**SPRING/Digital Green Formative Research Protocol**

**Keonjhar District, Odisha, India**

**Introduction**

The Strengthening Partnerships, Results and Innovations in Nutrition Globally Project (SPRING) has committed to identifying and testing proven or highly promising social and behavior change communication (SBCC) tools and models. The first model to be tested, with support from USAID, is an innovative “human mediated digital learning approach” currently being used by Digital Green to promote the diffusion of improved agricultural practices that SPRING proposes to adapt for the promotion of high impact maternal, infant and young child nutrition (MIYCN) practices. In doing so, SPRING aims to build on the current focus of this agricultural extension platform to include evidence-based nutrition content, focused on the first 1000 days ‘window of opportunity’. This expanded digital learning platform will be tested for use in agriculture and livelihoods programs, community health and nutrition programs and/or other types of community based interventions that influence the nutrition and care of mothers and children. Specific MIYCN content to be introduced will be determined based on the priority behaviors identified in each setting, but are likely to include high impact nutrition actions such as breastfeeding, timely and appropriate complementary feeding, diversification of diets, micronutrient supplementation, household gardening, safe water and hygiene, among other topics.

This document describes the formative research, to be conducted during the first phase of the proposed one year collaboration between SPRING, Digital Green, VARRAT - the local implementing partner, Save the Children India, and IFPRI. The project focuses on testing and documenting the feasibility of integrating nutrition messages into the on-going Digital Green/VARRAT agricultural extension activities in Keonjhar District in the State of Odisha.

**Background**

VARRAT, the local Indian NGO implementing partner, is currently working in two districts in Odisha: Keonjhar and Kendrapara. Over the last three years, VARRAT has partnered with Digital Green in Keonjhar District, working in 130 villages, using community-produced videos to promote new agricultural practices. Two VARRAT community video production teams (each with two people) and a technical agricultural expert engage with communities 1) to identify and define priorities to improve agricultural practices and promote agricultural innovations; 2) identify early adopters or champions who already have adopted a new agricultural technique. These teams produce videos showcasing early adopters of agricultural practices for dissemination to other community members - predominantly women farmers participating in self-help groups (SHGs). VARRAT community Service Providers (CSP) facilitate weekly video screening with SFGs in villages, engaging viewers in discussions for clarification and promoting rapid adoption of new farming techniques or other innovations. In addition to the facilitation of video viewing, the CSP coach and mentor individuals who have indicated their readiness for change, and desire for adopting the new agricultural practice.

The objective of this project is to test the feasibility of integrating nutrition into this ongoing “human mediated technology” agricultural extension platform. SPRING will work in partnership with Digital Green and VARRAT in Keonjhar District, with a subset of 30 of the current program villages. This collaboration and feasibility study is expected to last for a total of 10 months and will include the production of 10 nutrition and hygiene-focused videos; the facilitated dissemination of those videos; data collection; and an assessment of willingness to adopt/ change behaviors.

One of the first components of the SPRING/Digital Green study is to conduct formative research to identify and better understand local nutrition-related practices and behaviors; as well as barriers and facilitators for the adoption of recommended behaviors. The results of the formative research will be used to guide the technical content and approach for production and screening of nutrition-focused videos. The formative research is intended to help the project team understand the current nutrition-related attitudes, knowledge and practices in relationship to the evidence based, high priority MIYCN practices or behaviors, especially those that address anemia and stunting. Currently recommended at both a national and state level, these practices include improved maternal nutrition, the early initiation of breastfeeding, exclusive breastfeeding for the first six months of life, the timely introduction of complementary foods at six months; active or responsive feeding, diversified diets, feeding during illness, hand washing, among others. The formative research is also intended to identify probable barriers to the adoption or maintenance of these key behaviors, as well as possible facilitators for adoption and maintaining behaviors, including influential “actors” who impact individual or house-hold decisions.

**Specific Formative Research Objectives:**

To guide the nutrition-focused video production and dissemination, the SPRING/Digital Green project team needs to understand both current practices as well as the communities’ contextual realities (socio-cultural-economic) and how these are promoting or hindering optimal nutrition practices during the first 1,000 days. Results of the formative research will clarify: 1) key target groups; 2) selected priority behaviors that can be promoted by human mediated videos; and 3) how best to use videos to promote behavior change. Specifically, the research will:

1. Identify existing family relationships in terms of decision making: Who makes decisions regarding nutrition? (mothers? Mother in law? Husbands?). Who makes decisions regarding health? What are some of the relationships linked to gender and/or caste?
2. Identify the current IYCN practices and barriers that need to be addressed such as food misconceptions (taboos); nutritional knowledge of <2yrs children; influencing individuals.
3. Identify the major nutritional issues adolescent girls and women face (societal structures/taboos/barriers/promising practices to build upon)
4. Understand the current hygiene practices with a focus on current hand washing practices
5. Identify positive deviant households/individuals/champions who might be featured in the future videos
6. Identify sources of information that are currently used by adolescents, pregnant women, breastfeeding mothers and also how current services and providers are perceived (ICDS, Anganwadi Workers [AWWs], ASHAS, Auxiliary Nurse Midwives [ANM])

**Methodology**

**Village Selection:**

A total of 30 villages, 15 from each of two blocks, have been purposively selected by VARRAT and Digital Green for the pilot project, based on a number of factors, including: proximity to the VARRAT office in Keonjhar, and to each other in order to facilitate communication and supervision; existence of a strong, well-functioning self-help group; presence of a strong VARRAT community service provider who disseminates videos and leads discussions on a weekly basis. For the formative research, a total of six villages (three in each block) have been selected from the 30 priority villages to represent socio-cultural diversity within these two blocks. Specific criteria were used for the selection of three villages in each of the two blocks, based on the percentage of scheduled tribe (ST). The segment of ST ranges from 100% to 40%, thus the three villages in each block was identified to represent this range: one village will have 100% ST population, one 60%, and one 40%. By conducting research among these villages, the results will highlight how socio-cultural context affects nutrition behaviors. In addition to represent the cultural diversity, these six villages are selected from various Pat Chayat (village councils) to also capture information about Pat Chayat and their effectiveness. See table 1 below for names of selected villages for the pilot and six villages (three from each block). Those selected for participation in the formative research are highlighted in yellow. Patna’s selected villages are Cluster 1, and Ghatagaon’s selected villages are Cluster 2. The in-depth interviews (IIDs) and focus group discussions (FGDs) will be organized and conducted on a cluster basis.

|  |  |  |
| --- | --- | --- |
| **Table 1: Selected villages for pilot and for formative research in Keonjhar, Odisha State** | | |
| **Name of the Block** | **Name of the Panchayat** | **Name of the Village** |
| Patna | Dumuria | Kothaghara |
|  |  | Baidabaja (100% ST) |
|  |  | Ghatabalijodi |
|  |  | Tando |
|  |  | Banamahuladia |
|  |  | Rohiniduma |
|  |  | Pichhulabeda |
|  |  | Kalighai |
|  | Erendei | Erendei |
|  |  | Begunakhaman (40% ST) |
|  | Palanghati | Kumulabahali (70% ST) |
|  |  | Godhiram pada |
|  |  | Jamuleibeda |
|  |  | Palanghati |
|  | Chinamali posi | Badamahuladiha |
|  |  | Nuapada |
|  |  | Rudhiapada |
|  |  | Malliposi |
| Ghatagaon | Santarapur | Chhatia (50% ST) |
|  |  | Raghubeda (60% ST) |
|  | Manoharpur | Gandasila (70% ST) |
|  |  | Laxmiposi |
|  |  | Parsurampur |
|  | Pipilia | Asanbahali |
|  | Toranipokhari | Toranipokhari |
|  | Bholabeda | Ambuapada |
|  | Muktapur | Baghaghar |
|  |  | Ghuntijhuri |
|  | Toranipokhari | Dwarikaposi |
|  |  | Bhandariposi |

**Literature Review:**

A literature review is currently under development based on the collecting/review of existing documents that have been published or from the grey literature describing the nutritional issues in the Odisha State. Reports will be collected from UNICEF/Odisha; UNICEF/Keonjhar; from Save the Children India; from the National Nutrition Coalition via SC/India; and through a google search using the following terms: nutrition in Odisha, scheduled tribes and nutrition, maternal nutrition, infant and young child nutrition practices in Odisha. Documents will be reviewed to identify the major factors/drivers that explain currently the nutritional situation in the state of Odisha.

**Phase I: Key Informant Interviews and Focused Discussions**

To inform the field research, identify key targets, and also define/revise the instruments, structured interviews with selected (key) informants will be conducted in both Bhubaneswar and Keonjhar District prior to initiating the field research. Key informant interviews (KIIs) and focused discussions (FDs) will be conducted with the VARRAT management team and VARRAT video production team (CPPs); representatives from UNICEF, State and District level; one Anganwadi worker (AWWs), one Auxiliary Nurse Midwives (ANM), and one teacher. Questions will focus on four major themes: 1) using human facilitated technology to promote change: what has worked so far, what needs to be improved; 2) nutrition: what are some of the major issues seen in the community and reasons; 4) state and district nutrition priorities; 3) agriculture and nutrition linkages: how is the community (farmers/self help group) perceiving the possible integration of nutrition and agriculture.

See table 2 below for a summary of the KIIs and FDs proposed during Phase I:

|  |  |  |
| --- | --- | --- |
| **Table 2: Key Informant Interviews (KII) & Focused Discussions (FDs) during Phase 1** | | |
| **#** | **Method** | **Informant** |
| 1 | KII | UNICEF/Odisha Nutrition Lead (Bhubaneswar) |
| 1 | KII | Keonjhar Panchayat (Village Council) |
| 1 | FD | VARRAT Management Team |
| 1 | FD | VARRAT CRPs + Manager |
| 1 | KII | ANM |
| 1 | KII | District UNICEF Focal Person |
| 1 | KII | AWW |
| 1 | KII | Teacher, Patna Block |

The key informant interviews and focused discussions will be conducted during the Phase I of the formative research by the SPRING regional technical advisor and the Digital Green regional coordinator. The results will support the finalization of the design of the Phase II Field Research, including the formulation of the proposed focus group discussion (FGD) and in-depth interview (IDI) guides.

**Phase II: Field Research**

A mix of qualitative research methods will be used, including focus group discussions (FGDs), and in-depth-interviews (IDI). Respondents will be grouped across villages to ensure that enough participants are engaged in the FGDs. A maximum of 12 people and a minimum of 8 will participate in a FGD. Both the FDGs and IDIs are heavily focused on open ended questions that guide the interview, and encourage probing by trained facilitators/interviewers to elicit additional information and insights.

The assumption is that there are 5 pregnant women and 5 breastfeeding mothers in each village, so to ensure enough participation in FGD, we will gather pregnant women and breastfeeding mothers across the three villages in each block.

The field research will be conducted with a wide range of respondents (see Annex 1 below) to understand current perceptions regarding the importance of nutrition in promoting healthy development of children; current maternal and infant and young child knowledge and practices; barriers such as possibly socio-cultural norms, existing taboos and limited systems of care, especially focusing on the Anganwandi workers and the ASHAS. Thus the field research will focus on understanding current practices at an individual level and identifying structural environmental issues (systems) that also need to be strengthened.

Annex 1 presents a summary of the proposed Focus Group Discussions (FGDs) and In-depth Interviews (IDIs) that will be conducted with both primary and secondary targets audiences during the field research.

**Primary target audiences:**

***Pregnant women:***

* Two FGD with pregnant women (one per cluster) will be conducted to understand their perceptions regarding maternal nutrition during pregnancy and their attitudes towards breastfeeding. Estimated number of pregnant women per FGD: -8 – 12.
* Four IDIs (two per cluster) will be conducted with pregnant women in their second or third trimester of pregnancy, selected from the FGDs.[[1]](#footnote-1)

***Breastfeeding women with children <6 months old***

* Two FGD with breastfeeding mothers of children <6 months old (one per cluster) will be conducted to identify their perceptions on exclusive breastfeeding. Estimated number of breastfeeding women of children <6 months per f FGD: 8 -12.
* Four IDIs (two per cluster) will be conducted with breastfeeding mothers of children <6 months old.[[2]](#footnote-2)

***Breastfeeding mothers of children >6months and <2years old*.**

* Two FGDs with breastfeeding mothers of children >6 months old and <2years old (one per cluster) will be conducted to identify their knowledge and practice regarding complementary feeding. Estimated number of breastfeeding mothers of children >6 months and <2 years per FGD: 8—12.
* Four IDIs (two per cluster) with breastfeeding mothers of children >6 months old and <2yrs old.

**Secondary target audiences: Influencers within the households**

***Mothers-in-laws***

* One FGD with mothers-in-law with grandchildren <2 years, focusing on nutrition and child care practices, to understand their perceptions regarding maternal and child nutrition; and to identify decision making relationship in the household. Estimated number of mothers-in-law is 8—12.

***Fathers of children <2yrs old***

* Four IDIs with fathers of children <2 years to understand their perceptions regarding maternal and child nutrition; and to identify decision making relationship in the household.

***Secondary target: Influencers within “community system of care”[[3]](#footnote-3)***

*Anganwadi Workers*

* One FGD with Anganwadi workers to identify the current services that exist at community level to support maternal and child nutrition. Anganwadi workers’ mandate is to focus on improving early childhood development including improving the nutritional status of children, thus it will be critical to interview them to understand what systems exist within the community. It is estimated that there is one AAW per village, thus we will conduct a FGD with all the AAWs in the sampled village. (Total 6 participants across cluster)

*GKS (Village Health Committee)*

* One FGD with representatives of village health Committee (GKS): In each village, there is a health committee which identifies key health priorities and support activities promoting health. We will conduct one FGD with one village health committee. The committee will be selected based on these criteria: 1) functioning/meeting monthly; 2) effective: having put some interventions at community level. Most of members participating in the committee will be members of the FGD.

*Nutrition Committee*

* One FGD with Nutrition Committee that organizes nutrition days, mothers’ days. Though there is an effort by Government of India to integrate the health and nutrition committee into one, in the blocks the pilot will be conducted, these two committees are still separate. Thus, one FGD will be conducted with one nutrition committee selected based on the same criteria as above for the health committee.

*Gram Panchayat*

* One FGD with Gram Panchayat representatives. Gram Pachayat members are elected members and lead, coordinate activities at village level. The Gram Panchayat representatives will be selected based on criteria of functionality of the village council. 1) existing; 2) meeting regularly; 3) active in planning/organizing village activities; 4) effective in accessing district level resources.

See table 3 below for a summary of the FDGs and IDIs proposed during Phase II:

|  |  |  |
| --- | --- | --- |
| **Table 3: Summary of FDGs and IDs proposed during Phase II** | | |
|  | **Focus Group Discussions (FDGs)** | # |
| 1 | FGD Pregnant Women | 2 |
| 2 | FGD Breastfeeding Women / child < 6 months | 2 |
| 3 | FGD Breastfeeding Women / child 6 to 2 yrs | 2 |
| 4 | FGD Mother-in-law / grandchildren < 2 yrs | 1 |
| 5 | FGD VARRAT CSPs | 1 |
| 6 | FGD AWWS | 1 |
| 7 | FGD GKS (Village Health Committee) | 1 |
| 8 | FGD Nutrition Committee | 1 |
| 9 | FGD Gran Pachayat | 1 |
|  | **In-Depth Interviews (IDI)** | |
| 1 | IDI Pregnant Women | 4 |
| 2 | IDI Breastfeeding Women / child < 6 months | 4 |
| 3 | IDI Breastfeeding Women / child 6 to 2 yrs | 4 |
| 4 | IDI Fathers/children < 2 yrs | 4 |

**Schedule for Phase II and Proposed Formative Research Teams:**

The proposed schedule for the formative research is presented in Annex 2. The research will be conducted by two teams, each led by a team leader who speaks and writes Odiya. To ensure access to the villages, at least one VARRAT staff person, who has a wide experience engaging with the communities in Keonjhar, will be embedded in each team. Every effort will be made to have two teams representing gender diversity. All of the VARRAT selected team members have had prior experience in conducting FGDs and IDIs.

The Executive Director of VARRAT, and the Project Manager of VARRAT, will each participate in teams, as both observers and translators. In addition, the Digital Green Regional Coordinator, will rotate across teams, following identified needs, and will lead FGDs, if needed.

The VARRAT MCH Program Manager, and the SPRING Focal Person in India, will each participate as Observers/Note Takers in all FGDs.

One day has been estimated for training, immediately followed by an estimated 4 days of field work, data cleaning, and initial analysis

(See Annex 1: Summary of Informants and Tools for Phase II of Formative Research; Annex 2: Proposed Schedule for Formative Research; and Annex 3: Proposed Formative Research Teams.)

Annex 1: Summary of Informants and Tools for Phase II of Formative Research

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUMMARY OF INFORMANTS AND TOOLS FOR CONDUCTING PHASE I AND II OF FORMATIVE RESEARCH IN KEONJHAR** | | | | | | | | | | | | | |
| **Informants** | Pregnant women | Lactating mothers with children <6 months | lactating mothers with children >6 months and <2yrs | Mother in law | Fathers of children <2yrs | AWW | ANM | VARRAT  Mangt  VARRAT  CRPs | Panch-ayat | GKS | Teacher | UNICEF  State  UNICEF  District | Total |
| **Tool** | | | | | | | | | | | | | |
| KII or FDs |  |  |  |  |  | 1 | 1 | 1 each | 1 | 1 | 1 | 1 each | 9 |
| FGDs | 2 | 2 | 2 | 1 | 1 | 1 | 1 |  | 1 | 1 |  |  | 12 |
| IDIs | 4 | 4 | 4 |  |  |  |  |  |  |  |  |  | 12 |

Annex 2: Proposed Schedule for Formative Research

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** |
| **Morning** |  | Arrival DG and SPRING Team in VARRAT  11:00-12:00  Official Launch  12:00-13:00  Review the objectives of the formative research and tools | 9:00-11:00  FGD/Pregnant women, Patna and Ghatagaon  11:15-12:00  2 IDI/Pregnant women, Patna and Ghatagaon | 9:00-11:00 FGD/Breastfeeding mothers <6 months, Patna and Ghatagaon  11:14-12:00  2 IDI/breastfeeding mothers <6months, Patna and Ghatagaon | 9:00-11:00  FGD/GKS (Village Development Committee), Gatagagon  9:00-11:00  FGD/Nutrition Committee, Patna | 8:00-12:30 Writing day with the two teams, compiling notes, identifying trends |
| **Lunch**  **13:00 to 14:00** |  |  |  |  |  |  |
| **Afternoon** | DG/Delhi  SC India  SPRING arriving in Bubaneshwar | Review the schedule and explain logistics    Review the tools and explain techniques for qualitative research  Practice one FGD and one IDI to highlight probing techniques | 2:00-5:00  FGD/Anganwadi workers  FGD/Panchayat Ghatagaon | 2:00-4:00  FGD/Breastfeeding mothers < 2yrs,  Patna and Ghatagaon  4:30-6:00  2 IDI/Breastfeeding mothers <2yrs old, Patna and Ghatagaon | 2:00-4:00 PM  FGD/mother-in-laws, Patna and Ghatagaon  4:30-6:00PM  2 IDI/Fathers,  Patna and Ghatagaon |  |
| Debrief/summarizing  daily field notes on laptops in English |  |  | Evening debrief  6PM to 8PM | Evening debrief  6PM to 8PM | Evening debrief  6PM to 8PM | Evening debrief  6PM to 8PM |

Annex 3: Proposed Formative Research Teams

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Patna** | | **Team Ghatagaon** | |
| **Position** | **Designated Person** | **Position** | **Designated Person** |
| Facilitator |  | Facilitator |  |
| Note Taker |  | Note Taker |  |
| Observer |  | Observer |  |
| Support |  | Support |  |

1. As there are only 5 pregnant women per village, a total of 15 pregnant women, we will choose pregnant women who have shared a lot of information during the FGD. [↑](#footnote-ref-1)
2. This is an optimal number, but when in the field, we will have to identify exactly the number of pregnant and lactating women by discussing with the ANM and Anganwadi worker. [↑](#footnote-ref-2)
3. These IDIs and FGDS [↑](#footnote-ref-3)