

Enhancing maternal and child health & nutrition Indicators through the principle of 'Peer Group Counselling'



Enhancing Maternal and Child health and nutritional indicators through the principle of Peer Group Counselling approach

Peer group counseling is one of the important tools, by the SHG for creating a positive environment by supporting the pregnant women and their families, for better understanding of health, nutrition issues and adopting a positive behavior.

A Peer group counseling approach, will form the edifice of the outreach strategy, providing pregnant and their families with opportunities to access accurate and correct information. Making the women aware, and educating them, regarding maternal-child health and nutrition. The peer group counseling would emphasize on rapport building (establishing a relationship), assessments and diagnosis, the barriers and triggers to the adoption of good practices and awareness to action for good practices and behavioral change by the members, and problem-solving at the village levels.

Once identified, the peer group will undergo meticulous training by the Setu Didis in the field/intervention sites, and would be supported to reach out to their peers and convince them to conduct meetings at the pregnant women's home. There will be ongoing handholding and strong support to the SHGs by the Setu Didis to ensure that they feel comfortable with the topics and on specific themes. The trainings, demonstration and sharing of best knowledge will focus upon experiential and incremental learning and development of life skills, to overcome the limitations of information-based NHE (Nutrition Health Education) so that the beneficiaries have the desired knowledge in health and nutrition issues.

A peer group counseling approach has been adopted for two key reasons. **Firstly, on the rationale that peers group can be a trusted and are credible source of correct information.** They share similar experiences and social norms and are therefore better placed to provide relevant, meaningful, explicit and honest information. **Secondly, peer counselor (SHGs) is, in itself, empowering, facilitating, and encouraging them for safe motherhood and birth of a healthy child.** The beneficiaries are active recipients of a set message resulting in positive changes in terms of knowledge, skills, attitudes and confidence in other group members. The counseling session should be designed in such a manner that the key influencers i.e. men folks and mother-in-law are thoroughly involved in the process. Also it is very important to note that the peers share the same barriers and triggers in the adoption of good practices, as the socio-economic cultural realm remains the same.

After getting the proper training on peer counseling skills, the SHGs will conduct their weekly meeting at the pregnant women home. The pregnant women is also member of the same SHGs and thus facilitation would be easier in the pregnant women's home. In the first few meetings/interactive sessions, the Setu Didis will help in the facilitation of discussion, and this will be based on **appreciative inquiry**. This will be a simple tool with picture so that pregnant

women and their family member easily understand, identify the key message behind it, and able to comprehend issues and take actions on it.

The counseling session would be done through the SHGs members, by using a counseling kit (job aid / hand out developed, for home counseling and on the basis hand out the SHGs member will facilitate the discussion. This kit is designed on basis of adult and incremental learning process, where positive deviant approaches in local context will be used.

Purpose

- Change in behavior, incremental information and knowledge enhancements.
- Assist and enhance knowledge and self-realization on critical issues of health and nutrition.
- Positive mindset for dealing with current situation, decision making for better outcomes on issues.
- Reduce the anxiety, arising out of information asymmetry and ingrained taboos, customs and traditions for taking on the new responsibilities.
- Accept the situation and improve the sense of belief, transition from awareness to assertiveness and action.

Key Features

- Express themselves freely as social, cultural and economic premises remain the same.
- Provision of support and assistance by trained groups/ Setu Didi, who have robust knowledge on FNHW subject matters.
- Convenient and collaborative home environment (help in creating better and positive environment).
- The process in its entirety is non-judgmental, interactive, unbiased, cohesive and transparent in nature.
- Identify non helpful behaviour (barriers and triggers).
- Greater awareness of past and present status.
- Feasible solution for the state of indecision, dilemma or distress in any manner.
- Location of Counselling (comfortable environment and home ambience with presence of key decision makers and men folks of the households.)
- Empathetic understanding by the SHGs members always respecting the pregnant women, lactating mothers, care givers in a true and transparent way.

Advantage of Peer Counseling

- Effective technique to educate and sensitize the women, caregivers, influencers, and other member at HH levels.
- Effective process to deal with traditional beliefs, taboos, myths and regressive practices.

- Easy to establish the positive behavior by demonstrating the innovative ideas in comfort manner (nutrition- garden, dietary diversity).
- Using positive deviant (PD) approaches and many local case studies/anecdotes, for better comprehension and understanding and better co relationships.
- Access the services and entitlements as a right of the families as counsellors and beneficiaries are from the same social-economic subgroups.
- Ensuring availability of resources up to certain level – (easily access the loans)

The Steps of Peer group Counselling

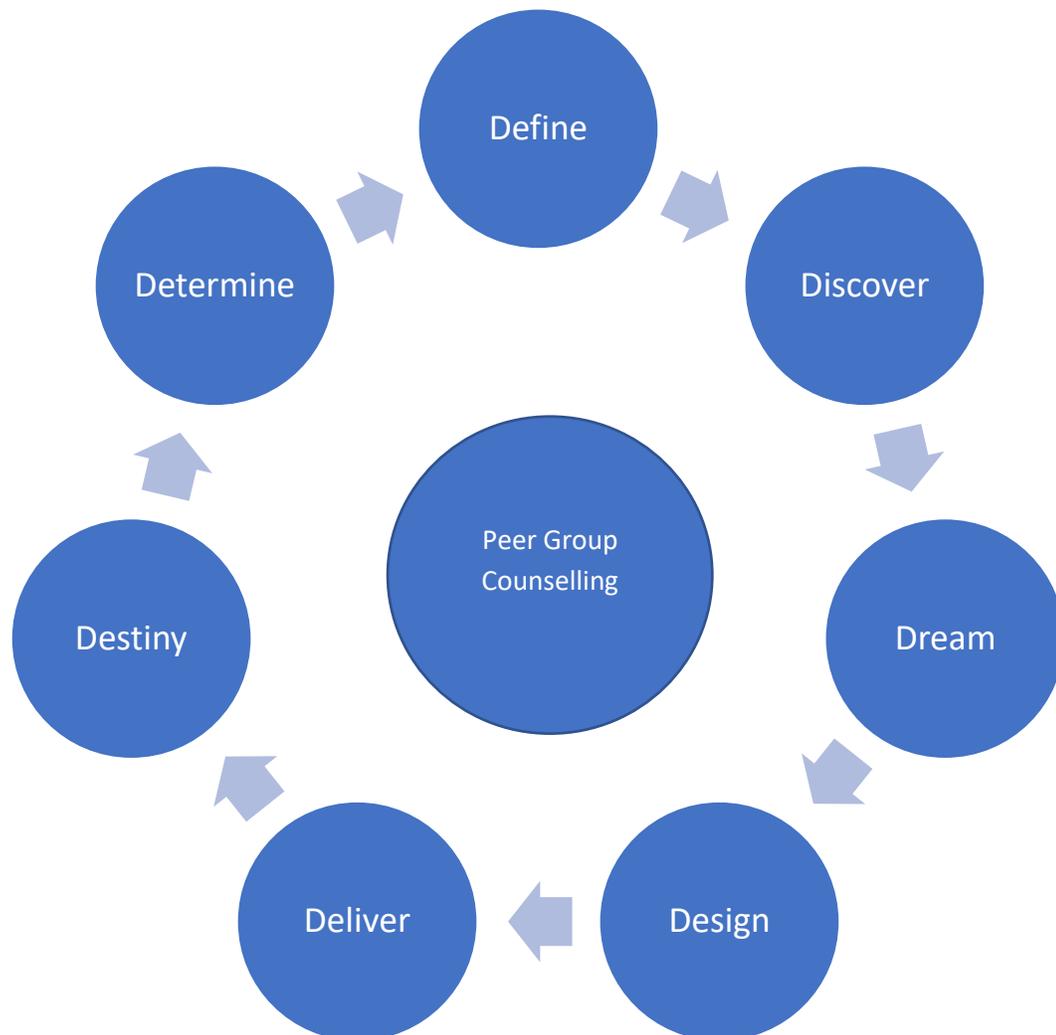
The concept of peer group counselling is based on appreciative inquiry (AI). It is a positive dialogue with the target audience based on a certain question which creates an environment for positive change. It is grounded in social constructivist action which focuses on social and behaviour change to achieve the expected result. Societies construct their perception based on prevailing practices that are regulated by social and cultural norms, the appreciative inquiry in context of Peer Group Counselling, therefore could be seen as an attempt to establish a positive dialogue, that would help to get the desire outcome.

Appreciative Inquiry (AI) or more specifically in the context of Food, Nutrition, Health and WASH it is customized and rephrased as **Receptive Research (RR)**. **The art is to recognizing what exists best in the community recognizing the strengths, potentials, success in the family and in the community and seeing new potential and possibilities through interaction amongst peers.**

The Receptive Research process involves the receiving and processing information on existing practices in an interactive manner. The uniqueness of the process lies in the fact that it is reciprocal and the flow of information for knowledge enhancement and skills augmentation is interactional for all the people involved and is distinctive by its own nature.

Peer group counselling utilizes a dynamic, collaborative and participatory dialogue to support and handhold for the improvement of overall understanding.

The 7 Ds of Peer Counselling:



1. Define (inquiry participatory approach)

The first step is defining the status (i.e pregnancy period) , defining the status in an interactive /interactional mode of communication. Through a two way, interactive and dynamic process investigatory queries on food, diet (recall method), workload, support systems from elders and family members are discussed. The basic premise is to **clarifying** on all the pertinent issues, positively probing on all the aspects and never castigating the beneficiary in any way during the session and extending mutual support and appreciation.

- I. Identifying the pregnant women at an early stage.
- II. Listing of prevailing practices at HH levels (food, workload, support system etc).
- III. Probing for the social issues related women and associated issues.
- IV. Situation analysis.

2. Discover 'what is'

A grounded exploration of what best it is and **appreciating** all along. The obvious emphasis is on the positive aspects so that the beneficiary always internalizes the knowledge and transform it into positive actions, practices which would be provided by the SHGs during counselling. The discovery phase has two aspects, to identify the positive moments and second to look for themes from these 'positive moments' and successes.

- I. Probing to express the all positive aspects and positive movement
- II. Encourage to express the social relation with other members of the families
- III. Collect the positive effort made by the entire family members to get the success

3. Dream 'what could be'

The third step would be to dream (what could be the results) and the steps needed for a positive outcome. The **envisioning** from **in utero to two years of child (the 1000 days approach)** are envisaged along with the support system (family and community). The health, nutrition, food and other aspects is anticipated in respect of favourable outcomes for a affirmative outcome.

- I. Safe motherhood.
- II. Healthy child.
- III. Positive and supportive environment at family levels.
- IV. Better support from SHGs.

4. Design: (what should be)

Designing is **co-constructing** the support in terms of safe delivery and child care. The 4As of FNHW services- **availability, accessibility, approachability and acceptability**. This would encompass designing the interventions for dietary diversity, antenatal care services(ANC)services, intra-natal(INC) services, and post-natal care (PNC) issues regarding the anaemia and mitigating the danger signs of pregnancy. The service and entitlements like JSY, JSSK, THR, RI, VHSND services.

1. Designing of counselling kit / Module on the basis of 4 As of FNHW (1000 days approach), checklist (to be used in the monthly counselling session by SHGs)
2. Construct the positive case studies (use of positive deviate approach)
3. Systems strengthening



5. Deliver (what will be)

The fifth step is ensuring the delivery of services for the beneficiaries. The key would be **innovating** on all the aspects of health, nutrition and WASH for the beneficiaries. The objective would be to obliterate the service gaps, work on the supply side, make the services demand-driven and services universally accessible for the beneficiaries.

1. Delivery of all required services on time
2. Access to the services available at VHND for pregnant, lactating and child
3. Diet diversity at HH level
4. Promoting and establishing appropriate behavior
5. Ensuring food and nutrition security
6. Women friendly environment at HH as well as society
7. Linkages with schemes (case benefit schemes)

जानकारी को गर्भवती महिला से पूछकर और मासिक जांच के माध्यम से मासिक जांच कर उस महिला के गर्भावस्था के दौरान कम-से-कम चार जांचें करा जाएगी। पूरे गर्भवस्था के दौरान 1-3 महीने, 4-6 महीने, 7-8 महीने और 9वें महीने पर संबंधित जानकारी दी जाएगी।

1-3 महीने में पूछे जाने वाले प्रश्न				4-6 महीने में पूछे जाने वाले प्रश्न				7-8 महीने में पूछे जाने वाले प्रश्न			
सेवाएं	नाम	नाम	नाम	सेवाएं	नाम	नाम	नाम	सेवाएं	नाम	नाम	नाम
पंजीकरण				रक्तचाप				रक्तचाप			
हीमोग्लोबिन				वजन				वजन			
रक्तचाप				पेट की जाँच				पेट की जाँच			
वजन				IFA गोली कितनी खायी है अभी तक				IFA गोली कितनी खायी है अभी तक			
पेट की जाँच				कैल्शियम कितनी खायी है अभी तक				कैल्शियम कितनी खायी है अभी तक			
मातृत्व शिशु सुरक्षा कार्ड (MCP)				पोषाहार मिला या नहीं				पोषाहार मिला या नहीं			
पर्व पूर्व जाँच के लिए परिवार का कोई सदस्य साथ जाता है या नहीं				पर्व पूर्व जाँच के लिए परिवार का कोई सदस्य साथ जाता है या नहीं				पर्व पूर्व जाँच के लिए परिवार का कोई सदस्य साथ जाता है या नहीं			
दिन में 2 घंटे आराम करते हैं				दिन में 2 घंटे आराम करते हैं या नहीं				दिन में 2 घंटे आराम करते हैं या नहीं			
TD का दोनों टीका लगा है या नहीं				TD का दोनों टीका लगा है या नहीं				प्रसव पूर्व तैयारियाँ है या नहीं			

6. Destiny

The better outcome and improved indicators related to maternal and child health is the ultimate expected result of the peer group counselling approach.

7. Determine (Supportive monitoring and check chart*)

The above six logical steps would be to determine the results. Monitoring from pregnancy to child birth to child is two years (1000 days) in terms of dietary diversity, antenatal care (ANC), intra natal care in terms of delivery in public health (postpartum/natal care) in lactating period, compliance on MCP (Mother and Child Protection Card), dietary diversity, Iron Folate Acid(IFA) tablets and other services.

- Concurrent Monitoring during pregnancy, Lactating period and childcare upto two years
- Monitoring of services

	1-3 महीने				4-6 महीने				7-8 महीने				9 महीने			
	सुबह	दोपहर	शाम	रात	सुबह	दोपहर	शाम	रात	सुबह	दोपहर	शाम	रात	सुबह	दोपहर	शाम	रात
1. कितनी बार खाया																
2. चावल / रोटी																
3. दाल/अंकुरित आहार																
4. साग/हरी सब्जियाँ																
5. फल / सब्जियाँ (लाल-पीला)																
6. मांस/मछली/अंड																
7. दूध या दूध से बनी चीजें																
स्कोर या अंक																
पान-पान एवं दिनचर्या (एक दिन पहले का)																
1. कितनी बार खाया																
2. चावल / रोटी																
3. दाल/अंकुरित आहार																
4. साग/हरी सब्जियाँ																
5. फल / सब्जियाँ (लाल-पीला)																
6. मांस/मछली/अंड																
7. दूध या दूध से बनी चीजें																
स्कोर या अंक																

Some Key activities of peer group counselling

Preparation of the beneficiary list in concurrence with front line functionary

The SHG members would do the **line listing of all the pregnant women**. This would be done in concurrence with the **ANM (Auxiliary Nurse Midwife)**, the **AWW (Anganwadi worker (AWW))** through the register for pregnant women, and the **Sahiya**. The SHG members would ensure that the MCP card is with the registered pregnant women at all times.

Holding the SHG meeting at the pregnant women's house

After the confirmation of the listing of the pregnant women, one of the four SHG meetings in a month would be conducted in the house of the pregnant women. At the households the steps of **Appreciative Inquiry / Receptive Research** would be followed. Some of the steps followed would be:

- I. Applauding of the pregnant women and commending the women.
- II. Exploring her present pregnancy, diet (question and interactive communication).
- III. Questions on the ANC services, diet diversity, services and access like VHSND, THR, JSY, JSSK.

IV. Involvement of the elderly members and the key decision-makers to build in the support systems.

Using the Positive Deviant (PD) approach for adopting the good Practices.

The Positive Deviant approach is used during the counselling sessions for sharing the good practices for pregnant women and their family members.

Involvement of the senior members of the family during the peer counselling sessions.

The in-laws and especially the mother-in-law and also would be a part of the counselling as members of the decision-making during pregnancy and lactating period.

