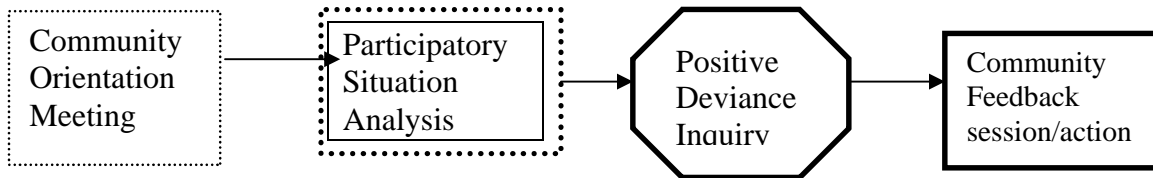


## Part 1 Module 6 Practice of PD Steps: PDI & Community Feedback Session



### Module 6 Practice of PD Steps: PDI & Community Feedback Session

Session 1: The Positive Deviance Inquiry

Session 2: Analysis, Selection and Documentation of PDI Findings

Session 3: Community Feedback and Action Plan

Session 4: PD Process Evaluation

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## Session 1: The Positive Deviance Inquiry

<b>Competency</b>	At end of session, participants will be able to carry out the PDI : <ul style="list-style-type: none"><li>- Use the PDI tools accurately</li><li>- Record results of the PDI correctly</li><li>- Analyze and select PD practices</li><li>- Document PD cases</li></ul>
<b>Materials</b>	Flip charts, colors pens, stuffed dolls, boxes, handouts, etc..
<b>Methods</b>	Brainstorming, role play, case studies, group work Introduction game on observation: (See Appendix 1)
<b>Process</b>	<ol style="list-style-type: none"><li>1. <u>Review of the PD process &amp; purpose of PDI</u> Trainer asks a participant to review the PD process with flow chart and role of the PDI activity in the PD process.</li><li>2. <u>Review of case definition of PD newborns</u> Trainer asks participants for case definition of PD infants  Case definitions for PD newborns:<ul style="list-style-type: none"><li>• An infant under age 6 months who did not breathe at birth and who is healthy now</li><li>• A low birth weight baby under age 3 months who is now thriving</li><li>• An infant under 3 months who survived danger signs of infection (cord redness, difficulty sucking, difficulty breathing, vomiting, etc.)</li><li>• A thriving 3 months old baby.</li></ul></li><li>3. <u>Reviews of 4 tools for the PDI</u>: The trainer presents the 4 tools for the PDI Tool 1. Key Informant Interview (KII) questionnaire to use with families who had a newborn fitting the case definitions (PD ). See(Appendix 2A for sample questionnaire) Tool 2. The observation check lists with participants. Trainer asks participants what they think they should observe during home visits. (Appendix 2B) Tool 3. Use of the stuffed doll for description of events, with female interviewees only. Tool 4. Special questionnaire for PD individuals who have been identified with potential PD practices during FGD and KII to determine unusual practice(s) or strategies. (See Appendix 2C).</li><li>4. <u>Practice with the KII questionnaire for PDI</u> Trainer explores probing</li></ol>
<b>Helpful Hints</b>	<b>Adapt the sample questionnaire with participants to the local context, circumstances and local terminology.</b>

	<p>skills with participants with 2 simple examples. (See Appendix 3 for details on probing tips).</p> <p>Trainer pairs participants to role play KII with 3 different scenarios and the use of the stuffed doll.</p> <p>Then trainer reviews the home visit protocol and gives the same case studies and asks participants to role play the home visit with key informants interview. See Appendix 4 for home visit protocol and Appendix 5 for case studies).</p>
<b>Helpful Hints</b>	<p>Tell participants that the questionnaire can be used as a guide for the conversation with family members during home visit. Since the activity is not a research exercise but an <b>inquiry or a conversation</b> into the practices of parents of newborn at home, facilitators need to know the topic questions very well, and consult the questionnaire only to make sure that they have covered all topics. The interview generally is transformed into a conversation where the mother, MIL, father or other family member is eager to tell his/her story but not always in a logical way.</p> <p>Hence the training session should focus on probing skills needed to understand what happened and what practices or strategies were involved to overcome common barriers experienced by most families around pregnancy, labor and delivery, immediate post delivery and postpartum periods. The challenge is that probing should not have a disruptive effect on the conversation.</p> <p>Refer participants to their findings on common practices their determinants found during the situation analysis. (Module 5).</p> <p>5. Trainer develops with participants a simple format for recording the information gathered through the PDI. (Appendix. 6 for standard recording of a home visit to a PD family).</p>
<b>Helpful Hints</b>	<p>All information collected during the PDI is recorded immediately after the home visit in a written form by the PD team. (observation checklist and recording form).</p>
<b>Field work Feedback session</b>	<p><u>Feedback session on PDI process</u> Trainer asks a participant to conduct a feedback session with lessons learned on use of the KII, the home visits, the interview, the interviewer's skills, etc. Participants share their field experience with the PDI.</p>
<b>Helpful Hints</b>	<p><u>Trouble shooting during PDI:</u> Trainer emphasizes strategies to overcome problems such as amount of time spent with family, separating mother from MIL, disruptive neighbors, etc.</p>

Game on best use of resources

## SESSION 2: ANALYSIS, SELECTION AND DOCUMENTATION OF PDI FINDINGS

<b>Competency</b>	At the end of session, participants will be able to: <ul style="list-style-type: none"><li>-Analyze the PDI findings</li><li>- Validate and Select replicable PDI behaviours and strategies</li><li>- Document the PDI findings</li></ul>
<b>Materials</b>	Flip charts, handout forms
<b>Method</b>	Brainstorming, Q & A
<b>Process</b>	<p><u>1. Participatory analysis of findings:</u> Trainer asks participants what is the purpose of activity. <i>Through this participatory exercise the PD team validates all the common and uncommon behaviors from the community members</i></p> <p>The participants are explained the method for analyzing the findings. Steps:</p> <ol style="list-style-type: none"><li>1. All interviews are jotted down on the flip charts in local language.</li><li>2. The community activists are invited to take part in this very important session.</li><li>3. All the flip charts are displayed in the room.</li><li>4. The marker is handed over to the activists and they are asked to circle those behaviors, which are uncommon in the community.</li></ol> <p><u>2. Practicing analyzing and selecting PD practices.</u> Trainer divides the participants in two groups (male &amp; female), and give each group the same case studies they used before. The assignment is to identify uncommon practices, disregard those that are “True But Useless “(not accessible to all) and select the ones that are accessible and feasible to all.</p>
<b>Helpful Hints</b>	

(See Appendix 7 for description of activity).

3. Documenting the PDI findings

Trainer develops a format for documenting the PDI findings for the case studies using the sample format (Appendix 8).

### Session 3: Community Feedback Session & Action Plan

<b>Competency</b>	At the end of this session, participants will be able to: - Carry out each steps of the community feedback session - Facilitate the process of selection of activists for each mohalla (male & female)
<b>Materials</b>	Cardboard boxes, paper and magic markers, PD items
<b>Methods</b>	Brainstorming, practice through role play
<b>Process</b>	1. <u>Reviewing purpose of the community feedback session</u> _ Trainer asks participants for their inputs, then present flip chart: 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
<b>Helpful Hints</b>	Share your experience with this activity. Stress that this activity is the culmination of the PD process and its most important event. If this activity is carried out with maximum community member presence and active participation, it can galvanize individuals into action and can result in adoption of new practices or strategies.  2. <u>Logistics review:</u> Trainer reviews with participants who should be at the meeting, who should run the meeting and role of PD facilitators, when to take place  3. <u>Practicing the activity.</u> Trainer presents the standard agenda and organizes role plays of different sections of the activity with different participants as facilitators. 1 <sup>st</sup> role play: step 1 to 4; 2 <sup>nd</sup> : step 5 to 7; 3 <sup>rd</sup> : step 8 and 9. (See Appendix 9 and 10 for details).

**Helpful Hints**

Make sure that the participants use interactive tools for each of the role plays, particularly in role play 2: ask participants to use methods for both literate crowd (Men) and illiterate crowd (women) .

In particular:

For Step 6: Encourage them to use 3 “D” objects (stuffed doll, clean delivery kit, etc.) and skits to dramatize practices relating to care of newborn & mother, MIL & husband’s non-stereotypical role (taking on pregnant woman/new mother’s workload, discussing delivery preparedness, etc..) for sharing PD practices.

For Step7: Make sure PD facilitators of leading activist leading the debate on the PD practices asks the crowd the following questions for each PD findings:

- “Is this a common practice in our community?” (validation)
- “Do you think it is a good practice?, Why?”
- “Can everybody do this?”
- “Would you be willing to try it at home?”

For Step 9: Make sure that part of this step is conducted in public with community support. Open debate on what to do are critical for community based initiatives and community mobilization and may influence individuals from different walks of life, to become activists/volunteers.

**Process**

3. Developing a plan of action with selected and self-selected activists and leaders.

Trainer explains the process of getting the leaders and activists to develop an initiative to achieve their goal (having healthy mothers and healthy newborns).

Criteria for such an activity:

- Enabling the stakeholders to practice new behavior, involvement of all stakeholders.
- Multi- channels, multi targets.
- Involves the community leadership and volunteers
- Impact on maternal and newborn mortality and morbidity
- Provides linkages with health providers

Possibility of mohalla based meetings is discussed, if not suggested by activists themselves. The group decides on the modality (where, how often , who) of such initiative among themselves and the PD facilitators.

**Helpful Hints**

Make sure the participants understand their role as catalysts and facilitators in this process. Also make sure PD facilitators document the group’s decisions beyond the creation of PD mohalla sessions, such as religious leaders initiatives, role of the LHW, linkages with health

providers, etc...

4. Selecting and confirmation of the activists

The process of selection of the activist is initiated after the feedback session. After one week of the PDI process, male and female activists are confirmed.

A next meeting is set up to further develop a specific plan of action with the community.

## SESSION 4: PD PROCESS EVALUATION

<b>Competency</b>	At the end of session, participants will be able to evaluate the PD process
<b>Materials</b>	Flip charts, handout forms
<b>Method</b>	Brainstorming, Q & A
<b>Process</b>	<p>1. <u>Exploring what to evaluate</u> Trainer asks participants to make a list of what to evaluate</p> <p>2. <u>Developing the framework.</u> Trainer draws a matrix on flip chart with 5 columns (See Appendix. 10 for details) and create a framework for the PD process evaluation with participants.</p>
<b>Helpful Hints</b>	<p>Make sure the matrix has a section for “others” since the PD process unleashes the community potential in unexpected and unattended consequences.</p> <p>3. <u>Developing a simple evaluation check list.</u> Participants create a standard check list for evaluation.</p>

**Appendix 1 : Game of best utilization of resources:**

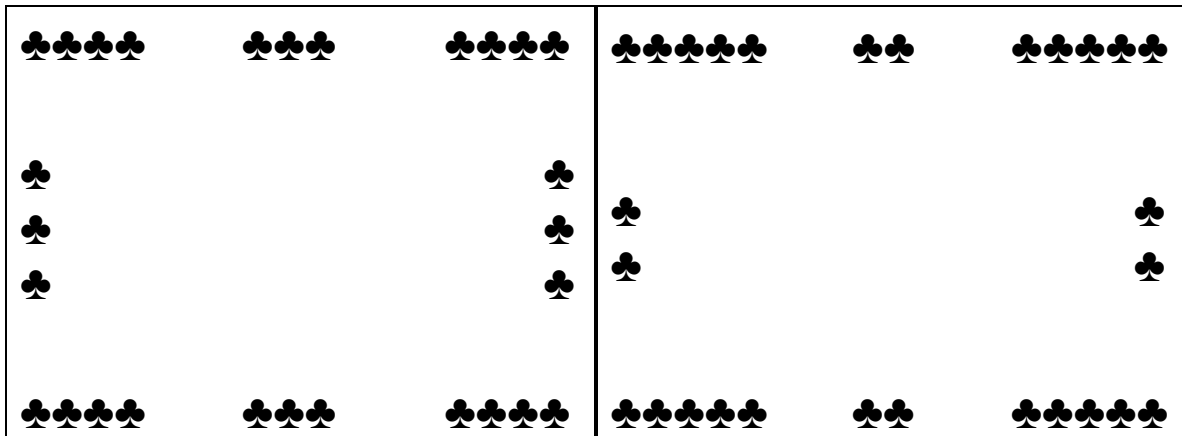
An exercise for best utilisation of resources was conducted. The participants were asked to sit in a circle. 28 toffees were placed on a flip chart, in bunches of 4s and 3s, so that the count comes to 11 on all corners. The participants were asked to re-arrange the toffees so that the count expands from 11 to 12 on each corner using the same numbers of toffees. Every one made effort to re-arrange the toffees for better results.

Finally the facilitator guided the participants to acquire the desirable result and exhibited how to acquire better results even with scarce resources available.

**Resource Game**

**BEFORE**

**AFTER**



**Confirmation of the activists and training of the activists:**

The process of selection of the activist is initiated after the feedback session. After one week of the PDI process, the activist are confirmed for the next step which is training of the activists.

**Appendix 2A: KII 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
  - Mothers/fathers of newborns < 6 months
  - Mothers-in-law with grandchildren
- Introduction yourself and organization.
- Introduce purpose of visit (topic, length of KII approx 1 hours, confidentiality, and informed consent)
- **Note: Select topics that are 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

**Questionnaire on General information on mother and newborn & family**

1. What about your newborn? How old is he/she? Boy/Girl/Name
2. Is he/she doing well?
3. How old are you?
4. How many other children do you have?
5. What is your profession (husband)

**Potential questions regarding antenatal history**

1. During last pregnancy did you/your wife/your daughter-in-law, go for a check up?
2. If no, what were the reasons? If yes, where did you receive this care?
3. From where and whom did you receive this care (Doctor, LHW, LHV, Dai, Hakim, et
4. How many checkups did you have?
5. What services were offered to you during your check up? (iron pill, TT vaccination)
6. Who decided for you to go for ANC checkup/s
7. What factors usually prevent women from seeking antenatal care?
8. What about diet and workload? What did you / your wife / your daughter in law eat during pregnancy?
9. Is this different from what you / she normally eats?
10. Do pregnant women eat less, more, or the same? Why?

**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**

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?
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**

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?
2. What do dais, MIL do usually for a newborn baby who does not breathe?
  - a. How? Why?
3. What made you do this unusual behavior? Where did you learn it from?
4. Did you face criticism? From whom? How did you resolve the conflict?

**PD Case: Thriving baby who was Low Birth Weight newborn**

1. Was your baby smaller than usual – (Show the LBW stuffed doll)

<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.)</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? Chilla</li> <li>• Chilla rituals</li> </ul>

Appendix 2 B: Sample Observation Check list during KII

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>	

Interaction of other family members with baby (father, older sisters <b>Others</b>	
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Presence of gutti bottle, tea infusion and spoon, etc.

### Appendix 2 C: 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?

### Appendix 3: Tips for probing during a PDI

#### Purpose of probing

- To illicit more information
- To get specific information
- To verify our understanding of what has been said
- To get in-depth information

#### Examples of questions to get additional information:

“How about ?...” “What do you mean by....”

“Can you say a little more about it ...”

“You said that this ... was the biggest problem for you, is it a problem for you all ? , give me an example...”

Repeat the word used with a questioning intonation: “ Discipline ?”, “Lack of time ?”

#### Providing a scale to find out how often the problem, situation, practice happens:

“When you said your child has often diarrhea, do you mean your child has one episode a day ?, 3 ?, 5 ? or 10 ?.

“When you speak of having headaches during your pregnancy, do you mean once a day, once a week?, for how long?.”

Use ranges for specificity: “from 2 months, 3 months or 4 months ?”, “do you mean 1 bowl, ½ a bowl or two bowls?”.

#### Verifying your understanding

“If I understand correctly.....you only....” “Do you mean ... or do you mean...”

Use the following expressions: “If I understand correctly.”, “do you mean

### **Appendix 5: Home visits protocol for PDI 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
- Follow acceptable time frame for introductions and getting acquainted
  - 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 possible time frame confidentiality, and informed consent
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,
9. using quote from family members in the write –up.



*“We knew that the premature baby required special care and attention and only a mother can provide such care. If she continued the routine domestic errands like cooking and washing, she would not have been able to provide the required attention to such a small baby”.*

His mother really supported him in carrying out all the domestic activities during this period. He increased diet of his wife i.e. desi ghee (purified butter), milk and fruit after the delivery to make her healthy so that she could produce enough breast-milk for the child.

### PD Case study 2

**Father’s name:** Abdul Rahim      Father’s age: 37 year  
**Baby’s age:** 7 months      **Status:** Thriving infant

Mr. Abdul Rahim from Chambapind had a 7-month-old baby girl, his fourth child. He received no formal education. His wife had two antenatal checkups along-with two TT shots during pregnancy. He increased the diet of his wife during the pregnancy. He said, *“a wife is your life partner, who reaches where no brother or sister reaches for you”*. His wife stopped heavy domestic errands during the third trimester. He said that he tried his best to keep her happy during the pregnancy so the baby is happy and healthy as well. He heard this message from radio. He arranged money fifteen days ahead of the delivery so that he could cope with any emergency during delivery. He arranged the transport to take her wife to the hospital at the time of delivery. He said that *“ I informed my cousin who has a commuter van ten days ahead, to keep on visiting my house two times a day, so that he could use his vehicle at the time of any emergency”*. He said that he always discuss everything with his wife and take a joint decision. The delivery was conducted at the hospital according to his wife’s advice. *“This was the matter of her life and death so that’s why I acted upon her advice.”* He gave no ghutti to his daughter and said that ghutti is very heavy and harmful for the baby. He gave colostrum to his baby because it cleans the baby’s stomach. He said *“ Allah has made nothing better than the first milk of the mother (Keerh)*. His baby was exclusively breastfed for five months with no water. He said *“breast milk already contains enough water according to baby’s requirement so there is no need to give additional water to the baby”*. His wife took rest for 40 days after delivery. His wife is an educated woman who requested everybody to wash their hands before touching the baby to keep the baby safe from the germs and diseases. His wife received a postnatal checkup 40 days after the delivery. They received a family planning counseling session from a lady doctor and adopted a temporary method (tablets) for birth spacing. Both husband and wife are planning to opt for operation (tubal ligation) as they have completed their family. He said that small family size would ensure a prosperous life. He increased diet (ghee, almonds, fruit) of his wife after the delivery. He said *“this is like a chain, if a mother will eat good nutritious food it will ensure the good health of baby as well”*. He said that he is very conscious about health issues and always listens to health education programs from radio and television. He always discusses and shares health related information with his peers as well.

**Appendix 6 Draft reporting format for In-Depth Interviews- IDI –Positive Deviant Families**

Child's name: Age: Sex: Parity: Living children:  
 Breastfeeding status: Health status: Mother's name & health status: Family  
 structure: Father's occupation: PD status:

Period	Maternal & newborn care Practices	Topics	PD behaviors & strategies
Antenatal care History Birth planning/ Delivery preparedness	<ul style="list-style-type: none"> <li>▪ TT vaccination (2 shots)</li> <li>▪ Iron foliate intake</li> <li>▪ Increased nutritious diet</li> <li>▪ Identification of danger signs</li> <li>▪ Clean Birth Kit, identified birth attendant</li> <li>▪ Saving &amp; contingency plan for EOC</li> </ul>	Care seeking during pregnancy Decision making Role of decision- makers (MIL, husbands) Overcoming taboos, or traditional practices or attitudes Delays in seeking care	
Intrapartum Delivery & immediate post natal care	<ul style="list-style-type: none"> <li>▪ Clean hands, clean surface</li> <li>▪ Clean cord cut</li> <li>▪ Dry &amp; wrap, bathing ?</li> <li>▪ Warmth (room, baby)</li> <li>▪ Immediate Breastfeeding</li> <li>▪ Maternal care</li> </ul>	Decision making (place or delivery, choice of attendant) Ways to overcome obstacles for obstetric emergencies – 4 delays Role of decision- makers (MIL, husbands) Overcoming taboos, or traditional practices or attitudes	
Routine maternal & neonatal care	<ul style="list-style-type: none"> <li>▪ Exclusive breastfeeding</li> <li>▪ Maternal diet and workload</li> <li>▪ Cord care</li> <li>▪ Mother &amp; Baby interaction</li> <li>▪ MIL involvement</li> <li>▪ Father's involvement</li> <li>▪ Secondary caregiver</li> </ul>	Decision making Role of decision- makers (MIL, husbands) Overcoming taboos, or traditional practices or attitudes	
Special care of newborns	<ul style="list-style-type: none"> <li>▪ Management of birth asphyxia</li> <li>▪ LBW, weak newborn</li> <li>▪ Identification of danger signs</li> <li>▪ Management of minor illnesses</li> <li>▪ Home care (+ why?)</li> <li>▪ Care-seeking</li> <li>▪ Others</li> </ul>	Decision making Role of decision- makers (MIL, husbands) Overcoming taboos, or traditional practices or attitudes Role of health providers	

**Appendix 7: ACTIVITY 9: 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 designs ways to share this information with the community at large (cardboard box and illustrations, skits (role play), puppet shows, etc...

### Appendix 8 Example of documented PD behaviours

From Chanjjala village, Haripur district.

Topic	PD behaviours
Antenatal care	Mother was taken for medical checkups 5 times Mother got 2 tetanus injections Mother not allowed heavy work during last 3 months. Husband and MIL helped.
Delivery preparedness	Money was arranged beforehand in case of emergency at time of delivery (Rs 3000, Rs 10,000 and Rs 16,000 saved by 3 families) Dai was contacted a week before delivery New blade was purchased to cut the baby's cord
Care of newborn	Cord was cut with new blade ,clean boiled scissors Cord was cut and tied up with clean thread, dettol-dipped thread Nothing was applied to the cord Baby was immediately placed on warm blanket Baby was massage with oil to keep warm
Breastfeeding	Baby was given mother's milk immediately after birth The baby was given mother's milk only No gutti was given to newborn
Husband's role	Arranged for new blade Took his wife for regular checkups Helped his wife in routine household chores and cared for proper rest

Note: This is a composite list of PD behaviors found in different families. NOT ALL PD practices are found in each family.

## Appendix 9 FEEDBACK SESSION WITH 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, cardboard boxes, stuffed dolls, new razor blades...

**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 newborns map
- 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, exploration of suggestions for community action.
- 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)
- Step 11** Set up next meeting date, time with whom to elaborate a specific community plan of action
- Step 12\*** Closure

\* steps facilitated by a community member

Appendix 10: example of feedback session with the community from Haripur project

**PDI-feedback session with female community members Kaag village**

No of participants: 40 , NGO staff: 4 Estimated time: 1 ½ to 2 hours.

**Agenda**

- Welcome and Introduction.
- Objective of the meeting.
- Review of the past week activities.
- Interactive sharing of PD findings.
- Discussion on the PD Behaviors.
- Sustainability game.
- Action Plan with candle to illustrate how to share this information.
- Simple action plan with all participants to explore ways to share this information.
- Development of next steps.

**Proceedings**

• **Welcome and Introduction**

*Meeting started with the recitation from the Holy Quran. A lady from the community was invited for this purpose. After the recitation, participants were cordially welcomed and thanked for their active participation through out the process. A brief review of the program was once again presented for the newcomers.*

• **Objective of the meeting**

The participants were told about the objective of the meeting, which was to share with them the findings of the past week's activities. The participants were reminded of the community's orientation session where by they were promised that with their cooperation the SC team would be able to find the practices of the family members of the healthy newborns. The day had come when the SC team would share with the community the good practices found from their village.

• **Review of the past week activities**

A brief review of the past week's activities was presented before the participants. The participants were inquired of what they thought about the past week's meetings with the community members. A very positive response came from the participants that the PD team was meeting the mothers of children under one year to gather information. They were then told that PD team not only met with the mothers but also with some of the fathers, mothers-in-law and TBA of their village.

• **Interactive sharing of the PD findings:**

After this the PD behaviors were shared with them one by one under the following headings. These were written on flipcharts and put in a PD house. A different community member, who could read the behaviors loudly, read each flipchart and later the SC team explained each behavior.

- Care of mother during pregnancy. Preparation for delivery. Only mother's milk.
- Danger signs during pregnancy, at the time of delivery and after birth.
- Role of the husband. Care of the newborn.

• **Discussion on the PD Behaviors**

The behaviors shared with the participants were discussed in detail. The importance of each behavior in their lives was highlighted, and it was further explained as how these behaviors can prevent the babies against fatal diseases. The participants were told that there was a complete and comprehensive package on all the shared behaviors, which would be shared with them with the passage of time.

- **Sustainability game**

This game was played to further sensitize the participants and gave them the sense of ownership. The participants were divided into two teams and with the help of all possible things they could gather, they were asked to build the highest building. The SC team provided them the base in the form of file boxes. The teams were given 3 minutes to do the activity. With the time span given to the team all could see two big buildings in the room. The audience clapped for the winning team that had build the highest building. Interesting part of the game started when the facilitator dragged the bases from under the two huge piles of things. This obviously led to the falling of the building. The facilitator then asked the two teams as to what they understood by this action (of pulling the bases) and the following very interesting response came from the audience.

*“We shall establish our own base”. “We shall help our own people ourselves”.*

*“You have provided us the base and we will now build on it”.*

- **Action Plan with candle lights to illustrate how the information would be shared**

At the end of the session candle game was played with the participants. This was to illustrate as how this information would be shared with other people of the community. They were all given unlit candles and one candle with the facilitator was lighted. After that facilitator lighted the candle of lady sitting next to her, she, in turn, lighted the candle of a lady sitting next to her and in this way all candles were lit in a row. They were then asked as what they understood by the game.

*“We will spread the information to other women like the candle light”.*

- **Simple action plan with all participants to explore ways to share this information**

The Candle games proved very effective in provoking the participants to search for the ways for dissemination of this information. The participants were asked about different suggestions in this context. The following response from the participants:

*“We shall go to the home of each and every person and share this information”.*

*“Mothers-in-law shall transfer this information to their daughters-in-law”.*

*“We shall work together as a team”.*

One of the women on behalf of other women said that they don't have the permission to work for the community. Then another among the ladies said:

*“We do so many things without the permission of our families, so what's wrong if we do this virtuous work [community work] without their permission”.*

- **Development of next steps**

The participants gave a big hand to those participants who had presented such novel ideas. It was told that the SC team would help the PD team on every step. Some of them (who would volunteer) would be chosen at mohalla level and then equipped with the training in order to enhance their abilities. These women would intern train other women from their mohallas.

The participants also thanked the SC staff and said:

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*“The most important reason for our motivation is that the SC team has treated us with love and has cooperated with us.”*

- **Closing Remarks** At the end of the session the participants were again thanked for their cooperation during the SSIs and FGDs as well as for their attending of the session. It was told to the participants that they would be contacted soon for trainings

### **PDI-feedback session with male community members Kaag village**

No of participants: 50 Venue: Ghosia Public School. NGO staff: #. Estimated time: 1 ½ to 2 hours.

#### Agenda

- Welcome and Introduction. Objective of the meeting.
- Review of the past week activities.
- Interactive sharing of PD findings.
- Discussion on the PD Behaviors.
- Sustainability game.
- Simple action plan with all participants to explore ways to share this information.
- Candle game for the dissemination of the findings.

Tools Used: PD house with PD behaviors written on flip charts. Sustainability game-played with the help of 2 cut boxes. **Candle game-few candles and a matchbox.**

#### **Proceedings**

- **Welcome and introduction**

AH welcomed all participants from each Mohallah. The session started with the recitation of few verses from the Holy Quran. AH thanked leaders for cooperation during SSIs, FGDs and for making arrangements for that day's feedback session. An activist introduced Save staff. He briefly described the accomplishments of "Save the Children" in the last two years. He shared with the participants some facts and figures describing maternal and neonatal mortality rates of district Haripur. During the meeting all the participants were asked about their observation regarding PD work in the last one-week.

The participants were told about the PD approach focused particularly on newborn health. The PD approach had already been tested in other countries of the world on various disciplines, but it was first time tested successfully in the villages of Baghrah and Banda Munir Khan.

- **The PD House-Sharing of the PD behaviors**

An exercise of sharing behaviors was initiated, in which participants were asked to take out the folded flip charts one-by-one from the PD house, and read it loudly before the audience. The facilitator from the SC team explained the chart behaviors to the participants. The participants were highly enthusiastic while explaining the PD behaviors among each other. They took deep interest in the key messages illustrated on flip charts. The behaviors shared during the session were under the following headings:

- Care of mother during pregnancy. Preparation for delivery.
  - Only mother's milk. Danger signs during pregnancy, at the time of delivery and after birth.
  - Role of the husband.

- **Sustainability Game**

To envisage the concept of sustainability among the villagers for the spread of the PD behaviors, sustainability game was played among the participants during the feedback session.

- **Action Plan**

At the end of the PD behavior activity, the participants were asked to make a work plan. This activity intended to involve the participants in formulation of a plan where by they could disseminate these PD messages to rest of the members of their respective mohallahs. The participants ensured that they would actively take part in conveying these messages to every household in the village. Few participants actively gave their names who would work as the PD activists. They also asked for the

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training so that they would be good like the SC team in convincing other fellow villagers to accept these PD behaviors and apply them to their lives.

- **Candle game**

The basic concept of lightening candles in a row was to further sensitize the participants. This gave them an insight as how they would be transferring the messages further to other community members.



### Appendix 11 : PD Process Evaluation Framework

Steps	Results	Indicator	Collectors	Form/tools
1 <sup>st</sup> Community meeting	Baseline on status of newborn last 12 months	# of newborn alive # of neonatal deaths, stillbirths	PD facilitators activists	Newborn mapping
	Identification of common M & N care practices & determinants of practices	Reported current common M & N care practices  Name and other information on potential PD		FGD & KII reports
Situation analysis	Identification of potential PD cases and PD behaviors	Level of community awareness on M & N care (L,M,H) Reported past incidence of willingness to Level of willingness to change (L,M,H)		Newborn mapping, KII with TBAs and LHW, FGD reports
	Baseline on community mobilization status	Level of community members involvement in community projects (Low, medium, high) Level of broad-based representation of groups in community organization Low, medium, high Level of women & youth involvement in decision making (Low, medium, high)		Resource mapping, FGD reports
PDI	Identification of PD practices and strategies	Reported PD practices	ID	Report on PDI
	Identification of successful messages for advocacy	Quotations of demonstrably successful messages		Case studies of PD families report
Community feedback & action plan	Increased community participation	# of participants first and last community meeting	PD facilitators	Report form on activity
	Validation of PD practices	Reported comments from participants	“”	Report on the activity
	Selection of activists Broad-based representation of activists	# of activists (male & female) Identity of activists & their place in community		Report on activity
Community Mobilization	Participation Ownership Degree & equity of participation	Report of community based initiatives in plan of action- % increase in community members' participation - Broader-based representation of women & marginalized groups		PD process evaluation form or Community dialogue matrix

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