THE ENABLERS AND BARRIERS TO POSITIVE NUTRITION PRACTICES

Formative Research Report

Validation workshop with DARSHANA (local NGO partner). Chhatarpur. Photo taken by : Nadine Bader

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This report was written for GIZ's Food and Nutrition Security, Enhanced Resilience (FaNS) project by social and behaviour change consultant Petr Schmied (petrschmied07@gmail.com; LinkedIn) based on research conducted in Madhya Pradesh state of India. The consultant sincerely appreciates the large amount of work done by all the research team members (see chapter 3.3). This research would not be possible without the financial support provided by the German Ministry of Economic Cooperation and Development (BMZ).

The cover photo shows a woman from Talgaon village who was identified as an example of a mother (and a project participant) that takes very good care of her child. Prior consent was obtained for all photos taken using GIZ's consent form.

ABBREVIATIONS

BMZ - The German Ministry of Economic Cooperation and Development
DWCD - Department of Women and Child Development
FaNS - Food and Nutrition Security, Enhanced Resilience
FGD - focus group discussion
GIZ - Deutsche Gesellschaft für Internationale Zusammenarbeit
PDS - Public Distribution System
PLA - Participatory Learning and Action
SBC - social and behaviour change
SSI - semi-structured interview

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Validation workshop with DARSHANA (local NGO partner). Chhatarpur. Photo taken by : Nadine Bader

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EXECUTIVE SUMMARY

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in collaboration with its partner organisations is implementing the Food and Nutrition Security, Enhanced Resilience (FaNS) project in two districts of Madhya Pradesh state in India. The intervention aims to **improve the food and nutrition security of young children and women of reproductive age**, with a strong focus on improving their dietary diversity. Among its main activities are capacity strengthening of Anganwadi Workers (frontline health and nutrition extension workers), participatory sessions with mothers promoting good nutrition practices and support to homestead production of nutritious vegetables. The results of the project's mid-line survey (conducted in September 2018) showed that there is a gap between women's knowledge of the promoted nutrition practices and the extent to which they follow some of these practices.

Therefore, GIZ FaNS project decided to commission a **qualitative research aiming to identify**:

- the main factors that prevent the target group members from following the selected nutrition practices (= the 'barriers')
- the main factors that enable / motivate the target group members to follow the selected nutrition practices (= the 'enablers')
- what can be done (in the remaining part of FaNS project and in other interventions) to overcome the main barriers and to take advantage of the enablers

The research was conducted in September 2019 by a team of one international social and behaviour change (SBC) consultant, GIZ staff and two research assistants contracted by GIZ in Chhatarpur district of Madhya Pradesh. It involved focus group discussions with mothers, fathers, Anganwadi Workers and the partner organisation's field staff; semi-structured interviews with relevant authorities, positive deviants (women who manage to ensure good family nutrition despite being in similar socio-economic situation as others); and observations of participatory nutrition sessions, nutrition gardens, food preparation and child feeding practices. The photos below illustrate some of the data collection activities. The research findings and recommendations are summarised in the table below.

The photos capture a focus group discussion with Anganwadi Workers (Junwana village) and a visit to a nutrition garden (Jhakronkala village). The photos were taken by Petr Schmied.

Table 1: Summary of the Research Findings and Recommended Activities

Selected Behaviours	Priority Groups	Determinants	Required Changes	Recommended Activities
Children 6 - 23 months of age receive foods from ≥ 4 food groups in the course of a day. Children 6 - 23 months of age receive solid, semi-solid or soft foods the minimum number of times or more in the course of a day. Women of reproductive age (15 - 49 years) eat foods from ≥ 5 food groups in the course of a day.	The behaviours are supposed to be practiced primarily by women of reproductive age living in the target areas of the FaNS project. They are characterised by: - low income - high workload - low literacy levels (over 50%) - most women have good knowledge of the promoted practices	**Key Barriers** • poor access to nutritious foods (due to low income, limited land, seasonal migration, ineffective PDS) • lack of time that is required to practice the promoted behaviours • limited engagement of fathers in ensuring good nutrition • harmful beliefs / traditions • unsupportive social norms • limited knowledge of good nutrition practices among some women **Key Enablers** • access to nutritious food / income • high motivation to ensure good nutrition for their children • help provided by other household members	- Improve women's access to nutrient-rich foods. - Increase the availability of time women have for preparing nutritious meals for young children. - Increase fathers' engagement in ensuring good nutrition. - Increase the perception that the prevalent traditional beliefs are harmful for children and women's health. - Decrease the perception that the prevalent social norms are worth following. - Increase the knowledge of good nutrition practices among the minority of women who lack it.	**For the remaining project duration** - share the key findings with Department of Women and Child Development, especially their Supervisors and Anganwadi Workers - encourage Anganwadi Workers to promote good nutrition practices and to engage other household members during home visits - support Anganwadi Workers in engaging men and in addressing harmful beliefs - discuss with Anganwadi Workers the possibility of them being trained in counselling on the production of nutritious vegetables - promote low-cost vegetable seeds that are offered by the local shops / government

Table 1: Summary of the Research Findings and Recommended Activities

Selected Behaviours	Priority Groups	Determinants	Required Changes	Recommended Activities
		Key Enablers • women's decision-making power with in the households • know-how provided by Anganwadi Workers • opinions and practices of other women (= positive social norms)	- Improve women's access to nutrient-rich foods. - Increase the availability of time women have for preparing nutritious meals for young children. - Increase fathers' engagement in ensuring good nutrition. - Increase the perception that the prevalent traditional beliefs are harmful for children and women's health. - Decrease the perception that the prevalent social norms are worth following. - Increase the knowledge of good nutrition practices among the minority of women who lack it.	- use the upcoming endline survey to assess the extent of the identified barriers - disaggregate data on children's dietary diversity and frequency by gender **In any other existing or planned interventions** - engage men in improving family nutrition - support Anganwadi Workers in doing home visits - review the design of PLA sessions (shorten some exercises, emphasise the role of men, etc.) - keep strengthening Anganwadi Workers' skills - provide more support to homestead vegetable production - consider supporting people's access to the government's food rations

Indicators: Minimum Dietary Diversity and Minimum Meal Frequency (both disaggregated by gender); Minimum Dietary Diversity - Women

1. BACKGROUND

The Food and Nutrition Security, Enhanced Resilience (FaNS) project is part of the global initiative 'One World – No Hunger' by the German Ministry of Economic Cooperation and Development (BMZ). The project is implemented in 12 countries, including India. FaNS India aims to **improve the food and nutrition security of young children and women of reproductive age**, with a strong focus on improving the diversity of children and women's diet. It is implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in collaboration with international non-governmental organisation Welthungerhilfe, Indian local non-governmental organisations Darshana and MGSA, and the Department of Women and Child Development (DWCD), Madhya Pradesh, in the project´s nutrition component. FaNS also provides technical expertise to the Ministry of Consumer Affairs, Food and Public Distribution, Government of India, in the reform of the Public Distribution System (PDS) and works on state level in Madhya Pradesh with the Department of Food, Civil Supplies and Consumer Protection.

The main **activities of the project's nutrition component include**:

- capacity strengthening of Anganwadi Workers (frontline health and nutrition extension workers)
- support to the implementation of participatory sessions conducted by the Anganwadi Workers that promote good child nutrition and childcare practices among women (15-49 years), especially to increase dietary diversity, using the Participatory Learning and Action (PLA) approach
- motivating women to have a homestead 'nutrition garden' for an easier access to fresh vegetables and fruits and
- promote the provision of seeds and seedlings for nutrition gardens via Horticulture Department
- advocacy initiatives focusing on a greater engagement of various stakeholders in improving nutrition

The project is implemented in the Sheopur and Chhatarpur districts of Madhya Pradesh. This state has 42% prevalence of stunting and India's largest number of scheduled tribes who are especially vulnerable to malnutrition (due to a poor economic situation, low social standing, sub-optimal child feeding practices and other factors)[1].

The results of the project's mid-line survey[2] (conducted in September 2018) showed that while the target group members have a good knowledge of the promoted nutrition practices, the proportion of target group members who follow some of these practices is lower than desired. This was especially the case of knowledge and practice regarding dietary diversity (see table 2).

Therefore, GIZ decided to commission a qualitative study aiming to identify the main reasons why some target group members (do not / cannot) follow the promoted nutritional and childcare practices. This also includes the identification of influencers and positive deviants capable of motivating and enabling mothers to follow the promoted nutrition-related behaviours. The findings should enable FaNS project and its implementing partners 1) to identify how such interventions could be designed in an even more effective way; and 2) to understand what adjustments need to be made to the project before its completion in June 2020.

[1]IIPS and ICF (2017) National Family Health Survey (NFHS-4), retrieved from http://rchiips.org/nfhs/NFHS-4Reports/India.pdf

[2]GIZ(2019) Social and Behaviour Change : Insights and Practice

Observation of child feeding. Sakronbara Village. Photo by : Dheerendra

Table 2: Difference between the target group members' knowledge and practice

knowledge of the recommended number of food groups	61.3%
practice of women consuming the recommended number of food groups	26.6%
practice of children (6-11m) consuming the recommended number of food groups	36.1%
practice of children (12-23m) consuming the recommended number of food groups	48.2%

2. INTRODUCTION TO SOCIAL & BEHAVIOUR CHANGE

The success of nutrition (but also many other) interventions depends to a large extent on their ability to motivate and enable people to adopt and follow optimal nutrition practices, such as exclusive breastfeeding or using foods from various food groups when preparing children's meals. While the traditional approaches to behaviour change were based on 'educating people', in the recent years there has been a greater recognition that improving knowledge and skills often is not enough. As the Socio-Economic Model shows (see illustration), there are several layers of different 'barriers' that can prevent people from adopting and following the promoted behaviours. Knowledge and skills are just one of them. The illustration at the following page[3] provides a more comprehensive overview of the key barriers as well as motivators, including social norms, access, perceived positive and negative consequences, policies and other factors. The Social and Behaviour Change (SBC) approach recognises the importance of these factors and has become an increasingly prominent and common part of nutrition and other interventions. It is understood as a process involving individuals, communities or societies that enables them to adopt and sustain positive behaviours. It does so by identifying the various factors that influence people's behaviour and addressing them by using those approaches that are most likely to be effective[4].

In June 2019, GIZ published a Social and Behaviour Change guide that encourages and supports GIZ's projects in using SBC know-how for increasing the impact of their work. It explains what is SBC about and provides practical guidance on how to understand and address the barriers (as well as motivators) to the promoted behaviours.

[3]People in Need (2018) Barrier Analysis Reporting Template

[4]GIZ (2019) Social and Behaviour Change : Insights and Practice

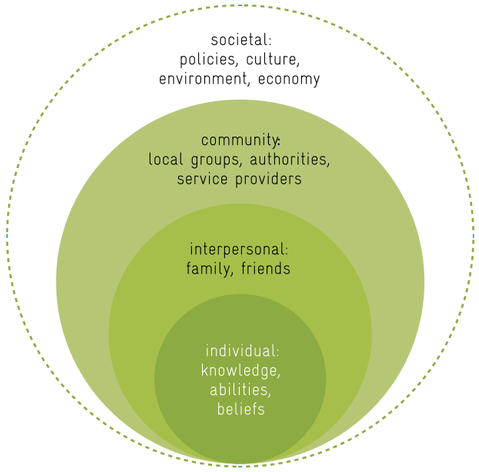


Illustration 1 : SOCIO ECONOMIC - MODEL

The research presented in this report is one of the first applications of this guide's recommendations in the context of GIZ's projects. In addition to the main objectives presented below, this report also hopes to inspire other GIZ projects to invest into conducing SBC research and using the findings to achieve even better results.

ILLUSTRATION 2: WHAT DETERMINES PEOPLE'S BEHAVIOUR?

PERCEIVED SELF-EFFICACY
A person's belief that s/he has the confidence, knowledge, and ability required for practicing the behaviour.

PERCEIVED POSITIVE CONSEQUENCES
What positive things does a person think will happen if s/he practices the behaviour? What will be the benefits & advantages?

PERCEIVED NEGATIVE CONSEQUENCES
What negative things does a person think will happen if s/he practices the behaviour? What will be the costs & disadvantages?

PERCEIVED SOCIAL NORMS
A person's perception of whether the family, neighbours, or other important people will approve or disapprove of her/ him practicing the behaviour.

ACCESS
The extent to which a person can access the products or services required to practice the behaviour.

CUES FOR ACTION
The presence of reminders that help a person to remember to practice the behaviour or the steps involved in doing the behaviour.

PERCEIVED SUSCEPTIBILITY
A person's perception of how likely it is that s/he will be affected by the problem the behaviour is addressing.

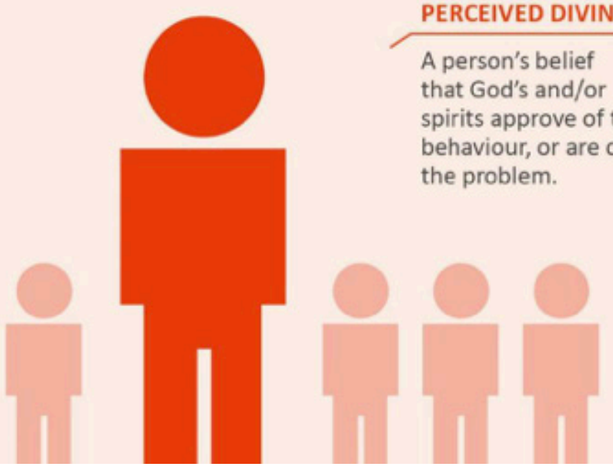
PERCEIVED SEVERITY
A person's perception of how seriously affected s/he can be by the problem the behaviour is addressing.

PERCEIVED ACTION EFFICACY
A person's belief that doing the behaviour will address the problem.

PERCEIVED DIVINE WILL
A person's belief that God's and/or spirits approve of the behaviour, or are causing the problem.

POLICY
Local laws and regulations that affect behaviours and access to products and services.

CULTURE
The extent to which local customs, values or lifestyles influence (not) doing the behaviour.



Source: People in Need (2018) Barrier Analysis Reporting Template

3. RESEARCH METHODOLOGY

This chapter presents the main aspects of the research methodology, including the key questions that guided the focus of the research; behaviours that were studied; sampling methodology; data collection, coding, analysis and validation; and the key research limitations.

3.1 Key Research Questions

The research aimed to answer the following questions:

- What are the main factors that prevent the target group members from following the selected nutrition practices? (= the 'barriers')
- What are the main factors that enable / motivate the target group members to follow the selected nutrition practices? (= the 'enablers')
- What can be done (in the remaining part of the FaNS project and in other interventions) to overcome the main barriers and to take advantage of the enablers?

3.2 Selection of Studied Behaviours

The FaNS project promoted a wide range of nutrition, hygiene and food production practices. To ensure that the research is capable of providing in-depth insights (i.e. avoid being too wide and too shallow), it was important to prioritise the behaviours that should be studied.

To do so, the consultant reviewed the behaviours based on **two key selection criteria**:

- the extent to which they are currently practiced (with priority given to those that are practiced by not many target group members); and
- the extent to which they contribute to improving maternal and child nutrition (with priority given to the highest-impact behaviours)

Based on this process, the consultant and **FaNS team decided to study the following behaviours:**

- children 6 - 23 months of age receive foods from ≥ 4 food groups in the course of a day
- children 6 - 23 months of age receive solid, semi-solid or soft foods the minimum number of times or more in the course of a day
- women of reproductive age (15 - 49 years) eat foods from ≥ 5 food groups in the course of a day

3.3 Research Team Composition

The research was conducted in September 2019, involving the following staff:

- international consultant contracted by GIZ
- GIZ's FaNS project international advisor
- two GIZ FaNS project national staff
- two national assistants contracted by GIZ to assist with transcriptions and translations
- male Darshana staff facilitating FGDs with men
- female Darshana staff supporting data collection

On most of the days, the staff was divided in **two teams**, each consisting of two to three people, including an international staff member, a national facilitator / interviewer, and (if required) an interpreter.

3.4 Sampling Methodology

The research used a combination of several qualitative methods, including:

- **review of secondary resources**, including the project descriptions, baseline and mid-line surveys, research reports and other documents (in total over 30 resources)
- **focus group discussions** (FGD) with mothers of children aged 0 - 23 months, husbands, Anganwadi Workers operating in these villages, and Darshana Block Coordinators; FGDs involved on average 7 participants
- **semi-structured interviews** (SSI) with the positive deviants,[5] Child Development Project Officer, Anganwadi Supervisor, Horticulture Department's Officer, Darshana's Project Coordinator, and Welthungerhilfe's State Coordinator
- **observations** of 'nutrition gardens', child feeding and food preparation practices.

The FGDs and observations took place in **eight villages** in the Bijawar and Rajnagar blocks of the Chhatarpur district[6]. They were selected from the lists of all the target villages located in these two blocks using stratified random sampling. The villages were divided into three types (very accessible, quite accessible and remote) and then selected using Excel's RANDBETWEEN function. This measure ensured that the research involved respondents from diverse areas with varying physical access to services and infrastructure (e.g. markets).

The participants of FGDs and observations were selected by the Anganwadi Workers (and/or Darshana staff) based on a list of criteria provided by FaNS project and the consultant, including: (lack of) ownership of a nutrition garden, participation in PLA sessions and belonging to poorer members of the local communities.

The research aimed to **ensure the required data saturation** – a situation where data collection from an additional number of respondents does not provide any significantly new data. Therefore, once two thirds of data collection process were done, the research team members reviewed and discussed the collected data. The team then decided to stop asking about certain topics (as the data saturation was already high) and to inquire more into topics that required a deeper understanding instead.

3.5 Preparations for Data Collection

In preparation for the data collection process, the consultant and FaNS took the following steps:

- **Development of the data collection forms**, including guides for FGDs, questionnaires for SSI and observation forms. All forms developed by the consultant were reviewed by FaNS and the feedback was addressed. The final versions of the forms are available in Annex 6.2.

- **Clarification of the data collection forms' content**: To ensure that everyone has the same understanding of the interview / FGD questions and observations, the consultant discussed them in detail with the FaNS staff / contractors participating in data collection. This process also enabled the research team to further refine the content of the data collection forms.

- **Translation of selected FGD guides and SSI**: Data collection forms used with mothers, fathers, Anganwadi Workers and positive deviants were translated into Hindi. After the translation, they were verbally translated back to English to verify that the meaning of the forms in Hindi stayed the same as in their original English version. Further minor revisions were done after these forms were tested in practice.

[5]Positive deviants are people who despite facing similar socio-economic conditions as others, are able to ensure better nutrition for themselves and/or their children. They were identified in the course of FGDs with women or Anganwadi workers.

[6]The villages included: Surajpura, Jakhronkala, Talgaon, Pali, Sakronwada, Barakheda, Jwana and Dahhar

- **Induction of data collectors**: The consultant explained to the data collectors the key mistakes that happen during the data collection process and provided them with guidance on how to ensure that the data is collected to the required quality. Further guidance was provided in the following days, based on the observed strengths and weaknesses of data collectors' skills.

Focus group discussion with mothers. Junwana village. Photo taken by : Peter Schmied.

3.6 Data Collection

The required data was collected in the course of seven working days, starting from 10th September and finishing on 17th September 2019. This process involved the following:

- 8 FGDs with mothers of children aged 0 - 23 months (on average six mothers per FGD)
- 3 FGDs with husbands (on average seven men per FGD)
- 3 FGDs with Anganwadi Workers (on average four Workers per FGD)
- 1 FGD with eight Darshana Block Coordinators
- 4 SSI with positive deviants
- 1 SSI with Child Development Project Officer and Supervisor
- 1 SSI with Horticulture Department's Officer
- 1 SSI with Welthungerhilfe's State Coordinator
- 1 SSI with Darshana's FaNS Project Coordinator
- 8 observations of nutrition gardens
- 5 observations of meals preparations and/or child feeding practices
- 1 observation of PLA session

All respondents were informed about the purpose of the discussions / interviews, the option to opt-out at any moment, the data usage (including confidentiality), and were asked for their **agreement to participate** in the interview. The data collectors were responsible for ensuring that the discussions / interviews are conducted in privacy, enabling the respondents to feel more at ease when responding to more sensitive questions. Most of the discussions / interviews were in the Hindi language; the remaining were in English. The photos below illustrate the data collection process.

FGDs with mothers, husbands and Anganwadi Workers were **audio-recorded** and subsequently transcribed and translated by two staff from Hindi to English. The translations were regularly reviewed by the consultant.

Focus group discussion with fathers. Sakronwada village. Photo taken by : Archana Sarkar.

3.7 Coding, Data Analysis and Validation

Based on the meaning of the themes that came out of the interviews, the consultant prepared relevant codes and subsequently **divided the transcripts according to these codes**. This process enabled the consultant to see and to analyse all the data relevant to a specific theme and present a comprehensive picture of the main findings.

The main findings and recommendations were presented and validated on two main occasions:
- On 19th September, during a validation workshop in Chhatarpur town, involving **Darshana staff** involved in the implementation of FaNS project and another nutrition project Darshana implements.
- On 20th September, during a validation workshop in Delhi, involving **GIZ staff** participating in the implementation of FaNS project.

The feedback provided during both workshops was considered when defining the key findings and recommendations and is reflected in the following parts of this report.

3.8 Limitations and Lessons Learnt

Among the main limitations and lessons learnt of the research were:

- The research was of a **qualitative nature** – this means that it allows FaNS to understand what the main barriers and enablers are, why they exist, how people perceive them, etc.; however, it cannot provide quantitative data on how widespread they are. To address this limitation, the recommendations section of this report provides a list of the quantitative data that should be collected as a part of the project's upcoming endline survey. Combining the data from these two pieces of research would enable FaNS to gain a very comprehensive understanding of why some target groups members (do not / cannot) practice the promoted behaviours.

- The research took place approximately five months before the implementing partners completed the project, which means that there has been less scope to **put the findings and recommendations into action** (as compared to if the research was done at the project start or during a mid-term review). Therefore, the recommendations focus primarily on short-term actions that can be taken:

  - by FaNS´ implementing partners in the remaining time of the project

  - by GIZ, Welthungerhilfe and their implementing partners (both in India and other countries) in the course of other nutrition projects

- In a few instances, it was difficult to get from the respondents their real views and experience, as they presented everything in an **unrealistically positive manner** (i.e. 'everything is fine', 'nothing makes it difficult to follow the promoted behaviours', etc.). In such situations, the research team reduced the duration of the interview / discussion and invested the remaining time in more helpful data collection.

- After several **observations** of child feeding or food preparation practices, the research team realised that the households were informed by the Anganwadi Workers about the visit (despite the instructions not to do so). As a result, they prepared meals that looked very nutritious but were not likely to resemble their children's daily diet. Therefore, subsequent observations were done as 'surprise visits', allowing the team to gain a more realistic picture of what was observed.

- Although all the research team members were briefed on the importance of **asking questions exactly as written** in the guides / questionnaires, some data collectors did not always follow this recommendation thoroughly. This unnecessarily reduced the usefulness of the data gained during such discussions / interviews. To prevent such situations, the consultant regularly reviewed the translated audio recordings and provided data collectors with the required feedback.

Observation of child meal preparation practices. Talgaon village. Photo taken by : Nadine Bader

- The collected data was either translated verbally or in writing from (a local dialect of) Hindi to English. Although all research participants had a very good level of English, it is possible that the meaning of some data was slightly, unintentionally **changed during the translation.**

4. FINDINGS

This chapter presents the research findings, describing the factors that prevent mothers from practicing the desired behaviours (the '**barriers**') and those that motivate mothers to adopt the behaviours (the '**enablers**').

4.1 The Key Barriers to Change

The research has identified six main types of barriers that prevent women from practicing the desired nutrition practices:

1. INSUFFICIENT ACCESS TO NUTRITIOUS FOOD

In order for the caregivers to be able to follow the promoted practices, they must have stable access to a sufficient quantity of nutritious foods. The research clearly showed that many families do not have the required access to nutritious foods and therefore – even with the best possible knowledge – it is not possible for them to ensure the desired nutrition for themselves and their children. Among the main reasons for insufficient access to nutritious food are:

• **Limited money available for purchasing nutritious food:** Many families do not have land and depend on seasonal labour work in the agricultural or construction sectors (especially in October to November and March to April). This unskilled work provides a limited income of about 200 – 250 INR (less than 3 EUR) per day. There are very few longer-term job opportunities that would provide families with a higher and more stable source of income that would enable them to ensure good nutrition. According to a female research participant: "We are not like people who have jobs. We can eat according to whether we have money or not". Another female participant summarised the situation of her family by saying: "We cannot give more than our pockets have."

The limited income families earn tends to be divided between many different priorities, such as children's education which is seen as a very high priority by both women and men. According to the interviewed men: "We have to reduce the amount of money we spend, so that we can educate our children. If they study and become something, then its good. If they do not study, they will become labourers."

Other expenses included house repairs, household equipment but also (in some cases) tobacco and alcohol. Since it is primarily men who earn most money and who decide how the income will b spent, the amount available for purchasing nutritious food tends to be low.

Therefore, there are two main challenges: 1) families' **overall access to income**; and 2) the **extent to which the generated income is used for ensuring good nutrition**. The first point was summarised by a male participant of a focus group discussion as: "If we have money, we can give nutritious food to our children. If we do not have money, we cannot." Darshana field staff reported even more severe cases where some poor families delay the start of providing complementary meals (after the age of six months), so that they spend less money on food.

• **Food often purchased by men**: Considering that food (in general but also vegetables) is frequently purchased at larger and often more distant markets, these purchases are primarily done by men. Therefore, unless women can clearly agree with men on what they should buy, their choice over the types and amounts of purchased food is limited.

• **Lacking access to land for growing food for household consumption**: Many families do not own or rent land where they could grow food. Therefore, they have to depend on purchasing food from the limited income they earn (e.g. through labour work) and on and government's food rations (which consists primarily of grains).

• **Problematic access to government's assistance**: A smaller proportion of the target group members (reportedly not more than 10%) cannot access the food rations provided under the government's Public Distribution System, primarily due to migrating for work (and not being able to access it during this time) or due to not having the card required to access food rations (on several instances, the Sarpanchs were accused of issuing cards for their wealthier relatives instead of poorer households who need them the most; however, it was not possible to verify whether these claims are true or not).

• **Limited production in families' 'nutrition gardens'**: The mid-line survey of the FaNS project showed that over two thirds of the target households had their own 'nutrition gardens' – small plots of land producing seasonal vegetables and fruits. While the scope of this practice is impressive, the amount of vegetables / fruits produced varies significantly. While some gardens offer a relatively high number of various crops (see picture below), other 'gardens' consist of a few plants only. This means that they are unable to provide the amount of vegetables / fruits that is required for ensuring a nutrient-rich diet.

Furthermore, while some gardens have access to water and produce crops throughout the year, other gardens provide vegetables / fruits during a few months of a year only.

• **Lacking 'nutrition gardens'**: Among the main reasons why some families do not have a nutrition garden or why they produce a negligible volume of crops only are:
- poor access to water for irrigation (stated by women as the biggest constraint)
- lacking space but also unrealistic assumptions about the space required for growing vegetables for homestead consumption – most males responded that they need at least half an acre (i.e. 2,000m2)
- lack of time for growing vegetables (including weeding, managing pests, irrigating crops and other related tasks) due to reasons described under "Lack of Time" below
- limited skills, especially related to pest management (due to weak agricultural extension services that focus primarily on commercial farmers and due to lack of training provided as a part of the 'nutrition gardens' support)
- lacking seeds (most of the seeds kept from a previous season can be reused only once, as later they start losing their effectiveness)
- limited support provided by other household members (as 'nutrition gardens' are seen as the responsibility of women who often have many other priorities)

Vegetable garden of FaNS project participant. Doharra Village. Photo taken by : Petr Schmied

2. LACK OF TIME

Preparing nutritious food for young children (in addition to preparing food for older household members) and feeding children can be very time-consuming. Since women have a very wide range of responsibilities, they are sometimes unable to find the time required for practicing the promoted nutrition practices. This is especially due to:

• Women being engaged in labour / field work:

Many women work as seasonal labourers (especially in the agricultural sector) or work on their own farms. Both types of work are very time consuming and often do not provide them with enough time to prepare nutritious meals and feed them to their children. According to an interviewed Anganwadi Worker: "When a woman gets a 15 – 30 minute lunch break, she cannot manage more than to feed a few spoons to her child and eat her own lunch". Due to work commitments, women also sometimes have to leave young children with older siblings or relatives who might not / cannot provide them with the care and nutrition they need. The situation is most problematic during longer (up to several months-long) migration for work, when mothers are overly busy and at the same time children are left in unhygienic conditions. According to the interviewed Anganwadi Workers, the time when families migrate for work is one of the periods when young children are most likely to become malnourished.

• Women having too many responsibilities:

Women are expected to manage a very wide range of responsibilities, including food preparation, child feeding, bathing children, washing clothes, cleaning the house, playing with children, taking care of older family members, maintaining 'nutrition gardens', working in the fields, etc. The higher the number of (especially younger) children they have, the higher their workload. Due to the high number of tasks they have to manage, some women find it difficult to have the time required to prepare special meals for young children and to feed them in the recommended way, although they may have the knowledge of how to do so. According to the interviewed husbands: "Anganwadi Workers say that food for the child should be made separately … but it is not made … there is no time … there are other things too. It takes lots of time to make different types of food, everyone is busy with their work … women go in the morning with us [husbands] to cut the grass … after coming back she cooks in a hurry whatever she wants."

• Limited support provided by other household members:

Women living in households whose members (husbands, older children, mothers-in-law, fathers-in-law, etc.) are unable or unwilling to help with household chores are less likely to have the time required for ensuring good maternal and child nutrition.

3. LIMITED ENGAGEMENT OF MEN

The research clearly showed that the role husbands / fathers play in ensuring good family nutrition has several major limitations, including:

• Men's perception of their role:

Men see themselves as those who are responsible for providing their families with income and food (which, in the local context of very low and irregular job availability is not a small task). As a male research respondent explained: "Our role is to get whatever things the family needs". Another respondent said that: "Women are responsible for meals preparation and feeding children. Men are responsible for bringing food from outside."

• Maternal and child nutrition seen as women's responsibility:

Taking care of themselves and their children is perceived as a woman's task – not only by men but also by other actors. This social norm is widespread and not easy to change: Men who would help with food preparation, child feeding or other 'women's tasks' are commonly perceived as being too womanly and loose the respect of others. According to an Anganwadi Worker: "Men have no role during pregnancy and lactation. When males support their wives, others make fun of them." The perception that child nutrition is a women's responsibility is even reinforced by some of the nutrition education sessions. For example, the communication materials used in the PLA sessions have very few images showing men doing anything related to child nutrition – nearly all of the work is presented as the responsibility of women. Similarly, men do not think that PLA sessions are something relevant to them simply because they are not invited to these sessions: "Those meetings happen but only women are called, there is no work for us there", explained a male research participant.

• Men having limited knowledge about child nutrition:

When men were asked about good nutrition for children and pregnant women, the most common response was either giggling or saying: "You have to ask our wives, they know it." It was apparent that most men do not have a more thorough understanding of how to ensure good nutrition for children and mothers. As a result, since they lack this knowledge, they are also likely to lack the ideas on how they could contribute to ensuring better nutrition. The absence of ideas on what they could do is likely one of the reasons for the limited support they provide. According to an Anganwadi Worker: "If the woman is aware and the man is not aware, then it does not change much. That's why the men need it." At the same time, this research did not show that men would not be interested in learning. According to a Supervisor of the Anganwadi Workers: "During home visits, many husbands take an interest in learning more."

• Women not asking for more support (social norm):

Husbands might not provide more support also because their wives do not ask them to do so. This might be due to 1) women accepting the existing social norms; and 2) especially younger wives having limited confidence in asking their husbands to help with a portion of 'their tasks' (also due to the norm that 'good wives' work hard). According to a female respondent: "They [husbands] are bringing money for us and that is okay. We can do the other work." When women were asked about what support they would most appreciate so that they could manage to ensure better nutrition, the most common answer was "They should go and earn more money", not to provide more help at home (however, this might also be due to the fact that increasing family income is perceived as a higher priority and as a solution to many problems, including poor nutrition).

• Lack of a wider presence of positive examples:

Most men living in the target areas grew up in a social environment with a traditional division of women and men's responsibilities and a limited presence of positive examples. Men who are surrounded by men who think that it is fine if they do their work and then socialize with their friends (without providing much additional help at home), have drinks, etc. are not likely to see anything wrong with this model. Human behaviour is highly shaped by how others behave and without the presence of 'positive deviants' (men who would do things differently by being more supportive) it might be difficult to motivate men to become more engaged in ensuring good family nutrition. However, according to an Anganwadi Worker, men's views are slowly changing, also due to them being more exposed to more progressive practices in other parts of the country during work-related travels.

4. HARMFUL TRADITIONAL BELIEFS

The mid-line survey of the FaNS project showed that women have a good knowledge of the promoted nutrition practices. However, while women might know what is recommended, they might believe in something else (that is contrary to this knowledge). The research identified a number of harmful beliefs that are likely to have a negative impact on mothers and children's nutrition. Examples include the following:

• Pregnant women should not eat more food than usual as they will then have a difficult delivery (due to the baby being too big).

• If a pregnant woman eats too much, her stomach will be full and there will be less space

for the baby to grow.
• If women work hard during pregnancy, they will have an easier delivery (and will not have to have a C-section).
• Women should start eating normal meals only 4-5 days after delivery (before that they should eat only jaggery (palm sugar), laddoo (a sweet desert), milk, nuts, etc.).
• Women should not eat lemon during pregnancy, as the child will then get a skin disease.
• In the first months after delivery, women should not eat green vegetables, as they negatively impact the quality of breastmilk and cause children to have an (unhealthy) green stool. Another explanation is that they contain small worms that can harm children.
• In the first six months after delivery, women should not eat after dark, as they will not digest the food well.
• Solid foods, such as cereals, should not be given to children younger than one year, as it will 'go into their knees' which will then become stiff and children will not be able to walk.

While some beliefs were quite prevalent even among younger women (such as those related to nutrition during pregnancy), the research participants agreed that they are gradually losing importance as women tend to trust more the advice provided by Anganwadi Workers and other health professionals. Despite this, they clearly have a negative impact on children and mothers' nutrition, as they lead to lower nutrient intake and absorption (e.g. in the case of restricting the consumption of lemon that is rich in vitamin C which is essential for ensuring the absorption of consumed plant-based iron).

5. UNSUPPORTIVE SOCIAL NORMS

Each society has its own social norms that serve as the unwritten rules of behaviours that are considered normal and acceptable. While there are many positive social norms, the research also identified several norms that negatively impact mothers and children's nutrition. This includes:
• Expectation that women should work hard during pregnancy, as resting is not seen in a positive way (often even by women themselves who want to be seen as good (= hardworking) daughters-in-law).
• Women should eat only after other household members eat (a decreasing but still to some extent prevalent practice).
• Fathers should not express their positive emotions (e.g. through picking up / hugging young children, showing affection to his wife, helping her in the kitchen, etc.), otherwise he is seen as being too womanly and will lose the respect of others.
• Children should start receiving complementary foods only after they go to the maternal uncle's house to receive a blessing that is supposed to bring them good luck (however, this sometimes happens too late and therefore the child does not start getting complementary meals at the right age).

6. LACKING KNOWLEDGE

According to the Anganwadi Workers, while the PLA sessions managed to significantly increase women's knowledge of good nutrition practices, a smaller portion of women in the target communities still lack the information on how to ensure good nutrition. This is primarily due to:

Focus group discussion with husbands. Surajpur Village.
Photo taken by : Petr Schmied

• Some women not being able to join PLA sessions due to migrating for work, being too busy, caste-related issues (e.g. not being willing to sit with people from a lower caste) or limited support from in-laws or husbands who prefer women to work at home (as opposed to 'wasting time' at PLA sessions. For example, an Anganwadi Worker reported a man questioning his wife about her visits to PLA sessions and asking her: "Do you not have work? In the time that you spend in the Anganwadi centre, you would be able to cut ten sacks of fodder for the cows".)
• Limited 'attractiveness' of (a smaller part of) PLA sessions that were conducted by less capable or less motivated Anganwadi Workers, resulting in women losing interest.
• Limited attractiveness was also sometime caused by the very long duration of some PLA sessions – for example, in several instances, Anganwadi Workers and women reported sessions starting in the late morning and finishing only around 4pm, taking a considerable portion of women's time.

4.2 The Key Enablers to Change

The research showed that the factors which enable women to follow the promoted nutrition practices are to a large extent the opposites of the barriers described in the previous chapter. They include the following:

1. Access to Income and Nutritious Food

Women are more likely to provide their children (and themselves) with nutritious meals if their households are able to:

• generate enough income that is used (amongst others) for purchasing nutritious foods
• grow a larger quantity of vegetables and fruits in their 'nutrition garden' or in the fields (this depends largely on the availability of land, water, time, motivation and other factors)
• access to government food rations

2. High Motivation to Ensure Good Child Nutrition

Perhaps the strongest and most 'natural' motivator is women's (but also other family members') desire to ensure good nutrition for their children. According to a female respondent: "Every mother wants to feed their child the best … No mother wants her child to be undernourished." This desire for children to grow well and be healthy is a significant driver of women's child care and child feeding practices.

3. Help Provided by Household Members

Considering that child food preparation and child feeding are time-consuming activities, the assistance of other household members is a significant enabling factor. While the 'barriers' section showed that in many instances women receive very little support, the research also identified cases when the opposite was true. For example, a female research participant reported that: "My mother-in-law helps me a lot, like if I go to the kitchen to cook, she does the work outside. The biggest task is to take care of

the kids. There are two small kids, so she helps out with that." Another respondent said that "… my mother-in-law takes care of the kids, so we manage. We share the work, finish it by lunch time, then you are free until five … do anything, sleep … then around five you cook food."

When it came to the help provided by husbands, the participants had mixed experiences:

- "My husband helps out a lot, he helps also in cooking."
- "If he [the husband] is free, then he helps in work. But if he had too much work to do, how can he help?"
- "No, my husband does not help at all."
- "My husband helps depending on time and work."
- "My husband cooks also."
- "My husband does not even make tea."

Clearly, there are instances when both husbands and mothers-in-law provide help that enables women to have more time for their children and for preparing nutritious meals. This also shows the potential of changing the focus of nutrition interventions from 'women' to 'women and their husbands and mothers-in-law'.

4. Know-How Provided by Anganwadi Workers

All female respondents were very positive about the nutrition, hygiene and health-related knowledge that was shared with them by the Anganwadi Workers. They found it useful and reported positive changes in their child care and nutrition practices. The most welcomed recommendations were those that did not require households to spend extra money, such as recommendations on how to prepare meals with locally available, low-cost but nutritious foods. For example, Anganwadi Workers promoted the use of moringa leaves, explaining that: "Earlier, moringa leaves were not known but today we ask women to use them … in dal, curries or make it as a dry vegetable only."

5. Women's Decision-Making Power

Women who are able to influence how family income is used, what types (and amount) of food is purchased by men at the markets, how much help they get from others, etc. are more likely to ensure good nutrition for their children and themselves. This is very important, as less confident women (often younger women or women with dominating husbands or mothers-in-law) might not be able to challenge traditional beliefs / social norms and ask other household members for more help with ensuring good nutrition.

6. Opinions and Practices of Other Women

One of the strongest motivators is the presence of other women who openly agree with and – most importantly - follow the promoted nutrition practices. Humans very much tend to "copy" what their peers (or others) are doing, so the more "positive examples" women see, the more motivated they are to follow practices. That is why it is important that during the PLA sessions women hear recommendations not only from the Anganwadi Workers but also from other women living in the same area and facing similar challenges. One woman, identified as a positive deviant, reported that she is sharing her experiences with keeping up cleanliness and good hygiene for her child with other women who have been interested in her practices and listened to her.

4.3 Success Stories: What Has Worked?

This chapter highlights examples of the project's positive contribution to improving maternal and child nutrition.

Strengthening the Health and Nutrition Extension System

One of the most positive and impactful results of the project are the changes in the ways how Anganwadi Workers share their knowledge and skills with women. According to the Anganwadi Workers, prior to being trained on using PLA, the nutrition sessions were conducted in a rather top-down manner where the workers told women what they should (not) be doing. The effectiveness of these sessions was quite limited, as women sometimes could not understand or did not agree with what was being said. At the same time, due to the top-down manner, they were less motivated to attend the sessions. Using PLA approach brought a major change, as it involved significantly more discussions, stories, visual materials, games and other methods (see photo) that resulted in women being more motivated and able to learn what was being shared. The Anganwadi Workers especially appreciated the availability of training materials: "The PLA uses picture cards. If someone would talk to women, they would understand less … Through the pictures, the uneducated women of the village would understand it easily. This PLA was appreciated, and because of that they started eating well." The improvements in Anganwadi Workers' knowledge and skills will be bringing positive changes far beyond the project's duration. This shows the importance of working on strengthening the systems that are responsible for (and capable of) improving people's nutrition in the long-term.

Creating a More Enabling Environment

The PLA sessions were based on women meeting regularly, learning together and sharing their experience. This 'group experience' led to women seeing what other women think and do regarding maternal and child nutrition which helped create a new 'social norm' of what good family nutrition means. Women did not only learn what they should be doing but they also learnt what others are doing which might serve as an even more important motivator. By living in an environment where it is considered a norm to be, for example, adding dark green vegetables to children's meals, washing hands before eating, growing vegetables for homestead consumption, etc., women are likely to follow these 'new norms'.

PLA session in Talgaon village. Photo taken by : Sudhir Nigam

Experiences of Positive Deviants

The research conducted interviews with 'Positive Deviants' – women, who despite facing similar socio-economic conditions as others, are able to ensure better nutrition for themselves and their children. They have talked to the research team about a number of factors that enabled them to follow the promoted nutrition practices. While some of these 'successes' cannot be directly attributed to the project, it is likely that the project has – at the very minimum – contributed to reinforcing these positive practices (due to women giving greater importance to ensuring good nutrition). Among the identified factors that allowed women to ensure good nutrition were:

• Neighbours' Support:

A woman in Daharra village (see photo) explained that already for several years she grows in her garden a wide variety of vegetables for homestead consumption, not only during the rainy season but also in the remaining parts of the year. This was unusual and it was possible only thanks to her neighbours who allow her to take water from their deep well and use it to irrigate her plants during the dry season. This enables her to access vegetables even in the most problematic times of the year.

• Childhood Education:

A woman living in Talgaon village (in the cover photo of this report) explained that her father always requested her (and other children) to wash hands, wear clean clothes and to keep the house clean. Her husband and mother-in-law wash their hands properly when they come back from the field before they pick up the child. She believes that her child is well-nourished and rarely ill because she follows her fathers' practices and ensures that the child lives in a clean and safe environment.

• Husband's Education and Engagement:

A woman in Sakronwada village who was identified by the local Anganwadi Worker as a Positive Deviant said that she thinks: "I do not do anything differently but my husband is educated, tells me what we should be doing, does not drink alcohol and helps me with work." Her opinion corresponded with the findings from the focus group discussions that showed that husbands–if they are more aware of optimal nutrition practices, more motivated and able to support their wives – can make a very good contribution to improving family nutrition.

A woman in Daharra village showing her vegetable garden. Photo taken by : Petr Schmied.

• Using Wild Vegetables:

A woman living in Jwana village explained that during the dry season, it is difficult to acWcess vegetables Her coping strategy was to collect and use wild dark green leafy vegetables that were growing nearby a public well, one of the few sources of water in her village.

Mother feeding her child. Sakronbara village. Photo taken by : Dheerendra

5. RECOMMENDATIONS

Considering that the implementation of community-based activities of the FaNS project will finish in several months, this chapter provides two types of recommendations: 1) those that can be used for the remaining project duration; and 2) those that can be used in any existing or new nutrition interventions that are (or will be) implemented by GIZ, Welthungerhilfe and their local partner organisations (especially Darshana). The recommendations below include a number of suggestions made by Darshana project staff in the course of the validation workshop (see chapter 3.7).

5.1 Recommendations for the Remaining Project Duration

In the remaining project duration, it is recommended that Darshana, Welthungerhilfe and FaNS take the following actions. These are proposed bearing in mind that the time and financial resources available for implementing any new activities are very limited.

1. Share the Key Findings with DWCD

The actors who are ultimately responsible for improving maternal and child nutrition are DWCD, their Anganwadi Workers and Supervisors. Therefore, it is recommended that FaNS, Welthungerhilfe and Darshana organise a meeting with DWCD (including the Supervisors of Anganwadi Workers), share with them the main findings and recommendations (verbally and in a practical summary written in Hindi) and discuss together how they could be used in the Anganwadi Workers' work.

Since the FaNS project also works with the Department of Food, Civil Supplies and Consumer Protection in Madhya Pradesh on reforms of the Public Distribution System (PDS), it can be useful to share findings related to difficult access to food rations with them. At the same time, it is important to acknowledge that PDS was not the main focus of this research and the scale / frequency of the findings related to PDS is relatively limited.

2. Assess the Extent of the Identified Barriers

The upcoming endline survey is a good opportunity to understand the extent to which the target group members face the identified barriers (i.e. bringing quantitative insights to the qualitative data presented in this report). For example, the endline survey could measure:

- % of target households growing a larger number (more than, for example, 15 plants) of any of the promoted nutrient-rich crops (showing the proportion of households that are likely to harvest at least a moderate amount of vegetables / fruits)

- % of target households that grow several types (e.g. at least 4) of nutritious crop in the course of the entire year (showing the proportion of households that are able to access at least some nutritious vegetables / fruits at most times of the year, including the dry season)

- % of target households whose members know where to purchase vegetable seeds and are aware of their approximate price (showing the extent to which they can physically access seeds and have a realistic perception of their price)

- % of target women / mothers who believe [specify the given belief – e.g. "that women should not eat lemons during pregnancy"]; this data should be assessed by telling women two neutral sounding statements and asking them to say which one do they agree with more, e.g. "When women are pregnant, they should not eat lemon." and "When women are pregnant, they can eat lemon."

- % of target women / mothers who agree [specify the given harmful social norm – e.g. "that good wives / daughters-in-law should work hard even during pregnancy and do not rest more than they usually do"]; using the same methodology as in the point above

- % of target women who decide (on their own or with their husbands) what types of foods will be purchased during the main household purchases

3. Disaggregate Data on Children's Dietary Diversity and Frequency by Gender

Currently, there is insufficient evidence on whether there are any differences in the nutritional quality and frequency of the meals consumed by boys and by girls from the targeted households. Therefore, it is recommended that FaNS requests the company / consultant who will implement the project's endline survey to disaggregate the data on Minimum Dietary Diversity, Minimum Meal Frequency and Minimum Acceptable Diet by gender. This will enable the implementation organisations to see whether there are any significant gender disparities (very small differences should not be taken into account, as they can be caused by the data's margin of error). If so, the implementing organisations should present the findings to DWCD, their Anganwadi Workers and Supervisors and ask them for their suggestions on what could they do (even without any external support) to address the identified difference.

4. Support Anganwadi Workers in Engaging Men

The implementing organisations should consider organising well-facilitated workshops with Anganwadi Workers to discuss in detail opportunities for engaging men in improving maternal and child nutrition. FaNS and Darshana can support them in a number of ways, including:

- advocating the DWCD to systematically work on increasing men's engagement, so that Anganwadi Workers feel that their superiors support (or even require) such initiatives

- discussing with Anganwadi Workers their ideas on 1) how could they approach men (i.e. on which occasions / during which events) and 2) what exactly should they communicate to them

- providing them with practical suggestions (see more in chapter 5.2 below) and examples of good / bad practices identified through the network of Welthungerhilfe's partners and review of existing secondary resources

5. Support Anganwadi Workers in Addressing Harmful Beliefs

In the same manner as in the point above, Darshana should consider discussing with Anganwadi Workers (or their Supervisors) the main beliefs that the research (and the workers themselves) identified and the ways these beliefs could be challenged as a part of the up upcoming PLA sessions. The Anganwadi Workers / Supervisors could brainstorm participatory methods that would encourage women not to follow these beliefs and replace them with more positive nutrition practices. Since these beliefs are likely to be held primarily by older women (i.e. mothers-in-law), it is important that any behaviour change communication activities do not focus only on mothers of younger children.

6. Other Recommendations

The international consultant, Darshana and FaNS staff also proposed the following recommendations:

- Support Anganwadi Workers in identifying local sellers of low-cost vegetable seeds and ask them to inform women (and their families) about the seeds' availability and price, so that they are more likely to continue producing vegetables.

- Discuss with DWCD, especially the Supervisors, the suitability and feasibility of Anganwadi Workers being trained in basic counselling regarding the production of at least several types of nutritious vegetables.

- Encourage Anganwadi Workers to do household visits engaging not only women but also their husbands, mothers-in-law and other household members.

- Discuss with Anganwadi Workers the possibility of them organising several more PLA meetings that men, mothers-in-law and others will be invited to attend. These meetings should reinforce those messages that concern also husbands, mothers-in-law and other household members.

- Discuss with Anganwadi Workers the possibility of them asking more active, knowledgeable and respected women for help with communicating the main messages, so that these are also coming from women's peers, as opposed to just from Anganwadi Workers.

- Distribute the recipe books that Darshana has to each Anganwadi worker, so that they have more inspiration for promoting low-cost, nutritious recipes.

5.2 Recommendations for Any Existing / Planned Projects

Welthungerhilfe, Darshana and FaNS are encouraged to consider in their ongoing (other projects in GIZ than FaNS) and newly-planned nutrition interventions the following recommendations:

1. Engage Men in Improving Nutrition

The findings section showed how limited engagement of men (and other household members) negatively impacts maternal and child nutrition. It also explained some of the reasons for their limited engagement, clearly showing that just telling husbands 1) what they should be doing and 2) why should they do it, would not work. This is primarily because they do not see these things as their responsibility and because they themselves face a number of barriers to a greater engagement.

Therefore, based on the discussions with mothers, husbands and Anganwadi Workers, this report recommends that any efforts to systematically engage men should:

- First, identify what men want the most in life for 1) themselves (e.g. money, respect from others, health …) and 2) for their children (e.g. good education, better life than the parents have …).

- Find a way how these 'big desires' can be linked to the topic of child nutrition, so that men find this topic to be more relevant to what they really want. For example, by showing how inadequate nutrition limits children's cognitive development and reduces their results at school. This can be illustrated using an example that the fathers can easily relate to – for example, using the parallel of a seedling that, if not well nourished (given enough water, nutrients, etc.), does not grow into a strong plant producing good yields.

- In collaboration with NGOs specialising in gender (and nutrition, if possible), design engaging sessions for men focusing on re-defining the responsibilities of 'good fathers' and with fathers identifying the 'small doable actions' that they can take up in their everyday lives (without their 'masculinity' being threatened and considering other barriers they face). The main question is who should facilitate such sessions – since some Anganwadi Workers might not have sufficient respect and might not be comfortable talking to a group of men, it would be essential to engage more respected male members of the community, such as Sarpanch (as the main village authority), teachers (as those who can see the impact of poor nutrition on children's cognitive capacity), etc.

What Are Small Doable Actions?
A small doable action is something small that the priority group members feel they can do. For example, instead of asking fathers to 'support women in ensuring good nutrition', interventions can, with fathers, identify a few smaller doable actions, such as 'asking women what (nutrient-rich) food they should buy at the market' or 'growing dark green leafy vegetables on even just a few meters of land. They can also be identified by asking more supportive husbands ('positive deviants') about what exactly they currently do to support their wives in ensuring good nutrition.

- It is important to realise that the sessions would encourage men to follow practices / small doable actions that are not very common. When dealing with such behaviours, it is not effective to promote it automatically among all the people who should practice them. Instead, as explained by the Diffusions of Innovations theory[8], it is more effective to focus on "early adopters" (people who already practice the behaviours or are open to do so) who play a crucial role in influencing the behaviour of the remaining part of the population (see illustration below). Early adopters usually have a good degree of opinion leadership and set new trends which are then more likely to be followed by the "early majority". Among the early adopters could be recently married men (who, according to Anganwadi Workers) are more interested in the nutrition of their wives and children, men who already support their wives or who are generally more open-minded and supportive husbands.

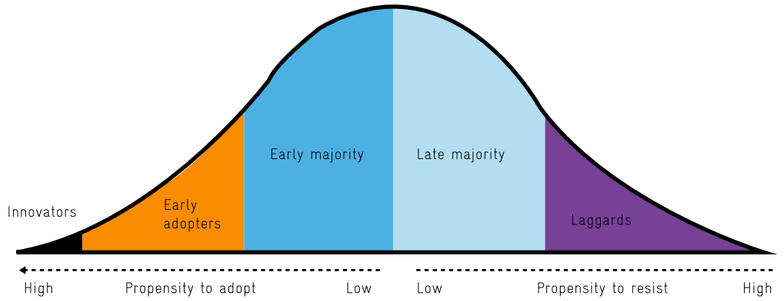


Illustration 3 : DIFFUSION OF INNOVATIONS THEORY[8]

[8]Boston University School of Public Health (2019) Diffusion of Innovation Theory, retrieved from http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories4.html

2. Support Anganwadi Workers in Conducting Home Visits

In order for maternal and child nutrition to be perceived as the responsibility of the entire family, not just women, it is important that Anganwadi Workers also work with other household members. One of the best (though time-consuming) ways is to conduct home visits engaging diverse members of the household. Compared to PLA sessions, home visits require a different approach and skills-sets. Therefore, it is recommended that 1) Anganwadi Workers are trained on how to conduct effective home visits; and 2) their Supervisors monitor their quality and the extent to which they conduct these visits (by using quality standard checklists developed in collaboration with the Anganwadi Workers and Supervisors).

3. Review the Design of PLA Sessions

There is no doubt that the methodology and content of PLA sessions was much appreciated both by the Anganwadi Workers and the female participants. At the same time, the research identified several ways in which the sessions could be made even more effective, including:

- expanding the focus of PLA sessions from promoting 'normative behaviours' (e.g. breastfeeding, feeding diverse meals) to:

- discussing and promoting solutions to difficult situations that mothers face, such as ensuring good nutrition during work migration or during the lean season (promoting 'small doable actions' that women or other household members can take)

- addressing the most common and harmful beliefs

- identifying with Anganwadi Workers which parts of the PLA sessions should be dropped or changed, either due to being perceived by women as less useful and/or due to taking too much time (as some games were reported as too time-consuming)

- changing the communication materials and stories used during PLA sessions, so that they highlight better the role that men (can) play and do not reinforce the perception that ensuring good nutrition is only women's responsibility

- including new materials and stories, so that the sessions remain interesting to the participants.

4. Keep Strengthening Anganwadi Workers' Skills

The effectiveness of PLA sessions is closely linked to the Anganwadi Workers' skills. The better they can motivate people to adopt the promoted practices and the better they can help them overcome the barriers they face, the more likely are they to contribute to the desired change. The mid-line survey showed that Anganwadi Workers have a good knowledge of the promoted nutrition practices. Therefore, the main focus should be on:

- Understanding the Main Gaps in Anganwadi Workers' Skills:

Prior to any further report, it is recommended to conduct an observations-based testing of the main strengths and weaknesses in Anganwadi Workers' skills. The observations should be done by people highly experienced in using PLA, such as Trainers of Trainers. It is important that the test focuses primarily (or only) on Anganwadi Workers' skills (i.e. ability to effectively transfer knowledge and motivate and enable people to use it), not on their knowledge.

- Addressing the Identified Weaknesses:

It is recommended to present the observation results to the Anganwadi Workers (and Supervisors), agree with them what type of support would help them to address the identified weaknesses and to provide the required support. The previous recommendation (point 3) can be addressed as a part of this capacity strengthening support.

- Supporting a System for Experience-Sharing Among Anganwadi Workers:

The Anganwadi Workers face various difficulties related to promoting good nutrition; however, many of them also managed to come up with effective solutions to overcoming these difficulties and find ways to support women in adopting the promoted practices. However, according to the interviewed workers, they have very few opportunities to share their best practices and discuss solutions to a given situation, as the regular meetings of Anganwadi Workers are managed in a very top-down, formal manner (focusing on reporting, planning, etc.). Therefore, it is suggested that any new or existing project works with the DWCD to develop a system for sharing Anganwadi Workers'experience, allowing them to openly discuss what is difficult, what works really well and on which topics they would like to receive advice / opinions from their peers. Having such an open environment (that requires people to be comfortable to share their overall experience, not just successes) would require changes in the supervisors' management style (at least during these meetings), so it would be important to also focus on the supervisors' ability to facilitate such events in a participatory, supportive and safe manner.

5. Provide More Support to Vegetable Production

Encouraging families to grow vegetables for diversifying their nutrition was a very good idea. In order for it to be more effective, it is important that the support goes beyond providing seeds. Therefore, it is recommended that whenever an intervention wants to promote vegetable / fruit production for homestead consumption, it:

- presents it as something that can be done not only in people's courtyards and gardens but also in their fields or on common land (if available)

- presents it to both women and men and communicates clearly that both parents should take the lead in producing vegetables / fruits for their children

- focuses on showing local examples of well-managed vegetable gardens and the benefits their owners gain (establishing 'role models' where people see what they can gain by doing the same)

- to avoid contributing to creating dependency, it distributes seeds only once and otherwise focuses on promoting seeds that are commercially available in the nearest shops (the reported price of a smaller pack of five types of vegetable seeds is approx. 1 EUR)

- identifies whether people are interested in receiving a training on growing promoted vegetables, dealing with pests, keeping soil healthy, etc. and if so, it provides it (ideally in someone's garden, done in a very practical manner, before the start of the main production season)

- promotes affordable options for accessing water for irrigation during the dry season (e.g. through reusing grey water or through using low-cost drip irrigation systems)

6. Consider Supporting People's Access to the Government's Food Rations

In the case that a local needs assessment shows that a larger number of people who should receive the government's food rations do not receive them (due to administrative, governance or knowledge-related reasons), it is recommended to consider supporting them in accessing the rations. For example, through implementing Community Score Cards (providing feedback to the relevant authorities), offering counselling to people, or mediation in the case of a conflict between the relevant authorities and people who should receive the assistance.

6. REFERENCES

This report referred to the following publications:

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