Review of Guiding Notes and materials to use when facilitating this session during the training community nutrition promoters <i>(Use Session 12 Guiding Notes)</i>	

Date	Topic	Potential Presenter/ Facilitator
		Presenter/ Facilitator
12:00-13:00	Lunch Break	
13:00-13:45	Briefing on CF Food Preparation Practicals brief review of relevant sections of draft list of improved CF recipes –TIPs Tool 3, Part II. <i>(Use Session 13 Guiding Notes)</i>	
13:45-14:00	Participants go into the nearby community to undertake practicals in food preparation	
14:00-16:30	Preparation of some of the improved complementary feeding recipes in a nearby community <i>(Use Session 13 Guiding Notes)</i> and TIPs Tool 3 Part II – List of Improved Recipes	
16:30-17:00	Tasting of prepared dishes and evaluating them (children and adults) and list suggestions for improvements, where necessary <i>(Use Session 13 Guiding Notes)</i>	
Day 5		
08:00-08:15	Summary of the Previous Day’s Deliberations	
08:15-09:00	Conducting a food preparation demonstration: Why and Key Issues <i>(Use Session 14 Guiding Notes)</i>	
09:00-09:15	Review of Guiding Notes and materials to use when training community nutrition promoters on how to conduct food preparation demonstrations in communities <i>(Use Session 14 Guiding Notes)</i>	
09:15-10:00	Community Mobilization: Why, how and when to conduct community mobilization/orientation for TIPs implementation <i>(Use Session 15 Guiding Notes)</i>	
10:00-10:15	Tea Break	
10:15-10:30	Community Mobilization (continues): detailing “when to undertake agreed actions” <i>(Use Session 15 Guiding Notes)</i>	
10:30-12:00	Discussion in sample size per TIPs village and finalizing the number of children to cover in each age group <i>(Use Session 16 Guiding Notes)</i>	
12:00-13:00	Lunch Break	
13:00-13:45	Discussion on draft workplan and fine-tune the entire TIPs implementation workplan including monitoring visits and evaluation <i>(Use Session 16 Guiding Notes)</i>	
13:45-16:15	In-depth review of all Monitoring Tools and issues to look for during monitoring <i>(Use Session 16 Guiding Notes)</i>	
16:15-16:30	Administrative Announcements	
16:30-17:00	Workshop Evaluation and Closing remarks	

Annex II

Proposed Improved Complementary Feeding Recipes (Adapted to the Cambodia Situation)

Proportion of ingredients

Traditional rice-based recipes can be improved by adding fish, eggs, meat, or groundnut to the dish. Sweet potatoes and taro can also be used in the preparation of complementary foods. The initial list of improved complementary feeding recipes which will be field-tested during TIPs therefore include:

- Rice with fish and vegetable porridge
- Rice with egg and vegetable porridge
- Rice with meat and vegetable porridge
- Rice with groundnuts and vegetable porridge
- Sweet potato or taro with fish and vegetable porridge
- Sweet potato or taro with egg and vegetable porridge
- Sweet potato or taro with meat and vegetable porridge
- Sweet potato or taro with groundnuts and vegetable porridge

- NB:**
1. Sweet potatoes can be mixed with or replaced with taro.
 2. Mashed boiled fish can be replaced with dry fish flour (reduced half of the quantity)

Through trials we now know that:

- Cereal : mashed fish or chopped meat = 1 : ½ (boiled fish or raw meat chopped)
- Cereal : legume = 1 : ½ (pounded legume)
- Cereal : fish flour = 1 : ¼ (dry fish)
- Finely chopped or pounded leafy vegetable = 1-2 tablespoons per feed
- Oil per feed = 1 teaspoon to ½ tablespoon per feed
- Salt (iodized) = 1 light 2-finger pinch per feed

We therefore use these proportions and measures as practical guide when developing improved recipes.

- NB:**
- i) Household measures of all the recipes are full up to the brim and NOT Heaped, unless indicated otherwise
 - ii) However, the local bowl used in all the recipes is the common (250ml) bowl **NOT** filled to the brim as shown below.



Photo 13

A. Recipes For One Feed Of Individual Child Aged 6-8 Months

Complementary Food Recipes

A.1 Rice with Fish and Vegetable porridge

Ingredients:

- 2 level tablespoons rice
- 1 ½ bowl of water
- 1 tablespoon mashed fish or ½ tablespoon pounded fish flour (small or big fish, but small fish are nutritionally better)
- 1 tablespoon finely chopped green leafy vegetables
- 1 teaspoon oil (or slightly less than ½ of tablespoon if household has no teaspoon)
- 1 light two-finger pinch of salt (iodized)

- a) Boil fish and debone
- b) Mash deboned fish and measure 1 tablespoon
- c) Boil rice with the water
- d) When rice is boiling, reduce and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- e) When rice is soft, add mashed fish, oil and chopped vegetables
- f) Mix well and cook for 2-3 minutes
- g) Add salt to taste

NB: For dried fish, the light roasting of dried fish helps to reduce the fishy smell and makes the pounding easier. Make sure the fish flour is fine.

A.2 Rice with Egg and Vegetable porridge

Ingredients:

- 2 level tablespoons rice
- 1 ½ bowl of water
- 1 scrambled egg
- 1 tablespoon finely chopped green leafy vegetables
- 1 teaspoon or slightly less than ½ of tablespoon oil
- 1 light two-finger pinch of salt (iodized)

- a) Boil rice with the water
- b) When rice is boiling, reduce and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- c) When the rice is soft, add the well scrambled egg and cook for 2-3 minutes
- d) Add the chopped vegetables and cook for 2-3 minutes
- e) Add salt to taste

NB:

- i. When preparing food for two children or food for two meals using rice and egg, do not double the egg, but double the rest of the ingredients.
- ii. The more you scramble the egg well the more smooth porridge you make.

A.3 Rice with Meat and Vegetable porridge

Ingredients:

- 2 level tablespoons rice
- 1 ½ bowl of water
- 1 tablespoon of finely chopped meat (especially liver)
- 1 tablespoon finely chopped green leafy vegetables
- 1 teaspoon or slightly less than ½ of a tablespoon of oil (When using lean meat)
- 1 light two-finger pinch of salt (iodized)

- a) Boil rice with the water
- b) When rice is boiling, reduce the heat and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- c) Add the finely chopped meat and cook for another 5 minutes
- d) Add the oil and chopped vegetables
- e) Mix well and cook for 2-3 minutes
- f) Add salt to taste

A.4 Rice with Groundnuts and Vegetable porridge

Ingredients:

- 2 level tablespoons rice
- 1 ½ bowl of water
- 1 tablespoon pounded groundnuts flour
- 1 tablespoon finely chopped green leafy vegetables
- 1 light two-finger pinch of salt (iodized)

- a) Make groundnuts flour and measure 1 tablespoon of the flour
- b) Boil rice with the water
- c) When rice is boiling, reduce the heat and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- d) When rice is soft, mix a little of rice soup with pounded groundnuts flour to well thicken and add to pot
- e) Add the chopped vegetables
- f) Mix well and cook for 2-3 minutes
- g) Add salt to taste

NB:

- i. Raw groundnuts can be pounded and used to get a different flavour
- ii. The pounded groundnuts can be replaced with bean flour if dried beans are available
- iii. Groundnuts contain oil. Therefore, we do not have to add oil to all recipes with groundnuts flour.

A.5 Sweet potato or Taro with Fish and Vegetable porridge

Ingredients:

½ bowl of chopped pieces of sweet potatoes or taro
1 bowl of water
1 tablespoon mashed fish or ½ tablespoon pounded fish flour (small or big fish, but small fish are nutritionally better)
1 tablespoon finely chopped green leafy vegetables
1 teaspoon or slightly less than ½ of tablespoon oil
1 light two-finger pinch of salt (iodized)

- a) Boil fish, debone and mash deboned fish
- b) Peel sweet potato or taro, cut it into small pieces (not too small to waste time)
- c) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes, or until the sweet potatoes or taro are cooked/soft
- d) Add the mashed fish and cook for 2-3 minutes
- e) Mash the sweet potatoes or taro and mashed fish into a smooth paste with the back of the ladle or spoon
- f) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- g) Add oil and chopped vegetables and cook for 2-3 minutes
- h) Add salt to taste.

A.6 Sweet potato or Taro with Egg and Vegetable porridge

Ingredients:

½ bowl of chopped pieces of sweet potatoes or taro
1 bowl of water
1 egg
1 tablespoon finely chopped green leafy vegetables
1 teaspoon or slightly less than ½ of tablespoon oil
1 light two-finger pinch of salt (iodized)

- a) Peel sweet potato or taro, cut it into small pieces (not too small to waste time)
- b) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes or until the sweet potatoes or taro are cooked/soft
- c) Add egg and cook for another 2-3 minutes
- d) Mash the sweet potatoes or taro and egg into a smooth paste with the back of the ladle or spoon
- e) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- f) Add oil and chopped vegetables and cook for 2-3 minutes
- g) Add salt to taste

A.7 Sweet potato or Taro with Meat and Vegetable porridge

Ingredients:

- ½ bowl of chopped pieces of sweet potatoes or taro
- 1 bowl of water
- 1 tablespoon finely chopped meat, especially liver
- 1 tablespoon finely chopped green leafy vegetables
- 1 teaspoon or slightly less than ½ of tablespoon oil (when using lean meat)
- 1 light two-finger pinch of salt (iodized)

- a) Peel sweet potato or taro, cut it into small pieces (not too small to waste time)
- b) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes or until the sweet potatoes or taro are cooked/soft
- c) Add meat and cook for another 5 minutes
- d) Mash the sweet potatoes or taro and meat with the back of the ladle or spoon
- e) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- f) Add oil and chopped vegetables and cook for 2-3 minutes
- g) Add salt to taste

A.8 Sweet Potato or Taro with Groundnuts and Vegetable porridge

Ingredients:

- ½ bowl of chopped pieces of sweet potatoes or taro
- 1 bowl of water
- 1 tablespoon fine groundnuts flour
- 1 tablespoon finely chopped green leafy vegetables
- 1 light two-finger pinch of salt (iodized)

- a) Peel sweet potato or taro, cut it into small pieces (not too small to waste time)
- b) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes or until the sweet potatoes or taro are cooked/soft
- c) Add the groundnut flour and mash the sweet potatoes or taro/groundnut paste into a smooth paste with the back of the ladle or spoon
- d) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- e) Add chopped vegetables and cook for 2-3 minutes
- f) Add salt to taste

B. Recipes For Bulk Cooking To Use When Conducting Public Demonstrations of Improved Complementary Dishes

Complementary Food Recipes

B.1 Rice with Fish and Vegetable porridge

Ingredients: (20 full bowls)

3 bowls rice (≈ 0.9 kg)
33-34 bowls water (≈ 8.5 litres)
2 $\frac{1}{2}$ bowls mashed big or small fish (≈ 0.5 kg)
4 bowls finely chopped green leafy vegetables
10 tablespoons oil ($\approx \frac{1}{2}$ bowl)
1 full teaspoon salt (iodized) (≈ 5 g)

- a) Boil fish and debone
- b) Mash deboned fish and measure 2 $\frac{1}{2}$ bowl
- c) Boil rice with the water
- d) When rice is boiling, reduce and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- e) When rice is soft, add the mashed fish, oil and chopped vegetables
- f) Mix well and cook for 2-3 minutes
- g) Add salt to taste

NB: When using dry fish, the light roasting of dried fish helps to reduce the fishy smell and makes the pounding easier. Make sure the fish flour is fine.

B.2 Rice with Egg and Vegetable porridge

Ingredients: (20 full bowls)

3 bowls rice
33-34 bowls water
6 scrambled eggs
4 bowls chopped green leafy vegetables
10 tablespoons oil
1 full teaspoon salt (iodized)

- a) Boil rice with the water
- b) When rice is boiling, reduce the heat and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- c) When the rice is soft, add the well scrambled eggs, oil and cook for 2-3 minutes
- d) Add the chopped vegetables and cook for 2-3 minutes
- e) Add salt to taste

B.3 Rice with Meat and Vegetable porridge

Ingredients: (20 full bowls)

3 bowls rice
33-34 bowls water
2½ bowls of finely chopped meat
4 bowls chopped green leafy vegetables
10 tablespoons oil (when using lean meat)
1 full teaspoon salt (iodized)

- a) Boil rice with the water
- b) When rice is boiling, reduce the heat and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- c) Add the finely chopped meat and cook for another 5 minutes
- d) Add the oil and chopped vegetables
- e) Mix well and cook for 2-3 minutes
- f) Add salt to taste

B.4 Rice with Groundnuts and Vegetable porridge

Ingredients: (20 full bowls)

3 bowls rice
33-34 bowls water
2½ bowls of finely pounded peanuts
4 bowls chopped green leafy vegetables
1 full teaspoon salt (iodized)

- a) Make groundnuts flour and measure 2 ½ bowls or 40 tablespoons of the flour
- b) Boil rice with the water
- c) When rice is boiling, reduce the heat and cook on low heat for 10-15 minutes and stir from time to time to make sure that the food does not stick at the bottom of the cooking pot
- d) When rice is soft, mix a little of rice soup with pounded groundnuts flour to well thicken and add to pot
- e) Add the chopped vegetables
- f) Mix well and cook for 2-3 minutes
- g) Add salt to taste

NB:

- i) Raw groundnuts can be pounded and used to get a different flavour
- ii) The pounded groundnuts can be replaced with bean flour if dried beans are available
- iii) Groundnuts contain oil. Therefore, we do not have to add oil to all recipes with groundnuts flour.

B.5 Sweet potato or Taro with Fish and Vegetable porridge

Ingredients: (20 nearly full bowls)

20 bowls of chopped pieces of sweet potatoes or taro
30 bowls of water
2 bowls of mashed Fish
3 bowls finely chopped green leafy vegetables
10 tablespoons of oil
1 full teaspoon salt (iodized)

- a) Boil fish and debone
- b) Peel sweet potato or taro, cut it into small pieces
- c) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes, or until the sweet potatoes or taro are cooked/soft
- d) Add mashed fish and cook for another 2-3 minutes
- e) Mash the sweet potatoes or taro and fish into a smooth paste with the back of the ladle or spoon
- f) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- g) Add oil and chopped vegetables and cook for 2-3 minutes
- h) Add salt to taste

B.6 Sweet potato or Taro with Egg and Vegetable porridge

Ingredients: (20 nearly full bowls)

20 bowls of chopped pieces of sweet potatoes or taro
30 bowls of water
6 scrambled eggs
3 bowls finely chopped green leafy vegetables
10 tablespoons of oil
1 full teaspoon salt (iodized)

- a) Peel sweet potato or taro, cut it into small pieces
- b) Boiled the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes, or until the sweet potatoes or taro are cooked/soft
- c) Add the scrambled eggs and cook for another 2-3 minutes
- d) Mash the sweet potatoes or taro and egg into a smooth paste with the back of the ladle or spoon
- e) If too thick, add a little water to thin the paste to the right texture or consistence for the child
- f) Add the oil and chopped vegetables and cook for 2-3 minutes
- g) Add salt to taste

B.7 Sweet potato or Taro with Meat and Vegetable porridge

Ingredients: (20 nearly full bowls)

20 bowls of chopped pieces of sweet potatoes or taro
30 bowls of water
2 bowls of finely chopped meat
3 bowls finely chopped green leafy vegetables
10 tablespoons of oil (When using lean meat)
1 full teaspoon salt (iodized)

- a) Peel sweet potatoes, cut it them into small pieces
- b) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes or until the sweet potato or taro are cooked/soft
- c) Add the meat and cook for another 5 minutes
- d) Mash the sweet potatoes or taro and meat into a mash with the back of the ladle or spoon
- e) If too thick, add a little water to thin the paste to the right texture or consistence for the child
- f) Add the oil and chopped leafy vegetables and cook for 2-3 minutes
- g) Add salt to taste

B.8 Sweet Potato or Taro with Groundnut and Vegetable porridge

Ingredients: (20 nearly full bowls)

20 bowls of chopped pieces of sweet potatoes or taro
30 bowls of water
2 bowls of pounded peanuts flour
3 bowls finely chopped green leafy vegetables
1 full teaspoon salt (iodized)

- a) Peel sweet potato or taro, cut it into small pieces
- b) Boil the sweet potato or taro pieces with the water in a pot. When it is boiling, reduce the heat and cook for 10-15 minutes, or until the sweet potatoes or taro are cooked/soft
- c) Add the groundnut flour and mash the sweet potatoes or taro/groundnut paste into a smooth paste with the back of the ladle or spoon
- d) If too thick, add a little water to thin the paste to the right consistence or texture for the child
- e) Add chopped vegetables and cook for 2-3 minutes
- f) Add salt to taste

Weight or volume equivalent of local household measurements for various ingredients:

Description	Tin	Bowl	Tablespoon	Teaspoon
Rice	1 tin = 1 bowl = 280g 1 tin = 20 tablespoons	1 bowl = 20 tablespoon 1 bowl = 280g	1 tablespoon = 15g	-
Sweet Potato	-	1 bowl = 180g	1 tablespoon = 15g	-
Taro	-	1 bowl = 160g	1 tablespoon = 12g	-
Fish/Meat/ Peanut	-	1 bowl = 14 tablespoons = 200g	1 tablespoon = 15g	-
Vegetable	-	1 bowl = 8 tablespoons = 100g	1 tablespoon = 15g	-
Oil	-	-	1 tablespoon = 10g	1 teaspoon = 2.5
Salt	-	-	1 tablespoon = 10g	1 teaspoon = 4g
Water	1 tin = 300ml	1 bowl = 250ml	1 tablespoon = 15ml	1 teaspoon = 5ml

Water quantity for preparing improved complementary porridge

Description	6-8 months	9-11 months	12-24 months	Bulk
Rice	2 tablespoons	2.5 tablespoons	3.5 tablespoons	1 bowls
Water	1 ½ bowls	2 bowls	2 ½ bowls	12 bowls
Sweet Potato/ Taro	½ bowl	1 bowl	1 ½ bowls	-
Water	1 bowl	1 ½ bowls	2 bowls	-



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**TURNING
THE RISING TIDE
OF HUNGER**



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