

***Results of
Care Group Operational Research
Internal Copy***

***Sofala, Mozambique
Research conducted from April to May 2010***

As part of the project:

***Achieving Equity, Coverage, and Impact through a Care
Group Network***

Project Activity Length: October 1, 2005 to September 30, 2010

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Date: June 30th 2010

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Acronyms

BCC	Behavior Change Communication
BM	Beneficiary Mother
CG	Care Group
CS	Child Survival
FG	Focus Group
KPC	Knowledge, Practice, and Coverage
LM	Leader Mother
MOH	Ministry of Health
OR	Operational Research

I. Introduction

The objective of the Care Group Operational Research was to identify the key components to the effective use of the Care Group Methodology. The OR included qualitative and quantitative survey methods to determine if the Care Group methodology was carried out as designed and identified methodological adaptations that occurred based on problems and difficulties that arose.

II. Operational Research Methodology

The research consisted of three components: Focus Group Discussions, the development and implementation of a KPC Survey, and a four day workshop to interpret and draw conclusions from the results of the Focus Group Discussions and KPC Survey results.

1. Focus Group Discussions were carried out with eight groups: CS Project Promoters, Leader Mothers, Beneficiary Mothers, Community leaders, Care Group Participants in former DAP II / USAID Funded Food Security project areas, Health Facility Personnel in areas where Care Groups were and were not active from 2006-2008, and CS Project Officials. The objectives, questionnaires, and consolidated results from Focus Group Discussions can be found in Annex 1.

Focus Groups were led by the five CS Officials using guides developed by Tom Davis in English and translated into Portuguese by Cecilia Lopes. Each Official led ten Focus Groups discussions. An additional focus group discussion was planned with health facility personnel, but MOH personnel were not willing or able to participate in the interviews. Each official led the following FG discussions:

- 1 Promoter FG
- 3 Leader Mother FG
- 5 Beneficiary Mother FG
- 2 Community Leader FG

Cecilia Lopes, the CS Project Monitoring and Evaluation Officer, consolidated all the information collected in the FG discussions. The consolidated FG information was used to develop the KPC questions, multi-choice answers and to determine which groups to target in the KPC.

2. The Knowledge, Practice and Coverage Survey consisted of three questionnaires. One questionnaire for CS Project Promoters, one for Lead Mothers, and one for Beneficiary Mothers. The questionnaires were developed by Carolyn Wetzel, translated into Portuguese and reviewed and adapted by Emma Hernandez and Cecilia Lopes.

The project was run in two cohorts. Project Activities in Cohort or Phase I started in 2005 when the project began in the districts of Caia, Chemba, Maringue, and Manga and continued until the OR KPC was conducted in 2010. Activities in Cohort or Phase II districts of Dondo, Gorongosa, and Nhamatanda started in 2008 and have continued until the OR KPC was conducted.

Project Districts in Sofala Province, Mozambique	Care Groups per District	Comparison Areas	% Beneficiary Population of each Comparison Area	Interviews per District	Total Number of BM interviewed	Total Number of LM interviewed	Total Number of Promoters interviewed
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Caia	25	Phase I	18.5%	19	19	19	5
Chemba	25		18.5%	19	19	19	5
Maringue	35		26.0%	26	26	26	7
Manga	50		37.0%	37	37	37	9
Total Phase I	135		100.0%	100	100	100	25
Dondo	55	Phase II	31.4%	31	31	31	11
Gorongosa	60		34.3%	34	34	34	12
Nhamatanda	60		34.3%	34	34	34	12
Total Phase II	175		100.0%	100	100	100	35
Total Project	310			200	200	200	60

Stratified Random Sampling was used to identify 100 LM and 100 BM in both Phase I and Phase 2 districts.

Interviews of LM and BM were conducted by CS promoters and supervised by CS Officials. Promoters conducted interviews in districts where they were not working with beneficiaries.

All of the CS Promoters were interviewed by FH non-CS staff, one staff member from the FH Agriculture Program and one from the Child Development Program.

Data was entered into Epi Info for Windows under the supervision of Cecilia Lopes, using templates created by Esther Wong. Data was analyzed by Carolyn Wetzel and Tom Davis.

3. **Operational Research Workshop and Presentations**

Results of both the KPC survey and Focus Groups were shared and discussed during a four day workshop in Sofala Mozambique, attended by one promoter from each of the eight districts, the five project Officials, three nurses from the MOH, the Monitoring and Evaluation Officer, the Project Coordinator, the Zinc OR Coordinator, the Project Manager, the CS US Backstop, and FH Health Program's Director. The results of the KPC were interpreted using the input, experiences, and opinions of the CS field staff. The conclusions reached were shared with individuals from the provincial and national MOH, USAID, and interested NGO's in meetings held in Sofala and Maputo. Success stories were shared and documented by each of the promoters.

III. Operational Research Findings

KPC results can be found in table form in Annex 9.

A. Age and Gender

Leader Mothers were older than expected (average 37.4 years), especially in Phase I with an average age of 41.2 years. Beneficiary Mothers are on average 10 years younger than Leader Mothers. No association was found between the age of the LM or BM and key knowledge. Project field staff felt that older women (>30 years of age) stayed longer with the project and therefore made better LM.

LM do not have to be pregnant or have a child <2 years of age but this is a requirement for participation in the program as a BM. It is clear that some exception to this rule exists because 4% of BM were neither pregnant nor did they have a child <2 years of age. Project staff said that during the bi-weekly Care Group sessions BM were asked if they had passed out of the project target group. If BM no longer had children >2 years and were not pregnant they were asked to identify a neighbor women who fit the project participation criteria to replace them. The new BM was then registered as part of the CG and the previous BM was allowed to attend meetings but was no longer registered as part of the Care Group.

All LM and BM are female, but Promoters can be male or female. Most (76%) of Promoters are male. Promoters are nominated by the community where they serve and then interviewed by CS project staff to determine if they meet the qualifications to serve as a promoter. An advantage of working with male promoters is that when conflicts arise in the community or between LM and their husbands a male promoter can be called by the LM and BM to advocate on their behalf and because of his gender he will be respected and heard.

Project management believes that the percentage of male promoter has grown over time, as female promoters have left their positions because of family needs or pressures. We asked the participants about any issues that

	PHASE I	PHASE II	PHASE I & II
Mean age of Leader Mother	41.2	33.7	37.4
% of LM who have children < 2 years of age or are pregnant	36%	50%	43%
Mean age of Mother Beneficiary	29.7	26.2	27.9
% of BM who have children < 2 years of age or are pregnant	95%	97%	96%
Mean age of Promoter	31.1	28.9	29.8
% of Promoter's who are Female	28%	20%	23%

arise from having male Promoters teaching all female groups of Leader Mothers, any barriers that came up, how sexual harassment is prevented and responded to, and how any gender issues are overcome. Participants said that it is not a problem for male Promoters to do home visits (e.g., visiting a LM who missed the meeting, checking on a sick child who was referred), but that they need to choose sincere men who will do what they are supposed to do and not

cross the line of what is appropriate. Male promoters are counseled to respect the people's culture, and **FH has rules in place to help prevent problems** (e.g., men not allowed to transport women on bicycles, never go inside house to teach the woman). These rules are developed by the (male and female) Promoters during the trainings. Supervisors also talk to community leaders and **ask them to watch for and report any sexual harassment problems** that they hear about or see. The Promoters know that the community leaders are briefed in this way. Community Leaders know that they can report any problems seen to FH Officials (Supervisors). Mothers are not advised of a way to directly report to FH Officials, but are told to talk to the Community Leaders if there is a problem.

Some possible ways to improve this system would be to **provide the cell number of the Official (or better, another female FH staff member) to all Leader Mothers** and have Leader Mother communicate the reporting procedure to all beneficiary mothers. It may also be helpful to formalize the rules by providing a written copy of them (along with the reporting procedures) to all Promoters and Community Leaders, and communicating them in one of the first lessons in the flipchart. This could be done in a more generic way, talking about how women can report any form of sexual harassment to community leaders rather than singling out the Promoter (which may bring up suspicions).

B. Schooling

Only 58.5% of BM have gone to school, but for the 41.4% of those who have studied 5.1 years of schooling is the average, similar to that of BM. All Promoters have studied, and 34% have studied for more than the ten years (anything more than ten years of study is considered advanced education in Mozambique).

	Phase I	Phase II	Phase I&II
Promoter average years of education	10.5	9.2	9.7
LM average years of education	4.9	4.7	5.4
BM average years of education	5.1	5.2	5.1

C. Perceived and Actual Literacy of Leader Mothers

1. To a degree, **Promoters in Phase I districts over-estimate the literacy of Leader Mothers**. 44% of Phase I Promoters believe that more than 75% of the Leader Mothers can read the messages on the flipchart, whereas only 18% of LMs say that they can read any of the words on the flipchart and 29% of BMs. In Phase II districts, Promoters under estimate the literacy level of Leader and Beneficiary Mothers. 11% of Phase II Promoters believe that more than 75% of Leader Mothers can read the messages on the flipchart, but 25% of LMs and 21% if BMs say that they can read most or all of the words on the flipchart.

2. Improving Care Group teaching

Participants responded that some Promoters think that they are transmitting a message but people are not understanding it. Others believed that it did not affect the health promotion

since they primarily use the drawings on the flipcharts to teach. The suggestions from the participants on how to improve this included:

- a. In addition to the pictures, **use more songs** to help mothers remember the key messages. Find out why only 3% of Leader Mothers say that they use songs when they teach (in response to an open-ended question), and encourage them to use more songs. Later, however, participants mentioned that mothers may be using songs, but not mentioning them as “teaching methods” since they do not think of the songs as a teaching method. (Participants also mentioned using more demonstrations, but were unable to think of anything that we promote currently that can be demonstrated that we are not already demonstrating.)
- b. **Create a set of flash cards for each Promoter with all of the images corresponding with key messages and use in games.** Have the Promoters use these with Leader Mothers in the form of a game where LMs have to guess the key message associated with each card. Number the cards, and add cards to the game as more lessons are covered.
- c. **Intensify the testing of images, and test images using a sub-sample of illiterate mothers** who do not have a TV.
- d. **Always use the “same mother” in the pictures** used on the flipchart. Avoid changing her clothing or headdress, since that makes it more difficult for mothers to interpret the picture.
- e. We discussed some of the **principles of pictorial literacy** (avoid showing just body parts, like disconnected hands doing something in a text box; no “microscope views”), and participants suggested that we take into account those principles more when developing the flipcharts.
- f. **Ask Promoters to spend more time explaining the pictures and asking verification questions** of Leader Mothers about the pictures (to check understanding, like “what does the mother have in her hand? What is she doing with it?”).
- g. **Encourage all illiterate LMs to participate in the free government literacy programs.** (The government is trying to establish a literacy program to teach mothers to read in 30 days.)
- h. **Ask the government literacy program staff to use our key messages** in their program.
- i. Stress to Promoters (e.g., in trainings) that they will be working with mostly illiterate mothers, and have them gear their teaching to the lowest reading level mothers – that is, the completely illiterate. (**Teach to the bottom, not the middle.**)

C. Years Involved in the CS Project

1. Turnover of Promoters

Per the plan, after the first 2.5 years of the project, Promoters in Phase I areas were reduced by half. There are currently 25 Promoters in Phase I communities, and 35 in Phase II communities. Aside from this planned reduction in staffing, **the annual turnover of Promoters has been about 3.6%**. 84% of Phase I Promoters (where the project has been active since the beginning) have worked with FH for 4 or 5 years. (The project was at year 4.5 at the time of the survey.) 5% had worked for less than one year, 31% had worked for one year, 24% had worked for two years, and 2% had worked for three years.

It is believed that one contributing factor to the low turnover of Promoters is the fact that 90% of them lived for at least three months in the area where they now work before they were hired by FH (as planned).

2. Turnover of Supervisor (Officials) – only 1 of the CS Officials (Supervisors) currently working for FH have worked with FH since the beginning of the CS project. Four of the five Officials who were hired but no longer work with FH were hired by another organization that pays more (e.g., HAI). One Official died. The project management has talked to the other organization that has hired away FH's Supervisors, but they are unapologetic since their organization pays higher salaries. The CS Official that has worked for FH since the beginning of the project worked for FH in a different project and was transferred to the CS project when an opening in Manga became available.

3. Turnover of Leader Mothers – Turnover of LM, as reported by both Leader and Beneficiary Mothers, is a low 3-10%. The top three reasons that LM or BM dropped out of the project according to Leader Mothers and Beneficiary Mothers is 1. Moved to a new area (34% LM, 30% BM), 2. Too busy working (LM 20% /BM 16%), and Lack of Incentives (11% LM, 13% BM). In the Promoter's opinion Leader Mother's dropped out of the program due: 1. Moved to new area (55%), 2 Lack of incentives (18%), 3 Busy working (13%).

4. Replacement of Beneficiary Mothers or Leader Mothers whose children move out of the target age range. Participants were asked how they replaced Beneficiary mothers whose children had surpassed the age range of the program. They said that during their meeting with BM they ask if anyone's children are out of the target group. If a woman indicates her child is out of the age range then she is asked to bring another woman in the community who is pregnant or has a child under 2 years of age to the next meeting. Sometimes women continue assisting meetings even after they have been officially replaced in the group of BM or LM, but others continue to participate. Usually, even if they leave the group for a time, they return because they are pregnant again.

5. Turnover related to migration - there is a turn over of mothers because many families are constantly moving from one area to another. Families seek fertile areas for farming and move to where they can have more agriculture success. Some go and return, others move permanently. Some women move and enlist in other CG in their new community. In Manga, the migration of women, was raised a serious problem. One way Promoters have found to resolve the problem is to avoid enlisting women who rent houses in their community, because they know they will soon be leaving. They prefer to enlist women who own the house they live in.

D. Participation in Teaching Sessions

In the CS program each Promoter is assigned five Care Groups. Each Care Group consists of 14 LM. Every 2 weeks the LM's meet with the Promoter and receive a 2 hour lesson. Then the LMs have two weeks to share the same lesson with their 12 BMs. They are encouraged to share the lesson as a home visit, but they have the option of calling the BM together and sharing the lesson with the group of women.

The KPC survey revealed that this cascade structure of education has been functioning as planned, except that Promoters are reaching slightly less LM than anticipated through group meetings. Promoter's report an average of 12.6 LM present at their teaching session (instead of the 14 planned), this is slightly higher than the average attendance reported by LM (10.7 LM present).

BM report an average of 9.7 BM present at the LM teaching session, but 11.7 BM registered in each of LM groups. Based on these results, it's recommended that the ratio of Promoter to LM and LM to BM be kept between 10 and 14.

BM and LM report respectively that 96% and 98% of BM or LM met every two weeks for health education and behavior change messaging. Promoter's report LM attendance slightly lower at 85% (92% in Phase I districts and 80% in Phase II districts). 78% and 84% of LM and BM respectively report attending most or all education sessions.

1. Follow-up of Leader Mothers who Miss Care Group Meetings

It was not originally anticipated that there would be follow-up with Leader Mothers who miss Care Group meetings. The project leadership, however, felt that this was possible for Promoters and now it is expected of all Promoters. **98.2% of Promoters said that they follow-up with one or more LMs when they miss meetings**, and about two-thirds said that they usually do follow-up with about 2-4 Leader Mothers per session (defaulters) by visiting them in their homes to give the lesson.

2. Length of Meetings

77% of BM and 82% of LM either attending or facilitating group teaching sessions that lasted at least one hour. 80% of Promoters said that the Care Group meetings lasted between 1.5 and 2 hours. 10% said more than two hours, and 10% said less than 1.5 hours. In order to use all the participatory adult teaching methods included in the Care Group Lesson Plan a Care Group meeting would need to be 2 hours long, a shorter meeting would mean cutting out parts of the lesson.

These results confirm that the majority of the Promoters are taking the time to properly teach LM. LM, to a lesser degree, are using the participatory teaching methods when sharing the BCC with BM.

3. Lesson Plans

98.4% of Promoters claimed to use the lesson plan (all but one). We asked participants what (if anything) needed to be changed, added, or removed from the lesson plans to improve them. Participants were happy with the lesson plans and did not suggest any changes, but said that they prefer songs to games since they are easier to use.

E. Ensuring LM's teach BM

Promoter workshop participants were asked how they ensured LM visited their BM. Promoters said that part of their supervision of LM was to go with LM and observe their teaching or follow-up on the teaching with a visit. They said that there have been cases of LM who did not teach BM, but they were not frequent. Normally, if the LM stops teaching BM, the BM will complain to the Promoter and request the teaching.

One promoter shared that she had to replace an IMCI trained LM because she was not doing the IMCI work. The community had a meeting and asked for the LM to be replaced and the Promoter assisted. Another promoter shared that she had to replace a LM per the request of the LM's beneficiaries. The LM was very young and knew how to read and write. She felt that she didn't need to come to the Promoter's trainings because she could read what was written on the flipchart and that it was beneath her to teach the illiterate women in her group. The promoter replaced her with her most active and interested BM.

1. Are LM Assistants commonly used? Participants were asked if LM normally send another beneficiary to represent them when they cannot attend a Promoter led meeting. They said if a LM was going to be absent for some time she sends one of her beneficiaries to receive the lesson. Participants thought that the idea to formalize an a LM assistant could work if the wrap around skirt incentive was prepared for both the LM and her assistant.

E. Group teaching vs. Home visits

Surprisingly more LM share messages through group meetings than home visits. Prior to this survey it was assumed that LM would have difficulty calling mothers together for a group teaching session, but the survey results indicate that 75% of LM share messages mostly or only through group meetings in the opinion of the BMs. 70% of LM reporting sharing messages mostly or only through group meetings.

1. Participation of Other Household Members in Health Promotion Sessions

In response to an open-ended question about who participated in the health promotion lessons when they are done at the household, **78.5% of mothers said that someone else participated aside from the mother herself.** One surprise was that **48.5% of mothers said that their daughters usually participated in the lesson,** an indication that this project is influencing the next generation of mothers in addition to the current one. 14% of mothers said that a friend participated and 10% mentioned the grandmother of the child.

2. Participation of men in the household-level health promotion is rare. Only 0.5% of beneficiary women said that their husbands usually participated in the lessons, 2% mentioned grandfathers, and 3% mentioned sons). Participants say that husbands are simply not usually in the household when Leader Mothers visit. Many also think that the lessons are "women's issues." It would be good to **develop some messages on why the information shared (and behaviors promoted) are important for both men and women.** In terms of who is influential in the home, married women are most influenced by mother-in-laws, and single/divorced mothers are most influenced by grandmothers.

When participants were asked how men learn the CG material, some said the LM or BM share the message with their spouse. Other's said this doesn't work because the husband doesn't give credit to what his wife says. In some cases the men asks what the woman learned and she explains, in other cases the woman herself is excited and shares the new information.

One way the project is currently reaching men is through the bi-annual community leader meetings. During these meetings (which have normally been attended only by men) the CS Project Manager has shared the key CG messages. A debate ensued about the possibility of the Promoter sharing CG messages during regular community meetings. Some participants said this could work, others felt that since normally community meetings are mixed gender events it

would not be appropriate to talk about sensitive subjects (eg. vaginal bleeding). Participants felt that sensitive topics were appropriate to discuss in single sex groups, but not in mixed company.

F. Time traveled

Originally the CS project planned to have half the number of promoters now employed. During the DIP writing process, it was decided that the low population density of the majority of the project districts would require a promoter to travel too far to reach ten groups of LM using a bicycle. Promoters were originally employed half time, at a reduced salary, and told to work with five CG's instead of the ten originally planned.

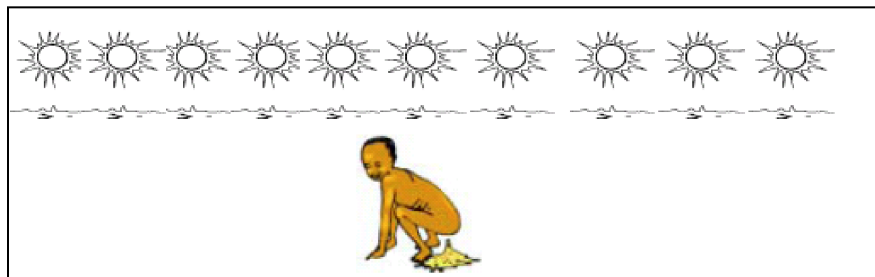
Average travel time between Promoters and LM and LM and BM is much shorter than project management expected, even considering the reduced workload given to Promoters. The average time a Promoter travels to reach a LM household (on foot or using a bicycle) is 17 minutes. Travel time for LM's to visit BM is even more critical, considering that LMs are volunteers and a light workload is a key component to their continued willingness to volunteer their time. The average time traveled by a LM to reach a BM as reported by BM is 13 minutes and as reported by LM is 17 minutes.

Project participants felt that the LM and BM reporting of "time traveled" could be flawed because they do not possess ways to measure time in minutes or even hours.

G. Recognition of key messages using images

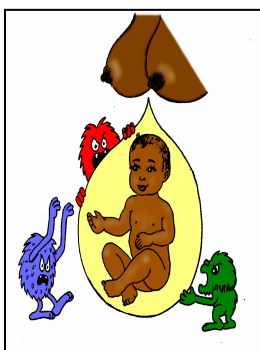
One of the reasons we believe the Care Group methodology has been so effective in reducing malnutrition is that

non-literate mothers can remember and communicate key messages using images to jog their memory. To test this theory, three images were selected from 5 CG flipcharts the project used



and shown to LM and BM. The LM and BM were asked to state the complete key messages.

The first image LM and BM were shown can be seen above. The message this image is intended to convey is that diarrhea for more than two weeks is an emergency. Only 17% of LM and 33% of BM were able to correctly state the complete message. About a third of LM incorrectly associated this image with "diarrhea with blood" or "dysentery". The other third stated that diarrhea was an emergency but left out "for ten days".



CG participants did better at identifying the next two images. The key image associated with the image to the left is that "breastfeeding prevents malnutrition and other illnesses". 66% of LM and both Phase I & II participants could correctly state this key message. The 3rd image was meant to convey that children 12m of age should take de-worming medicine every six months. 65% of LM and



65% of BM were able to correctly state this key message.

Even as CS staff participating in the workshop reviewed these images it became clear that the images themselves were unclear, confusing, or lacked symbols to indicate aspects of the key message. The CS project tested images in the nearby project district of Manga before printing each flipchart, but these results indicate that additional effort and time should be taken to ensure images are easily understood by participants. It was also suggested that more time be taken during the CG meetings to ensure the LM remembers the complete key message. When officials supervise Promoters and LMs, their supervision checklist instructs them to check key message association with images, it appears more care needs to be taken in the supervision process to assure the correct and complete communication of messages.

H. Care Group interaction with Community Leaders

1. Conflict Resolution by Community Leaders

65% of Promoters said that one way that Community Leaders participate in the project is to collaborate on conflict resolution. We asked the participants what sort of conflicts come up at the community level, how CLs help resolve these conflicts, and how to prevent the more common conflicts. Participants mentioned:

- a. Sometimes there is **jealousy related to political party affiliation** since Leader Mothers are often from different parties. LMs do not use their influence to talk politics with the families that they serve, but some people in the community are suspicious about that happening. In Manga, during party campaigns, the secretary for the area asked FH to stop Care Group meetings for the 45 day campaign period. FH presented to the Mayor concerning this, and he relented. In the end, FH stopped teaching for two weeks rather than 6 weeks.
- b. **Some beneficiary mothers think that the LMs get paid**, and make trouble concerning that. The CLs have intervened to clarify that to the community.
- c. Sometimes the LMs go directly to the CLs to ask for help with conflicts, such as when there their **husbands are jealous and do not want LMs to attend the CG sessions**. In these cases, the CLs intervene by inviting the husband to sit down and talk.
- d. There are also some **political and religious conflicts** amongst people that affect the project because there are some sects that do not allow wives to participate in sessions. In these cases, the CLs invites the husband to talk and explains the benefits to them of participation.
- e. There have been some **conflicts concerning incentives**. CLs intervene to explain why some mothers (Leader Mothers) get the wrap-around skirt once every two years and others (beneficiary mothers) do not, and why Promoters get bicycles. They explain the project objectives and why Promoters and LMs get those things early in the project to minimize that as a problem, but some conflicts still come up.
- f. **Social conflicts like divorce** are also a problem at times. Some LMs and beneficiary mothers abandon the program due to divorce. CLs try to intervene sometimes to help prevent divorce. CLs intervene in cases of pending divorce with the community courts which are charged with handling this. If the dispute cannot be handled locally, it goes up the chain of command. This conflict resolution helps the project because the mother can remain in the community if she is not divorced (rather than going back to her family of origin). Participants' impression (and interpretation of the data) is that Leader Mothers are less likely to divorce now because of the program. 61% of LMs said that their husbands respect them more now since they began volunteering as a LM.

- g. **Land conflicts** also affect the program. Land conflicts lead to the migration problem that makes some LMs drop out. CLs intervene in these cases by determining who the actual owner is, and to find the LM other land where she can live if she does not have title to where she is living and there's a conflict.
- h. **Cultural conflicts** affect the program. The project staff and volunteers urge people to use the MOH health centers vs. traditional medicine (especially witch doctors), but people continue to use it. CLs intervene by talking to people about the advantages of giving MOH medicines instead of traditional medicines. (There's a difference between traditional medicine [witchcraft] and proven, dosed, natural medicine [which FH sometimes promotes]).

2. Public Recognition of Leader Mothers

Knowing that public recognition is one important way that CLs can motivate and incentivize the Leader Mothers and Promoters work, we asked the participants what was done in this regard. Participants said that **CLs do some public recognition of the Promoter and Leader Mothers** during public community meetings. They will invite the Promoter or LM to come and do a session so that the people will know him or her better. During that session, they will say positive things about the Promoter, especially talking about the changes they have seen in the community as result of the Promoters' and LM's work, and thanking them. When there's an epidemic, CLs look for Promoters to do health promotion, and Promoters consider this a form of recognition. Promoters are asked to do this more often than LMs. It is not common for these CLs to give awards or prizes for community service. It would help to teach CLs about doing this as a way to motivate their LMs and Promoters.

3. Establishing Local Community Norms and Advocacy for Mothers

18% of Promoters said that Community Leaders (CLs) helped the project by putting in place community norms that urge families to adopt behaviors promoted by the project. Participants said that these are community norms like asking telling all community members that they are now to use bleach to purify all drinking water in the community. There are no fines for going against the norm. However, there are sometime penalties, and occasionally they are harsh. For example, some CLs have told people that if they did not have a latrine, they would have to leave the community. Also, sometimes community members will refuse to help a family because they did not take on the preventive practice (e.g., not helping a family with a child with diarrhea because they did not construct a hand washing station). CLs sometimes believe that suffering the consequences of these decisions will lead to behavior change.

Participants said that it happens fairly frequently that they health facility staff will also withhold services to families that do not participate in the preventive practices. For example, if a mother does not give birth in hospital, they will not give her the child's growth card, and the family will have to go through a series of bureaucratic steps or do extra work (plowing a community garden) in order to get the growth chart for the child. Ethics aside, this appears to be supportive of behavior change. **However, while the CLs promote these strict practices, the Promoters do not support them, and sometimes (rightly) work actively against them.** Promoters are worried about some of these practices. For example, if a mother has a home delivery, the health facility staff will sometimes give her poor care afterwards, and the Promoters have had to advocate for these women to get better treatment.

I. Behavior Change Theory

When asked Promoters about what keeps mothers from changing (during the focus groups and this KPC), and **there was little mention of the eight determinants mentioned in Barrier Analysis** (BA, which is based on the Health Belief and Theory of Planned Behavior models). Promoters were less likely (10%) to attribute lack of behavior change to “social-economic level and culture” than Leader Mothers (21%), but it still appears that many Promoters have not changed their thinking about what helps and hinders people from changing. When we asked what could help change that situation, participants (especially management staff) said that **doing the full Designing for Behavior Change workshop with all Promoters** would be helpful (which includes Barrier Analysis). Only 17% of Promoters participated in the two-day BA training. Also, the CS Program Manager said that **alternative terms needed to be used for the determinants** (e.g., “perceived self-efficacy”) when working with Promoters (some of whom only have a 7th grade education). The “Fisherman Story” in the BA training was helpful, but even the Promoters who had the BA training needed more exercises (e.g., the **scenario cards** used by FH in Burundi) to help them identify barriers properly. **One page handouts on the findings from BA** (for each behavior studied) should be created, as well.

J. Interactions with MOH Clinical Staff

1. Promoter communication with health facility staff

About half (47.%) of Promoters claimed to have visited MOH health facilities as part of their work four or more times during the past 12 months (quarterly or more often). We asked the participants what was discussed during these meetings, what data was exchanged, and what could be done to strengthen the relationship between the Promoters and health facility staff:

- a. **Promoters talk to HF staff about diarrhea cases and epidemics.**
- b. **Promoters help with health promotion at the HF**, working with the people in the waiting area. Some Promoters do this health promotion weekly, but others are too far from the HF to do this. Participants disagreed as to whether all Promoters could do this weekly teaching (in addition to working with the Care Groups, IMCI-trained LMs, etc.), but agree that they could have Promoters do health promotion at the HF when they live within X (yet undetermined) kilometers of the health facility. Other Promoters who were further away could do alternative activities like community-level health promotion meetings and participation at the mobile posts.
- c. **Promoters take information from the HF to the community regarding campaigns** (for immunization, Vitamin A, and deworming) and outreach posts. Prenatal consults, health promotion and GM/P are also done during these monthly or bimonthly outreach posts.
- d. **No logistical support is provided by FH to the MOH for these posts, but Promoters and LMs help through community mobilization.** LMs and Promoters help directly in these posts by dosing polio vaccine, vitamin A, and mebendazole to children, and doing GM/P, MUAC, and health promotion. (Promoters learned how to do GM/P during the Health training.) Project staff believe this has led to large increases in care seeking and participation in mobile posts.
- e. To strengthen this relationship, participants said that **Promoters should report out monthly directly to the HF staff on their activities in addition to reporting out to the MOH at the district level monthly meetings.**

2. Referrals by C-IMCI LMs and Promoters

Promoters and C-IMCI trained LMs refer cases to the health facilities using referral cards. Promoters follow-up at the health facility (during their meetings with HF staff) to find out if referred patients showed up. If nurse is too busy to see a patient (and sends them home), the Promoter will sometimes go and advocate for the patient to make sure they get in. The mother receives the referral card from either the C-IMCI trained LM or Promoter, takes it to the HF, and the HF staff write on the back of the card. (C-IMCI trained LMs do the majority of the referrals.) The mother then is responsible for bringing the card back to the C-IMCI trained LM or Promoter, and the Promoter reports that data in their monthly report. The C-IMCI trained LMs are trained to do follow-up with the mother, as well. Even if the HF staff does not write on the back of the card, the LM will verify if the mother received medications and ask about the visit. When the C-IMCI LM follows-up, she collects the referral card and turns them in to the Promoter.

Participants said that there are fewer mothers now who go to the C-IMCI LMs than earlier in the project because more mothers know the child danger signs, and they choose bypass the LM and go directly to the HF (since the C-IMCI trained LM does not have medications, does not do CCM, etc).

The CS Program Manager changed the strategy somewhat recently. **FH now trains the Promoters in C-IMCI, and the Promoters then train all of the LMs on the C-IMCI protocols so that all of them have the training.** All LMs have the C-IMCI protocols laminated sheets. Some nurses at HFs (especially ones recently transferred to the area) sometimes refuse to accept referrals from the LMs because the nurses were not trained in IMCI by FH. The Health Officials (FH) do talk to new staff to explain the system to them. However, FH management feels that there's no need to train these nurses since most of them have already been trained in IMCI by the MOH. (The FH training comes with a per diem.) Each district medical officer (chief) knows about what FH is doing, understands the referral card system, etc., and when there's a problem, they talk to the District medical officer.

Participants agreed that the pictures in the MOH IMCI protocols are far too small, making it hard to see what is happening in each picture, and thus not as useful to LMs as they could be. However, they pointed out that the messages are familiar, and LMs have worked with FH's flipcharts which have larger and better images, so it's not as necessary to advocate for improvements in these laminated sheets.

Since not all Promoters meet with HF staff to discuss referrals, it was suggested that this become a standard part of the Promoters job description. Promoters should also get information on how many cases of different diseases the HF staff are seeing so that they can better understand the local epidemiology. **A standard agenda should be created** for this monthly meeting.

To strengthen the relationship with the HF, **FH could help more with logistics** (e.g., vehicle use). Otherwise staff feel that they will continue to sometimes face discrimination by the MOH and be "put aside." **They felt that providing more logistical support to the FH would lead to more receiving more respect from the MOH.**

K. Phase I Review

Promoters in Phase I have been going through a second round of the lesson plans covered in the first half of the project in order to review them. Leader Mothers in Phase I continue to reach new mothers as they are identified (e.g., new pregnancies). We asked participants if there was any problem with doing this review, if it was interesting for Leader Mothers, and any changes that they would recommend for the future. Participants said that revision needs to happen, but they suggest **a shorter lesson plan** be used for the review. **New songs and games** could be used during the review while keeping the same key messages. It would help, also, to **look at the mini-KPC data, do more Barrier Analysis on indicators that have not increased enough, and concentrate more on those lesson plans and messages.** Lesson plans for those key messages associated with indicators that have not increased enough could be modified accordingly (using BA results). Participants felt that meetings with LMs during the review phase continue at the same frequency (every other week rather than monthly). The CS Program Manager, however, felt that once a month would be better and have Promoters implement other activities with the extra time.

ANNEX 1: Focus Group Discussion Guides and Consolidated Responses

Focus Group Discussion Guides for Care Group Operations Research FH/Mozambique

Written August 17, 2009 by Tom Davis, MPH, Director of Health Programs, International Programs Department. Translated by Cecilia Lopes.

Results consolidated by Cecilia Lopes and sent to FH office in March 2010

Results translated by Carolyn Wetzel, March 2010.

Objectives

I. Determine through FGDs with Promoters:

- a. frequency of meetings
- b. teaching aids design, language, and ease of use
- c. educational/literacy level of Leader Mothers
- d. support from community leaders
- e. Use of Barrier Analysis / Doer-NonDoer Analysis findings
- f. Identify motivating factors and disincentives that affect Care Group participation by Leader Mothers and behavior change adoption of beneficiary mothers
- g. Use of Verbal Autopsy results
- h. Assess what changes Promoters believe they have made (e.g., confidence, skills) with participation in the Care Group program.
- i. Assess what changes Promoters believe Leader Mothers have made (e.g., confidence, skills) with participation in the Care Group program.
- j. Assess what changes Promoters believe Leader Mothers have made in terms of their relationships with spouses, other family members, others in the community, and God.
- k. (In interview with best Promoters as identified by Officials: Identify characteristics of a good CG promoters and supervisors.)
- l. Assess retention of Leader Mothers factors associated with high retention.

II. Determine through FGDs by Officials with the Leader Mothers

- a. how groups are formed (elected or appointed Leader Mothers)
- b. frequency of meetings
- c. beneficiary teaching methods (group or individual home visits), length of lesson, use of teaching aids, didactic or participatory
- d. teaching aids design, language, and ease of use
- e. educational/literacy level of Leader Mothers
- f. use of Barrier Analysis / Doer-NonDoer Analysis findings
- g. Identify motivating factors and disincentives that affect Care Group participation by Leader Mothers Identify what Leader Mothers consider to be key factors in adoption of new behaviors (by beneficiary mothers) promoted via CG education.
- h. Assess what changes Leader Mothers believe they have seen in themselves (e.g., confidence, skills) that are associated with participation in the Care Group program.

- i. Assess what changes Leader Mothers believe they have made in terms of their relationships with spouses, other family members, others in the community, and God.
- j. Assess what changes Leader Mothers believe the beneficiary mothers have made (e.g., confidence, skills) that are associated with participation in the Care Group program.
- k. Assess what changes Leader Mothers believe the beneficiary mothers have made in terms of their relationships with spouses, other family members, others in the community, and God.
- l. Characteristics of good CG promoters: What they like best and least, etc., about their Promoter. Opportunities for improvement.
- m. Assess retention of Leader Mothers and factors associated with high retention.

III. Determine through FGDs by Officials with Beneficiary Mothers

- a. how groups are formed (elected or appointed Leader Mothers)
- b. frequency of meetings / contact with LMs
- c. beneficiary teaching methods (group or individual home visits), length of lesson, use of teaching aids, didactic or participatory
- d. Identify motivating factors and disincentives that affect behavior change adoption of beneficiary mothers
- e. Assess what changes Beneficiary Mothers believe they have seen in themselves in terms of confidence and skills that are associated with participation in the Care Group program.
- f. Assess what changes Beneficiary Mothers believe they have made in terms of their relationships with spouses, other family members, others in the community, and God.
- g. Assess in what ways Beneficiary Mothers believe that Leader Mothers have changed as a result of their working with the Beneficiary Mothers in terms of confidence and skills.
- h. Assess in what ways Beneficiary Mothers believe that Leader Mothers have changed as a result of their working with the Beneficiary Mothers in terms of relationship with others and relationship with God.

IV. Determine through FGDs with Community Leaders

- a. training/involvement of community leadership
- b. support from community leaders
- c. Identify motivating factors and disincentives that affect behavior change adoption of beneficiary mothers
- d. Identify motivating factors and disincentives that affect behavior change adoption of beneficiary mothers
- e. Knowledge and use of VA results

V. Determine through FGDs with CG Participants in former DAP II Areas

- a. Follow-up with past Care Group participants (from the DAPII project) who have stopped participating in organization-led activities for at least 12 months. Determine the level of activity that CGs have maintained, the level of behavior change that has been sustained, and factors that have motivated or served as incentives and disincentives for continued participation in CG after the organization's departure.

VI. Determine through FGDs with Health Facility Personnel in areas where CGs were active 2006-2008

- a. Knowledge and use of the Care Group structure and process, and opinions on effectiveness
- b. Knowledge and use of VA results

- c. Changes seen over the past few years in terms of mother's health behaviors, use of health facilities (see data).

VII. Determine with Health Facility Personnel in areas where CGs were not active 2006-2008

- a. Changes seen over the past few years in terms of mother's health behaviors, use of health facilities. [We have provided a brief FGD guide, but it may not be necessary. For this objective, look at health service utilization data. Consider doing a mini-KPC in these communities and examine key indicators + weight-for-age.]

VIII. Determine with in-depth Interviews with Officials:

- a. Identify characteristics of a good CG promoters and supervisors. [No guide was created for this objective. Just meet with Officials and have them brainstorm characteristics of good Care Group Promoters and Supervisors. Have them reflect on which ones served for the most time, and ask them to discuss why they think these Promoters and Supervisors stayed in the project for longer.]

Other objectives & comments:

1. Compare the cost-effectiveness in reducing child mortality of CGs that target pregnant women or mothers with children <2 years of age vs. those that include all households. [This should be done through a comparison using the Bellagio Lives Saved Calculator and calculating cost per life saved in WR, FH, and other programs that use Care Groups. See if Curamericas/ Guatemala would be willing to use the calculator.]
2. Assess retention of Leader Mothers and Promoters and factors associated with high retention. [See if there are records on this, or a way to reconstruct it to get at amount of turnover.]
3. Assess usage of C-IMCI-trained Leader Mothers. [Do record review to determine the usage rate. Consider putting in a question on this in next mini-KPC in Phase I communities. Review QIVC scores for IMCI, as well.]
4. Document CG impact on facility-based service utilization comparing MOH facility data from regions where CG were active and where they were not. [Update graphs that Don developed during the midterm evaluation, or just use those in the report.]
5. Document the estimated lives saved and cost of lives saved due to the MCH interventions of projects using CGs. [Use Bellagio LSCs that we already have for FH and WR with permission. Ask Curamericas and other orgs to submit theirs.]

I. Focus Group Guide for Use with Child Survival Promoters (FH/Mozambique CS Project)

Participants: It would be best to draw all of the Promoters in one district to form a focus group. This should be done in each district.

Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand how FH's Care Group project was carried out and what changes have come about as a result of the project. There are no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.*

Note: For each question, read the question in its entirety and then repeat it so Promoters can think about it. Read all of the questions in each question together as you want promoters to discuss the subject and not each respond to each specific answer. If in their discussion, they do not respond to each question, after the discussion you can repeat part of the question that they did not answer.

1. First of all, we would like to have you talk about **some of the ways in which the Care Groups were organized and worked in the communities that you served.**
 - a. **How often did you meet with each Care Groups?** Was it always every other week, or were there times when you had to meet more or less frequently?
 - **2 lessons a month are given, this includes the day of the lesson and a day to so follow-up through home visits with the mother's who missed the lesson.**
 - b. What did you think of the **educational modules, the lesson plans and flipcharts that were given to you to teach the Leader Mothers?** Were they easy to use? Were the messages written in such a way that they were easy to communicate to the Leader Mothers? If you got to design the materials yourself or tell someone else how to change them, what would you recommend they change in the flipcharts and lesson plans to make them easier to use or more effective in terms of helping mothers to change?
 - **The topics of the modules are appropriate and applicable to the community.**
 - **The flipcharts are very practical and can be easily used by people who also can not read.**
 - **Some Districts (Manga) are of the opinion that lesson plan is neither necessary nor applicable.**

Are they are easy to use?

- **They use them easily.**

Are the messages were written in such a way that is easy to communicate with the Leader Mothers?

- **The messages are clear and easy to communicate to the Mothers.**
- **Mothers who can not read easily understand the messages when you explain the figures of the album.**

If you got to design the materials yourself or tell someone else how to change them, what would you recommend they change in the flipcharts and lesson plans to make them easier to use or more effective in terms of helping mothers to change?

- **Some Districts suggest removing the lesson plan**
- **Laminate the flipchart pages like the C-IMCI counseling cards.**

c. In what ways did you and the Leader Mothers work with community leaders?

What are examples of ways that you worked together that led to positive results? In what ways did community leaders make it easier for mothers to make changes in their practices? Were there any times that community leaders hindered the work that you were doing?

- **Their involvement in some project activities at the community level.**
- **Encouraged mothers to participate in the teaching.**
- **Collaboration in conflict resolution**

What are examples of ways in which they worked together to lead to positive results?

- **When you involve educating mothers this leads to positive results because it ensures the continuity of the project in the community**
- **They helped to clarify aspects of the project to the Mothers**

In what ways did community leaders make it easier for mothers to change their practices?

- **Encouraging mothers to put into practice the teachings received**
- **Encouraged mothers to participate in the teachings**

Was there any times that community leaders hindered the work that you were doing?

- **The Community Leaders did not create obstacles in the work, but they do like to remind us whenever possible that they would like to receive some compensation for the work they do. This attitude can create some agitation.**

2. Let's talk now about the **participation of Leader Mothers in the Care Groups**.

- a. (*Turnover :*) If you took all of the Leader Mothers that you started to work with at the beginning of the project, what proportion of those Leader Mothers are still working as Leader Mothers? What proportion of them left, moved away, or otherwise stopped working as Leader Mothers? What are the reasons why some Leader Mothers stopped participating? Are there certain qualities that a Leader Mother will have that make her more likely to stay in the group? Are there certain qualities that a Leader Mother may have that would make her more likely to drop out of the Care Group?

- **It was difficult to quantify in all districts the proportion of Mother dropouts. However they affirmed that many mothers had moved to other zones and left the project. The turnover of Mothers is frequent and the motives are many, including weak motivation due to lack of incentives.**

What are the reasons why some Leader Mothers stopped participating?

- **Reasons for the withdrawal are moving to other areas (new homes, other farms, other)**
- **Poor motivation as a result of lack of material incentives (they often claim that they are not compensated for the effort they extend).**
- **Too much time spent reviewing topics they already know (said in Phase I districts).**

Are there certain qualities that a Leader Mother will have that make her more likely to stay in the group? There are LM active and responsible. They do the work for the good of the community and not for FH as many think.

- **There are mothers with the ability to communicate and with charisma to awaken the attention of listeners.**

Are there certain qualities that a Leader Mother may have that would make her more likely to drop out of the Care Group?

- **Mothers who show little interest in lessons, are not active, do not contribute in the discussions, they speak little and participate little in the meetings.**

- b. Let's talk about ***why* Leader Mothers participate or not in the Care Groups and in health promotion to beneficiary mothers**. You have talked to a lot of Leader Mothers. What are the different reasons that Leader Mothers participate in the Care Groups and visit their beneficiary mothers?

- **The spirit of volunteerism to work for the good of the community**
- **Willingness to help others and be useful for community**

What are the different things that motivate them and make them want to continue doing health promotion?

(No Response)

What are the things that make them NOT want to participate in the Care Groups or NOT want to visit beneficiary mothers?

- **The main reason is the nature of the project. Since it's a sustainable project that does not give fish but teaches people how to fish.**
- **The communities have become used to doing things in exchange for compensation.**
- **Do not have the spirit of volunteerism.**
- **Existence of other community development projects that give incentives to people working for them**

c. What is the level of education and literacy level of Leader Mothers? What portion of the Leader Mothers can read most of what is on the flipcharts that are in use?

- **Most of them have primary education**
- **Very few have secondary education**
- **Many of them participate in the literacy program sponsored by the Government**

What proportion of mothers Leaders can read most of the flipcharts in use?

- **Very few mothers can read the albums**
- **Even the mothers who have primary education have difficulty reading**

3. Let's talk now about **why some mothers made healthy changes and others did not**. One of the main objectives of this project was to help mothers to adopt healthier practices so that their children are more likely to survive -- changes in terms of how they care for their children, how they seek care for them, how they feed them, etc. Many mothers that the Leader Mothers visited did change what they were doing, but some did not. For those mothers that did NOT change, what are the reasons that -- in your opinion -- they did not change? For those mothers that DID change, why did they change?

- **Mothers are still resistant to change**
- **Mothers are still very connected to culture, tradition and customs**

For those mothers that DID change, why did they change?

- **Mothers have changed because they felt that the change was important, necessary and beneficial**
- **Mothers have changed because they have been made aware of good practices, they didn't adopt the good practices before only because they lacked the information. Mothers have changed because they are concerned about the welfare of their family**

4. Now we want to talk about **other changes that you have seen as a result of this project**:

a. **What changes have you seen in yourself** as a results of participating in this project and working with the Care Groups?

☐ Have you changed in terms of the things that you do or know how to do? What changes?

- **The way of being and acting in the community has changed.**
- **Changed the way they do things because they also learned and adopted healthy practices that they are implementing**
- **There was also a need to change behavior on behalf of the Organization [FH] and in order to be accepted and respected by the community**

☐ Have you changed in terms of how you feel about yourself? What changes?

- **They feel more capable to teach and confident in what they do.**
- **Acquired communication skills**
- **Acquired skills to produce reports, analyze data and interpret data.**
- **Acquired skills to do surveys**

☐ Have you changed in terms of how you interact with your family members, community members or community leaders? What changes?

- **Promoters say they have learned to listen and respect the various opinions**

☐ Have you changed in terms of your religious beliefs or practices, or how you experience God? What changes?

- **They seek to have God always present in what they do**
- **Most Promoters said that already related to God and the work with FH has served to strengthen the relationship**

b. **What sort of changes do you believe the Leader Mothers have made** as a result of their participating in the Care Groups and visiting the mothers and pregnant women in their communities?

- **ML are able to deal with health problems in the community**
- **ML adopted good practices of hygiene, sanitation, and nutrition**
- **ML follow up on the pregnant and newborn infants in the community (in Phase I Districts)**

☐ Have the Leader Mothers changed in terms of the things that they do or know how to do? What changes?

- **Some ML has changed and do things according to the lessons learned**
- **Know what to do and how to face certain situations**

□ Have the Leader Mothers changed in terms of how they feel about themselves? What changes?

- **They feel more empowered and safe in carrying out activities**

□ Have the Leader Mothers changed in terms of how they interact with their family members, their neighbors, or community leaders? What changes?

- **The relationship with the family, neighbors and leaders is good**
- **The community in general trusts and seeks advice from the Mothers.**

□ Are there any changes in their religious beliefs or practices, or how they experience God?

- **There are mothers who have changed their beliefs and practices**
- **There are others that are still linked to false beliefs and practices**
- **Still others relate to God but also believe in healers and prophets, which interferes in the process of decision making and behavior change**

5. There were a few tools that we used in the project to help understand what needed to change to help children survive and how to help mothers to make those changes.

a. What are the things that you learned from the **Barrier Analysis studies** that we did in project communities? In what ways did the information from those studies influence the things that you taught to the Leader Mothers or the ways that the Leader Mothers tried to convince mothers and pregnant women to make changes in their practices? Did you find those studies helpful in helping mothers to make changes? In what way?

- **Promoters say they have learned that within the same community there are mothers who adopt healthy practices in the care of their children and others who do not**
- **They learned that what makes some mothers not adopt practices is the lack of knowledge, taboos, culture and tradition.**

In what ways does information from these studies influenced the things you taught to mother's leaders or how the Mothers leaders tried to convince the mothers and pregnant women to bring about changes in their practices?

- **The lessons learned from these studies influenced the way we dealt with the topics in the CG. We already knew the perceptions of the Mothers in relation to determined questions and this helped.**

They think that these studies were useful in helping mothers to bring about changes? How?

- **Were useful**

- **Non-doer Mothers were encouraged to follow the example of practitioners (doers).**
- b. What are the things that you learned from the **Verbal Autopsies** that you conducted in some project communities? In what ways did the information from those autopsies influence the things that you taught to the Leader Mothers or the ways that the Leader Mothers tried to convince mothers and pregnant women to make changes in their practices? Did you find those autopsies helpful in helping mothers to make changes? In what way?
- **Promoters say they know what the probable cause of death of children in the community is.**
 - **They also learned that despite the teachings of the CG are still mothers who spend their time looking for the prophets and healers when children get sick**
 - **That there is still delay in going to the health post in case of illness because of the financial factor (money for transportation and accommodation) and the distances**

Separate activity:

Interview the best Promoters (e.g., top 1-3 in a district as identified by the Officials), and try to determine what makes them so good at what they do. Talk to them about their work, their motivations, and look for – and ask about – special characteristics they have, charisma, knowledge, teaching skills, motivations, work ethic, background, etc. Do the same for Officials.

II. Focus Group Guide for Use with Leader Mothers (FH/Mozambique CS Project)

Participants: It would be best to draw Leader Mothers from different Care Groups to form each of these focus groups (e.g., 2-3 Leader Mothers from 4-5 Care Groups to form one focus group).

Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand how FH's Care Group project was carried out and what changes have come about as a result of the project. There are no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.*

Note: For each question, read all of the questions listed for each letter (e.g., "a.") completely and then repeat them so mothers can think about them. It is important to read all of the questions in each question together as you want Leader Mothers to discuss the subject and not each respond to each specific question. If in their discussion, no one responds to a particular question, after the discussion you can "probe", repeating part of the question that they did not answer.

1. First of all, we would like to have you talk about **some of the ways in which the Care Groups were organized and worked in your communities.**
 - a. **How were you and the other Leader Mothers in your Care Group chosen?** Were you elected by the mothers that you serve, elected by community leaders, or chosen in some other way?
 - **They were invited by Community Leaders or Promoters to be part of the FH Project**
 - **A census was done, registering all pregnant women and women with children 0-23m, then MB CG's were formed, and each MB CG elected one ML.**
 - b. How many of the mothers in your group are **able to read well?** How many are able to read a little? Was it very hard for mothers who cannot read at all to use the flipcharts?
 - **It was difficult to quantify in all the districts where the study was conducted the number of Mothers who know how to read correctly.**
 - **The answers were too vague, such as "some women know how to read."**
 - c. **How often did your Care Group meet?** Was it always every other week, or were there times when you met less frequently?

- **Care Group meetings happened every 2 times per month. Two lessons per month.**
- d. **How many of the Leader Mothers in your group dropped out of the Care Group during the life of this project?** What do you think the reasons are that they dropped out? What type of Leader Mothers are more likely to stay in the group?
- **Difficult to quantify**
- **Motives of drop-out: relocation to other houses, farms, or other motives.**

2. Let's talk about **Promoters**:

- Please keep in mind that everything you say is confidential and will not be shared with the Promoters. **What was the relationship like between you and your promoter?** What did you like most about the way that the Promoter worked with you and your Care Group? What did you like least? What could have the Promoters done to work more easily with your group? In what ways could they improve?
- **We liked the promoters work. The promoters were attentive, patient, and persistent during the teachings.**
 - **We liked the home visits and follow-up the promoters do with there is a sickness in the beneficiary's family.**

3. **Let's talk now about the teaching methods that you used.**

- What did you think of the **teaching done by the Promoters in your group?** Was it easy to understand? Were the lessons boring or interesting? If you got to design the training yourself or tell someone else how to do it, what would you recommend they change in the lessons the Promoters taught to make them more effective in preparing you for your volunteer work as a Leader Mother?
- **Teachings are easy to understand.**
 - **The use of visual images and questions to verify understanding keep the meetings dynamic.**
 - **Classes are not tiring due to the use of a participatory methodology (everyone talks), which includes discussions.**
- What about the **flipcharts** that were given to you to use with mothers? Were they easy to use and understand? Were there particular ones that were difficult to use? If you got to design the flipcharts yourself or tell someone else how to do it, what would you recommend they change in the flipcharts?

Flipcharts are well understood. The figures are clear and allow easy comprehension even for those mothers who can not read.

- When you met with Leader Mothers, **did you usually meet with them in groups, or through individual home visits?** (Try to find out what percentage of their contacts with beneficiary mothers were in each type of setting – group or individual.)

- **ML teach their beneficiaries in groups.**
 - **For those mothers who were absent in the group meeting, education is given to household.**
- d. We know that you are busy and have other activities to do in addition to the teaching you do with beneficiary mothers. **What was the average amount of time that you spent teaching leader mothers during each contact with them in their homes? What was the average amount of time that you spent teaching leader mothers when you met with them in a group?** (NOTE: This is not the Care Group meeting when the Leader Mothers meet together.)
- **A meeting at the home of MB takes on average 45 minutes to 1 hour of time**
 - **The meetings of the MB group has lasted approximately 1:30 minutes due to the process of questions, answer, debate, planning the next teaching**
- e. There are different ways to convince someone to change their practices or adopt new practices. **What sort of methods did you use to convince the beneficiary mothers to change their practices or to adopt new healthy practices?** Did you just tell them the messages on the flipchart? Or did you discuss the practices with them? Did you demonstrate what you were teaching? What are the different ways in which you tried to convince mothers to adopt new healthy practices (like exclusive breastfeeding)?
- 📖 **Teachings of topics related to good practices**
- **Debates on lesson topics**
 - **Telling stories of success to related topics**
 - **Involvement of LM in the dissemination of messaging and adoption of practices**
- f. During this project, we compared mothers who were doing a particular practice with those who were not in something we called **Barrier Analysis studies**. Tell me what you know about that. Did you learn about the results of those studies? How did you use the results in your work as volunteers?

In all districts the BA study is known to identify the reasons that prevent some mothers in the community to adopt some practices that are beneficial to them and their families

- **They learned that in the same community there are mothers who adopt good practices for child care and others who do not.**
 - **They learned that some mothers in the community have been able to maintain a healthy family and that others can do so as well.**
 - **They learned that the lack of information, the customs and culture prevent mothers from adopting good practices**
 - **The results of BA studies are used as examples in the GC to help in changing attitudes and behaviors.**
- g. **What were the main messages that you promoted to get mothers to exclusively breastfeed?**

- Key messages promoted spoke of the benefits of giving only breast milk until the child was six months old.
- Breast milk is best for the baby
- Breast milk has everything the baby needs to protect against disease.

How did you convince them to do that?

- Teaching topics related to exclusive breastfeeding by using the album series
- Creating the CG debates on the subject
- Using the testimony of mothers within the GC that had already adopted this practice
- Using examples where possible comparing mothers practitioners and non-practicing.

h. Most Leader Mothers attended the Care Group meetings, but some Leader Mothers attended more than others. **What do you think are the reasons why some Leader Mothers hardly ever missed a meeting and others missed meetings more often?**

- Work on farms to feed the family
- Mothers prioritized paid work on their farm
- Low motivation of some mothers due to lack of incentives from the project when compared with other community development projects.
- Resistance to change in mentality regarding the issue of sustainability of the project. There are also mothers who are motivated to do things according to material compensations (soap, soy, Cash transfers, etc.) and are used to receiving these projects compensations.

i. Most beneficiary mothers learned some things from Leader Mothers, but some beneficiary mothers put more of what they learned into practice than others. **What do you think are the reasons why some mothers adopted more of the healthy practices than other mothers?** For mothers who did not adopt many of the practices, why do you think they did not? Was it due to their way of thinking, pressure from families members not to adopt the healthy practices, not thinking it would be good for their child, or other reasons?

- Social, economic and cultural level of Mothers
- There are families within the community that has access to information from the radio / TV, those families have a different way of perceiving things and are less resistant to change
- There are also wives of nurses and teachers, who are open to dialogue and therefore are within the family an incentive to change
- There are mothers who have had the opportunity of attending school (basic education) or have worked as activists in other organizations so you are more open-minded.
- Still very bonded to culture and traditions, taboos and religious beliefs.
- They do not find within their household that there is an incentive to change.

4. **Let's talk now about the involvement of other community leaders and continuation of your work:**

- a. **In what ways did you work with community leaders during this project?** What are examples of ways that you worked together that led to positive results? In what ways did community leaders make it easier for mothers to make changes in their practices? Were there any times that community leaders hindered the work that you were doing?
- **Involvement in the identification of young people in the community to work with FH**
 - **Involvement in the mobilization of mothers to be part of the project**
 - **Involvement in spreading information on objectives and importance of the project**
 - **Collaborate in the process of conflict resolution to the level of benefits from the project**
 - **Involvement in awareness of Mothers to participate in teaching**
 - **Involved in the mobilization of mothers to seek health care in the health post.**

What are the examples of the ways they work together, leading to positive results?

- **When there are vaccination campaigns the promoters and community leaders mobilize mothers to join the campaign and clarify the benefits. They are present at the campaign and collaborate in the organizing the mother's participation.**
- **When there are visits from project personnel the CL assure the information arrives to the community and participate in organizing the reception of visitors.**
- **In the case of low participation in the teachings or beneficiary discontentment then the CL has an important role to overcome the situation.**

In what ways community leaders make it easier for mothers to bring about changes in their practices?

- **Encouraging mothers to put into practice the lessons learned**

Are times when community leaders pose obstacles to the work they are doing?

- **The LC does not create obstacles or interfere with the work.**

- b. **As you know, this project will end in October 2010. There is no more money after that time to pay Promoters to visit communities.** In other places where Care Groups have been used in Mozambique, the mothers decided to continue to visit mothers of young children so that they could continue to help mothers to have children that survive and grow healthy. When Leader Mothers dropped out, the community selected new Leader Mothers to replace them and trained them. Do you believe the Leader Mothers in your group will continue to visit mothers after FH pulls out? Are there things that the Ministry of Health could do to make that easier for Leader Mothers? If some Leader Mothers drop out, do you think that the other Leader Mothers would be willing to train new Leader Mothers?

- **The visits will continue, the knowledge will continue to be shared with neighbors and friends within the community**

Are there things that the Ministry of Health could do to make that easier for Leader Mothers?

- **No answer given in all districts.**

If some Leader Mothers drop out, do you think that the other Leader Mothers would be willing to train new Leader Mothers?

- **The ML can transmit the knowledge acquired to the other Mothers of the community to do the same job with their nearest neighbors.**

5. To close, let's talk about some of the changes that you have experienced by participating in the Care Groups and this project.

- a. We have heard that some Leader Mothers believe that they have **seen changes in themselves during this project in terms of what they do, how they think, how they see themselves, their skills, or in some other way**. What are the ways in which you have changed as a result of participating in this project? What new skills do you have now? What do you do differently? How do you see yourself or feel about yourself differently?

- **Participation in the project has changed the habits and in some cases the customs in the districts**
- **Adopted good practices of hygiene and sanitation including the use of latrine, trash removal, use of tippy-tap, and washing hands.**
- **Healthy nutrition practices and exclusive breastfeeding were adopted.**

What new skills you have acquired?

- **Ability to give using flipcharts**
- **Ability to give report to promoter.**
- **Ability to identify signs of distress in children and pregnant women and provide appropriate counseling**
- **Ability to practice good hygiene and sanitation and eat healthy food.**
- **Ability to deal with cases of diarrhea in children (how to give ORS, give more fluids, and cool the body)**
- **Ability to properly breastfeed the child (the correct position, emptying both breasts)**
- **Ability to identify when a child is underweight and decide what to do**

What do you do differently?

- **For some changed the way they make decisions in case of illness. They now seek first help at the health post and then the prophet or traditional healer.**
- **For others the way to take care of children when they are sick has changed.**
- **For others personal and home hygiene (the trash is buried, using the latrine and practicing hand washing)**

How do you feel about yourselves and the way they do things?

- **They feel safe and confident to care for children**
- **They feel proud of the fact that the community recognizes their work, trust them and seeks advice from them.**

b. We have also heard that some Leader Mothers feel that their relationships with others or with God has changed as a result of participation in this program. In what ways do you think your relationship your husband or other family members, community leaders, the beneficiary mothers or other neighbors has changed as a result of your participation in this project? If your relationship with God has changed as a result of your participation in this project, in what way has it changed?

- **The relationship is good, the entire community relies on our knowledge, respect us and look to us with confidence**
- **The relationship in the family is good and even some husbands are proud of the work of wives. They are happy when the beneficiaries come to them with their concerns.**

If your relationship with God has changed as a result of your participation in the project, how has it changed?

- **Many of them had a relationship with God prior to the project but the relationship was strengthened through the project and learned to be grateful.**
- **We give thanks before teaching.**
- **We give thanks after teaching.**
- **They thanked the end of education.**
- **Praised God with songs and teachings.**

III. Focus Group Guide for Use with Beneficiary Mothers (FH/Mozambique CS Project)

Participants: It would be best to draw beneficiary mothers from different Care Groups to form each of these focus groups (e.g., 2-3 mothers reached through 4-5 different Care Groups to form one focus group).

Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand how FH's Care Group project was carried out and what changes have come about as a result of the project. There are no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.*

Note: For each question, read all of the questions listed for each letter (e.g., "a.") completely and then repeat them so mothers can think about them. It is important to read all of the questions in each question together as you want mothers to discuss the subject and not each respond to each specific question. If in their discussion, no one responds to a particular question, after the discussion you can "probe", repeating part of the question that they did not answer.

1. First of all, we would like to have you talk about the Leader Mothers that worked with you and how they worked with you.

a. **Tell us about your visits with the Leader Mothers. When the Leader Mother saw you to teach, did they usually meet with you in a group of other mothers, or come to your home to teach you?** Did they usually come every two weeks, every month, or less often?

- **Mothers who were neighbors had meetings together**
- **Mothers who lived far away received individual teaching in their homes**

b. **How often to Leader Mothers just meet with you, and how often did they meet with you and other members in your family** (e.g., your mother, husband, mother-in-law)? Who else usually listened to the lessons?

- **The meetings took place 2 times per Month**
- **Only MB participated in the teaching meetings**
- **The rest of the family was not involved**

c. **How long did the Leader Mother usually meet with you when they visited you in your home? If the Leader Mother met with you in a group, how long were those meetings usually?**

- **The group meetings typically lasted 1 hour / 1 hour and 30 minutes**
- **Visits to the homes of MB for education lasted about 1 hour**

2. Let's talk now about the ways the Leader Mothers taught you and help you to change what you do with your child:

a. **What sort of methods** did the Leader Mothers use when they either met with you in a group or came to your house to teach you about health? How did they teach you? What materials did they use when they met with you? Describe what they would do when they came to visit you.

Group Meeting:

- **The MBs sat in a circle**
 - **The lesson was given by using the flipchart**
 - **The Mother hosting the meeting would give time to talk about families and farms**
 - **A revision of the previous lesson was made.**
 - **Questions related to the day's topic and the pictures in the album were made before starting to explain the lesson.**
 - **Practical demonstrations were done when the lesson required them (example: Preparing Oral Rehydration Solution using packets.)**
 - **There was time for debate**
 - **There was time for the summary of the lesson done by 1 MB**
 - **There was time to plan the next meeting.**
 - **There was time for prayer**

Private meeting at home Mother:

- **MC sat with MB for teaching**
 - **Time for introductory conversation about family and farms.**
 - **The lesson was given by using the flipchart.**
 - **Review of the previous lesson.**
 - **Questions related to the day's topic and the pictures in the album were made before starting to explain the lesson.**

- **Practical demonstrations were done when the lesson required them**
 - **Emphasized key messages**
 - **There was time to plan the next meeting**
 - **There was time for prayer**
- b. Did the Leader Mothers just tell you what was on the flipcharts, or did they do other things when they met with you like demonstrations, asking you questions, or using songs or stories?
- **Demonstrations were done, examples from real life were shared, stories, life experiences and questions.**
- c. **Did some of you start using new health practices or change what you were doing based on what the Leader Mother was teaching?** What things did the Leader Mother do that made it easier for you to change your practices or adopt new health practices? Were there things that they did that persuaded you to try something that was hard?
- **The MC had a latrine at home**
 - **They [ML] had their houses clean**
 - **Some ML had children that they took for weighing and vaccination**
 - **ML had healthy practices, their example served to motivate the beneficiaries.**
 - **ML praised "Star mothers" from the group and this motivated the others to also want to be "Star mothers." (*Star mothers was the term the CS program decided to use for "Model Family Mothers" or Mothers who had adopted key hygiene and nutrition behaviors.*)**

Were there some things that the Leader Mother promoted that you were not able to do? What were the reasons why you could not do what the Leader Mothers promoted?

- **The ML promoted many good practices of hygiene, sanitation and food**
- **Some mothers had difficulty adopting the nutritional practices recommended when they were pregnant or giving colostrum to babies because their family (principally the in-laws) did not agree with these practices.**
- **The main reason that causes the mothers to not adopt some practices is the resistance and lack of support from their family.**

3. To close, let's talk about **some of the changes that you have seen during this project.**
- a. We have heard that some mothers believe that they have seen changes in themselves during this project in terms of what they do, how they think, how they see themselves, their skills, or in some other way. **What are the ways in which you have changed as a result of being visited by the Leader Mothers and participating in this project? What new skills do you have now?** What do you do differently? How do you see yourself or feel about yourself differently?
- **There was a change in the way of taking care of children, home and family.**

- **Have greater ability to deal with child illness, has the ability to recognize danger signs and act immediately.**
- **Have the ability to make enriched (nutritious) porridges.**

What do you do differently?

- **How we deal with our own and children's illnesses.**
- **Care during pregnancy**
- **How we feed the children and cleaning houses**

How do you see yourself or feel about yourself differently?

- **They feel more secure and capable to care for children**

b. We have also heard that some mothers feel that their relationships with others or with God has changed as a result of participation in this program. In what ways do you think your relationship your husband or other family members, community leaders, Leader Mothers, other mothers, neighbors has changed as a result of your participation in this project? If your relationship with God has changed as a result of your participation in this project, in what way has it changed?

- **By participating in this project, they have had more contact with the CL. The relationship with the family and other members of the community is good. They say that people in communities generally relate well and are united and it remains so.**

If your relationship with God has changed as a result of your participation in this project, how it changed?

- **They feel that the relationship with God was strengthened. They learned to put in the hands of God all they do**

c. In what ways do you think the Leader Mother who worked with you changed during this project? Did they talk to you differently now than they did when they first started coming to visit you? Do you think that the Leader Mother's relationship with God has changed during this project? Do they seem more or less confident? Do they seem more or less skilled at what they do?

- **The LM are respectful and so is their manner of speech. Respect is fundamental in the communities and the ML, being from the community, always knew how to speak well with the beneficiaries.**

Do you think that the Leader Mother's relationship with God has changed during this project?

- **They think that the relationship of ML with God is now more energized**
- **The ML pray in the teachings, and in visits with the families**

Do they seem more or less confident? Do they seem more or less skilled at what they do?

- **They seem more confident and empowered to do their job because they are always trained by the Promoters.**
- d. The project will end in October 2010 and the Promoters may not visit the Leader Mothers after that time since there will not be any money. Do you think your relationship with the Leader Mother will change when the project ends? Do you think that they will continue to visit you?
- **Acham que o relacionamento vai continuar a ser bom. They think the relationship will continue to be good. There is friendship between the ML and MB. They share the joys (birth of a child, well-being of the family ...) and the grief (death, illness other problems ...) with one another. Even if the project ends this friendship will remain.**

Do you think that they will continue to visit you?

- **They think that the visits will continue not for teaching purposes but for social reasons. To know how their family and fields are doing and to talk.**

IV. Focus Group Guide for Use with Community Leaders (FH/Mozambique CS Project)

Participants: It would be best to draw community leaders from different communities to form each of focus groups (e.g., 2-3 leaders reached through 4-5 different communities to form one focus group).

Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand how FH's Care Group project was carried out and what changes have come about as a result of the project. There are no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.*

Note: For each question, read all of the questions listed for each letter (e.g., "a.") completely and then repeat them so leaders can think about them. It is important to read all of the questions in each question together as you want leaders to discuss the subject and not each respond to each specific question. If in their discussion, no one responds to a particular question, after the discussion you can "probe", repeating part of the question that they did not answer.

1. Let's talk first about your training and involvement in this project.
 - a. **In what ways were you trained to be part of FH's Care Group project?** What sort of things did you learn from the Promoters and other FH staff about this project and how you could be involved?
 - a. **There were no training to be part of the project**
 - b. **There was an invitation from FH to work in the community.**
 - c. **It was explained what would be the role of Community Leader in the project context.**
 - d. **We were explained the objectives of the project**

Que tipo de coisas estão aprendendo dos Promotores e do outro pessoal da FH acerca deste projecto e como é que vocês estão sendo envolvidos? What kind of things they are learning from prosecutors and other staff of the FH about this project and how are you guys being involved?

- **We learned from the project that it is time to learn to do things ourselves and not only expect help from others. For this reason FH works in a different way [from other NGOs] in the community by teaching skills such as taking care of children.**

- We have been involved in the mobilization of the Mothers to teach and attend the teachings.
- Resolving problems with the project beneficiaries.
- In the vaccination campaigns
- Selecting youth from the community to work with the project.

b. **In what ways were you involved in making changes in your community as part of this Care Group project?** What specific things did you do to help mothers to have healthier children?

- Encouraging mothers to participate in teaching
- Encouraging mothers to practice the teachings
- Encouraging mothers to change their behavior

2. Let's talk now about the effects of this project.

a. Given all of the different projects and work over the years in your community, **how important do you think this project is in terms of reducing child deaths in your community and helping children to be healthier?**

- They think the project is very important for the health of the mother and child
 - a. The Health Posts are very far from the communities and the project has activities that meet the needs of the community.
 - b. If any mother has the child with diarrhea she learned through the project what to do until she can reach the health post.
 - c. For the cases of malnutrition the mothers know how to identify them and what to do to prevent the child from dying.
 - d. Mothers know that the health of children depends on her behavior in hygiene, cleanliness, health feeding and growth monitoring (taking the child for consultation).

b. **Do you think this project was effective or ineffective? Why?**

- The project is effective because it has the same concern as the Government that is the health of mother and child and to bring health care to the communities. The project gives response to the needs of the community because the community needs to know how to care for children and not let them die.
- The project is effective because it reaches many families. FH teaches ML and then ML teach MB, this enables them to reach a great number of mothers in the community.
- Another efficiency of the project is the type of material used for teaching (the flipchart with pictures) that enables the Mothers of the community to teach in the local language, even though most of them cannot read.

- c. **What are the things that the Leader Mothers did that you think helped mothers the most** in terms of changing their health practices and the way that they cared for their children?
- **After giving the teaching the ML passes to visit the houses of the beneficiaries to verify that they are practicing the teaching.**
 - **The ML also praised the Beneficiaries when they made changes in behavior and this motivated others to change.**
 - **The ML has served them by putting into practice the lessons as a way of motivating change.**
- d. **What are the things that hindered mothers the most in making changes that would help their children be healthier and survive?** What sort of barriers did mothers face in terms of doing the things that the Leader Mother suggested?
- **Some do not change because they did not have the support of their family. The family has its culture, religion and customs and it is very difficult to accept some changes that they learned in our teachings.**
- e. During this project, we compared mothers who were doing a particular practice with those who were not in something we called **Barrier Analysis studies**. Tell me what you know about that. Did you learn about the results of those studies? How did you use the results in your work as community leaders?
- **Community leaders know little about Analysis of Barriers**
- f. During this project and in some communities, we talked to the mothers of children who had died and interviewed them to learn more about the causes of those deaths (**Verbal Autopsies**). Were those verbal autopsies done in your community? If so, are there any things that you learned from those interviews? In what ways did the information from those autopsies influence the things that you did in your community? Did you find those autopsies helpful in helping mothers to make changes? In what ways?
- **They know that the promoters have visited the families when a child dies to present their condolences and learn more about why the child died.**
 - **They do not know what the results of these conversations (interviews) were.**
- In what ways the information these autopsies influence what they were doing in your community? (No Response)**
- Do they think that these autopsies are useful to help the mothers to bring about changes? In what ways?**
- **They believe that the Promoters, after talking with the families, give some advice to avoid other similar situations**

3. Let's talk now about the sort of changes that you think occurred as a result of this project:

- a. We have heard that some leaders believe that they have seen changes in themselves during this project in terms of what they do, how they think, how they see themselves, their skills, or in some other way. **What are the ways in which you have changed as a result of being having this project in your community?** Are there any new skills you have now? Which skills? Are there things that you do differently? How do you see yourself or feel about yourself differently? Do you think about children differently in any way? If so, in what ways?

They as CL have also learned much.

- **They did not participate in teaching sessions but they had all the information about the activities of the project. After each training FH gave the promoters or the ML they came to the CL to explain the subjects they had learned and what the next step was. They presented the material they received in the training and in this way the CL also learned something.**
 - **When they were involved in the campaigns of vaccination and deworming they learned the importance of this for children because these campaigns had lectures on the subject.**
 - **Some had the opportunity to participate in meetings called by the project and they say they have learned much about the project and how to take care of a child.**
- b. We have also heard that some leaders feel that their relationships with people in their community or with God has changed as a result of participation in this program. **In what ways do you think your relationship with the Leader Mothers or other people in the community has changed as a result of your participation in this project?** If your relationship with God has changed as a result of your participation in this project, in what way has it changed?
- **The relationship with the ML and the community is good and FH being a Christian organization we learned to always put God present in everything we do.**
- c. **In what ways do you think the Leader Mother who worked in your community changed during this project?** Did they talk to you differently now than they did when they first began participating in the Care Groups? Do you think that the Leader Mother's relationship with God has changed during this project? Do they seem more or less confident? Do they seem more or less skilled at what they do?
- **Now they know how to give teachings using the flipchart.**
 - **Now they know how to give advice about maternal and child health.**
 - **They are more sensitive to problems in the community**
 - **\They have confidence in what they say and do because they have been trained by the promoters**
 - **They are respectful to the community and the community also respects them.**

- d. The project will end in October 2010 and the Promoters may not visit the Leader Mothers after that time since there will not be any money. **Do you think that the Care Groups in your communities will continue to meet? Will the Leader Mothers continue to visit mothers with young children and pregnant women? In what ways do you plan to encourage them in that?**

- They think that the meetings will not continue without direction from the Promoter.
- Mothers may still visit one another because they are friends with each other.
- Also the promoter will find it difficult to continue the teachings because of lack of resources
- Even now that the project is still being implemented there are some Mothers who are unhappy and hard to convince because of the lack of incentives. Mothers do not understand that the project is for their own good and complain.

Will the Leader Mothers continue to visit mothers with young children and pregnant women?

- It is possible that the ML will continue to visit them because they are also their neighbors and with the participation in the project they have made friends. In case of necessity we believe they will do it.

In what ways do you plan to encourage them in that?

- They say they can try to remember the benefit of the activity to them, for their family, and for their own community.
- They say they could encourage them to train other groups of mothers who did not participate in the project and still do not have the teachings, so as to transmit to them as well.
- But say it will be difficult to achieve because they [the ML] will always require something to acknowledge the work they do.

V. Focus Group Guide for Use with Care Group Leader Mothers in former DAP II Areas

Participants: Draw participants for these focus groups from areas where the DAP II was formerly active but where FH has not worked for the past 12 months. It would be best to draw former Leader Mothers from these areas, inviting them from different communities to form each of focus groups (e.g., 2-3 Leader mothers from each of 4-5 different communities to form one focus group).

Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand if Leader Mothers and Care Groups are still active in the communities where FH set up Care Groups from _____ to _____. That project ended in _____, but we would like to know what sort of activities have continued as a result of that project and if you are still seeing any results of that project.*

There are no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.

Note: For each question, read all of the questions listed for each letter (e.g., "a.") completely and then repeat them so leaders can think about them. It is important to read all of the questions in each question together as you want leaders to discuss the subject and not each respond to each specific question. If in their discussion, no one responds to a particular question, after the discussion you can "probe", repeating part of the question that they did not answer.

1. Let's start by assuring that you are the people that we need to talk with:
 - a. **Did you participate in the Care Groups that were formed in this area when FH was working in your community?** If so, how did you participate? Does FH still have Promoters working in your area? (Assure that all participants participated as Leader Mothers during the previous DAP.)
 - **Yes we participated.**
 - **They participated in learning activities**
 - **They made home visits**
 - **FH no longer has promoters working in their communities.**
2. Let's talk about what activities you are still doing since the end of the project.

- a. **When FH first started setting up the Care Groups in your area, what sort of activities did you do?** How often did you visit mothers to teach them? How often did you meet with other Leader Mothers in the Care Group?
- The first activity was to education (hygiene, sanitation and nutrition). Promoters educated the ML and ML their beneficiaries.**
 - Education was accompanied by visits to homes of beneficiaries to verify if the teachings were practiced**
 - Weighing of children to identify children with low weight and then direct them to participate in the Hearth (enriched porridge) sessions.**
 - Activity of Savings and rotating credit.**

How often did you meet with other Leader Mothers in the Care Group?

- The teachings of the CG ¹ happened 2 times each month**
- Mothers visited were those who missed the group teaching for some reason. They were visited in the days following the teaching.**

- b. **Now that FH is not working with the Care Groups in this area, what sort of activities do you do now with each other and with mothers now?** Do you ever visit mothers to teach them? If so, how often? Do you ever meet with other Leader Mothers in the Care Group now? If so, how often? If you do still see mothers and teach them, do you usually do that in groups or through individual home visits?

- Now there are not visits for teaching.**

Do you ever have meetings with other leaders in Groups Mothers Care?

- They never had meetings with the ML after the withdrawal of FH**

If you continue to visit mothers and teach them, you usually do it in groups or through individual home visits?

- There are no group meetings**
- Mothers visit each other in case of illness or death**
- They continue to advise the community related to hygiene, sanitation, washing hands and seeking care in the health post.**
- Some still participate in rotating savings and credit groups among themselves.**

- c. **Do you think that the mothers have continued to practice some of the things that you promoted during the FH project?** What sort of things are they still doing? What are the things that they are no longer doing?

- Yes many mothers still practice what they learned.**
- They use a latrine, bury trash in a pit, and they have a place to wash hands and a dish drying rack.**

- Mothers also know how to prepare a healthy meal with the products of the farms but it is difficult that they are able to do this. Because of drought or flood or the farms barely produce or produce only a single product and not variety.

What are the things that they no longer practice?

- Some do not practice exclusive breastfeeding and breastfeeding when they are pregnant because they continue to believe that this is not good.
 - They do not go the Health Post in case of illness because they believe in the prophets and witchdoctors.
- d. **If you are still meeting with mothers to teach them, what are the reasons that do you do that?** What do you like about it? If you are not meeting with mothers to teach, what are the reasons that you no longer do that?
- We have not had meetings for teaching.
 - We lack direction/orientation from the promoter.
 - Lack material (The flipcharts no longer exists because of rain or because they are dirty or damaged.)
 - Lack incentives
 - We have to go to our farms, we have domestic duties.
- e. **If you are still meeting with other Leader Mothers in the Care Group, what are the reasons that you do that?** What do you like about it? If you are not meeting with other Leader Mothers in the Care Group, what are the reasons that you no longer do that?

No response.

VI. Focus Group Guide for Use with Health Facility Personnel in Areas where Care Groups were Active 2006-2008 (NOT DONE)

Participants: Draw participants for these focus groups from Health Facility Personnel in areas where FH Care Groups were active between 2006 and 2008 and where FH has not worked for the past 12 months. Choose health facility staff who has been serving the same health facility since 2006. Invite personnel who serve different health facilities to form each of focus groups (e.g., 1-2 health facility staff from each of 6-8 different health facilities to form one focus group).

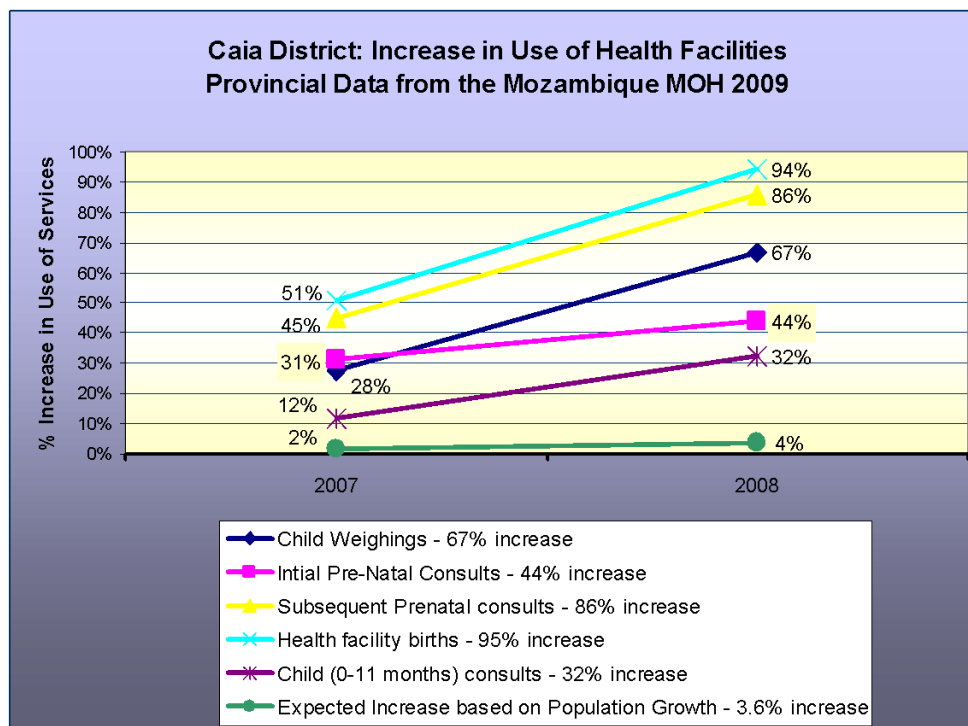
Introduction: *The purpose of these discussions is for Food for the Hungry, the Ministry of Health of Mozambique and other partners to better understand your knowledge and use of the Care Groups set up in each community and changes seen in mother's health practices and health service utilization over the past few years.*

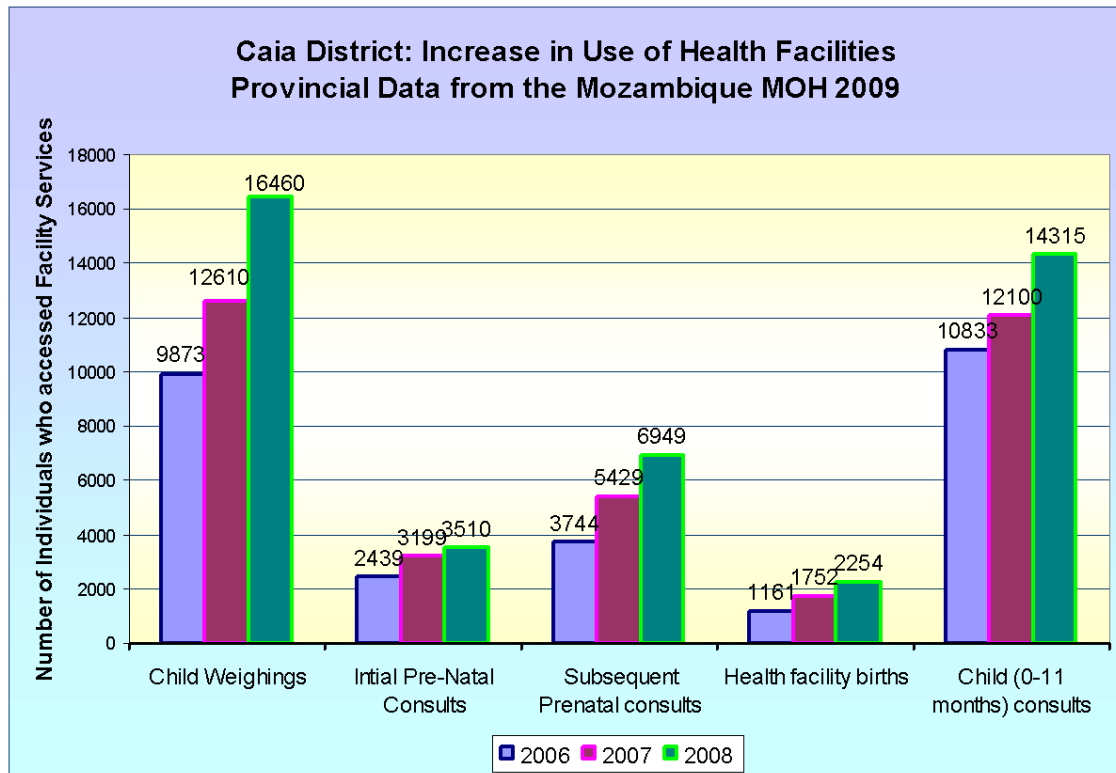
There is no right or wrong answers to the questions that we will discuss. You should feel free to agree or disagree with others in the group as everyone is entitled to their opinion. Rather than trying to reach a consensus of the group, we want to hear the different ideas that each of you have concerning the questions we have, and we hope that you will all feel comfortable sharing what you think. After we ask each question, we will repeat it to assure you know what we are asking. After that, anyone can respond, agree, disagree, add their comments, etc. We do not want to go around the circle and have each person respond. Instead, we want the group to discuss the question.

Note: For most questions, read all of the questions listed for each letter (e.g., "a.") completely and then repeat them so that each person can think about them. It is important to read all of the questions in each question together as you want leaders to discuss the subject and not each respond to each specific question. If in their discussion, no one responds to a particular question, after the discussion you can "probe", repeating part of the question that they did not answer.

1. Let's start by assuring that you are the people that we need to talk with:
 - a. When did you start working in the health facility in which you are currently serving? Were you serving in that health facility when FH was working in nearby project communities? Are you still serving in that same health facility?
 - b. Please tell me everything that you know about the Care Groups that were set up in the communities near your health facility. How were they set up? Who attends them? Who goes to the Care Group to train people? What is the purpose of the Care Groups?
 - c. [Describe the Care Groups to them to correct any misconceptions before asking this question.] **To what degree do you feel the work of the Promoters and Leader Mothers in these communities (where there are or were Care Groups) has been effective in helping reduce child deaths and increasing health service utilization in health facilities?** What changes do you think they bring about? What things have improved with the use of these Care Groups, in your opinion?

- d. During this project, we compared mothers who were doing a particular practice with those who were not in something we called **Barrier Analysis studies**. Tell me what you know about that. Did you learn about the results of those studies? Did you use the results of those studies in your work at the health facility? If so, how? In what ways did the information from those studies influence the things that you did at the health facility or in outreach activities?
- e. During this project and in some communities, we talked to the mothers of children who had died and interviewed them to learn more about the causes of those deaths (**Verbal Autopsies**). Were those verbal autopsies done in any communities near your health facility? If so, are there any things that you learned from those interviews? In what ways did the information from those autopsies influence the things that you did at the health facility or in outreach activities?





ANNEX 2: Eight Success Stories from the Child Survival Program

Collected May 12th, 2010

Provided by Food for the Hungry CS Promoters and Officials

1. Dondo Success Story, How treating Intestinal Worms changed a Family

Shared by Clara Mafarinha

When Leonora's two children eliminated many intestinal worms her husband asked her to forgive him because he had been sleeping around and he knew if he continued his promiscuous behavior his children would get so many worms, it would eventually kill them. He promised to be faithful to Leonora from then on. This happened because in the community people believe that if a child is sick it is because his parents have extramarital partners and if the mother cooks for the children or if the father touches the children their unfaithfulness causes illness or in the case of Leonora's children, round worms.

Before this happened, Leonora was a beneficiary mother in the Leader Mother Joaquina's care group. She didn't give much importance to the meetings Joaquina led that taught mothers about health and nutrition behaviors that would supposedly prevent children's deaths and malnutrition. Leonora only came when she felt like it. So when deworming was scheduled to occur for all the pregnant women and children under five in Joaquina's group of mothers, Joaquina had to make a special trip to Leonora's house to invite her to the event. Leonora didn't come, so the following day the Food for the Hungry promoter, Clara, went to Leonora's house and gave Leonora, who was pregnant, and her two children the deworming medicine, Albendazole. She also counseled Leonora to go to the hospital for a prenatal consult. Within two days



Leonora's children had passed huge amounts of worms, something that had never happened to them before. It was then that Leonora's husband confessed and repented of the behavior he believed had led to his children's poor state of health. Leonora went to the Promoter to thank her for helping her children and her marriage. A few months later she

gave birth to her third child and began to regularly attend the Leader Mother meetings, often being the first to arrive. Eventually Leonora learned that worms are prevented by

practicing good hygiene and sanitation, she even shared this information with her husband.

2. Nhamatanda Success Story

Shared by Fernando Seda

In the Food for the Hungry Child Survival Program all the mother's involved in the program in the Mucombeze community of Nhamatanda reviewed the flipchart that taught about environmental hygiene and that latrines are good because they help avoid illness like diarrhea. Everyone became convinced that latrines were needed and it was decided that the Leader Mothers should be the first to build latrines so their beneficiary mothers would not be



doubtful of the importance of having a latrine. The picture above is what the community used as a latrine before the project. Sixty-five Leader Mothers built latrines and some Beneficiary Mothers. A month later I asked the mothers if they had built the latrines. Some said yes and others said that they could not make latrines because their husbands did not have time to cut the posts and bring the thatch because they were drinking. The women who could not convince their husbands to help, asked if I would go and talk to their husbands. I talked to the community leaders and explained the situation. The leaders decided to hold a community wide meeting and in that meeting they passed a law requiring every family to build a latrine. The leader gave the families 60 days to make latrines, but some people were still reluctant to build latrines.

Around that time, UNICEF announced that they had a prize to give to the first community that eliminated open air defecation. This encouraged the community leaders to try to enforce the latrine law. They announced that the community police would visit all the homes in the community. The police would not beat the people who refused to build latrines but they would be allowed to remain at that house eating breakfast,



lunch, and a dinner that included chicken until the family finished their latrine.

So everyone who hadn't made their latrine did so.

The people from UNICEF came to the community. They didn't talk to the community leaders but started visiting households. At each house they would ask the children, "Where do you go the bathroom?" At every house the children said they used a latrine and showed the people from UNICEF their latrine. All the latrines in the village had roofs and lids to cover the hole, some were made with cement and others with wood and palm fronds. UNICEF declared the community of Mucombeze the winner of their competition and placed a sign at the village entrance that says the community is free of open air defecation. The prize for this achievement was a school and the rehabilitation of the road that led to the community.

3. Caia District, Chipuazo Community

By Maria dos Santos



In the month of August in 2007, a Leader Mother was making her regular visits to the Beneficiary Mothers in her group. She visited a mother named, Gueta Fole and her son Joao Timotio, even though they were not part of the Care Group. Joao was 17 months old and Gueta's 5th child. Joao's had diarrhea, his eyes were sunken in and his skin wrinkled. The Leader Mother recognized the danger signs of dehydration and encouraged Gueta to take her son to the health post. Already Gueta had lost 2 of her children, one had died from diarrhea and other from an unknown cause so Gueta knew how serious diarrhea could be. But despite the encouragement and counsel of the Leader Mother she would not take Joao to the health post because she was part of a local sect called the Twelve Apostles that does not believe in modern medicine and

forbids its member to use health services. Complicating the situation even further, Gueta's husband was an influential leader in the Twelve Apostle church. The Leader Mother talked to the Promoter, Maria dos Santos, about Joao's case and together they went back to Gueta to try again to convince her to take Joao to the health post or risk losing him. Gueta knew Joao was close to death and not recovering under her care so

she did as advised and went to the health post. Joao recovered and though his father was shocked that his wife had broken the rules of the church and taken Joao to the health post, he also realized that it was this act that had saved his child's life. He permitted Gueta to start attending the Leader Mother's health lessons and openly praised his wife's actions. Gueta and her husband remain in the Twelve Apostle's church, but now the women in that church are allowed to participate in the Care Groups and some are changing their attitudes and taking their children to the health post.

4. Nhamatanda Culture Shock

Shared by Fernando Caetano



A Child Survival promoter named Fernando Caetano gives health and nutrition lessons every two weeks to a group of twelve Leader Mothers in Nhamatanda district, in the community of Muegnbeze. If a mother misses a lesson, Fernando visits the mother in her home to share the lesson. When one of his Leader Mothers, Fatima Barais, missed

a lesson Fernando went to her house to determine why she didn't come to the group lesson.

Fatima explained that her husband was angry because instead of presenting him with a basin and jug to wash his hands as has been the custom in Nhamatanda for many, many years she asked him to wash his hands using the Tippy-tap she learned how to make in the Fernando's health and nutrition lessons. Her husband felt that his wife was abusing him by not providing the customary basin and jug for hand washing. He said, "If this is what you are going to learn in the health and nutrition meetings then you cannot go. This teaching brings abuse to me!" The Leader Mother Fatima asked Fernando if he would go to her husband and ask for forgiveness on her behalf. The Promoter promised to go and the very early the next morning he went to talk to the husband. The Promoter started the conversation by asking why Fatima was no longer coming to his teachings. The husband repeated what Fatima has said. "I did not like the abuse I received from my wife, telling me to wash my hands in the five gallon jug! She should come to me with the basin and jug so I can wash my hands."



The Promoter explained the Tippy Tap is a better method of hand washing than the basin and jug because it uses very little water and prevents contamination of the jug and water with dirty hands. The husband accepted the explanation and starting sharing with other men in his community the benefits of a Tippy-tap. Fatima was back at the Health and Nutrition lesson the next week.

5. Maringue Success Story

Shared by Zacarias

In my community there is baby boy called Tender (Terno in Portuguese). He is about one year old but his exact birth day has been forgotten. His mother is called Help (Ajuda in Portuguese). One day the Leader Mother was doing a home visit and found that the child was sick, so she took the MUAC reading and found that it was in the red stage – which means severe malnutrition. The ML referred the child immediately to the health post and the child was transferred to the Maringue hospital. In one week the child was recuperated and sent home. When the child arrived at the house the baby was presented to the ML and the MUAC taken again and it was in the yellow stage. The ML explained to Help in her own language how to feed Tender, to give him corn porridge and locally available ingredients like ground peanuts or sesame seeds, malabre (the fruit from the Baobab tree that is rich in iron and vitamin C) and moringa leaves (rich in protein and vitamin C & A). The Mother prepared porridges with these ingredients for Tender. Now the child is healthy and the mother never misses the teachings. She counsels other mothers to do the same.

6. Success Story involving the Community Development Committee

Gorongosa

“My wife is a Leader Mother”

Shared by Baroso

During a Community Development Committee meeting a 36 year old man from Mucoza, Gorongosa stood up and shared with all the leaders, “My wife is a Leader Mother in Food for the Hungry’s Health and Nutrition program and she knows how to identify health problems in children. This started after our seventh child, Castigo, was sick and started to get fat very fast. One day after returning from the FH teaching sessions my wife said that she had learned that Castigo’s fat was a sign of malnutrition. He was swelling up and not getting fat at all. I didn’t believe my wife, but I didn’t stop her from seeking help either. She went to talk to the FH Promoter who explained that she should take the child to the health post quickly. In the health post they said that the child needed to be hospitalized. He stayed in the hospital for 2 months and returned home to continue recuperating. My wife was given some packets of food to feed Castigo but she was not sure she understood all the hospital’s instructions so she sought out the FH Promoter who spoke the same language of Gorongosa to know more about malnutrition. The Promoter indicated a diet full of the fruits of the farms (like vegetables, peanuts, and sesame seeds), good hygiene, and regular deworming would help Castigo grow well. Immediately, Clara took all our children to the health post for deworming. That is why I am proud that she is a Leader Mother, because now my family is healthy and my son is strong.”

7. Manga Success Story

By Delfina Hanra

A mother beneficiary of the Child Survival Care Group

program named

Anagtancia had a male

child named Giorol

that was chronically

malnourished and

plagued with nearly

constant diarrhea.

The child's condition

worsened until he was

admitted to the Health

Center of Nhaconjo for

nutritional

rehabilitation. After

being discharged from

the health center the

Leader Mother, Carlota

Luchanhane, visited

Anagtancia and her

husband. She taught the mother how to make a nutritious porridge for the baby out of

local foods. In addition to the formula given to the child in the health center, the

mother started to feed Giorol the nutritious porridge and continued breast feeding.

When Anagtancia started giving the porridge to Giorol he was 15 months old and

weighed just 6.4 kilos. Within just two weeks Giorol had gained .8 kilos or 12% of his

original weight. Giorol continued to gain weight and now he is a healthy child. The

Leader Mother continued to visit the family and teach about hygiene and sanitation.



8. Gorongosa Success Story

Augusto Manuel

Mirija Mauricio is a Leader Mother and part of the 3rd CG in Nhaurauga. She had lost 2 children before Food for the Hungry's program entered her community in April of 2008.

One of the children who died was given porridge to eat on the day he was born and

later died of diarrhea. Her second child died because of fever, likely caused by malaria.

When the child was hot with the fever Mirija's neighbors told her to bathe the child in

warm water and the child would recuperate quickly. Instead the child died while Mirija

was bathing him in the hot bath. When Mirija started participating in the Child Survival

program as a Leader Mother she learned how to prevent illness in young children and

care for those that fell sick. When she became pregnant again and had a third child,

she gave this child only breast milk from the day he was born until he was six months

of age. Mirija teaches her Beneficiary Mothers, women in her neighborhood, and

women at the church that when a child has a high fever this is a dangerous sign and

the child needs to go immediately to the health post. She tells the mother's to use cool

cloths to bathe the child when taking her to the health post. If a child has diarrhea she

teaches the mothers to give more liquids, like Oral Rehydration Salts, and take the child to the health post. Mirija became so well respected and her advice so widely sought that her pastor invited her to teach every Thursday at the women's church meeting about good health practices. Although Mirija cannot read she shares about her faith and the life saving health messages she has learned from her participation in the Child Survival program. Mirija is in the first year of the three year government sponsored literacy program. Her husband is proud of her and the work she does for the good of their family and others.

Annex 3: KPC Questionnaire for BM Portuguese

KPC da Mãe Benefeciária		
► Assinale com ☐ somente 1 resposta por cada questão excepto para aquelas que indicarem o contrario ► Não deixe nenhuma pergunta em branco/sem resposta ► Use 3 imagens ampliadas para o auxiliar nas ultimas perguntas do questionario ☐		
O entrevistador assinala se a Mãe Beneficiária (MB) é do Distrito da Fase I ou da Fase II:		☐ 1. Mãe Beneficiária da Fase I ☐ 2. Mãe Beneficiária da Fase II
No.	Perguntas	Respostas
1	Quantos anos tem? <i>Sonde: Qunatos anos tinha quando teve o último filho/a?</i>	_____ Anos ☐ 99. Não tem certeza / Não Respondeu
2	Alguma vez frequentou a escola?	☐ 1. Sim ☐ 2. Não ☐ ☐ ☐ SALTAR PARA A PERGUNTA 4
3	Quais são as suas habilidades literárias (estudou até que classe)?	_____ Anos ☐ 99. Não tem certeza / Não Respondeu
4	Há quantos anos está no projecto de sobrevivência infantil da fh?	_____ Anos ☐ 99. Não tem certeza / Não Respondeu

5	Tem algum/a filho/a com menos de dois anos de idade?	☐ 1. Sim ☐ 2. Não ☐ 3. Não tem certeza/ Não sabe
6	Está grávida?	☐ 1. Sim ☐ 2. Não ☐ 3. Não tem certeza / Não sabe
7	Onde é que teve o seu último parto?	☐ 1. Hospital ou posto de saúde ☐ 2. Em minha casa ou em casa de uma outra pessoa ☐ 3. A caminho do hospital ☐ 5. Outro _____ ☐ 99. Não tem certeza / Não sabe
8	Teve as mesmas Mães Líderes durante a implementação do projecto de sobrevivência infantil?	☐ 1. Sim ☐ 2. Não ☐ 3. Não tem certeza / Não sabe
9	Quantas Mães Beneficiárias as suas Mães Líderes ensinam? (Deixe as respondentes fazerem uma estimativa se elas não tiverem a certeza)	_____ Nº de Mães Beneficiárias ☐ 99. Não tem certeza / Não sabe
10	Normalmente quantas Mães Beneficiárias participam nas aulas em grupo orientadas pela Mãe Líder?	_____ Nº de Mães Beneficiárias ☐ 99. Não tem certeza / Não sabe

11	Nos últimos 12 meses, quantas Mães Beneficiárias desistiram do seu Grupo de Cuidados de Mães Líderes?	_____ N° de Mães Beneficiárias ☐ 99. Não tem certeza / Não sabe
12	Porque foi que as Mães Beneficiárias abandonaram o projecto? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas aplicáveis.</i>	☐ A. Falta de incentivos ☐ B. Mudou para uma outra zona ☐ C. Perdia muito tempo a aprender assuntos que já conhecia ☐ D. Falta de interesse ☐ E. Foi substituída pela comunidade ou pela Mãe Líder porque não ensinava as outras mães ☐ F. Andava muito ocupada na machamba ☐ G. Outro _____ ☐ 99. Não tem certeza / Não sabe
Entrevistador: Agora vou fazer algumas perguntas acerca do uso dos álbuns seriados durante as sessões em grupo.		
13	Com que regularidade a sua Mãe Líder partilha mensagens educacionais consigo usando o álbum seriado?	☐ 1. Uma vez por semana ☐ 2. Uma vez de quinze em quinze dias ☐ 3. Uma vez por mês ☐ 4. Uma vez de dois em dois meses ☐ 5. Outro _____ ☐ 6. Nunca partilhou mensagens comigo ☐☐ FIM DO INQUÉRITO ☐ 99. Não tem certeza / Não sabe

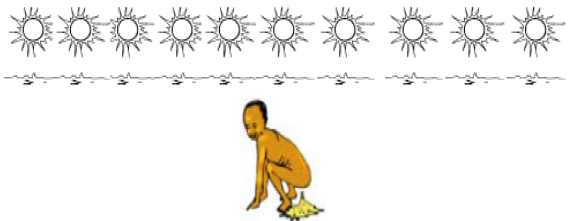
14	A Mãe Líder partilha mensagens educacionais consigo em encontros em grupo ou em visitas domiciliárias?	☐ 1. Apenas através de encontros em grupo ☐ 2. Geralmente através de encontros em grupo e algumas visitas domiciliárias ☐ 3. Apenas através de visitas domiciliárias SALTAR PARA O Nº 19 ☐ 4. Geralmente através de visitas domiciliárias e algumas aulas em grupo ☐ 5. Outro _____ ☐ 99. Não tem certeza / Não sabe
15	Quanto tempo leva a pé para ir aos encontros em grupo orientados pela Mãe Líder?	_____ minutos ☐ 99. Não tem certeza / Não sabe
16	Normalmente, quanto tempo duram os encontros em grupo orientados pela Mãe Líder?	☐ 1. Menos de uma hora ☐ 2. Entre uma à duas horas ☐ 3. Duas ou mais horas ☐ 4. Outro _____ ☐ 99. Não tem certeza / Não sabe
17	Nos últimos três meses, em média, em quantas sessões de aulas em grupo participou? Sonde: Todos encontros, na maior parte dos encontros, em alguns encontros, em poucos encontros ou nunca participou?	☐ 1. Todos encontros (90% ou mais) SALTAR PARA O Nº 19 ☐ 2. Maior parte dos encontros (75-89% ou mais) ☐ 3. Alguns encontros (40-74%) ☐ 4. Poucos encontros (<40%) ☐ 5. Nunca participou ☐ 99. Não tem certeza / Não sabe

18	Quando faltou a alguma sessão de ensino em grupo o que foi que aconteceu, se aconteceu algo?	☐ 1. A Mãe Líder visitou-me em minha casa e prartilhamos a aula ☐ 2. Visitei a Mãe Lídere para receber a aula ☐ 3. Levei o material no encontro seguinte ☐ 4. Pedi a uma outra Mãe Beneficiária para me explicar a lição ☐ 5. Não aconteceu nada ☐ 6. Outro _____ ☐ 99. Não tem certeza / Não sabe
19	Normalmente quanto tempo duravam as visitas domiciliárias que a Mãe Líder fazia à sua casa?	☐ 1. Menos de uma hora ☐ 2. Entre uma à duas horas ☐ 3. Duas ou mais horas ☐ 4. Outro _____ ☐ 88. Não aplicável ☐ 99. Não tem certeza / Não sabe
20	Quando a Mãe Líder partilhava as lições do álbum seriado consigo em sua casa alguém mais escutava? Se sim, quem?	☐ 1. Nenhuma outra pessoa escutou ☐ 2. Filha ☐ 3. Filho ☐ 4. Mãe ☐ 5. Pai ☐ 6. Amiga

		☐ 7. Amigo ☐ 8. Marido ☐ 9. Outro ☐ 88. Não aplicável ☐ 99. Não tem certeza / Não sabe
21	Consegue ler as palavras que estão escritas no álbum seriado?	☐ 1. Sim, consigo ler as palavras no álbum seriado ☐ 2. Não, não consigo ler as palavras no álbum seriado ☐ 3. Consigo ler algumas palavras mas não todas ☐ 4. Outro _____ ☐ 99. Não tem certeza / Não sabe
22	Quando a Mãe Líder partilhou consigo as mensagens do álbum seriado, ela fazia algo mais que explicar o que as imagens transmitiam?	☐ 1. Sim ☐ 2. Não ☐ ☐ ☐ SALTAR PARA A PERGUNTA Nº 24 ☐ 3. Não tem certeza / Não sabe
23	What educational methods did she use in her presentations? Não instigue. Marque todas as respostas aplicáveis.	☐ A. Jogos ☐ B. Histórias ☐ C. Demonstrações ☐ D. Fazia perguntas, orientava discussões ou debates ☐ E. Fazia a revisão da matéria da sessão anterior ☐ F. Pedia a Mãe Beneficiária para fazer o resumo da matéria

		☐ G. Oração ☐ H. Outro _____ ☐ 99. Não tem certeza / Não sabe
24	Algumas mães que participam no projecto adoptaram boas práticas e outras não adoptaram. Porquê acha que algumas mães conseguiram mudar as suas práticas? Não instigue. Marque todas as respostas aplicáveis.	☐ A. Antes do projecto as mães não conheciam as boas práticas. Quando tiveram conhecimento adoptaram-nas ☐ B. Nível social, económico e culturas das Mães Líderes ☐ C. Elas compreenderam que a mudança era importante, necessária e benéfica ☐ D. Para ajudar as outras mães na comunidade a resistirem aos hábitos culturais ☐ E. Elas estavam preocupadas com o bem-estar da família delas ☐ F. Outro _____ ☐ 99. Não tem certeza / Não sabe
25	Que mudanças fez na sua casa como resultado deste projecto? Não instigue. Marque todas as respostas aplicáveis.	☐ A. Adoptei práticas nutricionais saudáveis ☐ B. Adoptei práticas de higiene e sanitárias saudáveis ☐ C. Fui mais capaz e confiante de ensinar (usando o álbum seriado) ☐ D. Consigo identificar sinais de perigo nas crianças e nas mulheres grávidas e aconselhá-las devidamente ☐ E. Consigo identificar sinais de perigo nas crianças e nas mulheres grávidas e aconselhá-las devidamente

		☐ F. Consigo dar conselhos sobre as doenças de infância (tal como a diarreia, pneumonia, malária, etc.) ☐ G. Consigo aconselhar sobre a amamentação apropriada ☐ H. Outro _____ ☐ 99. Não tem certeza / Não sabe
Entrevistador: Agora vou fazer algumas perguntas acerca dos cuidados que dá ao seu filho.		
26	Com que idade deve começou a dar água, chá ou papas ao seu bebé?	_____ meses de idade ☐ 99. Não tem certeza / Não sabe
27	Nos últimos 12 meses quantas vezes foi ao hospital/centro de saúde?	_____ vezes por ano ☐ 99. Não tem certeza / Não sabe
28	Quais são os sinais de perigo que indicam que uma criança precisa de ser levada imediatamente ao centro/posto de saúde? <i>Sonde: Conhece alguns outros sinais?</i> <i>Continue a perguntar por mais sinais ou sintomas até a mãe não poder lembrar-se de outro</i>	☐ A. Diarreia sanguinolenta ☐ B. Recusa consumir líquidos e sólidos ☐ C. Fraqueza ou letargia, não consegue acordar ☐ D. Diarreia há duas semanas ☐ E. Febres altas ☐ F. Convulsões ☐ G. Vômitos ☐ H. Outro _____ ☐ 99. Não tem certeza / Não sabe

29	Quando é que deve lavar as suas mãos com sabão ou cinza? <i>Sonde: Conhece algumas outras situações?</i> <i>Continue a pedir mais exemplos até a mãe não poder lembrar-se de outros momentos adicionais.</i> <i>Circule todos os sinais mencionados, mas não sig</i>	☐ A. Depois de usar ou limpar a latrina ☐ B. Depois de limpar o ânus da criança ou depois de limpar o nariz da criança ☐ C. Quando quiser preparar comida ☐ D. Quando quiser preparar qualquer alimento ou dar de comer as crianças ☐ E. Outro _____ ☐ 99. Não tem certeza / Não sabe
<i>Entrevistador: Agora vou mostrar algumas imagens e fazer algumas perguntas acerca das imagens.</i>		
30	Qual é a mensagem chave que esta imagem pretende transmitir? O enumerador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a Mãe Beneficiária. 	☐ 1. Diarreia há duas semanas – isso é uma emergência ☐ 2. Outra mensagem incorrecta ☐ 3. Outra mensagem correcta: _____ ☐ 99. Não tem certeza / Não sabe

31	Qual é a mensagem chave que esta imagem pretende transmitir? O enumerador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a Mãe Beneficiária. 	☐ 1. ALEITAMENTO como prevenção da Malnutrição e outras doenças ☐ 2. Outra mensagem incorrecta ☐ 3. Outra mensagem correcta: _____ ☐ 99. Não tem certeza / Não sabe
32	Qual é a mensagem chave que esta imagem pretende transmitir? O enumerador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a Mãe Beneficiária. 	☐ 1. Tomar medicamento (desparasitantes) de 6 em 6 meses depois fazer 1 ano de idade ☐ 2. Outra mensagem incorrecta ☐ 3. Outra mensagem correcta: _____ ☐ 99. Não tem certeza / Não sabe
33	Voce acredita que vale mais o homen que a mulher, vale mais a mulher que a homen, ou sao iguais?	☐ 1. Homen vale mais ☐ 2. Mulher vale mais

		☐ 3. São Iguais ☐ 99. Não sabe/ Nenhuma Reposta
34	É correcto o marido bater na mulher por ele estar insatisfeito com ela?	☐ 1. Sim ☐ 2. Não ☐ 99. Não tem certeza / Não sabe

ANNEX 4: KPC Questionnaire for LM Portuguese



PROGRAMA DE SOBREVIVENCIA INFANTIL PESQUISA OPERACIONAL KPC MÃES CHEFES

► Assinale com ☐ somente 1 resposta por cada questão excepto para aquelas que indicarem o contrario

► Não deixe nenhuma pergunta em branco/sem resposta

► Use 3 imagens ampliadas para o auxiliar nas ultimas perguntas do questionario

Assinale com ☐ se a ML é do Distrito da Fase I ou Fase II		☐ 1. MC do Distrito da Fase I ☐ 2. MC do Distrito da Fase II
No.	Perguntas	Respostas
1	Que idade tem? Sondagem: <i>Que idade tinha quando teve o seu ultimo filho?</i>	_____ Anos
2	Já alguma vez ferquentou a escolar?	☐ 1. Sim ☐ 2. Não ☐ Salte para pergunta 4
3	Quantos anos de escolaridade você ferquentou?	_____ Anos
4	A quantos anos trabalha para fundação contra fome como MC do projecto de Sobrevivência Infantil?	_____ Years
5	Você tem uma criança menor de 2 anos de idade?	☐ 1. Sim ☐ 2. Não ☐ 99. Não Sabe/ Não Respondeu
6	Actualmente você está grávida?	☐ 1. Sim ☐ 2. Não ☐ 99.Não Sabe/ Não Respondeu
Interviewer: Now I am going to ask you some questions about your experience with the child survival project		

7	Como você foi selecionada para ser Mãe Lider?	☐ 1. Eleicta pelas outras mães do grupo ☐ 2. Convidada a ser MC pelos Lideres Comunitarios ☐ 3. Convidada a ser MC pelo Promotor ☐ 4. Outro (especifique) _____ ☐ 99. Não Sabe/ Não Respondeu
8	De acordo com os teus conhecimentos quantas ML estão actualmente registadas nos teu grupo de cuidado?	_____ # de MC ☐ 99. Não Sabe/ Não Respondeu
9	Em média quantas MC tem estado presentes nos ensinos do Promotor nos ultimos 3 meses?	_____ # de MC ☐ 99. Não Sabe/ Não Respondeu
10	Nos ultimos 12 meses quantas MC do seu grupo desistiram dos ensinos do Promotor?	_____ # de MC por grupo ☐ 99. Não Sabe/ Não Respondeu
11	Na sua opinião, porquê algumas MC desistem dos ensinos? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas dadas.</i>	☐ A. Falta de incentivos ☐ B. Migração para outras areas ☐ C. Demasiado tempo despendido com revisão de Tópicos já conhecidos ☐ D. Falta de interesse ☐ E. Substituida pelo promotor porque não dava ensino as suas Benefeciarias ☐ F. Ocupação com o trabalho nas machambas ☐ G. Outro _____ ☐ 99. Não Sabe/ Não Respondeu

12	Nos ultimos 3 meses quantos ensinos do Promotor você foi capaz de assistir? Sondagem: <i>Todos ensinos</i> , muitos ensinos, alguns ensinos, poucos ensinos ou nunca foi capaz de assistir?	☐ 1. Todos ensinos (>90%) Salte para questão 14 ☐ 2. Muitos ensinos (75-89% or more) ☐ 3. Alguns ensinos (40-74%) ☐ 4. Poucos ensinos (<40%) ☐ 5. Nunca foi capaz de assistir ☐ 99. Não Sabe/ Não Respondeu
13	O que acontecer quando você perde um ensino do Promotor?	☐ 1. Promotor visita a minha casa para dar o ensino ☐ 2. Eu visito o Promotor para receber o ensino ☐ 3. Eu recebo o material no ensino seguinte ☐ 4. Eu peço uma outra mãe para me explicar a lição ☐ 5. Nada acontece ☐ 6. Outro _____ ☐ 99. Não Sabe/ Não Respondeu
14	Quanto tempo você leva para chegar ao local de concentração para o ensino?	_____ minutos ☐ 99. Não Sabe/ Não Respondeu
<i>Interviewer:</i> Now I am going to ask you some questions about your experience with using flipcharts in this program		
15	Quantas vezes se encontrava com o Promotor para receber a lição do album seriado?	☐ 1. Uma vez por semana ☐ 2. Uma vez em duas semanas ☐ 3. Uma vez por mês ☐ 4. Uma vez em cada 2 meses

		☐ 5. Outro _____ ☐ 6. Nunca tem se encontrado com o Promotor ☐ 99. Não Sabe/ Não Respondeu
16	Quando recebia o ensino através do álbum seriado você lia as palavras escritas no álbum para ajudar a recordar as mensagens chave?	☐ 1. Sim eu li as palavras escritas ☐ 2. Não, eu não li as palavras escritas ☐ 3. Eu li algumas palavras escritas mas uso mais as imagens ☐ 4. Outro _____ ☐ 99. Não Sabe/ Não Respondeu
17	Com quantas Mães Beneficiárias partilhava as mensagens do álbum seriado?	_____ # de MB ☐ 99. Não Sabe/ Não Respondeu
18	Com que regularidade partilhava as mensagens dos álbum seriado com as suas beneficiárias?	☐ 1. Uma vez por semana ☐ 2. Uma vez em duas semanas ☐ 3. Uma vez por mês ☐ 4. Uma vez em dois meses ☐ 5. Outro _____ ☐ 99. Não Sabe/ Não Respondeu
19	Quando ensina as suas Beneficiárias que outro tipo de métodos de ensino você usa para além de explicar as figuras do álbum seriado? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas dadas.</i>	☐ A. Jogos ☐ B. Dramas ☐ C. Demonstrações ☐ D. Explicação de imagens

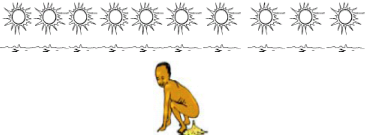
		☐ E. Debates sobre o tema ☐ F. Outras _____ ☐ 99. Não Sabe/ Não Respondeu
20	Normalmente partilhava as lições do album seriado com as suas Benefeciarias em grupo ou em visita a casa delas?	☐ 1. Apenas nos grupos de ensino ☐ 2. Maior parte das vezes nos grupo de ensino e faz visista apenas aquelas mães que perderam a sessão de ensino ☐ 3. Somente atraves de visistas domiciliarias ☐ 4. Maior parte das vezes atraves de visitas domiciliarias e algumas vezes ensinos em grupo ☐ 5. Outros _____ ☐ 99. Não Sabe/ Não Respondeu
21	Quanto tempo levava a pé para ir a casa da mãe beneficiária mais próxima?	_____ minutos ☐ 99. Não Sabe/ Não Respondeu
22	Quanto tempo levava a pé para ir a casa da mãe beneficiária mais distante?	_____ minutos ☐ 99. Não Sabe/ Não Respondeu
23	Normalmente, quanto tempo é que duravam os encontros em grupo com as mães beneficiárias?	☐ 1. Menos de uma hora ☐ 2. Uma hora e meia ☐ 3. Duas horas ☐ 4. Mais de duas horas ☐ 5. Outro _____ ☐ 99. Não tem certeza / Não sabe

24	Normalmente, quanto tempo é que duravam os encontros em casa das mães beneficiárias?	☐ 1. Menos de uma hora ☐ 2. Entre uma a duas horas ☐ 3. Duas horas ou mais ☐ 4. Outro _____ ☐ 99. Não tem certeza / Não sabe
<i>Interviewer: Now I am going to ask you a few questions about Community leaders and their role in the child survival project</i>		
25	Nos últimos 12 meses, com que regularidade se reunia com os Líderes Comunitários para falar acerca do projecto de sobrevivência infantil?	☐ 1. Uma vez ou mais por mês ☐ 2. De dois em dois meses ☐ 3. De três em três meses ☐ 4. De seis em seis meses ☐ 5. Uma vez por ano ☐ 6. Nunca ☐ 99. Não tem certeza / Não sabe
26	Como é que os Líderes Comunitários apoiaram o projecto de sobrevivência infantil? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas dadas.</i>	☐ A. Encorajaram as ML e as MB a participarem nos ensinamentos em grupo ☐ B. Encorajaram as ML e as MB a porem em prática os ensinamentos que receberam ☐ C. Ajudaram a explicar o projecto às MLe às MB ☐ D. Apoiaram na resolução de conflitos ☐ E. Modelaram o comportamentos dos promotores através do projecto de sobrevivência infantil ☐ F. Adoptaram leis que exigiam que as famílias adoptassem comportamentos de sobrevivência infantil

		☐ G. Ajudaram as mães a procurarem cuidados sanitários no posto de saúde ☐ H. Não ajudaram ☐ I. Outro _____ ☐ 99. Não tem certeza / Não sabe
	<i>Entrevistador: Agora vou lhe fazer algumas perguntas acerca do seu papel como ML</i>	
27	Na sua opinião, as pessoas da sua comunidade respeitam-lhe mais por ser Mãe Líder?	☐ 1. Sim ☐ 2. Não ☐ ☐ ☐ SALTE PARA O N° 29 ☐ 3. Não tem certeza / Não respondeu
28	Quem lhe respeita mais agora do que quando não era Mãe Líder? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas aplicáveis.</i>	☐ A. Marido ☐ B. Os pais ou os pais/familiares do marido ☐ C. Líderes Comunitários ☐ D. Outras mães/mulheres ☐ E. Família alargada (Avós, Tia, Tio, Cunhado, etc..) ☐ F. Pessoal do Centro de Saúde ☐ G. Outro _____ ☐ 99. Não tem certeza / Não sabe
29	Algumas mães no projecto adoptaram boas práticas e outras não adoptaram. Porque é que acha que algumas mães conseguiram mudar as práticas delas? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas aplicáveis.</i>	☐ A. As mães tinham conhecimento das boas práticas antes de chegar o projecto. Quando elas tomaram conhecimento elas adotaram as práticas ☐ B. Nível social, económico e cultural das Mães ☐ C. Elas compreenderam que a mudança era importante, necessária e benéfica

		☐ D. Para ajudar as outras mães na comunidade a resistirem aos hábitos culturais ☐ E. Elas estavam preocupadas com o bem-estar da família delas ☐ F. Outro _____ ☐ 99. Não tem certeza / Não sabe
30	Que mudanças é que notou em si mesma como resultado da implementação deste projecto? Sonde: Que habilidades ganhou por ser Mãe Líder neste projecto? <i>Deixe responder a vontade, não dê sugestões. Marque todas respostas aplicáveis.</i>	☐ A. Adoptei práticas nutricionais saudáveis ☐ B. Adoptei práticas de higiene e sanitárias saudáveis ☐ C. Fui mais capaz e confiante de ensinar (usando o álbum seriado) ☐ D. Consigo identificar sinais de perigo nas crianças e nas mulheres grávidas e aconselhá-las devidamente ☐ E. Consigo identificar sinais de perigo nas crianças e nas mulheres grávidas e aconselhá-las devidamente ☐ F. Consigo dar conselhos sobre as doenças de infância (tal como a diarreia, pneumonia, malária, etc..) ☐ G. Consigo aconselhar sobre a amamentação apropriada ☐ H. Outro _____ ☐ 99. Não tem certeza / Não sabe
31	Nos últimos 12 meses, quantas vezes falou com o pessoal da saúde acerca de assuntos relacionados com o projecto de sobrevivência infantil? Uma vez, duas à quatro vezes, quatro à seis vezes ou seis ou mais vezes?	☐ 1. Uma vez ☐ 2. Duas a quatro vezes ☐ 3. Quatro a seis vezes ☐ 4. Seis ou mais vezes ☐ 5. Nunca

		☐ 6. Outro _____ ☐ 99. Não tem certeza / Não sabe
<i>Entrevistador: Agora vou lhe fazer algumas perguntas acerca de cuidar do/a seu/sua filho/a e lavagem das mãos.</i>		
32	Com que idade deve começou a dar água, chá ou papas ao seu bebê? Sonde: <i>Conhece alguns outros sinais?</i> Continue a perguntar por mais sinais ou sintomas até a mãe não poder lembrar-se de outros sinais adicionais de perigo. <i>Circule todos sinais mencionados, mas NÃO faça nenhuma sugestões.</i>	_____ meses de idade. ☐ 99. Não tem certeza / Não sabe
33	Quais são os sinais de perigo que indicam que a criança deve ser levada imediatamente ao posto de saúde? Sonde: <i>Conhece alguns outros sinais?</i> Continue a perguntar por mais sinais ou sintomas até a mãe não poder lembrar-se de outros sinais adicionais de perigo. <i>Circule todos sinais mencionados, mas NÃO faça nenhuma sugestões.</i>	☐ A. Diarreia sanguinolenta ☐ B. Recusa consumir líquidos e sólidos ☐ C. Fraqueza ou letargia, não consegue acordar ☐ D. Diarreia há duas semanas ☐ E. Febres altas ☐ F. Convulsões ☐ G. Vômitos ☐ H. Outro _____ ☐ 99. Não tem certeza/Não sabe
34	Quando é que deve lavar as suas mãos com sabão ou cinza? Sonde: <i>Conhece algumas outras situações?</i> Continue a pedir mais exemplos até a mãe não poder lembrar-se de outros momentos adicionais. <i>Circule todos exemplos mencionados, mas NÃO sugira nada.</i>	☐ A. Depois de usar ou limpar a latrina ☐ B. Depois de limpar o ânus da criança ou depois de limpar o nariz da criança ☐ C. Quando quiser preparar comida ☐ D. Quando quiser preparar qualquer alimento ou dar de comer as crianças ☐ E. Outro _____ ☐ 99. Não tem certeza / Não sabe

35	Voce acredita que o homem vale mais que a mulher, a mulher vale mais que o homen ou são todos iguais ?	☐ 1. O homen vale mais ☐ 2. A mulher vale mais ☐ 3. São iguais ☐ 99. Não sabe/ Não respondeu
36	É correcto o marido bater na mulher por ele estar insatisfeito com ela?	☐ 1. Sim ☐ 2. Não ☐ 99. Não tem certeza / Não sabe
<i>Entrevistador: Agora vou mostrar algumas imagens e fazer algumas perguntas acerca das imagens.</i>		
37	Qual é a mensagem chave que esta imagem pretente transmitir? O entrevistador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a mãe. 	☐ 1. Diarreia há duas semanas – isso é uma emergência ☐ 2. Outra mensagem incorrecta ☐ 3. Outra mensagem correcta: _____ ☐ 99. Não tem certeza / Não sabe
38	Que mensagem chave esta imagem pretende transmitir? O entrevistador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a mãe. 	☐ 1. ALEITAMENTO como prevenção da má nutrição e outras doenças ☐ 2. Outra mensagem incorrecta ☐ 3. Outra mensagem correcta: _____

39	Que mensagem chave esta imagem pretende transmitir? <i>O enumerador deve ter uma imagem em ponto grande da imagem abaixo para mostrar a mãe.</i> 	☐ 99. Não tem certeza / Não sabe
		☐ 1. Tomar medicamento (desparasitantes) de 6 em 6 meses depois de completar 1 ano de idade
		☐ 2. Outra mensagem incorrecta
		☐ 3. Outra mensagem correcta: _____
		☐ 99. Não tem certeza / Não sabe

ANNEX 5: KPC Questionnaire for Promoters Portuguese

KPC PARA PROMOTORES		
Assinale somente uma resposta por cada questão excepto para aquelas que indicarem o contrario Não deixe nenhuma pergunta em branco		
Assinale com X se o Promotor é do Distrito da Fase I ou Fase II	☐ 1. Promotor da Fase I	
	☐ 2. Promoter Promotor da Fase II	
No.	Perguntas	Respostas

1	Sexo do respondente?	☐ 1. Femenino ☐ 2. Masculino
2	Que idade tem? Sondagem: <i>Que idade tinha no seu ultimo aniversario?</i>	_____ Anos
3	Ja alguma vez frequentou a escola?	☐ 1. Sim ☐ 2. Não ☐ Salte para a Pergunta 5
4	Quantos anos de escolaridade você ferquentou?	_____ Anos
5	A quantos anos trabalha para fundação contra fome como Promotor do projecto de Sobrevivência Infantil?	_____ Anos
6	Você é Promotor de Sobrevivência Infantil do Distriti da Fase I ou Fase II?	☐ 1. Fase I ☐ 2. Fase II ☐ 99. Não sabe/Não Respondeu
7	Antes de começar a trabalhar para o projecto, você ja vivia pelo menos 3 meses na comunidade onde trabalha?	☐ 1. Sim ☐ 2. Não ☐ 99. Não sabe/Não Respondeu
Agora vou fazer perguntas acerca das MC dos grupos que você ensina		
8	Quantas Mães estão em média registadas no seus Grupos de MC? On average, how many mother leaders are registered in your mother leader groups?	_____ Nº de MC

9	Em media quantas MC tem estado presentes em cada sessão de ensino ?	_____ Nº de MC
10	Quanto tempo normalmente durava a sessão de ensino em grupo com as MC?	☐ 1. Menos de 1 hora
		☐ 2. 1 hora e 30 minutos
		☐ 3. 2 horas
		☐ 4. Mais de duas hora
		☐ 5. Outro _____
		☐ 99. Não sabe/Não Respondeu
11a	Quantas MC em média faltavam aos ensinos em grupo?	_____ Nº de MC que faltavam as ensinos em grupo
11b	Quantas Mães em média você visita em suas casas por causa de elas terem perdido o ensino em grupo num periodo de 2 semanas?	_____ Nº Mães visitadas em sua casa por mês?
12	Quantas MCs em média por cada grupo de MCs desistiram do programa nos ultimos 12 meses? On average how many mother leaders dropped out of the program per group of mother leaders in the last 12 months?	_____ Nº de MC por grupo de MC Se Pergunta 12 for 0 Salte para a Pergunta 13
13	Porquê motivos as MCs desistem do projecto? <u>São premitidas Multiplas Respostas. Assinale todas as respostas dadas</u>	☐ A. Falta de incentivos
		☐ B. Migração para outras areas

		☐ C. Demasiado tempo despendido com revisão de Tópicos já conhecidos
		☐ D. Falta de interesse
		☐ E. Replaced by the community or promoter because not teaching other mothers
		☐ F. Ocupação com o trabalho nas machambas
		☐ G. Outros _____
		☐ 99. Não sabe/Não Respondeu
14	Quantas MCs nos grupos de cuidado partilham as lições que aprendem com todas as suas Mães Benefeciarias? Todas, muitas, algumas, umas poucas ou nenhuma?	☐ 1.Todas! (90% ou mais)
		☐ 2. Muitas (75-89% ou mais)
		☐ 3. Algumas (40-74%)
		☐ 4. Umas poucas (<40%)
		☐ 5. Nenhuma
		☐ 99. Não sabe/Não Respondeu
15	Quantas MC nos grupos de cuidado são capazes de ler as mensagens do album seriado? Todas, muitas, algumas, umas poucas ou nenhuma?	☐ 1.Todas! (90% ou mais)
		☐ 2. Muitas (75-89% ou mais)
		☐ 3. Algumas (40-74%)
		☐ 4. Umas poucas (<40%)
		☐ 5. Nenhuma
		☐ 99. Não sabe/Não Respondeu

16	Você usa o plano de lição antes ou durante a sessão de ensino das MCs?	☐ 1. Sim
		☐ 2. Não
		☐ 99. Não sabe/Não Respondeu
17	Que tipos de métodos de ensino usa quando ensina as MCs? C70	☐ 1. Jogos
		☐ 2. Dramas
		☐ 3. Demonstrações
		☐ 4. Explicação de imagens
		☐ 5. Debate das questões
		☐ 6. Outras _____
		☐ 99. Não sabe/Não Respondeu
Agora vou fazer Perguntas acerca do Lideres Comunitarios do Projecto		
18	Quantas vezes você se encontrou com os Lideres da sua cominidades nos ultimos 3 meses?	☐ 1. 1-3 vezes
		☐ 2. 4-6 vezes
		☐ 3. 7-9 vezes
		☐ 4. 10 ou mais vezes
		☐ 5. Nunca
		☐ 99. Não sabe/Não Respondeu

19	De que maneira os Lideres comunitarios tem colaborado com o projecto de sobrevivencia infantil? <u>São premitidas Multiplas Respostas. Assinale todas as respostas dadas</u>	☐ A. Encourajar as MLs e MBs a participar nos ensinios em grupo ☐ B. Encourajar as MLs e MBs a por em pratica os ensinamentos recebidos ☐ C. Ajudar no esclarecimento as Mls e MBs acerca do projecto ☐ D. Colaborar na resolução de conflitos ☐ E. Modelar os comportamentos promovidos pelo projecto ☐ F. Por em pratica leis que exigem as familias adoptem os comportamentos promovidos pelo projecto ☐ G. Incentivar as Mães a procurar cuidados de saúde nas Uidades Sanitarias ☐ H. Não ajudam em nada ☐ I. Outros _____ ☐ 99. Não sabe/Não Respondeu
20	Já alguma vez os Lideres comunitarios pediram incentivos pela participação no projecto?	☐ 1. Sim ☐ 2. Não Salte para Pergunta 22 ☐ 99. Não sabe/Não Respondeu
21	Esses memmos Lideres que pediram incentivos continuam a colaborar com o procto mesmo sem receber os incentivos desejados?	☐ 1. Sim ☐ 2. No ☐ 99. Não sabe/Não Respondeu
22	Já alguma vez as MCs pediram incentivos pela participação no projecto?	☐ 1. Sim ☐ 2. Não Salte para Pergunta 24

		☐ 99. Não sabe/Não Respondeu
23	Essas memmos MCs que pediram incentivos continuam a participar no procto mesmo sem receber os incentivos desejados?	☐ 1. Sim ☐ 2. Não ☐ 99. Não sabe/Não Respondeu
24	Algumas Mães do projecto adoptaram bos praticas e outras não. Porque acha qua algumas Mães foram capazes de mudar suas praticas? <u>São premitidas Multiplas Respostas. Assinale todas as respostas dadas</u>	☐ A. Mães desconheciam as boas praticas antes do projecto. Quando for a informadas elas passaram a adotar ☐ B. Nivel social, economico e cultural da Mães ☐ C. Mães compreenderam que a mudança era importante, necessária e benéfica ☐ D. Pra ajudar as outras na comunidade que resistem aos costumes culturais ☐ E. Elas se preocupam com o bem estar de suas familias. ☐ F. Outros _____ ☐ 99. Não sabe/Não Respondeu
25	Que mudanças tem visto em si mesmo como resultado deste procto? Sondagem : Que habilidades você ganhou ao se tornar MC do projecto? <u>São premitidas Multiplas Respostas. Assinale todas as respostas dadas</u>	☐ A. Adoptaram as praticas saudaveis que foram enisinadas ☐ B. São mais capazes e confiantes para ensinar ☐ C. Melhoraram habilidades de comunicação ☐ D. Gained skills to produce reports, analyze data and interpret data ☐ E. Ganharam habilidades de pesquisa ☐ F. Aprenderam a escutar e respeitar as opiniões dos outros

		☐ G. Capazes de identificar sinais de perigo nas crianças e grávidas e dar o apropriado aconselhamento
		☐ H. Capazes de identificar crianças com baixo peso e dar o aconselhamento apropriado
		☐ I. Capazes de dar aconselhamento sobre a saúde da criança (como casos de diarreia, pneumonia, malária, etc..)
		☐ J. Capazes de aconselhar sobre amamentação exclusiva
		☐ L. Outros _____
		☐ 99. Não sabe/Não Respondeu
26	Algumas vezes falou com o pessoal da Unidade Sanitária acerca dos tópicos ensinados pelo projecto?	☐ 1. Sim ☐ 2. Não □□□ Termine a Entrevista ☐ 99. Não sabe/Não Respondeu
26	Nos últimos 12 meses/In the past 12 months, quantas vezes falou com o pessoal da Unidade Sanitária em relação aos assuntos abordados pelo projecto? 1 Vez, 2 - 4 Vezes, 4 - 6 Vezes, 6 ou mais Vezes?	☐ 1. 1 Vez ☐ 2. 2 - 4 Vezes ☐ 3. 4 - 6 Vezes ☐ 4. 6 ou mais Vezes ☐ 5. Nunca ☐ 6. Outros _____ ☐ 99. Não sabe/Não Respondeu

ANNEX 6: KPC Questionnaire for BM English

Mother Beneficiary KPC

Interviewer needs 3 image sheets to complete this survey.

**Unless indicated otherwise mark only one answer per question. DO NOT LEAVE ANY
QUESTIONS BLANK!**

Interviewer checks of ML is from a Phase I or Phase II District:		☐ 1. Phase I Mother Leader ☐ 2. Phase 2 Mother Leader
Phase I is ML from Manga, Caia, Maringue, Chemba, or Marromeu Phase II is ML from Dondo, Nhamatanda, or Gorongosa		
Number	Question	Response & Skip Pattern
1	How old are you? <i>Probe: How old were you at your last birthday?</i>	_____ Years ☐ 99. Not sure / No answer
2	Have you ever attended school or preschool?	☐ 1. Yes ☐ 2. No SKIP TO QUESTION 4
3	How many years of school did you complete?	_____ Years ☐ 99. Not sure / No answer
4	How many years have you participated in the child survival project?	_____ Years ☐ 99. Not sure / No answer
5	Do you have a child that is < 2 years old?	☐ 1. Yes ☐ 2. No ☐ 3. Not sure/ Don't know
6	Are you currently pregnant?	☐ 1. Yes ☐ 2. No ☐ 3. Not sure / Don't know
7	Where did you have your last baby?	☐ 1. Hospital or health facility

		☐ 2. My home or someone else's home ☐ 3. In transit to hospital ☐ 5. Other _____ ☐ 99. Not sure / Don't know
8	Did you have the same mother leaders throughout the course of the child survival project?	☐ 1. Yes ☐ 2. No ☐ 3. Not sure / Don't know
9	How many beneficiary mothers do your mother leaders teach? <i>(Have respondents estimate if not sure)</i>	_____ # of beneficiary mothers ☐ 99. Not sure / Don't know
10	How many beneficiary mothers are usually present at a group teaching session led by the mother leader?	_____ # of beneficiary mothers ☐ 99. Not sure / Don't know
11	In the last 12 months, how many beneficiary mothers dropped out of your mother beneficiary Care group?	_____ # of mother beneficiaries ☐ 99. Not sure / Don't know
12	Why did the mother beneficiaries drop out of the project? <i>Allow free answer, do not prompt. Mark all that apply.</i>	☐ 1. Lack of incentives ☐ 2. Moved to new areas ☐ 3. Too much time was spent reviewing topics they already knew. ☐ 4. Lack of interest

		☐ 5. Replaced by the community or ML because not teaching other mothers ☐ 6. Busy working on farms ☐ 7. Other _____ ☐ 99. Not sure / Don't know
	<i>Interviewer: Now I am going to ask you some questions about the use of flipcharts during the group sessions</i>	
13	How often did your mother leaders share educational messages using the flipchart with you?	☐ 1. Once a week ☐ 2. Once every two weeks ☐ 3. Once a month ☐ 4. Once every two months ☐ 5. Other _____ ☐ 6. Did not share messages with me END OF SURVEY ☐ 99. Not sure / Don't know
14	Did mother leaders share educational messages with you in a group meeting or through a home visit?	☐ 1. Only through group meetings ☐ 2. Mostly through group meetings and some home visits ☐ 3. Only through home visits SKIP TO #19 ☐ 4. Mostly through home visits and some group teaching ☐ 5. Other _____ ☐ 99. Not sure / Don't know

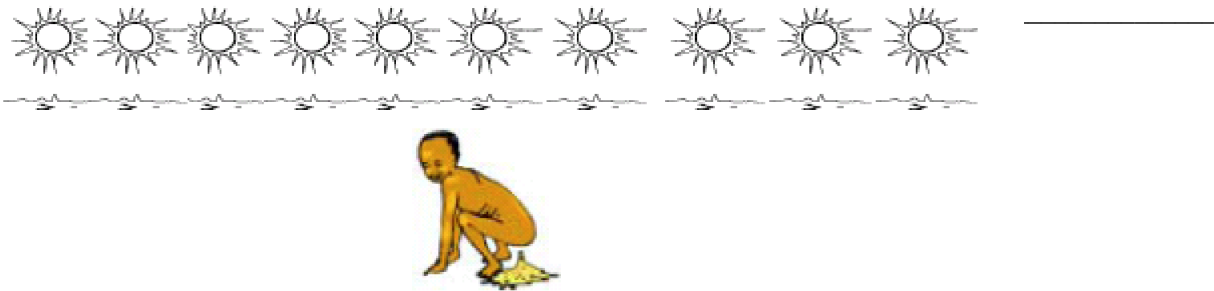
15	How long did it take you to walk to the group meetings led by the mother leaders?	_____ minutes ☐ 99. Not sure / Don't know
16	How long did the group meetings led by the mother leaders normally last?	☐ 1. Less than one hour ☐ 2. Between one to two hours ☐ 3. Two or more hours ☐ 5. Other _____ ☐ 99. Not sure / Don't know
17	Over the last 3 months how many group teaching sessions were you able to attend on average? <i>Prompt: All meetings, most meetings, some meetings, a few meetings, or never able to attend?</i>	☐ 1. All meetings (90% or more) ☐☐☐ SKIP TO #19 ☐ 2. Most meetings (75-89% or more) ☐ 3. Some meetings (40-74%) ☐ 4. A few meetings (<40%) ☐ 5. Never able to attend ☐ 99. Not sure / Don't know
18	When you missed a group teaching session what happened if anything?	☐ 1. Mother leader visited me at my home and shared the lesson ☐ 2. I visited the mother leader to receive the lesson ☐ 3. I caught up on the material in the next meeting ☐ 4. I asked another mother beneficiary to explain the lesson to me ☐ 5. Nothing happened ☐ 6. Other _____

		☐ 99. Not sure / Don't know
19	How long did the home visits made to you by the mother leader normally last?	☐ 1. Less than one hour ☐ 2. Between one to two hours ☐ 3. Two or more hours ☐ 5. Other _____ ☐ 88. Not applicable ☐ 99. Not sure / Don't know
20	When the mother leader shared flipchart lessons with you in your home did anyone else also listen? If yes, who?	☐ 1. No one else listened ☐ 2. Female children ☐ 3. Male children ☐ 4. Female relative ☐ 5. Male relative ☐ 6. Female friend ☐ 7. Male friend ☐ 8. Husband ☐ 88. Not applicable ☐ 99. Not sure / Don't know
21	Can you read the words on the flipchart?	☐ 1. Yes, I can read the words ☐ 2. No, I cannot read the words

		☐ 3. I can read some but not all of the words ☐ 4. Other _____ ☐ 99. Not sure / Don't know
22	When the mother leader shared the flipchart messages with you, did she do anything other than explain what the images meant? <i>Do not prompt. Mark all that apply.</i>	☐ 1. Yes ☐ 2. No ☐ ☐ ☐ SKIP TO QUESTION 24 ☐ 3. Not sure / Don't know
23	What educational methods did she use in her presentations? <i>Do not prompt. Mark all that apply.</i>	☐ 1. Games ☐ 2. Stories ☐ 3. Demonstrations ☐ 4. Asked questions, led discussion or debate ☐ 5. Revision of previous session material ☐ 6. Asked beneficiary mother to summarize material ☐ 7. Prayer ☐ 8. Other _____ ☐ 99. Not sure / Don't know
24	Some mothers in the project adopted good practices and others did not. Why do you think some mothers were able to change their practices? <i>Do not prompt. Mark all that apply.</i>	☐ 1. Mothers were unaware of good practices before the project. When they were made aware they adopted them. ☐ 2. Social, economic, and culture level of Mothers

		☐ 3. They understood that the change was important, necessary, and beneficial ☐ 4. To support others in the community who resist cultural customs ☐ 5. They were concerned for the welfare of their family. ☐ 6. Other _____ ☐ 99. Not sure / Don't know
25	What changes have you made in your home as a result of this project? <i>Do not prompt. Mark all that apply.</i>	☐ 1. Adopted the healthy nutrition practices ☐ 1. Adopted the healthy hygiene and sanitation practices ☐ 2. More capable and confident to teach (using flipchart) ☐ 3. Able to identify danger signs in children and pregnant women and counsel appropriately ☐ 4. Able to identify when a child is underweight and counsel appropriately ☐ 5. Able to give advice on child illnesses (like diarrhoea, pneumonia, malaria, etc..) ☐ 6. Able to counsel on appropriate breastfeeding ☐ 7. Other _____ _____ ☐ 99. Not sure / Don't know
	Interviewer: Now I am going to ask you about taking care of your child.	
25	At what age should you start giving your infant water, tea, or porridge?	_____ months of age

		☐ 99. Not sure / Don't know
26	How many times have you visited a healthcare facility in the last 12 months?	_____ times a year ☐ 99. Not sure / Don't know
26	What are danger signs that indicate a child needs to go immediately to the health post? <i>Prompt: Are there any other signs?</i> <i>Keep asking for more signs or symptoms until the mother cannot recall any additional danger signs</i> <i>Circle all signs mentioned, but do NOT prompt with any suggestions</i>	☐ 1. Diarreia sanguinolenta ☐ 2. Recusa consumir liquidos e solidos ☐ 3. Fraca ou letargica, nao consegue acordar ☐ 4. Diarreia ha duas semanas ☐ 5. Febre alta ☐ 6. Convulsions ☐ 7. Vomiting ☐ 8. Other _____ _____ ☐ 99. Not sure / Don't know
27	When should you wash your hands with soap or ash? <i>Prompt: Are there any other situations?</i> <i>Keep asking for more instances until the mother cannot recall any additional times</i> <i>Circle all instances mentioned, but do NOT prompt with any suggestions</i>	☐ 1. Usar ou limpar a latrina ☐ 2. Limpar o nus da crianca ou assoar o nariz ☐ 3. Quiser preparar a comida ☐ 4. Quiser preparar qualquer alimento ou dar de comer as criancas. ☐ 5. Other _____ _____ ☐ 99. Not sure / Don't know
Now I am going to show you some pictures and ask you a few questions about them		

28	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the MB.</i> 	☐ 1. Diarreia há duas semanas – isto é uma emergencia ☐ 2. Other incorrect message _____ ☐ 99. Not sure / Don't know
29	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the MB.</i> 	☐ 1. ALEITAMENTO como prevenção da Malnutrição e outras doenças ☐ 2. Other incorrect message ☐ 3. Other correct message: _____ _____ ☐ 99. Not sure / Don't know

30	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the MB.</i> 	☐ 1. Tomar medicamento (desparasitantes) de 6 em 6 meses depois fazer 1 ano de idade. ☐ 2. Other incorrect message ☐ 3. Other correct message: _____ ☐ 99. Not sure / Don't know
31	Voce acredita que vale mais o homen que a mulher, vale mais a mulher que a homen, ou sao iguais ?	☐ 1. Homen vale mais ☐ 2. Mulher vale mais ☐ 3. Sao Iguais ☐ 99. Nao sabe/ Nenhuma Reposta
32	Is it okay for a husband to hit his wife if he is unhappy with her?	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know

ANNEX 7: KPC Questionnaire for LM English

Mother Leader KPC

Interviewer needs 3 image sheets to complete this survey.

Unless indicated otherwise mark only one answer per question. DO NOT LEAVE ANY QUESTIONS BLANK!

Interviewer checks if MB is from a Phase I or Phase II District:	☐ 1. Phase I Mother Beneficiary
Phase I is MB from Manga, Caia, Maringue, Chemba, or Marromeu	☐ 2. Phase 2 Mother Beneficiary

Phase II is MB from Dondo, Nhamatanda, or Gorongosa		
#	Question	Response & Skip Pattern
1	How old are you? <i>Probe: How old were you at your last birthday?</i>	_____ Years
2	Have you ever attended school or preschool?	☐ 1. Yes ☐ 2. No ☐ ☐ ☐ SKIP TO QUESTION 4
3	How many years of school did you complete?	_____ Years
4	How many years have you been a mother leader for the child survival project?	_____ Years
5	Do you have a child that is < 2 years old?	☐ 1. Yes ☐ 2. No ☐ 3. Not sure / No answer
6	Are you currently pregnant?	☐ 1. Yes ☐ 2. No ☐ 3. Not sure / No answer
<i>Interviewer: Now I am going to ask you some questions about your experience with the child survival project</i>		
8	How were you selected to be a mother leader?	☐ 1. Elected by other mothers in group ☐ 2. Invited to be a mother leader by Community Leaders ☐ 3. Invited to be a mother leader by FH Promoter

		☐ 4. Other _____ _____ ☐ 99. Not sure / Don't know
9	To the best of your knowledge how many mother leaders are registered in your mother leader group that is led by the promoter at present?	_____ # of ML ☐ 99. Not sure / Don't know
10	On average over the last 3 months, how many mother leaders are actually present at a group teaching session led by the Promoter?	_____ # of ML ☐ 99. Not sure / Don't know
11	Over the last 12 months how many mother leaders dropped out of your mother leader group that was led by a Promotor?	_____ # of ML per ML group ☐ 99. Not sure / Don't know
12	In your opinion, why did the mother leaders drop out of the project? <i>Allow respondent to freely answer, do not prompt. Mark all that apply.</i>	☐ 1. Lack of incentives ☐ 2. Moved to a new area ☐ 3. Too much time was spent reviewing topics they already knew ☐ 4. Lack of interest ☐ 5. Replaced by the community or promoter because not teaching other mothers ☐ 6. Busy working on farms ☐ 7. Other _____ _____ ☐ 99. Not sure / Don't know

11	Over the last 3 months, how many promoter led meetings were you able to attend? <i>Prompt: All meetings, most meetings, some meetings, a few meetings, or never able to attend?</i>	☐ 1. All meetings (>90%) ☐☐ SKIP TO QUESTION 13 ☐ 2. Most meetings (75-89% or more) ☐ 3. Some meetings (40-74%) ☐ 4. A few meetings (<40%) ☐ 5. Never able to attend ☐ 99. Not sure / Don't know
12	When you missed a promoter led meeting what happened if anything?	☐ 1. Promoter visited me at home and shared the lesson ☐ 2. I visited the promoter to receive the lesson ☐ 3. I caught up on the material in the next meeting ☐ 4. I asked another mother to explain the lesson to me ☐ 5. Nothing happened ☐ 6. Other _____ _____ ☐ 99. Not sure / Don't know
13	How long did it take you to walk to the promoter led meetings?	_____ minutes ☐ 99. Not sure / Don't know
<i>Interviewer: Now I am going to ask you some questions about your experience with using flipcharts in this program</i>		
14	How often did you meet with the Promoter to receive a flipchart lesson?	☐ 1. Once a week ☐ 2. Once every two weeks ☐ 3. Once a month

		☐ 4. Once every two months ☐ 5. Other _____ ☐ 6. Have never met with promotor ☐ 99. Not sure / Don't know
15	When teaching from the flipchart do you read the printed words to help you remember the messages?	☐ 1. Yes, I read the printed words ☐ 2. No, I do not read the printed words ☐ 3. I read some of the words but mostly use the images ☐ 4. Other _____ ☐ 99. Not sure / Don't know
16	How many mothers did you share the flipchart messages with if any?	_____ # of MB ☐ 99. Not sure / Don't know
17	How often did you share flipchart messages with beneficiary mothers?	☐ 1. Once a week ☐ 2. Once every two weeks ☐ 3. Once a month ☐ 4. Once every two months ☐ 5. Other _____ ☐ 99. Not sure / Don't know
18	When teaching mother beneficiaries, what type of educational methods do you use other than explaining the images on the flipchart? <i>Allow free answers only, do not prompt. Mark all that apply</i>	☐ 1. Games ☐ 2. Stories

		☐ 3. Demonstrations ☐ 4. Explanation of images ☐ 5. Discussion Questions ☐ 6. Other _____ ☐ 99. Not sure / Don't know
19	Did you normally share flipchart messages with beneficiary mothers in a group setting or through home visits?	☐ 1. Only through group teaching sessions ☐ 2. Mostly through group teaching. Did home visits only to mothers who missed the group teaching session ☐ 3. Only through home visits ☐ 4. Mostly through home visits and some group teaching ☐ 5. Other _____ ☐ 99. Not sure / Don't know
20	How long did it take you to walk to your closest mother beneficiary's house?	_____ minutes ☐ 99. Not sure / Don't know
21	How long did it take you to walk to your farthest mother beneficiary's house?	_____ minutes ☐ 99. Not sure / Don't know
22	How long did the group meetings you held with the beneficiary mothers normally last?	☐ 1. Less than one hour ☐ 2. One and a half hours ☐ 3. Two hours ☐ 4. More than two hours

		☐ 5. Other _____ ☐ 99. Not sure / Don't know
23	How long did the home visits you made to beneficiary mothers normally last?	☐ 1. Less than one hour ☐ 2. Between one to two hours ☐ 3. Two or more hours ☐ 5. Other _____ ☐ 99. Not sure / Don't know
	Interviewer: Now I am going to ask you a few questions about Community leaders and their role in the child survival project	
24	Over the last 12 months, how often did you meet with Community Leaders to talk about the child survival project?	☐ 1. Once or more a month ☐ 2. Once every two months ☐ 3. Once every three months ☐ 4. Once every six months ☐ 5. Once a year ☐ 6. Never ☐ 99. Not sure / Don't know
25	How did community leaders support the child survival project? <i>Allow free answers only, do not prompt. Mark all that apply.</i>	☐ 1. Encouraged mother leaders and mother beneficiaries to participate in group teaching ☐ 2. Encouraged mother leaders and mother beneficiaries to put into practice the teachings they received ☐ 3. Helped explain the project to mother leaders and beneficiaries

		☐ 4. Assisted in conflict resolution ☐ 5. Modeled behaviors promoted by child survival project ☐ 6. Put laws into place that require families to adopt child survival behaviors ☐ 7. Helped mothers to seek health care at the health post ☐ 8. Did not help ☐ 9. Other _____ ☐ 99. Not sure / Don't know
Interviewer: Now I am going to ask you some questions about being a mother leader		
26	In your opinion, have people in your community given you more respect because you are a mother leader?	☐ 1. Yes ☐ 2. No ■■■ SKIP TO #31 ☐ 3. Not sure / No answer
27	Who respects you now that did not before you became a mother leader? <i>Allow free answer, do not prompt. Mark all that apply.</i>	☐ 1. Husband ☐ 2. Parents or husband's parents ☐ 3. Community leaders ☐ 4. Other mothers / women ☐ 5. Extended family (Grandparents, Aunt, Uncle, Cousin, etc..) ☐ 6. Health facility personnel ☐ 7. Other _____ ☐ 99. Not sure / Don't know

28	Some mothers in the project adopted good practices and others did not. Why do you think some mothers were able to change their practices? <i>Allow free answer, do not prompt. Mark all that apply.</i>	☐ 1. Mothers were unaware of good practices before the project. When they were made aware they adopted them. ☐ 2. Social, economic, and culture level of Mothers ☐ 3. They understood that the change was important, necessary, and beneficial ☐ 4. To support others in the community who resist cultural customs ☐ 5. They were concerned for the welfare of their family. ☐ 6. Other _____ ☐ 99. Not sure / Don't know
29	What changes have you seen in yourself as a result of this project? <i>Probe: What skills have you gained from being a mother leader in this project?</i> <i>Allow free answer, do not prompt. Mark all that apply.</i>	☐ 1. Adopted healthy nutrition practices ☐ 1. Adopted healthy hygiene and sanitation practices ☐ 2. More capable and confident to teach (using flipchart) ☐ 3. Able to identify danger signs in children and pregnant women and counsel appropriately ☐ 4. Able to identify when a child is underweight and counsel appropriately ☐ 5. Able to give advice on child illnesses (like diarrhoea, pneumonia, malaria, etc..) ☐ 6. Able to counsel on appropriate breastfeeding ☐ 7. Other _____ _____ ☐ 99. Not sure / Don't know

30	In the past 12 months, how many times have you talked to health facility staff regarding subjects that you talked about in this child survival project? One time, two to four times, four to six times, or six or more times?	☐ 1. One time ☐ 2. Two to four times ☐ 3. Four to six times ☐ 4. Six or more times ☐ 5. Never ☐ 6. Other _____ _____ ☐ 99. Not sure / Don't know
<i>Interviewer:</i> Now I am going to ask you some questions about caring for your child and handwashing		
31	At what age should you start giving your infant water, tea, or porridge?	_____ months old ☐ 99. Not sure / Don't know
32	What are danger signs that indicate a child needs to go immediately to the health post? <i>Prompt: Are there any other signs?</i> <i>Keep asking for more signs or symptoms until the mother cannot recall any additional danger signs</i> <i>Circle all signs mentioned, but do NOT prompt with any suggestions</i>	☐ 1. Diarreia sanguinolenta ☐ 2. Recusa consumir liquidos e solidos ☐ 3. Fraca ou letargica, nao consegue acordar ☐ 4. Diarreia ha duas semanas ☐ 5. Febre alta ☐ 6. Convulsions ☐ 7. Vomiting ☐ 8. Other _____ _____ ☐ 99. Not sure/Don't know

33	When should you wash your hands with soap or ash? <i>Prompt: Are there any other situations?</i> <i>Keep asking for more instances until the mother cannot recall any additional times</i> <i>Circle all instances mentioned, but do NOT prompt with any suggestions</i>	☐ 1. Usar ou limpar a latrina ☐ 2. Limpar o nus da criança ou assoar o nariz ☐ 3. Quiser preparar a comida ☐ 4. Quiser preparar qualquer alimento ou dar de comer as crianças. ☐ 5. Other _____ _____ ☐ 99. Not sure / Don't know
37	Voce acredita que vale mais o homen que a mulher, vale mais a mulher que a homen, ou sao iguais ?	☐ 1. Homen vale mais ☐ 2. Mulher vale mais ☐ 3. Sao Iguais ☐ 99. Nao sabe/ Nenhuma Reposta
38	Is it okay for a husband to hit his wife if he is unhappy with her?	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know
<i>Interviewer: Now I am going to show you some pictures and ask you a few questions about them</i>		
34	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the mother</i>	☐ 1. Diarreia há duas semanas – isto é uma emergencia ☐ 2. Other incorrect message ☐ 3. Other correct message: _____ _____

		☐ 99. Not sure / Don't know .
35	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the mother</i> 	☐ 1. ALEITAMENTO como prevenção da Malnutrição e outras doenças ☐ 2. Other incorrect message ☐ 3. Other correct message: _____ ☐ 99. Not sure / Don't know
36	What is the key message this image is meant to convey? <i>Enumerator should have a large size picture of the image below to show to the mother</i> 	☐ 1. Tomar medicamento (desparasitantes) de 6 em 6 meses depois fazer 1 ano de idade. ☐ 2. Other incorrect message ☐ 3. Other correct message: _____ ☐ 99. Not sure / Don't know

ANNEX 8: KPC Questionnaire for Promoters ENGLISH

PROMOTER KPC

Unless indicated otherwise mark only one answer per question. DO NOT LEAVE ANY QUESTIONS BLANK!

Interviewer checks of MB is from a Phase I or Phase II District:		☐ 1. Phase I Promoter ☐ 2. Phase 2 Promoter
Phase I is Promoter from Manga, Caia, Maringue, Chemba, or Marromeu Phase II is Promoter from Dondo, Nhamatanda, or Gorongosa		
No.	Question	Response
1	Are you male or female?	☐ 1. Female ☐ 2. Male
2	How old are you? Probe: How old were you at your last birthday?	_____ Years

3	Have you ever attended school or preschool?	☐ 1. Yes ☐ 2. No ■■■ SKIP TO QUESTION 5
4	How many years of school have you completed?	_____ Years
5	How many years have you worked for Food for the Hungry as a Child Survival Facilitator?	_____ Years
6	Are you a Phase I or Phase II Facilitator for the Child Survival project?	☐ 1. Phase I ☐ 2. Phase II ☐ 99. Not sure / Don't know
7	Before starting work in the community you work in, were you a resident of that community for at least three years?	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know
Now I am going to ask you questions about the mother leader groups that you teach.		
8	On average, how many mother leaders are registered in your mother leader groups?	_____ # of ML
9	On average, how many mother leaders are present at each group teaching session?	_____ # of ML
10	How long did the group meetings you held with the leader mothers normally last?	☐ 1. Less than one hour ☐ 2. One and a half hours ☐ 3. Two hours ☐ 4. More than two hours ☐ 5. Other _____

		☐ 99. Not sure / Don't know
11a	On average, how many mother leaders miss the group lesson?	_____ # of ML who miss the group lesson
11b	On average, how many women do you visit in their homes because they missed the group lesson in a two week period?	_____ # of home visits per month
12	On average how many mother leaders dropped out of the program per group of mother leaders in the last 12 months?	_____ # of mother leaders per mother leader group If 00 aaa SKIP TO QUESTION 13
13	Why did mother leaders drop out of the project? <i>Allow respondant to freely answer, do not prompt. Mark all that apply.</i>	☐ 1. Lack of incentives ☐ 2. Moved to a new area ☐ 3. Too much time was spent reviewing topics they already knew ☐ 4. Lack of interest ☐ 5. Replaced by the community or promoter because not teaching other mothers ☐ 6. Busy working on farms ☐ 7. Other _____ ☐ 99. Not sure / Don't know

14	How many mother leaders in your mother leader groups share the lessons they received with ALL their beneficiary mothers? All, some, a few or none?	☐ 1. All (90% or more) ☐ 2. Most (75-89% or more) ☐ 3. Some (40-74%) ☐ 4. A few (<40%) ☐ 5. None ☐ 99. Not sure / Don't know
15	How many mother leaders in your mother leader groups are able to read the words on the flipchart? All, most, some, a few, or none?	☐ 1. All (90% or more) ☐ 2. Most (75-89% or more) ☐ 3. Some (40-74%) ☐ 4. A few (<40%) ☐ 5. None ☐ 99. Not sure / Don't know
16	Do you use the flipchart lesson plan before or during a teaching session for mother leaders	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know
17	What type of educational methods do you use when teaching mother leaders? <i>Allow free answers only, do not prompt. Mark all that apply</i>	☐ 1. Games ☐ 2. Stories ☐ 3. Demonstrations ☐ 4. Explanation of images ☐ 5. Discussion Questions

		☐ 6. Other _____ ☐ 99. Not sure / Don't know
	Now I am going to ask you questions about community leaders in the child survival project	
18	How many times have you met with Community Leaders in the last 3 months?	☐ 1. 1-3 times ☐ 2. 4-6 times ☐ 3. 7-9 times ☐ 4. 10 or more times ☐ 5. Never ☐ 99. Not sure / Don't know
19	How did community leaders support the child survival project? <i>Allow free answers only, do not prompt. Mark all that apply.</i>	☐ 1. Encouraged mother leaders and mother beneficiaries to participate in group teaching ☐ 2. Encouraged mother leaders and mother beneficiaries to put into practice the teachings they received ☐ 3. Helped explain the project to mother leaders and beneficiaries ☐ 4. Assisted in conflict resolution ☐ 5. Modeled behaviors promoted by child survival project ☐ 6. Put laws into place that require families to adopt child survival behaviors ☐ 7. Helped mothers to seek health care at the health post

		☐ 8. Did not help ☐ 9. Other _____ ☐ 99. Not sure / Don't know
20	Has a community leader ever asked for incentives from the Child Survival project?	☐ 1. Yes ☐ 2. No ☐☐☐ SKIP TO QUESTION 22 ☐ 99. Not sure / Don't know
21	Did the same community leaders who asked for incentives continue to support the child survival project with their leadership, even though no incentives were provided?	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know
22	Has a Mother Leader ever asked for incentives from the child survival project?	☐ 1. Yes ☐ 2. No ☐☐☐ SKIP TO QUESTION 24 ☐ 99. Not sure / Don't know
23	Did the same Mother Leaders who asked for incentives continue to volunteer as mother leaders in the child survival project, even though no incentives were provided?	☐ 1. Yes ☐ 2. No ☐ 99. Not sure / Don't know
24	Some mothers in the project adopted good practices and others did not. Why do you think some mothers were able to change their practices? <i>Allow free answer, do not prompt. Mark all that apply.</i>	☐ 1. Mothers were unaware of good practices before the project. When they were made aware they adopted them. ☐ 2. Social, economic, and culture level of Mothers

		☐ 3. They understood that the change was important, necessary, and beneficial ☐ 4. To support others in the community who resist cultural customs ☐ 5. They were concerned for the welfare of their family. ☐ 6. Other _____ ☐ 99. Not sure / Don't know
25	What changes have you seen in yourself as a result of this project? <i>Probe: What skills have you gained from being a mother leader in this project? Allow free answer; do not prompt. Mark all that apply.</i>	☐ 1. Adopted the healthy practices that were taught ☐ 2. More capable and confident to teach ☐ 3. Improved communication skills ☐ 4. Gained skills to produce reports, analyze data and interpret data ☐ 5. Gained survey skills ☐ 6. Learned to listen and respect various opinions ☐ 7. Able to identify danger signs in children and pregnant women and counsel appropriately ☐ 8. Able to identify when a child is underweight and counsel appropriately ☐ 9. Able to give advice on child illnesses (like diarrhoea, pneumonia, malaria, etc..) ☐ 10. Able to counsel on appropriate breastfeeding ☐ 11. Other _____

		☐ 99. Not sure / Don't know
26	Have you ever talked to health facility staff regarding subjects that you taught in this child survival project?	☐ 1. Yes ☐ 2. No END OF SURVEY ☐ 3. Not sure/ Don't know
26	In the past 12 months, how many times have you talked to health facility staff regarding subjects that you talked about in this child survival project? One time, two to four times, four to six times, or six or more times?	☐ 1. One time ☐ 2. Two to four times ☐ 3. Four to six times ☐ 4. Six or more times ☐ 5. Never ☐ 6. Other _____ ☐ 99. Not sure / Don't know

ANNEX 9: RESULTS TABLE FOR OR KPC SURVEY

Results of the Mozambique Expanded Impact Child Survival Project Care Group Operational Research
May 2010 Sofala Mozambique

Indicators or Information measured in the Care Group KPC	Mother Beneficiary			Mother Leader			Promoter		
	Phase I	Phase II	Phase I&II	Phase I	Phase II	Phase I&II	Phase I	Phase II	Phase I&II
Number of Respondents to Survey Questions	101	99	200	100	100	200	25	35	60
% who ever Attended School	60.4%	56.6%	58.5%	54.0%	71.0%	63.0%	100.0%	100.0%	100.0%
Average years of education	5.1	5.2	5.1	4.9	4.7	5.4	10.5	9.2	9.7
% Able to read words on Flipcharts	29%	21%	25%	18%	24%	21%	44%	11%	25%
Average Age	29.7	26.2	27.9	41.2	33.7	37.4	31.1	28.9	29.8

Average Number of Years Involved in CS project	3.3	1.4	2.4	4.2	1.6	2.9	4.2	1.5	2.67
% who have children < 2 years of age or are pregnant	95%	97%	96%	36%	50%	43%	NA	NA	NA
% who are Female	100%	100%	100%	100%	100%	100%	28%	20%	23%
% Who had their last child in a health facility	9%	15%	12%	NA	NA	NA	NA	NA	NA
Average # of MB present at a ML teaching session	9.2	10.1	9.7	NA	NA	NA	NA	NA	NA
Average # of MB registered in the ML group	11.6	12	11.7	9.6	10.6	9.8	NA	NA	NA
Average # of ML present at a Promoter teaching session	NA	NA	NA	10.5	11	10.7	13.1	12.2	12.6
Average # of ML registered in the Promoter group	NA	NA	NA	12	11.8	11.9	NA	NA	NA
Average # of MB who dropped out of MB groups over the course of a year	2.4	0.6	1.6	1.2	0.7	0.95	NA	NA	NA
% turnover of ML in a 12 month period	6%	3%	5%	10%	6%	8%	NA	NA	NA
% turnover of Promoter over the LOA	NA	NA	NA	NA	NA	NA	16.0%	9.0%	12.0%
Top 3 reasons ML or MB dropped out of project	1. Moved to new areas (34%), 2. Busy working (20%), 3. Lack of incentives (11%)			1. Moved to new areas (30%), 2. Busy working (16%), 3. Lack of incentives (13%)			1 Moved to new area (55%), 2 Lack of incentives (18%), 3 Busy working (13%)		
% of ML who shared messages mostly or only through group meetings	70%	80%	75%	70%	71%	70%	NA	NA	NA
% of ML who shared messages mostly or only through home visits	30%	20%	25%	30%	29%	30%	NA	NA	NA
% of ML or MB that met every two weeks for health education and behavior change	95%	97%	96%	96%	100%	98%	92%	80%	85%
% of ML or MB that report attending most or all education sessions	73%	84%	78%	85%	82%	84%	NA	NA	NA
Average time traveled between ML and MB household	12 min	14 min	13 min	14min	17 min	16 min	NA	NA	NA
Average time traveled between Promoter and ML household	NA	NA	NA	17 min	16 min	17 min	NA	NA	NA
% of ML reported to have group meetings that lasted at least one hour	83%	71%	77%	78%	87%	82%	NA	NA	NA

% of ML reported to have made home visits that lasted less than one hour / one hour or more	58% / 39%	66% / 29%	62% / 34%	65% / 33%	71% / 25%	68% / 29%	NA	NA	NA
% of ML who when missed a lesson received the information	83%	71%	77%	98%	100%	99%	NA	NA	NA
Who else listened with a home visit was done:									
No one	20%	23%	22%	NA	NA	NA	NA	NA	NA
Daughter	50%	48%	49%	NA	NA	NA	NA	NA	NA
Son	5%	1%	3%	NA	NA	NA	NA	NA	NA
Mother	11%	10%	11%	NA	NA	NA	NA	NA	NA
Father	1%	3%	2%	NA	NA	NA	NA	NA	NA
Husband	0%	1%	1%	NA	NA	NA	NA	NA	NA
Female Friend	14%	14%	14%	NA	NA	NA	NA	NA	NA
ML used diverse educational methods to share Flipchart messages (games, stories, demonstrations, discussion, review, participant participation, and prayer)	14%	12%	13%	67%	80%	74%	56%	89%	75%
ML used Games	34%	48%	41%	67%	80%	74%	32%	29%	30%
ML used Stories	37%	49%	43%	14%	13%	14%	20%	29%	25%
ML used Demonstrations	49%	45%	47%	20%	28%	24%	8%	43%	28%
ML reviewed the previous sessions material	46%	46%	46%	49%	60%	55%	60%	83%	73%
ML asked participants to summarize the material	48%	49%	49%	90%	89%	90%	16%	60%	42%
ML used prayer	24%	26%	25%	NA	NA	NA	NA	NA	NA
MB or ML that know 6m is the age that an infant should be given water, tea, or food	89%	89%	89%	73%	90%	82%	NA	NA	NA
MB or ML can mention 3 or more child danger signs	67%	73%	70%	61%	87%	74%	NA	NA	NA
ML can mention 2 or more appropriate times to wash hands	98%	97%	97%	96%	100%	98%	NA	NA	NA
Average number of times MB or ML went to the hospital in the last 12m	6.8	6.6	6.7	NA	NA	NA	NA	NA	NA

% of MB or ML who could correctly state the key message associated with a flipchart image	51%	52%	52%	50%	49%	50%	NA	NA	NA
% of MB or ML who believe men and women have equal value	11%	20%	16%	43%	46%	45%	NA	NA	NA
% of MB or ML who believe that spousal abuse is acceptable	43%	25%	34%	95%	99%	97%	NA	NA	NA
% of ML who were elected by other mothers to be the ML	NA	NA	NA	50%	37%	44%	NA	NA	NA
% of ML who were invited by CL or Promoters	NA	NA	NA	47%	63%	55%	NA	NA	NA
% of ML or Promoter who met with Community Leader at least once every 6 months	NA	NA	NA	77%	72%	75%	96%	100%	98%
The top 3 ways Community Leader assisted the CS Project	NA	NA	NA	Encouraged the ML and the MB to participate in the group teachings, helped to explain the project to the ML and MB, and encouraged the ML and MB to practice the teachings they received.			Encouraged the ML and the MB to participate in the group teachings, collaborated in the resolution of conflicts, helped to explain the project to the ML and MB		
% of Community Leader who asked for incentives but continued supporting the project	NA	NA	NA	NA	NA	NA	100%	100%	100%
% of ML who asked for incentives but continued volunteering in the project	NA	NA	NA	NA	NA	NA	93%	100%	100%
% of ML who have gained respect from their husbands	NA	NA	NA	65%	57%	61%	NA	NA	NA
% of ML who have gained respect from their parents or husbands parents	NA	NA	NA	39%	57%	48%	NA	NA	NA
% of ML who have gained respect from their community leaders	NA	NA	NA	60%	68%	64%	NA	NA	NA
% of ML who have gained respect from their mothers / other women / mother beneficiaries	NA	NA	NA	100%	100%	100%	NA	NA	NA
% of ML who have gained respect from their extended family	NA	NA	NA	29%	52%	41%	NA	NA	NA
% of ML who have gained respect from health facility personnel	NA	NA	NA	28%	22%	25%	NA	NA	NA
ML who communicated with health facility staff at least 1 time in the last six months about CS topics or activities	NA	NA	NA	67%	62%	65%	NA	NA	NA

Promoters who communicated with health facility staff at least 4 times in the last six months about CS topics or activities	NA	NA	NA	NA	NA	NA	52%	63%	58%
Promoters who used the Flipchart lesson plan before or during CG teaching	NA	NA	NA	NA	NA	NA	96%	100%	98%

Acronyms: CG = Care Group CS = Child Survival ML = Mother Leader MB = Mother Beneficiary NA = Not Applicable LOA = Length of Activity

