Planning and Adaptation Guide

The Community
Infant and Young Child Feeding
Counselling Package

2024

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Acknowledgements

This *Planning and Adaptation Guide* is one component of the generic *Community Infant and Young Child Feeding Counselling Package,* originally developed and modified between 2010 and 2013 under a strategic collaboration between the United Nations Children's Fund (UNICEF) New York; Nutrition Policy and Practice, LLC; and the Center for Human Services of University Research Co.

This 2023 update to the generic *Package* was conducted by UNICEF [1] and JSI [2], with guidance from a Technical Advisory Group and other contributors who are highlighted below. This *Package* reflects updates to relevant international guidance; a wealth of experience in the adaptation and implementation of the earlier *Package* in more than 70 countries; and an expanded focus on nurturing care, the promotion of healthy diets, infant and young child feeding in emergencies, and disabilities.

Multiple reference documents guided the updating of the *Package*, including the *Implementation Guidance on Counselling Women to Improve Breastfeeding Practice*s, World Health Organization (WHO)/UNICEF (2021); *Infant and Young Child Feeding Counselling: An integrated course*, WHO (2021); *Improving Young Children's Diets During the Complementary Feeding Period: Programming Guidance*, UNICEF (2020); *Operational Guidance: Breastfeeding Counselling In Emergenc*ies, Emergency Nutrition Network (ENN), Infant Feeding in Emergencies (IFE) Core Group (2021); and others. Updated nurturing care content was primarily derived from the *Responsive Care and Early Learning Addendum Training Package*, produced by the United States Agency for International Development (USAID) Advancing Nutrition (2023).

Prior to its finalization and publication, the *Package* was field tested in Nigeria and in the United Republic of Tanzania. Special thanks to UNICEF country offices for their support, as well as the National Primary Health Care Development Agency and the Federal Ministry of Health in Nigeria; and the Ministry of Health and Social Welfare, and the President's Office - Regional Administration and Local Government in the United Republic of Tanzania.

Any part of this generic *Community Infant and Young Child Feeding Counselling Package* may be printed, copied and/or adapted to meet local needs without express written permission. Tools are provided in the *Planning and Adaptation Guide* to support context specific adaptations. The source of the original materials must be fully acknowledged; credit should be given to both UNICEF and JSI; and distribution should be free or at cost (not for profit). UNICEF is grateful to USAID for its generous financial and technical support in developing and disseminating the updated *Package.*

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Introduction

The *Community Infant and Young Child Feeding (C-IYCF) Counselling Package*[1] was first published in 2010 by UNICEF in collaboration with Nutrition Policy and Practice (NPP), Center for Human Services, and University Research Co (URC/CHS). Its focus was on building IYCF counselling-related skills and empowering community-based health workers, using participatory adult learning techniques for people with low literacy. The *Package* was also a social and behaviour change communication tool aimed at promoting IYCF practices, but included a focus on maternal nutrition, hygiene and sanitation, feeding the sick child, infant feeding in the context of HIV, recognizing danger signs, and family planning. The *Package* originally included nine components: a *Planning and Adaptation Guide*, a *Facilitator Guide*, *Training Aids*, a *Participant Manual*, *Counselling Cards* with high-quality illustrations, a *Key Messages Booklet*, and three take-home *Brochures*.

In 2012, the *Package* was revised and updated after several field tests, regional trainings, and country-level experiences. At that time, UNICEF divided the *Planning and Adaptation Guide* into a separate *Planning Guide* and an *Adaptation Guide*; added a *Supportive Supervision, Mentoring and Monitoring* module; and integrated basic early childhood development elements (responsive feeding and care practices), based on the *Care for Child Development* evidence-based training approach, created by UNICEF and WHO in 2012. Users of the *Package* were explicitly encouraged to adapt and contextualize both the training and counselling materials to their local settings and programme priorities. In 2020, in the context of the COVID-19 pandemic, elements of the *C-IYCF Counselling Package* were adapted to provide guidance on COVID-19-related IYCF preventive measures.[2]

The generic *C-IYCF Counselling Package* is one of the most widely used and adapted sets of global IYCF training and counselling tools around the world. According to a UNICEF survey conducted in 2023,[3] the *Package* is currently used in more than 70 countries. A recent review of this *Package*, commissioned by UNICEF,[4] recommended several updates to strengthen the technical content and ensure alignment with new WHO guidelines and WHO/UNICEF implementation guidance (described below). The UNICEF review encouraged additional emphasis on nurturing care and early learning practices, including the feeding and care of children with disabilities, and called for a stronger emphasis on the promotion of healthy diets and the prevention of overweight and obesity.

Multiple reference documents guided the update of the *Package*, including the *Implementation Guidance on Counselling Women to Improve Breastfeeding Practice*s, WHO/UNICEF (2021); *Infant and Young Child Feeding Counselling: An integrated course*, WHO (2021); *Improving Young Children's Diets During the Complementary Feeding Period*, UNICEF Programming Guidance (2020); *Operational Guidance: Breastfeeding Counselling in Emergenc*ies, ENN, IFE Core Group (2021); and others. Updated nurturing care content was primarily derived from the *Responsive Care and Early Learning (RCEL) Addendum Training Package*, USAID Advancing Nutrition (2023).

In 2022, UNICEF contracted JSI to lead the update and expansion of the *C-IYCF Counselling Package*, strengthening or integrating the technical components identified in the UNICEF review. Over the following eighteen months, the JSI team worked closely with the UNICEF Headquarters'

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[1] The UNICEF *C-IYCF Counselling Package* is sometimes referred to as the "*Package*"
[2] https://www.advancingnutrition.org/what-we-do/social-and-behavior-change/iycf-recommendations-covid-19
[3] UNICEF. Global Nutrition Programme Monitoring; NutriDash 2023 Key Findings, UNICEF, New York, 2023.
[4] Hromi-Fiedler AJ, Pérez-Escamilla R, Segura-Pérez S, Garg A, Bégin F. Assessing the Nurturing Care Content of UNICEF's Community Infant and Young Child Feeding Counselling Package: Gaps, Best Practices, and Lessons Learned. Current Developments in Nutrition. 2020

(HQ) Nutrition Specialists and the Senior Nutrition Advisor in the Early Childhood Nutrition Unit and engaged a diverse *Technical Advisory Group* (TAG), involving other UNICEF HQ specialists (nutrition, early childhood development, disabilities), and representatives from UNICEF regional and country offices, WHO, USAID, multiple international development organizations, and other relevant partners. The TAG provided technical guidance and supported decisions around both the technical content and graphic elements to be included in the updated *Package*.

Feedback from UNICEF and members of the TAG was reviewed and incorporated, and the JSI team then designed and facilitated the pilot/field testing of the updated Package in Nigeria and the United Republic of Tanzania during the summer of 2023. The pilot/field test of the *Package* was conducted in close collaboration with UNICEF regional and country offices and the results informed the final revisions of the updated *Package*.

How to use this *Planning and Adaptation Guide*

The *Planning and Adaptation Guide* for the *C-IYCF Counselling Package* is designed for use by national and/or local stakeholders interested in developing or strengthening community-based IYCF counselling, promotion, and support activities. It is intended to facilitate the adaptation and contextualization of the training materials and counselling tools found in the *Package* for use in different settings, based on programme priorities.

This *Planning and Adaptation Guide* (also referred to as the "*Guide*") provides general guidance for countries and programmes to use, depending on their programmatic goals or objectives and/or their "starting point". It recognizes that each country or setting that is interested in developing and/or expanding a community-based IYCF programme has multiple issues and limitations to consider, including its public health infrastructure, available workforce, sociocultural factors that are unique to its ethnic population(s), and the programme budget. Such variables need to be taken into consideration and systematically addressed to ensure that the final adapted *Package* is appropriate, engaging, relevant, responsive, and used by the intended workforce with the intended impact on the IYCF practices of the intended population group(s).

Given that the *C-IYCF Counselling Package* was specifically designed to be adapted by countries or programmes, the *Guide* outlines a series of proposed planning and adaptation steps and provides several practical, user-friendly recommendations, tools, references, and other resources to help support or "jump-start" the adaptation process. Not all resources or tools included in the *Guide* will be useful in every context, but some may provide a useful point of reference that national and/or programme teams can build on.

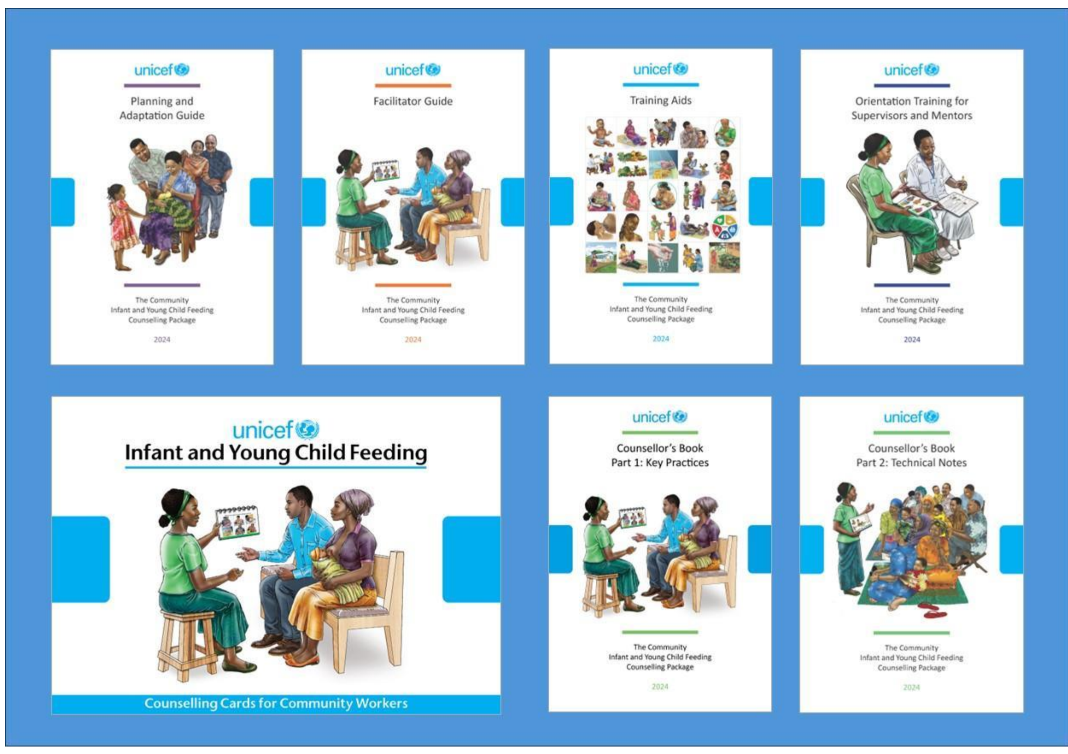
Orientation to the updated *Package*

Updates to the C-IYCF Counselling Package are based on over a decade of implementation experience, recommendations made during the technical review commissioned by UNICEF, feedback provided by members of the TAG, and the results of the pilot/field testing of the draft *Package* in two countries. The updates strengthen the technical content and ensure alignment with the new WHO guidelines and WHO/UNICEF implementation guidance outlined above. The update places more emphasis on healthy child growth and development outcomes expected from nurturing care; the integration of feeding and nurturing care guidance, including for children with disabilities; and strengthened IYCF guidance during emergencies. The importance of healthy diets and the prevention of overweight and obesity is also highlighted, including avoidance of ultra-processed foods in the complementary feeding of young children from 6 up to 24 months.

The seven components of the updated *C-IYCF Counselling Package*

In addition to this *Planning and Adaptation Guide*, the components of the updated generic *Package* include a *Facilitator Guide* and colourful *Training Aids* that are intended for use in training trainers or facilitators and in the trainings of community health workers (CHWs) by national, state, district, sub-regional and/or local trainers or facilitators. These training components are complemented by an expanded set of counselling tools considered essential for CHWs, including 38 integrated *Counselling Cards*, a *Counsellor's Book Part 1: Key Practices,* and a *Counsellor's Book Part 2: Technical No*tes. This set of counselling tools – considered the heart of the *Package* - is intended for use with pregnant women, mothers, and other caregivers of infants and young children from 0 up to 24 months. They are designed for use during individual and small group counselling sessions, as well as for home visits. Another important component of the Package is a one-day *Orientation Training for Supervisors and Mentors* who support CHWs and other community workers involved in IYCF counselling.

The seven components of the *Package,* described in more detail below, are available through UNICEF in their electronic formats,[5] including the design files, to facilitate their dissemination, adaptation, and use. The original high-quality illustrations and other graphics found throughout the updated *Package* are also available in a companion open-access resource called the UNICEF *IYCF Image Bank.*[6] Detailed instructions for accessing and adapting images in the *Bank* are summarized below in this *Guide*.

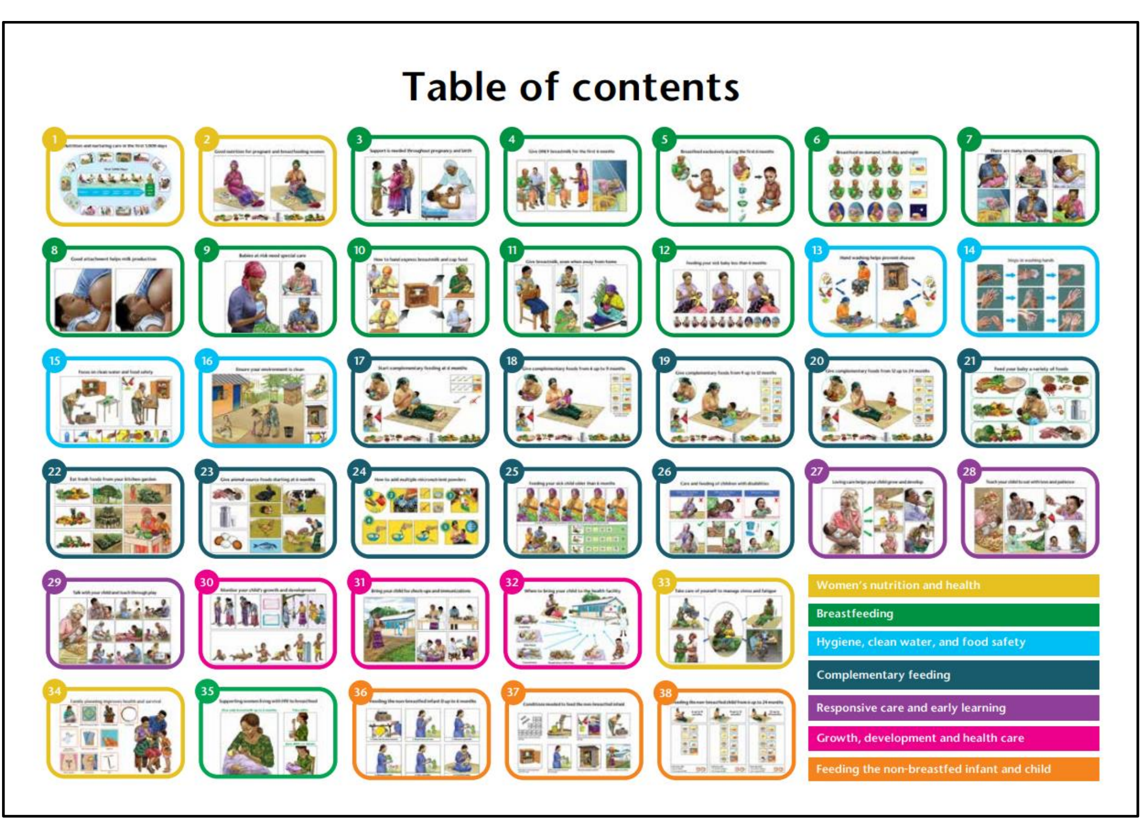


i) The ***Facilitator Guide*** is a five-day interactive training that is primarily intended for use with CHWs. The training focuses on building both technical knowledge and counselling skills related to IYCF (breastfeeding and complementary feeding) as well as key complementary practices, such as responsive care, hygiene, and health-seeking behaviours. The training uses active, hands-on experiential training methodologies that involve participants in a variety of facilitated learning activities and small group work. There are no PowerPoint presentations or dependency on electronic devices. A special emphasis of the training is on building confidence around counselling and on the effective use of counselling tools and other job aids.

[5] https://www.unicef.org/documents/community-iycf-package
[6] https://iycfimagebank.org

ii) The ***Training Aids*** are a set of colourful print-ready illustrations and other graphic images, designed to complement the participatory training methodologies. The images are organized by training sessions, and instructions for their use are outlined in each session of the *Facilitator Guide*. These Training Aids are used to facilitate learning activities and small group sessions to help participants learn and retain new technical knowledge and concepts. The illustrations and other graphic images enhance the hands-on learning experience and simultaneously familiarize the participants with the images found in their Counselling Cards and other counselling tools.

iii) The 38 ***IYCF Counselling Cards*** were designed using high-quality illustrations and other graphic images that depict key practices, divided into seven colour-coded IYCF themes. They include concepts and behaviours related to women's nutrition and health; breastfeeding; hygiene, clean water, and food safety; complementary feeding; responsive care and early learning; growth, development, and health care; and feeding the non-breastfed infant and child. These Counselling Cards are the primary tools for CHWs working with pregnant women, mothers, and other caregivers at specific contact points. Cards are selected by CHWs for use during counselling based on priority issues or behaviours identified during individual and small group counselling sessions.



iv) The ***Counsellor's Book Part 1: Key Practices*** highlights the recommended practices associated with each of the 38 *Counselling Cards*. Except for the title on each individual *Counselling Card*, there is little or no other written information on the cards. CHWs are trained to use the illustrations and other graphics on each Counselling Card to help remember the recommended key practices and to guide their counselling sessions using a methodology called Observe, Think, Try and Share (OTTS). CHWs are encouraged to periodically review the key practices in this resource as a way of remembering and reinforcing the information and ideas that they have learned. They are encouraged to prioritize and share appropriate and critical ideas during counselling sessions.

v) The ***Counsellor's Book Part 2: Technical Notes*** presents key technical content covered during the various sessions of the training, and some additional useful information for CHWs to

share while counselling. This important counselling resource is intended as a take-home job aid for everyone who participates in the training. CHWs are encouraged to periodically review these technical notes as a way of refreshing their knowledge and reinforcing what they have learned. The content can also be shared with others in the community. Additional tools included are an assessment tool (or memory aid) for use while counselling mothers and caregivers, and an observation checklist to help strengthen counselling sessions by encouraging self-reflection and/or constructive feedback from supervisors, mentors and peers.

vi) The ***Planning and Adaptation Guide*** outlines a series of key steps for programme planners and implementers to consider when adapting elements of the generic *C-IYCF Counselling Package*. It provides specific job aids, resources, and other tools and tips for building consensus among stakeholders; prioritizing technical content based on national or programme needs; adapting the high-quality illustrations and graphics to the local context(s); translating materials into local languages; field testing elements of the adapted *Package*; printing the materials; and planning for training and follow-up.

vii) The ***Orientation for Supervisors and Mentors*** is a separate one-day training that promotes routine and systematic supportive supervision, mentoring, and monitoring. The orientation aims to underscore the importance of post-training follow-up, and to build the skills of supervisors and mentors who engage with CHWs following the IYCF counselling training. This orientation is focused on ensuring the quality and coverage of CHW activities, and on strengthening the performance of CHWs where gaps are identified.

The combined, integrated content of the *Package* is designed to build the knowledge, skills, self-efficacy, and self-confidence of CHWs by providing them with high-quality IYCF training and counselling tools, and by encouraging investments in their supportive supervision and mentorship. CHWs are encouraged to embrace their role as counsellors and change agents who promote key practices, motivate mothers and caregivers, and support the adoption and maintenance of key behaviours in their communities.

Recommended steps in planning and adapting the *Package*

The following section outlines a series of recommended steps for consideration by regional or country-level programme planners and implementers interested in updating their current community-based IYCF training and counselling materials and/or are specifically interested in adapting this updated generic *Package* or elements of the *Package*. Some steps link to specific job aids, resources, and other tools and tips found in the Annexes.

Important first steps in the adaptation process include: identifying potential development partners and local stakeholders; reviewing current IYCF policies, data on programme coverage and IYCF indicators; and reviewing the updated *Package* in relationship to existing programme materials. Other critical steps include establishing a taskforce or technical working groups; defining roles and responsibilities; and building consensus among stakeholders about priority technical content to update or include based on national and/or programme needs and local context. The *Guide a*lso includes recommended steps and related resources for finalizing, printing, and distributing the materials; planning and implementing appropriate training; and conducting follow-up supervision, mentoring, and monitoring.

These steps are suggestions for review and consideration. Some steps are sequential, but the timing of others may overlap. Steps should be considered, adjusted, combined, or eliminated depending on their relevance in each country or programme context.

Step 1: Identify potential partners, establish a taskforce or technical working group, and develop an adaptation plan and budget

- Identify, sensitize, and engage appropriate government bodies (Ministries of Health, Education, Finance, etc.), United Nations agencies, donors, technical assistance and development partners, community-based and international non-governmental organizations, faith-based organizations, advocacy groups, individual content experts engaged in IYCF-related activities, and community-based stakeholders. The involvement and commitment of key stakeholders in communities can help to ensure that IYCF programmes receive the necessary endorsements and validation; effectively mobilize the community; and are ultimately sustainable. (See Annex 1: Potential Providers of IYCF Services in the Community, and Annex 2: Steps in Creating a Cadre or Network of IYCF-Related CHWs.)
- Establish a taskforce or technical working group(s) of major stakeholders and content experts, including representatives of groups outlined above and those not specifically associated with IYCF (e.g., prevention of mother-to-child transmission of HIV, wasting prevention or community management of acute malnutrition, reproductive health, humanitarian assistance, early childhood development, social and behaviour change communication, etc.).
- Agree on who will lead or manage the taskforce or technical working group(s), identify technical and logistical support that will be needed, examine the feasibility of sharing responsibilities and resources for the adaptation and field testing of the Package, define the roles and responsibilities of the various members, and if appropriate, develop a workplan and/or checklist for the adaptation of the technical content and graphics of the *C-IYCF Counselling Package* (See Annex 3: Sample Checklist for the Adaptation of the *C-IYCF Counselling Package*).
- Determine available resources and develop an adaptation plan budget. Talk through the budget requirements for the updating or adaptation early in the process and determine which elements may need to be adjusted depending on which organizations are able to participate and contribute financially.

Step 2: Determine the IYCF programme target areas, conduct a rapid assessment, identify community-based IYCF services, and review current national policies, protocols, and guidelines

- Determine or confirm the proposed IYCF programme target areas and anticipated scale of implementation. This is critical to managing the process of updating or adapting IYCF programmes and materials. When target communities and populations are confirmed, it is important to identify, sensitize, and engage with community decision-makers, community-based groups, and individual members to benefit from their knowledge, experience, networks within communities, and/or ability to influence practices and behaviours (see Annex 4: Sample Data Collection Tool for Programme Planning).
- Conduct a rapid assessment (and/or a literature and data review) of current IYCF practices found in the communities comprising the proposed target or intervention areas. Ideally, this assessment should be conducted in different geographic areas and among representative population groups, since existing IYCF practices and barriers may vary significantly. Understanding these factors can help determine what is needed to achieve the desired results. Identifying and analysing current practices and behaviours can inform the process of updating, adapting, tailoring, or contextualizing training materials and counselling tools to effectively address structural, social, and cultural barriers to optimal IYCF practices (See Annex 5: Breastfeeding and Complementary Feeding Matrices, and Annex 6: Calendar of Local, Feasible, Available and Affordable Foods).

- Identify existing community-based IYCF services and related programme platforms, and current training opportunities for community health workers and other community agents (pre- and in-service). Explore the possibility of integrating with and/or building on existing programmes. Understanding these factors can help determine options and opportunities for achieving meaningful scale and sustainability.
- Review current national policies, protocols, guidelines, etc. to identify potential barriers to the updating or adaptation of the *Package*. Updating policies, etc. can be time consuming and can often create bottlenecks, but engaging key technical stakeholders and national decision-makers from the beginning may allow updates to training and counselling materials to move forward in parallel.

Step 3: Conduct a technical review of the *C-IYCF Counselling Package* and confirm the technical focus and content priorities

- Organize a review workshop or series of meetings to conduct a technical review of the C-IYCF Counselling Package and confirm the country or programme's technical focus and content priorities.
- Examine the IYCF-related materials currently being used within the country or programme area(s), specifically the training materials and counselling tools.
- Review IYCF-related monitoring and evaluation tools currently being used within the country or programme area, and examine programme data, if available.
- Present assessment data and/or available survey data and any relevant formative research findings related to the epidemiology, knowledge, practices, and sociocultural issues affecting IYCF and maternal nutrition.
- Review each element of the updated *C-IYCF Counselling Package* and reflect on/determine what adjustments or adaptations to existing materials are required, based on available data and other information. This review will help to ensure alignment with national norms, protocols, and other recommendations. Encourage all participants to engage, make comments, ask questions, and arrive at consensus. Specific elements of the Package usually require special attention and adjustment. Consider the need to:
    - Adapt technical content to align with national norms, protocols, and other recommendations.
    - Adapt or adjust illustrations and other graphics based on the sociocultural context and local IYCF challenges.
    - Translate text and adjust words and expressions in both the training and counselling materials into local languages and/or to reflect local terminology.
- Consider time available for training, varying knowledge levels of participants, and other characteristics of the proposed trainees, and determine whether adjustments to the time schedule will be required. For example, will the training need to be spread over a longer period?
- Identify technical elements that are potentially controversial and discuss until consensus is achieved.
- Consolidate feedback and synthesize the comments from local content experts, other stakeholders, and in-country reviewers.
- Circulate summary recommendations for changes that need to be addressed to members of the technical working group and other stakeholders for final inputs, consensus, and sign-off.
- Develop work plans and budgets. Encourage all stakeholders to participate and commit funding, personnel and/or other resources to the adaptation process.

Step 4: Adapt the illustrations, other graphic elements, and language(s) used in the counselling tools and training materials

- Identify individuals and/or a team of graphic artists/illustrators with specific artistic skills and computer graphic design experience.
- Determine the number of illustrations to be adapted and/or developed and the number of materials that will require layout adjustments.
- Develop a contract with a graphic artist team that reflects the quality and quantity of work anticipated.
- Ensure that graphic artists/illustrators have access to all the updated graphic design files that will serve as the basis for the graphic adaptation process.
- Ensure that the graphic artists/illustrators have access to the recommended computer design programmes (InDesign and Photoshop), and that the required equipment is available for use during the graphic adaptation process.
- Share the UNICEF *IYCF Image Bank* with the graphic artists/illustrators and provide an orientation to the images and other resources available on the *Bank*.
- Develop and share with the graphic artists/illustrators a systematic checklist of steps involved in the graphic adaptation process (see Annex 7: Sample Adaptation Tracking Matrix for Counselling Cards).
- Oversee/manage the adaptation and/or development of illustrations and other graphics.
- Identify individuals and/or a team of translators with the required language skills.
- Calculate the amount of text requiring translation and/or the number of words to be translated.
- Develop a contract with the translator(s) that reflects the quality and quantity of work anticipated.
- Ensure that the translator(s) have access to all the updated word files requiring translation, and tools for translation (see Annex 8: Sample Matrix for Adaptation-Translation of Key Practices).
- Coordinate/manage the interface between the technical team, translation team, and graphic artists/illustrators as needed.

Step 5: Field test the graphic components of the counselling materials in the prioritized communities and finalize the *Package*

- Identify a country-level focal person who will coordinate the field test process, support logistics, and assist in the identification, selection, and invitation of national stakeholders.
- Develop or review and adjust the field test protocol (see Annex 9: Set of Tools for Field Testing the *C-IYCF Counselling Package*). Share the protocol with country stakeholders and organize a meeting to discuss, refine, and finalize the protocol and budget.
- Define the roles and responsibilities of the participating organizations and local stakeholders. Secure the required resources to conduct the field test.
- Select the priority communities where the field test will be conducted, based on protocol and available resources. Obtain letters of introduction and identify stakeholders to contact/notify and engage with in each community.
- Identify members of research team(s) (e.g., facilitator, note-taker and observer) and conduct an orientation training on roles and responsibilities of the research team, how to conduct focus group discussions (FGDs) and in-depth interviews (IDIs) based on the finalized research instruments, and how to organize and analyse the findings.
- Recruit community members to participate in FGDs and IDIs based on the selection criteria established in the protocol, and have each participant sign a consent form.
- Conduct FGDs and IDIs at the community level using the FGD and IDI guides developed for the protocol to solicit feedback on prioritized Counselling Cards and/or key practices.
- Organize and analyse the feedback and recommendations from the field research and hold a meeting to present and discuss the findings with national stakeholders.

- Prioritize the feedback and recommended changes to the graphic components of the Package. Make final decisions and discuss the prioritized changes to illustrations and graphics in the Counselling Cards and other materials with the graphic artists/illustrators.
- Conduct a final stakeholder technical review meeting to share the feedback and changes proposed (or made) to the graphic elements.
- Make final adjustments based on stakeholder review and consensus.

Step 6: Print and disseminate the materials, conduct training, provide follow-up supervision and mentoring, institute monitoring and evaluation of activities

Step 6 is related to the implementation of the *C-IYCF Counselling Package* but is presented and briefly described here given that these sub-steps are contemplated throughout the planning and adaptation process and represent the culmination of the previous five steps.

Print and disseminate the materials

- Determine the quantities of each material to be printed based on the anticipated scale of implementation, available budget, and projected total coverage of the *C-IYCF Counselling Package*.
- Develop a scope of work and specifications for printing to share with potential printers who are known to have the capacity to produce high-quality printing of the projected number of materials. Alternatively, advertise the project based on a defined competitive procured process (see Annex 10: Specifications for Printing and Photocopying). Note: Competing printers should be required to submit samples of printed products to confirm the quality of their products and should confirm that they are not outsourcing the work (which generally adds additional costs).
- Provide the selected printer with the specifications and print-ready design files and oversee the printing process to ensure the required quality.
- Develop a dissemination or storage plan for the materials that reflects the implementation plan for training of trainers and of CHWs in the prioritized programme target areas.

Conduct training of trainers and roll-out trainings

- Plan and conduct a training of master trainers or facilitators and a series of cascade trainings of additional province or district-level trainers or facilitators based on the implementation plan.
- Engage local community health officials, local leaders, and other stakeholders in the selection of facility- or project-based supervisors and mentors and in the selection of CHWs who will participate in the *C-IYCF Counselling Package training*.
- Plan and conduct the roll-out of supervisor and mentor trainings.
- Plan and conduct the roll-out of CHW trainings in selected communities.

Provide follow-up supportive supervision and mentoring

- Develop the supportive supervision and mentoring plan based on the recommendation that newly trained CHWs should receive at least one supervision or mentorship visit (at a minimum) within four weeks following training (see the *Orientation for Supervisors and Mentors* component of the *Package* for details).
- Ensure that supervisors and mentors observe the CHWs working with mothers and caregivers and that CHWs are using their knowledge and skills to counsel mothers and caregivers and/or facilitate small groups, and feeling confident about what they are doing.
- Have supervisors and mentors provide additional support to CHWs who are experiencing particular difficulties.
- Institute a supportive supervision and/or mentorship programme as part of routine monitoring activities.

- Ensure that, if a supportive supervision or mentorship programme is not already in place, all newly trained IYCF CHWs receive a minimum of two-to-three visits and then participate in regular meetings with other IYCF CHWs to share experiences, mutual support, and ongoing or refresher training.

Institute monitoring and evaluation activities

- Develop a monitoring and evaluation (M&E) plan and related data collection tools based on the C-IYCF programme objectives and proposed indicators.
- Institute routine monitoring and evaluation of the IYCF programme based on the proposed M&E plan.
- If possible, include learning objectives and plan for opportunities to share experiences and results.

Considerations for adjusting technical content when adapting the *Package* based on programme priorities

Recognizing that the current five-day training materials and counselling tools found in this global generic *C-IYCF Counselling Package* may not completely respond to the needs of all national or programme priorities, several considerations are shared below for adjusting the technical emphasis. For example, countries may choose to strengthen or add specific technical content to meet their country's stated goals and objectives, programme priorities, and established programme structures. Examples include the need to expand content around women's nutrition, developmental milestones, and nurturing care.

Women's nutrition

Countries that have a maternal, infant and young child nutrition programme orientation, or wish to emphasize adolescent girls' and women's nutrition within their IYCF programming, may choose to strengthen this technical content within the *Package.* In this case, countries could consider adding a session on the nutritional needs of adolescent girls and/or expanding the current training session on "Why Women's Nutrition Matters" in the *Facilitator Guide* and the corresponding counselling tools. Important resources to consult are 1) the UNICEF *Programming Guidance, Maternal Nutrition: Prevention of malnutrition in women before and during pregnancy and while breastfeeding*;[7] and 2) the UNICEF Technical Brief, *Counselling to improve maternal nutrition: Considerations for programming with quality, equity and scale*.[8]

The development of a nutrition assessment tool or job aid to assess the nutrition of an adolescent girl, pregnant woman, breastfeeding mother, and a woman of reproductive age during a counselling session could be considered. A corresponding observation checklist could be designed for use as either an auto-checklist or a checklist to be completed by a peer, supportive supervisor, or mentor during a counselling session.

Developmental milestones

A general overview of developmental milestones has been added to the updated *Package* under the training session "Why IYCF Matters in the First 1,000 Days" found in the *Facilitator Guide* and

[7] UNICEF. *UNICEF Programming Guidance. Prevention of malnutrition in women before and during pregnancy and while breastfeeding*. New York: UNICEF, 2021, <https://www.unicef.org/media/115361/file/Maternal%20Nutrition%20Programming%20Guidance.pdf>

[8] UNICEF. *UNICEF Technical Brief. Counselling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale*. New York: UNICEF, 2021, <https://www.unicef.org/media/114566/file/Maternal%20Nutrition%20Counselling%20Brief.pdf>

corresponding counselling tools. This new content focuses attention on how to help guide the mother or caregiver to observe how the infant or young child learns, communicates, understands, relates to people, moves their body, uses their hands and fingers, hears, and sees. Countries that are interested in incorporating additional content or more emphasis on these milestones can find further guidance on children's development through resources such as WHO's *Monitoring Children's Development in Primary Care Services,*[9] and UNICEF's *Your Baby's Developmental Milestones*.[10]

Nurturing care

Recognizing the fundamental importance of nurturing care, UNICEF requested a specific review of nurturing care-related elements of the original *Package* in the assessment conducted by Hromi-Fieldler et. al in 2019. Nurturing care content experts were also included in the TAG formed to support the updating of the *Package* (described briefly above). Although the original *Package* had basic content on responsive feeding and care practices, the assessment findings and TAG recommendations emphasized the need for a more explicit focus. The updated *Package* reflects the growing consensus that the integration of responsive care and early learning into existing health and nutrition programmes amplifies the impact for both nutrition and early childhood development (ECD) outcomes. Additional emphasis on "Why Nurturing Care Matters" is now found in both the training Package and corresponding counselling tools. This new and expanded content is based heavily on the WHO, UNICEF, World Bank Group *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential* (2018)[11] and was developed in close collaboration with the ECD team from USAID Advancing Nutrition. New nurturing care training activities, training aids and Counselling Cards found in the updated *Package* were inspired by and/or adapted from the *Responsive Care and Early Learning (RCEL) Addendum,*[12] developed by the ECD team and officially launched in 2023. For countries or programmes interested in placing greater emphasis on nurturing care, the updated *Package* training agenda offers an optional training session focused on "*Providing Responsive Care*" – Session 15 (Option 4), adapted from the *RCEL Addendum* training package.

Countries or programmes interested in further expanding the focus on nurturing care are strongly encouraged to review the entire *RCEL Addendum Resource Collection* available for downloading on the USAID Advancing Nutrition website. The *RCEL Addendum* is a global package designed to be added or integrated into existing child health, nutrition, or IYCF counselling packages. RCEL training and counselling videos found on the Global Health Media website[13] were developed by USAID Advancing Nutrition as complementary resources and useful tools for countries aiming to incorporate media in their training and counselling programmes. Another complementary resource developed by the project's ECD team is the *Ages and Stages Resource Collection*,[14] which includes age-specific modules that provide information on how children grow and develop, what their feeding and care needs are, and the challenges caregivers face providing optimal care. Each module also provides example activities that programmes can do to support targeted nutrition and responsive care and early learning activities at each age/stage.

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[9] WHO. *Monitoring children's development in the primary care services: moving from a focus on child deficits to family-centred participatory support*. *Report of a virtual technical meeting, 9-10 June 2020*. Geneva: WHO, 2020, <https://www.who.int/publications/i/item/9789240012479>

[10] https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones

[11] WHO, UNICEF, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO, 2018. <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>

[12] https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum

[13] https://globalhealthmedia.org/topic/nurturing-care

[14] https://www.advancingnutrition.org/resources/ages-and-stages-collection

IYCF in emergencies

The updated *C-IYCF Counselling Package* training reviews the risks and challenges to feeding infants and young children in emergencies; identifies key measures necessary to support IYCF in emergencies; describes the important responsive care and feeding practices; and examines the role of CHWs in protecting, promoting, and supporting appropriate IYCF practices in emergencies. These critical but limited objectives are outlined in an optional 90-minute training session found in the *Package Facilitator Guide*. Country and programme-level planners who anticipate the need to engage CHWs in responding to emergency situations or to the influx of refugee population groups may decide to select this option on day five of the training – Session 15 (Option 2) – and/or may choose to dedicate additional training time and resources to IYCF in emergencies, and/or additional counselling practice focused on this area.

The *Counsellor's Book Part 2: Technical Notes* section 13 is an excellent resource dedicated to IYCF in emergencies, reinforcing the basic objectives and skills presented in the optional training session. It references other priority sections in the Technical Notes that are critical to review when working in emergency settings, including counselling skills, why breastfeeding matters, how breastfeeding works, why complementary feeding matters, and feeding difficulties. This section of the technical notes also covers when more skilled breastfeeding support is needed and when support for replacement feeding is appropriate. Specific suggestions are provided to address beliefs that interfere with IYCF in emergencies. The *Package* designers explicitly recognize that the basic IYCF counselling skills developed throughout the training, as well as the *Package* counselling tools, are all valuable in emergency settings. Country and programme planners interested in considering other training package options are encouraged to review *the Infant and Young Child Feeding in Emergencies (IYCF-E) Curriculum for Program Managers, Version 2,* developed by Save the Children.[15]

Counselling skills and approaches emphasized in the updated *Package*

Individual and small group counselling

The *C-IYCF Counselling Package* continues to promote individual and small group counselling through peer groups, care groups and other small gatherings of mothers and caregivers that allow for some level of exchange of experiences between the counsellor and participants. (The facilitation of large IYCF groups and/or other large community educational gatherings is not included in the training.)

The new *Package* continues to emphasize the importance of *Listening and Learning*, and *Building Confidence and Giving Support* skills, as well as *Three-Step Counselling - Assess, Analyse, and Act* (AAA). These counselling skills and methodologies are supported and reinforced by multiple reference documents, including the *Implementation Guidance on Counselling Women to Improve Breastfeeding Practices* (UNICEF and WHO, 2021)[16]; the *Infant and Young Child Feeding Counselling: An integrated course*. Trainer's guide, second edition (World Health Organization, 2021)[17]; the *Operational Guidance: Breastfeeding Counselling in Emergencies* (ENN/IFE, July

[15] https://resourcecentre.savethechildren.net/toolkits/curriculum-pm
[16] https://www.globalbreastfeedingcollective.org/reports/implementation-guidance-counselling-improve-breastfeeding-practices
[17] https://www.who.int/publications/i/item/9789240032828

2021)[18]; and the *MAMI[19] Counselling Cards and Support Actions Booklet* (ENN, London School of Hygiene and Tropical Medicine & collaborators, 2021). Two new Job Aids for CHWs that visually depict these ideas, along with *How to Use a Counselling Card Through Observe, Think, Try, and Share* (OTTS) are included at the beginning of the updated *Counselling Cards*. The updated training also specifically incorporates elements of motivational interviewing, placing emphasis on building self-efficacy and self-confidence. Motivational interviewing is promoted as a goal-oriented, collaborative conversation style of counselling aimed at strengthening a person's motivation and commitment to change. It encourages the counsellor to provide positive guidance, while reaffirming what mothers and other caregivers are telling them.

The updated *Package* continues to recognize that counselling is difficult and that counselling skills need to be practised in a real setting during the training so that participants begin to feel confident in using their new skills and counselling tools. Although this practice is highly recommended, only two opportunities to practise counselling "in the field" are included in the training curriculum, one of which is an optional session given the limitations and tight agenda of the proposed five-day training schedule.

Optional social and behaviour change approaches, including the use of digital or mobile tools

A growing number of opportunities exist within community settings for sharing IYCF-related information, and for motivating and supporting the adoption of key IYCF behaviours by mothers and other caregivers. In addition to the individual and small group counselling approaches that are the focus of the updated *Package*, countries may be interested in organizing alternative or complementary social and behaviour change activities that engage CHWs. These may include the use of digital and mobile tools, where the technical content and counselling tools found in the updated *Package* could serve as a foundational resource.

These alternative or complementary activities may revolve around large IYCF-related educational talks or events, participatory learning and action events, community-level growth monitoring or nutritional screening sessions, cooking demonstrations, etc. Programmes are also increasingly experimenting with community-based activities involving multiple communication channels, such as community radio, community video, social media platforms, and interactive digital technologies and mobile tools. Cell-phone text messaging, WhatsApp groups, Facebook groups, TikTok and other platforms are increasingly used by communities to share information, ideas, interests, and experiences. Use of these platforms was greatly expanded and studied by development projects during the COVID-19 epidemic, when face-to-face individual counselling was difficult or impossible to implement at scale. These approaches can complement traditional counselling by filling information gaps, linking caregivers to resources, and providing prompts and reminders related to specific actions needed; for example, when infants and young children meet certain developmental milestones. They should never, however, be seen as a replacement for interpersonal communication and counselling.

In situations where in-person large group meetings are practised, facilitators should encourage group participants to personalize the information being shared with the group, and to try something new or different (an action). A facilitator may use techniques such as telling a story, organizing a drama, or showing a community video or other media or visual, and then engage the large group in reflecting on what they had experienced.

[18] https://www.ennonline.net/breastfeedingcounsellinginemergencies
[19] https://www.ennonline.net/mamicarepathway (MAMI: Management of small and nutritionally at-risk infants under six months and their mothers)

Mother-to-mother and IYCF support groups

Traditional mother-to-mother and IYCF support groups are groups of mothers or caregivers who come together periodically to discuss recommended breastfeeding and complementary feeding behaviours, share their own experiences and information, and provide mutual support. These types of support groups are facilitated by experienced and trained "leaders" or facilitators who have IYCF knowledge and have mastered some group dynamic techniques.

An IYCF support group is not a lecture or class. All participants play an active role as the facilitator guides the discussion among the participants (referred to as “cross-talk”). All participants are encouraged by the facilitator and each other to express their ideas, knowledge, doubts, and concerns, and to share personal experiences while receiving and giving support. Participants sit in a circle, which allows all participants to have eye-to-eye contact and promotes one-to-one communication. This type of support group is open, allowing all interested pregnant women, breastfeeding mothers, women with older children, fathers, and other caregivers to attend. The group size generally varies from three to twelve participants. Although the updated *Package* no longer includes a session on support group facilitation, the technical content and counselling tools found in the updated *Package* may be used to guide the design of these types of support groups.

Training approach emphasized in the updated *Package* and alternative training modalities

The training component of the *C-IYCF Counselling Package* was designed as a five-day in-service training for CHWs who are expected to provide basic IYCF-related counselling and support in their community. The training averages six-to-seven-hours of classroom work each day, plus lunch and tea breaks, for a total of approximately 35 hours of session work. The updated *Package* no longer offers an optional three-day agenda given the expanded technical content and continued focus on the importance of field practice.

Pre-service and in-service training opportunities offered to CHWs vary greatly between countries and are often dictated by existing community health structures. The government entity responsible for community services, the established roles and responsibilities of the CHW, in-service and pre-service training protocols, budget constraints, and other factors, all play a role in defining training options. Recognizing that multiple training modalities for CHWs exist, several alternative approaches or optional modalities can be considered during programme planning.

In some countries, cadres of CHWs receive intense pre-service training before initiating work in their communities. This training sometimes spans a period of months, often covering a wide range of technical content and skill building activities. Where this type of integrated pre-service training is established, it may be possible to fully insert the five-day *C-IYCF Counselling Package* within the larger pre-service training and provide opportunities for immediate practice and supervision of IYCF counselling.

In other programmes, however, CHWs may receive just a week-long pre-service training (or less), covering multiple preventive health and nutrition topics, in which IYCF-related topics may be given only a three-to-four-hour dedicated session. This level of training is not sufficient to build specific counselling and problem-solving skills and limits the CHWs to delivering basic information or “messages” about general IYCF practices. In this case, the updated *Package* may serve to help prioritize topics and guide the development of technical content, but additional IYCF training and opportunities to practice using the new counselling tools are strongly encouraged. CHWs receiving just minimal training in IYCF are generally unable to assess a breastfeeding or complementary feeding problem and provide practical support to a mother or caregiver. Where these limited CHW pre-service trainings are standard, and the five-day *Package* training is not feasible, it is strongly

recommended that the CHW programme explore the possibility of developing a series of modular in-service training sessions following the flow of the updated *Package* agenda. These sessions could be organized as monthly or bi-monthly in-service learning sessions, delivered by trained health workers who supervise a group of CHWs.

There are options to consider when it is truly not feasible to bring CHWs together for five consecutive days in one week for the *Package* training. For example, a programme team might decide to divide the training into multiple weeks (e.g., one day per week for five or six weeks, or one day every other week), depending on programme activities and CHW commitments in their communities. On-the-job training, with support from trained supervisors and mentors, is another option that has worked in settings where there is financing for supervisor transport. Alternatively, self-directed instruction via online modular training programmes, with remote supervision, may be an option when CHWs have a level of literacy and access to computers and/or smart phones.

Supportive supervision and mentoring

All newly trained CHWs should receive at least one supervisor or mentor visit within four weeks following the IYCF training. This initial follow-up visit provides the opportunity to determine whether the newly trained CHWs are:

- Using their knowledge and skills to effectively counsel mothers and caregivers
- Using their knowledge and skills to effectively facilitate small groups
- Feeling confident about what they are doing
- Experiencing specific difficulties in counselling

Follow-up visits also provide an opportunity for the supervisor or mentor to observe the CHW working with mothers and caregivers, compare their performance to standards that are outlined in the supervision or mentor checklist, and provide constructive feedback on both the strong points and any difficulties that the CHW is experiencing. Supervisors or mentors will then be able to provide feedback on CHW performance, judge the effectiveness of the initial training and/or provide on-the-spot refresher training as needed.

Ideally, supportive supervision or mentoring is part of routine monitoring activities, and the initial visit will fit into a schedule of ongoing supportive supervision or mentoring. If a system of ongoing supervision or mentoring is not yet in place, all newly trained CHWs should receive a minimum of two-to-three visits and then participate in regular meetings with other CHWs for sharing experiences, mutual support, and ongoing or refresher training.

Adapting illustrations and other graphic images

The updated *C-IYCF Counselling Package* continues to reflect UNICEF's commitment to the use of high-quality illustrations and graphic layouts as an essential element of both the training materials and counselling tools. Visual images can stimulate interest and curiosity, capture attention, communicate difficult concepts, and add context to new or unfamiliar ideas. Images are especially critical in materials developed for use in low-literacy or multi-language settings where written words are often barriers to communication. High-quality illustrations and graphics also help to ensure both the comprehension and credibility of the information or messages being conveyed. Often, we rely on images to model a behaviour and to motivate individuals, families, or communities to try a new behaviour and to ultimately adopt and maintain that behaviour.

The training materials and counselling tools that comprise the *C-IYCF Counselling Package* utilize a harmonized set of illustrations and graphic layouts that convey a professional look that helps instil trust in the information and ideas being shared. High-quality images can present complicated ideas quickly and succinctly to low-literacy populations and can effectively supplement (or even replace) written materials.

The illustrations and graphics found in the updated set of *Counselling Cards* are designed with adaptation in mind, based on the understanding that countries and programmes need to ensure the relevance, acceptability, and impact of these counselling tools in the local setting. When images are not adapted properly to the local context, many of the benefits of visual communication are lost. For example, if an image depicts a cultural context very different from the location in which it is used, community members may not understand the purpose of the image, or they may be distracted by the cultural differences found in the images. Other community members may rightly suspect that the materials were not made for them and may discredit the information being shared by the programme as not relevant to their own lives. It is very important to ensure that the local community sees value in the content of the counselling materials being used, and in many ways, the Counselling Cards represent the "face" of the programme. Adapting the illustrations and graphics found throughout the *Package*, but especially those found in the *Counselling Cards* is strongly recommended when implementing the *C-IYCF Counselling Package*. Multiple resources available to support the adaptation process are presented below.

Resources to support the graphic adaptation process

The development of high-quality images requires a team of people who bring the necessary expertise: 1) technical expertise in IYCF (and other relevant subject matter expertise); 2) social and behaviour change communication expertise; 3) cultural competence and experience; and 4) visual art skills. Additionally, team members with expertise must be able to communicate effectively with each other and understand everyone's contributions toward the common goal. Within IYCF programming, experts in IYCF subject matter, social and behaviour change, and cultural competency, regularly work together and often hold a basic understanding of each other's domain. It is less common, but just as important, for these team members to understand the artistic process.

The *C-IYCF Counselling Package* uses and promotes a graphic arts methodology known as the "photo-to-illustration" (PTI) process for the development of the illustrations used throughout the *Package*. The PTI process has the benefits associated with high-quality photographic images but the flexibility and adaptability of an illustration. This graphic technique basically involves creating a line drawing by tracing a reference photograph to capture the key proportions and other elements found in the photograph. The resulting line drawing is then scanned and imported into a computer program, such as Photoshop, where the image can be manipulated and transformed into a realistic illustration using the various tools available in the computer software. Illustrations created using this process reflect a high level of detail when compared to most cartoon-style illustrations. One significant advantage of this technique is that illustrations created using PTI can more easily be edited or adapted based on feedback from the community and/or technical specialists.

A critical resource for countries or programmes interested in adapting illustrations found in the updated set of *Counselling Cards* and the *Training Aids* is the UNICEF *IYCF Image Bank*.[20] This Bank contains over 1,400 images from both the original and the updated *C-IYCF Counselling Package*, as well as multiple IYCF counselling packages developed or adapted by national programmes. Most of the images are available in TIFF or PSD format. This feature allows people to download these images in layers so that they can be more easily adapted or adjusted, depending on local requirements, usually with the support of a graphic artist. Images are coded by topic, practice, Counselling Package, country context, and funding organization. The *IYCF Image Bank* also links any series of images that exist for a specific IYCF counselling topic, as well as adaptations that have been made to an image for other countries. In this way, users can find related images easily, and see all versions that exist of an image so that they can select and adapt the most appropriate one. The availability of these images through the *Bank* eliminates the need to start from scratch to develop appropriate *Counselling Cards* for a given context. By adapting existing image resources,

[20] https://iycfimagebank.org

the team can save significant time and money in image development. Furthermore, adapted images can be submitted to the bank for other programmes to use and adapt to support IYCF programming in communities across the world.

Several complementary resources are available to better equip subject matter and social and behaviour change experts with the necessary background knowledge in the graphic process used in this Package. These can be found in the UNICEF *IYCF Image Bank* and include:

- The *Photo-to-Illustration Guide*[21] developed by the SPRING project, is primarily for social and behaviour change technical staff and programme managers. It provides technical staff with an orientation to the art process, and gives advice and tools for planning/budgeting, working with artists, developing good reference photography, and using simple tools for testing images for use in the community. If art development or the PTI process is new to the technical team, consider reviewing this guide to prepare the team for this process.

- The *PTI Video Tutorial,*[22] is a useful resource for artists that was also developed by the SPRING project. This video goes into detail about the PTI process and skills needed. It explains what Photoshop tools are used to take a reference photograph all the way to a fully coloured and shaded image. While the process may be new to some artists, it uses basic and accessible tools, and a skilled artist may therefore be able to immediately apply this process after viewing the tutorial. The video tutorial is also useful for social and behavior change technical staff and managers to view and understand more about the graphic process, to better support the artist's work.

- A series of four simple tutorial videos were developed under USAID Advancing Nutrition called *Using the IYCF Digital Image Bank*.[23] These four videos explain the basic technologies behind the PTI process and are a complement to the PTI Guide. They provide illustrative examples of how the images produced using the PTI process may be reused, transformed, and adapted for additional uses, saving both time and money.

Process for adapting visuals

Identifying adaptation needs

The process of adapting visuals must be done concurrently with other adaptations related to technical content, language, and other aspects. First, image adaptation takes time, and requires community input. Programmes that leave image adaptation to the end of the process often lose quality in the rush to finalize the materials. Second, images from the Counselling Cards are meant to correspond with and support key practices and specific technical information. Testing one without the other may yield partial or incomplete results related to how the community may react to the IYCF information and ideas. Conducting the steps of image adaptation concurrently with other adaptation work allows a programme the opportunity to leverage feedback from field testing across many aspects of the *Package*.

To begin the image adaptation process

Once the need for adaptation has been confirmed, the team must navigate the process of coordinating the multiple inputs from the community, technical experts, and graphic artists with the available resources – the updated *Package* illustrations found in the UNICEF *IYCF Image Bank*, additional images from the *Bank*, and drafts of images developed for the programme. This process

[21] https://www.advancingnutrition.org/resources/photo-illustration-guide
[22] https://vimeo.com/226011020
[23] https://vimeo.com/showcase/9930592

is iterative and can take several rounds, but high-quality adaptations can be achieved by managing the process well and building consensus among stakeholders.

Reviewers' tasks include:

- Review the available resources, which include the illustrations from the updated *Package*, and/or adapted versions of these images found on the *IYCF Image Bank*.
- Provide guidance according to each area of expertise.
- Make specific, actionable requests for revisions.
- Reach consensus within the team; there should be a coherent set of revisions sent to the artists that is free of contradictions.
- Provide visual references for potentially confusing or difficult to describe revisions.

Graphic art team's tasks:

- Receive feedback and request clarifications, if needed, for revisions on images or drafts.
- Apply changes and share an updated draft for feedback.
- Provide guidance on providing reference photos to support attractive, pleasing images. (Remember that the artist is applying his technical, artistic expertise as well.)

Given the iterative nature of the adaptation process, there is no set number of drafts or rounds of revision that will result in a quality product. Some processes may be longer than others because the cultural context of the programme is very different from the available images. No matter how large or small the task is, the process will be faster and smoother with proper coordination and clear communication between team members. The following tips are important to keep in mind while conducting the adaptation process.

Tips for reviewing images

- Make sure to leverage all resources available. The updated *Package* illustrations are a good place to start, but there may be more culturally relevant images available on the *IYCF Image Bank*. It's best to start as close as possible to your desired adaptation!
- Identify someone to manage the coordination and reconcile feedback from the review/content expert team. The manager should organize feedback and identify incomplete requests, as well as contradictions, and resolve them before sharing with the artist.
- When collecting feedback from the team, it's important to solicit precise requests. Probe with your reviewers about unclear requests. Do not accept comments like "This mother's position is wrong." What about it is wrong? What precise changes can be made to correct this impression? Ensure that each revision is stated as specific actions that the artist can make.
- Ask the review team to provide reference images that may help explain difficult concepts. This can apply to both technical information as well as cultural cues. The team may consider staging a full reference image that can be copied completely by the artist.
- Ask the artist to make rough drafts of your revisions. For example, ask the artist to revise an image and submit only the line drawing for initial comment before investing in colour and shading. This saves the artist time and effort that may otherwise be wasted on an image that the team will not accept.
- Reviewer teams may not always agree. Ensure good communication across team members, and make sure they are sharing the rationale behind their opinion. Differences

between cultural norms and best IYCF practices may lead to conflicting revisions, and only through discussion and consensus-building can these conflicts be resolved.

- Similarly, share important background information and rationales with the artist. The more the artist understands the technical goal of each image, the more she or he can ensure that those relevant aspects of the image are properly preserved in each draft.
- When soliciting feedback on cultural appropriateness, there are several common topic areas that need to be discussed:
    1. Physical features of the people, including facial features, hair textures and styles, and skin tones.
    2. Appropriate clothing, including style, modesty, colours, and patterns. It's important to ensure that clothing is appropriate for the age, gender, and role of each person in the image, including health workers.
    3. Positioning. Many images in the generic Package have family members sitting on mats on the floor, which may not be appropriate for some country programmes. Point out where and how people sit and stand, and make sure to note where this is inappropriate for the local context.
    4. Availability of objects. Ensure that the foods, tools, objects, and other environmental elements shown in each image are realistically available in the local context. Remember that this may change between urban and rural areas of your programme.
    5. Finally, pay attention to distractions. If reviewers or community members (during field testing) are pointing out and discussing aspects of the image that are irrelevant to the purpose/objective of the image, it can be tempting to ignore these comments. However, a distraction may be an indication that people do not understand the image or are blocked from engaging with the image in the way it is intended. Note distracting elements and make a strong effort to eliminate them, directing attention to the more relevant aspects of the image.
- As mentioned before, the *Photo-to-Illustration Guide* from the USAID-funded SPRING nutrition project contains many more tips to ensure good collaboration with the artist, including tips for taking reference photographs, organizing feedback, and soliciting feedback from field testing groups.

Field testing and validation of the *Package*

Field testing is another critical and often neglected step in the process of developing or adapting both training materials and counselling tools. A strong commitment to this step in the process, including allocating the necessary time and funding, will help to ensure that the Package is culturally appropriate and acceptable by the end users and target audiences. A sample protocol, including field test instruments, participant registration forms, a participant consent form, and other job aids have been assembled under Annex 9 to help technical teams plan and budget appropriately. These tools are intended to provide guidance in planning and conducting high-quality focus group discussions (FDGs) and in-depth interviews (IDIs), and also provide tips for organizing and analysing results (see Annex 9: Set of tools for Field Testing the *C-IYCF Counselling Package*).

Engaging directly with the community through the field testing process offers a unique opportunity to gather valuable feedback and insights from the "end-users" of *the* counselling tools – CHWs, mothers, and other caregivers. There is no substitute for these perspectives. Sharing the field test results with members of the taskforce or working group(s) and other key stakeholders is also critical for building consensus around recommended changes or updates. A workshop or series of meetings should be planned to review and discuss the results of the field test in order to

reach consensus related to the technical content, illustrations and graphic layouts of the *Counselling Cards* and other counselling materials, including the *Counsellor's Book Part 1: Key Practices* and the *Counsellor's Book Part 2: Technical Notes*.

The iterative adaptation process highlighted above, and the results of the field test, will help ensure that the adaptation team has confidence that the final illustrations, images, and graphic layouts are accurate, attractive, and appropriate for their context. Even when budgets are limited, it is strongly recommended that the adaptation team conduct at least one round of field testing in one or more communities where the counselling tools will be used. While the images have already been reviewed by content and cultural experts, testing within a community, with "end-users" provides a stronger level of confidence. Many images thought to be final have undergone significant changes based on the result of field testing in the community.

Following the field test process, updated illustrations can be laid out and shared with relevant stakeholders during a final validation workshop. The adaptation team can brief stakeholders on the process and results of field testing the images and layouts, as well as the revisions made based on feedback. The validation workshop will ensure that the final *C-IYCF Counselling Package* is well aligned with best IYCF practices as well as local policies and protocols and can approve the *Package* for printing, dissemination, and implementation. Guidance for printing each of the materials is found in Annex 10: Specifications for Printing and Photocopying.

Annexes

Annex 1: Potential Providers of IYCF Promotion and Support Services in the Community

Annex 2: Steps in Creating a Cadre of IYCF-related Counsellors

Annex 3: Sample Checklist for the Adaptation of the *C-IYCF Counselling Package*

Annex 4: Sample Data Collection Tool for Programme Planning

Annex 5: Breastfeeding and Complementary Feeding Matrices

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Annex 8: Sample Matrix for Adaptation-Translation of *Key Practices*

Annex 9: Set of Tools for Field Testing the *C-IYCF Counselling Package*

- Sample Field Test Protocol (including sample recruitment sheets, FGD and IDI Guides, and consent form)
- Things to Consider when Developing Focus Group Discussions (FDGs)
- Analysing Field Test Results and Preparing Report

Annex 10: Specifications for Printing and Photocopying

Annex 1: Potential Providers of IYCF Promotion and Support Services in the Community[24]

Provider	Common Characteristics	Advantages	Disadvantages
Community health workers	• May be affiliated with health facility, community group, or NGO • May provide one-to-one counselling in homes, health facilities, mother support groups, informal settings • May conduct group counselling/communication sessions • May be a volunteer or receive a salary or small stipend • May or may not have personal experience with breastfeeding	• May be integrated with other health services • May have wider outreach	• May have more limited IYCF background • May be distracted by other duties
Peer/lay counsellors	• Women with current or recent infant feeding experience (peer counsellors) or strong commitment to infant feeding (lay counsellors) • Similar sociocultural characteristics as clients • May provide one-to-one counselling in homes, health facilities, mother support groups, informal settings • May conduct group counselling/communication sessions	• Model optimal infant feeding practices in case of peer counsellors • Ability to demonstrate improved recipes and food preparation for young children • Understand mothers' situation • Accessible • Focused attention on feeding issues	• Often high turnover rates among volunteers • Part-time work limits number of contacts
Community development and extension workers	• Outreach extends beyond mothers and children • Broader set of issues • May conduct social mobilization on IYCF	• Linked with other sectors such as agriculture • Can provide information and support on production and use of appropriate and high-quality local foods for young children • Reinforcement of messages; non-health contact points	• Limited time for IYCF support • Balancing many duties

[24] Adapted from Wellstart Trilogy (1996) and Learning from Large Scale Community Based Breastfeeding Promotion (UNICEF/WHO/AED/USAID 2008)

Provider	Common Characteristics	Advantages	Disadvantages
Traditional health practitioners (traditional healer, herbalist etc.)	• Provide health care using traditional methods/ products • May have knowledge of traditional and modern medicine • May conduct social mobilization on IYCF	• Serve women least likely to access a primary health care facility	• May require special training curricula, materials, and trainers, may provide advice that is not according to recommendations
Local child nutrition advocates (Grandmothers, supportive men, local media, teachers, women's groups, members of village health committees, community or faith-based organizations	• Opinion leaders within family, the community, or country • May conduct social mobilization on IYCF	• Broaden support network, reach secondary targets • May have special skills in community promotion and education	• Usually not ideal candidates for facilitating breastfeeding support groups • May be reluctant to abandon harmful traditional practices

Annex 2. Steps in Creating a Cadre of CHW IYCF-related Counsellors

The following are steps for considered when creating a cadre of CHW IYCF-related counsellors:

- Based on the context, **develop an appropriate IYCF-related counsellor profile** needed to perform the tasks of IYCF promotion, counselling and support. The profile should consider factors such as gender, minimum educational level, residence, etc. Individual counselling on IYCF is a key intervention that can be delivered by a trained CHW (paid or volunteer), a lay counsellor, a peer counsellor, a health visitor, or an extension worker. Educational levels may vary, but it is desirable for a CHW IYCF-related counsellor to have at least Grade 5-8 level schooling.
- **Create a job description** for the CHW outlining key responsibilities and the anticipated time commitment, depending on whether the CHW is a dedicated IYCF counsellor focused on IYCF-related tasks alone or has additional responsibilities in the community.
- **Determine the appropriate ratio of CHW to households** based on the job description and anticipated time commitment. If the ratio is too low (e.g., 1 CHW for every 20 households) it will be difficult to achieve scale since the programme could be very expensive. If the ratio is too high (e.g., 1 for every 200 households or more), the CHW may not be able to reach all the families with young children. The ratio should be realistic and tailored to local factors, including payment and/or incentives for performance, distance between households, etc.
- **Establish incentives to encourage active engagement of CHW** and clarify who will provide these incentives and when. Incentives such as in-kind support, cash, transport, or materials can help ensure active and ongoing engagement of CHWs and the quality of the IYCF-related counselling programme. The dropout or turnover rate is likely to be very high and the activities very limited if no incentives or insufficient incentives are provided.
- **Undertake a participatory process of orientating existing IYCF-related CHWs** on the IYCF programme and tasks followed by selection of interested and suitable candidates for training; **or**
- **Undertake a participatory process of selecting new IYCF-related CHWs** if there are no existing cadres.
- **Update the knowledge and skills of health professionals** and NGO health/nutrition staff on IYCF to ensure good quality training and supportive supervision or mentoring of community cadres.
- **Plan training** for the identified CHWs, including lay IYCF counsellors, leaders of mother support groups and other available groups or cadres functioning at community level (e.g., activists, promoters, health committees and other volunteers).
- **Identify multiple contact points** most appropriate for IYCF promotion and counselling activities (e.g., home visits, early childhood care centres, community-based screening of severe acute malnutrition, growth monitoring and promotion sessions, immunization sessions, health days, other community events).
- **Design an effective system for sustained supportive supervision,** mentoring and retraining for the identified cadres and groups, and ensure that supervision is included in annual plans. This includes designing a list of indicators with IYCF information that is useful and feasible to collect, and integrating it within existing indicators for the community-based programme, if applicable. If the community-based programme is a new one or does not have a monitoring system, a system and tools need to be developed.[25]
- **Ensure a strong link with the health system**, for example for referral, mentoring, supportive supervision and data collection.
- **Create a system of mother support groups** as/if appropriate. The Baby-Friendly Hospital Initiative[26] materials provide guidance on this.

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[25] The Haryana manual contains a sample monitoring tool that could be adapted. WHO/UNICEF. Implementing Community Activities on Infant and Young Child Feeding: A manual based on the experience from Haryana, India. Field Test Draft for Kisii, Kenya. June 2008.

[26] https://www.unicef.org/documents/baby-friendly-hospital-initiative

- **Create a structure for knowledge-sharing** on IYCF in the community, including digital and mobile tools, to systematically disseminate IYCF messages.
- **Ensure a vision for scale within the national health plans and budgets**, including the C-IYCF actions in all districts in a phased manner.

Annex 3: Sample Checklist for the Adaptation of the *C-IYCF Counselling Package*

<table>
<tr><th colspan="2" rowspan="2">Adaptation steps and related activities</th><th colspan="2">Proposed dates</th><th rowspan="2">Responsible person, people and/or organization(s)</th></tr>
<tr><th>Begin</th><th>End</th></tr>
<tr><td>✔</td><td colspan="4">Step 1: Identify potential partners, establish a taskforce or technical working group, and develop an adaptation plan and budget.</td></tr>
<tr><td></td><td>1.</td><td></td><td></td><td></td></tr>
<tr><td></td><td>2.</td><td></td><td></td><td></td></tr>
<tr><td>✔</td><td colspan="4">Step 2: Determine the IYCF programme target areas, conduct a rapid assessment, identify community-based IYCF services, and review current national policies, protocols, and guidelines.</td></tr>
<tr><td></td><td>1.</td><td></td><td></td><td></td></tr>
<tr><td></td><td>2.</td><td></td><td></td><td></td></tr>
<tr><td>✔</td><td colspan="4">Step 3: Conduct a technical review of the C-IYCF Counselling Package and confirm the technical focus and content priorities.</td></tr>
<tr><td></td><td>1.</td><td></td><td></td><td></td></tr>
<tr><td></td><td>2.</td><td></td><td></td><td></td></tr>
</table>

	Adaptation steps and related activities	Proposed dates		Responsible person, people and/or organization(s)
		Begin	End	
✔	**Step 4: Adapt the illustrations, other graphic elements, and language(s) used in the counselling tools and training materials.**			
	1.			
	2			
✔	**Step 5: Field/pilot test the graphic components of the counselling materials in the prioritized communities, and finalize the *Package***			
	1.			
	2.			
✔	**Step 6: Print and disseminate the materials, conduct training, provide follow-up supervision and mentoring, institute monitoring and evaluation of activities.**			

Annex 4: Sample Data Collection Tool for IYCF Programme Planning

Supervision area(s): ____

Date: ____

District	Supervision area	Village	Total population	Number of children 0-5 months (same as 0 up to 6 months)	Number of children 6-23 months (same as 6 up to 24 months)	Number of health centres (or other)	Number of health posts (or other)	Number of facility workers	Number of community workers	Number of IYCF support groups (number of facilitators)	Other volunteers
	Supervision area 1	Village 1									
		Village 2									
		Village 3									
		Village 4									
	Supervision area 2	Village 5									
		Village 6									
		Village 7									
		Village 8									
		Village 9									
		Village 10									
	Etc.										

Annex 5. Breastfeeding and Complementary Feeding Matrices

Breastfeeding practices matrix

Breastfeeding practice	Current practice	Recommended practice	Motivators	Barriers	Feasibility of the practice	Counselling discussion points
Initiation of breastfeeding		Within the first hour of birth				
Giving colostrum (local name)		Within the first hour of birth				
Duration of exclusive breastfeeding		From birth until baby is 6 months old (no water, other drink, or food)				
Frequency of breastfeeding		On demand (or cue) day and night				
Duration of breastfeeding		Until baby releases both breasts				
Expressing breastmilk		Learn to manually express breastmilk				
Giving water		No water during first 6 months				
Breastfeeding during illness		More frequent during and after illness				
Cessation of breastfeeding		2 years of age or older				

Complementary feeding practices matrix

Complementary feeding practice	Current practice	Recommended practice	Motivators	Barriers	Feasible practice	Counselling discussion points
Continued sustained breastfeeding	6 up to 9 months					
	9 up to 12 months					
	12 up to 24 months					
Frequency of complementary foods	6 up to 9 months					
	9 up to 12 months	+1 snack				
	12 up to 24 months	+2 snacks				
Amount of complementary foods	6 up to 9 months	½ cup				
	9 up to 12 months	3/4 cup				
	12 up to 24 months	1 cup				

Complementary feeding practice	Current practice	Recommended practice	Motivators	Barriers	Feasible practice	Counselling discussion points
Texture (thickness/ consistency) of complementary foods	6 up to 9 months					
	9 up to 12 months					
	12 up to 24 months					
Variety of complementary foods (calendar)	6 up to 9 months					
	9 up to 12 months					
	12 up to 24 months					
Responsive feeding						
Hygiene						
Use of bottles		Use cup				

Annex 6: Calendar of Local, Feasible, Available and Affordable Foods

Instructions: Note foods commonly found at home and/or in the market during every month (or season) of the year

January	February	March
Home	Home	Home
Market	Market	Market

April	May	June
Home	Home	Home
Market	Market	Market

July	August	September
Home	Home	Home
Market	Market	Market

October	November	December
Home	Home	Home
Market	Market	Market

Annex 7: Sample Adaptation Tracking Matrix for *Counselling Cards*

Counselling Card	Proposed changes to graphics & illustrations	Proposed changes to key practices/text	Development Status	Date		Resp. Person(s)	Approvals	
				Start	End		1	2
Cover								
Acknowledgements								
Introduction								
CC 1								
CC 2:								
CC 3:								
CC 4:								
CC 5:								
CC 6:								
…								
…								
…								
CC 37:								
CC 38:								

Annex 8: Sample Matrix for Adaptation-Translation of *Key Practices*

Example of Counselling Card 1: Nutrition and Nurturing Care in the First 1,000 Days

Card	English	Adaptation – Translation
Cover	Infant and Young Child Feeding Counselling Cards for Community Health Workers	
Acknowledgements	FILL IN	
Introduction	FILL IN	
Counselling Skills	FILL IN	
Three-Step Counselling and Using a Counselling Card	FILL IN	
Title on Card	**Nutrition and Nurturing Care in the First 1,000 Days**	
Card 1	**Nutrition and Nurturing Care in the First 1,000 Days**	
	The period between the start of a pregnancy through the first two years of a child's life is known as the **first 1,000 days**. This is the most critical time for a baby's physical growth and brain development. Any damage to physical growth and brain development that occurs during this period is difficult to reverse.	

Card	English	Adaptation – Translation
	Good nutrition and nurturing care practices during the first 1,000 days allow children to grow, develop, learn and thrive. They are the essential building blocks for brain development, healthy growth and a strong immune system.	
	Poor nutrition early in life harms children's physical growth and cognitive development, with consequences for academic performance, productivity, and economic earnings later in life. These consequences can carry over generations, undermining the health and development potential of children, communities and nations.	
	Good nutrition is critical for women during pregnancy, and even before conception. If women do not get enough calories and foods rich in nutrients during pregnancy, their babies may be born too early, too small, and vulnerable to malnutrition.	
	During early infancy, children grow very rapidly. By the end of the first month, most babies will weigh between one and two pounds above their birthweight. Babies often double their birth weight between 4 and 6 months of age, and triple their birth weight by their first birthday.	
	Lifelong eating habits, food preferences and tastes are also formed during early childhood.	

Sample Protocol for Field Testing the Updated Counselling Cards in the UNICEF *Community Infant and Young Child Feeding Counselling Package*

Background

UNICEF is currently supporting the updating of the UNICEF *Community Infant and Young Child Feeding (IYCF) Counselling Package* (referred to as the "Package"), which was first published in 2010. The focus of this Package is on skill building and empowerment of community-based health workers using participatory adult learning techniques for people with low literacy. The Package was developed as a social and behaviour change tool for improving IYCF practices, with a focus on breastfeeding, complementary feeding, and maternal nutrition, with additional emphasis on responsive feeding, hygiene and sanitation, feeding the sick child, infant feeding in the context of HIV, and recognizing danger signs.

The UNICEF generic Package was revised and updated in 2012, and a Supportive Supervision/Mentoring and Monitoring Module was added after several field tests, regional trainings, and country-level adaptations. The 2012 version of the Package includes a Planning Guide, Adaptation Guide, Facilitator Guide, Participant Manual, Counselling Cards, Key Message Booklet, and three take-home brochures.

National IYCF programmes have been explicitly encouraged to adapt the Package to local settings and country contexts, and over the last decade, the Package has become one of the most widely used social and behaviour change training and counselling packages, with uptake in more than 90 countries across the globe. A review of the *Package*, commissioned by UNICEF in 2019, highlighted the need to update the *Package*, to ensure its alignment with new global guidelines and implementation guidance, and to address gaps in the technical content related to nurturing care, feeding and care of children with disabilities, healthy diets (avoidance of ultra-processed food and the prevention of overweight and obesity), and infant feeding in emergencies.

In 2022, UNICEF contracted JSI to coordinate the update of the Package, with inputs from a Technical Advisory Group (TAG) that was formed to support the process. The updated draft Package is expected to be completed by the end of March, and specific elements of the Package will be field tested in two African countries, Nigeria and the United Republic of Tanzania, in collaboration with UNICEF country offices and national stakeholders. The following is a summary of the objectives of the field testing, the proposed timeline, the criteria for the selection of country-level stakeholders, and a brief overview of proposed steps for field testing two components of the Package – the training materials and the counselling materials. The tools proposed for field testing and the participants consent form are included in the Annexes.

Objectives

The specific objective of the field testing is to solicit feedback and recommendations on the draft updated counselling materials from caregivers (mothers, fathers, and grandmothers), and from community health workers/counsellors who are expected to engage with these caregivers

in the promotion of prioritized IYCF and related practices or behaviours. The results of the field testing will help to finalize the counselling components of the updated generic *C-IYCF Counselling Package* before its dissemination.

Summary of the proposed field test components and methodologies

The *Counselling Cards* in the updated *C-IYCF Package* will be tested using the following methodologies:

- The updated *Counselling Cards* and corresponding key practices prioritized by the adaptation team will be field tested in two representative communities. This community-level field tests will involve a series of focus group discussions (FDGs) and in-depth interviews (IDIs) with mothers of children under 2 years of age, grandmothers, fathers, and community health workers. (*The communities for this component of the field tested will be selected by national stakeholders.)*

Proposed timeline

The proposed timeline for field testing the Package i**s between [add date] and [add date],** allowing approximately one week for the counselling component field test at the community-level.

Rationale for field testing

The importance of field testing counselling materials cannot be underscored enough. Materials that are not field tested, are often found to be inappropriate and ineffective for the intended audience(s), participants or beneficiaries. Without field testing training and counselling materials, programmes run the risk of not meeting their objectives.

Field testing is necessary to ensure that the materials developed are understood and accepted by the intended audience(s). The purpose of field testing is not to get the “right” answer or make the respondent/ audience see what you see, but to get the materials “right”, ensuring that they reflect the audiences’ level of understanding and perspective. Field testing helps to ensure comprehension (that the audience understands the message or action that is being encouraged) and cultural appropriateness. Having the audience participate (provide feedback) during the development of training and counselling materials, adds credibility to an intervention. Also, field testing during the development process often saves money and time, as it is always more cost-effective to make changes to materials before they are finalized, printed and distributed.

What will be measured in field testing the updated Counselling Cards?

Five concepts will be measured during the field test of *the Counselling Cards* at the community-level. This component of the field test focuses on measuring the prioritized illustrations and Counselling Card layouts for: 1) comprehension; 2) attractiveness; 3) acceptance; 4) involvement; and 5) inducement to action. These concepts are further explained below. The results will inform the final adaptation to the layouts of the larger set of Counselling Cards and/or adjustments to individual illustrations, key messages/practices and support actions/practical tips found in the Counselling Card package.

The concepts that will be tested include:

- **Comprehension**. Comprehension measures not only the clarity of the technical content (text and images) of the material, but also the way that content is presented (layout). A complicated or unknown word may cause the audience's failure to understand the message. A poorly presented graphic may also cause confusion. Additionally, the transmission of too many ideas in one material may confuse audience members and cause them to overlook the action that the material asks them to undertake. The Counselling Card package is also meant to evoke a positive feeling about RCEL behaviours, and the importance of understanding and adopting the key behaviours that are being promoted. Field testing should help to determine whether or not the audience: 1) understands the technical information that the material is presenting; 2) perceives that the behaviour can have a positive impact; and 3) believes that they can adopt the behaviour being promoted.

- **Attractiveness.** If a material is not attractive and of sufficient quality, many individuals exposed to it will not pay much attention to it. The individual Counselling Cards may go unnoticed, unused or be discarded immediately unless the images and colours are attractive and the material is perceived as being of quality and relevance. Print materials achieve attractiveness through appropriate visuals (illustrations in the case of this material), colour and layout.

- **Acceptance.** The messages and the way they are communicated must be acceptable to those to whom they are directed. If the communication materials contain something that offends, is not believable, or generates disagreement among the target audience, the material and the message will be rejected.

- **Involvement.** The target populations should be able to identify with the materials and recognize that the message is directed toward them. To ensure that the target audience for the Counselling Cards engages with the messages on the cards, it is necessary to make appropriate use of the symbols, graphics, and language used by the intended population group. Illustrations and characters should faithfully reflect, to the greatest extent possible, that specific population segment, together with its environment and characteristics, through clothing, hair styles, furniture, building style, etc.

- **Inducement to action.** The materials should indicate clearly what the target population is being asked to do. No matter how good a communication material is from a technical standpoint, it will be worthless if it fails transmit a message that can be acted upon or carried out. Even those materials that create awareness should induce listeners or viewers to at least seek more information on a subject, as this can move them to take steps leading to the required action or behaviour change.

Research methods and tools

The field test method for the Counselling Package includes FGDs and IDIs. Given a number of considerations, the FGDs will be the major methodology used to test the materials with the primary audiences: 1) mothers with at least one child less than 2 years of age coming from the general population; 2) fathers with at least one child less than 2 years of age coming from the general population; and 3) health workers/counsellors who are expected to engage with these caregivers in the promotion of prioritized responsive care and early learning practices or behaviours using the Counselling Card package. In addition to FGDs, one or more IDIs may be used to field test the Package with health workers/counsellors if a sufficient number of

participants cannot be identified to form a focus group. The FGD field tested guide or instrument will be used for both FDGs and IDIs.

Focus group research originated with commercial marketing. Focus groups are in-depth discussions, usually one to two hours in length, in which 8–12 representatives of the target audience, under the guidance of a facilitator, discuss topics of particular importance. In this case, different elements of the prioritized Counselling Cards will be explored. The results of FGDs are expressed in qualitative terms. Because a number of people are interviewed at once, FGDs are usually cost-effective. They are often considered more effective and successful at eliciting personal and community views and feedback because of their interactive nature, which allows participants to hear the thoughts of others, often triggering their own memories or ideas and thereby enriching the discussion.

To achieve the field test objectives outlined above, a community-level field tested team (described below), will receive a field test training orientation and will conduct six FGDs in two distinct communities in [insert state/district/country]: two FGDs with mothers of children under 2; two FGDs of fathers of children under 2; and two FDGs with health workers/counsellors. The team will also conduct several IDIs, if time allows, using the same FGD guides. **All participants will be 18 years of age or older.** The two selected communities – [insert names of communities] – will be considered representative of other communities in the country where community-level IYCF programmes are being implemented in the country.

Training of community-level field tested teams

The techniques for field testing are more complicated and require more skill than most people realize. There are two main focus group implementers – the facilitator (sometimes referred to as the moderator) and the note-taker. There is often an additional person on each team who observes and assists in note-taking. Ideally, individuals who are facilitating a FGD must be experienced and have specific skills, including the ability to understand and be able to “control”/guide the group dynamics. Those conducting the note-taking and/or observations also require experience and training in certain techniques. Minimally, the note-taker must be well organized, able to write rapidly and legibly, and focus on the discussion.

A one-day training session is planned for: 1) orienting the field testing team to the proposed field tested methodology; 2) testing the instrument and instructions while conducting role plays; and 3) providing feedback for finalizing the methodology and tools.

Summary of steps in executing the community-level field testing

1. Review/finalize protocol
2. Submit protocol to the Institutional Review Board
3. Select communities for FGDs (and IDIs)
4. Identify and train community-level field tested team
5. Review/finalize field tested instruments
6. Request letter of introduction/permission to conduct field testing
7. Obtain copy of a letter specifying that permission is granted
8. Conduct a pre-visit or pre-phone call to arrange recruitment (provide profile and recruitment instrument), select venue, and set up other details such as refreshments
9. Recruit FGD (and IDI) participants (by local facilitator)
10. Conduct actual field testing
11. Review notes immediately following each focus group (and IDIs) with members of the research team that conducted that FGD (and IDIs)
12. Finalize and submit notes (findings/data)

Appendices

Appendix 1: FDG Recruitment Sheet

Appendix 2: Registration List for FDGs (3)

Appendix 3: Focus Group Discussion/In-depth Interview Guides (3)

Appendix 4: Participant Consent Form

Appendix 1

Recruitment Sheet

COMMUNITY INFANT AND YOUNG CHILD FEEDING COUNSELLING PACKAGE FOCUS GROUP DISCUSSION

District_____________________________ **Village** ___________________________

Name of recruiter: ____

Phone number or contact number for recruiter: _________________________________

Date of focus group discussions (FDGs) or in-depth interviews (IDIs):

____

Recruit for:

___ **FGD #1: Mother with child under 24 months (8 to 10 participants per FGD)**

___ **FGD #2: Father with child under 24 months (8 to 10 participants per FGD)**

___ **FGD #3 (or small group discussion or IDIs): Facility or community health worker/counsellor (8 to 10 participants per FGD, but number will depend on availability)**

Note where FGD #1 will be held: ____

Note proposed start time (   ) **Note proposed ending time (   )**

Note where FGD #2 will be held: ____

Note proposed start time (   ) **Note proposed ending time (   )**

Note where FGD #3 (or IDIs) will be held: ____________________________________

Note proposed start time (   ) **Note proposed ending time (   )**

Appendix 2

REGISTRATION LISTS

REGISTRATION LIST FOR FDG WITH MOTHERS (1)

Date:________ Time _________ Location ___________

#	Name	Age	Pregnant Yes/No	Age of youngest child	Number of children
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Additional names can be taken as replacement participants if someone does not show up for the focus group discussion. The group should be limited to 8 to 10 participants, but no more than 12 people because it makes the group unmanageable if there are too many participants.

REGISTRATION LIST FOR FGDs WITH FATHERS (2)

Date:________ Time _________ Location ___________

#	Name	Age	Age of youngest child	Number of children
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Additional names can be taken as replacement participants if someone does not show up for the focus group discussion. The group should be limited to 8 to 10 participants, but no more than 12 people because it makes the group unmanageable if there are too many participants.

REGISTRATION LIST FOR FGD WITH COMMUNITY HEALTH WORKERS/COUNSELLORS (3)

Date:________ Time _________ Location ___________

#	Name	Role as CHW	# of years of service
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Additional names can be taken as replacement participants if someone does not show up for the focus group discussion. The group should be limited to 8 to 10 participants, but no more than 12 people because it makes the group unmanageable if there are too many participants.

Appendix 3

Focus Group Discussion/In-depth Interview Guides

Community-Level FDG Tool #1

Focus Group Discussion Guide for Field Testing with Caregiver Mothers (and Grandmothers) of Children under 2 Years

Purpose of the focus group discussion (FGD): A field test of draft counselling tools for the Community Infant and Young Child Feeding Counselling Package to explore 1) the acceptability of the illustrations and layout; 2) the understanding of the content (both illustrations and text); and 3) ways to improve the illustrations, text, and layout.

Date: ____________________ **Starting time:** _______ **Ending time:** _________

District: ____

Name of community or facility: ______________________________________

Please fill out and attach the participant register.

Name of facilitator: ____

Name of note-taker: ____

Name of observer: ____

Note to facilitator:

Introduce yourself at the beginning of the session, explain who you work with, why you are here, and introduce everyone on the team who is with you observing, taking notes, taking photographs or helping in any way.

Introduction: Hello, my name is _____________________________. I am working with _____________________________ to develop some counselling materials. We are interested in getting your views on some draft materials that have been developed so that we can improve the materials before they are finalized. We will be asking you some questions about the materials, which should not take more than two hours. Do not worry. There are **NO** right or wrong answers. You should feel very free to express whatever you are thinking. **(Introduce the others on the team.)**

Note to facilitator, continued:

- Present every piece of material to be tested **one at a time**. Participants should receive a copy of each material, or they can share the material with other participants.
- Tell the participants that you will be collecting the material at the end of the discussion because **these are not final**.
- Give everyone a chance to hold and examine the material and give them time to review the content.
- Ask the specific questions that relate to that material. (Follow the discussion guide below.)

Note to note-taker: Try to capture the major ideas and something about the majority of participants agreeing or not agreeing. Always note the specific illustration that the participants are referring to. If you need more space, use the extra paper and note the name of the group and the corresponding number of the question.

Note to observer: You can also take notes about the answers, but focus on the dynamics of the group and how people are reacting to the material and to the questions.

Illustrations and *Counselling Cards*

Note to facilitator:

- Please do not read the title or the names of the individual *Counselling Cards* if viewing a complete card.
- Give the participants <u>about 3 to 5 minutes</u> for each participant to review the material.
- Make sure to engage all participants and to "probe" using different techniques, such as asking, "Does anyone else have another observation or a different idea to share?"
- Please ask the following five questions for each illustration or *Counselling Card* being field tested.

Questions for Counselling Card illustrations

1. This illustration or card has information that we would like to share with certain people. Could you please look at this material and tell me, in your own words, what you think this material is all about?
2. Who do you think would be the best person to share this information with or to give this material to, and why?
3. When do you think this material should be given to that person (time and/or place)?
4. Please tell me something about what you see in this illustration. (**Probe!** Include probing questions about gender.) What is happening in this scene? Tell me what you think of the illustration. Is this something you see in your community? Do you like it? Could you give us any suggestions about how this illustration could be improved? We can change the illustration completely or change pieces of the illustration. We can also change any of the colours or the composition.
5. Do you have any other suggestions (reactions or feedback) on this material that you would like to share with us?

Repeat the five questions above for each *Counselling Card* (or individual illustration) included in the prioritized group of 10 cards:

1. Counselling Card X (includes X images):
2. Counselling Card X (includes X images):
3. Counselling Card X (includes X images):
4. Counselling Card X (includes X images):
5. Counselling Card X (includes X images):
6. Counselling Card X (includes X images):
7. Counselling Card X (includes X images):
8. Counselling Card X (includes X images):
9. Counselling Card X (includes X images):
10. Counselling Card X (includes X images):

Questions for the prioritized "Key Messages/Practices and Support Actions/Practical Tips"

Read aloud the prioritized "Key Messages/Practices" from one *Counselling Card*, and ask:

1. What do you think this message is telling you to do? What words or parts are difficult to understand?
2. Is there anything that you find sensitive, annoying or inappropriate?
3. Who do you think would be the best person to share this information with or to give this material to, and why?
4. What does this message make you want to do? How likely are you to do that?
5. What new information did you learn? Are there things that you think are missing?

Next, read aloud the prioritized "Support Actions/Practical Tips" and ask the same questions as above.

Repeat the five questions above for each of the prioritized "Key Messages/Practices and Support Action/Practical Tips" that correspond with each of the prioritized 10 *Counselling Card*:

1. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
2. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
3. "Key Messages/Practices and Support Actions/Practical Tips for Counselling Card X:

4. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

5. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

6. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

7. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

8. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

9. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

10. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

Community-Level FDG Tool #2
Focus Group Discussion Guide for Field Testing with Fathers of Children under 2 Years

Purpose of the focus group discussion (FGD): A field test of draft counselling tools for the Community Infant and Young Child Feeding Counselling Package to explore 1) the acceptability of the illustrations and layout; 2) the understanding of the content (both illustrations and text); and 3) ways to improve the illustrations, text, and layout.

Date: ____________________ **Starting time:** _______ **Ending time:** _________

District: ____

Name of community or facility: _____________________________________

Please fill out and attach the participant register.

Name of facilitator: ____

Name of note-taker: ____

Name of observer: ____

Note to facilitator:

Introduce yourself at the beginning of the session, explain who you work with, why you are here, and introduce everyone on the team who is with you observing, taking notes, taking photographs or helping in any way.

Introduction: Hello, my name is ______________________________. I am working with ______________________________ to develop some counselling materials. We are interested in getting your views on some draft materials that have been developed so that we can improve the materials before they are finalized. We will be asking you some questions about the materials, which should not take more than two hours. Do not worry. There are **NO** right or wrong answers. You should feel very free to express whatever you are thinking. **(Introduce the others on the team.)**

Note to facilitator, continued:

- Present every piece of material to be tested **one at a time**. Participants should receive a copy of each material, or they can share the material with other participants.
- Tell the participants that you will be collecting the material at the end of the discussion because **these are not final**.
- Give everyone a chance to hold and examine the material and give them time to review the content.
- Ask the specific questions that relate to that material. (Follow the discussion guide below.)

Note to note-taker: Try to capture the major ideas and something about the majority of participants agreeing or not agreeing. Always note the specific illustration that the participants are referring to. If you need more space, use the extra paper and note the name of the group and the corresponding number of the question.

Note to observer: You can also take notes about the answers but focus on the dynamics of the group and how people are reacting to the material and to the questions.

Illustrations and *Counselling Cards*

Note to Facilitator:

- Please do not read the title or the names of the individual *Counselling Cards* if viewing a complete card.
- Give the participants <u>about 3 to 5 minutes</u> for each participant to review the material.
- Make sure to engage all participants and to "probe" using different techniques, such as asking, "Does anyone else have another observation or a different idea to share?"
- Please ask the following five questions for each illustration or *Counselling Card* being field tested.

Questions for Counselling Card illustrations

1. This illustration or card has information that we would like to share with certain people. Could you please look at this material and tell me, in your own words, what you think this material is all about?

2. Who do you think would be the best person to share this information with or to give this material to, and why?
3. When do you think this material should be given to that person (time and/or place)?
4. Please tell me something about what you see in this illustration. (**Probe!** Include probing questions about gender.) What is happening in this scene? Tell me what you think of the illustration. Is this something you see in your community? Do you like it? Could you give us any suggestions about how this illustration could be improved? We can change the illustration completely or change pieces of the illustration. We can also change any of the colours or the composition.
5. Do you have any other suggestions (reactions or feedback) on this material that you would like to share with us?
   Repeat the five questions above for each *Counselling Card* (or individual illustration) included in the prioritized group of 10 cards:

    1. Counselling Card X (includes X images):
    2. Counselling Card X (includes X images):
    3. Counselling Card X (includes X images):
    4. Counselling Card X (includes X images):
    5. Counselling Card X (includes X images):
    6. Counselling Card X (includes X images):
    7. Counselling Card X (includes X images)
    8. Counselling Card X (includes X images):
    9. Counselling Card X (includes X images):
    10. Counselling Card X (includes X images):

Questions for the prioritized “Key Messages/Practices and Support Actions/Practical Tips”
Read aloud the prioritized “Key Messages/Practices” from one *Counselling Card*, and ask:

1. What do you think this message is telling you to do? What words or parts are difficult to understand?
2. Is there anything that you find sensitive, annoying, or inappropriate?
3. Who do you think would be the best person to share this information with or to give this material to, and why?
4. What does this message make you want to do? How likely are you to do that?
5. What new information did you learn? Are there things that you think are missing?

Next, read aloud the prioritized “Support Actions/Practical Tips” and ask the same questions as above.

Repeat the five questions above for each of the prioritized "Key Messages/Practices and Support Action/Practical Tips" that correspond with each of the prioritized 10 *Counselling Card*:

1. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
2. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
3. "Key Messages/Practices and Support Actions/Practical Tips for Counselling Card X:
4. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
5. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
6. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
7. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
8. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
9. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:
10. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

Community Field Tested Tool #3

Focus Group Discussion (or In-Depth Interview) Guide for Field testing with Health Workers or Counsellors

Purpose of the focus group discussion: A field test of draft counselling tools for the Community Infant and Young Child Feeding Counselling Package to explore 1) the acceptability of the illustrations and layout; 2) the understanding of the content (both illustrations and text); and 3) ways to improve the illustrations, text, and layout.

Date: ____________________ **Starting time:** ________ **Ending time:** __________

District: ____

Name of community or facility: ____

Please fill out and attach the participant register

Name of facilitator: ____

Name of note-taker: ____

Name of observer: ____

Note to facilitator:

Introduce yourself at the beginning of the session, explain who you work with, why you are here, and introduce everyone on the team who is with you observing, taking notes, taking photographs, or helping in any way.

Introduction: Hello, my name is ______________________________. I am working with ______________________________ to develop some counselling materials. We are interested in getting your views on some draft materials that have been developed so that we can improve the materials before they are finalized. We will be asking you some questions about the materials, which should not take more than two hours. Do not worry. There are **NO** right or wrong answers. You should feel very free to express whatever you are thinking. **(Introduce the others on the team.)**

Note to facilitator:

- Present each material to be tested **one at a time**. All participants should receive a copy of each material to review, or they can share the material with other participants.
- Tell the participants that you will be collecting the material at the end of the discussion because **these are not final**.

- Give everyone a chance to hold and examine the material and give them time to review the content.
- Ask the specific questions that relate to that material. (Follow the discussion guide below.)

Note to note-taker: Try to capture the major ideas and something about the majority agreeing or not. If you need more space, use the extra paper and note the name of the group and the corresponding number of the question.

Note to observer: You can take notes about the answer also but focus on the dynamics of the group and how people are reacting to the material and to the questions.

Illustrations and *Counselling Cards*

Note to Facilitator:

- Please do not read the title on the cover or the names of the individual *Counselling Cards.*
- Give the participants about 5 minutes for each participant to review the material.
- Make sure to engage all participants and to "probe" using different techniques such as asking, "Does anyone else have another observation or different idea to share?"
- Please ask the following five questions for each illustration or *Counselling Card* being field tested.

1. This material has information that we would like to share with certain people. Could you please take a look at this material and tell me, in your own words, what you think this material is all about?
2. Who do you think would be the best person to share this information with or to give this material to, and why?
3. When do you think this material should be given to that person (time and/or place)?
4. Please tell me something about what you see in this illustration. (**Probe!** Include probing questions about gender.) What is happening in this scene? Tell me what you think of the illustration. Is this something you see in your community? Do you like it? Could you give us any suggestions about how this illustration could be improved? We can change the illustration completely or change pieces of the illustration. We can also change any of the colours or the composition.
5. Do you have any other suggestions (reactions or feedback) on this material that you would like to share with us?
   Repeat the five questions above for each *Counselling Card* (or individual illustration) included in the prioritized group of 10 cards:

   1. Counselling Card X (includes X images):

   2. Counselling Card X (includes X images):

3. Counselling Card X (includes X images):

4. Counselling Card X (includes X images):

5. Counselling Card X (includes X images):

6. Counselling Card X (includes X images):

7. Counselling Card X (includes X images):

8. Counselling Card X (includes X images):

9. Counselling Card X (includes X images):

10. Counselling Card X (includes X images):

Questions for the prioritized "Key Messages/Practices and Support Actions/Practical Tips"

Read aloud the prioritized "Key Messages/Practices" from one *Counselling Card*, and ask:

1. What do you think this message is telling you to do? What words or parts are difficult to understand?
2. Is there anything that you find sensitive, annoying, or inappropriate?
3. Who do you think would be the best person to share this information with or to give this material to, and why?
4. What does this message make you want to do? How likely are you to do that?
5. What new information did you learn? Are there things that you think are missing?

Next, read aloud the prioritized "Support Actions/Practical Tips" and ask the same questions as above.

Repeat the five questions above for each of the prioritized "Key Messages/Practices and Support Action/Practical Tips" that correspond with each of the prioritized 10 *Counselling Cards*:

1. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

2. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

3. "Key Messages/Practices and Support Actions/Practical Tips for Counselling Card X:

4. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

5. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

6. "Key Messages/Practices and Support Actions/Practical Tips" for Counselling Card X:

7. “Key Messages/Practices and Support Actions/Practical Tips” for Counselling Card X:
8. “Key Messages/Practices and Support Actions/Practical Tips” for Counselling Card X:
9. “Key Messages/Practices and Support Actions/Practical Tips” for Counselling Card X:
10. “Key Messages/Practices and Support Actions/Practical Tips” for Counselling Card X:

Appendix 4

Participant Consent Form

Contact person #1 and contact information: [add name and contact]

Contact person #1 and contact information: [add name and contact]

You are invited to participate in the [focus group discussion or in-depth interview] as part of the field testing of the Community Infant and Young Child Feeding Counselling Package in [location/country]. The purpose of this [discussion group or interview] is to get your views on some draft counselling materials before they are finalized. We will be asking you some questions about the materials, which should not take more than two hours. Do not worry. There are NO right or wrong answers. You should feel very free to express whatever you are thinking. However, deciding whether to take part in the [discussion group or interview] is totally up to you (voluntary). If you decide not to be involved, you will not lose any rights or access to services. Participating involves a one-time [interview or group discussion].

The information you share with us is confidential and your answers will not be linked to your name. For discussion groups, all participants must agree to keep the comments made in the group private and to not to share them beyond the group.

The risks for this study are no more than what happens in everyday life. You may refuse to answer questions that you are not comfortable answering. There is no direct or monetary benefit for participation in the discussion. However, your participation is very important. Your feedback on the images will help us improve the Counselling Package and support young children's development in this and other communities.

If you have any questions, or if you would like to discuss your participation, you are welcome to ask us before the group begins.

Ask participants for verbal consent.
(NOTE: If anyone expresses concern, let them know that they are free to leave the group at any time.)

Things to consider in developing focus group discussions (FGDs)

Focus group research originated with commercial marketing. Focus groups are in-depth discussions, usually one to two hours in length, in which eight to twelve representatives of the target audience, under the guidance of a facilitator, discuss topics of particular importance – in this instance to the development of materials. The results of focus group sessions are expressed in qualitative terms.

Materials developers usually choose focus group discussions (FGDs) as their audience research method. Because a number of people are interviewed at once, FGDs are usually cost-effective. Also, FGDs are interactive: participants hear the thoughts of others, triggering their own memories or ideas and thereby enriching the discussion.

FGDs are easily tailored to the research needs of the project staff. For instance, FGD data can be used to:

- Develop appropriate messages for informational or motivational materials or media
- Identify myths, misconceptions, or beliefs about a product or practice
- Evaluate existing materials or drafts of materials
- Design survey questionnaires

FGDs are particularly useful for developing concepts for the communication process, stimulating the creative thinking of communication professionals as they develop messages. FGDs can help programme staff test out these ideas and discover which approach is likely to be more effective.

Conducting several FGDs with groups having similar characteristics will help to confirm findings and ensure that the materials produced address all common informational needs. To collect enough relevant information on a topic, two FGDs per participant characteristic are usually required and strongly encouraged if resources are available. Sample participant characteristics include sex, age, education, and use (or lack of use) of a health service or intervention.

The following are some guidelines for improving the reliability of FGD results:

Selecting FGD participants

FGD participants should represent the materials' intended audience. Follow these tips for selecting FGD participants:

- Each focus group should contain people sharing similar characteristics, such as age, sex, and socioeconomic status. Participants tend to be more relaxed among others with the same or similar backgrounds.
- Participants should not know each other or be told the exact subject of discussion in advance of the FGD to help ensure that the responses are spontaneous and uninhibited.
- The recruitment method will depend on the situation: clinics or markets may be good places to find candidates. House-to-house recruiting can be an effective, but more time consuming technique.
- Use a participant screening questionnaire (or set of recruitment criteria) to make sure that selected participants represent the intended audience.

FGD facilitator

The facilitator is the person who leads the individual interviews or FGDs. The facilitator's most important characteristic is the ability to establish a good rapport with the participants rapidly.

The facilitator does not have to be an expert in the subject matter being discussed but should understand the topic and which subjects of special research interest should be explored in depth. A good facilitator remains neutral, probing responses without reacting to, or influencing, the respondents, and emphasizing that there are no right or wrong answers. The facilitator introduces topics, makes sure participants stay on topic, and encourages participation in the conversation. An effective facilitator is personable and flexible and has a good sense of humour. (See below: Tips for the FGD facilitator.)

What kind of person makes a good facilitator? Personality type seems to be a better indicator of success than a university degree. People who like being around other people and who are good conversationalists can, with practice, become good facilitators. Those who are used to telling people to do things – such as doctors, teachers, and nurses – sometimes find it difficult to curb this tendency and become skilled listeners. This too can be altered with good training and practice.

FGD note-taker

Although FGDs are sometimes tape recorded as a back-up, a note-taker should always assist the facilitator by objectively and carefully recording both individual opinions and group consensus verbalized throughout the FGD. The note-taker also records non-verbal responses, such as head nodding, that could indicate group attitudes or sensitivities. Select a note-taker who can write quickly, uses abbreviations and symbols, and knows the language of the respondents. Useful skills for a note-taker include a good memory and the ability to listen carefully, concentrating on all that is said and how other participants react to what is said. (See below: Tips for the FGD note-taker.)

Tips for the FGD facilitator

The following are a list of tips that a good FGD facilitator should take into consideration when organizing and conducting a group:

1. Open the discussion with a general statement (e.g., "We're all mothers who care for small children and we've probably experienced such and such") and wait for participants to comment. Starting with a question can make the group expect a question-and-answer session and discourage discussion.
2. Practice a form of "sophisticated naiveté" (e.g., "Oh, I didn't know that. Can you tell me more about it?").
3. Make incomplete statements and wait for responses (e.g., "Well, maybe breastfeeding isn't so..").
4. Use silence to your advantage. Do not let it be intimidating; a pause in the conversation may compel participants to talk.
5. Use "closed-ended" questions to solicit a brief and exact reply (e.g., "How many ways can HIV/AIDS be transmitted from a mother to her baby?").
6. Use "open-ended" questions to solicit longer, thoughtful responses (e.g., "What have you heard about what foods are good for pregnant women to eat?").
7. Use "probing" questions to obtain further information (e.g., "Why should a breastfeeding mother who is HIV-infected always use condoms with her sex partner?").
8. Avoid "leading" questions that prompt respondents to answer in a particular way (e.g., "Have you heard that replacement feeding is dangerous for your baby's health?"), unless they are part of the "probing" strategy.
9. Remember to include those sitting next to you in the discussion. You will tend to relate most actively to those seated across from you because you have direct eye contact. See the group

as a clock face; be sure to get a report from every "hour" (but don't require that they respond in order).
10. If you are using a recorder, keep the tape going even as the session breaks up. People tend to say things to you that they may not want to say in front of others.
11. Sometimes it is a good idea to pretend the discussion will end soon by saying, "Oh, our time is running out." This may encourage participants to speak up.
12. At the end of a session, help the group reach some final conclusions together. Ask summary questions like, "So, can we say that some of you feel that clinic guidelines on partner notification are clear, but some of you feel they need further clarification?" Reaching some conclusions like this ends the discussion with clear statements that can be summarized easily.
13. After the FGD, think about both the good moments and the not-so-good moments to learn from the process and enhance your skills. Ask the person taking notes to suggest how he or she might have handled the group. Facilitators' skills improve as they discuss and think about their experiences.
14. Debrief with the note-taker immediately following each FGD.

Tips for the FGD note-taker

The following are a list of tips that a good FGD note-taker should take into consideration when participating in a group:

1) Work with the facilitator as a team and communicate before, during, and after the FGD. Before the FGD, carefully review the FGD guidelines with the facilitator. Agree on non-verbal cues to use discreetly during the session to indicate which comments are important to note or require elaboration. After the FGD, collaborate to clarify notes and compare impressions.
2) Diagram the group and assign each participant a number or initials to identify the source of the comment.
3) Do not let a tape recorder substitute for good note-taking. Although sessions might also be tape recorded, problems during recording are common (e.g., too much noise, dead batteries, forgetting to turn over the tape); etc. Therefore, always take good notes. Tapes should be used as a back-up ONLY and are often valuable for double checking notes, comments or questions raised.
4) Only take notes on and/or record relevant information. Summarize what is said and note/record useful and interesting quotations when possible. You may use abbreviations, including quotation marks under words to show repetition of comments.
5) Observe non-verbal group feedback (e.g., facial expressions, tone of voice, laughter, posture), that may suggest attitudes or unspoken messages to be noted in FGD reports. Such signs must be interpreted in context, and thus can only be evaluated by those present during the interview or FGD.
6) Stop and ask for clarification if you miss something that seems important or relevant, but do not become a second facilitator.

Note-taking and use of tapes: Have the note-taker keep notes throughout the focus group discussion. If a tape recorder is used, keep track of each tape that is inserted in the order of use. Mark on the notes when a new tape is used and the number of that tape so that you can more easily identify which tapes contains questions that are under review. At the end of the focus group, the note-taker should be given an opportunity to clarify the notes or ask one or two questions to specific participants, if needed, to enrich the findings.

Observations: If there is a person specifically assigned to “observe”, that person should keep notes on the general group dynamic to add to the discussion and findings. At the end of the focus group, the observer should be given an opportunity to ask a couple of questions to specific participants if they

think it would help to clarify or enrich the findings.

Using and transcribing tapes: If project staff intend to record the interview in addition to having a note-taker, be aware that tapes are primarily used to fill in gaps in the handwritten notes. Transcribing tapes is very labour-intensive, requiring between four and ten hours to transcribe each hour of recorded conversation. Because of the expense, transcription is rarely done. The notes taken by the note-taker – augmented by listening to the tapes to fill in gaps – are the primary means of documenting the raw research data, and should therefore be thorough. Meaningful analysis depends on the quality of the notes.

Selecting/preparing a FGD site

The FGDs should be conducted in a quiet place that is convenient for the participants. For a comfortable group discussion, the space should be large enough to comfortably accommodate the facilitator, the note-taker, and 8 to 12 participants. The setting should promote comfort and ease among group members. Participants should be seated in a circle so that the facilitator and note-taker can clearly see and hear everyone and so that there is no image of a "head of the table" leader.

FGD discussion guide

To cover all topics of interest, project staff must develop a series of topics and questions organized in a document called a discussion guide, prior to holding the in-depth interviews and/or FGDs. (See below: FGD discussion phases.) Although discussion guides will differ depending on the group and their experiences, most FGD guidelines include:

- An introduction to the facilitator, participants, and FGD format
- General topics to open up the discussion
- Specific topics to reveal participants' attitudes and perception
- Probing questions to reveal more in-depth information or to clarify earlier statements or responses

Conducting a FGD session

A. **Focus group discussion phases**

Phase I: Facilitator's opening statement

- Introduces the facilitator and note-taker (and any other member of the team)
- Explains the general purpose of the discussion. States that information received will remain confidential.
- Asks for consent from participants to continue. If a tape recorder is to be used, asks for permission to tape. If a camera is to be used, asks for permission to take photographs. Explains how the information (and photographs) will be used.
- Establishes ground rules for the discussion. These can include time frame; rest room breaks; availability of food; importance of talking one at a time and respecting divergent opinions; stressing that a response is not needed for each question from every participant and that the questions can be answered after the discussion; and reminding participants that their ideas are valuable and that they are the experts.
- Begins to develop rapport with and among group members.

Phase II: Warm-up

- Invites members to introduce themselves, gives everyone an opportunity to speak (which lessens performance anxiety), and stimulates participants to begin thinking concretely about the issues at hand.
- Starts with neutral, topical questions to stimulate discussion, leads into general questions, and finally moves to questions about the primary topic.

Phase III: Main body of group discussion

- Using open-ended questions (questions that cannot be answered with "yes" or "no"), the facilitator probes, follows up on answers to get additional information, clarifies points, and obtains increasingly deep responses to key questions.
- Connects emergent data from separate questions into an integrated analysis.
- Ensures that all participants who want to comment can do so.

Phase IV: Wrap-up and closure

- Allows the moderator to review, clarify, and summarize main points arising in the discussion.
- Checks out hunches, ideas, conclusions, and relative importance of responses with the group members, allowing ample time for further debate. Identifies differences of perspective, contrasting opinions, and areas of agreement. Summarizes and tests with the group the relative importance of certain categories of responses.
- Allows a round of final comments and insights.
- Thanks the participants for their contributions.

B. General content of most FGDs

Identifying patterns
As the facilitator moderates, it is critical for her or him to look for similarities or patterns within and between key issues. Ideally, these patterns should be identified during the FGD and confirmed with the participants through follow-up or "probing" questions to make sure that any pattern is an accurate interpretation of what the participants are saying (or even what they are consistently leaving out). The facilitator should also ask questions to identify the underlying causes for these patterns. If the facilitator does not spot the pattern until after the focus group session (e.g., by listening to the tapes and reviewing the notes), he or she should add questions to the discussion guide to confirm and explore the pattern in future focus groups.

Here is an example of a possible pattern, with examples of follow-up probing questions that can confirm patterns suggested by the group discussion: "During our discussion one of you said that the community health worker explained that not all babies who are born to women with HIV will get HIV, even if they are breastfed for a long time and if they exclusively breastfeed during the first 6 months. Two other participants scowled. Later another woman said that her sister's baby got HIV while breastfeeding. Then others chimed in to say that she heard that HIV is always passed through breastmilk but that poor women have no option but to breastfeed. Later, someone else remarked that we all know that HIV can be passed to the baby in more ways than the health workers at the clinic will admit. And, someone mentioned that coughs – accompanied by bloody sputum – pass HIV infection to another person."

Follow up with probing questions to confirm a pattern:

- Am I understanding you correctly that you feel that health workers and others may not be telling you all they know about ways that HIV is transmitted to babies?
- Do any of you think you know a baby who got HIV just because the mother breastfed him/her? How do you know this is so?
- What messages would help you believe that exclusive breastfeeding for the first 6 months of life helps to protect the baby from infection?

It is critical for the facilitator to ask the follow-up probing questions on important issues because the answers they bring to light form the key pieces of information necessary to create useful messages.

In this particular example, by recognizing a pattern and probing, the researchers learned that it was important to re-emphasize that coughs – even when accompanied by bloody sputum – do not pass HIV infection to another person. However, since severe coughs can be a symptom of tuberculosis, if a purpose of the project is to provide information that will help persons caring for HIV-positive family members or friends, then it will also be important to provide information on ways to prevent tuberculosis, control its spread, and/or cure those who are infected.

Encouraging everyone to speak

The facilitator should give each participant an opportunity to speak during the focus group. It is useful at the beginning of a focus group to place a check mark next to each participant's name when he or she speaks. This will help the facilitator keep track of who may be dominating the conversation and who may not be expressing opinions at all or often enough. The facilitator can then encourage the more quiet participants through non-verbal signals (such as looking at them or turning toward them when asking a question) or gently encouraging them to speak by using their name: "Do you have anything else you would like to add to the discussion, Maria?"

Dealing with questions from participants

Sometimes participants ask the facilitator questions or give incorrect information during the FGD. The facilitator naturally wants to help by answering questions or correcting errors. However, this should not be done during the FGD. Instead, the facilitator needs to throw the questions or incorrect statement back to the group: "What do you think about Maria's question (or comment)?" If a facilitator begins answering questions during the FGD, participants may stop giving their own ideas and the FGD will become a teaching session instead of a research activity. If participants persist in asking questions, the facilitator should assure the group that time will be provided at the end of the session to discuss these issues. As a general rule, the facilitator should try to speak only 10 per cent of the time and listen to the participants 90 per cent of the time.

Asking for participants' final comments

About 15 to 20 minutes before the end of the allotted time, the facilitator should let the participants know that they are coming to the end of the discussion; he or she now needs their help to identify and refine key themes that emerged from the discussion. The facilitator should identify differences of perspective, contrasting opinions, and areas of agreement. It is not necessary for the group to reach consensus, but should rather review some of the major findings and confirm that the facilitator has understood them correctly. Allow plenty of time for this final round of comments and insights because participants frequently choose this last opportunity to speak up about important issues.

Using creative approaches
In some circumstances, it is appropriate to consider creative approaches to conducting focus groups in order to meet research needs. For instance, teenagers may get bored during traditional FGDs or feel too shy to participate fully. Elders in some societies are shown respect by not being interrupted, which makes them a challenging group for the facilitator to manage. In some cultures, people are not accustomed to expressing their opinions. Under such circumstances, it is appropriate to find an approach that will give insight into the participants' personal attitudes and experiences without threatening their comfort or privacy. Here are some ideas.

- Present the group members with a photo or verbal description of a scene for their reaction (e.g., an image of a healthy young pregnant woman who has tested HIV-positive, or of a voluntary counselling and testing clinic).
- Ask participants to imagine a healthy baby and then to describe him or her to you.
- Set up role playing among the participants (e.g., a husband and wife discussing white patches they noticed in the baby's mouth) and listen to discover not only their knowledge, but also their feelings about the topic and the vocabulary they use.
- Share what other people have said about an issue (e.g., a woman who is HIV-positive should still breastfeed her infant) and see how the group reacts.

Such methodological elements can:

- Generate a truly focused discussion
- Create a more relaxed, tranquil, and informal atmosphere that will foster interaction among participants and between participants and facilitator
- Generate interest and motivation to actively involve participants in the process
- Produce creative answers that better reflect the language, interests, expectations, knowledge, and feelings of the participants
- Bring out distinct points of view and avoid domination of the group by a few individuals

In-depth interviews (IDIs)

In-depth Interviews (IDIs) collect information in a manner similar to FGDs, with the main difference that IDIs take place in a private, confidential setting between one interviewer and one participant. Such an interview allows researchers to gain a great deal of insight into a person's thoughts, feelings, and behaviours. However, while a survey questionnaire may take only a few minutes to complete, IDIs often take one to two hours because they allow the respondent to talk at length about topics of interest.

There are specific circumstances for which IDIs are particularly appropriate:

- ***When subject matter is complex and respondents are knowledgeable***. For example, research on the attitudes and practices of doctors, nurses, and health workers regarding severely ill HIV-infected pregnant or postpartum women.
- ***When subject matter is highly-sensitive.*** For example, a study about attitudes toward breastfeeding among HIV-infected women who have had a child die from an illness that was possibly caused by HIV transmission during breastfeeding.
- ***When respondents are geographically dispersed.*** For example, a study among logistics managers throughout a country examining how costly antiretroviral drugs are.
- ***Where there is substantial peer pressure.*** For example, research to determine attitudes about integrating family planning services into clinics for the prevention of mother-to-child transmission, where providers have sharply divided opinions.

Key informant interviews or in-depth interviews (IDIs)

Key informants are respondents who have special knowledge, status, or access to observations unavailable to a researcher, and who are willing to share their knowledge and skills. They are good at communicating with their peers, and their peers readily share information with them. Because key informants tend to be especially observant, reflective, and articulate, they are usually consulted more than once or regularly by the research team. Key informants' abilities to describe events and actions may or may not include analytical interpretation; they may simply describe things without offering their thoughts on meaning or significance.

Key informants may be stakeholders. For example, bartenders, sex workers, clients, or sex site managers might be good key informants regarding condom use in brothels.

Sometimes participants may overlap as key informants and as FGD or IDI subjects, but there are important differences. One is that key informants may be consulted several times on an ongoing basis, while FGD and IDI participants are usually interviewed only once. Continual consultation of key informants may show the researcher new research directions or new areas to explore. Key informants can also review materials that subsequently will be presented in FGDs and IDIs. They may also introduce researchers to community or target population members, acting as cultural intermediaries. They may help improve the quality and reliability of information by strengthening links between observation and information on one hand, and meaning and understanding on the other.

Interviews with key informants can be highly structured, using a pre-coded questionnaire, or they can be unstructured and open-ended. They might be based on a one-page list of well-thought-out topics, or on a set of questions without pre-coded answers.

Analysing field test results and preparing a report

A. Organize the notes from all the FGD sessions.

B. Review the individual FGD forms and data to determine/describe the following:

General adherence to the field test protocol

1. Description of the recruitment process and characteristics of the field test participants
2. Any issues related to the implementation of the field test that might affect the findings

C. Summarize the major findings for the major questions asked during the FDGs.

1. Emerging patterns and trends can be stated in the following way:
   - Most of the participants said _______
   - Some of the participants said _______
   - A few of the participants said _______

   (Note: Do not quantify FGD data by counting or creating percentages for the number of similar responses.)
2. General understanding of specific illustrations, text and/or layouts
3. General preference for specific illustrations, text and/or layouts
4. Include some participant quotes to support your findings

D. Write a report that summarizes all of the findings, including a general description of the field test and major findings related to each individual material. Key elements of the report should include:

1. General description of the field test:
   - Number of FGD and/or in-depth interviews conducted for each category of participant or audience
   - Location of each FGD or in-depth interview (city, clinic, home, etc.)
   - Length of time for each FGD or in-depth interview

2. Major findings including:
   - Key points from the data
   - Patterns (trends) in the data

3. Specific suggestions from participants for improving or clarifying illustrations or text of each individual materials

4. Specific suggestions/consensus from the field test team(s) related to improving or clarifying the materials based on what they learned in conducting the field test with different groups

Annex 10: Specifications for printing and photocopying

Note: Full colour is every page that has colour. Black and white pages are the acknowledgements page and any page that is added, like a foreword.

Community Counselling Cards*
Paper: 300 matt card, trim size 29.7cm x 21.cm (A4 size)
Pages: [add number of pages] (Note: The number of pages is always two times the number of cards (i.e. if there are 28 cards, there will be 52 pages)
Cards: [add number of pages]
Full colour pages 4/4: [add number of pages]
Black pages 4/0: [add number of pages]
Binding: Either a metal or plastic spiral binding technique can be used, or a single metal ring can be placed through holes punched in the upper left corner of each card

Counsellor's Book Part 1: Key Practices
[add number of pages] pages plus cover
Book size: 29.7cm x 21.6 cm (A4 size)
Cover: 300 matt card with soft lamination, full colour
Inside: 130 matt, full colour
Binding: A saddle stitch binding is recommended

Counsellor's Book Part 2: Technical Notes
[add number of pages] pages plus cover
Book size: 29.7cm x 21.6 cm (A4 size)
Cover: 300 matt card with soft lamination, full colour
Inside: 130 matt, full colour
Binding: A saddle stitch binding is recommended

Training Aids
[add number of pages] pages plus cover
Book size: 29.7cm x 21.6 cm (A4 size)
Cover: 300 matt card with soft lamination, full colour
Inside: 300 matt, full colour
Binding: Binding is not necessary or required. Training Aids will be cut after printing. Lamination: If lamination of individual training aids is possible, 130 matt paper can be used instead of 300 matt.

Community Training Facilitator Guide
[add number of pages] pages plus cover
Book size: 29.7cm x 21.6 cm (A4 size)
Cover: 300 matt card with soft lamination, full colour
Inside: 130 matt, black ink on white paper
Binding: Discuss options and prices with printer

Planning and Adaptation Guide
(Note: given the limited number that would be needed by a country planning/review team, this document could be printed from a computer and/or photocopied for team members.)
[add number of pages] pages plus cover
Book size: 29.7cm x 21.6 cm (A4 size)
Cover: 300 matt card with soft lamination, full colour
Inside: 130 matt, full colour

Binding: Discuss options and prices with printer.

*Photocopies: If black and white photocopies of the assessment tools or other materials containing illustrations or graphics (covers, training aids, community training facilitator guide or participant materials) are needed for field testing or for temporary use during training or by community workers, it is best to identify a photocopy machine that has a “grayscale” or “photograph” setting. Care should be taken to experiment with the setting options, especially the contract setting, in order to identify the best setting for obtaining clear “grayscale” black and white images. If this step is not taken, the photocopies often have too much contrast and will not be easy to understand or appreciate.