



USAID
FROM THE AMERICAN PEOPLE



A Training Workshop Guide: *Planning for Qualitative Research for Nutrition*



The TOPS Program
July 2017

A Training Workshop Guide:
*Planning for Qualitative
Research for Nutrition*
July 2017

The Technical and Operational Performance Support (TOPS) Program is the USAID/Food for Peace-funded learning mechanism that generates, captures, disseminates, and applies the highest quality information, knowledge, and promising practices in development food assistance programming, to ensure that more communities and households benefit from the U.S. Government's investment in fighting global hunger. Through technical capacity building, a small grants program to fund research, documentation and innovation, and an in-person and online community of practice (the Food Security and Nutrition [FSN] Network), The TOPS Program empowers food security implementers and the donor community to make lasting impact for millions of the world's most vulnerable people.

Led by Save the Children, The TOPS Program draws on the expertise of its consortium partners: CORE Group (knowledge management), Food for the Hungry (social and behavioral change), Mercy Corps (agriculture and natural resource management), and TANGO International (monitoring and evaluation). Save the Children brings its experience and expertise in commodity management, gender, and nutrition and food technology, as well as the management of this 7-year (2010–2017) US\$30 million award.

Disclaimer:

The Technical and Operational Performance Support (TOPS) Program was made possible by the generous support and contribution of the American people through the U.S. Agency for International Development (USAID). The contents of this guide were created by The TOPS Program and do not necessarily reflect the views of USAID or the U.S. Government.

Recommended Citation:

McNulty, J. 2017. *A Training Workshop Guide: Planning for Qualitative Research for Nutrition*. Washington, DC: The TOPS Program.

Photo Credit: Cover photo by Lane Hartill, Save the Children

Contact:

The TOPS Program
c/o Save the Children
899 North Capitol Street NE, Suite 900
Washington, DC 20002
info@thetopsprogram.org
www.thetopsprogram.org

Contents

- Acknowledgements.....ii**
- Overview1**
- Workshop Agenda2**
 - Session 1: Introduction to the workshop 2
 - Session 2: Why do we do qualitative research? 4
 - Session 3: Defining behaviors to target..... 6
 - Session 4: Using gap analysis to figure out what we need to know..... 8
 - Session 5: Turning gaps into Research Questions and Research Objectives..... 10
 - Session 6: An overview of some qualitative research methods for nutrition 13
 - Session 7: An overview of some qualitative research methods for nutrition (continued) 19
 - Session 8: Focus group discussions 24
 - Session 9: Matching methods to our Research Objectives 28
 - Session 10: Qualitative data analysis and implications for project actions..... 30
 - Session 11: Summary and workshop evaluation 34
- Appendix A35**
- Appendix B36**
- Appendix C37**
- Appendix D38**
- Appendix E40**
- Appendix F44**
- Appendix G45**
- Appendix H52**
- Appendix I55**
- Appendix J56**
- Appendix K61**
- Appendix L.....62**
- Appendix M64**
- Appendix N.....65**
- Appendix O.....66**
- Appendix P70**
- Appendix Q.....71**

Acknowledgements

The TOPS Program would like to thank the consultant Judiann McNulty, DrPH, who facilitated the training workshop “*Planning for Qualitative Research for Nutrition*” on April 19, 2017 and who drafted this guide and materials to support replication of the workshop.

Overview

This guide was developed in conjunction with a capacity-strengthening workshop hosted by The TOPS Program and facilitated by a consultant on April 19, 2017. The title of the workshop was:

Planning for Qualitative Research for Nutrition

It is exciting to see that more and more projects funded by USAID's Office of Food for Peace (FFP) are conducting formative or qualitative research and investigation. However, a gap has been identified among the food security and nutrition community as to an awareness of the broad array of tools that exist and which can support such research.

The overarching goal of the workshop, and this guide, is to strengthen the capacity of FFP-funded implementing partners to refine plans and objectives for conducting qualitative research to inform the design and implementation of nutrition activities. Good planning includes review of secondary data and other available qualitative research reports, clearly defining the need for additional qualitative research, and developing clear research questions and objectives.

The workshop materials are intended to broaden awareness of some previously developed qualitative research methods and tools – often, though not exclusively, developed with USAID funding – that have been field-tested over time. Tools drawn from Participatory Rural Appraisal techniques, such as a transect walk, from toolkits as the Process for the Promotion of Child Feeding (*ProPAN*)¹, and from formative research methodologies, such as Positive Deviance Inquiry² or Doer/Non-Doer Survey³ are included as examples. It should be noted that the facilitator of the workshop has adapted these materials during extensive use of these tools in the field. The instructions and forms in the Appendices assume some familiarity with these tools. Sources for more in-depth instruction and guidance are included, as relevant, in footnotes for some of the tools and in a final Appendix listing additional references, from which some of this material was taken and adapted.

Also included is some guidance and tips on conducting an effective focus group, which is a method used by many projects but often without clear guidance and structure.

This training guide is targeted for use by PVO headquarter technical staff or project Maternal Child Nutrition Coordinators to strengthen the capacity of project field staff to plan and carry out qualitative research to inform project design and implementation.

¹ Pan American Health Organization. United Nations Children's Fund. *ProPAN: Process for the Promotion of Child Feeding*. 2. ed. Washington, D.C: PAHO, 2013.

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20664&Itemid=270

² Positive Deviance/Hearth Guide.

http://www.coregroup.org/storage/documents/Diffusion_of_Innovation/Hearth_Book.pdf

³ Jimerson, A., Rosenbaum, J. *et al*, (2004) *Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change*, USAID/CORE Group, Washington, DC.

http://www.coregroup.org/storage/documents/FacGuidePDFs_small.pdf

Workshop Agenda

Session I: Introduction to the workshop

Time: 20 minutes

Materials:

- Handout: Agenda (Appendix A)
- On slider or flipchart: Workshop Learning Objectives
- Flipchart paper to note policy for cell phone use and other
- Materials needed for icebreaker (see example below)
- Pre-test (workshop facilitators should prepare a pre-test with at least 10 questions covering each of the sessions of the agenda)

Session Objective: To create a comfortable learning environment and vision for the day.

Key Communication Points:

- This workshop was scheduled to take advantage of some participants' presence in Washington, DC for the annual Spring Meeting of the CORE Group. The workshop provided an introduction to guidance and tools to strengthen qualitative research, along with a limited amount of time for experiential learning and discussion.
- Replication of this training workshop should be scheduled for at least 2 days, to provide sufficient time for more in-depth learning. In addition, it would be useful to arrange for visits to the field (including local markets) to further strengthen participant skills. The suggested time periods for each session are based on a 1 day workshop and can be adjusted as desired.

Steps for Session 1:

- a) Welcome participants and introduce the facilitator.
- b) Review the Workshop Learning Objectives: By the end of the workshop, participants will be able to:
 1. articulate why they need or want to do qualitative research for a particular project.
 2. define what information they need and write the research questions and objectives.
 3. select methods to match the objectives.
 4. describe how to streamline data synthesis and analysis.
 5. explain the implications of findings from a variety of field examples.

- c) Distribute the pre-test and allow 10 minutes to complete. Note that participants should use a “fake” name (and remember it for the post-test) to ensure anonymity.
- d) Discuss housekeeping (i.e. location of bathrooms) and come to agreement on policies regarding cell phone, use of computers, etc., during workshop.
- e) Conduct an icebreaker for participants. The following is provided as an example: Distribute previously prepared index cards, one card each with the following categories of foods (rich in vitamin A, rich in vitamin C, iron-rich or calcium-rich) and another 16 cards or more (as necessary, based on the number of participants) with the names of foods that fit into these categories (Textbox 1). Participants have five minutes to search for and group themselves with people who have similar foods and/or the card with that category of food. Participants then have an additional five minutes to introduce themselves within the group. The facilitator will randomly pick one person in each group to say the names of all the others without looking at participant nametags.

Textbox 1

<p>Foods rich in vitamin A:</p> <p>Carrot</p> <p>Pumpkin</p> <p>Red palm oil</p> <p>Orange-fleshed sweet potato</p>	<p>Foods rich in vitamin C:</p> <p>Orange</p> <p>Sweet pepper</p> <p>Papaya</p> <p>Guava</p>
<p>Foods rich in Iron:</p> <p>Red meat</p> <p>Dried beans</p> <p>Raisins</p> <p>Peanuts</p>	<p>Foods rich in Calcium:</p> <p>Milk</p> <p>Yogurt</p> <p>Kale</p> <p>Small dried fish</p>

Summarize: Review the workshop agenda (Appendix A) and explain how the sessions are structured alongside the Workshop Learning Objectives.

Session 2: Why do we do qualitative research?

Time: 20 minutes

Materials:

- Flipcharts with previously prepared headings: Understand Context, Understand Baseline Data, Plan SBC/activities, Other
- Markers, tape, etc.

Learning Objective: At the end of this session, participants will be able to explain why qualitative research is done and how it will help a project achieve expected results.

Key Communication Points:

- Qualitative research is a means of better understanding the local context, including the thinking, perceptions and beliefs of the target group regarding the behaviors to be promoted by the project. Looking at things from the point of view of the target group is very important if we are to plan activities that will lead to the adoption of new practices.
- Although it is important to do qualitative research to inform project design before rolling out implementation at scale, qualitative research can also be phased in throughout the first years of project implementation, prioritizing the study of a few behaviors each time. Qualitative research can also be conducted at midterm evaluation to better understand why some people have changed practices and why some of the target group has not. It is important to develop a plan for how and when to use qualitative research throughout the initial stages of project implementation.

Steps for Session 2:

Part I

- a) Ask the participants to write down one answer (on a sticky note) to the question *Why do we do qualitative research?*
- b) Have the participants place their sticky notes on the flipchart under the heading that applies to their answer (or under “Other” if necessary)
- c) Someone (the facilitator, an assistant, or a participant) should read aloud what is posted under each heading. The facilitator should ask probing questions for general responses (i.e. sticky note) to lead towards more specificity. For, example, if someone writes “to understand the local context”, ask what specific things we might need to know about the local context. Ask participants if any of the notes should be moved to a different category/heading.
- d) The facilitator summarizes by referring to the first of the Key Communication Points above.

- e) Ask: *Don't field staff already know this information?* The facilitator should facilitate discussion with participants as to the probability of project field staff having a different level of knowledge and understanding than some of the project participants and the factors that contribute to this (for example, educational level and/or present place of residence in urban setting, or gender).

Part II:

- a) The facilitator should explain the second Key Communication Point above, noting that qualitative research should be part of a project's plan for continual learning as part of the project's learning agenda.

Summarize: Our purpose for doing qualitative or formative research becomes the Overall Research Goal (or aim), particularly when stated in relation to a particular topic, such as "To improve maternal health by investigating potential roles to promote for men in supporting their wives during pregnancy." It is very important to specify in the goal how we are going to use the findings so that research is clearly linked to effective project activities.

Session 3: Defining behaviors to target

Time: 15 minutes

Materials: blank flipchart and markers

Learning objective: Participants will be able to correctly articulate behavior statements.

Key communication points:

- FFP-funded projects generally monitor and evaluate a limited number of indicators of infant and young child feeding (IYCF) practices (such as, exclusive breastfeeding to six months of age and the minimum adequate diet for complementary feeding age 6 to 23 months) and relevant water, sanitation and hygiene (WASH) practices that affect infant and young child nutritional status. There are additional relevant behaviors of importance, such as the immediate introduction of breastfeeding within one hour of birth or including animal-source protein foods in the diet, all of which also merit qualitative research along with the practices monitored in key indicators.
- Project *quantitative* data (from baseline evaluation or from relevant secondary sources, such as data from a national Demographic Health Survey or Multiple Indicator Cluster Survey) should be reviewed and discussed to help identify the practices or behaviors to be targeted for qualitative research.
- A thorough search of published and “grey” literature should be conducted to identify secondary sources of *qualitative* data or studies relevant to the local context that may provide sufficient information for program design without additional qualitative research.
- After identifying the behaviors that need additional qualitative research, the next step in planning is to write a behavior statement for each behavior to be investigated. The behavior statement should describe the behavior very specifically and identify who performs the behavior, how often and/or when.

Steps for Session 3:

Part I

- a) Ask the participants the following question and write their answers on a flipchart: What are the nutrition behaviors or practices most often targeted in FFP-funded programming?
- b) Ask the following question and summarize answers: At which point in project development or implementation do we decide which behaviors to target?
- c) Ask: What are the most common sources of quantitative data used by projects to review and identify questions for qualitative research? Discuss the timing and availability of baseline evaluation data, along with the relevancy of different data sources (such as

rural data from national Demographic Health Survey) if baseline evaluation data is not available.

- d) Discuss: What are the criteria used to prioritize behaviors for targeting? (See the 80/20 rule of thumb in Textbox 2 below.) Also note that the potential impact of a behavior on child stunting or wasting, along with the feasibility of achieving a measurable change in behavior, should be considered. Cross-cutting issues such as the potential impact on gender norms, potential impact on existing systems (for example, Baby Friendly Hospitals), and potential unintended consequences should be discussed.

Textbox 2

TIP: Step 1 in the Nutrition Program Design Assistant tool¹ can be a useful guide for this process. A general rule of thumb for prioritizing behaviors for project level of effort, and thus for possible additional qualitative research, is the 80/20 rule. For example, if 80% of the population is practicing the desired behavior, it should not be prioritized; if less than 20% are practicing a negative behavior, such as the use of pre-lacteals, that practice should not be prioritized.

Part II

- a. Explain that, for purposes of qualitative research to inform the design of interventions, the behaviors need to be clearly written as behavior statements. The behavior statement includes details, such as who will do the behavior and when or how often it will be performed. The behavior must be specific and not a composite of behaviors.

Summarize: The Textbox 3 below should be provided to participants on a slide or flipchart and used to summarize this session.

Textbox 3

Project indicator states:

- Percent of children 6 to 8.9 months consuming semi-solid or solid food the 24 hours prior to the survey.

Who performs the behavior?

- Mothers/caregivers

When or how often?

- 3 times every day

Behavior Statement: Caregivers will feed children 6 to 8 months old semi-solid or solid food three times a day every day.

Session 4: Using gap analysis to figure out what we need to know

Time: 35 minutes

Materials:

- Handout: Gap Analysis Worksheet to record gaps identified during analysis (Appendix B)
- Handout: Example of Completed Gap Analysis Worksheet that can be used as a flipchart, slide or handout (Appendix C)
- Handout, relevant to the training context, with data on nutrition indicators. An example is provided in Appendix D
- Handout, relevant to the training context, with qualitative study data on nutrition indicators. An example is provided in Appendix E

Learning objective: By the end of this session, participants will be able to explain how to conduct a gap analysis to identify qualitative research topics.

Key communication points:

- A gap analysis starts with reviewing what is known from quantitative data and then seeking existing secondary sources of qualitative data and study findings that contribute to a better understanding of the status of the IYCF behavior being reviewed.
- The “gap” is the missing information that is needed to understand the quantitative finding, or the additional information needed to understand the “why?” behind existing practices.

Steps for Session 4:

Part I

- a) Organize the participants into groups of four or five which will constitute their same small group for the rest of the workshop. (This is so that the group can build upon new knowledge from each session.)
- b) Request that each group decide upon one nutrition-related behavior they would want to investigate through qualitative research and note that the small group work they do in the workshop will focus on that selected behavior.
- c) Distribute the Gap Analysis Worksheet (Appendix C). Explain each column, using an example on a flipchart, slide or handout (Appendix D).

Part II

- a) Distribute a quantitative data set (example in Appendix D) and relevant qualitative research report (example in Appendix E) to each group and explain that they are to use these to fill out the Gap Analysis Worksheet, starting with the Ideal Practice to be Promoted (i.e. Behavior Statement) and filling out 1a, 1b, 2a, 2b, 3a, 3b, 4a and 5a.

(Note that information for 4b. and 5b. will be determined using additional tools in this workshop, in Session 9 – this information could then be transferred to the Gap Analysis Worksheet, if useful for documenting qualitative research plans.)

- b) Each group should fill out the Gap Analysis Worksheet as best they can in 15 minutes and prepare to spend about 2 minutes to report out to the plenary group.
- c) Have a participant from each group report back to the plenary group.
- d) Ask: *Did it help to define research needs using this structured process? How many of you found gaps you'd never thought of before?*

Summarize: Note that this exercise helps us define what we need to learn from the qualitative research and will assist us to write well-defined research objectives in the next session.

Session 5: Turning gaps into Research Questions and Research Objectives

Time: 30 minutes

Materials:

- Blank sheets of flipchart paper, 20 marking pens in blue, green or black, masking tape
- Flipchart or slide with headings for Worksheet for Research Questions and Research Objectives (Textbox 4 below)
- Handout: Example of Completed Worksheet for Research Questions and Research Objectives (Appendix F)
- Flipchart with verbs used to develop Research Objectives (Textbox 5 below)

Learning objective: By the end of this session participants will be able to write Research Questions, based on identified gaps, and turn these into Research Objectives to guide qualitative research planning.

Key Communication Points:

- The identified gaps are phrased as Research Questions. Research Questions often start with interrogative words, such as WHY, WHAT, WHO, WHEN, WHERE or HOW.
- From these Research Questions, the Research Objectives are written. Research Objectives may cover more than one Research Question and start with verbs.
- The Research Questions and Research Objectives are the base for planning the qualitative research.

Steps for Session 5:

Part I

- a) Explain that the next step is to state the gaps in information identified during the previous session in the form of research questions.
- b) Note that well-defined research questions will guide us to identify the appropriate research methods to be used.
- c) Show the flipchart or slide with the headings for a Worksheet for Research Questions and Research Objectives (Textbox 4). Explain that each group will make a flipchart using this outline which contains the headings:

Textbox 4

BEHAVIOR STATEMENT:

GAP 1:

RESEARCH QUESTIONS:

RESEARCH OBJECTIVES:

GAP 2:

RESEARCH QUESTIONS:

RESEARCH OBJECTIVES:

OVERALL RESEARCH GOAL:

Part II

- a) Share the Example of Completed Worksheet on Research Questions and Research Objectives as a flipchart, slide or handout) (Appendix F) and read the Research Questions (only) out loud. Note the Key Communication Point that Research Questions start with interrogative words like WHY, WHAT, WHO, WHEN, or HOW.
- b) Ask the participants to take the Gap Analysis Worksheet that they have filled out as a group in the previous session and look again at the “gaps” in information that they noted. Ask each group to consider ways in which they can phrase these gaps as research questions. The small groups should take 10 minutes to discuss and decide upon their Research Questions.
- c) Give each group a blank flipchart to reproduce the model outline from Textbox 4 above and fill out the Behavior Statement, the Gap and the Research Questions (only) for two of the gaps they have identified. (Note that the next step will be to fill out the section on Research Objectives and Overall Research Goal.) Allow ten minutes and convene as a plenary group.

Part III

- a) Refer again to the flipchart, slide or handout with the Example of Completed Worksheet of Research Questions and Research Objectives. Ask different participants to read aloud the examples of Research Objectives. Note that a Research Objective may encapsulate several Research Questions. Point to the flipchart (Textbox 5 below) and explain that Research Objectives often start with verbs similar to those in the Textbox below.

Textbox 5

Research Objectives often start with verbs (examples below):

- To identify
- To establish
- To describe
- To determine
- To estimate
- To develop
- To learn

- b) Notify the small groups that they will have 10 minutes for discussion and deciding upon their draft Research Objectives to align with the Research Questions they have developed. The draft Research Objectives should be added to the flipchart along with the Behavior Statement, Gap and the Research Questions prepared during this session. (Note the facilitator should circulate between groups and provide feedback as they work.)
- c) When finished, the flipcharts should be put up on the walls for everyone to see. The facilitator should explain that more work will be done on the flipcharts in the upcoming sessions.

Summarize: After defining the Behavior Statement and identifying existing Gaps in available qualitative information, Research Questions should be drafted to inform the development of well-defined Research Objectives.

Session 6: An overview of some qualitative research methods for nutrition

Time: 1 hour and 30 minutes

Materials:

- Food photos (for training workshop, prepare some that represent the local context)
- Handout: Market Survey Guide and Forms (Appendix G)
- Textbox 6, Market Survey Example, as a handout, slide or flipchart
- Handout: Transect walk with a Nutrition and Hygiene Lens (Appendix H)
- Handout: Narrative from a Transect (Appendix I)
- Textbox 7, definition of a positive deviant, on a slide or flipchart

Learning Objective: After this session, participants will be able to describe 3 tools and their purpose when used for qualitative research in nutrition. Tools include: Market Survey (with Market Survey of Food Availability, Survey of Locally Available Foods, and Food Availability Validation Exercise within communities), Transect Walk with a Nutrition and Hygiene Lens, and Positive Deviance Inquiry.

Key Communication Points:

- Each of these tools can be used alone or in conjunction with the other two. There is no specific order for use of these tools, but it is usually helpful to conduct the market survey first to understand about food availability and access issues. This also permits for the validation exercise to be conducted with the community when the research team is in the community to do a Transect Walk or Positive Deviance Inquiry.
- Each tool comes with instructions which the facilitator should study before conducting the session and these instructions should be included with the tool when training data collectors.
- A market survey provides a wealth of information about availability, seasonality, and cost of foods in the target area. The tool provided includes a validation exercise after the market survey. This is critical to confirm access and use of available foods within communities.
- Transect walks are a form of planned observation of general conditions related to nutrition, hygiene conditions and food availability. Transect walks can be conducted by a walker without local language capacity or specific technical skills.

- Positive Deviance Inquiry is a research methodology that was developed much earlier⁴ than the Positive Deviance/Hearth methodology that is better known among the PVO community. Positive Deviance Inquiry is particularly useful because it is a technique to *learn from* community members.
- Definition of a positive deviant: A positive deviant is someone who has already achieved a desired outcome within the same resource limitations as others -- for example, a poor family that does not have stunted children in a community where the majority of children are stunted.
- The Positive Deviance methodology is used to study the behaviors of caregivers of these positive deviant children to identify good practices that can be done within that local context. (Note that someone who, more quickly than others, adopts behaviors or practices promoted by the project is an “early adopter”, not a positive deviant.)

Steps for Session 6:

- a) Explain that three tools will be reviewed in this session: Market Survey, Transect Walk with a Nutrition and Hygiene Lens and Positive Deviance Inquiry. Note that additional tools will be looked at in the following session.

Part I: Market Survey

- a) Ask: Who has had experience conducting a market survey? What was the objective? What did you learn? What else can we learn from market surveys?
- b) Review the handout in Appendix G with instructions and forms to note market survey findings. Note that this was derived from the ProPAN package and that it may be helpful to review the detailed instructions provided in the ProPAN package as well.⁵
 - i. In the handout, note the instructions for each Step of a Market Survey. The first step is to conduct a Market Survey of Food Availability in a fairly large market that is visited by people from several of the target communities from the project coverage area.
 - ii. Food photos should be taken during this first step, so that food photos can later be used for the Food Availability Validation Exercise during the community visits.
 - iii. There may be an intermediate step between conducting a large Market Survey of Food Availability and conducting the Survey of Locally Available Foods within communities – for example, a large market may be located at a nearby city that serves as a regional center, while mid-size markets may be available at a district center also accessible to project target communities.
 - iv. The last step is to do a Survey of Locally Available Foods within a selected number of communities, visiting small shops and vendors within these communities.

⁴ Zeitlin, M., Ghassemi, H., and Mansour, M. Positive Deviance in Child Nutrition – with emphasis on Psychosocial and Behavioral Aspects and Implications for Development, The United Nations University, 1990: <http://archive.unu.edu/unupress/unupbooks/80697e/80697E00.htm>

⁵ Pan American Health Organization. United Nations Children's Fund. *ProPAN: Process for the Promotion of Child Feeding*. 2. ed. Washington, D.C: PAHO, 2013. http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20664&Itemid=270

- c) Note the relevant Key Communication Point above; explain that market surveys document availability and access to food, particularly key foods to improve nutrient intake, along with non-nutritious foods that purchasers demand.
- d) *Ask: How can a Market Survey take into account seasonal variation of price and availability during a point-in-time visit?* Explain how to do this by asking the vendors about seasonal availability and price fluctuations. The form provides a space to note the seasonal range of prices and months that the food is available. This information can be confirmed with community members during the market survey validation exercise.
- e) *Ask: Besides a market place, where else do community people purchase or acquire food they don't produce?* Note this information should be included in the market survey forms under the section heading: **Survey of Locally Available Foods**. It may be necessary to conduct some planned observations of locally available foods (homegrown, wild, sold by neighbors, etc.) in communities to augment the market survey.
- f) Discuss the number of market surveys that should be conducted. Note that, depending on the homogeneity of the target area, it may be necessary to conduct only one market survey of the regional market where most project participants go to purchase food. If there are marked differences within the target area or varied sizes of markets where the target population purchases foods (i.e. large regional, medium-sized at district level, small community markets) it may be necessary to conduct more to get the full picture of the situation (refer to Textbox 6, below, to provide as handout). The rule of thumb for qualitative research in general is that once the information from multiple sources becomes repetitive (i.e. the same), then enough "samples" have been surveyed.

Textbox 6

Market Survey Example

In northern Mozambique, a project encompassed parts of three contiguous districts. One was on the shore, another in the dry zone inland, and the third in a fertile hill area. It was necessary to conduct the Market Survey at the largest market in each district to capture differences in food availability. For example, near the shore there was a lot of fresh fish that was not found inland. In the interior fertile district, there was a lot of fruit that was never sold near the shore or in the dry zone. Most importantly, project participants went infrequently to the big markets, but rather, made most purchases at nearby, small crossroads markets or shops. The market survey had to include at least one of these in each district, along with surveys of local shops and vendors within communities in each district.

- g) Explain that taking photos of the foods available in the markets surveyed is an important part of this market survey methodology. If possible, they should be taken with a digital camera to facilitate getting them printed out. This requires planning ahead and doing the market survey well in advance of the Food Availability Validation Exercise with community members.
- h) The market survey and validation exercise should be repeated in several communities if there are differences in topography, availability of transport, remoteness, etc.

- i) Ask the participants to look at the Food Availability Validation Exercise form at the end of the Market Survey tool (Appendix G) and review the example provided. The Food Availability Validation Exercise helps to validate the information gathered from the Market Survey of Food Availability and the Survey of Locally Available Foods.
- j) The Food Availability Validation Exercise is conducted with a focus group of about six to eight people. If those who buy the food are not the same as those who prepare food, then, the group should be mixed to represent both.
- k) Although not noted on the forms, the Food Availability Validation Exercise can lead to discussion about the frequency of going to the market, food storage and home food production and this information can be noted separately in a notebook or on the back of available forms.
- l) Ask for questions from workshop participants and facilitate further discussion as time allows.

Part II: Transect Walk with a Nutrition and Hygiene Lens

- a) Ask: How many of you are familiar with the Participatory Rural Appraisal (PRA) tool called a transect walk? Ask one of the participants to explain a transect walk. If none of the participants are familiar with a transect walk, explain that a transect walk starts at one corner of the community and goes more or less diagonally to the opposite corner. It is a form of guided observation, usually conducted to learn generally about the community conditions.
- b) Note that for qualitative research in nutrition a transect walk can be specifically focused on food or water, sanitation and hygiene (WASH) aspects in particular. The walker can be observing and noting key information about local food production and processing, wild foods, food storage, local vendors, etc. A transect walk should involve a member of the community, often a community leader, both as a courtesy and as a means of having that person point out things of interest relevant to food and WASH. The transect walk will be guided by an observation guide created by the project to capture needed information (Appendix H). If this is well prepared, the walker does not need specific technical knowledge.
- c) Allow time for participants to review the in the Observation Guide for a Transect Walk with a Nutrition and Hygiene Lens (Appendix H). Note that approximately six transect walks conducted in six different communities are suggested. If the communities in the target area being studied are quite similar in size, topography, crops, livelihoods, ethnicity, etc., it may be possible to do only four. It is recommended to have different walkers, so that different observation tendencies contribute to the information gathered.
- d) Highlight that the key to a good transect walk is for the walker to immediately write a narrative of what was seen. Ask someone to read aloud the Narrative from a Transect Walk (Appendix I).
- e) Review the Summary Chart provided with the tool in Appendix H, where the observations from six different transect walks can easily be compiled. The elements

listed in the example can be changed to meet project needs – these were used for a project with components of nutrition, food security and WASH.

Part III: Positive Deviance Inquiry

- a) Ask: *How many are familiar with the term Positive Deviance?* Note that it was a concept championed to encourage development practitioners to focus on how some families achieve success, rather than the often common development focus on a lack of success. (Refer to the link provided in Key Communication Points.)
- b) Read aloud the description of the Positive Deviance approach from the Positive Deviance Initiative website: “Positive deviance is an approach based on the observation that in every community there are certain individuals or groups whose uncommon behaviors and strategies enable them to find better solutions to problems than their peers, while having access to the same resources and facing similar or worse challenges. The Positive Deviance approach is an asset-based, problem-solving, and community-driven approach that enables the community to discover these successful behaviors and strategies and develop a plan of action to promote their adoption by all concerned.”⁶
- c) The concept was structured as a Positive Deviance Inquiry for nutrition and paired with the Hearth nutrition rehabilitation approach. A focus on Positive Deviance (without the Hearth approach and activities) is useful as an approach on its own so that what is feasible and practiced within communities can inform project behavior change promotion.
- d) Show the definition (Textbox 7) of a positive deviant on a flipchart or slide.

Textbox 7

Positive Deviant: the person or family has a better **outcome** than their neighbors who have access to the same resources.

- e) Note that the Positive Deviance/Hearth guide (link below) contains a great deal of information and should be consulted when planning a Positive Deviance Inquiry.⁷
- f) Ask: *How do we identify a positive deviant?* We start by looking for a person or household with a better outcome, such as a family with no malnourished children, or a family that keeps all their children in school, or a family that has a higher yield of corn every year. Then, we have to learn what they do differently than other households in the same communities and with access to similar levels of resources. Note that households with aspects that contribute to a potentially better economic status are ruled out (such as receipt of remittances from a family member, or only one child). After identifying households with positive deviation, the next step is usually to conduct a wealth ranking exercise with community involvement to set local criteria for “wealth”. Wealth ranking is then also part of the household interview to document what

⁶ The Positive Deviance Initiative: <http://www.positivedeviance.org/>

⁷ For a detailed description of a process of identifying positive deviant families, see the Positive Deviance/Hearth Guide. http://www.coregroup.org/storage/documents/Diffusion_of_Innovation/Hearth_Book.pdf

households with positive deviation do differently than what is commonly done by other households.

- g) Note that Positive Deviant Inquiry is not meant to be a process to identify “model” families or caregivers for project recognition – it is meant to be a process to identify actions that can be done by all families with a sense of equitable opportunity.
- h) Note that households that practice or adopt behaviors that are promoted by the project are not “positive deviants”. These may be considered “early adopters” or “model families”. Positive deviance focuses on an OUTCOME, investigates what practices contribute to this successful outcome, and then promotes these practices.
- i) In order to see what the positive deviant family is doing differently, it is important to understand what families who are not positive deviants do. This requires conducting the study with an equal number of non-positive deviant households. Visits to the household should allow for observation of feeding a child under age two. A full day visit is optimal, however, observation of one feeding may be sufficient, allowing for 2 to 3 household visits per day.
- j) The person conducting the Positive Deviance Inquiry should have some knowledge of infant young child feeding and hygiene practices, but the Positive Deviance Inquiry should also follow a guide prepared by project staff (see the link above to the Positive Deviance/Hearth manual for more information on developing guides and checklists). The guide should include instructions to observe child feeding during and between meals, how meals are prepared, how food is stored, who feeds the child and how (responsive feeding), food hygiene, household hygiene and sanitation, etc. During the day while the family is being observed, the data collector carries on a casual conversation with the mother (or caregiver) about what she is doing, asking questions about sources of food, how she economizes to meet family needs, etc. The Positive Deviance Inquiry should not be conducted as a formal interview. The most successful Positive Deviance Inquiries are conducted by women from within the community, for example, a community health volunteer who is well-known. After being trained to conduct the Positive Deviance Inquiry, the volunteer will let the families know which day she will come and explain that the purpose is simply to learn about their daily routine. “May I visit you on Wednesday to learn what you do during a normal day? This will help us plan project activities to meet your needs.”

Summarize: Before deciding upon a method to use for qualitative research, a review of the variety of existing and field-tested tools is recommended. Tools based on methods such as a market survey, a transect walk, or inquiry into positive deviance can provide a large amount of useful and complementary information.

Session 7: An overview of some qualitative research methods for nutrition (continued)

Time: 1 hour

Materials:

- Food photos (same as those used in Session 6 for the Food Availability Validation Exercise portion of the Market Survey)
- Food Attributes Exercise Forms (Appendix J)
- Handout: Doer/Non-Doer questionnaire on eating 5 fruits or vegetables (Appendix K)
- Handout: (Blank) Doer/Non-Doer Survey questionnaire and tabulation forms (Appendix L)
- Handout: Example of a Doer/Non-Doer Survey Tabulation (Appendix M)

Learning Objective: At the end of this session, participants will be able to describe how to conduct the Food Attributes Exercise and Doer/Non-Doer Surveys.

Key Communication Points:

- There are many field-tested qualitative research tools for nutrition which can be used as is, modified for simplification, or adapted to specific project needs.
- This session will look at a modified Food Attributes Exercise, which provides a great deal of information on food attitudes and beliefs, and a standard Doer/Non-Doer Survey, which provides a great deal of information on barriers and enablers to behavior change.

Steps for Session 7:

- a) Distribute the Doer/Non-Doer Survey questionnaire about eating 5 fruits or vegetables a day (Appendix K) to participants. Allow 5 minutes for participants to fill out the questionnaire and turn in to assistant for tabulation. Note that, while the results are being tabulated, the session will focus on the Food Attributes Exercise, followed by the Doer/Non-Doer Survey method using the results from this questionnaire.

Part I: Food Attributes Exercise

- a) Explain that this has been adapted from one of the tools within the ProPAN package⁸ and that it is very useful for collecting a lot of information on food beliefs very quickly. The tool focuses on *food beliefs and attitudes*, not knowledge. It may yield some information on feeding practices, but other methods should be used to conduct qualitative research on feeding practices. It is not intended to explore decisions on food purchasing nor intra-household distribution, therefore other qualitative research methods should be used for those topics.

⁸ Pan American Health Organization, 2013. *Process for the Promotion of Child Feeding (ProPAN)*, Field Manual. http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=20664&lang=en

- b) Note that the questions included in the tool have been validated through field work and should be followed as shown in the tool in Appendix L.
- c) The Food Attributes Exercise requires the use of food photos that are taken during a previously conducted market survey.
- d) The homogeneity of the target area determines how many times the activity will be repeated. At a minimum, it should be done with two different groups of about 10 community members in each of two to four communities. The most information can be obtained from women, however it is very important to do it separately with different age groups as older women and young women often have very different beliefs. (Note that qualitative research plans can include focus groups with men that ask about decision-making on food purchasing or other relevant topics.)
- e) Conduct the Food Attributes Exercise as a role play with the participants in the role of women from a community. Ask the participants to respond based on their previous field experiences.
 - i. Place the food photos on a round table and gather participants around the table.
 - ii. Request two volunteers to take notes using the Food Attributes Exercise forms (Appendix J), with one volunteer filling out the tables and one volunteer taking notes on the overall conversation.
 - iii. The facilitator will follow the questions provided in the tool in Appendix J (Note that the tool will be handed out to all the workshop participants after the role play exercise). Note that the exercise is repeated three times focusing on three different target groups: pregnant women, lactating women, and children age 6 to 8 months.

Textbox 8

TIP: This method gets women actively involved by looking at the photos and elicits much more information than a regular question and answer session. The facilitator still needs to ask probing questions and it may require more than one note taker to keep up with the conversation among the women.

Preparation: Sorting the foods by availability and consumption

- Do you recognize the foods shown in each of these pictures? Are there some that we should take out because they are not available or never eaten in the communities? (Set those photos aside).

Step 1: Sorting the foods by acceptability for pregnant women

- a) *Are there foods that are good for pregnant women to eat? Why?* (Note that if the training workshop includes participants representing various countries, a discussion of different practices can be facilitated.)
- b) *Are there foods that pregnant women should not eat? Why?* (Note that the focus group members do not need to reach a consensus on information – all comments should be written down by the note-taker.)

- c) Explain to participants that the facilitator will *model* some of the types of probing questions that should be used: *Why is this ...? Do most people believe this? At what ages...?*

Step 2: Repeating the food sorting by acceptability for lactating women

- a) Note that this exercise should then be repeated with the same group of women but with a focus on acceptable and unacceptable foods for lactating women.
- b) Note an additional question for acceptability for lactating women: *Is there a period after delivery when certain foods are restricted? For how long? Which foods?*

Note: *Ask the older women if beliefs are changing among younger women regarding foods that are good to eat or shouldn't be eaten during pregnancy and lactation.*

Step 3: Repeating the food sorting by acceptability for children 6-8 months of age

- a) Note that this exercise should then be repeated with the same group of women but with a focus on acceptable and unacceptable foods for children 6-8 months of age.
- b) Follow up with additional questions (see below) and note this information on the Chart for Step 3, Summary of foods, attributes, and usual preparation for children 6-8 months.
- c) For the pile of cards of foods that are good to give children age 6-8 months to eat, ask: *How is food prepared for children age 6-8 months? Probe for information on consistency (liquid, runny, soft, semi-solid or solid) of the food preparation, ingredients, and how often they might give these foods. Probe with additional questions as to why or why not. How many times a day would this food be given to an infant or young child? Is food stored or is it prepared fresh each time?*
- d) For the pile of cards of foods that should not be given to children age 6-8 months to eat, ask: *What are the reasons these should not be given? At what age could these foods be given to the child? Do some women in the group know how to prepare these foods in a way that would make them suitable for children 6-8 months of age?*

Steps 4 and 5: Notes from these last two questions can be written in a notebook or on the back of the Food Attributes forms.

- **Step 4:** Display photos of rice, a common vegetable, and an egg or meat. If there is only one egg (or one serving of meat) available for the day, who in the family should get that? What are the reasons? Note if there are different opinion among the group.
- **Step 5:** Ask the group of women to sort the food cards into those that are eaten regularly and those that are eaten only rarely or never because of high cost.

- a) Hand out the tool (Appendix J) and review the instructions. Review the note-taking forms and the Food Acceptability summary charts.
- b) Discuss the ease of compiling the findings. Emphasize again the importance of having very good note-takers during the discussion with the women.

Part II: Doer/Non-Doer Survey

- a) Explain that this tool was used in the *Prevention Marketing Initiative* program for HIV prevention of the Centers for Disease Control and Prevention (CDC), with assistance from the Academy for Educational Development (AED).⁹ AED further validated the tool for additional health and nutrition behaviors and incorporated it with the BEHAVE framework. A training facilitators' guide was produced in collaboration with the CORE Group.¹⁰
- b) Hand back the Doer/Non-Doer questionnaires about eating five servings of fruits and vegetables every day that were filled out by participants at the beginning of the session (Appendix K, filled in by participants and turned in to be tallied by workshop assistant) and review the questions on the questionnaire. Note that discussion of additional examples will be included in this session.
- c) Explain that the behavior surveyed must always be very specific as to time and frequency. The first questions on the survey help us distinguish doers from non-doers. For example:
 - i. *Do you always wash your hands before preparing food?* Those who answer yes will be doers and those that say no will be interviewed as non-doers.
 - ii. An alternate screening question could be: *How many times yesterday did you give your child (6-9 months) something solid or semi-solid to eat?* Those who gave food three or more times are doers and the rest (two or less) are non-doers.
- d) Note that Questions 2 to 7 on the Doer/Non-Doer Survey Questionnaire should always contain detail on the behavior, such as the expected frequency of the behavior. These details are usually derived from standardized infant and young child feeding messages or optimal hygiene practices. For example:
 - Question 2: What do you see as the advantages of giving your child something solid or semi-solid to eat 3 times a day?
 - Question 3: What do you see as the disadvantages or bad things that happen from giving your child something solid or semi-solid to eat 3 times a day?
 - Question 4: What makes/would make it easier to give your child something solid or semi-solid to eat 3 times a day?
 - Question 5: What makes/would make it difficult to give your child something solid or semi-solid to eat 3 times a day?
 - Question 6: Who approves or supports you in giving your child something solid or semi-solid to eat 3 times a day?

⁹ Middlestadt, S., Bhattacharya, K., Rosenbaum, J, and Fishbein, M. The Use of Theory Based Semi-structured Elicitation Questionnaires: Formative Research for CDC's Prevention Marketing Initiative. *Public Health Reports*, Vol 3 supplement, 1996. <https://www.ncbi.nlm.nih.gov/pubmed/8862153>

¹⁰ Jimerson, A., Rosenbaum, J. *et al*, (2004) *Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change*, USAID/CORE Group, Washington, DC. http://www.coregroup.org/storage/documents/FacGuidePDFs_small.pdf

- Question 7: Who disapproves or does not support you in giving your child something solid or semi-solid to eat 3 times a day?
- e) Ask: What do we learn from these questions (Nos. 2-7)?
 - f) Explain that the basic questions are the same for any behavior and the wording is the same for doers or for non-doers.
 - g) Hand out the (blank) Doer/Non-Doer Survey questionnaire and tabulation forms (Appendix L). Review the template for questions and discuss. Note the determinants of behaviors that might be addressed within each question.
 - h) The methodology calls for interviewing 20 doers and 20 non-doers. For a relatively homogenous target area, this sample of 20/20 is sufficient and the respondents do not have to be randomly selected or even from different communities. It is often necessary to go to more than one community, however, to find enough of either doers or non-doers. Usually, it's possible to start doing interviews and, after the first ten or so, assess whether you are likely to need to focus on finding more doers or more non-doers.
 - i) **Note to participants that if baseline data or secondary data shows that very few people are practicing a behavior, it will be difficult to find enough doers and this may not be an appropriate tool.**
 - j) Sometimes, the interviews are conducted simply by walking through a village and finding people to ask. Other options include interviewing women or men as they exit another activity (community meeting) or finding women as they exit from health services. For all interviews, a space to conduct the interview privately is necessary.
 - k) Show the tabulation from the questionnaire that the participants previously filled out (and which an assistant has put on a flipchart). Explain how to do manual tabulation.
 - l) Handout the example of tabulation from Appendix M. Discuss the Column with the heading "Implications". Guide participants to think beyond "messages" for addressing barriers to behaviors with such questions as: Are there persons of influence on mothers' behaviors that should be reached through the project? Are there access barriers that can be addressed? Are there socio-cultural norms (for example, non-use of colostrum) that require different project activities to address?

Summarize: Note that the strength of the Food Attributes Exercise method is that it gathers a lot of information on food beliefs and attitudes in a quick and efficient manner. Note that the strength of the Doer/Non-Doer Survey method is that it is very useful to gather information on knowledge, barriers, enabling factors, and social support or disapproval. One limitation is that it doesn't allow for probing as to the "why" of responses and, after analysis, should be followed up with focus group discussions - a methodology which will be discussed in the next session.

Session 8: Focus group discussions

Time: 30 minutes

Materials: (none)

Learning Objective: At the end of the session participants will be able to list key elements for conducting good quality focus group discussions. NOTE that if using this session in the field, time should be included for role play in the classroom and fieldwork experience with debriefing and review.

Key Communication Points:

- Focus group discussions can yield a wealth of information if they are done well. Besides having a good discussion guide, the key is the ability of the moderator to engage everyone, and ask good probing questions.
- The best way to train moderators is through role playing, use of videos and/or review of tape recordings of field practice facilitating focus groups. It is important to provide opportunities for practice with constructive feedback for improvement.
- Following the 10-10 rule helps with planning and quality: no more than 10 questions, no more than 10 participants.
- The moderator of a Focus Group Discussion should have a guide with the key questions and perhaps some sample probing questions.
- When conducting focus groups, daily debriefing with those conducting the focus groups (including note takers) is important to clarify questions, identify emerging trends for additional questions in subsequent focus groups, and to begin to compile data.

Steps for Session 8:

Part I: Facilitating a Focus Group Discussion

- a) Ask: How many of you have led a focus group at some time?
- b) Note that when compared to focus groups done for market research, the method commonly known as a focus group discussion in the development world would technically be called a “semi-structured group interview”.
- c) Ask: What is the key to developing good questions for focus groups? If participants do not mention all below, the moderator should add:
- d) The questions must be open-ended.
- e) The questions should have a natural flow and cover a very limited number of topics.
- f) A rule of thumb is to have no more than ten questions, with ten participants and to keep the discussion within one hour of time.

- g) Ask for a topic for a focus group discussion and ask participants to suggest questions that could be used to develop a guide for a Focus Group Discussion on that topic.
- h) Note examples of probing questions, including the most common probing question “why”. Note that the goal of probing is to better understand the subject. Note that it is useful to identify likely probing questions and include these in the Focus Group Discussion guide to assist moderators that might not find it intuitive to ask probing questions.
- i) Ask: What is a good number of participants? Note that it is generally recommended to have at least but no more than 10 participants because it is too difficult to get everyone to participate in a larger group while a smaller group of participants may only provide a limited perspective on the topics.
- j) Ask: How should participants be selected? Note the following if not mentioned by participants:
 - k) Participants should have something in common – mothers of children under two, for example.
 - l) Usually participants are selected from one age range and one sex. If men and women are mixed, women may not talk freely or men may be uncomfortable discussing some topics in front of women. Young women may not speak freely in front of their elders.
- m) Discuss that it can be useful to mix participants on purpose if observation of the interchange between sexes or age groups or married couples is an underlying topic of interest.
- n) Review some of the Tips provided in Textbox 9 and ask if participants have any other techniques they have used to handle these challenges.

Textbox 9

Tips for Dealing with Common Focus Group Discussion Challenges

What are some techniques for dealing with uninvited participants?

It is often useful to have an extra team member available who can invite them to another location for an impromptu interview and discussion.

What are some methods for handling people who talk too much?

Acknowledge their input, but turn slightly away from them and specifically ask what others have to say. If the person persists, it may be necessary to send her/him off on an errand that is needed, such as informing community members of the next event or notifying a community leader that they will be visited after the Focus Group Discussion.

What are methods for getting quiet or shy people to talk?

The moderator should clearly state to the group that the Focus Group Discussion is being conducted so that the project can benefit from the opinions of everyone and that it is hoped that everyone will have an opportunity to speak. The moderator might ask a quiet or shy person a question meant to establish rapport, such as the names of their children, and then follow with the Focus Group Discussion question. If possible, at the beginning the moderator should try to memorize the names of all the Focus Group Discussion members as everyone introduces themselves, and then call on Focus Group Discussion members by name.

Part II: Analyzing the content of the Focus Group Discussion

- a) Discuss the importance of taking good notes during the Focus Group Discussion. The moderator leading the Focus Group Discussion should not be the person taking notes. There should be a designated note-taker. It may be useful to have a third person who is taking some notes but mostly observing participation. The moderator can then ask this observer if they have any questions they wish to ask and this observer can follow up further on a previous comment or direct a question to someone who has not been participating.
- b) Discuss the advantages and disadvantages of recording the Focus Group Discussion and note that the group should provide informed consent for recording. A key advantage of recording is to listen to the tape afterwards as a group and come to agreement on what are the key points being made during the Focus Group Discussion.
- c) Discuss some of the advantages (clear written record) and disadvantages (time-consuming) of transcription of the recordings. Transcription may require assistance for translation from a local language. If using hired data collectors, the recordings and the transcriptions are deliverables that assure the quality of their work.

Part III: Further guidance to ensure the quality of Focus Group Discussion

- a) Explain that while some of the tools we've discussed such as a transect walk, market survey or Doer/Non-Doer Survey can be done by a person with minimal training, anyone

involved in facilitating an Focus Group Discussion or taking notes needs considerable training in asking the questions, following up with probing question, and managing participation.

- b) Ask: What are some good ways of training Focus Group Discussion moderators? Share ideas such as: practice through role play, reviewing recordings of field practice, having two note-takers compare notes from field practice. Note that the most important aspect is to give constructive feedback during training.
- c) Explain that when working with teams doing Focus Group Discussion, it's very useful and important to do a daily debriefing. This makes it possible to assess the quality of the work by asking what went well, what challenges they encountered and how they overcame them. It is also useful to ask about the most interesting things learned from the Focus Group Discussions each day. This helps identify trends or a topic that may need more exploration on subsequent days. Unlike a quantitative survey, the Focus Group Discussion questions can be adjusted as needed to capture more information or to eliminate a question that is not yielding useful information.

Summarize: Well-planned and well-conducted focus groups are one of the best ways to learn from project participants. There are many resources on-line giving guidance on conducting good quality focus groups. A link to one resource follows, but a brief online search will reveal many resources: <http://www.thehealthcompass.org/sbcc-tools/conducting-focus-group-interviews>. Most resources emphasize preparing sets of three types of questions for the focus group discussion: 1) initial introductions, explanations and a few questions to establish rapport; 2) the body of questions of main interest; and 3) a period of closing the discussion by summarizing what was discussed, allowing for additional comments and explaining any next steps.

Session 9: Matching methods to our Research Objectives

Time: 45 minutes

Materials:

- Each small group should have the flipchart they prepared in Session 5
- Handout previously given during Session 5: Example of Completed Worksheet for Research Questions and Research Objectives (Appendix F)
- Handout: Example of Qualitative Method Selection (Appendix N)
- A flipchart listing the Qualitative Research Methods discussed during the workshop:
 - Market Survey of Food Availability
 - Transect Walk with a Nutrition and Hygiene Lens
 - Positive Deviance Inquiry
 - Food Attributes Exercise
 - Doer/Non-Doer Survey Questionnaire
 - Focus Group Discussion

Learning Objective: At the end of this session, participants will have matched research objectives to possible methods to collect the needed information.

Key Communication Points:

- Using a variety of research methods leads to good triangulation, that is, validation of findings from different sources, including the quantitative data.
- Different research objectives lend themselves to certain tools.

Steps for Session 9:

- a) Ask: *What does triangulation of data mean?* Explain that this refers to using multiple methods to confirm data or findings from different sources. Ask: *How does it apply to choosing research methods?*
- b) Review again the handout of the Example of a Completed Worksheet for Research Questions and Research Objectives (Appendix F) distributed during Session 5. Hand out the Example of Qualitative Method Selection (Appendix N), which suggests qualitative research methods to use to accomplish the example given of Research Questions, Research Objectives and Overall Research Goal.
- c) Request the participants to review the Research Questions and Objectives that they have developed through small group work during the workshop and prepared on a flipchart.

- d) Explain that the next task is to take about 15 minutes to decide which qualitative research methods would be most useful to collect the information needed. Participants should be directed to the flipchart which lists the methods covered during the workshop. The methods the small groups select can then be written on each group's flipchart alongside the Research Objective.
- e) Note that if the group chooses a Focus Group Discussion as one of the methods, they should also develop three to four specific questions for any proposed Focus Group Discussion. These can be written on a separate flipchart and shared with the plenary group.
- f) When each small group is finished, ask everyone to move as one whole group from flipchart to flipchart. With approximately 3 minutes per flipchart, the owners of the flipchart will explain their decisions. Other participants can suggest a different method, additional methods, or additional questions for Focus Group Discussion.

Summarize: Ask if participants feel they can now decide more easily which methods are useful for obtaining different information. Respond to any questions for clarification.

Session 10: Qualitative data analysis and implications for project actions

Time: 45 minutes

Materials:

- Flipchart or slide with the six steps of analysis,
- Handout: Example of Worksheet for Qualitative Research Findings and Implications for Project Actions (Appendix O)
- Handout: Guidance for Working with Local Research Firms (Appendix P)

Learning Objectives: At the end of this session participants will be able to:

- describe the six steps in qualitative analysis and ways to streamline the process
- identify the implications for projects given a case study
- list some guidance for selecting and working with local data collection firms

Key Communication Points:

- Analysis can be made less cumbersome and time-consuming, if some steps are taken to reduce, synthesize, and compile data while it is being collected in the field.
- Daily debriefing with data collection teams is useful to capture key findings as well as to monitor and improve the quality of data collection.
- Often, the data collection teams can work with the research leader to finish the principal data analysis (“key findings”) in a two or three-day workshop. Team involvement is helpful for the research leader to verify key findings.
- Engaging project staff in data analysis and determination of key findings and implications for project activities will contribute to project ownership and a deeper understanding of how findings have informed approaches and activities.
- Decision-making from review of the implications of the research findings for project approaches and activities is the most important output of the research.

Steps for Session 10:

Part I

- a) Ask: *Now that we have collected all the information, what do we do with it? How do we make sense of it?* Explain: There are two key principles to managing qualitative data: 1) Minimize the amount of data collected and 2) compile as you go; don’t save it all to the end.
- b) Note that forms are used for the Market Survey, Transect Walk, Positive Deviance Inquiry, Food Attributes Exercise and Doer/Non-Doer Survey and that these forms are

filled out as the field work is completed. Note also the recommendation for daily debriefing on Focus Group Discussion findings. In this way, the organization of data and initial synthesis of what information is pertinent begins before the final stages of data analysis and determination of key findings. With the data well organized, compilation and analysis will go much faster.

- c) Ask: *Who should do the analysis?* Note that for expediency and completeness it should be done as a group, including the data collectors and other project staff responsible for implementation. Note that data collectors can provide clarification and/or additional detail that may not have been captured in the notes or forms. When staff participate, they have a clearer understanding and ownership of the research findings (see relevant Key Communication Point, above).
- d) Display a flipchart or slide with the steps for analysis (Textbox 10).

Textbox 10

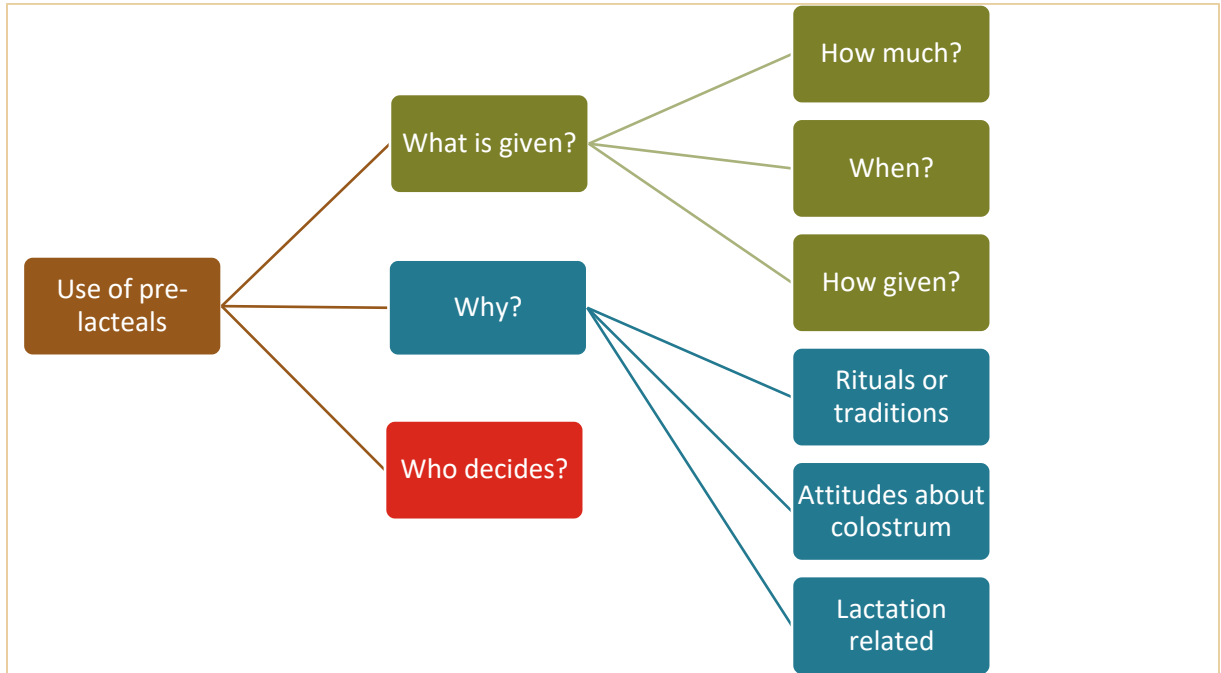
Steps for analysis:

1. Immediate recording and processing
2. Rolling analysis
3. Data reduction
4. Thematic analysis
5. Data display
6. Conclusions and implications

- a) Explain each step briefly:
 - i. **Immediate recording and processing:** Note once again the importance of good note-taking, filling in the forms for the various tools (including writing the narrative for the transect walk) on the same day as the research activity, so that all details are captured from each day's activity.
 - ii. **Rolling analysis:** This refers to the process of daily debriefing of the team to note highlights and emerging themes from each day's data collection. Daily debriefing can begin to show information trends for further investigation or identify new leads for follow up on subsequent days.
 - iii. **Data reduction:** The first step is to ensure that only the minimum of data needed is collected. During the design of research tools, the questionnaires should only ask questions which are pertinent to the research questions and objectives. (Note that, during data collection, the data collectors can note interesting details that are not a response to the research objectives in a separate place, such as the back of forms or in a notebook.) Once data analysis begins, the pertinent information can be highlighted in notes and forms, with the remaining information placed in another file where it may be useful for some future purpose.
 - iv. **Thematic analysis:** Analysis of quantitative data for formative research is usually thematic, that is, the researchers know what is being looked for in the data and themes or codes are prepared in advance. This is called deductive coding.

Anthropologists often use content analysis, that is, they collect a great deal of information and then sort it, letting themes emerge. This is called inductive coding. An example of some of the expected themes for use of pre-lacteals is provided in Textbox 11 for analysis of qualitative research into this practice.

Textbox 11



- v. Data display: Displaying the data on slides is useful for further group analysis and discussion after the data has been reduced and sorted by theme. At that point, it is useful to put the data from various tools into a format where it can easily be assembled and/or reorganized, looking for patterns and relationships.
- vi. Conclusions and implications: This is the critical end result for qualitative research to inform project design and implementation. This is a step where it is especially good to involve project management and staff so all understand how the conclusions and implications have been developed based on the qualitative research findings.

Part II

- Explain that the final and most important step is to analyze the qualitative research findings and incorporate this information into decision-making for project design and implementation.
- Hand out the Example of Worksheet for Qualitative Research Findings and Implications for Project Actions (Appendix)
- Review the first two completed examples in the worksheet.
- Ask each small group to select one of the incomplete examples and discuss potential Project Actions (and who will do it). Each group then shares their suggestions in plenary.

Part III

- Distribute the handout *Guidance for Working with Local Research Firms* (Appendix P) and summarize the key points briefly, giving examples of common issues.

Summarize: Have different participants describe the six steps of data analysis, suggest ways to streamline the whole analysis process, and describe the importance of the final step in the process.

Session II: Summary and workshop evaluation

Time: 15 minutes

Materials:

- Handout: References for more information on planning and conducting qualitative research (Appendix Q)
- Post-test (same as the pre-test, developed previously by those who will facilitate the workshop)
- Satisfaction Survey or workshop evaluation form, to be determined by workshop facilitator

Steps for Session 11:

- a) Assign each small group (table) one of the sessions of the day to give a quick summary of key points. Allow 5 minutes to prepare and 5 minutes to present.
- b) Ask for any remaining questions or concerns.
- c) Hand out Appendix Q and discuss some of the key information available in the resources listed.
- d) Pass out the Post-test and the Satisfaction Survey. (Note, flipcharts should be removed from the walls and participants requested to return handouts to their folders.) Remind participants to use the “fake” name used on the Pre-test for anonymity. Note that participants may leave as soon as they have completed the Post-test and the Satisfaction Survey. Thank everyone for their participation.

Appendix A

Planning Qualitative Research for Nutrition Workshop

April 19, 2017 | FHI 360; Washington, DC

Learning objectives

By the end of the workshop, participants will be able to:

- a) articulate why they need or want to do qualitative research for a particular project
- b) define what information they need and write the research questions and objectives
- c) select methods to match the objectives
- d) describe how to streamline data synthesis and analysis
- e) explain the implications of findings from a variety of field examples

Time	Topic
9:00 – 9:30 am	Introductions, objectives, agenda
9:30 – 9:45 am	How do we select behaviors to target?
9:45 – 10:00 am	Why do qualitative research?
10:00 – 10:30 am	What do we need to learn from qualitative research?
10:30 – 10:45 am	Break
10:45 – 11:15 am	Writing research questions and research objectives
11:15 am – 12:30 pm	Overview of qualitative methods for developing project activities <ul style="list-style-type: none"> • Market Survey and Food Availability Validation Exercise • Transect Walk with a Nutrition and Hygiene Lens • Positive Deviance Inquiry
12:30 – 1:15 pm	Lunch
1:15 – 2:15 pm	<ul style="list-style-type: none"> • Food Attributes Exercise • Doer / Non-Doer Survey
2:15 – 3:00 pm	Effective focus group discussions / group interviews
3:00 – 3:15 pm	Break
3:15 – 4:00 pm	Matching methods to research objectives
4:00 – 4:45 pm	Six steps for analysis Findings lead to implications for the project
4:45 – 5:00 pm	Summary and workshop evaluation

Appendix B

Gap Analysis Worksheet

Ideal practice we want to promote (Behavior Statement):	
1a. Actual Practice (quantitative)	1b. Source of information
2a. What information is missing about the actual practices?	2b. How can we find it? (Other sources)
3a. Why are households doing what they do?	3b. Source of information (qualitative)?
4a. What information is missing?	4b. How can we find it (methods)?
5a. What information for planning SBC is missing?	5b. How can we find it? (Methods)

Appendix C

Example of Completed Gap Analysis Worksheet

Ideal practice we want to promote (Behavior Statement): <i>Adolescent girls will consume iron-rich foods at least once a day.</i>	
1a. Actual Practice (quantitative)	1b. Source of information
<i>36% of adolescent girls consumed any iron-rich foods the 24 hours before the survey. 64% of adult women in the same households consumed iron-rich foods the 24 hours before the survey.</i>	<i>Baseline survey using Minimum Dietary Diversity for Women (MDD-W). The survey included all women of reproductive age in the sampled households.</i>
2a. What information is missing about the actual practices?	2b. How can we find it? (Other sources)
<i>Comparison of other consumption differences between adult women and adolescents.</i>	<i>Further analysis of the MDD-W data to create comparisons for other food groupings on the list. Could be shown well in bar graphs.</i>
3a. Why are households doing what they do?	3b. Source of information (qualitative)?
<i>Households in the region have relatively good food security.</i>	<i>Survey conducted by a food security project in the same target area last year. (citation)</i>
<i>Iron-rich foods such as leafy greens and lentils are part of the traditional daily diet.</i>	<ul style="list-style-type: none"> - <i>Qualitative study conducted by UNICEF ten years ago (citation needed)</i> - <i>Recent key informant interviews conducted by the project with health volunteers</i>
4a. What information is missing?	4b. How can we find it (methods)?
<i>Possible issue of intra-household food distribution with girls getting less</i>	<i>FGD with adult women and separately with adolescent girls using interactive method for them to show food distribution at meals.</i>
<i>Do the adolescent girls have some food likes and dislikes or beliefs about certain foods?</i>	<i>Adaptation of Food Attributes exercise conducted with girls of different socio-economic levels and younger versus older adolescents</i>
<i>Body image perceptions of adolescents</i>	<i>FGDs using images of different body types to identify preferred versus perceived body size.</i>
<i>Knowledge of adolescent girls about iron needs and food sources of iron</i>	<i>Doer/non-doer, FGDs using photos for identifying sources and a game to elicit knowledge and perceived benefits of iron</i>
5a. What information for planning SBC is missing?	5b. How can we find it? (Methods)
<i>Possible contact points with adolescent girls for nutrition education</i>	<i>Interviews with school personnel Focus groups with adolescent girls.</i>

Appendix D



Malawi

MDG Endline Survey 2014

Key Findings

September, 2014



Malawi MDG Endline Survey 2014

Breastfeeding and infant feeding			
MICS Indicator	Indicator	Description	Value
2.5	Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	97.8
2.6	Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	74.5
2.7	Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed ⁱⁱ	70.2
2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment ⁱⁱⁱ during the previous day	80.1
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	97.2
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	75.4
2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	24.1
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed ^{iv} during the previous day	84.1
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	88.6
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	12.5
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times ^v or more during the previous day	46.8
2.16	Minimum dietary diversity	Percentage of children age 6-23 months who received foods from 4 or more food groups ^{vi} during the previous day	26.6
2.17a	Minimum acceptable diet	(a) Percentage of breastfed children age 6-23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	15.0
2.17b		(b) Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	5.2
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	4.2

Appendix E

USAID'S INFANT & YOUNG CHILD NUTRITION PROJECT

Consulting with caregivers

Formative research to determine the barriers and facilitators to optimal infant and young child feeding in three regions of Malawi



Meggin Farmer

INTRODUCTION

Nearly half of Malawian children younger than 5 years of age are chronically malnourished, a condition that is largely caused by inadequate feeding practices during the first two years of life. The Infant & Young Child Nutrition (IYCN) project conducted a joint research project with the Bunda College of Agriculture and the World Bank to generate information that can be used to improve infant and young child nutrition activities within Malawi's existing programs. This information will also be used to design new programs that take into account the social, economic, and cultural contexts affecting feeding practices. Although the study highlights a significant gap between national and international recommendations for the nutritional content of children's foods and what children actually eat, the findings also demonstrate feasible actions that families in Malawi can take to close this gap—particularly with foods to which they already have access and currently prepare.

METHODS

Study participants lived in three regions, four climatic zones, and represented Malawi's major tribal groups. The study was conducted in two phases.



Phase one was exploratory, and gathered information from 60 mothers with children 6–23 months of age and 18 key informants, including health workers and other community members, about how children are fed, perceptions of child health, nutrition, food availability, and their sources of nutrition information through:

- In-depth interviews using structured, open-ended questionnaires.
- Household observation.
- Dietary recall about what children were fed in the past 24 hours.

Phase two, or the trials of improved practices (TIPs) phase, entailed three visits with 100 mothers of children 0–23 months of age:

- The first, to determine mothers' current feeding practices.
- The second, to offer mothers counseling and one to three improved feeding practices that they could try for about one week.
- The third, to gather the results of the trial.

FINDINGS

Breastfeeding practices (infants 0–5 months)

Exclusive breastfeeding. Only half of mothers interviewed during phase two of the study said they exclusively breastfed during the first six months postpartum.

Believing their infants to be hungry or thirsty, they gave their babies water or watery porridge in addition to breastmilk.

Length and style of breastfeeding sessions. Many of the mothers surveyed breastfed for extremely abbreviated periods and only from one breast, which does not satisfy the baby and compromises the mother's breastmilk supply.



www.iycn.org



June 2011

TIPs results

Mothers lengthened their breastfeeding sessions during the TIPs, noting that this improved practice produced more milk, and that their children were more satiated and happy.

“My baby takes more milk and does not cry frequently and diarrhea has stopped.”

After being informed, mothers practiced exclusive breastfeeding, a practice they were interested in continuing.

TABLE 1. Summary of TIPs recommendations and outcomes for infants 0–5 months

Recommendation	Offered	Accepted	Tried	Succeeded*	Modified
Refrain from giving liquids and foods other than breastmilk to your baby; breastfeed when baby cries.	10	10	10	10	0
Take more time to breastfeed at each feeding, use both breasts at each feeding, and feed until the breasts are soft and empty.	9	9	9	9	0
Support the breast in c-shaped form so that the baby gets more milk; hold the baby and be relaxed while breastfeeding.	4	4	4	4	0

* Mothers were successful in adopting the recommended practice without modification.

Recommendations for promoting improved breastfeeding practices

Table 1 shows that all mothers in the study were able to practice exclusive breastfeeding, to prolong breastfeeds, and to improve their breastfeeding technique. These findings suggest that promoting specific issues with mothers and family members can result in changed practices:

- That breastmilk provides enough water and fluid when babies are fed on demand with full feeds.
- That crying is not always caused by hunger.
- That when crying is caused by hunger, mothers can increase breastmilk supply by allowing their babies to breastfeed for a longer duration and more frequently.
- That giving the child water or watery porridge will fail to satisfy hunger and will reduce the amount of breastmilk the mother produces.

Mothers who stop breastfeeding before their children reach 2 years of age do so either because they are HIV positive and fear transmitting HIV to their infants, or they become pregnant and believe that they should no longer breastfeed. On the other hand, many mothers also cited the prevention of pregnancy as a reason to *continue* breastfeeding up to 2 years. To encourage improved breastfeeding practices among these two groups, two things need to happen:

- HIV-positive women need infant feeding advice aligned with national recommendations.
- Women need to know that exclusive breastfeeding can prevent pregnancy *for only six months* and a modern contraceptive method is necessary to delay their next pregnancy thereafter.

Feeding practices (infants and children 6–23 months)

TABLE 2. Nutritional status of children 6–23 months

Region	Percent children stunted
North	8.5
Central	53.3
Southern	43.4
All children	47.5

Feeding children more. While children 6–11 months generally ate frequently enough, some children 12–23 months did not. In addition, most infants and children 6–23 months of age were not fed large enough quantities.

Diversifying the diet. Children in this age group are often fed watery, starchy porridge, seldom enriched with oil, vegetables, or animal-source foods, and occasionally with groundnuts or beans, a practice that was targeted for improvement. The study also found that offering healthier snacks to children—fruits as opposed to the expensive sugary biscuits commonly fed—could help to curb malnutrition.

“Indeed biscuits are expensive... and with the same amount of money, I can buy eight bananas.”

Finishing meals. Many mothers of children 12–23 months of age did not stay with their children while they ate to encourage children to finish their meals.

Beliefs that motivate problematic practices

- Watery foods are easy to swallow.
- Child’s intestines are not ready for solid food.
- Solid foods cause constipation, stomach pains, vomiting.
- Larger portions cause constipation or stomach pains.

TIPs results

- While no mothers in phase two of the study could increase the quantity of food fed to their children by more than three tablespoons per meal, many modestly increased meal quantities and, as a result, said their children were crying less and were sleeping better.
- There was also a marked increase among children who met the recommended nutritional intake for protein, zinc, vitamin C, and vitamin A; overall caloric intake increased by 160 kilocalories.
- While carbohydrates eaten by the children fell—from 61 percent of foods consumed to 49 percent of foods consumed—the consumption of healthier foods, such as vegetables, milk, eggs, beans, and groundnuts, increased by small amounts.

“ Before I did not know how many spoons, but now I know how much to serve my child. ”

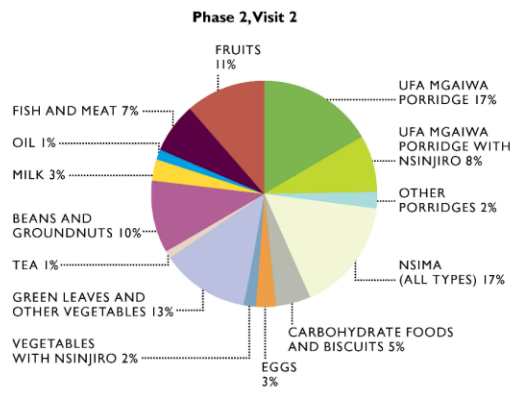
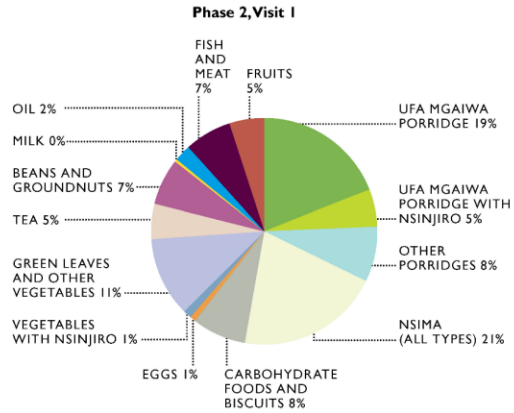
Recommendations for promoting improved feeding practices

Most families can better meet their children’s nutritional needs with foods to which they already have access and currently prepare. Vitamin A, iron, zinc, and calcium, however, are deficient in diets even when food availability is at its highest. Special supplements or foods may therefore be needed to correct those deficiencies, and mothers may need to be taught how to prepare a more nutritious soft food for their children. In all age groups, mothers can stop spending money on sugary snacks and provide inexpensive, yet nutritious snacks, like fruit or sweet potatoes. Some specific recommendations by age group follow.

Infants 6–8 months

- Focus on full breastfeeding, emphasizing prolonged feeds.
- Promote thick but soft porridge enhanced with family vegetables as the basic complementary food through cooking demonstrations and examples.
- Encourage mothers to offer nutritive foods like eggs, fish, and fish powder every day or as often as possible.

FIGURE 1. Foods most frequently consumed by children 6–23 months



Infants 9–11 months

- Continue focus on full breastfeeding, emphasizing prolonged feeds.
- Feed vegetables every day and animal-source foods three to four times per week.
- Increase amount of food per meal.

Children 12–23 months

- Increase amount of food per meal, with inclusion of animal-source foods.
- Offer nutritive snacks.
- Carry food for child when away from home.
- Offer a separate plate to child.

Feeding sick children

All mothers participating in the study emphasized that illness is the most important factor affecting appetite. Although no TIPs were carried out with sick children, the study determined several concepts and practices that require special program emphasis:

- Maintaining the child's normal diet for as long as possible, including feeding small portions more frequently if the child is fussy or lethargic.
- Altering the diet if the child is extremely ill (breastfeeding more frequently and offering soft, but thick porridge).
- For two weeks following the illness, returning the child to a regular diet, but offering special foods (eggs, milk, fish, thick porridge, oil, etc.) for children 12–23 months, every day at each meal if possible.

Other findings

Food Security: enough food for infants and young children

Although mothers' perceptions of food security varied by region, most reported that from December through March, the period before the harvest, food is scarce. While some mothers reported replacing maize with other available food during this period, others said they take on short-term work so that they have resources to buy additional maize. Less than half said they reduced the frequency of meals given to children, and little more than half said that they did not change their feeding practices.

While being able to sustain current feeding practices during the lean season does not mean that all mothers can feed their children optimally during that time, this finding suggests that many families may be able to prevent chronic malnutrition using their own resources.

CONCLUSION

The study accomplished the following:

- Increased understanding of current feeding practices among families with children younger than 2 years of age, and the social, cultural, and economic context influencing them.
- Identified problems that impede adequate dietary intake and proposed changes in feeding practices, which that mothers tested to determine the practices that are most feasible and critical to improving children's nutrition.
- Demonstrated that it is feasible for mothers in Malawi to improve their feeding practices using available resources in ways that have the potential to positively impact their children's health and nutrition.

LOOKING AHEAD

- The results of this study create the basis for a strategy promoting improvements in specific infant and young child feeding practices.
- Results from the study were disseminated at a workshop with 90 nutrition stakeholders.
- Following the dissemination workshop, *The Nation*, Malawi's national newspaper, published an article that focused on the results of the study: *Junk food contributing to stunted growth in children*. In the article, Dr. Mary Shawa, Malawi's Secretary for Nutrition and HIV and AIDS, called for the government and other public-sector entities to work together to address information gaps that contribute to the problem of malnutrition.
- Study findings are currently influencing the World Bank's investment strategy for nutrition in Malawi.
- The Malawian government is also using the study to develop information, education, and communication messages and training materials as part of its capacity-building activities under the United Nations Scaling Up Nutrition (SUN) movement and the National Nutrition Education Strategy.

A full report of findings is available at: www.iycn.org.

ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, the Manoff Group, and University Research Co., LLC. For more information, please contact info@iycn.org or visit www.iycn.org.

This document was produced through support provided by the U.S. Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Appendix F

Example of Completed Worksheet for Research Questions and Research Objectives

BEHAVIOR STATEMENT: *Adolescent girls will consume iron-rich foods at least once a day.*

GAP 1: *Intra-household food distribution related to access of adolescent girls to iron-rich food*

RESEARCH QUESTIONS:

- 1. Why are adolescent girls given less food in general than adult women or men?*
- 2. Who in the household is given iron-rich foods (lentils, leafy greens) when there is limited availability?*
- 3. When do adolescent girls eat fewer meals per day than adult women or men?*

RESEARCH OBJECTIVES:

- A. To determine whether explicit intra-household food distribution is a factor in low consumption of iron-rich foods by adolescent girls.*
- B. To identify possible schedule (work, school) conflicts that may limit food distribution to adolescent girls.*

GAP 2: *Adolescent girls' attitudes and beliefs about iron-rich foods and foods of low nutrient value*

RESEARCH QUESTIONS:

- 1. Are there iron-rich foods that adolescents dislike or feel are not important to eat?*
- 2. Do adolescent girls feel that eating iron-rich foods may have some perceived negative effects?*
- 3. Do adolescent girls know benefits of eating iron-rich foods?*
- 4. What "junk" foods do adolescent girls substitute for nutrient-dense food?*

RESEARCH OBJECTIVES:

- A. To learn food attitudes of adolescents towards iron-rich foods and foods they may prefer.*
- B. To describe perceived benefits and perceived consequences of adolescent girls about consuming the main available iron-rich foods.*

GAP 3: *Role of body image in adolescents' food consumption*

RESEARCH QUESTIONS:

- 1. How do many adolescent girls perceive their body image?*
- 2. Do these girls restrict food intake?*

RESEARCH OBJECTIVES:

To ascertain whether adolescent girls' food intake may be restricted by negative body image.

OVERALL RESEARCH GOAL: *The purpose of this study is to learn about knowledge, beliefs, attitudes, and practices limiting adolescent girls' consumption of iron-rich foods in order to design educational interventions targeting girls and their households.*

Appendix G

Market Survey Guide and Forms

Objectives:

- Determine the availability and diversity of food in the target area.
- Learn the price range of foods and what is affordable to the target population.
- Take photos of food which will later be used with other formative research and in learning activities.

Products:

- List of all foods available in a market, including seasonal availability and prices.
- List of all foods available in communities, including seasonal availability and prices.
- The two lists above provide a list of all foods available to the target population. The Food Availability Validation Exercise done with community members is the final step to developing a list of foods relevant for the target communities. Note that additional information on food availability may come from a Transect Walk and/or Focus Group Discussions.
- A set of photos of the foods available. Note that these should quickly be developed or printed in multiple sets for teams to use during the Food Availability Validation Exercise in the community and for potential use in other qualitative research activities.

Note that there are three key parts of this activity: a) conducting a market survey in a large market, b) conducting a survey of foods available locally within the community, and c) completing a Validation Exercise for the information which has been gathered.

Steps:

1. Conduct a market survey in a fairly large market that is visited by people from several of the project's target communities. Use the attached form, Market Survey of Food Availability, to record the information. NOTE all forms can be adjusted as best serves the project needs.
2. At the same time, take photos of all foods available for later use during community activities.
3. Next conduct a market survey in a number of target communities. Select different sizes of shops and a variety of smaller vendors and record this information in the section headed Local Food Availability in the attached form.
4. Towards the end of the community visit, conduct the Food Availability Validation Exercise with a group of community members making use of the lists of foods from the (main) Market Survey and Local Food Availability, along with the photos taken during the Market Survey. Record this information in the form attached.
5. When the field work is done, consolidate the information from these steps to create a list of the key foods available to the target communities and information on selling unit, months of availability, source and prices.

Market Survey of Food Availability

Name of item	Selling Unit (kilo, bunch, etc.)	Months available	Price when abundant	Price when scarce
Fresh fruits				
Fresh vegetables				
Dried vegetables and legumes				
Grains, cereals, and breads				
Roots and tubers				

Name of item	Selling Unit (kilo, bunch, etc.)	Months available	Price when abundant	Price when scarce
Fish, shellfish, snails and seafood (include dried fish)				
Meats and poultry				
Milk products (fresh, tinned, powdered, cheese, yogurt)				
Basic purchases				
Sugar				
Salt (verify price for iodized and non-iodized)				
Cooking oil				
Other types of fat or oils (please list separately)				
Snacks and junk food (biscuits, cookies, cakes, chips, sodas, juices, etc.)				
Other items of interest				
(example) Baby bottles				

Survey of Locally Available Foods

Use this form to record all foods available from any local source within communities.

Name of item	Selling unit (kilo, bunch, etc.)	Months available	Where found	Buying price
Fresh fruits				
<i>Mangos</i>	-	<i>June to October</i>	<i>fields</i>	<i>free</i>
<i>Tomatoes</i>	<i>Kilo</i>	<i>July to September</i>	<i>local vendor</i>	<i>2 kwacha</i>
Fresh vegetables				
Dried vegetables and legumes				
Grains, cereals, and breads				
Roots and tubers				

Name of item	Selling unit (kilo, bunch, etc.)	Months available	Where found	Buying price
Fish, shellfish, snails and seafood (include dried fish)				
Meats and poultry				
Milk products (fresh, tinned, powdered, cheese, yogurt)				
Basic purchases				
Sugar				
Salt (verify price for iodized and non-iodized)				
Cooking oil				
Other types of fat or oils (please list separately)				
Snacks and junk food (biscuits, cookies, cakes, chips, sodas, juices, etc.)				
Other items of interest				
(example) Baby bottles				
(example) Soap for hand washing				

Food Availability Validation Exercise

Timing: This activity should be conducted after the Market Survey of Food Availability, the Survey of Locally Available Foods, and any other qualitative research done within the community, such as a Transect Walk. This could be the last qualitative research activity before leaving the community.

Participants: For this activity, a group of 6-8 women (who may or may not have participated in any of the other qualitative research activities) should be convened. At least a few in the group should be mothers of children under two but this is not a criteria for all participants. Participants should not be community leaders, local vendors or owners of local shops.

Facilitation: At least two members of the qualitative research team are needed – one to facilitate the discussion and one to take notes.

Purpose:

- To verify the prices obtained in markets and shops.
- To triangulate information from other qualitative research activities, such as a Food Attributes exercise, or Focus Group Discussions.
- To discern which foods are most consumed by the poorest families and by the community in general.

Materials:

- One set of the photos of food taken during the Market Survey of Food Availability.
- The lists of food from the Market Survey of Food Availability and the Survey of Locally Available Foods, to which any foods identified through other qualitative research activities, such as a Transect Walk, have been added.

Steps:

1. Have the participants sit around a table or mat. Explain that the purpose of this activity is to learn more about what people in the community regularly eat.
2. Spread the photos in the center of the group, explaining that they were taken in the market (share the name of the market location).
3. Ask each woman to name out loud the foods shown in the photos nearest to her. If a photo is not recognized, ask the others to help; as a last resort, the facilitator may explain what is shown in the photo.
4. Next, ask the women to put in a pile the photos of the foods that people in this community never or hardly ever buy.
5. Ask: *Why don't people buy these foods?* (The note-taker should be recording this information in a notebook or on the back of forms.)
6. Ask: *Are some of these foods consumed but not purchased?* (If yes, put these photos back in the main pile). Ask: *What is the source of the foods consumed but not purchased?*
7. The photos of foods that are never purchased for consumption are removed from the table/mat for the remainder of this activity and the note-taker should draw a single pencil line through these foods on the list from the Market Survey of Food Availability.
8. Ask the women to put into a pile the photos of foods that are purchased only for special occasions. Ask: *What are the reasons for purchasing these foods only for special occasions?* The note-taker should use a dotted line to mark these foods on the list. Ask: *Do some people*

produce these foods only for their own consumption or sale? The note-taker can note this information in a notebook or on the back of the forms.

9. Quickly sort the remaining photos into the food groups listed on the survey forms (Fresh fruits, fresh vegetables, etc.)
10. Holding up each picture from a food group, the facilitator asks: *What price is usually paid for this food item and whether the price is considered to be a low, medium or high price?* By the information on the survey lists for each food item, the note-taker can write VE (for Validation Exercise) and note the price mentioned if it is different from the information noted on the survey lists. If it is the same, then the note-taker should simply put a check mark and note whether the price is considered low, medium or high.
11. For the same food item, ask: *Where is this food item usually purchased or obtained?* If the source is different from the information on the Survey of Locally Available Foods, the note-taker should note this source with the initials VE.
12. For each of the food items ask additional questions to validate the information which has been gathered during the surveys: *Could the poorest families in the village afford to buy these? How often would they buy this item? How good is the supply here? How many people raise their own food to eat? How much do they produce? Do the poorest people raise their own food to eat? How much do they produce?*
13. See Example below of what the marked-up food list from Survey of Locally Available Foods could look like after this Validation Exercise (Note that new information on “fish heads” has been added to the list as new information obtained during the Validation Exercise).

EXAMPLE

Fish, Shellfish, Snails and Seafood (include dried fish)				
Name of item	Selling unit	Months available	Where found	Buying price
Big fresh fish <i>poor people rarely buy</i>	✓per fish-price depends on size	✓all year	✓from local fishermen	✓2 - 6 kwacha high
Small fresh fish <i>good supply but takes time to catch them</i>	✓varies	✓rainy season mostly	✓rivers, streams	✓free
Dried fish <i>used in small amounts to add flavor</i>	✓gram	✓all year	✓shops	VE: 0.20-0.25 kwacha low
VE: Tinned sardine fish	250 g tin	all year	large shop	20 kwacha
VE: Fish heads - abundant and considered “poor people’s food”	VE: Each	VE: all year	VE: from local fishermen	VE: 0.30 kwacha Low

NOTE: These food photos can be used in many ways for qualitative research on nutrition. For example, they can be used with the Food Attributes Exercise to determine which foods are considered acceptable or not acceptable for specific groups, such as pregnant women, lactating women, or infants and young children age 6 to 23 months.

Appendix H

Observation Guide for a Transect Walk with a Nutrition and Hygiene Lens

Objectives:

- Obtain a “snapshot” of conditions in the target villages.
- Pinpoint existing resources and opportunities on which to build desired practices.
- Discern barriers to prospective project interventions.
- Identify some existing practices and social norms.

Products:

- Narrative descriptions of representative villages selected purposely.
- Summary chart to assess potential project activities.

Steps:

Select at least six villages which can be considered representative of the diversity of the target area. Take into consideration their location in relation to main roads, different ecological zones, size, ethnicity, etc.

From your team, identify one or two people to conduct the transect walks in each of the villages. These individuals must familiarize themselves with the Observation Guide for a Transect Walk.

Upon arrival, explain to village leaders that the purpose of the visit is to learn more about the village. It may be prudent to have a community member accompany the “walkers” as a guide and to allay concerns of villagers about strangers walking by. Try to avoid having more than one guide. Other community leaders can be engaged in a different activity.

Start at one corner of the village and work your way diagonally across the village. Take your time to observe carefully. While your principal goal is to observe, you may ask questions for clarification. When you have completed the diagonal, you may go off in another direction to observe something specific, for example, to see the water source for the community, the shops in the center, school, etc.

When finished, sit and write down everything you observed. If time allows, write up the narrative immediately. Alternatively, you may write the narrative in the evening, but make time to write it while the visit is still fresh in your mind.

After all six visits are completed, fill in the summary chart with the needed information.

Observation Guide for the Transect Walk

1. Do most households have latrines? Do they look used? Clean? Where are they located in relation to the house? (uphill, downhill, very far, across a swamp, etc.) Is there evidence of defecation happening elsewhere?
2. How close are large livestock to the house? Is the area where they are kept clean? What kind of large animals? Estimate of how many families have large livestock.
3. Do most households have chickens, guinea fowl or ducks? Are they free-roaming? Are there structures where they spend the night? Guesstimate the average number per household. Are there households which don't appear to have poultry?
4. Are there fruit trees around the houses? What kinds? Do most households have one or more fruit trees? Are there fruit trees not close to the houses? What kinds?
5. Are there vegetables growing close to the houses? What kinds? Are they protected from animals? Approximately how many households are growing vegetables?
6. If there are few or no vegetable plantings near the houses, is there a sunny space to grow some?
7. What kind of structures exist for storing staple crops? Condition?
8. Around the houses do you see evidence of income generation other than farming, for example fish nets, woodworking tools, basket-making, etc.?
9. Are people carrying water to their homes? How far is the source? (If possible, visit the source and describe it.) Do women take laundry to the water source or wash at home?
10. Are there small shops? Are they scattered throughout the village or concentrated in one area? What are the main kinds of goods they offer?
11. What public buildings do you see? (Schools, churches, mosque, med point, etc.) Do they have latrines? Water source? How clean is the area around them? Are any of them centrally located?
12. Do you see any wild food sources? (Greens, berries, nuts, etc.)
13. Where are the smallest children? Who is watching over them? How is their hygiene?

Summary Chart for Transect Walks

The following chart will enable us to see the needs and potential for project intervention. Based on notes and the narrative for each transect walk, put a + by conditions that are good and a ✓ for needs that could be addressed by the project.

Perceived Needs						
Villages	A	B	C	D	E	F
Access to improved water source						
Appropriate use of water source						
Hygiene of children						
Hand washing stations						
Latrines in use						
Cleanliness of latrines						
Cleanliness of dooryard						
Vegetable production for consumption						
Poultry rearing						
Availability of fruit trees						
Take advantage of existing foods						
Consumption of junk food						
Availability of health services						
Diversity of livelihoods						
Post-harvest storage						

In this chart, put a check for resources and existing practices that the project can build on.

	Potential and resources					
Villages	A	B	C	D	E	F
Materials for building pens, silos, hand washing stations						
Availability of soap						
Existence of mobile phones						
Neutral meeting spaces						
Sources of clean water						
Custom of growing vegetables						
Space for raising vegetables with sun						
Manure for fertilizer						
Water for irrigation						
Access to seedlings or saplings of fruit trees						
Custom of raising poultry						
Women's workload						
Baby is with mother for breastfeeding						
Existence of health center						

Appendix I

Narrative from a Transect Walk

Jilikul village, September 12, 2015

From my observation it was found out that all households have latrines. Latrines are located inside of yards, but some distance from the house. They are built differently: some of them are built of raw bricks but they don't have a roof and a door. Instead of door they hung a cloth. Some other ones are 4 sticks that are closed with plastic. Many latrines are surrounded by hives, straw and rubbish.

Cattle are tied up in the yard. The distance between houses and cattle is 2,5-3 meters. Many cattle are tied up under fruit trees and cattle houses are located close to fruit trees. The streets where I walked out of 60-65 households 40 households have cattle. There are 4 to 6 cattle are tied up. The space where cattle were was not clean. From my observation I understood that they clean this place once a week. The cattle's manure was dried and stored in the corner of the cattle house for winter fuel. Besides cattle I also saw other domestic animals. In 5-6 houses I saw chickens walking around. It was not clear for me that whether chickens have a house or not. The number of chickens I saw was 5-7. In one household, outside the wall, I saw 8 turkeys. Most of the households have donkeys tied under the trees.

I saw fruit trees like pomegranate, grape, quince, persimmon, mulberry, almond and apricot. There are lots of fruit trees. The trees are planted in gardens inside of house [compounds] and also outside. There were no vegetables growing besides 4-5 houses where I saw corn and in 3 houses clover but from my observation they have already harvested pumpkins because there was a pile of pumpkins (approximately 40-80 pumpkins) in each house.

There is a smith's shop in the street that I visited. They make different tools like a hoe, a shovel, a scythe.

Water comes from outside the village because I saw a truck bringing water. Each house has different containers to keep water. Irrigation channels crisscross the village. They are not well maintained, full of weeds and some garbage.

I saw a shop in this community. There were sacks of flour and [soft] drinks outside the shop. It had mostly junk food, RC, and sugar and oil inside. I checked the salt and it said iodized.

I walked about for 2,5 km and I saw 2 schools. One of the schools was a secondary school. I didn't see source of water from outside. It was very clean around the school. Outside the school yards there are trees like mulberry, willow and oleaster.

There was a child whose age was 3-4 years old and washing a pomegranate in irrigation channel and eating it. This water channel is connected with another canal where some boys were swimming. I observed another thing. It is having a dog – almost everyone has a dog in their houses.

Appendix J

Food Attributes Exercise

Participants: The exercise will be done with two different age groups, separately, each with 10.

- a) Older women, such as grandmothers
- b) Mothers of children under two with a preference for young mothers.

Materials: A set of cards of photos of available foods (taken during a previous market survey)

Prep: Ask participants to remove any photos of foods that are not available or never eaten.

- *Do you recognize the foods shown in each of these pictures? Are there some that we should take out because they are not available or never eaten in the communities?*

Step 1. Ask the women to sort the food cards for pregnant women into two piles:

- *Are there foods that are good for pregnant women to eat? Why?*
- *Are there foods that pregnant women should not eat? Why?* (They do not have to reach consensus so carefully note all discussion.)

Step 2. Ask the women to sort the food cards for lactating women into two piles:

- *Are there foods that are good for lactating women to eat? Why?*
- *Are there foods that lactating women should not eat? Why?*
- *Is there a period after delivery when certain foods are restricted? For how long? Which foods?*
Note: *Ask the older women if beliefs are changing among younger women regarding foods that are good to eat or shouldn't be eaten during pregnancy and lactation. What is the result of the change, if there is a change?*

Step 3. Ask the women to sort the food card for children 6-8 months of age into two piles:

- *Are there foods that are good to give children age 6-8 months to eat? Why?*
- *Are there foods that should not be given to children age 6-8 months? Why?*
- For the pile of cards of foods that are good to give children age 6-8 months to eat, ask: *How is food prepared for children age 6-8 months?* Probe for information on consistency (liquid, runny, soft, semi-solid or solid) of the food preparation, ingredients, and how often they might give these foods. Probe with additional questions as to *why or why not*. Ask if food is stored or prepared fresh for each meal.
- For the pile of cards of foods that should not be given to children age 6-8 months to eat, ask: *What are the reasons these should not be given? At what age could these foods be given to the child? Do some women in the group know how to prepare these foods in a way that would make them suitable for children 6-8 months of age?*

Step 4. This time, show the women photos of rice, a common vegetable, and an egg or meat:

- *If there is only one egg (or one serving of meat) for the day, who in the family should get that? What are the reasons?* Note how many different opinions there are among the group on who should get the animal source food.

Step 5. Again place all the food cards in front of the women. Ask them to sort off the foods that the majority of families in the village eat only rarely or never because of high cost.

Step 1. Summary of Foods for Pregnant Women

Name of Food	Total Number of Group = 10 Age range of group: (older or young)		Attributes	
	Acceptable (good)	Unacceptable (should not eat)	Reasons why acceptable	Reasons why unacceptable

Step 2. Summary of Foods for Lactating Women

Name of Food	Total Number of Group = 10 Age range of group: (older or young)		Attributes	
	Acceptable (good)	Unacceptable (should not eat)	Reasons why acceptable	Reasons why unacceptable

Notes on food restrictions after giving birth:

Step 3. Summary of foods, attributes, and usual preparation for children 6-8 months

Name of food	Total number in group: 10		Attributes		Usual Preparation for 6-8 month old	Other notes
	Acceptable	Unacceptable	Reasons why acceptable	Reasons why unacceptable		
<i>Mango</i>	7	3	<i>has vitamins free in season</i>	<i>stringy can cause diarrhea</i>	<i>peeled and mashed</i>	
<i>Fish powder</i>	8	2	<i>gives strength</i>	<i>children don't like taste</i>	<i>added to rice</i>	<i>too expensive</i>

Food Acceptability Summary

Name of Food	Acceptable for				Usual Preparation for 6-8 month old
	Pregnant women	Lactating women	Children 6-8 mos.	Only given child >8 mos, at age__	
Eggs	✓	✓		9 months	Thin and watery
Dal	✓	✓	✓		

List notes for Step 4 and Step 5 on the back of these forms:

- **Step 4:** Intra-household distribution of animal source foods.
- **Step 5:** Foods rarely or never eaten because of high cost.

Appendix K

Doer/Non-Doer Questionnaire for Workshop

1. Do you eat 5 servings of fruits and vegetables every day?

2. What do you see as the advantages of eating 5 servings of fruits and vegetables every day?

3. What do you see as the disadvantages or bad things that result from eating 5 servings of fruits and vegetables every day?

4. What makes/would make it easier for you to eat 5 servings of fruits and vegetables every day?

5. What makes/would make it difficult for you to eat 5 servings of fruits and vegetables every day?

6. Who approves or supports you in eating 5 servings of fruits and vegetables every day?

7. Who disapproves or does not support you in eating 5 servings of fruits and vegetables every day?

Appendix L

Doer/Non-Doer Questionnaire Outline

Question 1 Do you ____ or How often do you _____? *This is the filter question to sort the doers from the non-doers. This question must focus on a very specific behavior.*

Question 2: What do you see as the advantages or good things that would happen if you _____?
Potential determinants: Perceived positive consequence or benefits, knowledge

Question 3: What do you see as the disadvantages or bad things that would happen if you _____?
Potential determinants: Perceived negative consequences, cultural beliefs

Question 4: What makes it easier for you to _____?
Potential determinants: Self-efficacy, skills, access, policies, enabling factors, cues to action

Question 5: What makes it difficult or impossible for you to _____?
Potential determinants: Self-efficacy, perceived barriers, access, skills, perceived risk, fatalism, cultural norms

Question 6: Who (individuals or groups) do you think approves or supports you if you _____?
Potential determinant: Social norms. (This also helps identify supporting audiences.)

Question 7: Who (individual or groups) do you think would object or disapprove if you _____?
Potential determinant: Social norms. (This also helps identify other groups to be targeted to increase support for behavior change.)

Tabulation Form for Doer/Non-doer Questionnaire

RECOMMENDED BEHAVIOR: _____

Number of persons interviewed: Doers _____ Non-doers _____

Findings DND	Doers	%	Non-Doers	%
Q. 2 Benefits				
Q. 3 Disadvantages				
Q.4 Easy				
Q. 5 Difficult				
Q. 6 Who approves/supports				
Q. 7 Who disapproves/does not support				

Appendix M

Example of Tabulation of a Doer/Non-Doer Survey

BEHAVIOR: Mothers seek all recommended immunizations for their child by one year of age.

Findings from the Doer/Non-doer Questionnaire	Doers 20	Non-doers 20	Implications of findings
Advantages			
Child will not get serious illness	6	5	(Note that messages to mothers on benefits are not needed.)
Fewer children will die from measles	14	15	
Disadvantages			
Child may die anyway	4	3	
Long distance to walk to health center	6	5	
Transportation is expensive	2	2	
Takes time from work	4	7	Get clinic to offer special hours.
Child may cry after the injection or get fever	3	9	Needs to be addressed in messages
What Makes Behavior Easier			
Husband will take me to health center.	6	5	Include Model Father recognition activity
Husband says it's a good thing for the child	8	4	
If other mothers do the same thing	2	6	
If health center were a lot closer or health worker came to my house	7	8	
What Makes Behavior More Difficult			
If husband says no	5	13	Barriers are husbands and mothers-in-law. Need to work with them.
If mother-in-law says it not good for child	2	8	
If no one can take care of my other children	5	4	
Who Approves			
My husband approves	8	3	(See above.)
My mother/mother-in-law approves	6	7	
Who Disapproves			
My husband disapproves	0	6	Need to hold learning sessions for husbands and mothers-in-law
My mother/mother-in-law disapproves	10	14	

NOTE: The findings with significant differences between Doers and Non-doers are highlighted.

Appendix N

Example of Qualitative Method Selection

For each research objective, put a check to indicate which tools or methods you will use.

Behavior statement: **Adolescent girls will consume iron-rich foods at least once a day**

Research Objective	Market Survey	Transect Walk	Positive Deviance	Food Attributes	Doer/Non-Doer	Focus Groups
<i>To determine whether explicit intra-household food distribution is a factor in low consumption of iron-rich foods by adolescent girls.</i>			✓			✓
<i>To learn food attitudes of adolescents towards iron-rich foods and foods they may prefer.</i>	✓			✓		
<i>To describe perceived benefits and perceived consequences of consuming the main available iron-rich food.</i>		✓			✓	
<i>To ascertain whether adolescent girls' food intake may be restricted by negative body image.</i>						✓

If you have selected Focus Group Discussion, write some potential questions below:

Show the girls three images for body types: very thin, normal, overweight. Ask them to close their eyes and vote by raising their hand for the body type they think is preferable for themselves. Then, ask them to keep their eyes closed and vote for the body type they think they actually are. Follow-up questions: 1) If you think you are too thin, what can you do to gain weight? 2) If girls think they are too fat, what do they do to become thinner? Etc.

Appendix O

Example of Worksheet for Qualitative Research Findings and Implications for Project Actions

	Desired Practice	Actual Practice Source: Quantitative baseline	Qualitative Findings	Project Actions and who will do it
1	Mothers of children under two always wash hands with soap at four critical times	8% of mothers of children under two wash hands with soap at four critical times	<ul style="list-style-type: none"> • Soap is available in the villages, but is considered expensive. • Many households have to bring water from far and these households use very little water for hygiene. • In households with spigots, there is no place to keep the soap nearby. 	<p>Community Health Volunteers (CHV) find the cheapest locally available soap to promote.</p> <p>Staff train Village Health Committees (VHC) to construct hand-washing stations and VHCs give demonstrations to community.</p> <p>VHCs come up with solutions for keeping soap near the water source.</p>
2	Newborns are not given pre-lacteals.	40% of infants were given some kind of pre-lacteal before being put to the breast.	<ul style="list-style-type: none"> • The most common pre-lacteal is water with honey to sweeten it. Put between the baby’s lips with a spoon. • Older women believe this is essential to “cleanse the child’s bowels”. • Other pre-lacteals: tea with sugar or cow’s milk because many older and 	Recruit older women to work with their peers and orient them to the risks of pre-lacteals and to the mechanics of successful breastfeeding.

	Desired Practice	Actual Practice Source: Quantitative baseline	Qualitative Findings	Project Actions and who will do it
			<p>young women believe the mother’s milk “hasn’t come in”.</p> <ul style="list-style-type: none"> • Younger women defer to their mothers, mothers-in-law and midwives for all birthing practices “out of respect”. 	<p>CHVs convene pre-delivery sessions for younger women to discuss immediate breastfeeding and how to respectfully negotiate change with their elders.</p>
3	Families with pregnant or lactating women raise vegetables for their consumption all year.	10% of households report raising one or more vegetables. Of these, 80% is sold for cash.	<ul style="list-style-type: none"> • The ground has thin topsoil and is very stony under that. • Water is available for irrigation from a stream, but that goes dry for 4-5 months of the year. • Families report that fertilizer (natural) is very scarce due to lack of livestock and chemical fertilizer is too expensive. • A great many fruits and vegetables are available year around in the valley market and families say they are affordable. It is a 1-hour walk to the market and the factor limiting purchases is the weight to carry home up-hill. 	
4	Mothers or caregivers will feed an egg at least once a week to the child 6-12 months.	22% of children 6-12 months have ever eaten egg.	<ul style="list-style-type: none"> • Most families have 5 – 8 hens. • Half the eggs are sold and the others are consumed by adult men and women and adolescents. • Many older women strongly believe that feeding a child eggs will cause him/her to become a thief. 	

	Desired Practice	Actual Practice Source: Quantitative baseline	Qualitative Findings	Project Actions and who will do it
			<ul style="list-style-type: none"> • Younger women know this belief, but most say it’s not true. • Younger women have heard from health workers that eggs are difficult for children under two to digest. 	
5	All pregnant women will take one IFA tablet each day for 90 days.	37% of women report taking IFA for 90 days.	<ul style="list-style-type: none"> • Recently delivered women all know the benefits of taking IFA for themselves and their baby. • All women in FGD know the MOH clinic gives IFA for free. • Some women complain of side effects – nausea, constipation, metallic taste in mouth. • Tablets distributed by the MOH are not coated to prevent stomach distress. • Health workers do not know advice to give for side effects. • Health workers report stock-outs – supply last half the year 	
6	Mothers will give only breast milk for the first six months	38% of children 0-5.9 months received only breast milk during the previous 24 hours. 30% of children 0-5.9 months were given water or tea.	<ul style="list-style-type: none"> • Mothers think they are unable to produce sufficient breast milk. • Older women interpret frequent crying of the baby to mean he/she isn’t getting enough breast milk, is hungry. • Neither older nor younger women know what stimulates breast milk production. They say the mother should eat more or better and drink more. There are 	

	Desired Practice	Actual Practice Source: Quantitative baseline	Qualitative Findings	Project Actions and who will do it
		5% of children 0-5.9 months were given other milk 3% of children 0-5.9 months ate food	specific foods/drink that increase breastmilk. <ul style="list-style-type: none"> • Health workers also think eating and drinking more are the keys to increasing breastmilk production. 	
7	Husbands will attend at least one ANC visit with their wife to learn the importance of the wife attending four times and what happens there.	9% of husbands ever attended ANC with their wife. 45% of women attended ANC four times during their most recent pregnancy.	<ul style="list-style-type: none"> • The large majority of men agree that ANC is important and their wife should go – to get IFA, TT vaccine, and to prevent complications. • Men think other men and elders will reprove or tease them for “paying too much attention to the wife”. • Most all of the husbands work as laborers and would lose a day’s pay if they take time off to go to ANC with their wife. • It is the mother-in-law who makes the decision about the younger woman attending ANC and most often accompanies her to ANC. 	

Appendix P

Guidance for Working with Local Research Firms

Hiring

During the hiring process, it is very important to assess not only their proficiency in data collection using qualitative methods, but also their capacity to manage and analyze the data and prepare a report. As part of their bid, they should be asked the following, either in writing, or in the interview:

1. What different qualitative methods have you used?
2. In working with groups of people, what are some strategies you use to get everyone to participate in the discussion?
3. If this is the interview question, what probes might the interviewers use to get more information?
(Ex. *What difficulties do pregnant women in this community face in seeking antenatal care?*)
4. In which language will notes be taken?
5. **During and after the field work, what are the steps you will take with the data before preparing the report?** (data reduction, synthesis and compilation, coding either manually or with software, transcribing the audio files)
6. What qualitative analysis software do you use?
7. Can you provide an example of a previous qualitative research report you prepared?

Preparation

Develop the consent statement together with the research team to assure that your organization and the purpose of the study are correctly presented.

Lead the development of the guides and interview questions. You know best what information you need. Engage the researchers in finalizing wording and adapting to the vernacular. Oversee any changes made after the pilot testing of the instruments to assure the meaning hasn't been changed.

It may be necessary for your field staff to arrange the community visits including extending invitations to those who will participate in the interviews or group exercises. If your project/activity and the messages are already associated with the field staff, this may somewhat bias responses. Ideally, field staff will not be present or visible during the research activities in the community.

Data Management

Transcription of audio recordings should be a deliverable of the research firm, along with the recordings.

Data reduction is a systematic process that begins during data collection without losing key information. Compilation and synthesis must be done before any conclusions can be drawn. Coding, done either manually or using software, can start with the written notes but must ultimately be checked against the transcriptions. The firm should be willing to allow your participation in or review of this process.

Appendix Q

References for more information on planning and conducting qualitative research

Note: The links included throughout this guide are also references for additional information.

The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices. USAID's Infant and Young Child Nutrition Project. August, 2011. http://iycn.wpengine.netdna-cdn.com/files/IYCN_planning_formative_research_083111.pdf

Guidance for Formative Research on Maternal Nutrition. USAID's Infant and Young Child Nutrition Project. February 2012. http://iycn.wpengine.netdna-cdn.com/files/IYCN_Maternal_Nutrition_Research_Guidance_022112.pdf

Training in Qualitative Research Methods: Building the Capacity of PVO, NGO, and MOH Partners. Adapted by: The CORE Group Social and Behavior Change (SBC) Working Group http://www.coregroup.org/storage/documents/Workingpapers/qrm_complete.pdf

Thomas, D.R. and Hodges, I. *Designing and Planning Your Research: Core Skills for Social and Health Researchers*, Sage Publications, 2010.

Qualitative Research Methods: A Data Collector's Field Guide. Mack, N., Woodsong, C., MacQueen, KM, Guest, G., and Namey, E.; Family Health International, 2005. <http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf>