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Formative Assessment Report: Batken Oblast, Kyrgyz Republic

USAID ADVANCING NUTRITION
The Agency's Flagship Multi-Sectoral Nutrition Project

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About USAID Advancing Nutrition

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USAID Advancing Nutrition

JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

Contents

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Acronyms

FGD	focus-group discussion
HPU	Health Promotion Unit
RCHP	Republican Center for Health Promotion
SBC	social and behavior change
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHC	village health committee
WASH	water, sanitation, and hygiene

Executive Summary

USAID Advancing Nutrition works to improve the nutritional status of women of reproductive age (15 to 49) and children under 5 in the Kyrgyz Republic, with a specific focus on the 1,000-day window of opportunity for preventing malnutrition between the start of a woman's pregnancy and the child's second birthday. USAID Advancing Nutrition is building on the success of the Strengthening Partnerships and Results in Nutrition Globally (SPRING) project, which was implemented in Kyrgyzstan from late 2014 to July 2018.

In the Kyrgyz Republic, USAID Advancing Nutrition works in Batken and Jalalabad oblasts. While SPRING's work in Jalalabad began in 2014, USAID Advancing Nutrition's work in Batken is new. Additionally, there are significant geographical differences between Batken and other Kyrgyz oblasts.

This document describes the findings of the formative assessment, which was designed to learn more about these differences, as well as differences between men and women, and urban and rural residents. USAID Advancing Nutrition carried out the assessment from March 10 to 21, 2020 in Batken Oblast. Along with a secondary data review, the findings from the assessment will inform the project's Gender Action Plan and its Social and Behavior Change strategy.

The Health Promotion Unit (HPU) of three regions in Batken Oblast assisted USAID Advancing Nutrition in inviting mothers and fathers of children under two to participate in the assessment. They were also instrumental in community transect walks in five communities (three rural villages and two towns) in two rayons in Batken Oblast. The assessment focused on the following key areas:

- Family members' roles and responsibilities related to nutrition and hygiene.
- Perceptions and practices of care during pregnancy and related to maternal diets.
- Perceptions and practices related to child growth and infant and young child feeding.
- Perceptions and practices related to hygiene.
- Observations of the communities'—including families'—access to resources such as drinking water.

Women and men in the focus-group discussions said that family members' roles related to the family's diet, childcare, and feeding are clearly defined: mothers are expected to do the cooking and feeding, with guidance from their mothers-in-law. A mother-in-law can help with feeding if the mother is absent. While fathers often work away from home in other towns, regions, or countries, even when they are living at home, they are rarely physically in the home due to work, social, and religious activities.

In general, women and men had a broad understanding of the importance of nutrition and the need to eat a variety of food groups for micronutrient adequacy. Women knew about recommendations related to exclusive breastfeeding, although they cited numerous explanations for why most women do not follow the recommendations for the full six months (e.g., beliefs about child illness and recovery). Unlike other parts of the country, many families in Batken do not feed young children, *bulamyk,* the national porridge.

Households have access to most resources, although water access was a concern for most people, and seasonal access to food can be a challenge, as it is across the Kyrgyz Republic. Everyone acknowledged that handwashing is prevalent, but that most people do not use soap due to norms as well as negative attitudes about bar soap. Individuals look to health professionals as trusted sources of nutrition information. Women and men use social media on their phones to access other information.

Introduction

USAID Advancing Nutrition works to improve the nutritional status of women of reproductive age (15 to 49) and children under 5 in the Kyrgyz Republic, with a specific focus on the 1,000-day window of opportunity for preventing malnutrition between conception and a child's second birthday. USAID Advancing Nutrition is building on the success of Strengthening Partnerships and Results Globally (SPRING), a project that was implemented in Kyrgyzstan between late 2014 and July 2018.

This document describes the findings of a formative assessment that USAID Advancing Nutrition carried out in Batken Oblast from March 10 to 21, 2020. This rapid assessment aimed to complement the 2014 full assessment of SPRING, with the addition of an exploration of gender roles related to nutrition. USAID Advancing Nutrition will use these findings, along with a secondary data review and gender analysis, to inform the project's Social and Behavior Change (SBC) strategy, Gender Action Plan, training for staff and partners, and ongoing reflection throughout the life of the project.

The gender analysis component of this assessment investigated the relationship between gender and nutrition, role differences and demands on time and labor, and how project activities could affect women, men, girls, and boys. It also examined ways to empower women and girls and opportunities for men and boys to support improved nutrition practices.

Working in partnership with national and local governments, village health committees (VHCs), oblast and district-level health centers, and local and international non-governmental organizations, the project promotes the uptake of 11 priority behaviors:

- Consumption of iron-folic acid (IFA) supplements by pregnant women
- Dietary diversity for women, with an emphasis on consumption of food sources of iron and foods that enhance iron absorption
- Dietary diversity for children 6–23 months, with an emphasis on consumption of food sources of iron and vitamin A, and foods that enhance iron absorption
- Optimal meal frequency for children 6–23 months of age
- Early initiation of breastfeeding
- Exclusive breastfeeding from birth through the first 6 months
- Timely introduction of appropriate complementary foods
- Reduced consumption of high-calorie, low-nutrient-density (junk) food
- Presumptive treatment of helminth infections for pregnant women and children.
- Handwashing at five critical times: after using the latrine, after changing a baby's diaper/cleaning a child, after handling animals, before preparing food, and before feeding a child.
- Adoption of methods for safe and prolonged storage of nutrient-dense produce for the winter.

USAID Advancing Nutrition will promote these practices in program areas through SBC approaches, including improved health services and health worker capacity, community mobilization, interpersonal communication at the community level, and the mass media. At the national level, the project will advocate for enhanced policies and improved resource allocation for nutrition services and will work to

strengthen local implementing partners, such as the Kyrgyz Association of Village Health Committees and the Kyrgyz Hospital Association.

This project will align with USAID's commitment to the Journey to Self-Reliance by developing and implementing a graduation plan that promotes sustainability and handover to local actors. This experience will enable the project to better understand potential spillover effects, as well as how well nutrition behaviors are sustained over time after a community or rayon has "graduated" from intensive USAID Advancing Nutrition support.

The Context of the Project Area

In recent years, nutrition in the Kyrgyz Republic has improved, evidence of which is seen in reduced stunting (i.e., low height for age) in young children. This is partially due to several nutrition-specific and nutrition-sensitive policies and programs. Influential nutrition-specific efforts include the adoption of breastfeeding laws and programs (e.g., Order No. 19 and the Baby-Friendly Hospital Initiative). Substantial nutrition-sensitive initiatives have focused on poverty reduction, national development, and land and health system reforms (Wigle et al. 2020). Other critical drivers of improved nutrition and reduced stunting include the socioeconomic improvements and poverty reduction resulting from increased labor migration, remittances, and increased household wealth. Wide disparities in such improvements remain from region[1] to region in the Kyrgyz Republic.

While Kyrgyzstan has developed progressive gender policies, gender norms limit women's access to nutrition services and result in girls and children being especially vulnerable to malnutrition (FAO 2016). Girls in remittance-receiving households have lower height and weight than girls in households without remittance income, suggesting that girls take on more domestic work to compensate for others' absences. In the Kyrgyz Republic children's nutritional status correlates with their mother's education and breastfeeding practices (FAO 2016).

Gender inequalities result in women largely being excluded from decision making, asset ownership, and leadership positions. The number of women holding public office and working in formal employment is declining (Dubok and Turakhanova 2018). Women and men generally conform to traditional gender roles, with women responsible for unpaid domestic work and men spending more time in paid employment. The "time poverty" experienced by women diminishes their ability to be formally employed, start and run their own businesses, participate in training opportunities, and fully attend to young children and their overall health and well-being (FAO 2016).

Gender-based violence is a growing concern in Kyrgyzstan. Violence against women takes many forms, including domestic violence (experienced by one-third of women age 15-49), bride kidnapping, trafficking, early marriage, and physical abuse (Dubok and Turakhanova 2018). Anecdotal reports indicate an increase in domestic violence and gender-based violence, with victims receiving limited assistance from law enforcement agencies (USAID 2019). Acknowledging these issues, USAID prioritizes efforts in the Kyrgyz Republic to improve women's access to services and increase public participation and economic opportunities for women (USAID 2019).

The population of the Kyrgyz Republic is divided both ethnically and geographically. The majority ethnic group is Kyrgyz, totaling 65 percent of the population, followed by Uzbeks (14%), Russians (12%), and small numbers of other ethnicities. The Uzbek population is largely concentrated in the south.

The remainder of this section focuses on Batken Oblast.

1 In this report, region and oblast are used interchangeably.

Table 1: Project Implementation Area, Batken Oblast

Oblast	Jurisdiction or District	Total Population	Number of Women Age 14 to 49	Children under 5
Batken	Batken rayon (Batken, Samarkendek, Jany Jer)	153,456	40,786	15,112
	Kadamjay (Kadamjai, UchKorgon, Aidarken)	170,175	40,932	20,870
	Leilek rayon (Leilek, Kulundu)	117,927	26,244	14,309
	Kyzyl-Kiya city	55,317	14,570	6,477
	Sulukta city	23,513	4,225	2,335

Batken is located in the south of the country and accounts for seven percent of the country's population. In Batken, a majority of the population lives below the national poverty line, and over one-third of households face food insecurity (National Statistical Committee and UNICEF 2019). Batken households spend over 60 percent of their household budget on food.

Eighty percent of households in Batken Oblast own agricultural land. All households have electricity but use other fuels for cooking. Approximately 23 percent of households do not have access to sufficient water, and the same percentage do not treat their drinking water (National Statistical Committee of the Kyrgyz Republic and UNICEF 2019). All households have a latrine (56 percent have pit latrines and 42 percent pit latrines with a slab). Thirty percent of child feces is not disposed of properly. Child marriage is prevalent in Batken, with 12 percent of girls age 15 to 19 currently married (National Statistical Committee of the Kyrgyz Republic and UNICEF 2019).

In Batken Oblast, like the rest of the country, maternal education is high, with 89 percent of women having completed secondary education or higher. Literacy is high among both women and men, and access to information and technology in Batken is substantial. Phone ownership is nearly 100 percent, and over half of households have Internet service (National Statistical Committee of the Kyrgyz Republic and UNICEF 2019).

Batken Oblast child feeding indicators are especially poor: only nine percent of children receive a minimum acceptable diet, and only one in four receives minimum frequency of feeding (26 percent) or diverse diets (27 percent) (National Statistical Committee of the Kyrgyz Republic and UNICEF 2019).

Formative Assessment Purpose and Objectives

Using a participatory assessment methodology, this formative assessment aimed to understand household beliefs and dynamics related to food and childcare practices, as well as enabling factors and barriers that affect diet, feeding, and handwashing. The assessment builds on findings from the previous formative assessment of the SPRING project, which was carried out in partnership with the Ministry of Health, with the Republican Center for Health Promotion (RCHP) playing a significant role.

The findings of this assessment will enhance the project team's understanding of primary and influencing groups in Batken Oblast, as well as local barriers and facilitators of key behaviors. USAID Advancing Nutrition will use this information, combined with the project's experience in Jalalabad and the results of the gender analysis, to develop the project's SBC and gender strategy.

Topics Explored in the Formative Assessment

This assessment examined the following topics:

- Nutrition-sensitive and nutrition-specific behaviors
- Barriers and enablers to improved behaviors, including family support, social norms, food beliefs and preferences, gender roles in families and the community, physical and social access to resources, goods, and services
- Community interests and priorities related to health, nutrition, agriculture, and water, sanitation, and hygiene (WASH)
- Priority groups, including the potential need for further segmentation of groups
- Influencing groups associated with different priority groups and priority behaviors.

Behaviors Explored in the Formative Assessment

The assessment explored select gender dynamics and key behaviors. These topics were featured in the USAID Advancing Nutrition workplan and in discussion with partners about the Batken context. The topics are divided into nutrition-sensitive and nutrition-specific categories, as detailed below. The USAID-funded SPRING Project prepared the Community Modules.

Nutrition-Specific Behaviors as Clustered in Community Modules

- MODULE 1: Activist Mobilization, Mapping, and Action Planning
- MODULE 2: Exclusive Breastfeeding
- MODULE 3: Complementary Feeding of Young Children
- MODULE 4: Handwashing and Clean Latrines
- MODULE 5: Dietary Diversity for the Whole Family
- MODULE 6: Preventing Anemia
- MODULE 7: Maternal Nutrition
- MODULE 8: Food Storage and Preservation

- MODULE 9: Deworming and Preventing Helminth Infections
- MODULE 10: Strengthening Community Work
- MODULE 11: Dietary Diversity and the Reduction of Junk Food Consumption

Nutrition-Sensitive Behavioral Areas

- Considering the food needs of the household when deciding:
  - Sale versus consumption versus storage for crops produced
  - What stored crops will be used for and when
- Men and women discussing and making joint decisions about household resources (income and expenditures), including:
  - For women, expanded decision-making and control over farm and household resources
  - Joint household budgeting, considering the tradeoffs between prioritizing expenditures on health, WASH, healthy food, and care versus other items and livelihood investments
- Managing animal waste to reduce health- and WASH-related risks
  - Keeping children away from animal feces
- Processing and storing produced and purchased foods so they retain their safety, flavor, texture, and nutrients longer, and maintaining consistent access to food across the seasons

Methodology

This assessment used focus-group discussions (FGD), key informant interviews, and structured observations. The following is an overview of the methodology.

Ethical Considerations

JSI's Institutional Review Board exempted this assessment from a formal ethical review in March 2020 as the project conducted the assessment for public health practice purposes, not research. Moreover, interviewers did not collect any identifiers of any person. Nevertheless, the assessment was conducted in accordance with standard ethical procedures, protecting the privacy and welfare of community members. Only the assessors and staff from USAID Advancing Nutrition and RCHP have had or will have access to the study data, transcripts, and recordings. Staff acquired verbal consent from participants. Before each FGD, participants were informed about the purpose of the discussion and invited to ask questions and/or verbally agree or not to participate.

Data Processing and Analysis

USAID Advancing Nutrition data collection teams processed and analyzed findings the day the data were collected or the following day. This was primarily to keep the data collection teams up to date and to address any issues. Once data collection was complete, the teams summarized the findings and developed recommendations. USAID Advancing Nutrition will make the final report of the findings available to the entire project team to inform program implementation.

Sampling

Table 2: Formative Assessment Sampling Plan

	Mothers of Children 6-23 Months	Fathers of Children 6-23 Months	Mothers and HPU	Communities
	FGDs	FGDs	Concept testing	Transect Walk
Community 1: Kadamjai rayon	2	2	1	2
Community 2: Batken rayon	2	2	1	3
Sub-total	*4*	*4*	*2*	*5*

Following this plan, the study team conducted eight FGDs and two concept testing sessions in two communities, resulting in 155 participants. The focus groups included 74 mothers (65 percent of the total), 11 mothers-in-law (10 percent), and 28 men (25 percent).

Limitations

This assessment has numerous limitations, including the focused sample and topic areas. In addition, due to the extensive migration of men to work in other towns and countries, fewer men participated than expected. Because the assessment took place from March 12 to 19, it conflicted with fieldwork, which begins in Batken in February. The project anticipated including fathers in concept testing and mixed groups, but because of the timing, this was not possible. A data collection team was able to engage just one group of men as they left the health facility.

This research began before the COVID-19 pandemic and the resulting requirements for quarantine and social distancing. We expect that the pandemic has influenced some of the issues explored in this assessment. For example, anecdotal evidence suggests that people in Batken now have a much greater appreciation of the importance of personal hygiene and handwashing.

Key Findings

Family Roles and Relationships

All of the mothers[2] interviewed in urban and rural areas said that they live with their children and husband (if their husband had not migrated to Russia or Turkey for work). Most mothers also live with their mother-in-law.

Roles: Roles are clearly divided for men and women, as well as for older and younger women in both rural areas and towns. Men are expected to be the breadwinner and ensure that the family has material goods such as money and tangible belongings. Men are supposed to be responsible for things outside the house, while women's duties encompass everything inside the home, including cooking, serving food, and feeding children.

Participating women discussed why men do not usually participate in household chores. While some said men cannot do household chores or childcare because they do not have the time or skills, others said that men know how because as children they helped their mother. All of the mothers acknowledged that after marriage, household chores and childcare are relegated to "women's work" and it is considered "shameful for men to help their wives." Women in all areas said these are traditions in their community that women must accept. Women felt that it would be difficult to engage men in household chores and childcare because the entire community expects women to assume these roles, and "it is very hard to change the view of the community."

Women said that their husbands would "help her do women's work" in the home only if he saw that she was overloaded and did not have enough time to finish her work. However, the women themselves expressed concern that if this were to happen, "then the wife can become lazy." They feared comments and judgement from other family members and neighbors if they were seen resting or sharing household tasks, especially with tasks such as laundry, cleaning, and cooking.

Relationships: Women and men shared similar views about relationships between husbands and wives and between mothers-in-law and their daughters-in-law. Men and women said that these relationships should be characterized by respect and mutual support.

When reflecting on relationships between husbands and wives, women said that both parties should respect, support, and listen to each other. Some added that "trust is crucial, as well as raising children together." For the women, "supporting each other" meant that their husband would help with household chores.

Men also said that husbands and wives should have mutual respect. All of the men (14) in groups in towns spoke openly about relationships between husbands and wives, while only few (about 4) in rural groups described roles and expectations. However, other men in these rural groups seemed to agree with the men who spoke. Men in towns added that husbands should be flexible with their wives and that wives should listen to their husband. "Usually they listen to us because of their children." Men noted that they usually discuss food decisions with their wives because "men bring food home, so discussion is necessary." Men recognized that husbands should listen to their wives, and that wives and husbands should confer about decisions. Some men saw their role as advisory, "as a husband cannot always be right."

Some fathers (about half) from towns added that fathers should help with children by "buying medicine, caring, and making warm relations with children." Some fathers said that childcare should be shared

2 Participants sampled for this assessment included mothers and fathers of young children to focus in on their experiences with food, care and services during the narrow window of early childhood. However, the report refers to mothers and fathers and women and men, interchangeably.

equally between mothers and fathers, although they acknowledged that fathers are less available due to working outside the home. One father, who is close to his child, shared that he often does the feeding because "the child likes it."

Women in urban and rural areas said that mothers-in-law should give advice since they have more experience, and daughters-in-law should follow this advice. But some women said daughters-in-law could speak out if they disagree with their mother-in-law's suggestions. Most women said that they do the cooking, following their mother-in-law's advice about what to prepare.

Men agreed that mothers should listen to their mother-in-law without arguing and should avoid gossip outside the home. One man from a rural area said, "They should communicate with each other using kind and warm words. We have differences between relations in Batken compared to Bishkek."

Men from the towns explained that there is now a stronger emphasis on mutual respect and appreciation between mothers and mothers-in-law. While mothers-in-law have more experience, daughters-in-law bring new information from their education and health contacts.

Perceptions and Practices Related to Maternal Care and Diets

Women said that during pregnancy their husbands, mothers-in-law, and other mothers provide care to them. In addition, a woman's parents, sisters-in-law, and health professionals typically provide support during her pregnancy. Women often stay with their husband and his parents for the first 10 days after childbirth. Following that, women stay with their parents for several weeks while recovering. In urban areas, women said that only some are able to go to their own parents' homes to recover.

Women in both urban and rural communities said that it is understood and accepted that women should reduce their workload and have opportunities to rest during pregnancy. "Young pregnant women can have a rest now and it is not judged by their mothers-in-law," said a mother in Kadamjay. Women in all groups knew to avoid heavy workloads and carrying heavy things during pregnancy. Some do continue heavy workloads and carrying heavy things, as evidenced by mothers in urban and rural areas mentioning women they knew who had miscarriages after doing construction work, fieldwork, or carrying heavy buckets of water.

The men interviewed said that husbands are the primary caregivers of pregnant women. They noted that other women, mothers-in-law, and older children also provide this support. Men understood that pregnant women can be active in agricultural fieldwork and housework, but should not engage in heavy labor or carry heavy things. There was an emphasis on pregnant women remaining active and not lying around. Some men from the towns shared that "pregnant women should be treated with more kindness, with no violence, and they should be protected from heavy labor." Men in several groups spoke about pregnant women's emotional state or disposition changing during and after pregnancy.

Women in rural and urban areas understood the general recommendations for diet during pregnancy, including following the food pyramid and eating from different food groups, especially fruits and vegetables and other foods high in micronutrients. Most knew to eat smaller amounts at a time throughout the day. They also knew to avoid tea because it blocks iron absorption and to abstain from alcohol and soda. Some mentioned avoiding soda and flour-based foods so that their baby would not gain extra weight Food restrictions were similar in rural areas and towns. Few women knew about fortified foods or were able to describe what fortified food means.

Women from the towns emphasized avoiding alcohol during pregnancy and at other times. "There is no alcohol due to religious views. Also the woman is the mother and she should not drink alcohol because she is the mother and should care about her own and child's health," explained a mother in Kadamjai.

A notable difference that emerged is that some of the women who lived in towns said that they could eat anything they wanted when pregnant. They followed the common food restrictions mentioned

earlier, and were often hungry due to housework, but said, as a woman in Ifsana noted, "We eat the food that we want."

Fathers in both towns and rural areas knew about the importance of pregnant women eating foods high in vitamins, milk, meat, iodized salt, fruits and vegetables, and that alcohol, chocolate, carbonated sodas, and fried foods should be restricted during pregnancy. A few fathers noted additional taboos during pregnancy, including avoiding rabbit meat or fish out of concern that it would cause the baby to have harelip, avoiding eating nuts or seeds so that the baby does not have childhood allergies, and the belief that eating mutton results in the baby having a dark complexion. Some men also said that pregnant women should not eat mud (e.g., in residential mud walls with lime) or take medication because of potential contraindications.

Mothers-in-law highlighted the changes they have seen in their lifetimes in relationships between wives and husbands. Those in rural parts of Batken shared that husbands and wives should understand and help each other and not raise their voices to each other, and that men should buy food for their family. Said one woman, "Today, daughters-in-law can easily ask their husbands for food that they want to eat. Before, when we were young, we could not ask this from our husbands, since our mothers-in-law would not approve."

Perceptions of Child Growth

Beliefs related to child growth varied and were not always based on evidence. Women believed that genetics, the types of food a child is given, focusing on feeding foods with enough vitamins, and illness could cause children to fail to reach their optimal height (stunting). One mother added that anemia is a possible cause of stunting. None mentioned the quality of food or hygiene practices.

Fathers in both towns and rural areas believed that genetics, poor nutrition of pregnant and lactating mothers, and insufficient vitamins in children's diets could cause stunting.

Perceptions and Practices Related to Infant and Young Child Feeding

Women in rural and urban areas knew about the recommendation to breastfeed exclusively until the child reaches six months, which they said they learned from hospital staff where they delivered their child. Although most women said they were expected to breastfeed exclusively for six months, many described times when they did not breastfeed exclusively. One mother from a rural area explained that her milk was insufficient, so she gave her child infant formula before six months. Another noted that when she gives medicine to her child, she also gives the child water. Two said that their mothers-in-law recommended giving a child boiled water when it is hot because the child may be thirsty. One said that if her child were overweight, she might give him or her boiled water. Several mothers from the towns noted that they give their child ice cream to soothe a sore throat.

Women also knew that after six months children should be introduced to soft foods, such as rice, rice porridge, or soup. Some mentioned that *bulamyk* (thin porridge made by browning flour in animal fat and adding milk or water and sometimes sugar) is not eaten widely across Batken, unlike in other parts of the country. Only some mothers mentioned feeding their child porridge, which they cooked with milk.

Mothers had a limited understanding of complementary feeding. Most had heard that children should be fed from the four food groups, although this does not reflect current guidance, which recommends at least five food groups per day. Few knew about recommendations related to introducing food to children, especially what to give as first foods. Most mothers said they start with food from the family table by mashing potatoes and carrots with soup. To make the soup they mix water with bouillon. Some mothers give their child infant formula, packaged porridge, or other packaged foods such as cookies.

In one group in rural Leilek, all of the participants agreed with a mother who shared, "We become monkeys to feed our children whenever the food is fresh and it is the scheduled time."

Some women said that if they were away from home, their older children, father-in-law, or mother-in-law would feed their young child. "A mother is the first and assigned person for children feeding. Only when she is out of house can the mother-in-law help with food preparation and feeding," Mothers-in-law confirmed this division of labor: "Sometimes a mother-in-law can help her daughter-in-law with caring and feeding the child, but not with preparing the food."

The majority of women said that they do not force their children to eat. If their child didn't eat, they might breastfeed or in some cases cook other food for the child. All said that they try not to leave their children hungry,

Fathers in urban and rural areas had less knowledge than mothers about child feeding. Only some of the fathers knew that food should be given once the child reaches six months. One father said, "We can give the food only after teeth appear, maybe at 1-1.5 years. We can give dried bread (сухари)." Fathers acknowledged that not everyone in the family understands the recommendations for child feeding. Some blamed grandfathers for buying junk food for young children.

Some fathers strongly endorsed traditional gender roles, including the belief that childcare and feeding should be the responsibility of mothers alone. In the group of 14 rural fathers, only fathers spoke openly about these norms, and the others agreed. Whereas all 14 fathers in towns articulated the expectations that mothers alone should perform "women's work." Fathers recalled that as children they used to help their mothers with household chores and help their family with other tasks. After marriage, however, traditional gender roles and expectations do not "allow" them to do "women's work."

Yet, men in the south know how to cook. They cook the traditional dish *plov* for special celebrations and events. One father in a rural group mentioned that he was teaching his wife to cook *plov*.

Fathers explained that, as a result of the roles and expectations that household work and childcare are "women's work," fathers said that they do not usually make joint decisions with their wives about child feeding or help with feeding as these tasks are the "woman's role" and men cannot do women's work. Yet, about half of the fathers in towns demonstrated a good understanding of how to help children eat and noted that they sometimes help with feeding. "I try different ways to get children to eat, such as suggested giving other foods or replacing food with milk, or playing videos on phones to distract the child, or involving other children in eating competitions."

Most fathers also said that they lack time to be involved in child feeding due to their work schedule. This was true for all of the fathers in rural areas especially, and also for about half of the fathers in towns. One father in a rural area explained, "We work every day, with no break." Another added, "Mostly mothers are feeding. We have work until 9:00 P.M. and no time for interfering into child feeding. We come back very tired with no enthusiasm to help." A few fathers with stable jobs, such as office workers, noted that they spend time with children in the evenings.

Perceptions and Practices Related to Water, Sanitation, and Hygiene

Drinking Water

In both rural areas and towns, most mothers said that they have regular access to water. Mothers in rural Leilak shared that "Ak-Bulak has very good access to water. Every street has water pipes. All family members carry water." Several noted government plans for improving access to water in the near future, either through installing pipes in households or via an irrigation canal. "But in three months we expect to have water pipes in each household."

In the towns, women said that they have piped water several hours a day. The exception was women in rural Batken, who said that because it was difficult to obtain water regularly, they saved water in vessels and jars. Some described this "resting" of collected water as a water treatment method. When asked if they reuse wash water for other purposes, only the women in Batken who said they had limited access to water acknowledged sometimes reusing water for washing and other purposes.

Those in towns with piped water access drinking water from the pipes without treating it. Other women reported boiling water for drinking, although some women in Batken town said, "Some people believe that boiled water may lose all vitamins and useful stuff." A few mothers and fathers said that they do not always have time to boil water and wait to drink it after it settles. Women in one town recognized that some families have water filters, but they are expensive at KGS 20,000 or more.

Disposal of Feces

Women knew the recommendation to dispose of child feces in latrines. All said that they dispose of child feces in latrines and throw away diapers in the garbage. But they also said that sometimes they use child feces in their gardens. Some said that other people put child feces in the irrigation canals.

There were variations in reporting the use of cow feces for fuel or fertilizer. Women in rural areas said that they or other villagers use manure as fertilizers and fuel (Leilek, Batken). Women in towns said that they sometimes use manure for heating.

Handwashing

Women explained that handwashing with soap is not a common practice. There are no norms or expectations related to washing one's hands with soap, and dirty hands are not seen as a problem. Upon deeper questioning, some attributed the low rates of handwashing with soap to laziness, indifference to one's own health status, or lack of time. Some mothers disliked the fact that using soap often leaves them with dry, cracked skin. They also noted that public places typically do not have soap, or when there is bar soap, the women feel it is disgusting because other people have touched it. Mothers from the towns expressed concerns about the chemical ingredients in soap. Mothers-in-law acknowledged that handwashing is a habit before praying (*wudu*), which is done five times a day, where soap is not used. As one said, "It is a national habit not to wash our hands with soap." Others noted, "We think our hands are not so dirty."

Fathers who work in the mines, in contrast, said that they wash their hands with soap after work, before going to the banya (sauna).

Access to Resources

Researchers conducted five transect walks (three in rural communities and two in towns) to observe the communities and residents' homes. Researchers used structured observation guides during the walks. (See Annex 1).

Food Access

Women said that they do not experience seasonal food shortages. A mother from a rural area said, "Such a situation never happened. All food is available at the market. We have everything: apricots, pomegranates, and apples. We make juices, jam, compote, and other preserved food." Another from a town said, "We do preservations including compote, salting cucumbers, apricot jams. There is only one harvest of vegetables and fruit within the year. In case of produce shortages, we try to give better food to children."

However, fathers noted that there are limited fresh fruit and vegetables available in the spring. Half of the fathers in the groups in both urban and rural areas shared details on this situation, and others all agreed. A fathers said, "During the spring in March, there is a lack of food high in vitamins--no fresh

fruits and vegetables. Instead of that, we eat jams preserved for the winter." Other fathers mentioned that when they cannot find work there is less food for the family.

Researchers' observations confirmed that households in rural areas typically had large gardens of 400 to 8,000 square meters where they grew pomegranates, apples, cherries, pears, and apricots, as well as potatoes, cucumbers, tomatoes, pumpkin, corn, onions, carrots, and greens. Most households kept cows, horses, sheep, and goats, as well as 10 to 15 chickens. Livestock slept in sheds and chickens were in coops at night. Most households had fields of rice and limited amounts of corn, as well as potatoes stored in cellars or in dark places. Households in town had gardens and livestock, although the gardens were smaller and the livestock less numerous than in rural households. In rural areas outside some of the towns, wild foods were observed growing, including gooseberries and walnuts.

All households had latrines located at the edge of the garden. No open defecation was observed. Towns and rural areas alike had public latrines in schools, mosques, bunya, and health facilities. The latrines in health facilities were clean, while the public latrines in towns were observed to be in very poor condition and dirty.

Rural areas had at least one shop, while towns had several shops, markets that sold food (including highly processed, packaged sweets), and cafes. An observer noted, "There several little shops in the main streets of the town. Most sell oil, flour, sugar, and other food, including lots of junk food. Markets and bazaars sell livestock and supplies from Tajikistan."

The researchers noted seeing very few men in the rural areas or towns. Most of the men were at work in the mines or in town, or had migrated to Russia or Turkey for work.

Concept Testing Results

Materials

USAID Advancing Nutrition and health workers also showed Batken community members and leaders communication materials developed for the SPRING project to see if the concepts in the materials would resonate in Batken Oblast, given that SPRING was not implemented in Batken. The team showed five groups of mothers and community leaders (three in rural villages and two in towns) the following resources:

- food pyramid graphic compared to a My Plate graphic
- leaflet on clean latrines and handwashing
- booklet on nutrition for children under two.

Food Pyramid Resource Compared to a My Plate Resource

Reactions to the food pyramid graphic were mixed. Mothers generally understood the pyramid and were familiar with it. Some did not understand the My Plate graphic at first glance, thinking it was a picture of the earth or a field. Most preferred the "My Plate" because it contains fewer words and is easier to take in visually. Some individuals from a rural village said that the pyramid "has too much information." Leaders in towns had a similar reaction, noting that My Plate "does not have too much information or messages. The picture is also clearer." On the other hand, some liked the table of information included with the pyramid. It has been observed that HPU officials often prefer to continue using the pyramid because they are familiar with it.

Leaflet on Clean Latrines and Handwashing

All groups felt that the leaflet was particularly clear and would be useful. Community leaders in towns were familiar with the leaflet because the Oblast Family Medicine Center shared it with HPU members.

Most people had no comments on the pictures. One group noted that the cow was depicted incorrectly, but did not elaborate on how to change it. Another group said that women usually clean the latrines.

Booklet on Nutrition for Children under Two

In response to the breastfeeding images in the booklet, a group of women disagreed with the recommendation to lie down while breastfeeding: "We think that lying [down] and breastfeeding is not correct. You should not lay during this process." They thought that the other pictures in the booklet were correct.

The community leaders who reviewed the booklet felt that it would be useful and understandable. They noted that since they often use a growth chart with community members, they easily understood the content of the booklet.

Communication Channels

The groups shared consistent feedback about primary communication channels. They said that they typically receive information from their phones, schools, the VHC, and TV. They do not have radios.

People said that they use their phone to access a range of social media such as YouTube, Instagram, and WhatsApp. They buy phone units to have an Internet connection.

The TV stations they watch include Batken, KTR, KTRK-Balastan, RTR, ORT, and ELTR. Some watch Uzbek TV. Women watch TV serial dramas and soap operas on their phones.

Influencers

In rural communities, people noted that the VHC leader and "ayil okomy," or village government administration, are influential people. In the towns, the leaders who participated cited the Oblast Family Medicine Center and Local Administration as the people/organizations who influence them.

Discussion

In FGDs in urban and rural areas of Batken, mothers and fathers of young children shared their beliefs and family dynamics related to family roles and food, childcare, and hygiene practices, as well as factors that prevent or support these practices.

In general, mothers and fathers in towns and rural communities expressed similar beliefs and perceptions related to family roles and responsibilities. Mothers and fathers described a strict division of family roles by gender. Fathers are expected to secure resources and food for the home, and women are expected to take care of the home and children. Both mothers and fathers talked about household chores as "women's work," which would be "shameful" for fathers to engage in. Mothers expressed concern that if fathers were to participate in chores inside the home, mothers might become idle and be judged lazy by others.

Mothers themselves expressed the opinion that if they were to get help and support from their husbands, they would be judged as "lazy" by family and neighbors. Moreover, they would not feel comfortable resting when their mother-in-law is there.

Fathers from towns expressed some willingness to do more, including feeding children. Fathers said their main constraint is time: most are not home during the day or evening, and some are away for extended periods due to migration for work. Interviewers confirmed the absence of men as they walked through villages and towns. Fathers from towns had a greater willingness than those in rural areas to engage in joint decision making with their wives, given that they already make decisions about food purchases together.

Mothers and their mothers-in-law described a clear division of labor between mothers-in-law and daughters-in-law. In the towns, mothers and fathers believed that it should be more acceptable for daughters-in-law to raise concerns and discuss issues with their mother-in-law. Mothers-in-law decide what their daughter-in-law cooks but do not help with cooking. Mothers-in-law said that they could help with child feeding if needed.

Mothers and fathers in towns and rural communities also expressed similar beliefs and perceptions related to diet, childcare, and feeding practices. Mothers and fathers said that they have access to food year-round. They grow a wide variety of fruits and vegetables in their home gardens and fields. In towns, markets offer a variety of fruits and vegetables year-round. No one felt that winter limited food access, as they have traditional practices of preserving fruits and vegetables, although fathers noted that families eat less fruits and vegetables in the spring.

Mothers had a good understanding of recommended nutrition practices, including exclusive breastfeeding for a child's first six months, which they noted learning about from staff in the hospital where they gave birth. Women also said there are many explanations for why they do not follow the nutrition recommendations. With regard to exclusive breastfeeding, mothers and mothers-in-law described situations where a mother might introduce other liquids or food before a child reaches six months.

Mothers understood the food groups recommended for pregnant women and young children. They said that in Batken people do not feed children the national porridge. Batken child feeding frequency and the range of foods given to children differ considerably from the feeding frequency and food range for children in Jalalabad. These differences warrant further exploration by the project staff and outreach volunteers, called Activists. Fathers had less knowledge than mothers about all aspects of infant and young child feeding, and admitted little interest.

Women and men shared similar beliefs about care for pregnant women—that they should remain active, but engage less in heavy work and avoid carrying heavy things. Mothers-in-law talked about the changes they have seen since when they were pregnant (e.g., nowadays pregnant women can rest at times).

Water access is a challenge in both towns and rural communities in Batken Oblast. In towns, where families have piped water, it is available for several hours a day. Families collect and store water, and let it settle before using. In rural areas, families talked about plans for piped water. Currently, they collect water from pipes that run to each street and sometimes from the canals. In only one town people said that they sometimes reuse water for washing and other purposes. People in this town had the most limited access to water. A few people said that they treat water before drinking it. Mothers noted the lack of time to treat water, the belief that water from pipes does not need treatment, and the belief that boiled water "may lose all vitamins and useful stuff." The limited access to water and lack of treated drinking water are key differences to be considered in project implementation.

Women said that all households have latrines, which are on the edge of their gardens. While they understood the recommendations for proper disposal of infant feces, they commonly use child feces in their gardens.

Regarding handwashing, everyone said that washing hands is a common practice multiple times a day before prayer, but without soap. Women said that using soap is not commonplace and is not a habit of theirs. They also had negative attitudes toward soap (e.g., that it makes their hands dry and cracked, that it contains chemicals). People felt that using bar soap in a public area would be "disgusting" because the soap holds germs from other people. Based on prior formative research, this belief and practice seem to be similar to those in other parts of the country, including Jalalabad.

Recommendations

Use a whole-household approach: A whole-household approach to nutrition is clearly necessary in Batken, given the tight interconnections among family members, especially with regard to food, childcare, and hygiene practices. Although women have freedom of movement, they do not make decisions on their own; decisions require family approval and, often, support. These dynamics underscore the importance of engaging mothers-in-law in counseling contacts whenever possible. Based on the cultural value of mutual respect, all of the adults in the household need to be engaged and in agreement to increase joint decision making in the family.

Intentionally engage fathers: Because fathers in Batken are home very little, it will be important to reach fathers through influencers, including through religious leaders during prayers and via social media. The project should identify strategies to engage fathers in meaningful ways (e.g., recommending that fathers initiate a dialogue with their wives on key issues several times a year). Influencers could encourage fathers to make agreements with their wives and mothers about issues such as child feeding and childcare. In addition, because Batken fathers have less knowledge than mothers about infant and young child feeding and they admitted little interest, they need to be engaged using strategies that tap into their values and interests, such as keeping their family safe and providing for the family in a stable manner. Staff have noted that fathers are especially interested in current events, including the pandemic, so this may be one avenue to explore.

Address complementary feeding: In Batken family members do not feed children the national porridge, and practices related to feeding frequency, food diversity, and other issues differ greatly from other parts of the country. This issue needs additional attention. For example, materials and community training modules related to child feeding should be revised to reflect the practices and context of Batken families.

Shift norms related to hygiene: The use of soap for handwashing and the appropriate disposal of feces in Batken are limited by social norms. Reshaping these norms will require engaging influencers such as health workers, local leaders, and religious leaders.

Share recommendations on communication materials with national stakeholders: Women and male leaders who reviewed the three communication materials had minimal comments on the text or images. However, they had moderate understanding of the food pyramid, and many preferred the plate concept as easier to understand. USAID Advancing Nutrition will share these findings with national stakeholders to inform future revisions to national strategies and materials.

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Annex 1: Instruments

Focus Group Discussion Guide

Purpose: To identify and explore barriers and opportunities to optimize priority nutrition-sensitive and nutrition-specific practices via USAID Advancing Nutrition interventions. The findings of the formative assessment will help the USAID Advancing Nutrition team have a deeper understanding of primary and influencing groups or audiences, as well as the barriers and facilitators of key behaviors.

Date: _____ **Starting Time:** _____ **Ending Time:** _____

District:_____ **Block:** _____

Name of Community/Village:_____

Please fill out and attach the participant register.

Name of Facilitator: _____

Name of Note Taker: _____

Name of Observer: _____

Note to the Facilitator:

Introduce yourself at the beginning of the session, explain who you work with, why you are here, and introduce everyone on the team who is with you observing, taking notes, taking photographs or helping in anyway.

Introduction: Hello, my name is . I am working with to help develop a health and nutrition program in this community. We are interested in getting your views and learning about food, water, nutrition, and health issues in your community. We would like to ask you some questions about daily life, food, and family health. We are interested in better understanding what is happening within families and communities in Batken. This should not take more than 90 minutes. Do not worry. There are **NO** right or wrong answers. Your ideas and answers to our questions are very important to us. You are free to join this group discussion, and free to answer or not to answer the questions we are going to ask. You should feel very free to express whatever you are thinking. We will not share your name outside of this group, and your responses will be anonymous. Any information you provide that identifies you will be kept strictly confidential by the parties conducting the study. Once information that identifies you has been removed, the remaining information you provide may be shared publicly or with third parties, without additional informed consent from you or your legal representative.

To help us take notes, we would like to record our discussion so that we can listen back later. Once we have completed our notes, the recording will be destroyed. If any members of the group object to being recorded, we will not record the group.

Do you agree to join this group?

(Introduce the others on the team.) Do we have your permission to continue?

Do we have your permission to take photographs? **(Please note if the group gives permission for taking photographs, note anyone who does not give permission and do not photograph them.)**

Permission for photographs? _____

Note to Note-Taker: Try to capture the major ideas and where most participants agree or disagree. Note the question that the facilitator and participants are referring to. If the facilitator asks a question not in the guide, note the question as asked. If you need more space, use extra paper and write the name of the group and question numbers.

Note to Observer: Focus on the dynamics of the group and how people are reacting to the questions and discussion. Note who are the most active participants and/or any outliers so that we can follow-up with them.

Relationships, Roles, Nutrition, and WASH (all FGDs will be asked these questions):

We have a few questions which are related to family relationships, caregiving, and health issues.

1. Please describe a good relationship between a daughter-in-law and a mother-in-law. (Probe: tell me more…)
2. Please describe a good relationship between a husband and wife. (Probe: tell me more…)
3. When a woman is pregnant, who provides for her and is involved in caring for her?
4. When a woman is pregnant, what should she eat? Why? What shouldn't she eat? Why?
    a. About how much she should eat? If more or less than usual, why?
    b. About how much should she work: do you advise that she work as usual, less, or more than usual? Why?
5. Who knows when a baby should be given his/her first foods? When is that? Is it the same moment for all babies or does it differ?
    a. Who usually prepares and feeds the child the first food, the mother, the grandmother, or someone else?
    b. After the first food, who usually feeds young children?
6. With babies who don't want to eat, who has more experience getting them to eat?
    a. What do people do if a child doesn't want to eat? Why?
7. One year ago, MOTHER 1 NAME and MOTHER 2 NAME gave birth on the same day and both had baby boys. Now after one year MOTHER 1's boy is three cm. taller than MOTHER 2's boy. How can you explain this difference in the boys' heights?
8. Are there times of the year/different seasons when it is more difficult to feed children well in the community? Why? What makes it more difficult during those times?
    a. What does a family in this community do if they are having trouble feeding their children well?

Now we're going to ask a few questions about water and sanitation.

9. Do people here sometimes treat their water at home to make it safer before drinking it or using it for cooking? Why or why not? If people do treat their water at home, what method or products do they use? What makes it hard to treat water at home if people want to?
10. Are children's feces as harmful as adult feces? Why or why not? How do people here usually dispose of children's feces?
11. Do people here currently collect animal feces around their home? For what purpose? How do people usually dispose of animal feces?

THE FIVE WHY'S—ANALYSIS NORMS AROUND HANDWASHING WITH SOAP

(IRH 2020)

Hold 1 group discussion for each Main Population Group per site. Each group should have 8-12 people. For example, if you are visiting 2 sites and are exploring norms with 2 Main Population Groups, hold one group discussion with each population subgroup in each site.

1. Write the first Why question —"Why do people not wash their hands with soap each time?" OR "Do households always share decision making on child feeding? Why not?"
    a. Ask the group to brainstorm why the behavior exists.
    b. Once answers are given, select the responses that indicate a social (or cultural) reason. (For example, what people think is usual not to wash because it is safe).
    c. Divide the group into pairs and provide each pair with one of the responses to the initial Why question, asking them to continue asking why. For example, in the next round, participants would ask 'Why do people think handwashing is not usual?'
    d. Each pair will take turns: One will ask the initial question and continue to ask why for every answer the other provides, until five Why questions are asked. Each pair should record their answers.
    e. The group reconvenes and reports their responses, while you write on a flip chart.
    f. When complete, begin to distinguish with the whole group what has emerged as social (or cultural) factors (for example, handwashing with soap is only for sick people) and which are not (for example, soap is expensive) and list them on your paper/flip chart or circle them on the flip chart that is recording responses.
    g. Then ask the entire group to rank the top four to eight reasons, allowing pairs of participants to share their responses and have the rest of the participants react.
    h. Before closing, ask the participants some questions, such as:
        - Who/what influences those top reasons?
        - What is their effect on Main Population Groups and the community at large?
        - If people don't follow the reason or behavior, are there bad consequences or positive rewards? What are they?

The Field Team records the top four to eight reasons and key discussions points on the recording form.

Concept Testing Guide

FOR EACH CONCEPT, SHOW THE CONCEPT, THEN ASK:

1. What does this image show?
    a. How would you describe this image?
    b. Do you like this image? Why/why not?
2. How does it make you feel to see this? (Probe)
3. What do you think the concept is trying to say?
    a. How do you feel about that message?
4. What do you think about this message? What would you say back to this/how would you respond to this message? Why?
5. How effective do you think a message like this would be? What do you think most people in this community would think when they saw this message?
    a. What do you think the concept is telling the viewer to do?
6. Is this a practice that people in your community would be likely to try? Why/why not?
    a. What would make it difficult for them to try it?
    b. What would make it easier for them to try it?
7. Is there anything else that you would like to share with us regarding any thoughts that you have about this image?

SELECTING THE PREFERRED CONCEPT

After discussing each concept, place each concept on a table or the floor.

1. Explain to the participants that they will now vote and that each person must choose his/her favorite concept. Clarify that this is an individual choice, not a group decision.
2. Give everyone an object--a pencil, a rock, a small piece of paper--and ask them to vote by placing their object on the piece of paper that they like most.

COMMUNICATION CHANNELS

1. Where do you get news and information? (Probe for radio, TV, mobile phone)
    a. If radio, what time of day?
    b. If TV, what time, and where? With family, with other men/women?
        i. Probe for how many have mobile phones, primary use, cost of air time, Internet access, and use of social media (which sites?)
2. Which leaders in the community do you listen to for news, information, and counsel?
    a. Probe for community leaders. religious leaders, HPU and VHC staff
3. What language do you understand best?

CONCLUSION

1. Is there anything else that you would like to share with us about anything that we have looked at and discussed today?

FGD Guide for Use with Village Health Committees (VHC)

1. How long have each of you been a member of the VHC?
2. What special programs has your VHC carried out?
3. What trainings does VHC receive from the Health Promotion Unit?
4. What other organizations offer trainings in your community? What topics? When?
5. Do you keep a listing of pregnant women? What contact do you have with them?
6. What is anemia? What are the effects of anemia on mother and child?
7. What are the causes of anemia?
8. What problems might children have due to malnutrition?
9. What fresh food products are available in summer in your community?
    a. What fresh food products are available during winter in your community?
    b. What products are not available during winter?
10. How many households store vegetables for winter? How many households conserve fruits for winter?
11. How many households have a refrigerator with freezer?
12. Why is it so difficult for families to keep latrines clean?

Observation Guide for the Transect Walk

1. Do most households have latrines? Do they look used? Clean? Where are they located in relation to the house? (uphill, downhill, very far, across a swamp, etc.) Is there evidence of defecation happening elsewhere?

2. How close are large livestock to the house? Is the area where they are kept clean? What kind of large animals? Estimate how many families have large livestock.
3. Do most households have chickens, turkeys or ducks? Are they free-roaming? Are there structures where they spend the night? Estimate the average number per household. Are there households which don't appear to have poultry?
4. Are there fruit trees around the houses? What kinds? Do most households have one or more fruit trees? Are there fruit trees not close to the houses? What kinds?
5. Are there vegetables growing close to the houses? What kinds? Are they protected from animals? Approximately how many households are growing vegetables?
6. If there are few or no vegetable plantings near the houses, is there a sunny space to grow some?
7. What kinds of structures exist for storing staple crops? Condition?
8. Around the houses do you see evidence of income generation other than farming?
9. Are people carrying water to their homes? Who carries the water? How far is the source? (If possible, visit the source and describe it.) Do women take laundry to the water source or wash at home?
10. Are there small shops? Are they scattered throughout the village or concentrated in one area? What are the main kinds of goods they offer? How much junk food is for sale?
11. What public buildings do you see? (schools, mosques, med point5, etc.) Do they have latrines? What is the condition of the latrines? Water source? How clean is the area around them? Are any of them centrally located?
12. What patterns do you notice in men's, women's, boys', and girls' activities? Who is selling at shops? Who is purchasing? Who is talking to each other? Who is resting, drinking, or eating? Who is active, working, or moving from place to place?
13. Do you see any wild food sources (greens, berries, nuts, etc.)?
14. Where are the smallest children? Who is watching over them? How is their hygiene?

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

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