

## OVERVIEW OF PD PROCESS TOOLS FOR MATERNAL & NEWBORN CARE /COMMUNITY CONTEXT

<b>TOPIC: information on practices &amp; customs , with determinants (attitudes &amp; beliefs, customs)</b>	<b>WITH WHOM</b>	<b>PLA TOOLS/METHODS</b>
<p><b>#1 Define the problem with the community</b>  <u>Introduction of PD concept to community leaders</u></p> <p><u>Demographic information</u>                      Population: total size, women, men, women 15 to 49, infants &lt;12 months                      Population type: permanent, seasonal, migratory. Ethnic &amp; religious groups                      Family size and type (nuclear, extended, polygamous, clans, loose unions)                      Population trends, economic changes, infrastructure changes (last 10 years)</p> <p><u>Geographic context &amp; Infrastructures</u>                      Climate and seasons, Terrain: type, rivers, hills Crops: main types, seasonality . Roads (number, conditions, seasonal variation)                      Transportation: Types, location, cost, availability                      Water sources &amp; supply &amp; usage(types, usages, availability) &amp; Sanitation</p> <p><u>Social context</u>                      Dwellings &amp; neighborhoods (rich areas, poor areas, ethnic/religious divisions)                      Market: location, type, schedule Festivals: number, schedule, duration                      Social support &amp; religious organizations : women, youth, school groups, NGOs.                      Community mobilization</p> <p><u>Economic context</u>                      Occupations: main types, gender specificity, place of work                      Men/women migration: where, what for, how long                      Wealth distribution and income levels: type of housing, assets &amp; ownership</p>	<p>Leaders (administrative, religious, tribal, others), elders men &amp; women</p> <p>Leaders (administrative, religious, tribal, others), elders men &amp; women.</p> <p>Cross-section of community</p> <p>Cross-section of community</p> <p>Religious and group leaders</p> <p>Leaders, men/women, elders                      Barbers, tea shop owners, postmen, etc.</p>	<p>Meeting agenda</p> <p>Census data, house registration (optional)                      Trend line, transects, FGD.                      Social mapping</p> <p>Community map                      Seasonal calendar                      Transect                      Community discussion</p> <p>Community resource map                      Community discussion                      Seasonal calendar                      Key informant interview</p> <p>Wealth ranking</p>

<b>TOPIC: information on practices &amp; customs , with determinants (attitudes &amp; beliefs, customs)</b>	<b>WITH WHOM</b>	<b>PLA TOOLS/METHODS</b>
<p><u>Health resources</u> Types, location, distance, hours of operation, services offered, cost Community based health providers: public &amp; private sector, Health facilities Formal health providers: type available, level of training, services offered, costs Community perception of access, availability and quality of care</p> <p><u>Women's health:</u> perceptions of status, attitudes (towards pregnancy, labor/delivery, lactating woman, women workload), community practices to support women</p> <p><u>Household maternal &amp; newborn care practices</u> Decision makers, antenatal care ,delivery preparedness and decision-making, , labor and delivery, immediate postpartum care, maternal and newborn postpartum care- nutrition &amp; workload-, breastfeeding, maternal &amp; newborn recognition of danger signs and care-seeking. Vital events (pregnancy outcomes, births, maternal and newborn deaths</p> <p><u>PDI:</u> Discovery of successful behaviors and strategies</p>	<p>Traditional healers, retired health providers, TBAs, GP, VHV, midwives, AMW Cross-section of community</p> <p>Leaders, men &amp; women, elders, MIL, TBAs, health volunteers</p> <p>Leaders, men &amp; women, elders, MIL, TBAs, health volunteers</p> <p>Pregnant women, new mothers, mother-in-laws, husbands and fathers</p>	<p>Community map Key informants interview Community discussion Venn diagrams</p> <p>Gender exploration (PLA &amp; FGD )</p> <p>Proverbs, matrix, story telling, sexual time line Use of stuffed dolls with FGD Newborn mapping</p> <p>Key Informant Interview or semi-structured interview with stuffed doll when appropriate. Observation check lists</p>

## COMMUNITY LEVEL PARTICIPATORY SITUATION ANALYSIS : GENERAL INFORMATION

### Seasonal Calendar Activity (PLA activity)

**Topic:** Year long events in the community

**Activity:** Seasonal calendar (PLA activity)

**With Whom:** Cross-section of the community, including women & leaders, providers

**Materials;** Paper colored pen, available objects, flash cards with drawing, beans, etc

#### What do we want to know

Seasonality of communal events affecting the lives and health of men, women and children

#### Description of activity

1. Explain the purpose of activity
2. Guide participants in drawing a calendar with months
3. Start the check list with seasons (weather), agricultural seasons (planting, harvesting), etc

**Check list:** Festivals, religious events, migration of men, seasonal migration, seasonal workload of women, access to health facilities, schedule of midwife's visits, income and debts, food availability or shortage, crops seasonality, school year, communal work, immunization schedule, etc.

4. Review with participants findings

**Note:** Through this activity, the team learns considerable amount of information on the community and villagers. The recorder must take notes of what is discussed by participants as they draw their calendar, opinion voiced, etc.

#### Variation : Calendar of events and milestones in the last 2 to 5 years.

This purpose of this activity is to set up milestones and important events in the last 3 to 5 years. This activity enables the researchers and facilitators to establish date of birth when no record is available

Checklist includes: religious (pilgrimage, ramadan, Christmas, Durali etc) calendar and political events (elections, death of leaders), newsworthy events (floods, drought, accidents), buildings (new bridge, road, sanitation works,...), etc.

## COMMUNITY LEVEL PARTICIPATORY SITUATION ANALYSIS : GENERAL INFORMATION

### Transect Activity (PLA Activity)

<b>Topic:</b>	Informal learning about and from the community
<b>Activity:</b>	“Walking about “-Transect
<b>With whom</b>	<b>team of 2 people with 1 or 2 community members , trainees</b>
<b>Duration :</b>	2 hours during preliminary visits to village

#### What do we want to learn about

- What kind of environment families live in, and (roads, tube wells, electricity)
- What type of transportation is available for obstetric emergencies (public buses, taxis, trucks and private cars, other)
- What kind of environment pregnant women & new mothers live (RH), places where stillborn and dead newborn are buried
- Population density, problem of big size families (RH)
- Location of grocery shops, clinic, traditional healers, TBAs, LHW, tea shops...
- Women's type of work outside the home (crops, vegetables, fruit trees)
- Access to media (radio and television), public address system (mosque)
- Other

#### Directions to carry out PLA Activity

1. Create a checklist of places & people to visit, and topics for informal conversation.
2. Select a specific road or neighborhood with community members. Make sure to select neighborhoods that are at the outskirts of the village as well as well-to-do neighborhoods or with a different caste.
3. Take a slow walk down the road or path selected with a community member, or with a child/children
4. While walking around make careful observation of where people gather to talk (such as tea shop for men and well for women), distances between houses and health center, configuration of neighborhoods
5. Interact with pregnant women or women with infants (female only) and ask about the local network of women, Visit tea shops (male only), etc.
6. Later, create a chart with all the information gathered for further discussion with community members during Focus Group Discussions.
7. Write up information gathered from conversation, make case studies, and take quotes from people you met.

Topics : Distance to health center, transportation issues, women's workload access to maternal & newborn health information via media, women's networks at mohallah level, availability of health providers (public and private).

## COMMUNITY LEVEL PARTICIPATORY SITUATION ANALYSIS : GENERAL INFORMATION

### VILLAGE RESOURCE MAPPING (PLA tool)

<b>Purpose:</b>	To develop a map of the village as perceived by the community.
<b>With whom:</b>	Male/female groups separately. identified activists, Union council member , self-selected activists, dais and LHW (minimum 2 from each neighborhoods), or FGD members i.e.MIL, parents of <12 months.
<b>When;</b>	Preliminary meeting with leaders and activists
<b>Materials:</b>	Paper, colored pens (black, red, green, brown, blue), beans ( 3 sizes and colors for stillborn, died within 28 days, healthy newborns)
<b>How long:</b>	1 Hour

Note: Ahead of time make a list of places and information you think you need regarding the issue of maternal & newborn care. The list may include: boundaries & number of neighborhoods, location of health resources (LHW, dais, private doctors, healers, etc) and location of poorer neighborhoods. Key buildings (mosques, schools, shops, bus stops) and key roads and distance to BHU, places to get public or private transportation.

1. On the big piece of paper draw a map of the village with participants, putting in the roads or other significant features (river, hills, then draw the neighborhoods boundaries, then important buildings (i.e. mosques, schools, shops, administrative buildings),
2. Have the participants locate their homes, LHW's & TBA's house, teachers, religious leaders , traditional healers, etc.  
Discussion point: Who are the other important/influential people & what do they do?, do community members get involved in community projects?, how? What projects?
3. Have the participants indicate where poor people live.  
Discussion point: What are these people? (caste/tribe names), what do they do?, Do they participate in community activities?, how?
4. Ask participants to locate the formal & informal places where community people (men, women) meet such as tea shop and barber shop, wells, etc.  
Discussion point: How is the community organized? Who does what?,
5. Ask participants to show distance to nearest RHC and/or district hospital, also location of public and private transportation  
Discussion point: what kind of medical emergencies have you had in the last 6/12 months?, involving pregnant women, delivering women, post delivery problems for mother and baby?. Is this a big problem in your community?. Do people know what causes this problem?

At the end of mapping session, tell the participants to decide where to keep this map because they made it and it will be used again soon.

## COMMUNITY LEVEL PARTICIPATORY SITUATION ANALYSIS : GENERAL INFORMATION

### Identification of stakeholders -Venn Diagram PLA Activity

**Purpose of Activity:** Venn diagrams are used to : 1. explore human and organizational resources available to individuals or groups, 2. **their perceived** importance and 3.) frequency of use or accessibility **by the individual or group**.

It provides an avenue for sharing of experiences and practices, as well as a platform for discussing issues of accessibility and availability of health resources and networks (formal & informal networks)accessibility, frequency of usage.

**Materials :** prepare ahead of time a flip chart with a small circle in the middle with the illustration of mother and newborn. Draw 5 circles around the first circle. Also prepare 18 paper colored circles of 3 different sizes (small, medium and large -6 in each size), magic markers, scissors, flip chart and glue/scotch tape.

**Group size :** 6 to 15 individuals

**Time frame:** 45 minutes to 1 hour

Step 1: Facilitator introduces the exercise by showing the flip chart with the mother and newborn in the center.

Step 2: Facilitator asks the group to make a list of individuals (family, local TBAs, etc) and agencies (public health facilities-BHU, RHC and private) involved in the survival and well-being of mothers and newborn. This list may include traditional healers, drivers, religious leaders, etc..)

Step 3: Show the colored paper circles and explain the 3 different sizes (the biggest circles: the **most important** one, the smallest ones: the **least important**).

Step 4: Ask the group to choose a circle size (big, medium, small size) for each of the individuals or institutions written on the list according to their importance or usefulness and have them write the name on it.

Step 5: Show the flip chart with the mother and newborn in the middle and ask participants to place each of the circle on the paper according to **accessibility** and frequency of interaction and relationship. The ones that they access frequently and are closely related to, are placed **closer to the center**. The ones they access less frequently are placed further away.

Step 6: When all circles are in place, for each circle ask participants to discuss : 1. What kind of help they seek from this person or institution ? and Why ? .

Step 7: Review with participants the problems and existing resources and develop a FGD on problems they cannot solve by themselves, what is their ideas of how they could be solved ? (at household level, at community level )

**PD process: Situation assessment and analysis**  
**Activity #1: Orientation Meeting with the Community-**

**Preliminary steps:** Plan a meeting with identified village partners to gather community members (mini-PD team). Discuss agenda, possible location and time of orientation meetings (one for men, one for women), role of local partners in meeting.

**Purpose:** To introduce the PD concept as a problem solving approach, purpose of inquiry, and to get villagers' cooperation to carry out the different activities for the PDI in the community

**With Whom:** Members of formal or informal networks, Decision makers, influential individuals (village & religious leaders & teachers) including Dais, and some parents and grandparents of infants <12 months.

**When** On a date and time decided upon by the village council leaders

**Materials:** Bricks or mud balls or different size stones, or leaves and flowers, images of healthy and malnourished children.

**How Long:** 1 to 1 ½ hour, sitting at same level in a circle

Steps:

1. Introduction: Local partners introduce the PD team and then all participants in an interactive culturally acceptable way

2. Brief review of NGO's involvement with district and local government  
Partners, purpose of partnership, activities (training, forums, linkages, etc.)

3. Purpose of meeting and introduction of the PD approach to solve problems

- Presentation of the issue to solve: review of statistics and information on situation of newborn in Pakistan and in ..... specifically .

*"We are together here today to discuss a special issue which has been a concern for parents and health providers throughout the district, i.e. the health of our small babies".*

- Common goals and PD concept: "We all want to have healthy babies. Unfortunately many of our newborns die or get sick easily. As part of working together, we would like to try with you a new way of solving this problem. It consist of looking together inside the community **for ways to increase the chance of newborn survival** and better health for mother and newborn".

4. Introduction of PD concept with different tools:

- Nasseruddin story other local proverbs illustrating self-reliance
- Use of the example of PD approach in malnutrition with stones and drawing (or leaves and flowers-see conceptual game on PD concept for details):

*"There are many malnourished children in the village but there a very few well-nourished children in poorer households. We can learn what they do to keep their children healthy and enable all the villagers who have malnourished children to learn from them and rehabilitate their own children. (use of different size of stones for houses and few small drawing of well-nourished children (approx. 3 or 4) and about 15 drawing of malnourished children).*

5. Discussion on the advantages of using this method: finding solutions together today, easy to replicate because neighbors practice these uncommon but beneficial behaviors which increase the chances of survival for the newborn.

6. Role of PD team: “ We are here to facilitate this process, to learn **from you** about the newborn’s health situation and identify **with you** some solutions and ways to prevent this problem, then share them with the community so that you may be able to act and help others learn and practice these behaviors”.
7. Community commitment to the issue and interest to try the PD approach, including identification of village partners to carry out the PD process (village PD team)
8. Investigating problems, their causes and some possible solutions with the audience
- Explore local terminology for newborns, newborns diseases or symptoms and home treatments. Also explore terminology and beliefs regarding pregnancy, labor & delivery and postpartum maternal & newborn care (**with women’s group only, maybe not here?**)
  - General discussion on status of newborns. Ask if participants have lost a newborn in the last 2 years?, what happened? (Document quotes & stories)
9. Making a resource map of the village in particular to identify the number of mohallahs, number and location of Dais and LHV, distance to RHC, location of emergency obstetric care transport?
10. Logistics for meeting in small groups to discuss the situation in detail (FGD)
- Whom can we meet? (MIL, mothers and fathers of babies under 3 months, Dais, others?), **maybe representatives of different identified mohallahs ?**
  - When and where?
10. **Closure:** Indicate that there will be a feedback session **within 5? 7? 10 days?** on the findings so villagers can decide what to do next.

**Variations:**

**PD Process: Situation Assessment & Analysis**

**TOPIC: Practices relating to pregnancy**

**TOOL: Pregnancy calendar, making list, matrix and FGD**

**WITH WHOM: Pregnant women (8), women with 3+ children with at least one <5**

**MATERIALS; magic markers, paper, pictures, pens, pictures of foetus?**

**What do we want to know**

Current knowledge, practices, beliefs and attitudes relating to pregnancy

**Note: Make a list of local terms, expressions and proverbs regarding pregnancy as you progress in the activities**

**Directions to carry out activities**

1. Introduce the topic and general rules about FGD: “we have gathered together today to discuss about pregnancy. Please talk freely.....”

2. Ask participants: How do you now you are pregnant?, signs? practice about telling people you are pregnant?

3. Draw the 9 months with 9 columns and two rows : one for woman’s body, one for foetus and ask participants : What happens to women’s body & foetus during pregnancy? (Use pictures if appropriate)

4. Ask participants to make a list of things PW should do or not do during pregnancy and Why?

Probing: What foods/drinks do women take/avoid?, why? What alcohol, tobacco, betel chewing are used/avoided during pregnancy? Why? Other habits workload, sexual intercourse, public events avoidance, etc.

5. Explore with participants antenatal care by asking: “What special care does a pregnant woman take and why?, Probing: medicine, vitamins and massages, antitetanic vaccination, iron tablets?, are they available? For how much?, side effects?

What are the reasons for getting antenatal care?

What does the midwife do and say during an antenatal care visit?

What does the Lethe do and say to pregnant women?

Is it common to get antenatal care in your village? Why? (difficulty in access, cost)

6. What health problems do you have during pregnancy? (fatigue, dizziness, nausea, etc)

Most common problems (use of local terms)

What treatment do you use (including iron tablets), whom do you consult?

Do you know of danger signs during pregnancy? What are they? (local terms)

Probe: Other problems related to pregnancy?

Are pregnant women afraid to have big babies? Why? How to prevent having big babies?

Who are the most influential people in the family or the community regarding pregnancy

7: Discuss with women this saying: (Example: Burmese saying: ” *Pregnant women glance at the cemetery 6 times a day*”)

8. Wrap-up: review all the activities, what has been the shared learned, the issues raised. Thank participants for their time and input and say that all information will be used to design a project for women’s health

## PD Process: Situation Assessment & Analysis

### FGD on Practices and beliefs relating to pregnancy, labor/delivery and postpartum care

TOOL: Focus Group Discussion

WITH WHOM: older women (6-8), husbands of pregnant women and women who delivered recently (6-8), others (to be specified later)

MATERIALS; magic markers, paper, pictures, pens

#### What do we want to know

Current knowledge, practices, beliefs and attitudes relating to pregnancy, delivery and postpartum care

#### Directions to carry out activities

1. Use a well-known proverb (Example from Birma: “ *a pregnant woman is like a man riding on a raft*” to start a discussion among participants
2. Ask participants: what does this means to you?. Does this saying applies to women in your village?, why?
3. Who are the most important people to support a woman during pregnancy, during delivery and post delivery period (in the family, in the community)
4. Explore with participants near missed stories, anecdotal (optional)
5. Have you seen changes in the way woman’s health is considered in the village?
6. What is your role? (men’s role, elders’ role, others)
7. What are your suggestions to improve the health of pregnant women and new mothers in your village?
8. Wrap-up: review all the activities, what has been the shared learned, the issues raised. Thank participants for their time and input and say that all information will be used to design a project for women’s health

#### Focus Group Discussion (FGD)

Focus groups are not simply questions and answers sessions. The facilitator presents a set of carefully chosen key issues that have emerged from other PLA activities through community participation. To raise key issues the facilitator can use visual aids (pictures), story telling and other means besides asking a questions to involve the group in a lively discussion.

The group discusses the issues, rather than simply answering a set of questions from the facilitator. All participants are encouraged to voice their ideas and opinion.

The content of discussion is either recorded by hand or via a cassette recorder.

## PD Process: Situation Assessment & Analysis – Qualitative Baseline and evaluation

### Topic: Traditional nutritional practices and attitudes regarding pregnant women

**Activities:** FGD

**With whom:** Pregnant Women, Mothers with child <1 yr, mother-in-law  
CHW, Birth attendants

**Duration:** 1-2 hours

**Materials:** Paper, notebook, pictures of caring practices, health seeking practices, proverbs

#### **Purpose of activities** (What do we want to know)

1. What are common practices regarding the diet (including food taboo) for Pregnant Women ?
2. To know if “ eating down” is common and the causes of this practice?
3. What are the socio-cultural causes of this and other special practices among pregnant women
4. What are the traditional expectations regarding women in general and pregnant women in particular?

#### **Questions to ask for FGD activity**

1. We have a common saying in ..... (Local language) \*, What do you think of this proverb?
2. What do pregnant women usually eat in your village? what food should be avoided? (hot or cold food) Why?
3. In many countries, pregnant women tend to eat less to avoid giving birth to big babies and having a difficult and painful delivery. Is it the case in your community? What food are specially avoided? When?
4. Who decides what food should be avoided or eaten?
5. What do you think of this saying by a pregnant woman says: “*Sometimes I want to eat something but I am afraid that my in-laws will think that I only want to satisfy my mouth*”. Is this often the case in your village?(for PW FGD only)
6. Do pregnant women always have to care for all family members before attending to her own need? how Why?
7. What are the duties of a married woman regarding her family?
8. Are these duties changed while the woman is pregnant? If yes how?
9. What about general workload during pregnancy?

#### **Expected output**

Documentation of food pregnant women must avoid to eat and why

Documentation via quotes from participants on traditional expectations regarding the pregnant woman

**PD Process: Situation Assessment & Analysis – Qualitative Baseline  
Focus Group Discussion on Division of labor**

**With whom:** hamlet leaders, hamlet WU leaders, .Fathers and mothers children between 1-3, Mothers of children under 1, current PW  
**Duration:** 2 hours each group  
**Materials:** Magic markers, flip chart, tape, etc.

**Purpose of activities: (what do we want to know?)**

- 1.What works are usually done by men, by women according to participants
- 2.What is considered “light work” and “heavy work”
3. What is the traditional role of fathers in childcare?
1. How this division of labor affects maternal and young children’s health.

**Directions to carry out PLA activity**

1. Ask participants to list what men do on the left-hand side and women’s work on right hand side of flip chart paper (probing with list of activities)
- 2: Ask participant to select heavy work and light work by circling activities with red and green magic markers.
3. Ask participants if this division of labor is changed when a woman is pregnant or lactating? if yes how ?
4. What is the role of fathers in childcare? Has it changed over time?
5. Discuss with participants the consequences of workload on women’s health during pregnancy and during breastfeeding on young children’s health?
- 5: Summarize the findings so far and ask participants ideas for solution: “What can be done to solve these problems” (including current practices to care for mothers and children).

Expected output shared with the community

Documentation of current division of labor among parents and other caretakers of young children.  
 Villagers’ perceptions and awareness of potential negative impact of maternal workload on newborn.

Sample Recording format for FGD on Division of Labor

	Normal work	Pregnancy period	Breastfeeding period	With children 1-3
MEN				
WOMEN				

Name of facilitators: .....Date: .....

Number of participants: .....General remarks & quotes: .....

## **PD Process: Situation Assessment & Analysis – Qualitative Baseline**

### **VERBAL RETROSPECTIVE AUTOPSY OF MATERNAL DEATHS OR NEAR-MISS CASES (narratives)**

**Activity:** private in-depth interview

**With whom:** Individuals who have mentioned encountering such cases from previous FGD activities

- ◆ Maternal deaths: Close relatives of deceased woman who were on site at the time of events, TBAs, midwives, AMW, other Health providers
- ◆ Near miss: Women who experienced the complications during their last pregnancy, other individuals who were with the woman when the complication occurred.

**Materials:** recorder & cassettes, pen and paper

#### **What do we want to now**

To get information on experience with and **actual behavior** during a maternal complication in pregnancy, labor/delivery, and postpartum period

1. Background and context
2. Step 1: Problem recognition (awareness and perceived severity)
3. Step 2: Decision-making (who/influentials and treatment decision)
4. Step 3: Access to care
5. Step 4: quality of care
6. Future actions and suggestions to overcome problem

For details on generic questions see MotherCare module 1C (p.71-72)

See example of case studies and questionnaire from Viet nam (Barbara Bale)

## PD Process: Situation Assessment & Analysis – Qualitative Baseline

### Focus Group Discussion on Breastfeeding and complementary feeding of infants

- With whom:** Mothers of infants under 6 months, mothers with infants 6 to 12 months.  
Grandmothers.
- Duration:** 2 hours each group
- Materials:** Magic markers, flip chart, tape, etc.

#### **Purpose of activities:** (what do we want to know?)

1. What are the practice regarding prelactate and colostrum intake by the newborn
2. What are the current practices regarding breastfeeding (initiation-weaning)
3. What are the practices regarding complementary feeding?
4. What are the problems lactating mothers face regarding breastfeeding and the introduction and use of complementary foods.

#### **Directions to carry out PLA activity\***

- 1 In your village are newborn given liquids like honey right after being born? What?
  1. Some people say that colostrum is good for the newborn, other say that it is spoiled milk and should be squeezed out. What do you think and why?
- 3.A When do women in your community start breastfeeding? When do they stop?
- 3.B When did you start breastfeeding and when do you intend to stop?
- 4.A In your village do mothers practice exclusive breastfeeding? How?
- 4.B Do any of you is feeding her infant other liquid or food besides her breastmilk? Who taught you? how do you manage ?
5. What are the problems you face with breastfeeding? In your opinion is exclusive breastfeeding feasible or not? Why?
- 6.A In general when do mothers introduce food and liquids other than their milk to their infant? What kind of food? (specific). How many time a day, for how long? then ?
- 6.B Please share with us what do you feed your infant now in addition to your milk ? How many time a day? How much? What will you feed your child next, and when?
6. In your opinion, should infants 6 months to 1 year be given many kind of food, why yes ?, why no ?

Expected output shared with the community

Documentation of current breastfeeding and feeding practices regarding the infant (o to 12 months).  
Documentation of problems and opinions regarding exclusive breastfeeding.

## PD Process : Situation Assessment & Analysis- Quantitative Baseline

### BASELINE ON NEWBORN & IDENTIFICATION OF POTENTIAL PD NEWBORNS

<b>Purpose:</b>	1. Village Baseline of birth outcomes, <b>last 3 to 6 months ?</b> 2. Potential identification of PD newborns and their families
<b>Method</b>	PLA tool: <b>mapping</b>
<b>With whom:</b>	identified volunteers, Union council member , dais and others (minimum 2 from each neighborhood), or FGD members i.e.MIL, parents of <12 months.?
<b>When;</b>	during FGD , <b>How long:</b> 1 ½ Hour
<b>Materials:</b>	Resource map drawn previously Paper, colored pens (black, red, green, brown, blue), beans ( 3 sizes and colors for stillborn, died within 28 days, healthy newborns)

**Steps:**

1. On the resource map drawn previously a map of the village with participants, including neighborhoods boundaries, important buildings (i.e. religious centers), dais’s house, location of their homes
2. Give each participants a handful of beans representing newborns and infants under 6 months according to local terminology and ask the group to put them on the map.
3. Review each case to determine the current age of each child: newborn circle in black, under 1 month circle with 1 vertical lines, under 2 months with 2 vertical lines, etc..
4. Distribute another kind of beans for stillbirths and repeat exercise, another kind of beans for newborns who died within 1 day, 1 week, one month
5. Return to newborns who are alive today and ask about potential PD newborn cases as defined by the PD team . For example : those newborn who were **weak or LBW now thriving** , circle in color like **brown, newborn who stopped breathing but is now alive** circle in **blue, Survivor of infections** circle in **red, healthy newborns** who had no problems circle in **green.** (you can use different color of beans for these definitions as well).
6. Ensure that once the beans have been removed the information remains on the map. Create a legend for each symbol and color. Write the date this baseline map was made and names of participants.
7. Copy the map in a notebook. Keep the big map for FGD, IDI with TBAs, and the feedback & action plan session (Activity 10)
8. Make a list of potential PD newborns and families for home visits
- 9.

Name	
Address	
Name of child	
Age of child	
Source of information	
PD type	

Other possible sources for validation of this information (triangulation):

- Comparison between FGD with men’s group map and women’s group baseline map
- *IDI with TBAs, secondary sources of information( RHC & district hospital registries)*

## PD Process : Situation Assessment and Analysis

### Topic guide for FGD with mother-in-laws (MIL)

<b>Purpose:</b>	To explore current common practices, beliefs and attitude regarding maternal and newborn care
<b>Methods:</b>	Focus group discussion, manipulation of stuffed doll, PRA tools such as listing and priority matrix
<b>Materials</b>	Stuffed dolls, newsreel, pen & paper
<b>Time frame</b>	1 ½ hour to 2 hours

#### Topics for discussion

##### Introduction:

- Feelings about pregnancy, delivery and birth

##### Common antenatal practices

- Common practices regarding antenatal care, diet during pregnancy, workload
- Delivery preparedness

##### Common delivery & immediate routine postpartum care

- Delivery practices and immediate “normal” care of newborn (demonstration with doll)
- Initiation of Breastfeeding, discussion on traditional prelactate such as gutti (Pakistan)

##### Special care of newborn

- Newborn problems: terminology and demonstration (asphyxia, cord infection)
- Causes of newborn problems and death (<7 days, 8-40 days)
- Special care for sick, premature, LBW newborn

##### Role of decision makers

- Role of MIL during pregnancy, delivery and postpartum period
- Perceived role and involvement of father in maternal & newborn care
- Decision-making and care-seeking during pregnancy, labor & delivery, maternal and newborn health routine and special care

##### Miscellaneous

- Gender discrimination in caring for newborn (care-seeking, maternal support, father’s support, etc.)
- Trend over last 5-years: population, children/newborn health & how do you know?
- Opinion on health providers
- Suggestions for improvement on issues

## PD Process : Situation Assessment and Analysis

### Topic guide for FGD with mothers of infants < 40 days.

**Purpose :** To get information on practices, attitudes and beliefs regarding routine and special maternal & newborn care

**With Whom:** New mothers (infant < 0 to 6 months )

**Method:** Focus Group Discussion, , PRA tools (free listing and problem ranking,)

**Materials** Stuffed doll with detachable umbilical cord & placenta

**Note:** Try to initiate the conversation with a common saying about pregnancy

#### Topics for discussion:

##### Introduction

- Perceptions, feelings and beliefs related to pregnancy, delivery and birth
- Diet during pregnancy (“eating down” syndrome, cold versus hot food, etc.)
- Delivery preparedness
  
- Beliefs and rituals, and behaviors relating to immediate care of newborn: clearing nose/mouth; drying/warming/cleaning newborn; cord cutting and care; keeping mother and baby together; newborn feeding (**demonstration with stuffed doll**)
- Decision maker and their roles: family members, neighbors, Dais, LHW, other individuals or groups
  
- NB problems: terminology and presentation
- Causes of NB problems and death (first day, 2-7 days, 8-40 days)
- Special care for ill or low birth weight baby
- Breastfeeding issues and common practices (use of gutti, colostrums?)
- Involvement of mother-in-law and husband
- Care-seeking and decision-making
- Difference between boys/girls
  
- Others

## PD Process : Situation Assessment and Analysis

### Topic guide for FGD with fathers of infants( 0 to 6 months) and other men (grandfathers, uncles, etc.)

Purpose of activity : To explore men's practices, attitudes and beliefs regarding pregnancy, delivery and birth, post partum period.

**With Whom:** Fathers of infant under 6 months, grandfathers, religious leaders, influential men in community, others

**Method:** Focus Group Discussion, , PRA tools optional (free listing and problem ranking,)

**Materials:** Flip charts, magic markers, pens

### Topics for discussion

- Perceptions and beliefs related to pregnancy, delivery and birth
- Fathers and grandfathers' role for maternal (pregnancy, L&D, postpartum) and newborn care.  
Involvement in birth? Celebration, ritual, etc.
- How many died? How many were small, sick? Trend over last 5 years: population, children/newborn health & how do you know?
- Fathers' knowledge of normal newborn care and the reasons for key practices
- Causes of newborn problems and death (first day, 2-7 days, 8-40 days)
- Fathers' knowledge of maternal and newborn danger signs
- Decision-making and Care-seeking when pregnant woman, lactating mother and newborn gets sick
- Difference between boys/girls, why?
- Division of labor during pregnancy and postpartum period
- Suggestions to improve the situation
- Others?

## PD Process : Situation Assessment & Analysis

**TOPIC:** learning about men and women's meaningful (sad/happy) life events

**TOOL:** SEXUALITY LIFE LINE & FGD

**WITH WHOM:** women with 3+ children with at least one <5, husbands and married men with children. Approximately 4 per gender per village.

**MATERIALS:** magic markers, paper, ruler, pens, model diagram, prepared papers with axis happy/sad and age

### **What do we want to know**

What important events shape men and women's lives

What reproductive events shape women's lives

What difference there is between men' and women 's perception of life

Note: This activity can be carried out individually or in a group depending on the situation

### **Description of activity:**

1. Explain purpose of activity: "We are here together to explore sad and happy events in our lives, to better understand events that affect us and be able to design a program to make our lives happier and less difficult".
2. Explain how to draw a life line with a model life line, go over the story emphasizing happy and sad times. Show how when event is happy the line goes up, when event is sad line goes down.
3. Provide one on one support for this exercise if working in a group.
4. Review with individual, their life line
5. Request approval from individuals to share their story with group (group only)
6. Record individual life line on paper
7. Make a positive comment on the life line

Check list for life line: childhood, menstruation (women), novitiate (men), education, occupation, marriage, first sexual encounter (men), changes in family, deaths, births, illnesses, socio-economic events, accidents, accomplishments, relationship with spouse, in-laws, etc.

**Outcomes:** Information on individuals' reproductive life. Incidence of reproductive health sickness such as miscarriages and abortions. Incidence of newborn, infant and child's deaths. Expressions of contraceptive unmet needs, etc.

## PD Process : Situation Assessment and Analysis, identification of PD individual or behaviors

### Participation of women/men in decision-making (PLA tool)

**Purpose:** To learn about current and traditional decision making patterns regarding maternal and newborn care

**Method:** Focus Group Discussion

**With Whom:** **Leaders, men, women (MIL & mothers separately)**

**Materials:** **2 flip chart paper, magic markers**

#### Steps:

1. Ask participants to list activities regarding maternal & newborn care which they have decision-making on at home
2. Draw a line in the middle of the flip chart to have on one side “at home” activities and on the other side community activities
3. Create an illustration for each home-based activity where the participants are decision-makers (female group) or have participants list activities (male group)
4. Repeat the same process for community activities for which the participants have decision-making on the other side of the flip chart.
5. Compare the two side with participants: where do you have most decision making?, why?
6. Repeat the same exercise on another flip chart but regarding the opposite gender, i.e.;  
Ask the female group to list men’ s home activities regarding maternal & newborn care where they play the major role, and community activities which they partake in and have decision-making. And vice-versa with the male activist group
7. Ask participants to compare the other gender role in decision-making at home and in the community.
8. Ask participants for suggestions for change?
9. Write outcome of exercise in report on activity.  
Keep the flip chart as baseline material (indicate date of activity on back of flip chart, # of participants)

#### Expected Outcome

- Participants’ understanding of who is the decision maker and his/her role concerning maternal & newborn care at home, and decision making patterns in the community.

## **PD Process : Situation Assessment and Analysis, identification of PD individual or behaviors**

### **Key informant interview with TBA & Lady Health Worker**

**Topic:** Role of Dais in maternal and newborn care, identification of PD behaviors

**Activity:** KII with stuffed doll

**With whom:** **Individual TBAs in their home**

Standard questions for the KII

#### **1. How did you become a TBA?**

2. Who trained you ? when is the last time you were trained?
3. Do you have regular contact with the RHC or the midwife? How often?
4. What do you discuss with her?
5. Do you keep track of births? How?
6. How many deliveries do you average per year?
7. How many deliveries did you performed last month (lunar?)?
8. Are the number of births increasing or decreasing in your village? Why?
9. Can you explain all the different things you do with: pregnant women, women with problems.

#### **Procedure for delivery (demonstration with stuffed doll)**

- 1 What kind of equipment do you use? (gloves, soap/clean birth kit?)
- 2 What preparation do you make with yourself?, with the woman?
- 3 Do you ask relatives to help? How?
- 4 What problems have you encountered during delivery? (Ask for local terms)
- 5 How did you solve them?
- 6 When do you refer a woman to the RHC, district hospital?
- 7 What are the danger signs ? (identification of complications-danger signs in local terms)
- 8 In case the newborn does not breathe, what do you do? (show with doll)

#### **Immediate and post delivery care (0- 7 days)**

- 1 What do you do with the newborn? (bathing, wrapping, eye care)
- 2 What is your advice on colostrum?
- 3 How long after birth do you or other relatives put newborn to mother's breast
- 4 When do you discourage a new mother to breastfeed?.
- 5 How many visits to mother & baby after delivery? What do you do?
- 6 What do you do if mother has no breastmilk?, get breast infection?, too much milk?
- 7 What do you do when woman has fever after delivery?
8. What do you do when there are problems with newborn? (premature baby, LBW, birth defects, difficulty breathing, infections, other symptoms-local terms)

#### **Identification of PD behaviors or PD newborns.(with map)**

1. In the last 3 to 6 months, have you successfully resuscitated a newborn?How?. Have you delivered a LBW baby who is thriving now?. What about a newborn who had an infection and survived?
2. Is your role in the community getting bigger or smaller? Why?
3. What do you think should be done to improve mother & newborn health in the community?

**PD Process : Situation Assessment and Analysis, identification of PD individual or behaviors**  
**Role of traditional birth attendant in maternal care**

Activity: key informant interview of t TBA and auxiliary midwives

With whom: individual TBA in their home

Materials: Stuffed doll with detachable placenta and umbilical cord

**Note: follow guidelines for interviews**

How did you become a Lethe/TBA?

Who trained you ? when is the last time you were trained?

Do you have regular contact with the RHC or the midwife? How often?

What do you discuss with her?

Do you keep track of births? How?

Do you help in getting birth certificates?

How many deliveries do you average per year?

How many deliveries did you performed last month (lunar?)?

Are the number of deliveries increasing or decreasing? Why?

Can you explain all the different things you do with :

pregnant women, women with problems, women who want to terminate their pregnancy

Procedure for delivery (demonstration with stuffed doll)

What kind of equipment do you use? (gloves?, soap/clean delivery kit?)

What preparation do you make with yourself?, with the woman?

Do you ask relatives to help? How?

What problems have you encountered during delivery? (Ask for local terms)

How did you solve them?

When do you refer a woman to the midwife?, station hospital?, township hospital?

What are the danger signs ? (identification of complications-danger signs in local terms)

Immediate and post delivery care (birth- 7 days)- Use of the stuffed doll

What do you do with the newborn?

What is your advice on colostrum?

When do you encourage the new mother to start breastfeeding?

When do you discourage a new mother to breastfeed?

How long do you follow the mother & baby after delivery? What do you do?

What do you do if mother has no breastmilk?, get breast infection?, too much milk?

What do you do when woman has fever?

What do you do when there are problems with newborn? (stillbirth, premature baby, LBW, birth defects, difficulty breathing, other symptoms-local terms?)

Have you heard of AIDS? Where did you learn?

Do you think there is any danger for you when you deliver babies?

Is your role in the community getting bigger or smaller? Why?

What do you suggest should be done to improve the health of women in the community?

**PD Process : Situation Assessment and Analysis, identification of PD individual or behaviors**  
**Verbal retrospective autopsy of neonatal deaths -**

**Activity:** KII, stuffed doll

**With whom:** mother & close relatives of deceased newborn < 28 days and delivery attendants.

Identification of cases via the baseline mapping exercise at SA

**Materials:** pen and paper, stuffed doll, questionnaire

**What do we want to learn**

To get information on the events and behaviors involved in neonatal deaths

- Background and context,
- Problem recognition (awareness and perceived severity)
- Decision-making in care seeking care (who and treatment decision)
- Access to care and Future actions and suggestions to overcome problem

Note: This questionnaire should be used as a guide for probing. Many respondents like to tell their story, multiple respondents (MIL, aunt, sister) also pitch in to give their account of the event and activities that led to this dreadful event.

**Preliminary words:** “ Thank you very much for agreeing to talk with us. This may be a difficult experience to share, but perhaps we can learn something that will help other families in the future”. Name of interviewee

(s): Relation to the dead newborn

Name (if applicable) and sex of newborn: \_ Date of birth Date of death: \_ Age at death (days)

**Questions**

1. Why/how did baby die?

2. What happened first? what abnormal or unusual thing was recognized?

- when? by whom? what did they think?

3. What was first done for the baby at home?

- by whom? who advised? why?, then what? by whom? who advised? why?

4. Did you decide to seek care outside the home?

- what happened to prompt this decision? who decided? when? how long after the problem was first noted?

5. Where did you seek care? why? when did you finally reach the outside care? when did you finally obtain the outside care? how long did you have to wait there?

6. What happened when you received the outside care?

- tests? diagnoses? treatments? advice? recommended referral?

7. What happened next?

- followed advice? - more home care? what? why? sought additional care? where? why?

8. What happened when you received the second outside care?

- tests? diagnoses? treatments? advice? recommended referral.

**STANDARD REPORTING FORM FOR REPORTING ON EACH ACTIVITY**

To be filled out by the PD team within 2 hours after the activity

**GENERAL INFORMATION**

Date: \_\_\_\_\_ Topic: \_\_\_\_\_

Activity name: \_\_\_\_\_

Materials used : \_\_\_\_\_

Number of participants: \_\_\_\_\_ Observers/PD team: \_\_\_\_\_

Group status:

Individual participants' profile: gender, marital status, occupation, age, # children, role in the community.

Findings from activity (including FGD):

Key selected practices	Common current practices	Determinant of common practices/beliefs/attitudes
<u>Antenatal period</u>		
<u>Labor &amp; delivery period</u>		
<u>Immediate postpartum care of newborn</u>		
<u>Postpartum care of mother and newborn (within 40 days)</u>		

What the participants said (quotes)

What participants discussed

What comments participants made about the activity and the topic, what were their ideas and suggestions for improvements in maternal and newborn care

**PD Process: Situation Assessment and Analysis Reporting format- Qualitative Baseline**

**STANDARD FORMAT FOR DOCUMENTING COMMON MATERNAL & NEWBORN PRACTICES FROM FGDs and KIIs,**

**Purpose:** To validate and document **common** maternal & newborn practices to be compared with PD practices.

**Methods:** Meeting of the whole PD team (male & female separately) to review the findings, matrix making

**Materials** all information collected by reporters during the FGD, **KII** with the dais

- Steps**
1. Team members develop the matrices, one for routine care and one for special care (See draft format below)
  2. Reading from each FGD report they write what is considered common practice on the corresponding column on the matrix
  3. Debate on practices that may or may not be considered common
  4. Validate findings against secondary information (KAP survey)
  5. Document what individuals have said : common opinion, belief, stories and proverbs to illustrate a belief or an attitude

**Sample format for summarizing findings on common Routine Maternal & newborn Care practices**

<b>Key selected practices</b>	<b>Common practices</b>	<b>Determinants of practices</b>
<u>Antenatal period</u> Tetanus toxoid vaccination Increased nutritious diet Breastfeeding counseling? Birth preparedness Identification of danger signs		
<u>Intrapartum period</u> 3 Clean Identification danger sign Skilled birth attendant		
<u>Immediate postpartum c</u> Drying & warming Immediate exclusive breastfeeding Maternal care?		
<b>Postpartum care of newborn &amp; mother</b> Exclusive breastfeeding Clean cord care Maintenance of temperature Identification of danger signs Maternal nutrition Mother's work redistribution		
<b>Other cultural practices</b>		

## **PD PROCESS POSITIVE DEVIANCE INQUIRY**

### **Maternal & Newborn Care**

- Activities** Home visit with observation and in- depth interview through informal conversation
- With whom:** Mother of PD newborn, other family members (Mother-in-laws, husband, etc.)
- PD Team:** 2 NGO staff (interviewer and recorder) and villagers, limit to 5
- Duration :** Minimum 2 hrs
- Materials:** Observations check list, in-depth interview questionnaire, notebook or tape recorder when appropriate. Note: minimize note taking to the minimum
- Identify respondent according to selection criteria for a PD newborn
  - Introduction yourself and organization.
  - Introduce purpose of visit (topic, length of KII approx 1 hours, confidentiality, and informed consent)
  - **Note: Use pre-selected maternal & newborn care practices relevant to the local context and situation**
  - Follow acceptable time frame for introductions and getting acquainted
  - State clearly the purpose of your visit, and possible time frame
  - Remember that you are here to learn and not to preach or teach
  - Avoid criticism or display of dismay, annoyance and disapproval

#### Purpose of activities

- ◆ To assess current health status of newborn and mother
- ◆ To identify specific uncommon, desirable and demonstrably successful life-saving maternal & newborn care behaviors and strategies.
- ◆ To document the findings

#### Directions to carry out the PDI

1. Introduce yourselves to household members and state the purpose of your visit, and the length
2. Get the family's approval to "tag along" if possible, offer to help in the activities going on
3. Befriend the family members, interact with family members (touching, playing, etc.)
4. Use casual conversation style for the interview of the mother or other relatives
5. Learn about the family history, financial situation, caregivers' hope for the future of the children
- 6. Record observations in the observation check list after home visit**
7. Summarize information from observation and interview on a matrix (See format)
8. Within 1 day write a story about this family with a focus on the caregiver(s) and the children under 5, using quote from family members in the write-up.

**Expected outcome:** This activity enables the PDI team to identify the demonstrably successful practices that enable these PD families to overcome a common problem. It will enable the PDI team to include positive behaviors in a project design to enable other stakeholders to learn and PRACTICE these behaviors

**Sample Questionnaire for PDI with mothers, father, mothers-in-law (PDI tool)**

**Mother's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Living Children** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Father's Occupation** \_\_\_\_\_

**Baby's Name** \_\_\_\_\_ **Baby's Age** \_\_\_\_\_ (months or weeks) **HIGH RISK?** \_\_\_\_\_

**Interviewer** \_\_\_\_\_

- Identify respondent according to selection criteria for a PD newborn
- Introduction yourself and organization.
- Introduce purpose of visit (topic, length of KII approx 1 hours, confidentiality, and informed consent)
- **Note: Use pre-selected maternal & newborn care practices relevant to the local context and situation**
- Follow acceptable time frame for introductions and getting acquainted
- State clearly the purpose of your visit, and possible time frame
- Remember that you are here to learn and not to preach or teach
- Avoid criticism or display of dismay, annoyance and disapproval

<u>Questionnaire on General information on mother and newborn &amp; family</u>
<ol style="list-style-type: none"> <li>1. What about your newborn? How old is he/she? Boy/Girl/Name</li> <li>2. Is he/she doing well?</li> <li>3. How old are you?</li> <li>4. How many other children do you have?</li> <li>5. What is your profession (husband)</li> </ol>
<p><b>Potential questions regarding antenatal history</b></p> <ol style="list-style-type: none"> <li>1. During last pregnancy did you/your wife/your daughter-in-law, go for a check up?</li> <li>2. If no, what were the reasons ? If yes, where did you receive this care?</li> <li>3. From where and whom did you receive this care (Doctor, LHW, LHV, Dai, Hakim, et</li> <li>4. How many checkups did you have?</li> <li>5. What services were offered to you during your check up? (iron pill, TT vaccination)</li> <li>6. Who decided for you to go for ANC checkup/s</li> <li>7. What factors usually prevent women from seeking antenatal care?</li> <li>8. What about diet and workload? What did you / your wife / your daughter in law eat during pregnancy?</li> <li>9. Is this different from what you / she normally eats?</li> <li>10. Do pregnant women eat less, more, or the same? Why?</li> </ol>

**Potential questions regarding birth Preparedness**

1. What kind of preparations did you or your family make for this delivery?  
(Probe: saved money, arranged for transportation, place of delivery, and selected a skilled birth attendant)
2. If no preparation, what were the reasons?
3. Who made the decisions?

**Potential questions regarding danger signs and care seeking during pregnancy**

1. What are the danger signs during pregnancy? (*Bleeding, Convulsions, very pale skin, swelling of the feet/legs and hands, severe headaches, foul-smelling vaginal discharge, fever, cloudy urine, baby stopped moving, or any other*)
2. Did you have any of these signs? Yes, No
3. Did you seek care? Where? Why? Why not?

**Potential questions regarding labor and delivery care**

1. Where did you deliver this baby (name)?
2. Why that place was chosen for delivery?
3. Who decided about the place of delivery?
4. Who assisted you ? (Doctor, LHV, TBA, MIL, nobody, or any other)
5. What did the birth attendant do prior to the delivery? Did she **clean her hands**? How?
6. On what **surface** did you/daughter- in-law deliver?
7. How was the **cord** cut and tied? (ask dais or MIL)
8. Was anything applied to the cord stump until it healed? What ? By whom? For how long?
9. What **danger signs** might indicate a serious problem for a woman in labor and delivery?
10. Did you have any complication during labor or delivery? Yes, No
11. Did you seek any care? Where? Why? Why not?

**Potential questions regarding newborn immediate post delivery care-Use of stuffed doll**

1. What was done with the baby immediately after delivery? Can you show me with a doll (female only).  
What about cleaning? Wiping? bathing? Drying? When? How? By whom? Why?  
What about wrapping? **Warming**? When? How? By Whom? Why?
2. When was the baby brought to the mother for the first time?
  - Who else handles the baby (MIL, Dai, other family relatives, other)?
3. When was the baby first **breastfed** or put to the breast (need time after delivery)?
  - Colostrum? Why? Why not? If not, what is done with the colostrum and who is involved?
4. Was the baby given ANYTHING else before or in addition to breast milk?
  - Water (*zam-zam*)? How? Ghutti? How? Tea? Formula? Animal milk?

**Potential questions regarding maternal & newborn post-partum care**

1. What was fed to the baby during the first month of life?
  - **Breastmilk**? Water? Ghutti? Tea? Formula? Animal milk? Other?
2. What was the baby given in addition to mother's milk ?, When? (need months or religious or developmental milestone)?
3. What is practiced to keep the newborn **warm** or cold? why?What about in the summer? In winter?

**PD Case: newborn who survived asphyxia (Pakistan)**

1. How did you recognize that the newborn was alive?
  - What was done if he/she wasn't breathing? Can you show me with a doll?

<p>2. What do dais, MIL do usually for a newborn baby who does not breathe?</p> <p>a. How? Why?</p> <p>3. What made you do this unusual behavior? Where did you learn it from?</p> <p>4. Did you face criticism? From whom? How did you resolve the conflict?</p>
<p><b>PD Case: Thriving baby who was Low Birth Weight newborn (Pakistan)</b></p> <p>1. Was your baby smaller than usual – (Show the LBW stuffed doll)</p> <p>2. What did you do to keep the baby alive? breastfeeding? What? How? How often?. Keeping the baby warm? protecting the baby from disease?</p> <p>4. Who helped you? . Who approved or disapproved?</p> <p>5. 4. Did you face any obstacles? What did you do to overcome them?</p>
<p><b>PD Case: Thriving infant who survived an infection (cord, ARI, fever, etc.) Pakistan)</b></p> <p>1. Did your baby get sick, what were the signs?</p> <p>2. What did you do? Who, when, Where? Why? Why not?</p> <p>3. Did you face any opposition, how did you overcome it?</p>
<p><b>Maternal Care after delivery</b></p> <p>5. Did you go for a checkup of your own and the baby Yes, No</p> <p>6. If yes, where? If no, why not?</p> <p>7. If sought care from a care provider other than checkup, what was it? Why did you seek it?</p> <p>8. What danger signs would prompt a family to seek immediate care after delivery?</p> <ul style="list-style-type: none"> <li>• What about bleeding and fever?</li> <li>• Would you seek care? Where? Why? Why not?</li> </ul>

**Sample Observation Check list during PDI**

Topic	Comments
<p><b>Mother's physical &amp; psychological appearance</b> Thin or healthy, anemia, signs of stress, breasts Shy, talkative, lively, smiling, withdrawn, etc Others</p>	
<p><b>Infant physical appearance</b> Complexion, weight, thin/fat, clothing Infant's development: Movements, amount of crying</p>	
<p><b>Maternal &amp; infant interaction</b> Maternal response to infant's crying Frequency of breastfeeding during interview Breastfeeding position Other interactions</p>	

<p><b>Other family members</b>  MIL's interaction with infant  MIL interaction with daughter-in-law</p> <p>Interaction of other family members with baby (father, older sisters)</p> <p><b>Others</b></p>	
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Presence of gutti bottle, tea infusion and spoon, etc.

### **Additional Questionnaire for a Specific PD behavior**

1. Identification :What is the exact behavior (X)?
2. Why do/did you do X? (source of information: media, relatives, others)
3. Did anybody advise you to do this? Who ? What did he/she said?
4. What conflicts or obstacles have you faced because of the behavior?
5. What did you do to overcome difficulty (opposition, criticism,)
6. Do you know other individuals who are also practicing this uncommon behavior?
7. What advise would you give to other families who have faced the same difficulty?

**PD PROCESS: SELECTING AND COMPILING PD BEHAVIORS**

**With whom:** The whole PD team ( SC PD team and village PD team/activists)

**Methods:** Selecting, circling

**Materials** Each home visit documented on a matrix (previous appendix) and documented normative practices (matrix), in local language. **Note: Name need to be removed to ensure confidentiality**

**Steps:**

**1.** The PD team reviews the information gathered from each home visit and circle any behavior that they consider to be a PD behavior using the following criteria:

- Beneficial practice is uncommon
- Practice is not due to special circumstances (TBU-true but useless)
- Practice is accessible to all
- Practice can be replicated easily

2. The team reviews these practices against the information gathered during the situation analysis regarding common practices. If all team members agree, the PD behaviors is circled in red or any color.

3. The process is repeated for each potential PD family case interviewed.

4. The results are put into a matrix such as:

Topic	PD practices	PD strategies	Determinant factors

5. In addition to identifying PD practices, the PD team needs to document saying, demonstrably successful expressions, metaphors or arguments , PD individuals have used to talk about an uncommon behavior.

6. The PD team then design ways to share this information with the community at large (cardboard box and illustrations, skits (role play), puppet shows, etc...)

## PD PROCESS: FEEDBACK TO COMMUNITY & ACTION PLAN

**Purpose:** To review the PD process with a larger village audience  
To share the PDI findings, i.e. the PD behaviors  
To invite the village to think of ways to enable others to access this information and practice the new behaviors

**With Whom:** Community members, activists, teachers & leaders, parents of young children and villagers

**By Whom:** Session run jointly by village activists & NGO or district health PD team

**Materials:** All visual materials developed during the situation analysis, “3 dimensional” and illustration of PD behaviors, cardboard boxes and others

**Tools:** Interactive games and role plays

**When:** After the PDI has been completed and the PD behaviors identified, day 7 or 8

**Time frame:** 1 to 1 ½ hours

### Steps

**Step 1\*** Introduction of PD team, village leaders, parents and villagers

**Step 2** Objective of meeting with community: have healthy newborns (SC staff)

**Step 3\*** Review of activities of the past week or days

**Step 4\*** Review of situation of newborns with the newly developed community maps of newborns

**Step 5** **Explain PD concept with interactive game and concept of sustainability**

**with conceptual game.**

**Step 6** Provide Interactive feedback on the (PD) existing desirable household practices which increase the chance of newborn’s survival that are accessible and can be practiced by all family members. Possible use of role play, cardboard box to represent “home” and visuals to represent PD practices found in the community through the PDI

**Step 7:** Discussion on the PD behaviors: validation of practices as PD (unusual), reason for these practices

**Step 8** Candle lighting to illustrate how to share this information.

**Step 9** Action Plan with all or a restricted group of interested individuals : what can we do to help others **practice** the PD and other protective behaviors

**Step 10:** Development of next steps (identification of men & women activists, forming hamlet based support group, how often to meet, training, etc..

**Step 11\*** **Closure**

\* steps facilitated by a community member.