

PLA TOOLS FOR NUTRITION PROGRAMMING

Topic:	Learning about and from the community
Activity:	“Walking about “-Transect
With whom	team of 2 people with 1 or 2 community members
Duration :	1 to 2 hours

What do we want to know

- What kind of environment young children live in (roads, ponds, stagnant water, tube wells)
- How young children, their caregivers and the community members interact in this environment,
- What kind of environment pregnant women & new mothers live (RH)
- Population density, problem of big size families (RH), who has access to subsidized shops (PDS)
- Location of grocery shops
- What is grown in the village (crops, vegetables, fruit trees), what animals & poultry exists

Directions to carry out PLA Activity

- (1) Select a specific road or neighborhood, or a small group of households like hamlet in a village, from the resource map with community members
- (2) Take a slow walk down the road or path selected with a community member, or with a child/children
- (3) While walking make careful observation on the environmental hygienic conditions of the paths and houses, notice the type of interaction between children, with older kids, with caregivers., the kind of play young children engage in, where they play, what toys they use
- (4) Interact with pregnant women or women with infants, adults interacting with children on the road (casual, informal conversations). For example when coming across a fisherman, ask him what type of fish or seafood (crabs & shrimps) he gets and if he feeds these to his children. Visit tea shops, etc.
- (5) Later, create a chart with all the information gathered for further discussion with community members during Focus Group Discussions.
- (6) Write up information gathered from conversation, make case studies, and take quotes from people you met

For example: health/environmental hygiene, environmental safety, children interaction with environment-games, street food prices/favorites with young children (Nutrition)

Note :

Walking with children can be an entry point to gather and talk to children and learn about the children's favorite places, games , etc.

Short portrait of children encountered can also be drawn through casual conversation (name, age, family situation, parents' occupation, child's work, like or dislike of present situation, what to do with younger sibling when wanting to play , etc.)

This exercise can be repeated in different areas of the community as needed.

Check list:

children's play(what, with whom, language, stimulation, gender games.

Environment: safety, cleanliness, access

Interactions: among children, neighbors, older siblings with younger siblings

Informal conversations with street vendors , betel nut vendors, tea shop owners, liquor store owner

PLA TOOL FOR PARTICIPATORY SITUATION ANALYSIS (6/00)

Topic:	Learning about the community , PD Concept
Activity:	Mapping the village, Identification of PD households
With whom	Village leaders, fathers & mothers, others
Duration :	1 hour
Materials:	Local materials (stones, sticks, leaves, colored powder, etc.) or Flip chart paper, magic markers, colored pens, scotch tape

What do we want to know

- Location of the community's resources and infrastructures , where the most vulnerable families live, the most densely populated neighborhood . Location of health services/ all health providers
- Places where the children play , dangerous places for children (Nut/ECCD)
- Distance between village and closest hospital (RH), transport (RH)
- Where poor families with well-nourished children live

Directions to carry out PLA Activity

- (1) Find a suitable place where a large group of people can assemble.
- (2) Ask the community leaders to draw on the ground or piece of paper their village track as it would look to a bird flying over it, showing various things such as different villages, main roads, important buildings, etc.
- (3) Encourage participants to use different colors for different areas or specific resources (buildings)
- (4) The drawing or successive drawings become more detailed as the exercise goes on and different members of the group add their suggestions and ideas.
- (5) For PD concept, put small pictures of malnourished children (red dots) under or near some households and pictures of PD children under or near poor household.
- (6) Discuss with participants; why makes these children different?, can we learn from these PD families?

Note to the facilitator: This exercise should be run by participants, the resulting map is the map of the community as **the group perceives it.**

Encourage participants to locate their homes. The use of colors coding for specific resources mapping should be encouraged. For example : Red for health facilities, Yellow for market, Blue for schools, etc... The recorder takes note of participants' comments as they progress through the activity and draws a small map replica.

Probing Questions: :

Health: Where do the TBAs live? How many are there?, the traditional healers?

Recreation: liquor stores ?, tea shops ?, places children play ?, associations ?,

Administrative buildings such as leader office, police station ?

About the school: :”where are the schools ?, How many children are enrolled ?, proportion of drop-outs ?, number of out of school children ? Why ?

Food: where is the market ? Food stalls, snack shops? Betel nut vendors?

Occupation: Where do poor people live? What are the main occupations in the community ?
What kind of family businesses?

Ethnic/social groups: How many different ethnic groups ? Where do they live ?

Religious buildings :monasteries, pagoda and temple ? religious groups? Holidays?

Children: Presence of working children ?, what do they do ?

Men: Places men go for recreation: Do men drink?, is it a problem in your village?, how?

Women: Where do women get together

PLA TOOL FOR PARTICIPATORY SITUATION ANALYSIS (6/00)

Topic:	Learning about the community
Activity:	Wealth ranking
With whom	Community members (up to 10 people), mothers, fathers
Duration :	30 to 45 minutes
Materials:	Flip chart paper, magic markers, drawings/symbols, scotch tape

What do we want to know

What is the community's definition of well-being, poor or rich/wealthy *

What are the criteria (description) they use for definition of wealth, average wealth and poverty ?

What are the implications for nutrition, child care ?, for RH care ?

Note: * Use local appropriate terms/words to describe poor people such as “people with difficult situation”.

Directions to carry out PLA Activity

1. Gather a group of people who are a good sample of the community
2. Explain the purpose of Save being there, and purpose of the discussion: “to explore together the socio-economic profile of a wealthy, average, or family in difficult situation”.
3. On a flip chart draw a matrix with 3 or more columns according to the number of different socio-economic groups identified by the participants, from left to right
4. To facilitate discussion, ask the group to describe **first** the type of housing of a wealthy, average and poor.
5. Do the same with topic such as occupation, property, income per day, occupation, family size, access to food, education, expenditure on health, status in the community, recreation, care of children, community contribution etc. (See probing for details)
6. Determine with participants the proportion of rich, average and poor families in the community the following way.
Draw a square above each column, provide each participant with 9 to 15 beans and ask each to put beans for each column. For example: 1 bean = few families, 3 beans = fair number, 5 beans = many.
7. Count the total number of beans and divide by number of beans in each square to find the percentage estimated by the participants

Probing questions:

Money: saving, borrowing, lending, pawning, etc...

Childcare: who are the caregivers, presence of single head of households, working mothers, fathers as caregivers, older siblings, grandparents, etc. (nutr/ECCD) time spent with children,

Occupations by gender: What do women do in wealthy, average, poor families?, what do men do ?, what do working children do ? (RH, Nutrition)

Health services: how much does a wealthy, average, poor family spend on health per year

Food: what type of food does a wealthy, average poor family eat (meat, fat, vegetables,..)

Food frequency: How often does a rich, average, poor family eats meat?, fish?, other

Recreation: drinking, smoking, video parlor

PARTICIPATORY SITUATION ANALYSIS/ BASELINE FOR A COMMUNITY

Topic: Traditional and current feeding practices concerning children <3
Activity: Matrix + Focus Group Discussion
With whom: Mothers with child <3 yrs old, Grandmothers,
Duration: 2 hours
Materials: Paper, notebook, a tray with local food from the 4 food group, magic markers, beans

What do we want to know

Introduction of complementary feeding, what kind.

Typical diet of a 1 year old, 2 year old (variety, amounts, frequency)

food taboos for <3, what are they?, Why?

What do caregivers do when the child has little appetite?

Special diet (food & liquids) for sick children? (diarrhea, fever), less breastfeeding? For recovering children?

Directions to carry out the session

- (1) Explain purpose of activity to participants
- (2) Show the tray with all the foods, ask participants to handle the food items and tell what they know about each food.
- (3) Create a matrix with 6 columns (see model), ask the question:
“In your village, what of these food are children **usually** fed between 0 months to 3 mths, 4 to 6 mths, etc. ?”. Create 1 column for age group, 1 column for food, 1 for amounts, 1 for frequency.
- (4) Ask Participants to put the food used to feed infants for each age group.
Probing: what are the practices to enrich porridge, what food are added to porridge over time, when?
- (5) Then they put amount of food (bowl, spoonful, can size, fist, pieces, etc.) Then frequency of feeding every day
- (6) Then have participants to name food that are **not** recommended for young children and ask them **why**.
- (7) Ask participants how they feed their young children (chewing, finger, spoon, etc), from a common or individual bowl.
- (8) How they feed the sick child (diarrhea, ARI, malaria, etc.), the recovering child
- (9) What do you do when your child has poor appetite?
- (10) Summarize the activities and the findings from the developed visual aid, emphasize good practices existing in community.
- (10) Documents findings on current feeding practices in a matrix

Expected outcome for situation analysis

To identify and document current normal feeding practices, to highlight existing good/best practices. To identify and document harmful practices for program intervention

To identify lack of beneficial practices

Model matrix for PLA on current feeding practices of children under 3 (Situation Analysis)

Child's age 0 to 36 mths milestones	Food given including breastmilk & other liquids(name or pictures), snacks	Amounts Bowl, cup, can, fist, spoonful, package	Frequency 3, 2,1*	Food taboos	Comments Why
Newborn					
0 to 3 months					
2 to 6 months					
7 to 12 months					
13 to 24 months					
When child is sick When recovering					

* 3 = every day, 2= twice a week 1= rarely i.e. once or twice a month

PARTICIPATORY SITUATION ANALYSIS/ BASELINE FOR A COMMUNITY

Topic:	Health-seeking practices
Activity	Chappati/Venn diagram
With whom:	Mothers children <3, other caregivers
Duration :	1 hour
Materials	paper circles of different size and color, butcher paper, Note book & pen , cassette recorder and blank cassettes (optional)

What do we want to know

- What signs of sickness make the caregivers seek help ?
 - What decision making process takes place when the child is identified as sick ? - -
- What health problems are people most concerned about ? (seasonal health problems & diseases) -What should be done ?

Activity A: - Discussion with Chappati/Venn diagram on health-seeking practices

1. Activity Chapatti step by step
2. Ask participants who are those people and/or institutions, and agencies they turn to for help when their child is sick.
3. Make a list of the identified individuals, institutions and/or agencies.
4. Cut the colored paper into 3 different sizes of circles (the biggest circles: the **most important** one, the smallest ones: the **least important**), 3 time the number of individuals or institution on the list.
5. Have participants choose a circle (big, medium, small size chapatti) according to the importance and usefulness of the person or institution, and have them write the name on the paper circle (Chappati)
6. Take 2 sheets of paper, scotchtape them, and mark a dot in the center of it saying: "You are here". and ask the group to place each of the circle on the paper according to **frequency** of interaction and relationship. The ones they go to frequently and are closely related to, are placed **closer to the center**. The ones they go to less frequently are placed further away.
7. When all circles are in place, for each chappati ask participants to tell you: 1. What kind of help they seek from this person or institution ? and Why? .
8. Review with participants the problems and existing resources and ask the following questions:
9. How could the situation be improved (access to quality care, costs, decision making, etc..at household level, community levels?)

Probing questions: For which illnesses do you seek help?.(ARI, Diarrhea, Malaria, Measles Typhoid fever Chicken pox, others....

Whom do you consult first ?, then whom ? (Venn diagram /chappatti)

Who decides what to do when there is a severe health problem at home ?

- What are the health problems for young children you are most concerned about ?

Topic: Home management of minor illnesses, accidents and injuries

Activity Focus Group discussion

With whom: Mothers children <3, other caregivers

Duration : 1 hour

Materials butcher paper, Note book
& pen , cassette recorder and blank cassettes (optional)

What do we want to know

- What sickness young children suffer from and what causes these sicknesses
- Detection of signs of sickness
- What practices are used at home for the management of minor illnesses (colds, fevers, diarrhea, stomach pain, coughs, earache, headache, eye inflammation, worms) ?
- What kind of minor injuries happen (cuts, bruises, burns, bites) and how are they treated ?

Directions to carry out Focus Group Discussion

- (1) Introduce yourselves to the group members and have every body introduce themselves
- (2) Create a comfortable atmosphere with a joke or light talk.
- (3) State the topic of conversation or use a visual aid to generate the conversation
- (4) Request permission to use a cassette recorder or to take notes of the discussion
(See questionnaire attached to facilitate the discussion)

*** Note: 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.

Questions to ask to carry out Focus Group Discussion about health-seeking behavior

A- Home management of childhood illnesses and small injuries

- What kind of sickness do young children suffer from in your village?
- What are the causes for the sickness?
- How do you know the child might be sick ? (symptoms for fever, worms, earache, etc.)
- What do you do when a young child has a cold ?, fever ?, diarrhea ?, cough ?, etc.?
Why ?

- What kind of minor injury young children suffer from most frequently ? (cuts, burns, bites, bruises, broken toes or fingers, etc.)
- How do you treat them at home ?

Accidents and injuries to young children

- What kind of accidents happen at home ?, on the road ?
- Why ?, how often ? (participants recall accidents or incidents which happened in the last 2 years)
- How is rescue organized ? Where do you go for help ?
- How such accidents can be prevented ? What should be done ?

Draft Model matrix for FGD on home management of childhood illnesses

Illnesses/ injuries	Home treatment/remedies	How long	Origin of practice “who taught/told you”
Cough, flu fever, ear ache, Eye problems Headache Toothache, etc. Diarrhea, bronchitis, etc. Burns, bites, bruises, cuts, rashes			

Appendix 3-6: Sample questions for Focus Group Discussion

A- Questions for FGD on Child care with fathers, grandparents, leaders, etc.

- What are the most important celebrations or ceremonies that families do for young children (<3)
- In your community what kind of things do “good parents” do with their young children?
- Have these things changed since you were a child? In what way?
- Nowadays what are parents concerned about with their young children?
- Are these concerns the same for boys and girls? . If not, what are the different concerns for boys and for girls?
- Are there differences in how boys and girls develop? What are they?
- Some children seem to be smarter (local term) than others. Do you think that it set when they are born or are there things parents can do to make the child smarter?. What are those things?
- What do fathers do with young children?, grandfathers?, other men or boys?

B- Topics for FGD with older sibling caregivers

- Daily activities . likes and dislikes
- Where do they go, take their younger siblings to (mobility map)
- Problems they face in looking after their younger siblings & how they solve them
- Special focus on health problems, dealing with young child’s crying, with emergencies

Questions on their family background (family size, number of siblings, grandparents)

- Do you go to school?
- What are your hobbies and interests
- How do take care of your siblings
- What do you like or dislike about looking after your younger brother or sister?
- What responsibilities are assigned to you by your parents in childcare?
- Do you have dreams or ambitions about yourself and about your siblings?

Tips for conducting FGD with children

1. Breaking the ice: establishing rapport with children through jokes or play
2. Using facilitators who have been professionally trained to interact with children
3. Using an intermediate medium: pictures, toy, a ball, pen and paper
4. Asking children’s voluntary participation
5. Children’s problems: possibility to run a group discussion with children during a group discussion with mothers (as children gather around).

Possibility of other PRA activities involving children for Situation Analysis

- **Transect:** walking about to observe young caregivers environment –
- **Observation** of children caregivers’ work and play (interaction with younger siblings)
- **PLA activities:** matrix, problems ranking, activities calendars
- **Playing and singing** with children
- **Key informant interview:** case studies

DRAFT BASELINE AND EVALUATION: QUALITATIVE TOOLS DRAFT 1/26/00

Topic: Breastfeeding and complementary feeding of infants (<12 mths)

Activity format: Focus Group Discussion
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.

PARTICIPATORY SITUATION ANALYSIS/ BASELINE FOR A COMMUNITY

TOPIC: **BREASTFEEDING**

Activity format: **Focus Group Discussion**

With whom: Breastfeeding mothers of infants up to 24 months. Mothers-in-law.

Duration: 1 ½ hours each group

Materials: stuffed doll, Magic markers, flip chart, tape, etc.

What do we want to know?

Practice regarding prelactate and colostrum intake by the newborn

The current practices regarding breastfeeding (initiation, exclusive-weaning)

Practices regarding the diet of lactating mothers?

The problems lactating mothers face regarding breastfeeding

Directions to carry out activity*

1. Use a common proverb about breastfeeding such as :
“Your mother’s milk is so valuable that you won’t be able to pay her back for it.”
2. Go through the questions, let participants discuss among themselves. Summarize the discussion once in a while
3. Discuss with them problems about breastfeeding (workload, lack of support, etc.)

Tips for FGD:

- Choose an informal setting
- Create a congenial atmosphere
- Respect the group’s ideas, beliefs and values
- Listen carefully and show interest in participants’ responses and exchange
- Encourage everyone to participate in the discussion
- Be observant and notice participants’ level of comfort or discomfort
- Ensure that everyone can voice their ideas or opinion
- Do not let one person dominate the discussion : acknowledge that person’s contribution to the group but stress the need to learn and hear from EVERYONE

See next page for questions about breastfeeding

Expected output shared with the community

Documentation of current breastfeeding practices and complementary feeding (0 to 24 months). Documentation of problems and opinions regarding exclusive breastfeeding.

QUESTIONS FOR FOCUS GROUP DISCUSSION ON BREASTFEEDING

1. In your village when does a mother start breastfeeding?
Probe: how soon after delivery? 5 hours?, 1 day?, 3 days?
2. Apart from breastmilk what other liquids or food are given to newborns?
3. What is your opinion about the colostrum?
Probe: is it useful or useless? And why? (common saying about colostrum)
What do women usually do with the colostrum in your community?
4. When the baby is sick, what do you do about breastfeeding?
Probe: how about diarrhea ? colds?, difficulty breathing?
5. What happens when the mother is sick?
Probe: when the mother has a fever, breast abscess, TB, is on medication?
6. At what month do women generally start feeding the baby other foods and liquids (porridge, rice flour, etc.) besides their own milk? Why?
7. What type of food is given in addition to or instead of breastmilk ?, for how long ?
8. When the mother does not have enough milk, what does she do?
9. Is it common in your village for mothers not to have enough milk?, why?
10. When is milk considered bad or harmful ? why?
11. Whom do you go for help when you have problems with breastfeeding?
12. What do women do if they have to leave the infant (<3 months) for ½ a day?
13. What food is considered good for breastmilk?, what are the one avoided? Why?

Sample plan for the situation analysis of current common behaviors in 2 villages (10/7/01

Topic	Methods	With whom	Teams per village	Trainers/Facilitator
Breastfeeding	Observations FGD, Sharing of information	8 mothers of infants 0 to 12 months	2 persons per team	
Market survey	Observation Interviews sellers Matrix: item, cost per unit	Local sellers, vendors, etc	2 persons	
Feeding, caring, health-seeking	Sharing of information Venn diagram,	6 to 8 grandmothers	2 persons	
Child care of young children	Sharing of information	8 older sibling caregivers	2 persons	
Role of fathers in childcare	Sharing of information	Fathers of children <3, or leaders or grandfathers	2 persons	
Feeding, caring & health-seeking practices	Sharing of information	Mothers with children 12 to 36 months	2 persons	

SAMPLE PD/Nutrition PLA ACTIVITY ON SNACKING PRACTICES, ISSUES & GOOD SNACKING PRACTICE PROMOTION FOR YOUNG CHILDREN AT NERS

Time frame: 45 minutes to 1 hour

Learning objectives:

Participants and facilitators will

1. Explore current practices regarding snacking
2. Discuss health & economical issues related to snacking and young children
3. Identify and choose nutritious snacks over “chittis” junk snacks for their children at snack stalls, including presence of “PD” snacking behaviors
4. Develop new strategies to cope with child’s snack demand and peer pressure

Participants will be able to instruct older siblings to buy nutritious snacks

Method: PLA & FGD

With whom: caregivers of children < 3 or 5 yrs old, older sibling caregivers, snack vendors, NERS participants, primary school students, etc.

Possible use: Situation assessment & analysis during the PD process, health education at NERS

Materials: Ahead of the meeting, ask participants to bring their children or younger siblings **favorite snacks and beverages** at the meeting.

Nutritious and “junk” snacks (minimum 10 of each kind), and beverages contributed by participants, trays. Magic markers and chart paper

Sample Steps for PLA conducted by facilitator/kader/volunteer

1. Put the snacks contributed by participants on a bamboo tray in the middle of the circle
2. Ask each caregivers to select their child’s favorite snack and put them aside
3. Ask participants how much each of them cost- put price tag next to each snack
4. Explore frequency of snacking per day, estimate cost per day, put price tag next to each snack
5. Compare snacks spending with other food items: eggs, tofu, meat etc..
6. Put back all snacks together and ask participants to select what they consider nutritious snacks, ask why they consider them nutritious
7. Select nutritious snacks and compare with participants’ choice, highlight “ PD snacks” and explain why they are nutritious snacks:” protein rich-energy dense ingredients” **in simple language**, but also consistency (<3), packaging (hygienic/safe), etc.
8. Discuss the benefits of providing nutritious snacks to young children & effect of poor snacking practices on child’s health & development (undernourishment and obesity)
9. Ask participants suggestions for improvement at family level and community level.

2. FGD on issues/problems with snacking

- Exploring mothers/caregivers' problems with snacking: (snacks as pacifiers, as rewards, child/older sibling peer pressure on snacking, TV and fads, child's preferences)
- How to solve these problems (sharing of tips among participants, examples from PD snacking practices and strategies)
- Developing group and individual willingness to try to provide nutritious snacks with their children. Emphasis on low cost of nutritious snacks

3. Sample Message: Health is Wealth: To grow healthy, young children need to eat healthy snacks or PD messages

- 4. Promoting good snacking behavior:** Ask each participant what new nutritious snack she/he will try to feed the child later today or tomorrow

Sample Activities & tools to Explore Snacking Practices in the Community during Situation Analysis/CM

Activity 1: Community mapping with location of snack vendors (most popular among the children) in the community & Identification of mobile snack vendors

Activity 2: Develop with community members observation checklist & questionnaire/bullet issues regarding snacking

Activity 3: - Conversation with individual snack vendors (3 to 5), observation & interview by members of the community

1. Sample Observation check list

a)- Snack stall (30 minutes)

- Snack vendor's appearance, hand hygiene
- Environmental hygiene around the stall
- Clients age groups
- Food hygiene
- Washing hands
- Water supply
- Quality of snacks, variety

b)- Interaction snack vendor & clients

- Interaction with young clients
- Favorite snacks
- Snack hygiene: Clients' hand hygiene handling snacks
- Older siblings' interaction with young child
- Peer pressure
- Comments from young clients

Young children' s bargaining strategies with older siblings, mother or other relatives

2. Sample questionnaire for snack vendors' interview

- Who are your clients?
- What are their favorite snacks? Why?,
- What snacks do you sell most?
- Are you concerned about the snacking habits of young children in this neighborhood?
- What do you say to young children when they purchase a snack?
- How do you advice young children on snacks?
- What kind of advice do you give young children?
- What problems do you see with snacking for young children (<3, < 5)?
- In your opinion, what factors influences children' s choice of snacks
- Are there specific snacks for special events? (birthday, holidays, end of school, etc..)

Activity 4: Conversation with older siblings and young children at the snack stall

Note; Minimum of 10 conversations with individual children, older sibling caregivers/babysitter

1. What are their favorite snacks, why?
2. What is/are the snacks they most frequently eat?
3. Frequency of snacking, average per day (<3, 3 to5), older siblings
4. How much money they spend on snacks every day
5. Where do you buy? Favorite shop? Why?
6. (show what you bought)
7. Do you think this is good for you? Why?
8. Snacking & meals?
9. (if older sibling) What is your younger brother/sister' s most frequent snack? How often per day?
10. What are good/healthy snacks for young children?
11. What advice does your mother/grandmother, father give you on snacking?
12. Do kid talk about/compare snacks at school?, what do they say?
13. What kind of problems do you have looking after younger sibling?
14. What do you like in life?
15. What is your dream? What do you want to become when you get older/

Activity 5: PLA/FG Discussion with a group of snack vendors (FGD), 6 to 8

Preparation : Asks participants to bring their 10 most frequently purchased snacks?

Where do young children get food in this community?

What do you think is good food at home?

Kaders/community members explain current nutritional/health status of young children in community with giant growth chart/last posyando weighing (short terms/long terms effects)

Who are your customers? (probe on under 3, under 5 purchasing by themselves, role of older siblings, parents)

What do children like to buy as snacks?

What are the snacks most frequently sell to children? (prioritizing with snacks), price? frequency

Identification & Selection of nutritious snacks What do you consider nutritious snacks? Why?

Ask participants put together all snack they consider nutritious, put price, frequency of purchase (daily)

Facilitator explain value of nutritious snack and *health dangers of unhealthy snacks (short terms/long terms).

FGD

- Problems with snacking & unhealthy snacks (peer pressure, pacifiers, interfering with meals)
- What do you think should be done to ensure that young children eat nutritious snacks? (give advice to parents? Who should?), give advice to children? Who?
- What should caregivers do?
- What role are you willing to play?
- What role should kader play? Puskesmas?, others?