

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.



Photo 2

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.

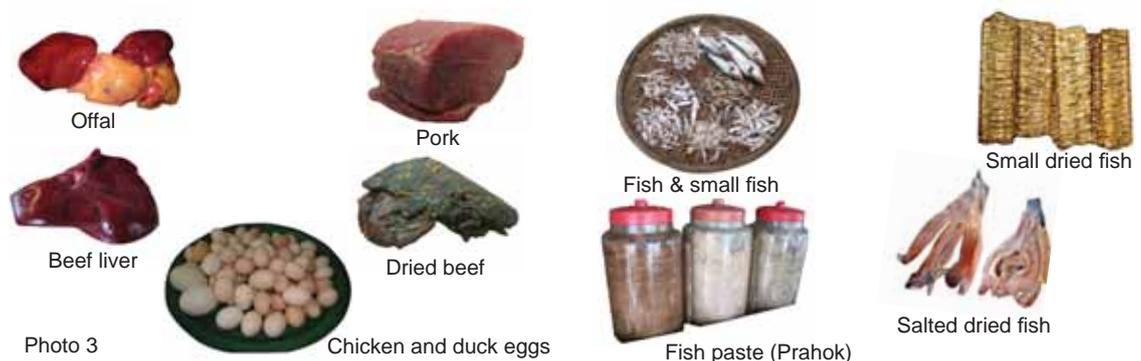


Photo 3

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

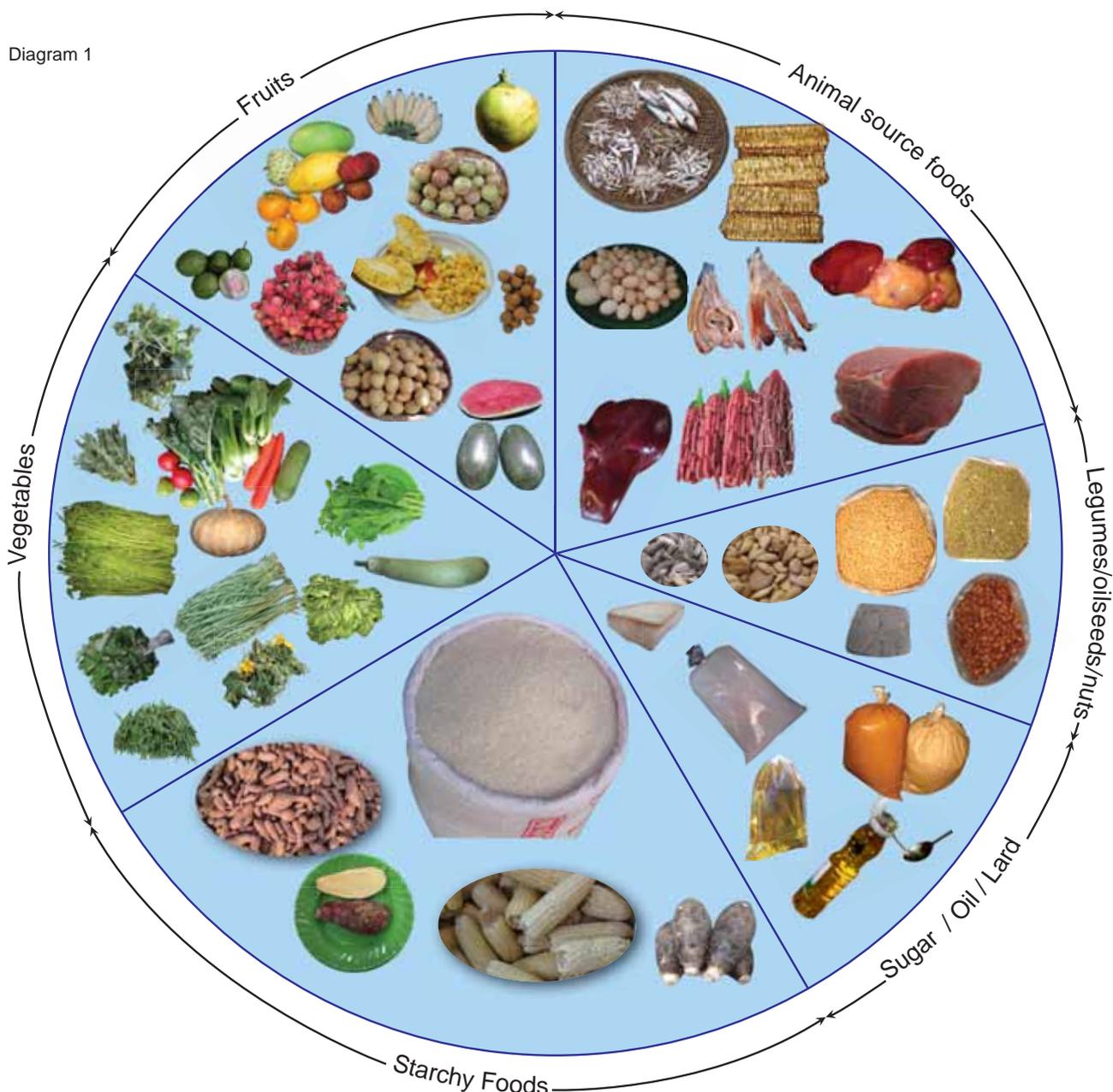
7. **Sugar** gives only energy and no other nutrients. It is useful for making foods taste nice and for improving appetite, for instance during illness. Adding sugar can also be a convenient way of increasing the energy content of a meal without overly increasing its volume, especially in meals of small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

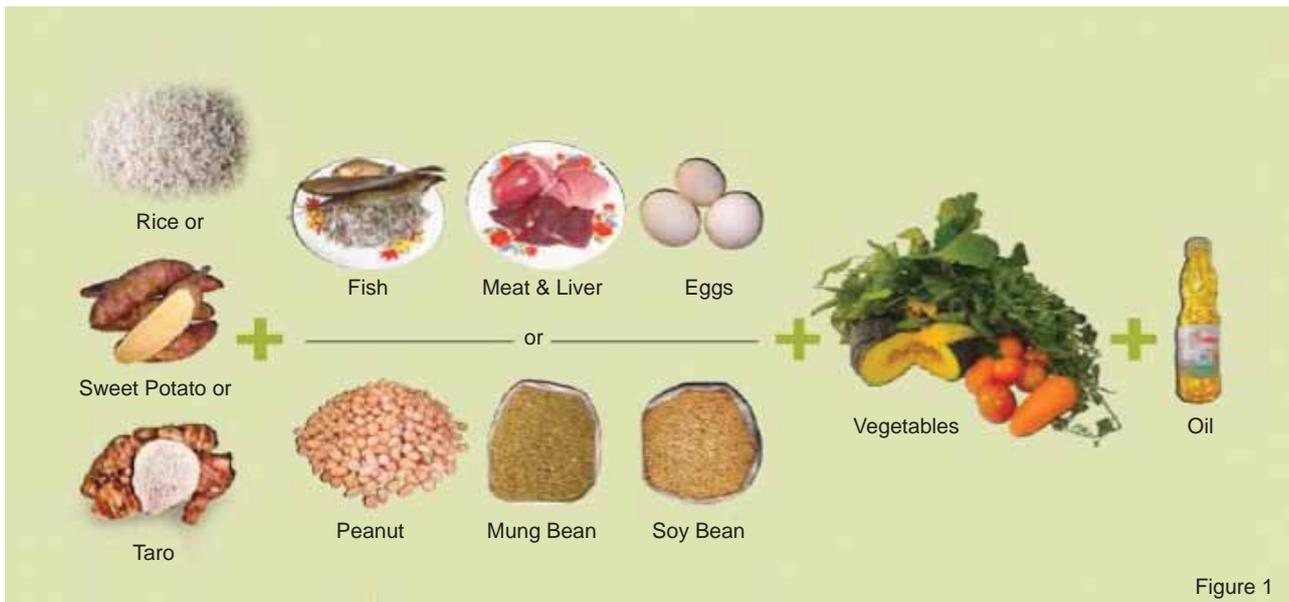


Figure 1

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?

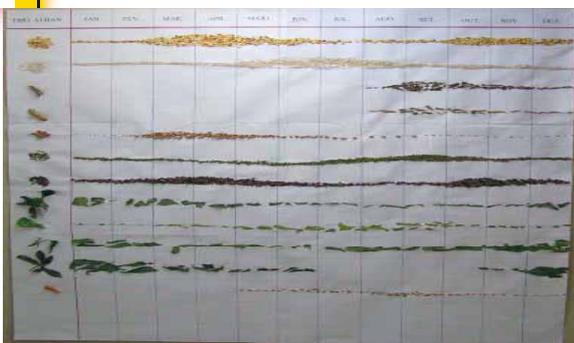
Visual Expression of **Months** &/or **Seasons** in a Year (local perception), reflecting year round pattern of food availability, e.g.:

- 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

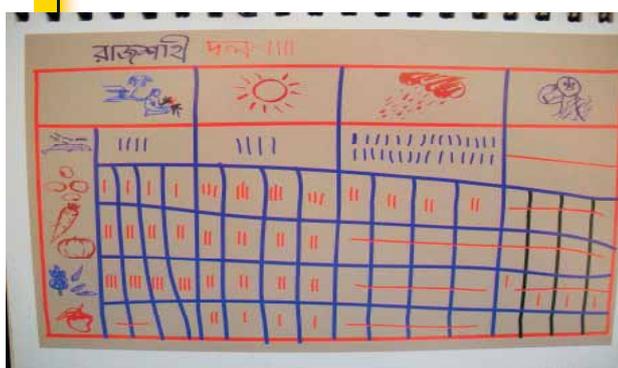
Example of Food Availability Calendar – East Timor



Example of Food Availability Calendar - Afghan

| | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|--------------------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|
| Food Type | | | | | | | | | | | | |
| Cereals | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green | Green |
| Legumes and nuts | | | | Yellow | Green |
| Roots | | | | Yellow | Green |
| Veg. | Red | Red | Red | Green | Green | Green | Green | Green | Green | Green | Green | Green |
| Fruits | | | | | | | | | | | | Red |
| Dairy Prod. | | | | Yellow | Green |
| Meat, fish and Egg | | | | Yellow | Green |
| Fats | | | | | | Green |
| Sugar | | | | | | | | | | | | |

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

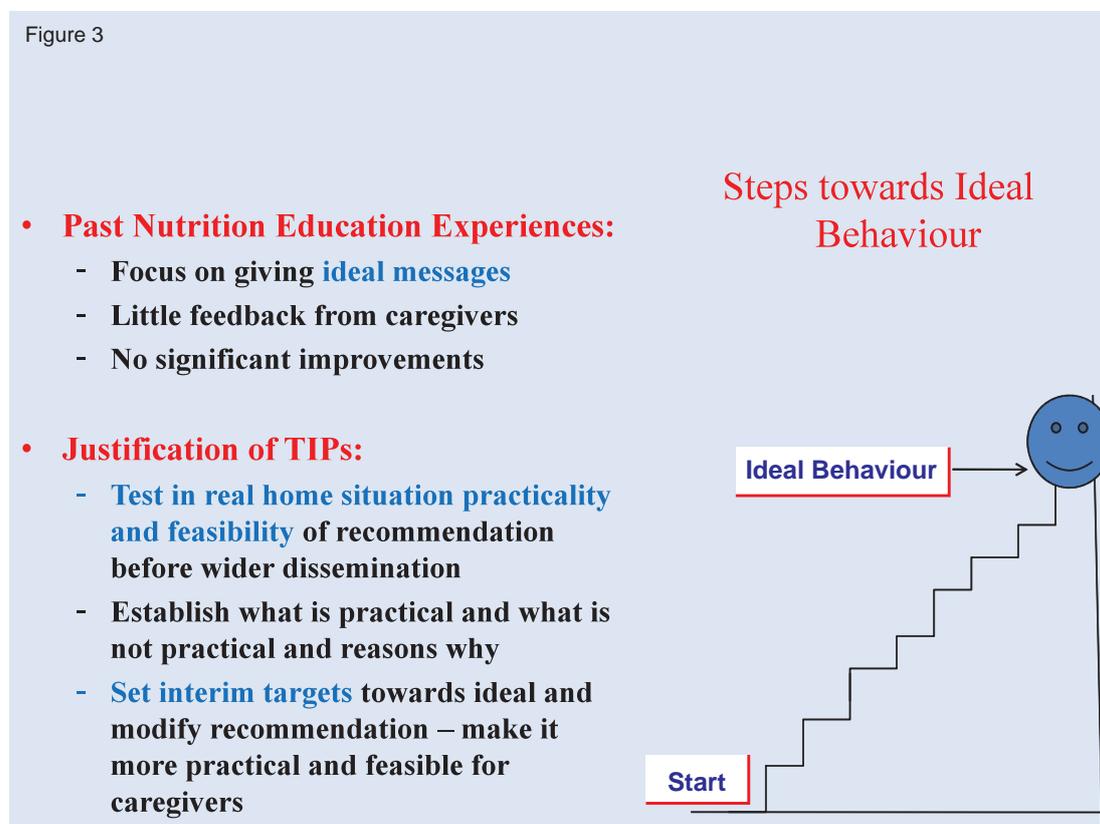
A. What is TIPs (Trials of Improved Practices)?

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.

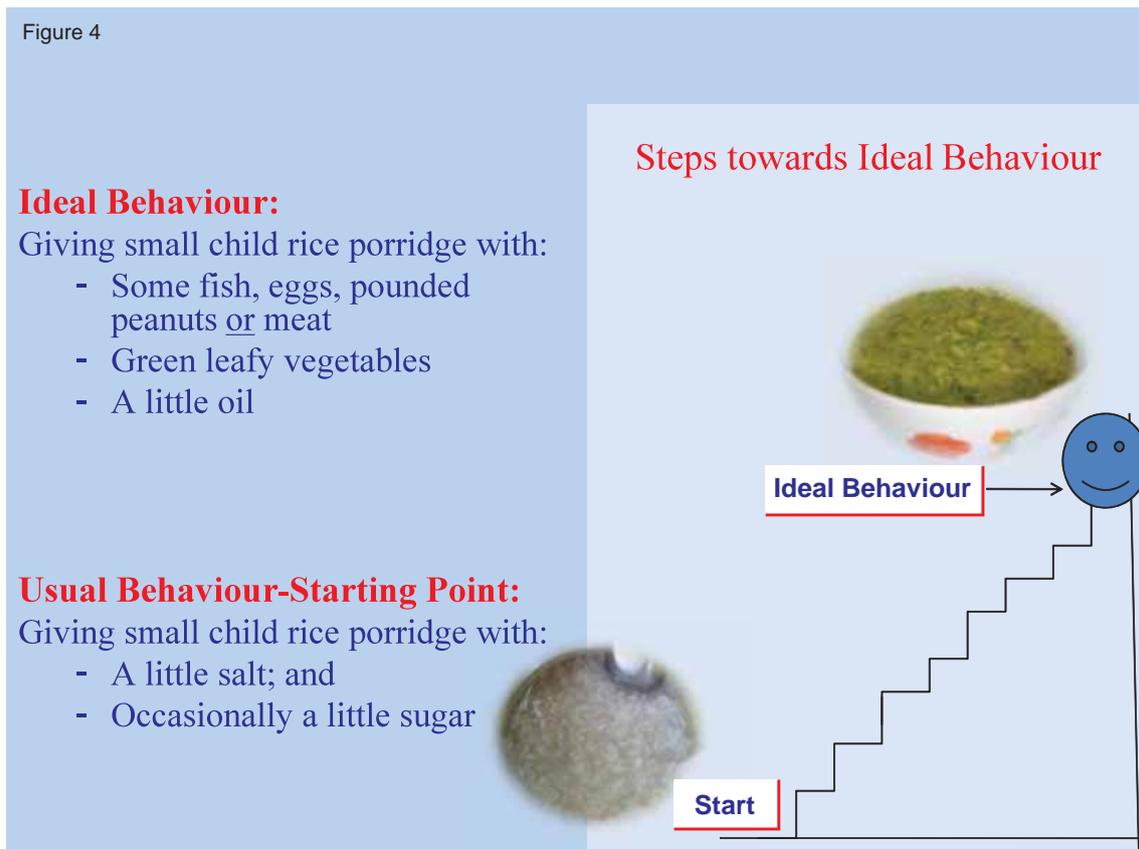
Special attention must be given to developing and promoting a variety of low-cost, easy-to-prepare and culturally acceptable improved dishes from which the caregiver can make a choice. **Part II** of these Reference Notes provides a Counselling Guide and Annex 2 includes a series of recipes. These can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

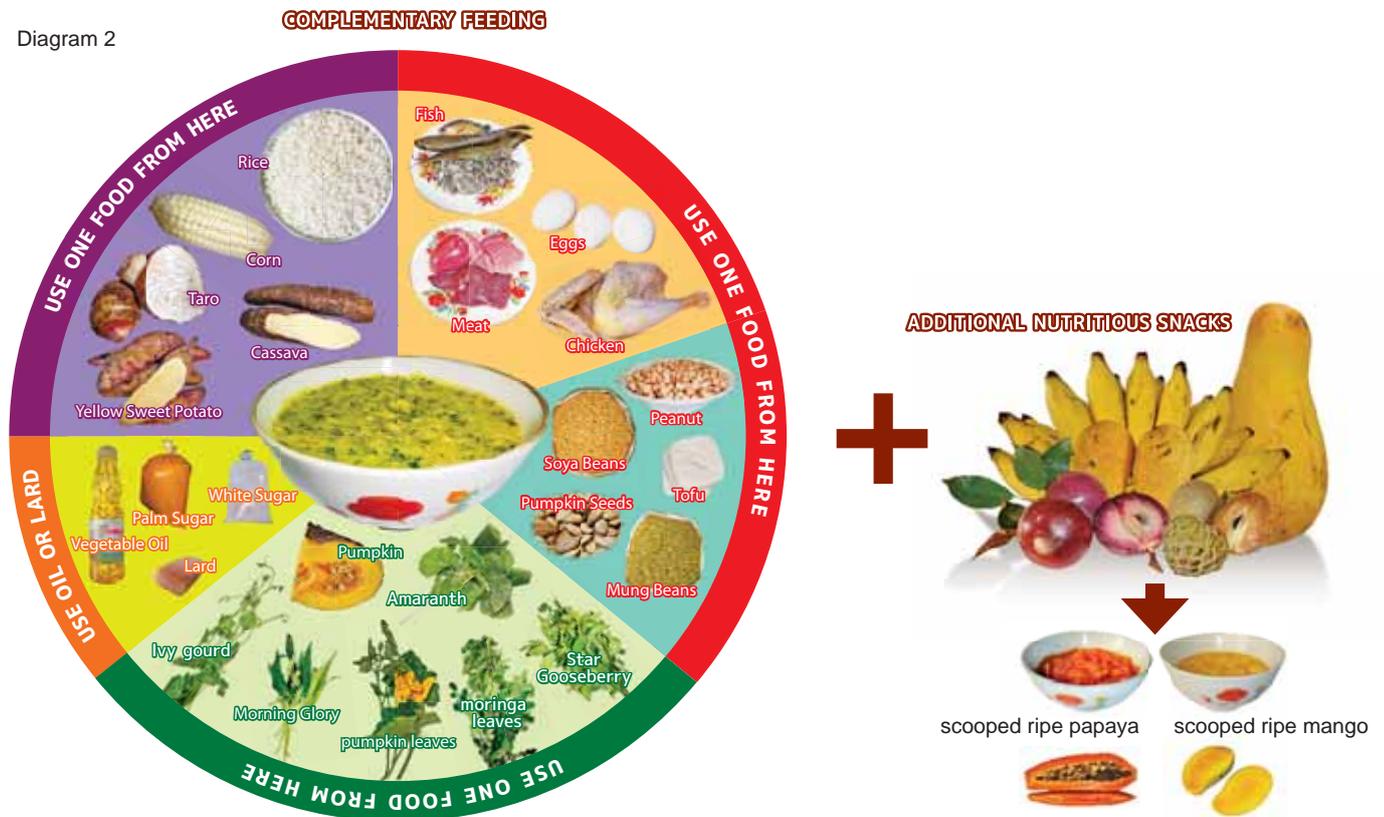
B. Good Complementary Foods

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

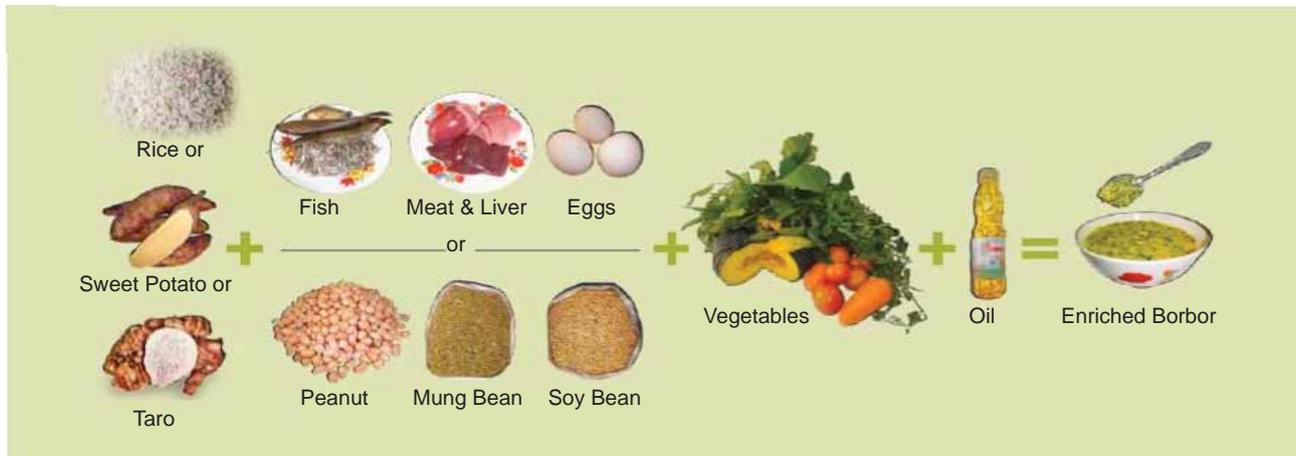


Figure 5

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

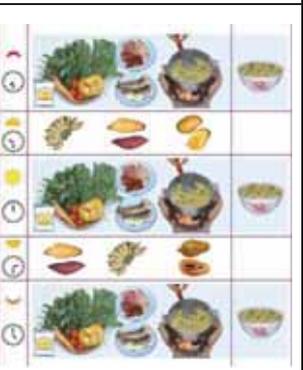
| 6 Months | 7-8 Months | 9-12 Months | 12-24 Months |
|---|---|--|---|
|  |  |  |  |
| |  |  |  |
| 2 meals per day | 3 meals per day | 3 meals + 1 snacks per day | 3 meals + 2 snacks per day |

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.