

# MODULE III

## DESIGN OF THE INTERVENTION PLAN

### PURPOSE

Often, the effort invested during the diagnostic stage of a project is not carried into the next stages. This is due, in part, to the numerous manuals that stop at this stage without explaining how to develop an intervention plan (see Glossary) from the information collected. Module III will help the team to review the information collected and analyzed during the assessment in Module I and the *Test of Recommendation and Recipe Creation Exercise* in Module II and use it to develop an intervention plan. The intervention plan should address the food and nutrition problems in the diets of children less than 24 months of age identified during the assessment. It should describe the most adequate intervention to help relieve these problems taking into consideration the existing barriers and facilitators at the familiar, community and institutional level.

This module defines a nutrition and feeding intervention as a set of multiple strategies planned and designed to: a) change the feeding behaviors in a section of the population (for example, a group of mothers<sup>1</sup> of children less than 24 months of age), b) modify the factors that influence these behaviors, and c) promote the recommendations that have been selected with the application of modules I and II.

The food and nutrition intervention to be implemented should be developed by an interdisciplinary team. Often during the implementation of this intervention, the team will need to return to the intervention plan to keep the intervention on course. Sometimes during the implementation, critical factors used in determining the content of the intervention (like the reasons why certain decisions were made, why specific objectives were established or why particular contents were included) become obscured and the intervention design is changed without thorough consideration. The team should be confident that the findings from Modules I and II provided a solid basis for the design of the intervention and that the intervention plan cannot be changed on a whim.

---

<sup>1</sup> The vast majority of young children are likely to be cared by their mothers. However, we used “mother” throughout *ProPAN* to denote mothers and other caregivers.

## PRODUCT

When the application of Module III has been finished, the team will have:

- ◆ A general plan to carry out a food and nutrition intervention for children less than 24 months of age. This plan includes objectives, strategies, material, and implementation.

The research team may decide to hire an outside expert with experience in social marketing and communications to help with some specific components of the intervention plan. This will depend on the expertise and experience of the research team, and on the type of intervention to be designed.

## STEPS

To develop an intervention plan, the steps below should be followed:

- ◆ Review of the main results of the research carried out in Modules I and II. The detailed reports and summary matrices developed previously should be particularly helpful.
- ◆ Listing of all the possible strategies that could be used to promote selected behavior changes.
- ◆ Selection of the strategies that the program will be able to implement with the material and human resources available.
- ◆ For each strategy, design of a detailed list of the activities to be carried out.

## DEVELOPMENT

### Step 1. Review of research results

Before applying Module III, it is useful to complete a matrix like the one found in Form III-1 (see example in Table III-1), synthesizing the findings of the research carried out in Modules I and II. For each one of the recommended practices or selected recommendations obtained at the end of Module II, the following should be reviewed and discussed:

- ◆ The selected recommendations (see matrix in Form II-4, Module II).
- ◆ The resources necessary to practice the recommendations.
- ◆ The different barriers to practicing the recommendations.

- ◆ The actual or potential factors that facilitate practicing the recommendations.
- ◆ The implications of the findings for an intervention strategy, i.e. how the team thinks the practices can be changed and how to modify the factors that impede practicing the recommendations.

This exercise should be a synthesis of the previous research (Modules I and II), which should include a discussion of the resources necessary for the mothers to carry out the recommendations, the barriers or obstacles to adopting these recommendations, the facilitating factors, the implications for the intervention strategies, and the lessons learned informally during the entire research process (Dickin *et al.*, 1997). Moreover, after studying and analyzing the behaviors in a detailed or “micro” manner, the team should reflect on the implications for the intervention strategies in a more “macro” manner, considering the social and institutional environment.

The following example is taken from a project in Peru. The matrix was completed by an interdisciplinary team and members of the community by “brainstorming”. With the aim of keeping the intervention strategies realistic, the research results were made known and available to everyone present.

**Table III-1. Example of a completed matrix for the research summary \***

Recommendation	Necessary resources	Barriers	Facilitators	Implications for the intervention
Offer animal source foods (particularly those rich in iron, such as chicken liver or “blood sausage”) at least once a day, every day, to your 6 to 24 months old child	<ul style="list-style-type: none"> <li>• Time for the mother to buy, prepare, and serve the food</li> <li>• Money available to buy iron-rich foods</li> <li>• Availability of the foods in the market</li> </ul>	<ul style="list-style-type: none"> <li>• Elevated cost of “blood sausage”</li> <li>• Children do not like chicken liver or “blood sausage”</li> <li>• Mothers think that “blood sausage” should not be given to children</li> <li>• Children eat at “community kitchens” (<i>comedores populares</i>) once a day and “blood sausage” or chicken liver is never served there</li> </ul>	<ul style="list-style-type: none"> <li>• It is easy to find “blood sausage” or chicken liver in the markets that mothers visit</li> <li>• Mothers think that “blood sausage” and chicken liver are very nutritious</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the nutritive value of foods with “blood sausage” and chicken liver and teach mothers how to prepare them for young children.</li> <li>• Work with private industry to decrease the cost of “blood sausage” and chicken liver</li> <li>• Encourage “community kitchens” to incorporate some food preparations with “blood sausage” or chicken liver into their menu</li> <li>• Train personnel working at “community kitchens”</li> </ul>

\* From Peru

## Step 2. Listing of possible intervention strategies

As can be observed in the previous matrix, a great spectrum of potential strategies can be identified to promote recommendations. Examples of strategies commonly adopted are listed below:

- ◆ Training: Providing training in “community kitchens” and/or child care centers to health care personnel and/or community health workers.
- ◆ Development of health services norms: Development of norms to improve the quality of care in the health services, particularly the quality of counseling in terms of both its technical content, and personal communication and interaction.
- ◆ Development of a nutrition and feeding communications plan to improve young child feeding: Development of a communications plan which includes demonstration or modeling of skills, which is fundamental in preparing recipes. This plan would be directed to mothers of young children as well as to other family members, such as fathers and grandmothers.
- ◆ Promotion of community participation for problem analysis, planning, monitoring and evaluation.
- ◆ Coordination with strategic allies: Coordinating with allies such as food producers and non-governmental institutions implementing similar projects.

In addition to the options identified previously, additional options to be considered are:

- ◆ Advocacy on child nutrition issues.
- ◆ Legislation or creation of laws to strengthen and protect the food and nutrition of young children.
- ◆ Reorientation of food aid programs to focus on the prevention of malnutrition on children 6-24 months of age.

Only the first five intervention strategies will be discussed in this module.

## Step 3. Selection of intervention strategies

Again, based on the information collected, the team will have to decide the best strategies to be developed and which could be carried out by the program or project with the financial and human resources available. The team should also discuss which strategies families would not have much control over and which ones would involve the family participation.

Even if the research findings of Modules I and II are considered complete, it is possible that additional quick research may be needed to develop some of the selected strategies. For example, in a project in Guatemala (Rivera et al., 1998), where it was decided to include school-aged children as one of the audiences of the feeding messages because of their important and active role in the care of younger children, it was necessary to also survey the schools.

## Step 4. Design of the intervention plan

For each intervention strategy that will be implemented, a detailed intervention plan should be developed. Examples of strategies commonly used and the activities involved in each one are described below. (These are not inclusive and the team may decide for strategies not listed here.)

### 4.1. Training

Almost all of the interventions will include a training component because often the successful implementation of an intervention plan requires the cooperation of groups, organizations or institutions that support the promotion of the recommended practices. In the case of a communication intervention on child feeding, it will be necessary to train the groups that are the sources of information on the selected topic. For example, the team should consider training health care personnel working on children's health, health promotion volunteers working at the community level, personnel from "community kitchens", and personnel from non-government organizations (NGOs) working on similar projects.

A plan to revise health and nutrition norms at Ministry level requires also training of health personnel on the implications of the revisions for the delivery of health services.

Training involves the following activities:

- ◆ Identification of the training audience(s)
- ◆ Definition of the training objectives
- ◆ Development of the educational content
- ◆ Definition of the methodology to be used in training
- ◆ Development of training materials
- ◆ Identification of trainers
- ◆ Development of a timeline
- ◆ Estimation of the duration of training sessions
- ◆ Development of an evaluation instrument
- ◆ Budget estimation

#### 4.1.1. IDENTIFICATION OF TRAINING AUDIENCES

Considering the information in Modules I and II about sources of feeding advice, the team can decide who should receive training. For example, if mothers consult health personnel, the latter is a training audience (i.e., the health personnel should receive training). If the midwives are an important health resource in the intervention communities and the mothers consult them regarding child feeding, they too will be a training audience.

On the other hand, it is necessary to know the characteristics of the audiences to which the training will be targeted. For example, if health promotion volunteers will be trained, it is important to know their education levels or if they have received any previous training on child feeding, in order to adapt the content and the training methodology to this level of knowledge and experience. If necessary, this information should be collected before planning the training.

It is also important to determine logistical details, as, for example, the most adequate time to hold training sessions so the target population can come around daily activities or other scheduled events. Another important consideration is the number of people who will be trained. Generally, to obtain the best results, the training should be done with groups of 20 people or less.

#### 4.1.2. DEFINITION OF THE TRAINING OBJECTIVES

It is very important to be clear on what is expected of the participants at the end of the training sessions. Thus, it is useful to complete a matrix like the one shown below for each activity that the participants are expected to perform after the training. The matrix includes knowledge, skills, and attitudes required to carry out each activity.

For example, if health promotion volunteers are to be trained on how to show mothers in the community to prepare new thicker-consistency recipes, the matrix to be used would be similar to the one in Table III-2 (Form III-2).

**Table III-2. Example of a matrix to aid in the definition of the objectives of a training session.**

Activity	Knowledge	Skills	Attitudes
Show mothers in the community how to prepare new thicker-consistency recipes	<ul style="list-style-type: none"> <li>Importance of thick-consistency foods</li> <li>New recipes (ingredients and preparation)</li> </ul>	<ul style="list-style-type: none"> <li>Prepare the recipes</li> <li>Teach mothers how to prepare recipes</li> </ul>	<ul style="list-style-type: none"> <li>They like the recipes</li> <li>Are motivated to promote the use of the recipes</li> </ul>

Based on the completed matrices for each activity, the specific objectives of the training should be defined. In the case of the example given above, the specific objectives of the training would be:

At the end of the training, the health promotion volunteers should be able to:

- ◆ *Counsel about the importance of diets of thicker consistency for children between the ages of 6 and 24 months.*

- ◆ *Describe the new recipes for thick-consistency foods for children 6-24 months of age (ingredients and preparation).*
- ◆ *Correctly and easily prepare the recipes to be promoted.*
- ◆ *Teach the recipes to other mothers.*
- ◆ *Show favorable attitudes toward the recipes and their promotion.*

It is important to define the objectives precisely because the training will be developed and evaluated based on them. Later in the intervention, these objectives will also be useful for monitoring the program activities.

#### **4.1.3. DEVELOPMENT OF THE EDUCATIONAL CONTENT**

Once the objectives are defined and considering the matrix described above, the specific contents of the training may be developed. It is possible that the topics to be developed will be obvious, but these should be linked to the knowledge and skills expected to be acquired by the end of the training session. In any event, the content has to be in accordance with the knowledge and experiences that the audience to be trained has previously had. The content should include the technical aspects of the recommendations to be promoted as well as the communication skills necessary to transmit the recommendations to the mothers.

An important part of training is the presentation of the research results, since they form the basis and justification for the intervention that will be implemented.

#### **4.1.4. DEFINITION OF THE METHODOLOGY TO BE USED IN TRAINING**

It is important to use adult education principles and participatory techniques, especially when training adults. When training on how to communicate with other people, as in the example where health promotion volunteers are asked to show the preparation of the recipes to mothers, the methodology used to train should be the same that the health promotion volunteers are expected to use. Thus, it will be necessary to show the preparation of the recipes to health promotion volunteers in the same way that these volunteers are expected to show to mothers. The training may include practice sessions where the volunteers show mothers how to prepare the recipes.

#### **4.1.5 DEVELOPMENT OF TRAINING MATERIALS**

Once the methodology to be used has been defined, the training materials should be developed. These may include slides, transparencies, counseling cards, flip charts and brochures. In addition, it should include food items and utensils to be used in the preparation of the recipes. In many cases, it is useful to reproduce and distribute the materials among the participants so they can use them as reminders of the main activities and messages. When the training audiences are expected to use certain materials during their activities, these should be available for the training sessions. The audiences should be trained to use them correctly and easily.

#### **4.1.6. IDENTIFICATION OF TRAINERS**

The trainers should have knowledge of both training techniques and the training topic (if possible, they should have participated in the Modules I and II research). The number of trainers depends on the number of persons who will be trained and the training methodology that will be used.

#### **4.1.7 DEVELOPMENT OF A TIMELINE**

The time it takes to plan the training, produce the materials, and evaluate the training, as well as the duration of the training sessions, should be considered when developing a timeline. It is also necessary to consider how the training fits in with the rest of the intervention activities.

#### **4.1.8 ESTIMATION OF THE DURATION OF THE TRAINING SESSIONS**

The time that each training session will take should be estimated. A matrix to summarize the planning of the training session can be found in Form III-3.

#### **4.1.9 DEVELOPMENT OF AN EVALUATION INSTRUMENT**

As stated before, the subject of monitoring and evaluation will be described in more detail in Module IV. Nonetheless, it is important to note that an instrument should be developed to test the knowledge and skills of the persons being trained, which should be applied before and after each training session. In addition to knowledge and skills, the evaluation instrument should include information on whether or not the objectives were met, and comments about the methodological, administrative and logistical aspects.

#### **4.1.10 BUDGET ESTIMATION**

All intervention plans should include a budget that considers the expenses estimated for each of the plan activities. For the training sessions, the budget items include materials and other resources needed for the training, salary of the trainers and rent of the site where the training sessions will take place. Sometimes, per diems for the trainees or travel expenses are also included.

### **4.2 Development of health services norms**

The Ministry of Health is the normative agent for health programs in the country. Therefore, all health and/or nutrition projects or programs should be coordinated at the Ministry level in order to count with the support and credibility of health authorities. It is recommended that the team shares the process and the results of the research with personnel from the Ministry of Health. It is also desirable that a representative from the Ministry be invited to participate in the selection of the intervention strategies to eventually incorporate them into the norms and activities of the Ministry.

All the child feeding recommendations that will be promoted should be discussed, negotiated, and agreed upon with the Ministry of Health. The dissemination of messages and the behavior change in the popula-

tion will be easier to achieve if personnel from the Ministry also participate. Moreover, in terms of sustainability of the programs and their achievements, the participation of a permanent institution, such as the Ministry of Health, and its personnel is crucial.

When the Ministry of Health personnel offers advice, it is usually well received by the community. If the implementation of this manual is not being done by the Ministry of Health, it will be necessary to involve the Ministry in the implementation process, especially in the dissemination of the messages and the use of educational materials in health clinics. This usually involves training of Ministry personnel, not only on the technical aspects of the intervention recommendations, but also on the revision of their own protocols and procedures to improve the quality of counseling about child nutrition and feeding.

The great variety and even contradictory nature of the messages given to communities regarding nutrition and child feeding are problems observed in many countries. The incorporation of personnel from the Ministry at all levels of the intervention allows for increased coordination and standardization of the messages. In addition, it reinforces the promotion of the recommendations by disseminating them through different sources of information.

The development of health services norms involves both coordination at the central and coordination at the local level:

#### 4.2.1 COORDINATION AT THE CENTRAL LEVEL:

- ◆ With the Ministry of Health regarding norms and/or recommendations, and messages about the recommendations to be promoted.
- ◆ With different programs within the Ministry of Health, such as for example, Food and Nutrition Security Program, and Baby Friendly Hospital Initiative).
- ◆ With other Ministries (notably, Agriculture, Economics and Education).

#### 4.2.2 COORDINATION AT THE LOCAL LEVEL:

- ◆ Dissemination and discussion of the information obtained with the assessment (Modules I and II) with the community to involve it in a solution plan.
- ◆ Inclusion of the belief/acknowledgment that infant nutrition is a central part of good health in all the well-baby and sick-baby visits in health centers.
- ◆ Integration of nutrition personnel (where applicable) trained in pediatrics, growth and development.
- ◆ Selection of a few messages about the recommended practices that institutional health personnel will know and disseminate.
- ◆ Standardization of key messages regarding the recommended child nutrition and feeding practices among different counselors in health centers.
- ◆ Implementation of appropriate counseling techniques and good communication skills, such as listening to the mother, congratulating her and asking questions to verify her comprehension.

- ◆ Development and use of educational materials that facilitate counseling.
- ◆ Distribution of materials to mothers and care-givers of small children as well as other family members.
- ◆ Use of recipe preparation demonstrations for mothers of small children at the individual and group levels.
- ◆ Inclusion of community extension personnel (such as volunteers, health promoters, midwives, managers of “community kitchens” and pharmacy personnel) in interventions to improve child nutrition and feeding, with support from the Ministry personnel.

### **4.3 Development of a nutrition and feeding communications plan to improve young child feeding**

Health communications strategies, also known as strategies of information, education, and communication (IEC) or behavior change communication, in feeding and nutrition are the central axis in all the interventions involving changes in behavior and adaptation of recommendations. The plans for IEC generally try to integrate different intervention strategies that require a communications component.

To develop a communications plan, the team will have to carry out the following activities.

- ◆ Definition of the nutrition and feeding problems (results from Modules I and II).
- ◆ Identification of the target audiences.
- ◆ Selection of recommended practices (results from Modules I and II).
- ◆ Definition of communications objectives.
- ◆ Identification of communications channels.
- ◆ Development of creative messages and strategies.
- ◆ Development, testing, and production of materials.
- ◆ Development of an implementation plan.
- ◆ Development of a monitoring plan.
- ◆ Development of an evaluation plan.
- ◆ Budget estimation.

A description of each one follows.

#### **4.3.1. DEFINITION OF NUTRITION AND FEEDING PROBLEMS (RESULTS FROM MODULES I AND II)**

The plan should summarize the nutrition and feeding problems of young children detected from the research carried out using Modules I and II.

### 4.3.2. IDENTIFICATION OF THE TARGET AUDIENCES

The *primary, secondary and tertiary audiences* should be defined based on the General Survey and field work experience. It is important to remember that in children's nutrition and feeding, the mothers and caregivers are the primary audience -- although it is the child who will benefit most from the changes in practices, it is the mother and caregiver who have to implement the changes.

The *segmentation of the audiences* tries to define, within the primary audience, the different existing segments or groups that will be influenced by the intervention (see Glossary). The different segments have different concerns, interests, and practices, thus requiring different strategies and communication messages. The segments of the primary audience should be described and quantified. This will help in the design of the communications materials and in defining the number of materials to be produced.

Examples of the different segments of the primary audience are: :

- ◆ Mothers with children 0-5.9 months of age.
- ◆ Mothers with children 6-8.9 months of age.
- ◆ Mothers with children 9-11.9 months of age.
- ◆ Mothers with children 12-23.9 months of age.
- ◆ Mothers who consume at or buy meals from “community kitchens”.
- ◆ Mothers who work outside the home.

Other segments may be identified according to geography (region of the country, urban or rural area), demographics (ethnic groups) or socioeconomic level.

### 4.3.3. SELECTION OF RECOMMENDED PRACTICES (RESULTS FROM MODULES I AND II)

The selected recommended practices, their steps and resources necessary to adopt them, as well as their facilitators and perceived positive consequences, should be described in the plan. The recommended practices specific to each different audience segment should be described. This information should come from the data analysis conducted in Modules I and II

### 4.3.4. DEFINITION OF COMMUNICATIONS OBJECTIVES

The communications objectives usually refer to the:

- ◆ Coverage or exposure of the different audiences to the intervention activities and materials.
- ◆ Increase in knowledge of the different audiences about the main child feeding messages.
- ◆ Compliance (at least one time) with the recommended child feeding practices.
- ◆ Adoption, in the most sustainable way, of the recommended child feeding practices.

The evaluation of communication interventions is based on their coverage and on the change of knowledge and behaviors in the primary audience. Generally, the objectives do not include changes in the nutritional status of children less than 24 months of age (measured anthropometrically).

#### **4.3.5. IDENTIFICATION OF COMMUNICATION CHANNELS**

The decisions taken in the previous steps and the information collected in Module I (particularly in the *General Survey*) will guide the team in the selection of the communication channels most adequate to reach the mothers and care-givers of young children and other audiences. The communications plan should consider the main communication channels (radio, television, and newspapers) and graphic materials (posters, flyers, billboards, etc.), as well as less formal communication channels such as interpersonal contacts with health personnel, community volunteers and mothers who practice the recommended behaviors. In addition, alternate communication channels such as community theatre and the oral tradition of some communities should also be considered. The decisions should be based on the reach of each channel and its cost.

#### **4.3.6. DEVELOPMENT OF CREATIVE MESSAGES AND STRATEGIES**

The creative messages should be related to both the recommended practices and the communications objectives. These messages describe what will be said to the different audience segments regarding the recommended practices, using words and phrases expressed by the audiences and documented during the research. The messages establish common subjects that give coherence to the different aspects of each practice. For example, if an objective is that “a greater percentage of mothers help their children less than 24 months to eat,” an integrative message could be “feed your child with patience, love, and good humor”.

The messages should include the main benefit that the mothers and children will obtain when carrying out the recommended practices. For example, if an objective is that “a greater percentage of children between 12 and 24 months of age eat healthy snacks” and the investigation found that mothers associate a healthy child to a child who grows well and is happy, a possible message for the mothers could be “giving fruit instead of sweets for snacks will help your child grow happy”.

Creative strategies consider communications phases, since not all the messages can be disseminated simultaneously. The team should decide which objectives are most important and which are complementary and, based on this, arrange the messages in phases. For example, a program in Guatemala (Rivera et al., 1998) was developed in three phases, each one lasting four months. During phase 1, the basic messages about increasing the feeding frequency of children were introduced. Phase 2 introduced messages for special cases, such as when the child is sick or convalescent, and also messages directed to fathers. Phase 3 was used to reinforce the previous messages.

When developing the IEC plans, it is useful to carry out a *market analysis*, a technique used by the commercial market to understand and evaluate a product in relation to its competitors (see Glossary). In health and nutrition interventions, the “product” is usually a series of recommended practices or, in the case of **ProPAN**, the recommended feeding practices for children less than two years of age. Through market analysis, the “four P’s” of a product are analyzed: price, promise (or main benefit), position (or place of the product in the minds of the audience), and promotion.

#### 4.3.7. DEVELOPMENT, TESTING AND PRODUCTION OF MATERIALS

The team should consider which materials will best adapt to the target audiences, communications channels selected and specific messages. From Module I, the research team will have an idea about materials that are used by other organizations and how they could be adapted for this type of intervention. New materials will also likely to be developed.

Materials that can be developed include brief radio messages and other recorded messages, posters for health centers and similar places, flip charts for group meetings, decision trees for individual counseling, pamphlets with the main child feeding recommendations listed by child's age, and recipes to be distributed during the demonstration of recipe preparations. Instructions on how to use each material correctly or user guides should be prepared for training.

All the materials and messages should be tested before being reproduced in their final form, since the testing of materials and messages is crucial for their effectiveness. They should be tested with a sample of the intended audience for comprehension and cultural appropriateness. Testing should include alternatives and a second test after modifications have been made. The team should develop protocols for testing each material.

The production of materials should be based on the estimated number of people in the primary, secondary, and tertiary audiences and these numbers should be specified in the communications plan.

#### 4.3.8. DEVELOPMENT OF AN IMPLEMENTATION PLAN

In this section of the plan the team should consider how the intervention will be implemented in the context of existing nutrition and feeding programs of the Ministry of Health and other organizations. In the same way, the team should consider the way in which the messages and materials will be distributed to the different communications channels, and the training necessary for the personnel involved (see training).

The implementation section should include a list of all the activities that will be developed and when (for example, using a timeline). Project implementation should take place when the plan has been completely developed.

#### 4.3.9. DEVELOPMENT OF MONITORING PLAN

The monitoring and evaluation activities of the intervention are described in Module IV. It is important to have mechanisms to assess the implementation progress and identify potential problems in order to be able to improve the project during its implementation. The project components should be analyzed and revised periodically, if needed. Moreover, it is important to monitor the coverage, that is, the exposure of the audience to the intervention messages and materials, as well as the audience's reactions to the project. In addition, the distribution of materials and messages, and the administration of the project should be monitored.

#### 4.3.10. DEVELOPMENT OF AN EVALUATION PLAN

The project should have an evaluation plan based on its objectives related to changes in knowledge and behavior of the audiences. The evaluation should be designed to provide information about the implementation process, the reasons why the intervention worked or failed and the lessons learned.

#### **4.3.11. BUDGET ESTIMATION**

All intervention plans should include a detailed budget.

### **4.4 Promotion of community participation**

Community participation is a very valuable process. It reinforces the population's capacity to modify and intervene in factors that influence its health and nutrition. Community members have the right to participate individually or collectively in the planning and implementation of health and nutrition programs that will affect them.

There are different ways of involving the community. In Peru, for example, where one recommendation was giving "blood sausage" to young children, it was found that the incorporation by "community kitchens" of a preparation with "blood sausage" in their menu once a week encouraged community participation (Creed-Kanashiro *et al.*, 1998).

In some instances, community participation will be difficult or even nearly impossible to achieve. In other cases, it may not be necessary to include community participation, for example, the development of Ministry of Health norms or protocols is basically a negotiation among Ministry authorities and health professionals and does not require community participation.

Ways of promoting community participation include:

#### **4.4.1. COMMUNITY ASSEMBLIES**

Community assemblies have proven to be the most common and important method to involve the community and they have been used to learn the needs of the community and propose solutions. Assemblies have also been used for the dissemination of results of the research and the selection of community health workers who could be trained for an intervention.

#### **4.4.2. COMMUNITY MOBILIZATION**

In addition to community assemblies, community mobilization has been used to reach specific goals as, for example, the building of a center for health and nutrition related activities. The formation of community groups with similar interests, such as mothers' clubs, breastfeeding and child feeding support groups, and community banks to improve mothers' income, have also been encouraged.

#### **4.4.3. COMMUNITY REPRESENTATIVES**

Some projects have invited community representatives to participate in research and in planning of the intervention. Community representatives can help to gather background, exploratory or confirmatory information for the project. They can also facilitate entry into the community and help recruiting program participants or volunteers.

Each project should define the expected degree of community participation, the ways in which the community may participate and when community participation is particularly important.

Most community participation methodologies follow phases such as:

- a) Organization of the community:
  - Recognition of a problem
  - Identification and involvement of leaders/health committees
- b) Assessment/analysis:
  - Self or participatory assessment
  - Analysis of problems found
- c) Plan of action:
  - Vision of the future
  - Selection of feasible solutions
  - Development of action plan (dates, activities, and people responsible)
- d) Implementation and monitoring:
  - Implementation of activities described in action plan
  - Participatory monitoring and evaluation

The methodology for involving the community should be described in a detailed plan.

## 4.5 Coordination with strategic allies

Barriers beyond the scope of intervention activities may be encountered, impeding the practice or adoption of the recommendations that are promoted. One example of this is the lack of accessibility to iron and vitamin A-rich foods. In cases like this, it may be useful to coordinate with other groups or organizations that may somehow contribute to lessen the barriers. These groups are called strategic allies because although they do not necessarily promote the recommended practices, they will help to improve the chances of their adoption.

The activities to be carried out when coordinating with strategic allies are:

- ◆ Identifying groups/organizations that could diminish or eliminate barriers to adoption of the recommendations (such as industry, non-governmental organizations, “community kitchens”, and farmers).
- ◆ Establishing contact with them.
- ◆ Preparing advocacy documents with a detailed explanation of the problem, a description of other intervention strategies, and what is asked of the strategic ally.
- ◆ Scheduling a meeting to present and discuss the proposal.

## REFERENCES

Creed-Kanashiro H, Villasante R, Uribe T, Penny M (1998) Prototype Manual for the Determination of Educational Dietary Recommendations to Improve Dietary Intake of Vitamin A and Iron. Lima, Peru: Instituto de Investigación Nutricional.

Dickin K, Griffiths M, Piwoz E (1997) Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding. Washington, DC: Academy for Educational Development/The Manoff Group.

Rivera Dommarco J, Santizo MC, Hurtado E (1998) Diseño y Evaluación de un Programa Educativo para Mejorar Las Prácticas de Alimentación en Niños de 6 a 24 Meses de Edad en Comunidades Rurales de Guatemala. Washington, DC: Pan American Health Organization.