

## TOOL # 11: COMMUNITY ENGAGEMENT WITH MOTHERS AND GRANDMOTHERS

Under-nutrition makes children prone to infections and may affect their growth and development, leading to death in extreme cases. According to a recent national survey, 4 out of 10 children in Rajasthan and 5 out of 10 children in Banswara are suffering from under-nutrition. Under nutrition can be attributed to two main causes, poor infant and young child feeding and infection among children. Data also shows that, in Banswara, only 1 per 100 children between 6 and 24 months receive an adequate diet. The rates of early initiation of breast feeding and exclusive breastfeeding (breastfeeding and giving nothing else) are also very low.

Our study was conducted in Ghatol and Kushalgarh blocks of Banswara including your village to understand the factors associated with infant and young child feeding and childhood infections. The next step in the study is to develop interventions that may address some of those factors. For an intervention to be effective in your community it is essential to understand your views about the possible solutions. While the role of the mother is central to childcare, community and educational spaces are also vital. For example, schools serve as places where people can gather, and teachers have a large influence in shaping the opinion of the community on factors which contribute to the child development. Hence, we request you to kindly share your views and suggestions on the following issues that will help us in designing appropriate interventions for your village. For each question, we would particularly like you to think about the potential role of the school. This approach may seem unusual, but there are many places where schools now run programs for the wider community, with school children closely involved in improving community health.

Before we get into the details, we would like to know what you think about the **role of mothers and grandmothers** in improving infant health. These improvements could be brought on by improving the food given to children, improving methods of feeding and reducing the risk of infection for children through improved sanitation.

If we wanted to improve the knowledge and awareness in mothers or grandmothers and improve their skills to be able to feed their child and reduce the risk of infection through handwashing in the house and using toilets, how could we do this?

1. What would be the best way of reaching mothers/grandmothers with an awareness campaign?
  - a. Through TV, radio, posters, using mobile phones, through schools and teachers at parent education days, school or community fairs, through artwork?
2. If we wanted to educate mothers/grandmothers about the importance how should we do this?
  - a. One to one or in groups?
  - b. Where? Either at home, at schools, in other community venues or religious places?
  - c. How should we reach them (*eg. using demonstrations, videos, pictures*)?
3. We are really interested in knowing if we can use schools to educate and raise awareness of how to improve the feeding of young children.
  - a. What activities could be done in the school grounds (*eg. film night, educations sessions, cooking lessons*)?
4. What role could the teachers have in this?
5. How could the siblings be involved (*eg. bringing home education information, having a kitchen garden at school*)?
6. If schools were used as part of the solution, when could the activities be done (*eg. at same time as the educational days*)?

7. Who would be best to deliver the education (*community leaders, parents, angawadi workers, and teachers*)?
8. Is there any other way schools and community could be brought together to improve the feeding of young infants (*eg. schools being a venue for a communal kitchen to prepare food for young infants*)?

#### **A. Initiation of Breast feeding within one hour of child birth:**

We found that many women do not start breastfeeding their babies within 1 hour of birth, even when they deliver at the hospital. Starting to breastfeed within first hour has been recommended because first milk of the mother is very crucial for the child's health. We were told that the delay may occur if the mother does not start producing milk right away and may be delayed by two days.

- There may be some mothers who do not feed because of the lack of awareness about importance of breastfeeding or due to beliefs about mother's first milk. Please can you tell us:
  - At the moment how are mothers encouraged to feed their child with the first milk?
  - What messages are given at the moment and who gives these messages?
  - Is the mother taught about why the milk is important for her baby or is she just told to follow the recommendations?
- We know some mothers are not giving first milk despite these messages and teachings. What do you think we could do differently?
  - Who would be the best people in the community to educate the mothers or raise awareness on this issue (*fellow mothers, grandmothers, health care providers, ASHA workers*)?
  - What methods do you think would work best to reach the mothers? You can suggest more than one. For example, face to face, in groups, by themselves, using film or radio or pictures?
  - What is the best place for this outreach (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, and religious place*)?
  - Who else in the family do you think should be included in this education and awareness approach (*fathers, grandmothers, siblings*)?
  - What is the best way to do this?
  - What mediums or tools should be utilized to raise awareness/education about initiation of breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, other community members*)?
- While most childbirths take place in hospitals where they are advised to start breastfeeding immediately after the birth, sometimes women also deliver at home. In this case the chances of not starting breastfeeding within 1 hour of birth are high.
  - If mother delivers at home, who teaches her or helps her to breast feed in the first hour?
  - We know that this approach does not always work, so what do you think are the difficulties with this approach?
  - Who do you think would be the best person to educate mothers about how important this is (*fellow mothers, grandmothers, health care providers, ASHA workers*)?
  - What is the best way for them to get this message across?
  - What is the best place for this outreach (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting*)?
- Sometimes the mothers know what to do but have difficulty doing it, do you have any thoughts on how these mothers can be supported?

- Who would be the best people to give mothers support (*fellow mothers, fathers, siblings, older children, grandmothers, health care providers, ASHA workers*)?
- What types of support can these individuals provide?

**B. Exclusive Breast feeding till 6 months of the child:**

1. It was reported that some children are given water in addition to breast milk when they are under 6 months of age. This happened mostly during summer months. However, it is advised that children under 6 months should not be given anything apart from breast milk.
  - a. Do you think mothers have awareness about exclusive breastfeeding?
  - b. Do you think mothers understand the importance of exclusive breastfeeding for their child?
  - c. Should mothers be informed about exclusive breastfeeding in groups or one-to-one?
  - d. Who should share this information with them (*fellow mothers, grandmothers, health care providers, ASHA workers, teachers, community leaders*)?
  - e. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious places*)?
  - f. What mediums or tools should be utilized to raise awareness/education about exclusive breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, other community members*)?
2. To help with the child's growth and brain development, it is recommended that the child should not be given anything apart from mother's milk until they complete 6 months. It was also reported that some mothers have to start working in the agricultural field 3-4 months after childbirth. We understand this may be unavoidable. However, it is also recommended that the baby is given breast milk frequently, which may not be possible if the mother is not in the home.
  - a. Can you think of any way mothers could be supported to be able to stay at home with their babies longer?
  - b. Do you know of any sort of schemes that are in place to support mothers to do this?
    - i. If yes what is the experience?
      - i. How can the scheme be improved?
    - ii. If no, what are your views about the role of such a scheme?
      - i. What should be the approximate amount of money that would motivate mothers not to resume agricultural or other works outside the home?
  - c. Can you think of any sort of scheme that could work?
  - d. Can you describe how this might work?
  - e. If the mother has to go out, is there any other way that she can make sure her baby only gets breast milk while she is gone?

*Prompt: If the mother has to go to the fields is it possible for her milk to be expressed (pressed out) and stored for the baby?*

- f. Are there any such examples in this village of your recommendations?
- g. If not, what do you think the barrier is to this?
 

*Prompt: not knowing about the importance of breast feeding or how to press out milk for later use, time, or not having the tools to do this (eg. fridge or containers to store the milk).*

### C. Complementary Feeding after 6 months of the child

1. When we spoke to mothers, we realized that many of the children were not receiving enough food or the right type of food at the right age. For example, some children are being given a piece of roti and only when they show hunger. In some households, there is no separate preparation of food specifically for children. Furthermore, it is recommended that children should be given semi solid food at least 3 times a day after 6 months of age, but this rarely happens.

- What factors prevent mothers from feeding their children the correct foods for their age (*lack of awareness about children's nutrition requirements, lack of education, lack of cooking skills, lack of time, lack of resources*)?
- How do mothers learn about the best way to feed their children for their age?
- How do you think we could help mothers to do this better?

*Prompt: Do they need help with teaching them what to do, do they need help with how to make the meals or how do you think they could get the foods they need for the child?*

- Who else helps/ could help mothers (*fathers, grandmothers, grandfathers, siblings, older children*)?
- If we were to create an education program to teach mothers and family members about how to feed young children:
  - i. Where should we provide this teaching (*schools, in the home, community centre, anganwadi centre, religious places*)?
  - ii. When during the day or week?
  - iii. Who should deliver it? Who would the mothers and families listen to most and be happy with them teaching them (*teachers, community members, health workers, ASHA workers, family members*)?
- Are there any existing schemes that would help provide age appropriate food for children?

*Prompt: children receiving meals in a place in the community, like the mid-day meals scheme.*

3. As a child gets older sometimes the time devoted to childcare decreases with the age of the child. Although it is important that as the child grows, complementary feeds should increase both by quality and quantity which requires that the care giver needs to spend more time in feeding.

- a. Is there anyone other than the mothers who should be taught about how to cook food, what foods to give and when?

*Prompt: who in the family can share the responsibility of feeding the children in the prescribed manner apart from the mother?*

- b. How should we support them in this?

*Prompt: can other community members support mothers in the preparation of food specifically for their child's age requirements?*

- c. Is there any way your community could help? Prompt- any schemes that could be set up, or either deliver food to the home or for people to come in and help in the homes of mothers of children who are young or 'food sharing'?

- d. Are there any schemes that should be set up?

- During an illness, children require better nutrition. However, it was found that in some cases no special measures were taken to feed a sick child.
  - Is the lack of special feeding for sick children due to a lack of awareness, knowledge or resources?
  - Do mothers and family members currently receive any information or training on how to recognize if their child is sick, what to do when a child is sick and how to feed their child?
  - If so, why do you think this is not working? ( eg do not understand the information , need reminding about what to do)
  - If not, who can better support mothers to feed their sick children? ( eg regular education activities, teaching other family members, health workers coming into the house when the child is sick, other community members )
  - Where this support should be provided (*in the home, schools, community meetings, anganwadi centre, religious places*)?
  - Which medium should be used to provide information to mothers (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

#### **D. Consumption of animal milk after 6 months of the child**

1. While it was reported that most households have either cow or goat, only few families are feeding their children animal milk. None of the households who have no animals purchase animal milk.
  - a. Why do you think this is (*knowledge about importance of milk, no access to milk*)?
  - b. How do you think that this problem can be resolved?
    - i. How can we encourage mothers to give milk to children?
  - c. Who in the household can take this decision (*fathers, grandmothers, grandfathers, siblings, older children*)?

#### **E. Consumption of Vegetables and Fruits**

1. Most households said that they grow some vegetables like spinach in their 'badi' (kitchen garden) but in some cases this was not reflected in the food that was given to children under 2 years of age. For example, most children were given only potatoes. Green leafy vegetables and vegetables like tomato, carrots are good for children and should be given.
  - a. Why are these vegetables not given to children under 2 years of age (*not aware they are good for children's health, children do not like them, given to other members of the household, crop yield too small*)?
  - b. How can we change this?
  - c. Who should be involved, who can make this change happen (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
  - d. Where can we provide this intervention (*face to face, in groups, through wider messages*)?
  - e. What media should be used to encourage giving vegetables to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
2. Fruits are rarely given to children. Lack of availability and cost was cited as the reason. It was also noted that some fruits are readily available in the village, which are not given to the children.
  - a. What are the most affordable fruits in your village?

- b. Why are these fruits not given to children (*not aware they are good for children's health, children do not like them, given to other members of the household, still too expensive, children don't like them*)?
- c. Do people know about the nutritional value of such fruits?
- d. What can be done to increase the consumption of such fruits in the home and by young children? e.g. is it about people knowing they are good foods or is it because they are expensive then would growing it locally help or is it because they cannot get to the market for them?
- e. Who should be involved to try and help get more fruit to the young children (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
- f. If we want to teach mothers and household members what media should be used to encourage giving fruit to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

#### **F. Consumption of Packaged foods like biscuits**

There is excessive use of food like biscuits for small children. This was considered to be a cheap option and also that it was easily available in the village. According to nutrition experts, biscuits are harmful for both children and adults because they are full of sugar and refined flour. This means children who eat a lot of sugar are at risk of poor dental health and the development of diabetes and problems with their heart.

- a. Are individuals especially family members in your village aware of the negative health effects of biscuits?
- b. If so, why do you think biscuits are still given to children under 2 years of age so often as a replacement for other meals (*do you think that mothers giving biscuits to children is about a lack of awareness and knowledge of the negative health effects, or about the maternal skill required to feed children as advised*)?
- c. How can we overcome this barrier (*do we need to show people how to cook and prepare healthy meals*)?
- d. If there is not time for cooking what is an alternative (*eg. bringing grandmothers together to feed the children whilst mothers work, having community kitchens from where food is sent to the homes*)?
- e. Is there a government scheme / change in policy that could be brought in?

#### **G. Active play with children**

Mothers reported that mostly the grand parents as well as other older siblings are engaged in playing with the small children. Mothers do not have much time. The form of play included talking to the child, helping them to stand and also with some local toys. However, the time dedicated to child's play is limited.

- a. Is the lack of time spent playing with children by mothers and by other care givers due to lack of awareness of the benefits/ importance of playing or another reason? What do you think is the reason for lack of variety of play- lack of education on how to play with children, lack of awareness on its importance, lack of resources?
- b. How can we help mothers and care givers interact better with children through play?( *eg giving them more knowledge and education and showing them how to play with their children* )

- c. Who should be involved (*family members, community health workers, community members, ASHA workers, doctors*)?
- g. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
- d. What media should be used to encourage play with children (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, ?*)

#### **H. Uptake of Health and Nutritional Services for children**

1. It was reported that mothers collect the “Take Home Ration” (purak poshahar) available in the anganwadi centre, but they sometimes do not feed these to the children because they are not aware how to prepare this food. Purak poshahar is a highly nutritious food for children, hence it is advised that this should be given regularly to children.
  - Are mothers and care givers given any guidance on the preparation of purak poshahar?
  - What are the difficulties in cooking THR (*lack of knowledge, lack of time, difficult to prepare*)?
  - What guidance should be provided and what can be done to ensure that purak poshahar is regularly fed to children? ie what type of intervention – more awareness, education, showing the mothers what to do
    - i. *What is role of Anganwadi workers in addressing these difficulties?*
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
  - What media should be used to educated mothers and care givers about the preparation and importance of purak poshahar (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, cooking classes*)?
2. It was reported that deworming of children is very poor. This can be a cause of under-nutrition among children.
  - What are the barriers to deworming (*lack of information or misconceptions, no supply of drugs, difficulty getting to doctor or health care provider*)?
  - What can be done to improve deworming?
  - Who should be involved (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to encourage deworming (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
3. There are programmes for iron (iron ki goli) and Vitamin A supplementation.
  - What are the barriers to receiving iron tablets and Vitamin A (*lack of information or misconceptions, no supply of supplements, difficulty getting to doctor or health care provider*)?
  - What can be done to improve uptake of these services?
  - Who should be involved (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to improve uptake of these services (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?

4. It was reported that most babies are not being weighed regularly. Monitoring of the child's weight is essential for early identification of the under-nutrition.
  - What are the barriers to monthly weighing of the child (*lack of information, difficulty getting to doctor or health care provider, no equipment for taking child's weight*)?
  - What can be done to improve this service or to help children to be taken or get weighed?
  - Who should be involved (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to promote weighing of children?
5. It was informed that counseling sessions are held by Anganwadi worker, ASHA and ANM for spreading awareness about health and nutrition services for children.
  - Why don't mothers attend these meetings (*lack of information or misconceptions, distance, meetings not useful, time constraints*)?
  - What can be done to improve participation of mothers in these meetings?
  - Who should be involved (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to encourage attendance to Anganwadi centre sessions (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
6. Small children often suffer from health problems like diarrhea, fever, cough and cold. Frequent infection is both a cause as well as an effect of under-nutrition.
  - What kind of help is sought from the frontline health functionaries for these issues (*ANM, Anganwadi worker and ASHA, public clinic, private clinic, any other health care institution*)?
  - What are the barriers to accessing services of the ANM, ASHA and Anganwadi worker (*lack of information or misconceptions, difficulty traveling to centre*)?
  - What can be done to improve the services or access to the local functionaries?
  - What do mothers do when their child is ill to remedy the condition (e.g. seek help from local health workers or other community members with knowledge, change the food given (if so what type of food would they give), ask elders)

### **I. Toilets and Disposal of child feces**

1. Open defecation is a cause of many health problems, such as diarrhoea, and is also associated with under-nutrition in children, since they cannot digest their food properly when ill. Although the government has offered money to build toilets, many areas do not yet have access to them due to the fact that they are not yet built or are not working.
  - a. What should be done to ensure that all households have access to a toilet?
    - i. What type of toilets would work for you (*community versus individual for each house*)?
  - b. What should be done to ensure that all households who have toilets use them?
    - i. How can the problem of water availability be resolved?
    - ii. Are there socio-cultural barriers to the use of toilets for men and women?
2. Most mothers said that they dispose the child faeces in the open fields, such as open pits where the cow dung is dumped for manure. Improper disposal of child faeces can also spread infection



- a. Why do you think people dispose of the faeces in this way (*knowledge, awareness of risks not being there, lack of access to alternatives*)?
- b. What can be done to remove this barrier? (Is it because of knowledge, skills awareness or nowhere to get rid of it?)
- c. Who should be involved if we want to change things (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
- d. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?

## J. Hand washing

The data indicated that that the mothers knew that soap and water should be used for hand washing, but it is often the case that not everyone in a household uses soap often. Using soap for hand washing is essential before cooking, before eating and after defecation for all members of a household

1. Why do some individuals not use soap when washing?
2. What can be done to ensure that those preparing food and eating wash their hands with soap?
3. What can be done to remove this barrier?
4. Who should participate in this (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
5. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?
6. What mediums or tools should be utilized to raise awareness/education about handwashing (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
  - a. Do we need different approaches for different household members?

## K. Cooking Fuel

1. Firewood and dung cakes are being used by most households for cooking. These are the cheapest and most easily available resources. However, burning wood/cakes can damage your and the child health, especially the lungs.
  - a. Is there awareness of the negative health effects of burning cakes?
  - b. What are the barriers to using gas?
    - i. Is it difficult to acquire gas for cooking?
    - ii. Is it more difficult to cook with gas than with wood or cakes?
  - c. What can be done to remove this barrier?
  - d. Who should be involved (*care givers, family members, community health workers, community members, ASHA workers, doctors*)?
  - e. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - f. What media should be used to spread the message that burning wood and cakes is harmful (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
  - g. Do you face any problem in using firewood (*does collection take a long time, is it heavy to carry*)?
  - h. If yes, how can you think of any way this could be made easier for you?
  - i. Who should be involved (*care givers, family members, community members*)?

## TOOL # 12: COMMUNITY ENGAGEMENT WITH FATHERS, GRAND FATHERS AND HEAD OF THE HOUSEHOLD (MALE)

Under-nutrition makes children prone to infections and may affect their growth and development, leading to death in extreme cases. According to a recent national survey, 4 out of 10 children in Rajasthan and 5 out of 10 children in Banswara are suffering from under-nutrition. Under nutrition can be attributed to two main causes, poor infant and young child feeding and infection among children. Data also shows that, in Banswara, only 1 per 100 children between 6 and 24 months receive an adequate diet. The rates of early initiation of breast feeding and exclusive breastfeeding (breastfeeding and giving nothing else) are also very low.

Our study was conducted in Ghatol and Kushalgarh blocks of Banswara including your village to understand the factors associated with infant and young child feeding and childhood infections. The next step in the study is to develop interventions that may address some of those factors. For an intervention to be effective in your community it is essential to understand your views about the possible solutions. While the role of the mother is central to childcare, community and educational spaces are also vital. For example, schools serve as places where people can gather, and teachers have a large influence in shaping the opinion of the community on factors which contribute to the child development. Hence, we request you to kindly share your views and suggestions on the following issues that will help us in designing appropriate interventions for your village. For each question, we would particularly like you to think about the potential role of the school. This approach may seem unusual, but there are many places where schools now run programs for the wider community, with school children closely involved in improving community health.

Before we get into the details, we would like to know what you think about the ***role of fathers and grandfathers and a male head of household*** in improving infant health. These improvements could be brought on by improving the food given to children, improving methods of feeding and reducing the risk of infection for children through improved sanitation.

Fathers have important role in the family. If we wanted to improve the knowledge and awareness in important male figures and improve their skills to be able to feed their child and reduce the risk of infection through handwashing in the house and using toilets, how could we do this?

1. Do fathers know enough about feeding practices for a young child?
2. Do they see themselves in having a role to improve feeding practices for their child?
3. Can any other male figures in the family, such as fathers, take a role in improving feeding practices in the young child?
4. What would be the best way of reaching fathers/grandfathers with an awareness campaign?
  - a. Through TV, radio, posters, using mobile phones, through schools and teachers at parent education days, school or community fairs, through artwork?
5. If we wanted to educate fathers/grandfathers about the importance how should we do this?
  - a. One to one or in groups?
  - b. Where? Either at home, at schools, in other community venues or religious places?
  - c. How should we reach them (*eg. using demonstrations, videos, pictures*)?
6. We are really interested in knowing if we can use schools to educate and raise awareness of how to improve the feeding of young children.
  - a. What activities could be done in the school grounds (*eg. film night, educations sessions, cooking lessons*)?

7. What role could the teachers have in this?
8. How could the siblings be involved (*eg. bringing home education information, having a kitchen garden at school*)?
9. If schools were used as part of the solution, when could the activities be done (*eg. at same time as the educational days*)?
10. Who would be best to deliver the education (*eg. community leaders, parents, angawadi workers, teachers*)?
11. Is there any other way schools and community could be brought together to improve the feeding of young infants (*eg. schools being a venue for a communal kitchen to prepare food for young infants*)?

#### **A. Initiation of Breast feeding within the first hour of child birth**

We found that many women do not start breastfeeding their babies within 1 hour of birth, even when they deliver at the hospital. Starting to breastfeed within first hour has been recommended because first milk of the mother is very crucial for the child's health. We were told that the delay may occur if the mother does not start producing milk right away and may be delayed by two days.

1. In your opinion, how can we help women to initiate breast feeding in the 1<sup>st</sup> hour after child birth?
  - a. Why do you think the current systems are not working?
  - b. Do the mothers need more awareness or knowledge or help with showing them how to breastfeed?
  - c. Who would be the best person for this (*fellow mothers, grandmothers, health care providers, ASHA workers*)?
    - i. Which family members can support mothers in initiating feeding earlier (*fathers, grandmothers, siblings, older children*)?
  - d. How can other family members help mothers to start feeding earlier?  
*Prompt: is there any other solution such as women breastfeeding groups where groups of women are taught what to do and share this with other women and support them?*
  - e. Do they need more education and awareness and if so, how can we do this?
  - f. Who should share this information with them (*fellow mothers, grandmothers, health care providers, ASHA workers, community members, doctors*)?
  - g. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious place*)?
  - h. What mediums or tools should be utilized to raise awareness/education about breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
2. What are the common social and cultural beliefs about initiation of breastfeeding within first hour of birth (*are there any belief that inhibit early initiation*)?
  - a. How can we address these beliefs?
  - b. Who in the village would be the best person to do this (*fellow mothers, grandmothers, health care providers, ASHA workers, community members, doctors, panchayat leaders, religious leaders*)?
3. As a father, do you think you know enough about the benefits of breastfeeding for your child?
  - a. If fathers did know more, do you think it would help the mother?
  - b. How could we work with fathers to give them a bigger role in supporting mothers? (*NOTE: they may say this is not within their remit, or they may have never been educated about it*)
  - c. Should this happen in groups or one-to-one?
  - d. Who should participate in this (*fellow mothers, grandmothers, health care providers, ASHA workers, community members, religious leaders*)?

- e. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious place*)?
  - f. What mediums or tools should be utilized to raise awareness/education about breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
4. Is there anything else that could be done to spread the message about early initiation of breastfeeding?
- a. Who should participate in this (*fellow mothers, grandmothers, health care providers, ASHA workers, community members, religious leaders*)?
  - b. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious place*)?
  - c. What mediums or tools should be utilized to raise awareness/education about breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
5. Do you think grandmothers know enough about the importance of early breastfeeding?
- a. If not, how do you think we can involve them in supporting the mothers?
  - b. Who should participate in this (*fellow mothers, grandmothers, health care providers, ASHA workers, community members, religious leaders*)?
  - c. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious place*)?
  - d. What mediums or tools should be utilized to raise awareness/education about breastfeeding for grandmothers (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?

## **B. Exclusive breastfeeding until 6 months of age**

1. It was reported that some children are given water in addition to breast milk when they are under 6 months of age. This happened mostly during summer months. However, it is advised that children under 6 months should not be given anything apart from breast milk.
- a. Do you think mothers have awareness about exclusive breastfeeding?
  - b. Do you think mothers understand the importance of exclusive breastfeeding for their child?
  - c. Should mothers be informed about exclusive breastfeeding in groups or one-to-one?
  - d. Who should share this information with them (*fellow mothers, grandmothers, health care providers, ASHA workers, teachers, community leaders*)?
  - e. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious places*)?
  - f. What mediums or tools should be utilized to raise awareness/education about exclusive breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, other community members*)?
2. To help with the child's growth and brain development, it is recommended that the child should not be given anything apart from mother's milk until they complete 6 months. It was also reported that some mothers have to start working in the agricultural field 3-4 months after childbirth. We understand this may be unavoidable. However, it is also recommended that the baby is given breast milk frequently, which may not be possible if the mother is not in the home.

- a. Can you think of any way mothers could be supported to be able to stay at home with their babies longer?
- b. Do you know of any sort of schemes that are in place to support mothers to do this?
  - i. If yes what is the experience?
  - ii. How can the scheme be improved?
  - ii. If no, what are your views about the role of such a scheme?
  - iii. What should be the approximate amount of money that would motivate mothers not to resume agricultural or other works outside the home?
- c. Can you think of any sort of scheme that could work?
- d. Can you describe how this might work?
- e. If the mother has to go out, is there any other way that she can make sure her baby only gets breast milk while she is gone?

*Prompt: If the mother has to go to the fields is it possible for her milk to be expressed (pressed out) and stored for the baby?*

- f. Are there any such examples in this village of your recommendations?
- g. If not, what do you think the barrier is to this?

*Prompt: not knowing about the importance of breast feeding or how to press out milk for later use, time, or not having the tools to do this (eg. fridge or containers to store the milk).*

It has been shown that a father is important in supporting the mothers.

1. Do you think fathers have enough knowledge about importance of exclusive breastfeeding for their child?
2. Do you think it would help if they knew more?
  - a. If so, how could they support the mothers better?

*Prompt: if fathers had knowledge, they could make sure the mothers and grandmother had knowledge? If fathers knew why it was important they might help to make sure mothers stayed at home?*

3. If we wanted to improve the knowledge and awareness in fathers what is the best way to do this?
  - a. Who should share this information with them (*fellow mothers, grandmothers, fathers, health care providers, ASHA workers, teachers, community leaders, religious leaders*)?
  - b. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious places*)?
  - c. What mediums or tools should be utilized (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?

## **B. Complementary Feeding after 6 months of the child**

1. When we spoke to mothers, we realized that many of the children were not receiving enough food or the right type of food at the right age. For example, some children are being given a piece of roti and only when they show hunger. In some households, there is no separate preparation of food specifically for children. Furthermore, it is recommended that children should be given semi solid food at least 3 times a day after 6 months of age, but this rarely happens. While mothers may be responsible for cooking, there are other members in the household who are involved in childcare apart from the mother.
  - Fathers/ other male figures can play an important role in encouraging appropriate complementary feeding. Do you think most fathers have the knowledge to do this?
    - i. If so where did they get this knowledge?

- ii. If not, what would be the best way to give them this knowledge?
  - iii. Who should share this information with them (*fellow mothers, grandmothers, fathers, health care providers, ASHA workers, teachers, community leaders, religious leaders*)?
  - iv. Where should this take place (*home, schools group meetings*)?
  - v. What mediums or tools should be utilized (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
- Once a father has the knowledge about good complementary feeding, what role do you think they could take in the household to encourage this for their child?
  - Can they play any role outside their house (*eg. to support the children the community to know why good complementary feeding is important by developing awareness campaigns teaching others or setting up father's groups*)?
    - i. What additional information would you need in order to play that role?
    - ii. Who should be involved in this (*fellow mothers, grandmothers, fathers, health care providers, ASHA workers, teachers, community leaders, religious leaders*)?
    - iii. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious places*)?
    - iv. What mediums or tools should be utilized (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
4. During an illness, children require better nutrition. However, it was found that in some cases no special measures were taken to feed a sick child.
- a. Are mothers and family members able to recognize when a child is ill?
  - b. Is the lack of special feeding for sick children due to a lack of awareness, knowledge or resources?
  - c. Do mothers and family members currently receive any information or training on what to do when a child is sick and how to feed their child?
  - d. If so, why do you think this is not working?
  - e. How can mothers be supported to feed their sick children?
  - f. Who should provide this support (*fellow mothers, grandmothers, fathers, health care providers, ASHA workers, teachers, community members*)?
  - g. Where this support should be provided (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting*)?
  - h. Which medium should be used to provide information to mothers (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

#### **D. Consumption of animal milk after 6 months of the child**

1. While it was reported that most households have either cow or goat, only few families are feeding their children animal milk. None of the households who have no animals purchase animal milk.
  - a. Why do you think this is (*knowledge about importance of milk, no access to milk*)?
  - b. How do you think that this problem can be resolved?
    - i. How can we encourage mothers to give milk to children?
  - c. Who in the household can take this decision (*fathers, grandmothers, grandfathers, siblings, older children*)?

## E. Consumption of Vegetables and Fruits

1. Most households said that they grow some vegetables like spinach in their 'badi' (kitchen garden) but in some cases this was not reflected in the food that was given to children under 2 years of age. For example, most children were given only potatoes. Green leafy vegetables and vegetables like tomato, carrots are good for children and should be given.
  - a. Why are these vegetables not given to children under 2 years of age (*not aware they are good for children's health, children do not like them, given to other members of the household, crop yield too small*)?
  - b. How can we change this?
  - c. Who should be involved, who can make this change happen (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
  - d. Where can we provide this intervention (*face to face, in groups, through wider messages*)?
  - e. What media should be used to encourage giving vegetables to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
2. Fruits are rarely given to children. Lack of availability and cost was cited as the reason. It was also noted that some fruits are readily available in the village, which are not given to the children.
  - a. What are the most affordable fruits in your village?
  - b. Why are these fruits not given to children (*not aware they are good for children's health, children do not like them, given to other members of the household, still too expensive, children don't like them*)?
  - c. What is perception of nutritional value of such fruits?
  - d. What can be done to increase the consumption of such fruits?
  - e. Who should be involved (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
  - f. How can we provide such an intervention (*face to face, in groups, through wider messages*)?
  - g. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
  - h. What media should be used to encourage giving fruit to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

## F. Consumption of Packaged foods like biscuits

There is excessive use of food like biscuits for small children. This was considered to be a cheap option and also that it was easily available in the village. According to nutrition experts, biscuits are harmful for both children and adults because they are full of sugar and refined flour. This means children who eat a lot of sugar are at risk of poor dental health and the development of diabetes and problems with their heart.

- a. Are individuals in your village aware of the negative health effects of biscuits?
- b. If so, why are biscuits still given to children under 2 years of age so often as a replacement for other meals (*do you think that mothers giving biscuits to children is about a lack of awareness and knowledge of the negative health effects, or about the maternal skill required to feed children as advised*)?

- c. How can we overcome this barrier (*do we need to show people how to cook and prepare healthy meals*)?
- d. If there is not time for cooking what is an alternative (*eg. bringing grandmothers together to feed the children whilst mothers work*)?
- e. Is there a government scheme that could be brought in?

## G. Uptake of Health and Nutritional Services for children

1. It was reported that mothers collect the "Take Home Ration" (purak poshahar) available in the anganwadi centre, but they sometimes do not feed these to the children because they are not aware how to prepare this food. Purak poshahar is a highly nutritious food for children, hence it is advised that this should be given regularly to children.
  - Are mothers and caregivers given any guidance on the preparation of purak poshahar?
  - What are the difficulties in cooking THR (*lack of knowledge, lack of time, difficult to prepare*)?
  - What guidance should be provided and what can be done to ensure that purak poshahar is regularly fed to children?
  - Who should be involved (*family members, community health workers, community members, ASHA workers, doctors*)?
    - i. *What is role of Anganwadi workers in addressing these difficulties?*
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
  - What media should be used to educate mothers and caregivers about the preparation and importance of purak poshahar (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, cooking classes*)?
2. It was reported that deworming of children is very poor. This can be a cause of under-nutrition among children.
  - What are the barriers to deworming (*lack of information or misconceptions, no supply of drugs, difficulty getting to doctor or health care provider*)?
  - What can be done to improve deworming?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to encourage deworming (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
3. There are programmes for iron (iron ki goli) and Vitamin A supplementation.
  - What are the barriers to receiving iron tablets and Vitamin A (*lack of information or misconceptions, no supply of supplements, difficulty getting to doctor or health care provider*)?
  - What can be done to improve uptake of these services?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to improve uptake of these services (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?



4. It was reported that most babies are not being weighed regularly. Monitoring of the child's weight is essential for early identification of the under-nutrition.
  - What are the barriers to monthly weighing of the child (*lack of information, difficulty getting to doctor or health care provider, no equipment for taking child's weight*)?
  - What can be done to improve this service?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to promote weighing of children?
5. It was informed that counseling sessions are held by Anganwadi worker, ASHA and ANM for spreading awareness about health and nutrition services for children.
  - Why don't mothers attend these meetings (*lack of information or misconceptions, distance, meetings not useful, time constraints*)?
  - What can be done to improve participation of mothers in these meetings?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to encourage attendance to Anganwadi centre sessions (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
6. Small children often suffer from health problems like diarrhea, fever, cough and cold. Frequent infection is both a cause as well as an effect of under-nutrition.
  - What kind of help is sought from the frontline health functionaries for these issues (*ANM, Anganwadi worker and ASHA, public clinic, private clinic, any other health care institution*)?
  - What are the barriers to accessing services of the ANM, ASHA and Anganwadi worker (*lack of information or misconceptions, difficulty traveling to centre*)?
  - What can be done to improve the services or access to the local functionaries?
  - What services are required to ensure that children do not suffer from these diseases?
  - What do mothers do when their child is ill to remedy the condition (*doctors, health clinic, antibiotics, vaccination, any activity which impacts feeding practices*)?e.g give different food, seek help from health professionals or others,

#### **H. Toilets and Disposal of child feces**

1. Open defecation is a cause of many health problems, such as diarrhoea, and is also associated with under-nutrition in children, since they cannot digest their food properly when ill. Although the government has offered money to build toilets, many areas do not yet have access to them due to the fact that they are not yet built or are not working.
  - a. What should be done to ensure that all households have access to a toilet?
    - i. What type of toilets would work for you (*community versus individual for each house*)?
  - b. What should be done to ensure that all households who have toilets use them?
    - i. How can the problem of water availability be resolved?
    - ii. Are there socio-cultural barriers to the use of toilets for men and women?

2. Most mothers said that they dispose the child faeces in the open fields, such as open pits where the cow dung is dumped for manure. Improper disposal of child faeces can also spread infection
  - a. Why do you think people dispose of the faeces in this way (*knowledge, awareness of risks not being there, lack of access to alternatives*)?
  - b. What can be done to remove this barrier?
  - c. Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - d. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?

### **I. Drinking water:**

Water borne diseases like diarrhea are common among children. It was found that handpumps are the most common source of drinking water. While the traditional practice is to use cloth to sieve impurities while collecting water, only some women reported to do so. Apart from this there are no other forms of treatment of drinking water. The contaminations of drinking water can happen at the source, while storage and during use.

1. Do you think water from the handpump is safe for drinking?
  - a. If no, then what can be the measures should be taken to make the water safe from hand pumps safe?
2. How do we ensure that people that people are made aware about practices and related to safe drinking water for both adults and children?
3. What can be done to make the make people understand the better way to store and use water to avoid contamination?
  - a. Who should participate in this (*community leaders, community health workers, community members, ASHA workers, doctors*)?
  - b. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - c. What mediums or tools should be utilized to raise awareness/education about breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

### **J. Hand washing**

The data indicated that that the mothers knew that soap and water should be used for hand washing, but it is often the case that not everyone in a household uses soap often. Using soap for hand washing is essential before cooking, before eating and after defecation for all members of a household

7. Why do some individuals not use soap when washing?
8. What can be done to ensure that those preparing food and eating wash their hands with soap?
9. What can be done to remove this barrier?
10. Who should participate in this (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
11. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?

12. What mediums or tools should be utilized to raise awareness/education about handwashing (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
  - a. Do we need different approaches for different household members?

### **L: Agriculture, livelihood and food**

It was reported that the source of income in the village is from agriculture, which includes both food crops like maize, wheat and paddy as well as cash crops like soya bean in Ghatol and cotton in Kushalgarh. There is also employment in local cloth mill in Banswara and people migrate to adjoining cities in Gujarat and MP from Kushalgarh during the lean season.

1. Do households spend similar amounts on food and non-food items despite changes in income?
2. Has there been a difference in food given to the child because of additional income?

### **M: Livestock and milk**

The data highlighted that more than 90% of the household responded that animals have animals like cows and goats. Most of them also said that the milk produced is consumed in the house. However consumption of animal milk is found to be low. After 6 months, children should be given animal milk along with semi solid food.

1. Lack of milk availability in the household was reported to as a factor for reduced consumption. How can the supply of milk be increased at the village level?
2. Who should participate in this (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
3. What mediums or tools should be utilized to raise awareness/education about the health benefits of milk (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
4. Can the village level producers be motivated to sell within the village?

### **N: Institutional Care for children**

The data from the study shows that mothers' time is devoted to many household and agricultural works, as a result the children, especially the smaller children do not get required care. According to experts the first two years of the child's life is crucial hence proper care is necessary.

1. What kind of childcare support do you think can be designed for children below 2 years of age?
2. Who should participate in this (*teachers, community members, community leaders, health workers, ASHA workers, family members, religious leaders*)?  
*Prompt: grandmother's groups?*
3. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?

**O: Exclusion of Services**

1. Which are the groups or families in the village who do not receive the government services like PDS, school and Anganwadi services?
  - a. Why?  
*Probe: the children whose parents have migrated but stay with grandparents?*
2. What could be done to ensure that they are not excluded?

## TOOL # 13: COMMUNITY ENGAGEMENT WITH FRONTLINE HEALTH FUNCTIONARIES AND ELECTED REPRESENTATIVE

Under-nutrition makes children prone to infections and may affect their growth and development, leading to death in extreme cases. According to a recent national survey, 4 out of 10 children in Rajasthan and 5 out of 10 children in Banswara are suffering from under-nutrition. Under nutrition can be attributed to two main causes, poor infant and young child feeding and infection among children. Data also shows that, in Banswara, only 1 per 100 children between 6 and 24 months receive an adequate diet. The rates of early initiation of breast feeding and exclusive breastfeeding (breastfeeding and giving nothing else) are also very low.

Our study was conducted in Ghatol and Kushalgarh blocks of Banswara including your village to understand the factors associated with infant and young child feeding and childhood infections. The next step in the study is to develop interventions that may address some of those factors. For an intervention to be effective in your community it is essential to understand your views about the possible solutions. While the role of the mother is central to childcare, community and educational spaces are also vital. For example, schools serve as places where people can gather and teachers have a large influence in shaping the opinion of the community on factors which contribute to the child development. Hence, we request you to kindly share your views and suggestions on the following issues that will help us in designing appropriate interventions for your village. For each question, we would particularly like you to think about the potential role of the school. This approach may seem unusual, but there are many places where schools now run programs for the wider community, with school children closely involved in improving community health.

Before we get into the details, we would like to know what you think about the **role of frontline health functionaries and elected representatives** in improving infant health. These improvements could be brought on by improving the food given to children, improving methods of feeding and reducing the risk of infection for children through improved sanitation.

If we wanted to improve the knowledge and awareness in village members and improve their skills to be able to feed their child and reduce the risk of infection through handwashing in the house and using toilets, how could we do this?

1. What would be the best way of reaching mothers/grandmothers with an awareness campaign?
  - a. Through TV, radio, posters, using mobile phones, through schools and teachers at parent education days, school or community fairs, through artwork?
2. If we wanted to educate mothers/grandmothers about the importance how should we do this?
  - a. One to one or in groups?
  - b. Where? Either at home, at schools, in other community venues or religious places?
  - c. How should we reach them (*eg. using demonstrations, videos, pictures*)?
3. We are really interested in knowing if we can use schools to educate and raise awareness of how to improve the feeding of young children.
  - a. What activities could be done in the school grounds (*eg. film night, educations sessions, cooking lessons*)?
4. What role could the teachers have in this?
5. How could the siblings be involved (*eg. bringing home education information, having a kitchen garden at school*)?

6. If schools were used as part of the solution, when could the activities be done (*eg. at same time as the educational days*)?
7. Who would be best to deliver the education (*community leaders, parents, angawadi workers, teachers*)?
8. Is there any other way schools and community could be brought together to improve the feeding of young infants (*eg. schools being a venue for a communal kitchen to prepare food for young infants*)?

#### **A. Initiation of Breast feeding within one hour of child birth:**

We found that many women do not start breastfeeding their babies within 1 hour of birth, even when they deliver at the hospital. Starting to breastfeed within first hour has been recommended because first milk of the mother is very crucial for the child's health. We were told that the delay may occur if the mother does not start producing milk right away and may be delayed by two days.

- There may be some mothers who do not feed because of the lack of awareness about importance of breastfeeding or due to beliefs about mother's first milk. Please can you tell us:
  - At the moment how are mothers encouraged to feed their child with the first milk?
  - What messages are given at the moment and who gives these messages?
  - Is the mother taught about why the milk is important for her baby or is she just told to follow the recommendations?
- We know some mothers are not giving first milk despite these messages and teachings. What do you think we could do differently?
  - Who would be the best people in the community to educate the mothers or raise awareness on this issue (*fellow mothers, grandmothers, health care providers, ASHA workers*)?
  - What methods do you think would work best to reach the mothers? You can suggest more than one. For example, face to face, in groups, by themselves, using film or radio or pictures?
  - What is the best place for this outreach (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious place*)?
  - Who else in the family do you think should be included in this education and awareness approach (*fathers, grandmothers, siblings*)?
  - What is the best way to do this?
  - What mediums or tools should be utilized to raise awareness/education about initiation of breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, other community members*)?
- While most childbirths take place in hospitals where they are advised to start breastfeeding immediately after the birth, sometimes women also deliver at home. In this case the chances of not starting breastfeeding within 1 hour of birth are high.
  - If mother delivers at home, who teaches her or helps her to breast feed in the first hour?
  - We know that this approach does not always work, so what do you think are the difficulties with this approach?
  - Who do you think would be the best person to educate mothers about how important this is (*fellow mothers, grandmothers, health care providers, ASHA workers*)?
  - What is the best way for them to get this message across?
  - What is the best place for this outreach (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting*)?
- Sometimes the mothers know what to do but have difficulty doing it, do you have any thoughts on how these mothers can be supported?

- Who would be the best people to give mothers support (*fellow mothers, fathers, siblings, older children, grandmothers, health care providers, ASHA workers*)?
- What types of support can these individuals provide?

**B. Exclusive Breast feeding till 6 months of the child:**

1. It was reported that some children are given water in addition to breast milk when they are under 6 months of age. This happened mostly during summer months. However, it is advised that children under 6 months should not be given anything apart from breast milk.
  - a. Do you think mothers have awareness about exclusive breastfeeding?
  - b. Do you think mothers understand the importance of exclusive breastfeeding for their child?
  - c. Should mothers be informed about exclusive breastfeeding in groups or one-to-one?
  - d. Who should share this information with them (*fellow mothers, grandmothers, health care providers, ASHA workers, teachers, community leaders*)?
  - e. Where should this take place (*in the home, at schools, during community meetings, mother's groups, doctor's office, other healthcare setting, religious places*)?
  - f. What mediums or tools should be utilized to raise awareness/education about exclusive breastfeeding (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, other community members*)?
2. To help with the child's growth and brain development, it is recommended that the child should not be given anything apart from mother's milk until they complete 6 months. It was also reported that some mothers have to start working in the agricultural field 3-4 months after childbirth. We understand this may be unavoidable. However, it is also recommended that the baby is given breast milk frequently, which may not be possible if the mother is not in the home.
  - a. Can you think of any way mothers could be supported to be able to stay at home with their babies longer?
  - b. Do you know of any sort of schemes that are in place to support mothers to do this?
    - iii. If yes what is the experience?
      - i. How can the scheme be improved?
    - iv. If no, what are your views about the role of such a scheme?
      - i. What should be the approximate amount of money that would motivate mothers not to resume agricultural or other works outside the home?
  - c. Can you think of any sort of scheme that could work?
  - d. Can you describe how this might work?
  - e. If the mother has to go out, is there any other way that she can make sure her baby only gets breast milk while she is gone?

*Prompt: If the mother has to go to the fields is it possible for her milk to be expressed (pressed out) and stored for the baby?*

- f. Are there any such examples in this village of your recommendations?
- g. If not, what do you think the barrier is to this?
 

*Prompt: not knowing about the importance of breast feeding or how to press out milk for later use, time, or not having the tools to do this (eg. fridge or containers to store the milk).*

### C. Complementary Feeding after 6 months of the child

1. When we spoke to mothers, we realized that many of the children were not receiving enough food or the right type of food at the right age. For example, some children are being given a piece of roti and only when they show hunger. In some households, there is no separate preparation of food specifically for children. Furthermore, it is recommended that children should be given semi solid food at least 3 times a day after 6 months of age, but this rarely happens.

- What factors prevent mothers from feeding their children the correct foods for their age (*lack of awareness about children's nutrition requirements, lack of education, lack of cooking skills, lack of time, lack of resources*)?
- How do mothers learn about the best way to feed their children for their age?
- How do you think we could help mothers to do this better?

*Prompt: Do they need help with teaching them what to do, do they need help with how to make the meals or how do you think they could get the foods they need for the child?*

- Who should help mothers and is there anyone else in the family that we need to work with (*fathers, grandmothers, grandfathers, siblings, older children*)?
- If so how and who should do it (*teachers, community members, health workers, ASHA workers, family members*)?
- If we were to create an education program to teach mothers and family members about how to feed young children:
  - i. Where should we provide this teaching (*schools, in the home, community centre, anganwadi centre, religious places*)?
  - ii. When during the day or week?
  - iii. Who should deliver it? Who would the mothers and families listen to most and be happy with them teaching them (*teachers, community members, health workers, ASHA workers, family members*)?
- Are there any existing schemes that would help provide age appropriate food for children?

*Prompt: children receiving meals in a place in the community, like the mid-day meals scheme.*

2. As a child gets older sometimes the time devoted to childcare decreases with the age of the child. Although it is important that as the child grows, complementary feeds should increase both by quality and quantity which requires that the care giver needs to spend more time in feeding.

- a. Is there anyone other than the mothers who should be taught about how to cook food, what foods to give and when?

*Prompt: who in the family can share the responsibility of feeding the children in the prescribed manner apart from the mother?*

- b. How should we support them in this?

*Prompt: can other community members support mothers in the preparation of food specifically for their child's age requirements?*

- c. What can be done to ensure the child can get more food more often as it grows?
- d. What could change in the household?
- e. Is there any way your community could help?



- f. Are there any schemes that should be set up?
- During an illness, children require better nutrition. However, it was found that in some cases no special measures were taken to feed a sick child.
  - Are mothers and family members able to recognize when a child is ill?
  - Is the lack of special feeding for sick children due to a lack of awareness, knowledge or resources?
  - Do mothers and family members currently receive any information or training on what to do when a child is sick and how to feed their child?
  - If so, why do you think this is not working?
  - How can mothers be supported to feed their sick children?
  - g. Who should provide this support (*family members, community health workers, community members, ASHA workers, doctors*)?
  - Where this support should be provided (*in the home, schools, community meetings, anganwadi centre, religious places*)?
  - Which medium should be used to provide information to mothers (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

#### **D. Consumption of animal milk after 6 months of the child**

1. While it was reported that most households have either cow or goat, only few families are feeding their children animal milk. None of the households who have no animals purchase animal milk.
  - a. Why do you think this is (*knowledge about importance of milk, no access to milk*)?
  - b. How do you think that this problem can be resolved?
    - i. How can we encourage mothers to give milk to children?
  - c. Who in the household can take this decision (*fathers, grandmothers, grandfathers, siblings, older children*)?

#### **E. Consumption of Vegetables and Fruits**

1. Most households said that they grow some vegetables like spinach in their 'badi' (kitchen garden) but in some cases this was not reflected in the food that was given to children under 2 years of age. For example, most children were given only potatoes. Green leafy vegetables and vegetables like tomato, carrots are good for children and should be given.
  - a. Why are these vegetables not given to children under 2 years of age (*not aware they are good for children's health, children do not like them, given to other members of the household, crop yield too small*)?
  - b. How can we change this?
  - c. Who should be involved, who can make this change happen (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
  - d. Where can we provide this intervention (*face to face, in groups, through wider messages*)?
  - e. What media should be used to encourage giving vegetables to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?
2. Fruits are rarely given to children. Lack of availability and cost was cited as the reason. It was also noted that some fruits are readily available in the village, which are not given to the children.
  - a. What are the most affordable fruits in your village?

- b. Why are these fruits not given to children (*not aware they are good for children's health, children do not like them, given to other members of the household, still too expensive, children don't like them*)?
- c. What is perception of nutritional value of such fruits?
- d. What can be done to increase the consumption of such fruits?
- e. Who should be involved (*local farmers, family members, community health workers, community members, ASHA workers, doctors*)?
- f. How can we provide such an intervention (*face to face, in groups, through wider messages*)?
- g. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
- h. What media should be used to encourage giving fruit to children under 2 years of age (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, artwork training classes, cooking classes*)?

#### **F. Consumption of Packaged foods like biscuits**

There is excessive use of food like biscuits for small children. This was considered to be a cheap option and also that it was easily available in the village. According to nutrition experts, biscuits are harmful for both children and adults because they are full of sugar and refined flour. This means children who eat a lot of sugar are at risk of poor dental health and the development of diabetes and problems with their heart.

- a. Are individuals in your village aware of the negative health effects of biscuits?
- b. If so, why are biscuits still given to children under 2 years of age so often as a replacement for other meals (*do you think that mothers giving biscuits to children is about a lack of awareness and knowledge of the negative health effects, or about the maternal skill required to feed children as advised*)?
- c. How can we overcome this barrier (*do we need to show people how to cook and prepare healthy meals*)?
- d. If there is not time for cooking what is an alternative (*eg. bringing grandmothers together to feed the children whilst mothers work*)?
- e. Is there a government scheme that could be brought in?

#### **G. Active play with children**

Mothers reported that mostly the grand parents as well as other older siblings are engaged in playing with the small children. Mothers do not have much time. The form of play included talking to the child, helping them to stand and also with some local toys. However, the time dedicated to child's play is limited.

1. What are your suggestions to improve the forms of play?
2. Who should be involved (*family members, community health workers, community members, ASHA workers, doctors*)?  
*Prompt: making toys with locally available materials, play for speech, physical and cognitive development*
3. What can be your role in training the care givers, especially grandmothers on different forms of play?

- a. Is the lack of time spent playing with children due to lack of awareness of the benefits, lack of education on the topic or a lack of resources?
- b. How can we help mothers and caregivers interact with children through play?
- c. Who should be involved?
- d. Where can we provide this intervention?
- e. What media should be used to encourage play with children?

#### H. Uptake of Health and Nutritional Services for children

1. It was reported that mothers collect the "Take Home Ration" (purak poshahar) available in the anganwadi centre, but they sometimes do not feed these to the children because they are not aware how to prepare this food. Purak poshahar is a highly nutritious food for children, hence it is advised that this should be given regularly to children.
  - Are mothers and caregivers given any guidance on the preparation of purak poshahar?
  - What are the difficulties in cooking THR (*lack of knowledge, lack of time, difficult to prepare*)?
  - What guidance should be provided and what can be done to ensure that purak poshahar is regularly fed to children?
  - Who should be involved (*family members, community health workers, community members, ASHA workers, doctors*)?
    - i. *What is role of Anganwadi workers in addressing these difficulties?*
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre*)?
  - What media should be used to educate mothers and caregivers about the preparation and importance of purak poshahar (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs, cooking classes*)?
2. It was reported that deworming of children is very poor. This can be a cause of under-nutrition among children.
  - What are the barriers to deworming (*lack of information or misconceptions, no supply of drugs, difficulty getting to doctor or health care provider*)?
  - What can be done to improve deworming?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - What media should be used to encourage deworming (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
3. There are programmes for iron (iron ki goli) and Vitamin A supplementation.
  - What are the barriers to receiving iron tablets and Vitamin A (*lack of information or misconceptions, no supply of supplements, difficulty getting to doctor or health care provider*)?
  - What can be done to improve uptake of these services?
  - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?

- What media should be used to improve uptake of these services (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
4. It was reported that most babies are not being weighed regularly. Monitoring of the child's weight is essential for early identification of the under-nutrition.
    - What are the barriers to monthly weighing of the child (*lack of information, difficulty getting to doctor or health care provider, no equipment for taking child's weight*)?
    - What can be done to improve this service?
    - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
    - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
    - What media should be used to promote weighing of children?
  5. It was informed that counseling sessions are held by Anganwadi worker, ASHA and ANM for spreading awareness about health and nutrition services for children.
    - Why don't mothers attend these meetings (*lack of information or misconceptions, distance, meetings not useful, time constraints*)?
    - What can be done to improve participation of mothers in these meetings?
    - Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
    - Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
    - What media should be used to encourage attendance to Anganwadi centre sessions (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
  6. Small children often suffer from health problems like diarrhea, fever, cough and cold. Frequent infection is both a cause as well as an effect of under-nutrition.
    - What kind of help is sought from the frontline health functionaries for these issues (*ANM, Anganwadi worker and ASHA, public clinic, private clinic, any other health care institution*)?
    - What are the barriers to accessing services of the ANM, ASHA and Anganwadi worker (*lack of information or misconceptions, difficulty traveling to centre*)?
    - What can be done to improve the services of the local functionaries?
    - What services are required to ensure that children do not suffer from these diseases?
    - What do mothers do when their child is ill to remedy the condition (*doctors, health clinic, antibiotics, vaccination, any activity which impacts feeding practices*)?

## **I. Toilets and Disposal of child feces**

1. Open defecation is a cause of many health problems, such as diarrhoea, and is also associated with under-nutrition in children, since they cannot digest their food properly when ill. Although the government has offered money to build toilets, many areas do not yet have access to them due to the fact that they are not yet built or are not working.
  - a. What should be done to ensure that all households have access to a toilet?
    - i. What type of toilets would work for you (*community versus individual for each house*)?
  - b. What should be done to ensure that all households who have toilets use them?
    - i. How can the problem of water availability be resolved?
    - ii. Are there socio-cultural barriers to the use of toilets for men and women?

2. Most mothers said that they dispose the child faeces in the open fields, such as open pits where the cow dung is dumped for manure. Improper disposal of child faeces can also spread infection
  - a. Why do you think people dispose of the faeces in this way (*knowledge, awareness of risks not being there, lack of access to alternatives*)?
  - b. What can be done to remove this barrier?
  - c. Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - d. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?

## J. Hand washing

The data indicated that that the mothers knew that soap and water should be used for hand washing, but it is often the case that not everyone in a household uses soap often. Using soap for hand washing is essential before cooking, before eating and after defecation for all members of a household

1. Why do some individuals not use soap when washing?
2. What can be done to ensure that those preparing food and eating wash their hands with soap?
3. What can be done to remove this barrier?
4. Who should participate in this (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
5. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?
6. What mediums or tools should be utilized to raise awareness/education about handwashing (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?
  - a. Do we need different approaches for different household members?

## K. Cooking Fuel

1. Firewood and dung cakes are being used by most households for cooking. These are the cheapest and most easily available resources. However, burning wood/cakes can damage your and the child health, especially the lungs.
  - a. Is there awareness of the negative health effects of burning cakes?
  - b. What are the barriers to using gas?
    - i. Is it difficult to acquire gas for cooking?
    - ii. Is it more difficult to cook with gas than with wood or cakes?
  - c. What can be done to remove this barrier?
  - d. Who should be involved (*caregivers, family members, community health workers, community members, ASHA workers, doctors*)?
  - e. Where can we provide this intervention (*schools, in the home, community centre, anganwadi centre, health care centre*)?
  - f. What media should be used to spread this message that burning wood and cakes is harmful (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?

## **L: Institutional Care for children**

The data from the study shows that mothers' time is devoted to many household and agricultural works, as a result the children, especially the smaller children do not get required care. According to experts the first two years of the child's life is crucial hence proper care is necessary.

1. Do you think women are able to take adequate care of the baby, which includes cooing for the baby, feeding the baby as per requirement and also playing?
2. Despite the fact that majority of women are not able to exclusive breastfeed till six months or they are not able to provide adequate complementary food, there are some mothers in this village who are able to follow the correct practices. Please tell us about why you think that those mothers are able to do so?

*Prompt: mother's characteristics, support at home, economic conditions?*

3. What kind of childcare support do you think can be designed for children below 2 years of age?
4. Who should participate in this (*teachers, community members, community leaders, health workers, ASHA workers, family members, religious leaders*)?

*Prompt: grandmother's groups?*

5. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?

## **M: Exclusion of Services**

1. Which are the groups or families in the village who do not receive the government services like PDS, school and Anganwadi services?

a. Why?

*Probe: the children whose parents have migrated but stay with grandparents?*

2. What could be done to ensure that they are not excluded?
3. Who should participate in this (*teachers, community members, community leaders, health workers, ASHA workers, family members, religious leaders*)?
4. Where should this take place (*schools, in the home, community centre, anganwadi centre, health care centre*)?
5. What mediums or tools should be utilized to raise awareness/education about the importance of inclusion in services (*TV, radio, newspaper, phone messages, film evenings, education, videos, picture cards, theatre, fairs*)?

## Focus Group Guide for Assessing Prospective Acceptability Testing of the PANChSHEEEL Intervention Package

This questionnaire can be utilized to assess the acceptability of the intervention to the target audience before they take part in the intervention. The details of prioritised intervention arms put forward within the PANChSHEEEL package will be presented to people attending the workshop and purpose of the meeting explained before these questions are asked. Field workers will ask the **bold print questions** (wording may have to be modified by the fieldworkers to support understanding) and record participant responses. The feedback collected will help us to operationalise the intervention.

Please record the details of the audience you are speaking to, including the number of people from each background (ie. 4 mothers, 5 grandmothers, 2 fathers, etc....)

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*Affective Attitude (How do participants attending the workshop “feel” about the intervention? This question will open up the conversation)- WE appreciate this is quite subjective but just provides us with a way of opening the discussion and getting information from them in their own words eg do they like it , do they think it will work- we do not ask specific questions here but are trying to understand from their perspective what’ their own feelings ‘ are about the intervention .*

**Do you think the target audience will be engaged in taking part in this arm of the intervention as we have described it you to?**

**Why?-** (Note this can include why they think people may not engage but then we need to know how we need to modify things to make it more acceptable)

*Burden (Perceived amount of effort which is required to participate)*

**Do you think that the day to day activities of the target audience will be disrupted by the project put forward in this arm of the intervention? If so – how can we overcome this?**

**If yes, what can we do to resolve this?**

**Do you think that it will require a lot of effort (time, energy etc) from the target audience to be a part of this arm of the intervention? If so do you think despite this they would still engage or what could be change to make it easier?**

*Ethicality (Measure the fit between the intervention and individual's values)*

**Do you think that any part of this arm of the intervention will conflict with the beliefs of the target audience?**

**If yes, what can we do to resolve this?**



*Intervention Coherence (Does the participant understand the intervention and how it works?)*

**Is any part of the project that we have described unclear to you? If so how could we explain it better?**

**Do you have any questions about how this arm of the intervention will benefit the health of children in your community?**

*Perceived Effectiveness (Do participants believe the intervention will fulfil its purpose?)*

**Do you think this arm of the intervention will be successful?-(eg people will participate, it will do what we are trying to achieve)**

**If no, why?**

**If no, what can we do to resolve this?**

**Do you think there are any complications, problems or issues with this arm of the intervention as we have described it?**

**If yes, what do you suggest to resolve this?**

*Self-efficacy (Participants confidence that they can perform the behaviours required to participate)*

**Do you think that the target audience will be able to participate in this arm of the intervention as we have described it? (here we are focussing on the types of activities that we have outlined that will bring about the change in behaviour ie not just about them attending but actually taking part in the activities )**

**If no, why not?**

**If no, what do you suggest to resolve this?**

**Do you think that the target audience has the resources (to be able to actually attend, or actually do what we are asking form them in the intervention) available to participate in this arm of the intervention as we have described it? If not what resources do they need and do you have any suggestions how we this could be made easier.**

**Do you have any other concerns that we have not discussed?**

**Focus Group Guide for Assessing Prospective Acceptability Testing of the PANChSHEEEL Intervention Package with Potential Participants and Facilitators**

This questionnaire can be utilized to assess the acceptability of the intervention to potential participants' before they take part in the intervention. The components of each intervention put forward within the PANChSHEEEL package will be presented to the potential participants and explained before these questions are asked. Field workers will ask the **bold print questions** below as they are written and record participant responses.

Please record the details of the audience you are speaking to, including the number of people from each background (ie. 4 mothers, 5 grandmothers, 2 fathers, etc....)

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*Affective Attitude (How do participants "feel" about the intervention?)*

**How do you feel about participating in the project we have described you to?**

**Why?**

*Burden (Perceived amount of effort which is required to participate)*

**Do you think that participating in the project we have described will disrupt your day to day activities?**

**If yes, what can we do to resolve this?**

**Do you think that participating in the project we have described will require a lot of effort from yourself?**

*Ethicality (Measure the fit between the intervention and individual's values)*

**Does any part of the project that we have described conflict with a vital aspect of your day to day activities?**

**If yes, what can we do to resolve this?**

**Does any part of the project that we have described conflict with your personal beliefs or values?**

**If yes, what can we do to resolve this?**

*Intervention Coherence (Does the participant understand the intervention and how it works?)*

**Is any part of the project that we have described unclear to you?**

**Do you have any questions about how the project that we have described will benefit the health of children in your community?**

*Perceived Effectiveness (Do participants believe the intervention will fulfil its purpose?)*

**Do you think the intervention will be successful?**

**If no, why?**

**If no, what can we do to resolve this?**

**Do you think there are any complications or issues with the project that we have described?**

**If yes, what do you suggest to resolve this?**

*Self-efficacy (Participants confidence that they can perform the behaviours required to participate)*

**Do you think that you are able to participate in the project we have described?**

**If no, why not?**

**If no, what do you suggest to resolve this?**

**Do you think that you have the resources available to participate in the project we have described?**

**Do you have any other concerns that we have not discussed?**



