

Appendix 1: HeLTI India (EINSTEIN) Group Work Principles

Intended beneficiaries: Community health workers (CHWs), based at Vivekananda Memorial Hospital will facilitate a series of peer group discussion and learning sessions among all women enrolled into the intervention arms, i.e. the pre-conception and pregnancy arms (and no peer support intervention will be delivered to participants allocated to the control arm).

Components: The peer support “package” will consist of:

- (i) Sequential facilitation of 6 pre-conceptual, 3 pregnancy and 7 post-natal timed & targeted content modules by trained CHWs
- (ii) Training and refresher sessions for CHWs on Healthy conversation skills (HCS), Learning Through Play Plus (LTP+), and intervention modules facilitation, conducted by trainers from CSI Holdsworth Memorial Hospital
- (iii) Regular observation and supportive supervision of CHWs by Quality Control teams and field supervisors/manager.

Materials: Participants each receive a *personalized* pictorial resource/work booklet for the whole set of sessions.

CHW will receive resource guides, attendance and delivery log sheets, and reflection report guides.

Logistics: Peer support groups will be convened in groups of up to 10-12, for delivery each month. In each intervention village/cluster there may be ~30 women enrolled at the beginning, so there will be multiple peer groups per cluster. As more women are enrolled as they become eligible, the groups may increase. After enrollment and baseline data collection (including biospecimens), the initial session will be conducted by a CHW ~2-4 weeks later. Subsequent sessions will be conducted on a “timed and targeted” schedule roughly every month.

Rationale and process of development: The primary topics and specific content mix for each session were developed based on:

- Context of existing services, if any
- Alignment with key goals of the study
- Prioritisation of women’s health needs, identified with key stakeholder consultations
- Feedback from initial community engagements (e.g. people recognised that they won’t benefit and changes won’t be immediate, will benefit future generations, their children).

Spillover chances/potential contamination, although possible, are considered low because of the:

- Individual nature of intervention (including booklet materials being personalized)
- Peers support group discussions are private, small-scale

- Limited social media.

Guiding principles of the peer group sessions:

- Empowering women participants
- Timed and targeted to reproductive stage
- Integrated with HCS approach
- Topical mix packaged unconventionally, but coherently from participant perspectives
- Ground-truthed, using formative research and pre-testing
- Cyclicity, with short enough amplitude for re-exposure during a pregnancy
- Leverages/integrates existing local, state, national assets (e.g. teaching materials, best practice guidelines) and solutions (e.g locally available foods, recipes, resources, etc)
- Addressing barriers and beliefs, myths (e.g. eating down, transport fears, etc
- Offer training to all health workers, eg. bioethics to ensure equity

Every session is structured to:

- Engage participants with their own assessment of salient health needs and solutions
- Provide new information about relevant indicators for the community, specific illness threats to women and children, and about healthy options and local solutions to adopt
- Provide a sample commodity or referral resource, that can be sustainable through subsequent participant choices
- Provide a self-reflection or self-monitoring opportunity for review in the next session

Final versions of the materials and mode of delivery developed in consultation with:

- PIs and co-PIs
- Other team members
- Selected group of CHWs
- Selected group of women (potential participants).