

FACILITATED ACTION AGAINST MALNUTRITION (FAAM)

FORM I: FOR LEAD RESOURCE PERSON ONLY

The capacity building needs assessment is the first in an organic process of working with PRADAN to support / build organizational capacities for action on malnutrition. It needs to be clearly understood that the rapid appraisal is assessing perceptions, attitudes, current level of information and current level of perceived practice. It is not claiming at any level to verify reality; broadly a KAP framework as a starting point for further work. Of these, perceptions, attitudes and levels of information are more important for the present task than action, though action is a validator of the previous domains.

A brief report is expected from the process, with some estimation of numbers from the village FGDs that describe majority views / practices and differing views/practices specially related to IYCF. A list of foods being eaten is also expected, with special reference to animal proteins, fruits and vegetables and lentils since

The process should be one of **briefing and discussion with block team, field visit, meeting with federation leaders, debriefing.**

The first point of contact is with the Block Team of Pradan during the briefing. Here, it is important to sensitively assess interest in nutrition-related work amongst the various people present, as well as their perceptions of status, determinants, inter-linkages of nutrition with other sectors etc. Your own opinions and the field visit may reveal information that is contrary to what the team perceives. This should preferably be brought up at the debriefing rather than the briefing.

A) With the team members of PRADAN

Introduction with job description, background information / qualification, years of working experience and areas of working experience special reference to health and nutrition, women and children.

A person from national office PRADAN may explain why PRADAN is taking up the nutrition issue and lead person may explain the role of PHRN essentially as a support to existing knowledge and practice. It is important to reinforce that we do not consider nutrition to be a highly technical subject requiring 'experts' to practice. We need to build upon our current understandings and strengths, add knowledge, arrive at consensus for practice and facilitate what is considered good practice by our common 'refreshed' understanding.

"it's not rocket science..."

Reinforce core values of community ownership and control with facilitatory support from resource agencies such as PHRN and Pradan. Diffuse any perceptions of hierarchy based on differential levels of expertise. Reinforce core value of collaboration – respectful, appreciative ‘walking together’ towards common goals and visions (of an empowered community).

The block team will make a general situational analysis and presentation about the work in that district and block.

The key areas may be assessed for the identified blocks are - major crops grown, food habits, IYCF, access to services and utilization and status of malnutrition and underlying causes.

Some broad based open-ended questions:

1. Why should we work on nutrition?
2. What is the relationship between economy and child nutrition?
3. Status of nutrition in X block?
4. Reasons behind it?

Specific Additional Probes

- What are the major crops grown in the area? What is the status of pulse cultivation and its consumption? Major vegetables in use of the community for cultivation and consumption
- Describe kharif and rabi crops and availability of vegetables in each cycle
- What are the current food habits in the villages
- Probe non-veg foods
- If there is any variation due to economic reasons, agricultural practices / assets, or any geographical location?
- What is the status of (carbohydrate) food security? Reason for variation
- What is the expenditure pattern on the sale of agriculture surplus? Is the money earned through sales transforming into nutrition of the family? If not why not?
- Child care practices in the village and women’s time-use and energy-use
- Situation of main associated schemes and programmes: ICDS, NRHM, PDS, NREGA, WATSAN / WASH
- Current interventions in nutrition by Pradan if not covered in block presentation.
- Observe and note both positive and negative attitudes to nutrition work and probe reasons if possible (anxieties about extra work, complexity, working with a stranger organization, lack of conviction etc.)

Choice of 'Field': in our experience thus far, an area where the group has been established for a year or more is suitable to take up nutrition work. It is important to visit both villages where SHGs have been established for many years as well as where they are relatively new. Geographical considerations, women's occupation and specific vulnerabilities should be kept in mind while choosing villages.

B) With the women in the village

Name of village:

No. of women:

Description of the group:

Again, a process of discussion, probing and observation is used during the village meetings. You would be required to give some estimation of how many women replied in a particular way and how many in another if there are different responses to the questions, as well as present a broad impression of the most prevalent situation. More important questions and tasks are presented in bold. However, there is no domain that can really be missed and this is a minimal list of information to gather.

Broad Domains

The main broad domains are to be covered as below with reference to status as well as determinants (always probe reasons why). Please start with open-ended questions and then add probes.

1. Dietary assessment: special reference to each broad category
2. Assessment of IYCF practices
3. Utilization of related schemes and services
4. Child care practices
5. Observation of children and women for anemia and malnutrition. Use MUAC, stadiometer, weighing machine where possible or refer to anganwadi records
6. Special reference to left out (from SHG) women and their families. Try to visit and observe.
7. Observe AWC with a few village women, speak with AWW, ASHA / Sahiyya

Specific Probes

I. Household Food Security

1. How available are the major staple foods? Which are the main staple foods consumed and how often are these foods consumed? Does the availability and consumption of these foods differ by season?

2. **How available are fruits and vegetables? Which fruits and vegetables are consumed and how often? Does the availability and consumption of these foods differ by season? Please list vegetables that are available and in use / not in use, with reasons. We need the list to look at nutritional content.**
3. **How available are animal source foods (meats, chicken, eggs, fish, etc.)? Which animal source foods are consumed and how often? Does the availability and consumption of these foods differ by season?**
4. Are there times of the year when families have insufficient food in the household and resources to purchase food? If so, what are some of the coping measures used to get through the lean season.
5. How many women are not parts of the SHG? Why?

II. Infant and Young Child Feeding

1. **Are babies under 6 months of age being breastfed? How often? Are any other liquids or foods being given to infants 0-6 months? If yes, what liquids/foods and at what age are they introduced? At what age do women return to work after childbirth? At what age are solids generally introduced?**
2. What are young children eating on a daily basis?
3. Do children <2 years consume fruits and vegetables? If yes, which ones and how often? At what age do you usually start giving these foods?
4. Do children <2 years consume animal source foods (meats, fish, eggs, non-human milk, etc.)? If yes, which ones and how often? At what age do you usually start giving these foods?
5. Who in the household is deciding what foods young children receive?
6. Are there foods that are current fed to young children that are different from what you feel should be food? If yes, what are the differences and what obstacles are there to children receiving foods you feel they should be fed?

III. Childcare

1. **What are women's daily schedules like? What are the usual occupations? How long are they out of the homes for? Do they structure their work time outside the home depending on child age and/or household economic situation? If so, how?**

2. What arrangements are usually made if a young mother has to work outside the home or go to the market? **Who does she leave the young child (under 2 years) with for care (bathing, feeding, watching, etc.)?** (Please probe for the relationship of the individual as well as his/her age and gender)? What is this decision about who cares for the child based on? Does she leave food and/or instructions for care with the alternate caregiver?

IV. Services

1. Growth monitoring 'do you know the weight of your child?' 'Has anyone ever said that a child is weak and suggested any action?'
2. Do your children get THR, HCM, MDM? Frequency.
3. Does everyone have a ration card? Are you getting rations? Problems?
4. How many days did you get NREGA work? Wages? Problems? Other work? Wages?
5. How far is the nearest government health centre? Do you visit it? If not, why not? Does the Sahiyya / ASHA visit you? How does she help?
6. Has any child died recently? Find out details.

C) With the Federation leaders at Block Level

This meeting is largely to assess level of interest, information and leadership amongst the federation to work on nutrition. Pradan team leads the discussion. Lead questions may be as follows:

1. At your last meeting what issues were discussed?
2. What are women borrowing money for? Are women borrowing for health and nutrition needs?
3. What do you feel about the status of health and nutrition in your villages?
4. Do you think federation should be working on these issues?

Some sensitization on importance of ECCD may be done if time permits. Important to reinforce core values of women's rights with respect to their multiple roles as workers, mothers, home builders, leaders. Politics of health and nutrition may be referred to if seems appropriate as also concerns about commercialization, privatization.

D) Debriefing with Block Team

Lead is taken by the Pradan national team. It is important to arrive at a broad consensus on learnings from the field and how they might have shown a different picture from what we started with. Next steps to be discussed and shared. Important to contribute to motivation and excitement for nutrition work and a positive feeling about the partnership. Identify people who seem passionate,



involved and quick learners by now and give feedback on organisational / operational issues relevant to the partnership to the Pradan national team separately.

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FORM II: FOR FIELD ASSESSMENT TEAM

Meeting with the women in the village

Name of village:

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Description of the group:

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3. Hygiene, water and sanitation

IV. Services

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Designed and Developed by

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