Guideline on Mothers' Support Group Activities

New Edition

Health Promotion Bureau
Ministry of Health, Nutrition & Indigenous Medicine

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Contents

Preface to First Edition (2015)

Mothers' Support Groups are a powerful initiative at grass root level in communities, which has contributed to improvements in health and nutrition through re-enforcement of advocated good behaviours and practices. Additionally, many innovative approaches to change and sustain positive health behaviours have been seen through these groups. The skills, creativity and commitment of the public health staff and local community leaders are immense and have been showcased through the diverse activities conducted by these groups. It has been an immense pleasure to witness these talents and see the dedication of these groups and their facilitators at review meetings where success stories and experiences have been shared. The enthusiasm of local communities in participating at these meetings, with such active contribution as cooking healthy, tasty meals with locally available, nutritious foods and exhibiting items made through the groups to generate income has been very heartening.

This Guideline for Mothers' Support Groups, or Community Health and Nutrition Groups, has been a long felt need in the community. Many achievements have been made and much work done through these groups island-wide in recent years, but there has at times, been a lack of streamlining of activities done through these. Thus, this guideline is presented with the view to strengthen the Mothers' Support Groups and focus on streamlining activities and projects undertaken by them to be in accordance with the National goals of the country, in relation to health and nutrition. The main aim of the Mothers' Support Groups is community empowerment with ownership of the programme by local communities to improve their own health and nutrition, with facilitation through guidance by the health care staff, both locally and centrally. Community empowerment as done through these support groups is at the heart of health promotion, with communities having ownership and control of their own endeavours and destinies, as stated in the Ottawa Charter for Health Promotion. This is in keeping with health promotion not being just the responsibility of the Health Sector, but going beyond healthy lifestyles to wellbeing.

The Health education Bureau takes great pride in presenting this guideline formulated in consultation with relevant stakeholders, both at central and peripheral level, and following feedback obtained at review meetings. It is hoped that this guideline will lead to greater strides in the progress of Sri Lanka in achieving further heights in indicators

of health and nutrition, which is the ultimate Endeavour of this programme, to empower communities through the health and nutrition support groups.

This guideline is an outcome of the efforts of many stakeholders in public health within the Health Sector. The Health Education Bureau, while being the focal point for developing this guideline, has collaborated with other central level key institutions such as the Family Health Bureau, Nutrition Division, Nutrition Co-ordination Division, Non-Communicable Disease, the University of Colombo and UNICEF in this endeavour. Stakeholders from both central and peripheral levels such as Medical Officers Maternal and Child Health, Medical officers of Health, Health Education Officers and Public Health Midwives have contributed to this guideline. The Health Education Bureau sincerely thanks all those who contributed to this guideline, as resource persons and in giving feedback and suggestions for further strengthening the programme at review meetings conducted in some districts. Financial support for the programme and formulation of these guidelines by UNICEF is gratefully acknowledged.

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Preface to New Edition

Mothers' Support Groups (MSGs) initiative is another successful community mobilization strategy by the Health Promotion Bureau (HPB) that brings about desired healthy behaviours and practices, thereby uplifting the nutrition and health of families and communities at grass root level. It is believed that most of the existing problems related to health and nutrition could be improved significantly by community engagement. Members of the community are encouraged and thus empowered to take ownership of activities to solve their health problems. Members of MSGs provide information, share experiences, advocate and extend support to enable people to promote best practices in collaboration with and support of health staff. They also provide great support through the existing public health system in improving the health and nutrition of the country.

Guideline on MSG activities were developed and distributed in 2015 following stakeholder consultative meetings. The aim was to strengthen, streamline and expand the work of MSGs which were functioning excellently in some areas of the country. This guideline was intended to be used by district and divisional level MSG facilitators such as Public Health Midwives, Health Education Officers and Medical Officers of Health etc. to initiate or to strengthen MSGs activities at grass root level.

This new edition is developed following consultative meetings conducted by the Health Promotion Bureau with the participation of Consultants, other technical staff at national, provincial and district levels including public health field staff.

The new edition of the Guideline on MSG activities is seen to be an important milestone in the journey of the MSG initiative in Sri Lanka. It is hoped that it will enable further strengthening and successful implementation of the programme. The contribution and unstinted support of all stakeholders in developing the new edition is much appreciated.

Dr. Paba Palihawadana
Director/ Health Promotion Bureau

Overview

Sri Lanka has been able to reach a remarkable status in health indicators including Maternal and Child Health over the last few decades. However, the nutritional indicators while having shown some improvement have largely remain stagnant over the years due to various reasons. Sub-optimal dietary practices with under-nutrition are seen in some communities, while over-nutrition and obesity is becoming a current problem leading to Non-Communicable Diseases. Both under and over nutrition contribute to certain diseases and poor status of health among population adding to both economic and social burden to the country. In addition, other public health problems too are causing significant morbidity and mortality where community support is essential in addressing those effectively.

All these public health issues could be solved effectively with community empowerment and mobilization enabling people to take the leadership and responsibility on their own health. Community empowerment and mobilization along with inter-sectoral collaboration play a key role in further uplifting nutrition and health of families.

In this context, Mothers' Support Groups (MSGs) /Community Support Groups are a powerful initiative in improving health and nutritional status in communities and there are proven evidences where MSGs have shown both direct (improvement in weight in underweight children, reduction of overweight/obesity, reduction of mosquito breeding sites and thus dengue) and indirect impacts on health (through better income management and environmental safety).

What are Mothers' Support Groups?

Mothers' Support Groups / Community Support Groups are groups of persons, approximating 5-20 per group, who come together to learn about and discuss issues of health and nutrition relevant to their communities and promote good practices. These people support each other to improve awareness and practices in uplifting the nutritional and health status of their communities. Priority is given to members with children aged 0–5 years.

MSGs are expected to improve the health and nutrition of the local community, through the community themselves taking an active interest and responsibility for their own health

Background

Initiation of Mothers' Support Groups reveals a world history way back to 1950s and have been growing rapidly since then. Literature reveals that in 1990's there had been approximately over 70,000 members involved in health promoting activities through MSG in more than 40 countries. Most of the MSGs are based on the concept of "experienced mother helping the new mother".

History of Mothers' Support Groups in Sri Lanka

Mothers' Support Groups concept was introduced to Sri Lanka in year 2002 in Hambanthota District with the involvement of former Health Education Officer, Mr. Buddhadasa Amarasinghe along with the guidance of Medical Officer of Health in Sooriyawewa.

Objectives

General objective of Mothers' Support Groups

To promote good health, well-being and nutrition practices through community empowerment and mobilization of local communities

Specific Objectives of Mothers' Support Groups

1. To improve nutrition related practices in the community through being change agents to bring about correct attitudes and practices
2. To improve family health in the community by improving awareness and practices promoting healthy living
3. To encourage the community in local income generation and financial management
4. To promote environments free of alcohol, tobacco, substance use and violence, to enhance happiness in families
5. To improve the practices among families on early childcare & development
6. To improve parenting skills in child development and adolescent care among families
7. To contribute in optimizing environmental health, safety and the concept of "going green".
8. To involve in addressing priority health needs within the local community under the guidance of healthcare workers

Target

- **One MSG per Public Health Midwife. (PHM)**
- **In estate areas, one MSG per estate division.**

This could then be further expanded, to more groups per PHM/ estate division.

When at least one MSG per PHM in a Medical Officer of Health (MOH) area exists, target should be to expand to reach the goal of one MSG per village/ one per estate division considering the local factors. When these targets are achieved, it should be planned to reach the target of one MSG per Grama Niladhari (GN) area.

Establishment of a Mothers' Support Group in a MOH area

There are many community empowerment groups functioning under different names in the country and MSGs may be referred to by any name at local discretion. However, such groups which are targeting health and nutrition in the community will be referred to as Mothers' Support Groups (MSGs) in this guideline.

Both the Medical Officer of Maternal and Child Health (MO/MCH) and Health Education Officer (HEO) play key roles in guiding the establishment, development and expansion of MSGs in collaboration with the Medical Officers of Health (MOOH).

MSGs are facilitated by the local PHM in collaboration with Public Health Inspector (PHI), who are the grass-root level workers in the government health care delivery system under the guidance of the MOH.

MSGs, would be a great support system to the PHM, PHI, School Dental Therapist (SDT) and local health authorities, in improving community health and nutrition and reducing the burden on their time and efforts. Improving nutrition and health status of communities, and particularly children and mothers is a priority need island wide, which would be facilitated by MSGs. Other issues with impact on health, such as food security, safety and availability, income management and environment safety and friendliness could also be addressed through the MSGs, together with the collaboration of other sectors (eg: Agriculture; through getting the active involvement of agricultural officers and Social Welfare through the involvement of Samurdhi officers, etc).

MSGs could be initiated and expanded through advocacy meetings at MOH level. Showcasing of success stories through MSGs at these advocacy meetings, highlighting achievements made and benefits to the community and reduction of workload of health care staff would promote the establishment, development and expansion of MSGs.

Characteristics of Mothers' Support Groups

1. **Number of members**

   Preferably 5 – 20 members

   If there are a larger number of members, the group could be split into 2 groups

Groups should not contain larger number of members to ensure that all have the opportunity to interact and discuss the matters of concern with each other.

2. **Composition of recommended membership of Mothers' Support Groups**

Pregnant women
Mothers (especially those with infants and young children)
Fathers/Husbands
Retired persons
Grandparents
Community leaders
Teenagers and youth
Any other interested persons

A mixed membership is encouraged in the MSGs and those with a genuine interest in working with the community in uplifting health and nutrition would be selected rather than selecting those who are looking for personal benefits.

3. The PHM in collaboration with the PHI, under the guidance of the MOH has the authority in selecting the initial group. However, PHM does not need to be present at all meetings of the MSG, once they are established. She must be familiar with the scope and roles of the group/s and remain a link between the group/s and the health service system and also must be aware of the activities being done through the group/s and achievements made.

All members of the group play an active role in the MSG

The group is open, to new members. Members with new ideas and outlooks are encouraged and considered important.

4. Members meet at least once a month.

A MSG meeting at least once a month is defined as a functioning MSG.

5. Monthly meeting would be the best forum for sharing experiences and information among MSG members.
6. Members decide on the topics to be discussed based on priority issues identified by themselves, under the guidance of the PHM.
7. Time and Place of Meeting

   Time: Meeting should not interfere with the routine schedule of the household work and other work schedules.

   Place: The place should be safe to the children

   Accessibility: Location should be accessible and comfortable and also should fit the type of group (Ex; Community hall, MOH Office, place of worship, or school).

8. Group members are not being paid for meetings and projects undertaken through the group since it is a voluntary group formed by the local community for providing support to their own community and sharing health information.

Responsibilities of MSG members:

Overall Responsibility

Any personal experience or sensitive information shared within the groups should not be discussed outside the group.

Each person has the right to express themselves, give suggestions, and propose activities or topics.

No one should dominate the conversation

Mutual respect should be maintained

Each person defines the type of support she needs in the group (advice,

support, information, or just being listened to)

Each person has the right to be listened by the members and should listen to the others

Should act as change agents in promoting health in the community

Should be able to share health information with group members, family and community.

The MSG is led by an overall group leader who is committed, motivated and selected within the group

A Secretary should be appointed for maintenance of the minutes and records

A Treasurer could be appointed for management of funds collected through income generation projects/ activities of the group, where desired

Seating arrangement should favour all participants to have eye-to-eye contact

The MSG should not necessarily include a health staff officer as a member

Responsibilities of the Group Leader

Choosing the date, time, and meeting place for meetings

Preparing for the topics to be addressed, in collaboration with other members and the PHM/PHI

Inviting participants to the meeting

Ensure participation and contribution of all members in discussions.

Collaborating with the PHM/ PHI in strengthening the MSG

Maintaining the link with the PHM and PHI, to ensure that they are well informed about the activities and progress of the group

Maintaining the link with other relevant stakeholders.

Identifying future participants, in collaboration with the PHM/PHI

Responsibilities of the Secretary

Recording and maintenance of the minutes of the meeting

Present the minutes at the next meeting

Progress of the activities conducted with relevant details should be submitted to the PHM monthly by the secretary using **Form A** (Annex 2).

The secretary should collect and maintain contact details and other relevant information of the members at the initial meeting and whenever new members are joined.

Responsibilities of the Treasurer:

Financial management and maintenance of the accounts.

Responsibility of Health Staff

(1). Establishment of MSG

PHM should facilitate in establishing a MSG in her area under the technical guidance and supervision of the MOH. Additional support from the other supervising officers at the MOH level [Supervising Public Health Midwife (SPHM), Public health Nursing Sister (PHNS)] and District level also could be obtained when necessary.

(2). Guidance and support for strengthening of MSGs

Guidance from the health sector for establishing a MSG is given by the MO/MCH and the HEO in collaboration with the MOH.

Further advices and support could be obtained from the other relevant technical officers at the District and Provincial level. eg. CCP, MO/NCD, RSPHNO

Facilitation and coordination of activities with health and non-health related various stakeholders will be done by the PHM in collaboration with the PHI.

Number of MSGs will be increased further through the advocacy of MO/MCH, HEO and the area MOH.

(3). Training

At least one member of each MSG will be trained by the healthcare officers, based on the important national level programmes. Strengthening of communication and problem solving skills of MSG members should also be covered during these trainings.

Members will be trained in different topics, so that all members have the opportunity to be trained and lead. Persons thus trained will then be the group leader for the topic in which they have been trained and he/she has to facilitate the group, on discussions and activities conducted. Guidance should be obtained from the PHM/PHI when necessary. Trained members will be given responsibility of 5-10 households in their community to improve the healthy lifestyle through the expected behaviour change.

Where there are male members in groups, at least one male member should be trained on relevant topics. This would help to improve male participation and contribution towards improvement of family health.

(4). Monitoring and Evaluation of the progress of MSG activities

Monitoring of the activities conducted by the MSGs will be done by the MOH using the Form B (Annex 3). Progress made regarding the activities should be taken up as an agenda item at the MOH Monthly Conference using the Form B.

The MOO/MCH and HEOO should both be aware of the status and progress of MSGs in their district. They could achieve this through attending the monthly conferences, going through the forms with the MOH or having progress meetings with them at intervals agreeable to all partners locally.

District and Provincial level evaluation will to be carried out based on the indicators (refer to Process, Output and Outcome indicators) submitted by the field staff.

There are three separate types of forms used at the field level to monitor and review the progress of the MSGs.

They are;

- **Form A:** To be filled by the Group Secretary/leader, monthly and handed over to the PHM
- **Form B:** To be filled by the PHM and handed over to the MOH monthly
- **Form C:** To be filled by the MOH quarterly

Form A: (Annex 2)

Information on the activities done by the MSG inclusive of topics addressed, activities agreed upon, decisions and achievements reached during the month should be written and given to the PHM who is the facilitating the group.

In situations where there is practical difficulty in filling the form, this information should at least be communicated to the PHM during the same month.

The same report should reach the PHI if a topic related to his area of service has been discussed or conducted (eg: sanitation, garbage disposal, prevention of mosquito breeding).

Also information should be shared with the SDT in relation to the activities of oral health are conducted. This could be done at the Monthly Conference.

Form B: (Annex 3)

The PHM should compile a brief summary of activities and achievements of the MSG and report to the MOH monthly in Form B.

This form could be made available to the PHM through the MOH Office. The PHM must be aware of activities and achievements of the group/s she is facilitating, even though she does not have to be present at all the meetings of the group.

Form C: (Annex 4)

The MOH should submit a Quarterly Summary Report on MSG activities to the RDHS in Form C based on the information obtained from the Form B.

The MOMCH / HEO would compile the following data for the whole district, based on the information of all the MOH areas.

1. Number of MOH divisions in the district
2. Number of MSGs in the district
3. Percentage of MOH divisions with all PHMM (100%) facilitating at least one MSG
4. Percentage of MOH divisions with > 90% of PHMM facilitating at least one MSG
5. Percentage of MOH divisions with >75 % of PHMM facilitating at least one MSG
6. Percentage of MOH divisions with ≥50% of PHMM facilitating at least one MSG
7. Percentage of MOH divisions with ≤ 50% of PHMM facilitating at least one MSG
8. Average number of MSGs per PHM
9. Summary of achievements reached through MSG in the district (with a percentage improvement from baseline on areas focused on)
10. Best performing MOH division in the district, based on the above mentioned criteria

The Health Promotion Bureau will be conducting annual review meetings at district/ provincial level based on this information and monitoring and evaluation of the MSG at central level would ultimately be through data reported in the Annual Data Sheet (Annexure 5) received by the FHB. Appraisal of the MSGs with best performance at the National level will be taken into consideration based on the selection criteria of the evaluation format (Annexure 6) developed by the Health Promotion Bureau.

Indicators help in tracking progress made by a MSG, in achieving its Targets and Goals.
A mix of indicators inclusive of process, output and outcome is desirable.

At the initial stages, the progress of a MSG could be evaluated using just the process indicators and in some instances the output indicators.

Outcome indicators would take longer to achieve. It would be very useful for the MOOH & MOO MCH and HEOO to monitor progress made in their respective divisions and districts through using these outcome indicators. Although all this data will not be reported in formats to the Health Promotion Bureau, relevant indicator progress should be presented at district/ provincial reviews.

Below are some suggested indicators for use locally at MOH level.

Process Indicators at MOH level

1. Percentage of PHMs with at least one functioning MSG
2. Average number of MSG per PHM
3. Percentage of technical health care staff at the MOH office who have read the MSG guidelines
4. Percentage of monthly MOH conferences at which the progress of MSG are addressed as an agenda item
5. Percentage of functioning MSGs in the MOH division
6. * Percentage of MOH areas with at least 3 functioning MSGs

**This indicator has been identified as nationally important as they have been requested by the Ministry of Health as a Non Disbursement Linked Indicators (Non DLI).*

Output Indicators at MOH level

Through surveys

1. Percentage of MSGs on which at least one topic to promote nutrition has been addressed in the last 3 months
2. Percentage of MSGs on which at least one topic to promote health, other than on nutrition, has been addressed in the last 3 months
3. Percentage of groups in which at least one member has been trained on communication skills
4. Percentage of groups in which there is at least one male member
5. Percentage of groups having male members in which at least one male member has been trained on a technical aspect of maternal and child health (eg: IYCF)
6. of groups having male members in which at least one male member has been trained in communication skills
7. Percentage of MOH divisions within a district with an income generation or management project being conducted through MSGs
8. Percentage of MOH divisions within a district with at least one project to reduce alcohol and tobacco use in the community being conducted through MSGs

Outcome Indicators at MOH level

1. Exclusive Breastfeeding rates : completed 6 months, 5 months, 4 months (through special local surveys at the time of receiving immunization)
2. Percentage of mothers adding meat/fish daily to complementary food by end of 7th month of age (through surveys).
3. Annual change of percentages in relevant health and nutrition indicators from the baseline since the establishment of MSGs (underweight for age among children under 5 years of age, pregnant mothers with low BMI, adults with high BMI)
4. Percentage of pregnant mothers reported with anaemia
5. Percentage of women with recommended BMI in first trimester of pregnancy
6. Percentage of women with recommended BMI at 40 years of age
7. Percentage of houses with sanitary latrines
8. Percentage of families with babies with baby rooms/ a baby area in the house
9. Percentage of houses having a home garden
10. Percentage of eligible families practising modern family planning methods
11. Percentage of Well Woman coverage among relevant age cohorts
12. Number of Dengue cases reported within a period of one year
13. Percentage of houses reported with mosquito larvae positive containers

(5). Appraisal of MSGs activities

Appraisal of the best performed MSGs could be done at the MOH, District, Provincial and National level based on their performance indicators and the innovative activities conducted. Assessment of the best performed MSGs will be done by the Provincial and District level health authorities using the standard format (Annex 6). Best selected MOH areas along with their respective Public Health staff will be appraised and rewarded at the District level followed by the National level annually.

Conduction of meetings

The participants should be seated in a circle or semi-circle. The group leader should introduce themselves to the group at the initial meeting and whenever new members are joined.

The leader should clearly explain the theme of the day and need to guide the members in producing a fruitful dialog ensuring the participation of all the members of the group.

It is preferable to have a group leader with good communication and managerial skills who is capable in managing the problems arising and achieving the objectives.

Members should actively participate in any given activity or task, before the next meeting. They should share their experiences and need to give a feedback on what they have learnt.

During the meeting MSG members should;

1. Identify their health and nutrition problems and underlying causes
2. Plan appropriate interventions for identified problems
3. Monitor the activities conducted by the MSGs for identified health problems
4. Share health and nutrition- related information and best practices
5. Mutually support and learn from each other through sharing of experiences
6. Strengthen conducive attitudes and practices
7. Be change agents in promoting health within their communities
8. Collaborate with relevant health and non-health stakeholders to solve the identified problems.

Inter-sectoral Collaboration

Collaboration with other stakeholders is very useful in further improving health and nutrition status of communities and in developing and enhancing their economies through income generation activities and budget management.

Activities outside the direct scope of health but having a direct impact on health can be conducted successfully through these partnerships. The MOH, PHM and PHI play a big role in guiding the development of these collaborations which are of mutual benefits to all partners concerned.

Other stakeholders whom could be involved;

Grama Niladhari
Agricultural Officers
Samurdhi Officers
Development Officers
Social Welfare Officers
Child Rights Promotion Officers
Probation Officers
Police officers
Counsellors
Social Officers
Official Government Institutions: Water Board, Environment Authority, Pradeshiya Sabha
Community leaders in the area including religious leaders

Usually the meeting will last for an hour or two based on the situation. However, it would be better to wind up the meeting before everyone gets tired.

When winding up the meeting the group leader may;

1. Summarize the important topics that were discussed and decisions taken.
2. Ask for additional comments or questions
3. Remind members about the time and place for next meeting
4. Encourage members to take responsibilities
5. Maintain an attendance sheet and thank everyone for attending.
6. After the meeting, make some brief notes about what was discussed and keep these notes in a safe place to ensure confidentiality.

Suggested activities to be conducted through the MSG

Nutrition Promotion activities

Other health related activities

Nutrition Promotion activities

Nutrition Promotion activities need to be given priority through MSGs in areas having problems with nutrition (including under and over- nutrition).

Importance of nutrition promotion activities

Poor nutrition is a priority problem affecting all communities in Sri Lanka causing a negative effect on health, learning ability and productivity, across the life cycle (Figure 1). It is both a health and social problem which can be addressed effectively at grass root level. Communities taking ownership to resolve their nutrition-related problems and uplift their communities with correct technical guidance is a feasible and sustainable means of achieving good nutrition and health status. This also plays a significant role in preventing Non-Communicable Diseases (NCD) in later life, as the link between low birth weight, poor nutrition in early life and NCD is well established.

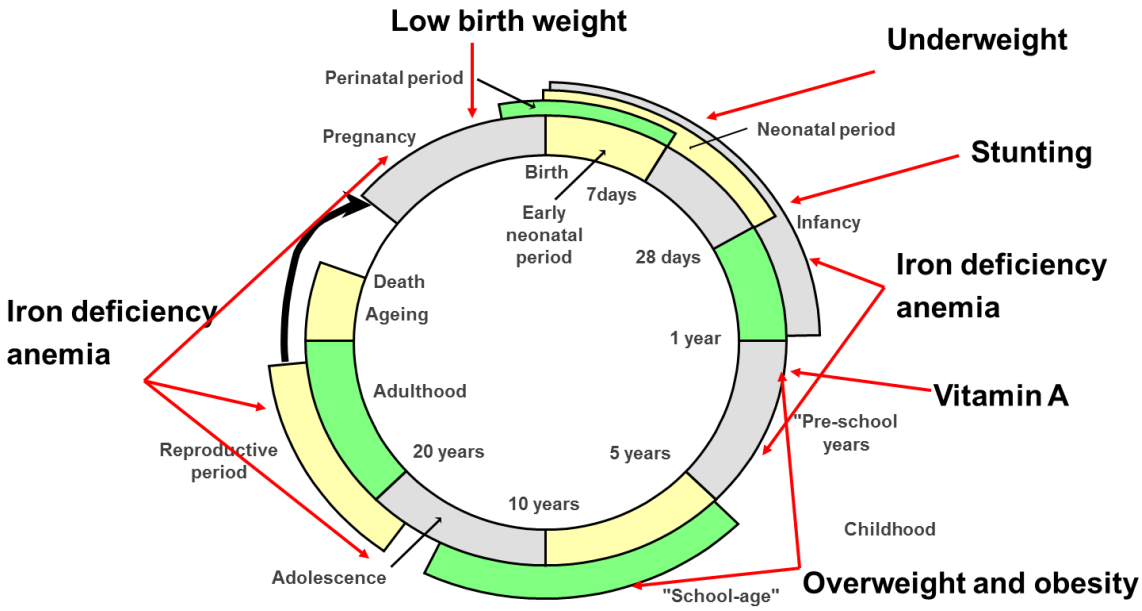

Figure 1. Nutrition challenges throughout the life-course

When considering above conditions, a wide community support is expected to make an effective behaviour change in the community. Hence, MSG meetings can be used to share accurate information and address challenges of feeding practices. Social determinants contributing to malnutrition, such as poor income management, tobacco and alcohol use within families could also be addressed feasibly through MSGs.

Activities which could be done to improve nutrition through MSGs in areas identified with problems

1. Discussions aimed at promoting nutrition during pregnancy and antenatal period, nutrition among children, adolescents and others
2. Breastfeeding support to promote recommended practices in breastfeeding
3. Learn and discuss about locally available food items and recipes locally available which are nutritionally good
4. Learn and discuss about general nutrition and food groups
5. Sharing good feeding practices in discussion and promote responsive feeding practises
6. Cookery and food demonstrations to promote correct complementary feeding practices and healthy meals
7. Menu planning and group feeding of preschool children
8. Encouraging organic home gardening and consumption

    Establish model gardens,

    Conduct home gardening competitions in the community, in collaboration with other non-health related resource persons (eg- agricultural officer) for guidance on easily grown crops in the locality with high nutritious value,

    Improve awareness about local plants which are easily grown and high in nutritional (micronutrients) and medicinal value,




9. Improve awareness on proper household budgeting and income management to ensure that health and nutritional needs of the family are met and prioritized

10. Nutritional mapping of the community with the guidance of the PHM. Pockets having nutritional issues could be then prioritized for intervention.

11. Help PHM in identifying and following-up with children underweight for age, having growth faltering, stunting or overweight (with the guidance of the PHM)

12. Under the guidance of PHM, help her to identify and follow-up families with high risk mothers and mothers with nutritional problems

13. Help PHM to identify families which could benefit by nutrition counselling, improving caring practices and increasing demand for services, as needed

14. Strengthen growth monitoring by working with the PHM to ensure that families bring their children aged 5 years and less to the clinic and weighing posts as recommended

15. Conducting innovative activities to promote nutrition of their communities, such as exhibitions, competitions, puppet shows and street dramas

Other health related activities

1. Developing safe and hygienic kitchens using the 5S concept
2. Promoting correct use of sanitary toilets and good personal hygiene including 5 health concept
3. Promoting risk factor reduction activities to minimize NCDs e.g. Salt and sugar reduction
4. Promoting physical activities
5. Promoting the development of healthy settings
6. Promoting income generating activities through collaboration with other relevant stakeholders
7. Maintaining happiness calendar to promote good mental health
8. Promoting good parenting skills
9. Developing baby rooms
10. Making low cost educational play material/ toys for children
11. Helping to minimize Communicable Disease outbreaks by promoting clean and safe environment
12. Keeping the environment clean and free of mosquito breeding sites and open garbage dumps
13. Preventing school dropping out

Ensuring sustainability of a Mothers' Support Group

Sharing responsibilities will help in sustainability of the group. Letting others take leadership roles helps them feel more committed to and invest in the group.

Ensure that everyone has a chance to talk and express their views and ideas.

Emphasize the importance of confidentiality. Make sure this is well understood by everyone.

Keep track of the progress of the group. Timely feedback should be obtained. Use this information to make adjustments.

Share rewards and failures. Let members know that their contributions are appreciated.

Encourage strong partnerships among members to achieve common goals.

Continuous recruitment of new members will ensure smooth and effective functioning of the MSG.

Members leaving the group should be accepted positively and it should not interfere in planning future activities of the MSG.

The functions of the group could be altered according to the requirements of the community and at that particular time. However, the primary objectives of the MSG should not be violated.

Incentives or payments should not be given to any group member for their membership. However, MSG Identity cards could be issued in recognition of their service.

Registration of MSGs at the Divisional Secretariat Office and district level is important for recognition of the group and it's sustainability. However, it is not compulsory to register the groups and the decision to register would be taken with the consensus of the MOH.

Key areas need to be ensured in establishing and maintaining MSGs:

Following activities should be conducted by the MSG members with the facilitation of the area PHM and PHI. Additional support and guidance could be obtained from the MOH and other supervising officers of the MOH and district level. MSG members need to be involved in all these steps.

1. Situation Analysis:

A thorough situational analysis should be done before initiating any health related activity in the area.

2. Problem Identification:

Identification of area specific problem need to be considered as one of the major aspects in conducting targeted activities via MSGs. This needs to be done with the community participation inclusive of the MSG members using participatory techniques. Identification of the problems provide the platform for not only identifying the ‘problems’ and challenges but also the constraints and opportunities in preventing achieving the targets. This has a massive impact on further investigating the current status and planning for interventions. Areas with specific nutritional problems need to be given a priority.

3. Problem Prioritization

Prioritization of the identified problems by the members of the MSGs will help to measure the level of importance and identify a manageable number of issues with systematic, rational decision making process.

4. Development of the Action Plan

An Action Plan will help the group to meet the objectives of the MSG through the strategies describing ‘what’ ‘when’ ‘where’ and ‘how’ and the action need to be taken. Responsible persons and time frame of activities including the monitoring system need to be discussed and incorporated in to the Action Plan. Ideally the Action Plan should be developed within the first six months of the initiation of the MSG.

5. Implementation and documentation

Implementation of the activities needs to be done in a methodical manner. They should be properly documented where it will give an account of the activities carried out with the timeline and the results achieved.

6. Monitoring and Evaluation of the progress of the MSG

Monitoring and Evaluation of planned activities need to be done by the MSG members as per the agreed indicators.

Summary

- **Mothers' Support Groups are a great way to provide a service to the people without a huge investment of time or money.**
- **It is a good way to reach out and get people interested in the health promoting activities.**
- **It's also a way to improve health and living standards of your own community.**
- **A support group can make a significant impact in the lives of many families with a relatively little effort and low cost.**

Annex 1

Checklist for the facilitator of the Mother Support Group

(*This is a model checklist to help the facilitator to help the group leader to conduct the meeting smoothly*)

MOH Area : _____

PHM Area: _____

Place: _____

Date: _____ Time: _____

Main theme: _____

Group leader(s) : _____

Tick (√) relevant cages

The participants sit in a circle	
The leader(s) introduce themselves to the group.	
The leader(s) clearly explain the day's theme	
The leader(s) ask questions that generate participation	
The leader(s) motivate the quiet members to participate	
The leader(s) apply communication skills	
The leader(s) adequately manage content	
The leader(s) adequately distribute the tasks between themselves	
Group members share their own experiences	
The leader(s) ask members to report back on what they have learned	
The leader(s) fill out the information sheet on their group	
The leader(s) ask members to actively participate in an activity agreed upon by the group before the next meeting, share what they have learned and report back	
The leader(s) invite members to attend the next mother-to-mother support group	
The leader(s) thank the members for participating	

Annex 2

Forms to monitor and review progress of Mothers' Support Groups

Form A: To be filled by the Group Secretary/leader, monthly and handed over to the PHM

Name of the MSG: ……

Date of meeting: ……..

Place : ……

No. of members : ……

Attendance (No. of members who participated): ……

Main theme/s discussed:

……

……

Activities done/ agreed to be done through the MSG:

……

……

……

Achievements made:

……

……

Decisions reached:

……..

……..

Next meeting (date & place): ……

……

Signature of Group Leader Signature of Secretary

Annex 3

Form B: To be filled by the PHM and handed over to the MOH monthly

Month and year : ……

Name of PHM : ……

Area of PHM : ……..……

No. of groups being currently facilitated : ……

Names of the MSGs

1. ……
2. ……
3. ……
4. ……

Summary of activities done by the group/s in the last month

……..

……..

……

Achievements of the group/s

……

……

……

Signature: ……

Date:……

Annex 4

Form C: To be filled by the MOH Quarterly

MOH Division: ……

Date: ……

Number of PHMs in the division: ……..

a* Number of functioning MSG in the MOH division : .....

b* Number of PHMs with at least one functioning MSG: ……

Percentage of PHMs with at least one functioning MSG: ……
(a / b x 100%)

Summary of activities done through MSG:

A) Nutrition related activities (where applicable):

……
……
……..
……..

B) Other health promotion activities:

……..
……..
……..
……
……

Summary of achievements reached through MSG (***ideally as a percentage improvement from baseline on areas focused on***)

1……
2……
3……

Name: …….. Date : …….

Signature: ……

** These two indicators are available in the Annual Data Sheet of the Family Health Bureau*

Annex 5

Annual Data Sheet on Resource Availability at MOH Level

As at 31st December 2017

RDHS Area .....

MOH Area .....

1. Cadre Vacancies

Category	MOH	AMOH	DS	PHNS	SPHI	PHI	SPHM	PHM	SDT	PPA	DA	Clerk	Driver	SMO	Watcher	K.K.S.	Any other
Approved Cadre																	
Number available																	
Number vacant																	

1. Details of Vehicles (Including Three wheelers available)

Make of the Vehicle	Year of manufacture	No. of years used	Condition

2. Details of the Institutions

Type of Hospital		No. available
TH		
PGH		
DGH		
Base Hospital	Type A	
	Type B	
Divisional Hospital	Type A	
	Type B	
	Type C	
CD/PMCU		

4. Services available in Secondary or Tertiary care Institution

Name of the institution	Available	Not available
Lactation management Centre		
Adolescent clinic /YFHS[1] centers (Yovun Piyasa)		
Mithuru Piyasa		
Crèche facility/Day care		

[1] *YFHS-Youth Friendly Health Service*

5. Family Planning Stocks

Item	Balance as at 31st Dec 2016	Stocks received during 2017	Stock used during 2017	Balance as at 31st Dec 2017
Condoms				
OCP				
Injectables				
IUD				
Implants				

6. Family planning clinic services at Hospital

Hospital Name	Dedicated FP clinic session/week2

[2] *Clinic providing only FP services and at least 4 methods*

7. Micronutrient Stocks

Item	Balance at end	Stocks received	Stock used	Balance as at
Ferrous sulphate				
Folic acid				
Vit C				
Cal-lactate				
Vit A				
Mebendazole				
MMN (only in				
Glucose sachet				
Hb strips				
Urine strips				

8. Functioning Clinic Centers

	No of functioning clinic Centers (Not clinic sessions
Clinic Centers total	
WWC Centers	
FP Clinic Centers	
Nutrition Clinic Centers	
Weighing Centers	
Adolescent Youth Friendly Clinic	

9. Equipment available with PHMM

Item	No available
Pinnad	
Tape	
Delivery set	
Postpartum kit	
Spring balance	

10. Equipment available at Clinic Centers

No available	
Beam infant weighing scale	
Beam adult weighing scale	
Height measuring rod / Microtoise	
BP apparatus	
Length measuring board	
Autoclave at MOH Office	
Snellen's charts for PHI	
Wall chart – BMI	
Haemocu Machines	
Glucometers	
Standard weighing sets	

11. Mother support groups

No. of Mothers Support Groups functioning in the area	
No. of PHM area having more than 1 Mother Support Groups	

12. Any special request and instruments needed

Annex 6

Format for evaluation of the Mothers' Support Groups at field level

MOH area- Date-
PHM Area-
Name of the MSG-
Name of the PHM-

1. Implementation and sustainability (Maximum- 70 marks)

			Marks	Total
1.	Office bearers of the existing committee (Group leader, secretary, treasurer)	All posts Some posts No posts	5 3 0	
2.	Composition of the membership (variation of members involved)			
	(Maximum 10 marks)	Pregnant mothers Mothers with children up to 5 years Young aged participants teenagers (13-19 yrs) >50 yrs aged individuals	2 2 2 2 2	
	Male participation (at least 50 % attendance for individual males at meetings)[1]		5	
3.	Number of members in the MSG (Maximum 5 marks)	< 10 10-20 > 20	5 10 7	
4.	Number of Families in the MSG (Maximum 5 marks)	>20 10 -20 7-10	3 5 2	
5.	Monthly meetings conducted (Based on reports for consecutive 12 months) (Maximum 10 marks)	Yes (10 or above /12) Irregular (5-9/12) < 5/12	10 5 0	
6.	Monthly meetings conducted (Based on reports submitted to PHM) (Maximum 10 marks)	Yes (10 or above /12) Irregular(5-9/12) < 5/12	10 5 0	
7.	Maintaining an income expenditure register	Yes No	5 0	
8.	Number of active years of the MSG[2] (Maximum 5 marks)	3 yrs or above 2-3 yrs 1-2 yrs 6M- 1yr	5 3 2 1	
10.	Active involvement of the PHI in the MSG (Evidence- Minutes and attendance sheets)	> 3 2-3 1	5 3 1	
Total				**….. / 70**

[1] Based on the attendance sheets participation of males at least during 6 meetings for the year considered
[2] Based on the availability and adequacy of the numbers of minutes on the conducted meetings during the previous years

2. Information on activities conducted (Maximum 90 marks)

	Activity		Marks	Total
1	Identification of the health issues & risk factors in the area	Yes No	5 0	
2	Area problem prioritization done	Yes No	5 0	
3	Availability of an annual action plan	Yes No	5 0	
4	Targeted actions Interventions done for identified problems (Number of interventions) (Maximumallocation is 20 marks)	 >5 5 4 3 2 1	 20 15 10 7 5 3	
5	Availability of health education/promotion plan	Yes No	5 0	
6	Conduct of the Health education activities according to plan	Yes No	5 0	
7	Number of trained members of the MSG at the MOH office on different topics (Maximum allocation is 5 marks)	>5 3-5 1-2	5 3 1	
8	Awareness activities have been conducted **To other members** (by the trained members of MSG) **To the community**	Yes No Yes No	5 0 5 0	
9	Evidence of activities conducted by MSG for empowerment of community [1] e.g. :- ECCD activities, Dengue control, Nutrition promotion activities, exhibition, fairs, home gardening, training programmes	6 or more activities 5 activities 4 activities 3 activities 2activities	10 8 6 4 2	
10	Evidence of the involvement of the other officers of other government institutions[2] (Maximum allocation15 marks) Grama niladhari Samurdhi officer Agricultural officer Economic development officers Other (specify)		 3 3 3 3 3	 15
11	Evidence of involvement of the informal community leaders[3]	Yes No	5 0	

[1]Evidence available for the conduction of the activities at the community.e.g.:- Photographs of the exhibitions, minutes of the meetings, exhibits and other acceptable documentary evidence

[2]If any of the officers had attended more than three times for the meetings during the year concerned, allocate 3 marksfor each officer for a maximum of 15 marks for the section

[3]Availability of documentations or evidence on such persons with the evidence of their contribution for the MSG activities.e.g.:- inputs/ contribution

3. Nutrition Promotion Activities (Maximum 75 marks)

	Activity	Marks allocation	Marks
1.	**Nutrition Promotion Activities**		
	Nutritious food demonstration	5	[illegible]
	Introduction of healthy recipes	5	[illegible]
	Promoting breast feeding in the community	5	[illegible]
	Promotion of the complementary feeding practices	10	[illegible]
	Activities for children of 2-5 years age group	5	[illegible]
	Supporting nutrition promotion activities among pre-school children	5	[illegible]
	Activities for adolescents and during pre-pregnancy	5	[illegible]
	Activities for pregnant/ lactating mothers	5	[illegible]
	Interventions for children with nutritional problems (Underweight / Overweight)	10	[illegible]
	Activities to promote nutrition of elders	5	[illegible]
2.	Promotion of home gardening	5	[illegible]
3.	Any other innovative activities[1] (specify) (maximum 10 marks) [illegible]		[illegible]
Total			[illegible]

[1]Allocatetwo marksfor eachactivity, maximum up to 10 marksfor five innovative activities that conducted in the area supported by evidence.

4. Other activities done on health promotion (Maximum- 45 Marks)

	Activity	Yes	No	Marks
1.	Promotion of regular physical activities	5	0	[illegible]
	Record maintenance on BMI and relevant indicators	5	0	[illegible]
2.	Annual screening conducted/ facilitated on NCD prevention	5	0	[illegible]
3.	Activities on prevention of childhood injuries at household level	5	0	[illegible]
4.	Prevention activities for the addictive substances Eg:- Alcohol use, Cigarette sale, Illicit drugs, betel chewing	5	0	[illegible]
5.	Activities done to improve well woman clinic coverage	5	0	[illegible]
6.	Activities done to promote oral health	5	0	[illegible]
7.	Any other [illegible] (E.g. GBV/ alcohol prevention, Parenting, financial management Mental health promotion etc.) [illegible] (Two marks for each activity - maximum of 10 marks)			[illegible]
Total				[illegible]

5. Implementation of 5 elements of health concept and Healthy setting approach

(Fill considering the field visit to randomly selected 5 households) (Maximum 70 marks)

	Activity	Yes	Marks
1.	Five elements of health in home setting (One mark for each house-Maximum 25) Safe water Organized Kitchen Organized Bed room /Study room Baby room arranged according to ECD concept Clean Toilets with soap and water Clean garden and setting, Home gardening (1 mark for each household)		
2.	Proper waste management (using 3 R concept)		5
3.	Environment free of mosquito breeding sites Implementing go green concept		
4.	Healthy behaviour established at house hold level* (Randomly check 5 households for implementation of any activity, E.g.:- Reduction of sugar/ salt/ oil, 5 S concept etc.)		
	Total		

*Any household which provides evidence for successful implementation of control activity/ activities, will be allocated five marks each up to maximum of 25 marks

Final mark is given out of 350 marks.

6. Involvement of the MOH staff in the relevant MSG activities

Category	Name of the officer	Excellent	Good	satisfactory	Poor	V. poor
MOH						
AMOH **1.** **2.**						
PHNS						
SPHM						
SPHI						
PHI						

(Allocate marks based on the evidence only)

Examples for evidence

1. Minutes of the monthly conferences
2. Minutes of the local conferences
3. Conduction of the MSG reviews at the MOH level
4. MSG monthly meeting- Minutes/ Attendance sheets
5. Other acceptable evidence, e.g.:- Photographs, Reports

References

Community Tool Box (The Community Tool Box is a service of the Work group for health and community development at the University of Kansas). 2013, Material is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 3.0 United States License

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