

The Experience of Involving Members of Women's Groups to Promote Nutrition in Madagascar



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ABBREVIATIONS AND ACRONYMS

CASC - *Comité d' Action Sanitaire au Niveau de la Commune*; a health action

CSB - *Centre de Santé de Base*; public health clinic or center

CRS - Catholic Relief Services

FKT - *fokontany*; the smallest administrative unit equivalent to a neighborhood. In urban areas, a FKT is divided into a number of different sectors; in rural areas, a number of villages make up a FKT.

IEC - Information, Education, Communication

JSI – John Snow International is a USAID funded bi-lateral project in Madagascar

LAM – lactational amenorrhea method

NAC - *Nutrition à Assise Communautaire* ; a UNICEF-funded project

TNs - *Techniciens en Nutrition*, nutrition technicians (field agents)

EXECUTIVE SUMMARY

In 1999, the USAID funded LINKAGES Project, in collaboration with the JSI bi-lateral project in child survival and reproductive health, initiated community nutrition interventions in selected districts in the provinces of Antananarivo (Tana) and Fianarantsoa. One of the project's main components is utilization of community-based volunteers, among them members of women's groups, to disseminate nutrition messages. These nutrition volunteers are chosen due to their involvement in existing associations or groups and/or are well regarded in their community. The volunteers receive training in breastfeeding, nutrition, and use of IEC materials. They are expected to conduct various educational activities such as home visits and educational sessions at the community health center, participate in national or commune-sponsored health/nutrition events, and promote Essential Nutrition Actions in their daily activities.

In October 2001, a Rapid Assessment Procedure (RAP) was carried out in the project zone to measure progress in improving infant feeding practices. The findings indicated positive behavior changes among mothers. Interviews were conducted in August 2002 with volunteers, heads of health centers, and local authorities to obtain a better comprehension of the community-based players who were promoting these desired behaviors. The study explored the role and functions of nutrition volunteers in the project zone. Specifically, study objectives were to understand the factors that facilitated and hindered the work of volunteers as nutrition promoters and to explore the sustainability of involving volunteers in the program.

Despite a number of challenges encountered, volunteers have managed to promote nutrition messages via a number of different forums in their community: national vaccination campaigns, health festivals, educational sessions at health centers, home visits, informal contacts, community meetings, and activities within their respective associations. In some cases, the volunteers engaged in non-nutrition activities as well.

Of the women trained as nutrition volunteers who were interviewed during the study,

- All were originally from the area where they lived.
- The majority were "middle class," married, and mothers of grown children if not grandchildren.

- The majority had flexible jobs, a commitment to community development, and at least a primary school education.
- Many of the women were sociable and between the ages of 30–50 years.

Women who belonged to a group or association were more likely to be dynamic volunteers than those without group affiliation. First, they could easily integrate nutrition messages into the organization's existing activities. Second, they had contact through the health center with a captive and appropriate audience, e.g. pregnant women and mothers of young children. Third, their role as maternal and child health/nutrition animators was already defined and recognized in their communities.

In all sites, the women who were interviewed continued their nutrition activities more diligently during national events and at association levels. Certain activities within the commune and neighborhood levels tended to be sporadic or diminish over time. All of the women interviewed said that they educated mothers or pregnant women whenever an opportunity presented itself, such as encounters with acquaintances and strangers on the road, at the market, at the local public laundry facility, in the fields, etc.

Study results indicate that this community-based force is indispensable in reinforcing nutrition messages locally. Many mothers consider nutrition volunteers as their neighborhood resource for health and nutrition information. Many local authorities often rely on volunteers for assistance in various health events. Although the volunteers need on-going support, local authorities, including the heads of the health centers, have not provided the coordination and support as originally envisioned. For nutrition volunteers to do their work well, they need to be consistently supervised, compensated, and respected. These issues have to be addressed when working with women's groups. Sustaining nutrition volunteers is possible, provided there is continued national, and more importantly, local commitment. Through the life of the project, positive contributions can be made to encourage community participation and mobilization by involving heads of the health centers and local authorities. Ultimately, it is the communities that will have to decide whether they want services provided by trained volunteers and whether they will provide the necessary support.

Sustaining nutrition volunteers should be a collective effort. There are several ways to do so.

- For follow-up of nutrition volunteers, a leader among the nutrition volunteers could be identified, and/or another health worker at the health center could be responsible for supervision.
- For community recognition/respect, local authorities need to first value women's efforts in order to provide continued public support of nutrition volunteers.

- Using mass media to acknowledge and appreciate nutrition volunteers is one channel to demonstrate support. A national appreciation day for volunteers could be instated.
- Finally, in order to compensate nutrition volunteers for their opportunity costs, revenue-generating activities could be initiated.

I. INTRODUCTION

1. Background

Since 1999, the LINKAGES Project, in collaboration with JSI, has supported community-level health and nutrition activities in ten districts in Antananarivo and Fianarantsoa. In 2001, the program expanded to 13 more districts. The project encourages individuals to become actively involved in improving their health and the health of their communities. An important component of the community-based strategy is the training and deployment of a large number of community volunteers. Field experience suggests that the likelihood that activities will be sustained is greater if volunteers are drawn from established community groups. For this reason, one of LINKAGES' key strategies was training members of established women's groups to function as nutrition volunteers in their communities.

Training of these women by project staff—*Techniciens en Nutrition* (TNs)—occurred in three stages. The first two-day session focused on breastfeeding and the lactational amenorrhea method (LAM). Four months later, the trainees returned for another two-day training, this time on complementary feeding, feeding of the sick child, and mother support groups. The third training, a one-day session on women's nutrition and an integrated nutrition approach, took place six months later. These key nutrition behaviors are referred to as the Essential Nutrition Actions. In addition to the subject matter, women were trained to use IEC materials such as counseling cards, health newsletters, and child health cards. By October 2001, the project had trained 2639 women representing by at least 259 different types of groups (refer to Appendix A for the list of women's groups represented in the training).

Those trained were identified by the heads of the *Centre de Santé de Base* (CSB)¹—public health center—mayors, and/or fokontany (FKT) presidents.² The goal was to train a women's group member from each FKT in the target areas. At the end of the training each woman was asked to prepare an action plan to carry out in her FKT. The women were expected to take turns giving nutrition presentations at the CSB during vaccination days, prenatal visits, or family planning sessions. They were provided IEC materials to use during nutrition counseling focused on negotiating with parents to help them identify small, do-able actions they could take to improve their children's nutritional status. The women also were encouraged to organize village festivals and community theater with other community volunteers to convey the nutrition messages.

¹ CSB are the lowest level health facilities serving usually one commune. In one commune there are an average of ten fokontany.

² A fokontany is a group of villages or sectors of approximately 1,300 people in rural areas and 4,000 people in urban areas.

In March 2002, a preliminary study based on group discussions and semi-structured interviews was conducted with TNs in Antsirabe and Tana to gain a better understanding of the groups represented by the women, their role in promotion of the Essential Nutrition Actions, follow up, and links with the health sector, local leaders, and the community. This preliminary research with the nutrition technicians provided some very basic information concerning women who were trained by LINKAGES/JSI. The research highlighted the types of women trained and their affiliation with associations or groups. The findings suggested that women affiliated with associations or groups appeared to continue their work as promoters of nutrition messages whereas those without these connections tended to abandon their work. Other studies also suggest that nutrition volunteers need ongoing connection to an organization to sustain their efforts.³ The TNs reported that the nutrition volunteers experienced several major obstacles such as diminished work motivation, lack of public recognition and respect in their communities, and little or no follow-up of their work by the heads of public health centers (refer to Appendix B for more information). The findings gleaned from this preliminary research served as the basis for this study.

In this report, members of women's groups who received training in the Essential Nutrition Actions through the LINKAGES/JSI projects are referred to as nutrition volunteers. This term distinguishes them from professional health care providers who may counsel women on nutrition or those who receive compensation for their services.

2. Study Objectives

The main impetus for undertaking this study was to better understand the positive behavior changes observed in the Rapid Assessment Procedure in 2001. Positive indicators of project success were increased proportions of women breastfeeding exclusively, initiating breastfeeding within the first hour, breastfeeding sick children, as well as other key nutrition behaviors. This study set out to understand the contribution of women nutrition volunteers to the achievement of these observed changes and to explore factors that may have facilitated or hindered their work as nutrition promoters.

Key Findings of Rapid Assessment Procedure

- **Initiation of breastfeeding** within the first hour: 34% at baseline, 69% in 2001
- **Exclusive breastfeeding** among women with infants less than six months of age: 46% at baseline and 83% in 2001 with the most dramatic increases in exclusive breastfeeding among infants four and five months of age (12% at baseline, 71% in 2001)
- **Timely complementary feeding** among infants 6–23 months of age: no difference in the 2001 control and program populations but significantly higher among infants 6 months of age in the program area (75%) compared with the control area (33%)
- **LAM use:** 2% at baseline, 34% in 2001

³ Haider R, Ashworth A, Kabir I, Huttly SR. Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: A randomized controlled trial. *Lancet* 2000;356:1643-7.

3. Methodology

This section provides further background on the way in which the study was carried out that may explain some of the results. LINKAGES staff were responsible for the study design and a consultant was hired to carry it out (refer to Appendix C for the consultant's scope of work).⁴ The following sub-sections provide details on the methodology used to carry out the study.

3.1. Qualitative Research Capacity

Over a period of five days in August 2002, five LINKAGES staff members were trained by the consultant in basic qualitative research to learn how to conduct semi-structured interviews (see Appendix D for a list of the researchers). Specifically, four TNs and the Monitoring and Evaluation (M&E) Coordinator were briefed on qualitative research theories as well as techniques such as asking descriptive questions, observing, and taking notes. They also translated four interview guides into Malagasy and pre-tested them in two different neighborhoods within the project zone in Tana for question relevance and appropriateness, wording, and comprehension. The consultant oversaw data collection in three sites in Tana; the M&E Coordinator was responsible for the six sites outside of Tana. The consultant continued to provide feedback via email.

3.2. Study Sample

Criterion-based sampling was used to select the communes within nine districts where the project had worked since 1999. Two factors determined the process of selecting the communes⁵: 1) the level of involvement of CSB heads and, 2) residence (urban and rural). The hypothesis was that these two factors were likely to affect the success of the trained volunteers. The original research design proposed interviews with two "active" CSB heads in urban areas and three active CSB heads in rural or semi-rural areas. (Refer to Appendix G for a List of Sites.) Because there were numerous communes within each district and no clear criteria for sampling, it was decided that randomly selecting the communes would be most practical. Thus, a random numbers table was used to select one commune from each of the districts. Where there were communes that no longer had functioning women's groups, the next one on the list was selected.

TNs working in the nine districts arranged with local authorities the time and place for conducting the interviews. No specifications were given to local leaders as to the type of woman nutrition volunteer to select

⁴ Much of design was determined prior to the study, e.g. the selection of the staff to be trained in qualitative research, the time allotted for the study, the tool for data collection, the different groups of research participants, and the number of interviews). Based on these decisions and the results of the preliminary study, the consultant designed the training and study instruments.

⁵ In each district, there are numerous communes, each having a CSB, which would serve a number of FKT.

for the interviews. Most of the research participants lived and worked within the catchment area of the CSB. Interviews were conducted with the mayor of a community, except in a few instances when the mayor was unavailable or not at all involved with nutrition volunteers. Interviews were conducted with CSB heads with one exception. In Fianarantsoa II, a nurse who had been involved with nutrition volunteers in her area for a long time was interviewed instead of the mayor.

3.3. Semi-structured Interviews

Semi-structured interviews were conducted with nutrition volunteers, CSB heads, and local authorities (usually the mayor). Although the research protocol included interviews with women who had been trained by nutrition volunteers to further disseminate nutrition messages in their communities, in reality, no one was found who had received such training from the volunteer. In each of the nine districts, six interviews were conducted: one with the mayor, one with the CSB head, and four with nutrition volunteers. Fifty-three interviews were conducted in total over a period of four weeks. The interviews were recorded, transcribed, and translated into French for analysis. Every participant agreed to participate in the interview by verbal consent. The three instruments are presented in Appendix E.

3.4. Data Analysis

The consultant and the TNs thoroughly discussed the interviews in order for the consultant to understand their context and content throughout the data collection period in Tana and subsequently the collection period outside of Tana. For every interview, the consultant and TN spent an average of two hours reviewing and discussing the information gathered. Content analysis was used to examine the 53 semi-structured interviews. Prevalent patterns of successful and less successful activities of the trained women, reasons for their success, and the necessary supports were noted. Having six different accounts/perspectives of experiences within one catchment area provided a better understanding of the context in which the volunteers work and the factors that could determine the sustainability of their involvement in the program. Furthermore, research findings could be checked for consistencies and inconsistencies among informants, which provided a constant validity check.

3.5. Study Constraints

As with any study, there were several factors that affected the results. The main constraint was time. Insufficient time may have compromised the quality of the training as well as the data collection. For example, information on how some of these women work and what kinds of relationships they had or how they "supported" each other were not explored. Moreover, the notion of peer educators and how they

function was also not explored well. Another challenge was lack of access to reliable communication facilities (e-mail and telephone) between the consultant and the staff during the data collection period outside of Tana. However, with that said, comparing the breadth and depth of interviews done at the beginning of the data collection to ones done towards the end showed tremendous progress.

Finally, because the project conducted the interviews, all research participants viewed the research activity as an evaluation of their work. At a few of the sites, some of the trained women even personally knew the TNs who conducted the interviews. In some instances interviewees appeared to have exaggerated the number of activities conducted or minimized the problems they or others have encountered in order to make themselves appear more presentable. Such biases were taken into account when interviews were examined together within one site.

In October 2001, the Ministry of Health decided to put on hold all USAID-funded activities. As a consequence, many activities were interrupted at the community level, including those implemented by LINKAGES and JSI. Following the Presidential Elections in December 2001, a political crisis took place until July 2002. This crisis paralyzed the country and abruptly halted most development activities such as those supported by LINKAGES and JSI. The economic and social structures of the country were heavily affected by economic and transportation blockades that prevented the free circulation of people and food. Food insecurity became a major problem and families were faced with food shortages throughout the country during this time. Staple foods were not only difficult to find on the marketplace but when they were available their prices often surpassed the means of the population. All these events affected the implementation of LINKAGES ' community nutrition activities during the time of this present study. Although it is impossible to estimate the effects the political events had on the outcomes of the study, this unusual situation needs to be borne in mind when interpreting the findings of the study as the environment at the community level was far from optimal for the implementation of development activities such as those supported by LINKAGES and JSI.

II. STUDY FINDINGS

1. Profile of Women Nutrition Volunteers

The majority of women nutrition volunteers who agreed to be interviewed are active or dynamic. Local authorities who contacted them to discuss their activities with the TNs most likely selected dynamic volunteers because they wanted to give the project a good impression of their community. Moreover, the authorities were more likely to know volunteers who were active than those who were inactive in their community. If inactive volunteers were contacted, it is likely that they would have self-selected not to come to the interviews. Some of the similarities of those who were interviewed may be explained by common character traits among those who chose to continue with their activities despite various obstacles.



Of the women trained as nutrition volunteers who were interviewed during the study:

- All were originally from the area where they lived.
- The majority were “middle class,” married, and mothers of grown children if not grandchildren.
- The majority had flexible jobs, a commitment to community development, and at least a primary school education.

Many of the women were sociable (not shy, exhibited good speaking skills, or had experience as animators or teachers) and were between the ages of 30–50 years. Most either had jobs and/or belonged to associations that enabled them to integrate nutrition education into their associations’ programs. Older women were usually well known and respected within their community. (Refer to Appendix G for a breakdown of the women interviewed by age, occupation, site, and group affiliation.)

The following is a description of a “typical” trained woman who is active in her work as a nutrition promoter. As will be discussed later, having these characteristics does not guarantee a sustained career as a promoter of nutrition messages, but it is one among several crucial prerequisites. This composite of a

dynamic volunteer is based on actual characteristics of the women interviewed as well as people's evaluation of a dynamic volunteer.⁶ Regardless of sites, rural, semi-urban, or urban, one could say that a dynamic nutrition volunteer is a woman who is recognized in her community as someone who is capable of educating others on health matters. (This implies that she was chosen because she has some of the characteristics mentioned previously, not because of any personal connection to local authorities.)

An effective nutrition promoter in rural or semi-rural areas may be a farmer (*cultivatrice propriétaire*) whose husband is employed, perhaps as a teacher. She has enough money to take time off to educate mothers. A volunteer who is preoccupied with looking for work or earning a daily wage is likely to abandon her responsibilities as a nutrition promoter. Moreover, she would not have her husband's support to continue her volunteer work.⁷ In urban areas, the nutrition volunteer may be "retired" but still working as a seamstress and active in her church (*dorkasy*) or community development association (*Comité du FKT*). She attends to house chores expected of women and perhaps takes care of grandchildren living with her. Regardless of how she earns a living, her job needs to be flexible so she can also work as a volunteer. Even though she may not spend more than 20–30 minutes conducting educational sessions at the CSB and/or two hours visiting mothers at their homes once a month, she still has to arrange her responsibilities. The issue of money is especially important for people in the context of recent political events, which resulted in price increases, job layoffs, and food scarcity.⁸

An effective volunteer needs to be "heard" and respected. Respect comes with marriage, children, and age. (There were a number of trained women who were widows). She should also be presented to her community officially by the FKT president. It appears that a nutrition volunteer in her 20s to early 30s is often not held in high esteem by mothers of the same age range or older. Likewise a nutrition promoter in her 60s, especially operating in a fokontany, is likely to get discouraged going door-to-door and may eventually abandon all activities. In sum, a good candidate for a nutrition volunteer is a mother with sufficient income who is mature, sociable, educated, and committed to helping others without getting paid. The majority of women interviewed said that they became volunteers because they wanted to help others in their community. A volunteer should also be someone who is able to withstand criticism from community members.

⁶ Mayors and CSB heads were asked to describe a dynamic trained woman as well as someone who is not dynamic.

⁷ Although none of the women interviewed raised this as an issue for them, a few mentioned that husbands' non-supportiveness can be an obstacle for other women.

A nutrition volunteer associated with the Red Cross,⁹ SEECALINE,¹⁰ NAC,¹¹ or CRS¹² is most likely to be a more dynamic volunteer for several reasons. First, she can easily integrate nutrition messages into the existing activities of the organization. Second, she has a captive and appropriate audience, e.g. pregnant women and mothers of young children. Third, her role as a maternal and child health/nutrition animator is already defined and recognized in her community. All these contribute to making her job as a promoter of nutrition messages that much easier.

The majority of nutrition volunteers interviewed belonged to local groups or associations. However, belonging to an association does not guarantee success. Being in an association and having these intrinsic characteristics certainly helps trained women to continue their job as nutrition educators, but there are other external factors that also play an important role in defining their success. The following profile of a leader of a women's group who is also a FKT nutrition volunteer illustrates this point.

PROFILE OF A WOMEN'S GROUP LEADER AND NUTRITION VOLUNTEER

Antsirabe II - Rural Site Commune of Soanindrarinny

Saholy, a FKT volunteer, is in her forties. A widow since 1987, she is the mother of two girls. She earns her living as a seamstress. According to the TNs, her level of education is "average." Like many other trained women, Saholy is devoted to community development and is open to learning about new health practices. She likes to help her "neighbors." Saholy started receiving training in 1998 under the BASICS Project. Since then she has received numerous basic and refresher trainings. For the last four years, Saholy has worked with two different CSB heads. It was the first CSB head who recognized that she was someone capable of not only doing good without getting paid but of "always finishing what she started." He convinced her that she would be perfect for the job of nutrition volunteer. She became a leader in 2000 when the CSB head asked her to help him organize monthly meetings and health festivals. In her description of her responsibilities as leader, it is interesting to note that Saholy never mentioned keeping the CSB head abreast of her activities.

Saholy was probably only one of two people interviewed who was able to identify the functioning nutrition volunteers and describe their activities. As the leader of nutrition volunteers in her commune, she organizes meetings and the educational sessions at the CSB. Every Wednesday—vaccination and market day—nutrition volunteers from five FKTs

⁸ For several months in the first half of 2002, barricades on Madagascar's major roads and ports prevented the transport of goods to and from Tana and the rest of the country.

⁹ Red Cross activities include distribution of Nivaquine and weighing of children ages zero to five.

¹⁰ SEECALINE is a World Bank-funded nutrition project. Activities include cooking demonstrations, distribution of corn flour and milk, and weighing of children 0 - 3 years old. Agents who work at SEECALINE health centers receive monthly salaries.

¹¹ NAC - *Nutrition à Assise Communautaire* - is a UNICEF-funded project. Agents target pregnant women and mothers with young children up to five - years, educating them on nutrition and raising vegetables. Depending on the site, agents have different revenue generating activities, e.g. communal farming in Fianarantsoa II.

¹² CRS - Catholic Relief Services - operates centers where mothers can bring their children to get weighed and vaccinated. CRS also sponsors Food-for-Work activities.

take turns conducting sessions. On occasions when volunteers fail to show up, she fills in for them. In organizing the health festivals, she works closely with the mayor to prepare the invitations.

In addition to her duties as leader, Saholy works with three other nutrition volunteers from her FKT to make home visits. In fact, she initiates these home visits, deciding when to do them and where to go. Typically, the volunteers conduct home visits when there are at least two of them available. According to Saholy, mothers are easier to convince when there are two people present. Starting at 8 Saturday morning and ending at around 2 in the afternoon, they visit about 7 homes. They also follow up with the mothers who they think will have difficulty in following their advice. Usually these mothers are very poor and have several children under the age of five. Saholy and the three other nutrition volunteers also educate women in their church choir. It appears that the educational session for the church choir is informal. Members select the topics, ranging from nutrition to contraception methods. Although Saholy did not mention that she had received training in family planning methods, family planning appears to be an important health topic for her. She is probably seen as someone that many women in her community can ask about a range of health issues. Nutrition volunteers from the same area report their monthly activities to Saholy and schedule with her their group education sessions at the CSB. Although it is unlikely that she organizes meetings with nutrition volunteers to talk about their activities, Saholy probably gets an update every time she sees them.

In terms of collaboration with the mayor and the CSB head, Saholy appears to be on good terms with both. She mentioned that she had raised the problem of money for *déplacement* (compensation for incidentals for travel for home visits or meetings at the health center). In the past, both the mayor and the CSB head had on occasion given some money to women when Saholy had asked them for help. They had supported health festivals to raise money for the volunteers. However, in the long term, the mayor said that he could not give money to women's groups because the commune budget was limited. is "average." Like many other trained women, Saholy is devoted to community development and is open to learning about new health practices. She likes to help her "neighbors." Saholy started receiving training in 1998 under the BASICS Project. Since then she has received numerous basic and refresher trainings. For the last four years, Saholy has worked with two different CSB heads. It was the first CSB head who recognized that she was someone capable of not only doing good without getting paid but of "always finishing what she started." He convinced her that she would be perfect for the job of nutrition volunteer. She became a leader in 2000 when the CSB head asked her to help him organize monthly meetings and health festivals. In her description of her responsibilities as leader, it is interesting to note that Saholy never mentioned

2. Activities of Nutrition Volunteers

All of the women interviewed reported performing similar duties as promoters of nutrition messages. The vast majority of them had participated in two of the three training phases—those focused on exclusive breastfeeding, LAM, and complementary feeding. With the participation of CSB heads, they all had established action plans during each training, specifying the type and number of educational activities that they would undertake and setting up a schedule, usually for two to three months. In addition to scheduled activities, they were encouraged to promote better nutrition behaviors to women in their community during informal contacts in their daily life.

Since the start of interventions in the project sites about two years ago, women have supported health and nutrition events within their communities at a number of different levels. They promote nutrition messages during national events such as vaccination campaigns, commune-sponsored events such as group education at the CSB, home visits in their neighborhoods, and activities within their respective association. In all sites, the women who were interviewed said that they continued their nutrition activities more diligently

during national events and association activities. It appears that most nutrition volunteers start out very organized, following closely the action plans established during the training. Over a period of several months, they begin to reduce their educational activities. Certain activities at the commune and neighborhood levels tend to be sporadic or diminish over time. However, some women do appear to be active at the neighborhood level in promoting nutrition messages through their daily informal encounters with women, perhaps because these contacts do not require collaboration and prior planning.

All promotional activities more or less came to a halt during the political crisis in the first half of 2002. A few nutrition volunteers had resumed their activities at the time of the interviews for this study. They described their activities under normal conditions at the national, commune, neighborhood, and association levels, summarized below.

2.1. National Events

Almost all of the nutrition volunteers interviewed have been involved in national health campaigns. For the polio vaccination campaign¹³, CSB Heads would usually call all community animators,¹⁴ including nutrition volunteers, to the CSB to prepare for the particular campaign. The nutrition volunteers work with other animators in their FKT to inform the community about the event. On the day of the event, they present skits on breastfeeding or complementary feeding to mothers who come to get their children vaccinated. The nutrition volunteers likewise work with local health workers and other animators to distribute vitamin A in their community. During the distribution of vitamin A, they take the opportunity to educate mothers on breastfeeding and complementary feeding.

2.2. Commune-level Activities

There are two main educational activities that nutrition volunteers do at the commune level: 1) health festivals and, 2) group sessions at the CSB. Many women interviewed have participated in health festivals and/or events organized locally by their commune to raise funds for their CSB, animators, and nutrition volunteers. Like national health campaigns, health festivals are occasions when animators, health workers, and nutrition volunteers from different neighborhoods work together to prepare for the event. It is an opportunity for them to see other animators in action (and perhaps discuss their respective educational

¹³ The polio vaccination campaign is a national campaign organized by the Ministry of Health, WHO, and UNICEF to make vaccination more accessible. Instead of having vaccinations only at the health center, people can get their children vaccinated at a more convenient location such as the FKT office. This campaign occurs twice a year.

¹⁴ Animators can be part of the FKT health committee, trained by other agencies or trained by the LINKAGES/JSI on a host of health topics such as family planning, diarrhea, sanitation, etc.

activities as well as problems encountered)¹⁵. It appears that health festivals are events that the community and those involved in the planning enjoy. They promote a number of health practices via songs, poems, skits, and the "fattest baby" competitions with prizes. In a few instances, there have been health festivals or other community events organized by the CSB head and/or local authorities to generate funds for the animators/women's groups in the community.¹⁶

A few of the volunteers reported taking turns in conducting group sessions at their CSB on vaccination and/or pre-natal visit days(s). A number of them help local authorities by working outside the realm of nutrition education. For example, they may encourage people to keep their neighborhood clean, clean the CSB themselves, document polio cases, weigh children at the CSB, go door-to-door to encourage parents to get their children vaccinated, or take a census of children under age five in their FKT.

2.3. FKT/Neighborhood Activities

There are several activities conducted at the neighborhood level: FKT meetings, home visits, and informal contacts. With their FKT president's permission, some trained women spend 15–20 minutes at the beginning or end of FKT meetings to present the various nutrition messages. FKT meetings usually occur two to four times per year in most places, attended by community members. Women usually employ either skits or counseling cards to relay nutrition messages. Sometimes they convey messages on other health priorities or community problems as deemed important by the CSB head, local authorities, and/or women themselves. Since some trained women are also family planning agents¹⁷ or have received training in STDs/HIV/AIDS (from the Red Cross), they can disseminate multiple health messages to mothers during meetings and home visits. For example, during the rainy or diarrhea season, they promote messages on prevention and treatment of diarrhea.

As for home visits, although some women interviewed report that they make home visits in areas far from their homes, requiring them to walk a distance averaging 3– 5 km, most nutrition volunteers limit their visits to areas closest to where they live.¹⁸ Those who venture outside of their immediate neighborhood work with other trained women or animators. Working with another person is helpful for several reasons. First, convincing mothers to try a new behavior is easier as a team, with someone from the neighborhood

¹⁵ It is assumed that some women and other animators do discuss their experiences with one another when they see each other. However, the extent of this practice is unknown.

¹⁶ At one site inter-commune soccer matches were held for animators including nutrition volunteers

¹⁷ Family planning agents are either FISA agents, an organization affiliated with the International Planned Parenthood Federation, or have been trained on contraceptive methods by the Project.

providing examples of people who have successfully implemented the recommendations in the neighborhood. Secondly, working with one or more women gives the volunteers more "courage" to face whatever difficulties they encounter in making these visits. The disadvantage is finding a time slot that is convenient for the mother and the volunteers.

All of the women interviewed said that they educate mothers or pregnant women whenever an opportunity presents itself. By and large, the majority of this kind of educational opportunity occurs on the road, at the market, at the local public laundry facility (*bassin lavoir*), in the fields, etc. The volunteers may or may not know the mothers they meet during these casual encounters. These occasional educational activities are probably the most prevalent and feasible way for trained women to disseminate nutrition messages because no planning or organization is required. Another opportunity for dissemination of messages is during traditional/family ceremonies.

Women also mentioned that they educate mothers while working. For example, women who owned kiosks advised customers who had young children on how to enrich certain foods. Women who employed workers on their farm told them to bring their babies so they could breastfeed during the day.

Testimonies and Cooking Demonstrations in Tana Nord

An interesting strategy adopted by a FKT trained woman was related in Tana Nord. Lalao Marthe works with five younger mothers, about 25 to 30 years old, who have followed her advice and are now convinced of the efficacy of the nutrition messages. She uses cooking demonstrations to attract mothers to come hear her talk about breastfeeding and nutrition. These mothers help her get ingredients and prepare the food; they also share their experience with each other.

2.4. Association Activities

Among the 35 nutrition volunteers interviewed, most of them belong to some type of association. As previously mentioned, women affiliated with a nutrition association may be best poised to disseminate nutrition messages for various reasons. Nutrition volunteers who belong to the Red Cross, CRS, SEECALINE, or NAC have opportunities to educate mothers or caretakers at the organization's center and in their homes. When mothers bring their children to these centers to be weighed, get vaccinated, or receive dry corn meal, they also receive nutritional messages from trained women. Women affiliated with

¹⁸ A distance greater than 3 km is considered far; most women who do home visits conduct them within a radius of 2 km from their house.

SEECALINE often take mothers with them for home visits to offer testimonials. CRS nutrition volunteers, on the other hand, work with other CRS promoters.

Women who belong to church groups also disseminate nutrition messages but to a lesser extent. Because they educate fellow members at monthly or bimonthly meetings, their area of influence is limited, particularly since the same members attend the meetings. A few women reported promoting nutrition messages to pregnant women and mothers of young children as they left the church service.

Profile of a Nutrition Volunteer from a Church Association

In the rural district of Ambositra, Delphine, a nutrition volunteer, is the president of the Catholic Association. She visits three different churches, one church per week. During these visits she encourages people to fill both their spiritual and physical needs. Delphine is perceived among her peers as a leader because she is the oldest and the most skillful orator among the nutrition volunteers in her community. She also initiates and organizes group sessions so that a group of two or three volunteers conducts the nutrition sessions at the CSB.

3. Local Support

3.1. CSB Head

It was generally assumed that CSB heads could take the lead role in supervising nutrition volunteers. CSB heads in eight out of nine sites do not or cannot provide this supervision for several reasons. First, CSB heads are expected to work closely with local authorities but are often not originally from the commune where they are posted. Sometimes this is an issue,¹⁹ especially for those with weak interpersonal communication skills. Second, CSB heads are often overburdened with other responsibilities. For example, the catchment area for the CSB in Tana Sud is 15 FKTs; the CSB has a staff of 15 and is open seven days a week. The large catchment area is not an exception but the norm for most of the health centers in the study sites. A larger area means more clients, more consultations, and more paper work. Third, CSB heads are expected to provide support to other animators in the catchment area. Fourth, the topic of maternal/child nutrition may not be a priority for the area or the CSB head with other health issues taking precedence. In remote sites such as Ambositra and Ambohimahasoia where the nearest equipped health facility is 30–40 km away, both local authorities and CSB heads focus their energy on medical evacuation and educating people on safe motherhood.

¹⁹ There appears to be a distrust of foreigners, e.g. individuals not originally from the area.

Thus, for the most part, the support provided by CSB heads to the nutrition volunteers is limited to periodic meetings at the CSB to prepare for major events such as the polio vaccination campaign, vitamin A distribution, and health festivals. Only one CSB head holds regular meetings at the health center for animators and nutrition volunteers. All of the CSB heads interviewed realize that nutrition volunteers need more supervision and support. Some recognize that they should do more but are unable.

3.2. Local Authorities

The *Comité d' Action Sanitaire au Niveau de la Commune* (CAS) was a structure set-up by the JSI project, under the directive of the MOH to create such health committees at the community level. This committee was supposed to work with the MOH cost-recovery system and support the coordination of community activities. At present, the committee exists in theory but not in practice. It appears that CAS members met only once and that was during their training. The CAS was never functional in any of the districts studied. The majority of people interviewed were not aware of its existence or role.

Local leaders seldom provide direct or indirect support (via CSB heads) to nutrition volunteers. If local authorities provide any support to the volunteers, they act alone, and not necessarily as a committee. There were only two instances when local leaders showed their support for the volunteers. Based on interviews with local authorities and women, it is clear that they do not expect the community, e.g. local leaders, to be instigators of this type of support. Most if not all local authorities and women interviewed regard supervision of nutrition

The president of the FKT of Andalantery in urban Fianarantsoa showed support for nutrition volunteers beyond the traditional formal presentation of the volunteers to the community. Whenever nutrition volunteers encountered people who were rude to them, they informed the president and he talked to these people.

Nutrition volunteers in rural Fianarantsoa reported that the mayor provided transport for occasions when they had to go to other communes to participate in inter-commune soccer games.

volunteers as the responsibility of the CSB head as part of broader health responsibilities. Although many of the authorities interviewed had received nutrition trainings and were involved from the beginning of the project, some still do not know who the nutrition volunteers are and what they do. They tend to lump all health animators together. Furthermore, it is evident that most local authorities interviewed do not consider maternal/child nutrition as the number one concern in their community. For example, mayors may be more focused on maintaining roads and building latrines and schools. Local authorities collaborate whenever they need to, but these collaborative efforts do not necessarily concern providing support to women so they can do their job better. Local authorities do not see themselves actively supporting, monetarily or morally, the nutrition volunteers.

4. Obstacles and possible solutions

The women interviewed experience similar kinds of obstacles in their work as nutrition volunteers regardless of site characteristics or type of volunteer. The obstacles women experience cannot be discussed singly but rather as a combination of "problems". As with any sort of job where individuals volunteer their time to help others, some people get tired and eventually stop working, particularly in cases where there is no follow-up and where they do not feel valued. This section of the report describes some of the challenges faced by the women and possible solutions.

4.1. High expectations and Insufficient Follow-up

There appears to be high expectations of what nutrition volunteers can achieve on the part of project staff and local authorities, including CSB heads. The project expects the nutrition volunteers to conduct home visits, facilitate group sessions at the CSB once a month, and promote nutrition messages whenever there is an opportunity. Nutrition volunteers affiliated with an association are expected to disseminate nutrition messages as part of the association's activities. To the CSB head and local authorities, the nutrition volunteers are perceived more as community workers who are expected to help others in the community. They are sometimes viewed as health workers. For example, in urban Antsirabe, the CSB head gave the trained women a list of children who needed to be vaccinated so that they could encourage mothers to get their children vaccinated. In several communes, women reported that they clean their CSB.

Although nutrition volunteers often do the work of community agents, it seems that they seldom get the recognition, respect, or support due to them from their community. This may be especially the case in sites where community development is relatively new and community members are not used to having health workers advising them on health/family matters. Most nutrition volunteers operate essentially without any encouragement or follow-up.²⁰

Possible Solutions For nutrition volunteers to continue their work, several issues need to be addressed. First, they need periodic supervision from someone who actually listens to their concerns. Given the responsibilities of the CSB heads, it is questionable that they can provide this supervision to numerous nutrition volunteers and animators on a regular basis. Perhaps, some other health worker in the CSB could undertake this job. Or, perhaps the nutrition volunteers could elect a leader among them who could assume this role. However, the leader herself would still need some level of support.

²⁰ This finding is contrary to what was reported by the TNs, whose inputs guided the selection of "active" and "non-active" CSB heads.

4.2. Community Attitude

As a result of somewhat high expectations and sporadic or insufficient follow-up, many of the women interviewed are discouraged. Many have stopped conducting home visits and group sessions at the CSB because they do not have time. Because nutrition volunteers are rarely supervised and given opportunities to voice their concerns to individuals who are able to help them, they often feel neglected. A few women even said that no one even knew that they had stopped working months earlier. Many women may also become discouraged because they do not receive respect from their community. Indeed, women interviewed frequently cited the way their community views them as an obstacle to their work. In urban Fianarantsoa, according to them, certain FKT presidents and other "educated" people are critical of their work. Known as *semi-savants*, they are educated people who are unable to find jobs and end up cultivating rice.

Essentially, nutrition volunteers encounter opposition from two types of people: 1) people who are in the same social-economic class and, 2) the very poor. Jealousy is perhaps the most appropriate word to describe why this is the case with the first group of people. They question why someone who comes from the same social class and community should know more and have the right to tell them how to take care of their children. They wonder what makes these women the "experts" since they are not doctors, health workers, or traditional healers. Very poor mothers who have more than four children, with several under the age of five, may not regard the feeding recommendations of the nutrition volunteers to be feasible because of their working situation and poverty. Moreover, they may not feel that they have the time to listen to the nutrition volunteer and think that the volunteer has nothing else better to do than to tell others what to do. The volunteers reported being sworn at and called names when they made home visits. Coupled with the problems of follow-up, these attitudes in the community do not encourage women to continue home visits in their community.

Possible Solutions Most women interviewed were formally presented to their community when they started their nutrition activities. To help elevate their role and status and to sustain the level of respect, local leaders need to make more of an effort to publicly acknowledge the nutrition volunteers and praise their work. Public support originating from local authorities would facilitate changes in community norms. This can be done during health festivals, FKT meetings, national health campaigns, and the mass media. However, changing community attitudes concerning nutrition volunteers via the support of local leaders can probably only occur if leaders themselves are convinced of women's contribution to their community. If leaders do not view nutrition as a health priority for their community, it is unlikely that they will want to invest their energy in recognizing and supporting nutrition promoters. The lesson learned from the creation and demise of the

CASC shows that one cannot force sentiments of commitment and community development on the community leaders.

4.3. Compensation

Although the issue of compensation is raised incessantly by everyone as the major cause of diminished motivation of the nutrition volunteers, this issue should be examined within the context of no follow-up, volunteer fatigue, and the prevailing community attitude. Money in itself cannot automatically solve all the obstacles women face; it certainly helps but it is not the only solution. One view is that lack of incentives becomes a more significant issue when women feel neglected and undervalued. In fact, discussions of money or compensation for women were always mentioned along with other problems. In general, many explained that a "symbolic" gesture, such as a T-shirt or a hat, is necessary to motivate women to continue their work. However, in reality women need compensation when they do home visits and have to deal with other difficulties discussed above. Perhaps what women need is more appreciation for their effort and compensation for certain situations, particularly long walks for home visits and travel to CSB meetings or group sessions.

Possible Solutions As a number of people interviewed suggested, nutrition volunteers (and perhaps other animators) should start up revenue generating activities, such as embroidery or another craft, a communal garden, or a special event. Money earned from these activities would cover incidentals when animators and trained women have to make home visits, go to the CSB for meetings, or spend half the day helping the CSB distribute vitamin A. Funds can also be used to purchase needed office supplies such as notebooks, folders to keep the counseling cards together, etc. However, who or which institutions can help with a start-up fund is questionable. To most people, community development almost always originates from foreign institutions—either the Ministry of Health or an international organization. Few recognize or consider the community to be in charge of raising funds to support and sustain nutrition volunteers. Two positive exceptions were found where revenue-generating activities were organized to either renovate the CSB or to support all animators.

Local Initiatives

In Antsirabe II, the CSB head organized a concert, inviting officials and animators and nutrition volunteers from other communes to the event. With the purchase of a ticket, people received cake, coffee, or tea and watched local musicians as well as animators/nutrition volunteers perform. According to the CSB Head, she is helping other CSB heads in neighboring communes so that they can host such an event in their community in the future.

In rural Fianarantsoa, a nurse started charging women a minimal fee for pre-natal visits and used the money to obtain the basics for the CSB such as buckets, mattresses, and curtains.

III. CONCLUSIONS

This study has provided a glimpse of the work of members of women's groups in promoting nutrition in Madagascar. If anything, it has also shown their strengths and endurance as nutrition promoters. Despite the fact that the majority of nutrition volunteers operate without much local supervision from the CSB, women reported engaging in a number of different educational activities at several levels in their communities. They also employed several innovative strategies to better promote nutrition messages.

Study results further demonstrate that this community-based force is indispensable in reinforcing nutrition messages locally. Many mothers consider nutrition volunteers their neighborhood resource for health and nutrition information, and many local authorities frequently rely on their assistance for various health events. Despite the important role they play in the community, nutrition volunteers have lacked support and supervision. Local authorities, including CSB heads, have not provided the coordination and support as originally envisioned.

For nutrition volunteers to do their work well, they need to be consistently supervised, compensated, and respected. These issues have to be addressed when working with women's groups. Sustaining nutrition volunteers is possible provided that there is continued national and, more importantly, local commitment. Through the life of the project, positive contributions can be made to encourage community participation and mobilization by involving CSB heads and local authorities. Ultimately, it is the communities that will have to decide if they want the services provided by trained volunteers and then provide the necessary support.

APPENDICES

Appendix A - Women's Groups Represented in the Training for Nutrition Volunteers

Appendix B - Key Findings from the Preliminary Research

Appendix C- Consultant's Scope of Work

Appendix D - List of Study Researchers

Appendix E – Research Instruments: Mayor, CSB Head, and Nutrition Volunteer

Appendix F - List of Study Sites

Appendix G – Nutrition Volunteers Interviewed

APPENDIX A

WOMEN'S GROUPS REPRESENTED IN THE TRAINING FOR NUTRITION VOLUNTEERS (ORIGINAL DISTRICTS)

SITUATION DES ONG MEMBRES DES GROUPEMENTS FEMININS AU NIVEAU DES DISTRICTS

Activités	Tana ville	Tana Nord	Tana Sud	Antsirabe I	Antsirabe II	Betafo	Ambositra	Amboimah asoa	Fianara I	Fianar II	TOTAL
ONG ayant une activité principale											
Religion	3				2	5	4	7			21
Micro-crédit					17	1			1		19
Sociale	4					7	3	4	1		19
Nutrition	2	4	1	1		1	1		1		11
Santé			4			1					5
Secourisme			1		1			1	1		4
Agriculture						3					3
Artisanat		1			2						3
Elevage						3					3
Scoutisme	2							1			3
Environnement	1						1				2
PF/SIDA								1	1		2
Politique							1	1			2
Bâtiment et Génie Civil	1										1
Energie domestique							1				1
Tourisme								1			1
Sous-Total 1	13	5	6	1	22	21	11	16	5	0	100
ONG ayant deux activités principales											
Agriculture et Elevage		1			38	2	1	2			44
Santé et Nutrition									7		7
Sociale et Culturelle	2								2		4
Adduction d'eau et			1			1		1			3

**SITUATION DES ONG
MEMBRES DES
GROUPEMENTS
FEMININS AU NIVEAU
DES DISTRICTS**

Activités	Tana ville	Tana Nord	Tana Sud	Antsirabe I	Antsirabe II	Betafo	Ambositra	Amboimah asoa	Fianara I	Fianar II	TOTAL
ONG ayant une activité principale											
Assainissement											
Agriculture et Artisanat		2				1					3
Santé et Sociale	2					1					3
Formation et Education								2			2
Santé et Environnement	1							1			2
Artisanat, Apiculture		1									1
Micro-crédit, Artisanat										1	1
Nutrition et Education									1		1
Nutrition et Secourisme				1							1
Santé, Agriculture										1	1
Sociale et Environnement	1										1
Sous-Total 2	6	4	1	1	38	5	1	6	10	2	74
ONG ayant trois activités principales											
Santé, Cultuelle, Sociale	1			20							21
Santé, Sociale, et Education				1				1			2
Nutrition, Artisanat, Agriculture		1									1
Santé, Micro-crédit, Artisanat										1	1
Santé, Nutrition et Culturelle				1							1
Santé, Nutrition et Ecotourisme			1								1
Sous-Total 3	1	1	1	22	0	0	0	1	0	1	27
TOTAL Général	20	10	8	24	60	26	12	23	15	3	201

WOMEN'S GROUPS REPRESENTED IN THE TRAINING FOR NUTRITION VOLUNTEERS (NEW DISTRICTS)

**SITUATION DES ONG
MEMBRES DES
GROUPEMENTS
FEMININS AU NIVEAU
DES DISTRICTS**

Activités	Anjozorobe	Ambohidratrimo	Ambatolampy	Fandriana	Ambalavao	Ifanadiana	TOTAL
ONG ayant une activité principale							
Sociale	3	4	3	3	5	1	19
Santé	7	1					8
Nutrition				1		3	4
Religion		1				3	4
Environnement	2				1		3
Artisanat		1			1		2
Micro-crédit	2						2
PF/SIDA						2	2
Scoutisme		1	1				2
Agriculture	1						1
Politique					1		1
Secourisme						1	1
Sous-Total 1	15	8	4	4	8	10	49
ONG ayant deux activités principales							
Santé et Nutrition			3				3
Santé et Sociale	2						2
Santé et Environnement						1	1
Santé et Education						1	1
Santé et Agriculture						1	1
Santé Artisanat						1	1
Sous-Total 2	2	0	3	0	0	4	9
TOTAL Général	17	8	7	4	8	14	58

Pour Manjakandriana les
ONGs sont surtout au
niveau Fokontany

APPENDIX B

Summary of Focus Group discussions and semi-structured interviews with Nutritional Technicians in Antsirabe and Antananarivo prepared by Brian Mullighan, LINKAGES Intern

Date: 4/5/02

Introduction

The following notes are a summary of the group discussions with Nutrition Technicians (TNs). 2 group sessions were held, one in Antsirabe, the other in Antananarivo. In addition to the group discussions, 3 semi-structured interviews were held with TNs (two from rural districts, two from urban districts).

KEY FINDINGS FROM THE PRELIMINARY RESEARCH

Activities of Nutrition Volunteers

- Nutrition volunteers who are affiliated with existing associations or groups are often able to sustain activities whereas those who are not tend to discontinue after a short period
- Current training modules may not be appropriate for certain women, especially those in the rural areas, who are likely to have a lower educational attainment than their urban counterparts
- Women have difficulty putting into practice negotiation techniques
- Few organize breastfeeding support groups
- TNs do not follow activities of the nutrition volunteers
- Breastfeeding is the most popular and easiest topic for nutrition volunteers to talk about to mothers

Support to Nutrition Volunteers

- Relationship between the women and the CSB is key to their "success" or sustainability
- Relationship between the CSB and the mayor of the commune maybe also affect groups' sustainability
- Nutrition volunteers, particularly from rural areas, often need local leaders' support to lend credence to their work
- TNs and CSB Heads do not have time to follow-up/monitor nutrition volunteers; scheduled follow-ups are insufficient to provide technical or other support
- Women may need public recognition of their work in order for the community to be receptive to their messages
- Since the nutrition volunteers are essentially community volunteers, they need incentives to maintain their initial enthusiasm and continue their work

In general it came across clearly that when TNs spoke of women's groups, they were referring specifically to those women they trained and who give presentations at the level of the CSB (local health center in a commune). The presentations at the CSB include breastfeeding, LAM, complementary feeding, and maternal nutrition and take place during vaccination days, pre-natal visits and family planning sessions. Home visits, negotiations, and breastfeeding support groups occur at the fokontany level, and TNs have little or no direct experience with groups at this level other than in the contact they have with the one woman who received the training.

Women's groups at the fokontany level are viewed as informal groups of family or friends that undertake the work in their own community after the trainings. These women may already belong to an association (church or social group, or NGO) or they may have no formal affiliations. Most TNs viewed those women who already have ties to associations in the community as more motivated and dynamic due to the built in support offered from these associations.

All TNs noted the importance of the relations between the CSB and local authorities as a primary indicator of the successful functioning of a women's group. If problems exist between the CSB and the community, this would put a stop to the work. If the head of the CSB is dynamic, then the group will be motivated as well in their experience. If not, less work would be done and follow-up would not happen.

All TNs mentioned follow-up as crucial to the motivation and successful work of women's groups. However, all said that they have no time for follow-up due to the pressures to fulfill the conditions of the USAID grant to the health districts in which they work. They were concerned that the trainings were not enough to sustain the work considering that many heads of the CSB have no time for follow-up themselves due to a heavy workload.

Results:

The following summary roughly follows the outline of key questions found in a memo prepared by LINKAGES Headquarters on February 3.

- **Types of groups and characteristics**

The Nutrition Technicians (TNs) gave examples of several groups that exist in their districts. Those named most frequently were Seecaline (World Bank nutrition project), CRS (Catholic Relief Services), The Red Cross, Religious groups "dorkasy" (Lutheran, Catholic, or other Protestant group), Social Groups such as wives of the police, gendarmes, or military.

Seecaline and CRS primary concerns relate to nutrition and malnourished children in particular. They conduct weighing sessions; dispense foodstuffs as well as conducting cooking demonstrations for mothers. Those who work for Seecaline receive monetary payment for their work.

The religious groups, "dorkasy", encompass many different activities, spiritual ministering, attending to the needs of those fallen on hard times in the community, community improvement, and social activities.

COSAN, instituted by government initiative, are volunteer community health committees formed approximately five years ago for the purpose of informing the community about the introduction of cost recovery mechanisms in the health system. They also had the task of promoting health prevention and encouraging people to improve the community's health. Although they still exist in name it is rare to find a still functional group.

TNs referred to those who attended the formations as a women's group. They take turns presenting on nutritional themes at the CSB (local health center) during vaccination days, pre-natal visits, and planning family sessions. These women write a monthly report of activities that occur in their respective fokontany and submit it as a group to the CSB. They also attend follow-ups at the CSB, though the timing for these varies if they occur at all.

TN's also spoke of women's groups at the fokontany level. This last group stands out as it is considered to be the direct result of the trainings conducted at the CSB by the TNs. Essentially, the idea is that the women who receive the training go on to train family and friends in their respective communities to conduct work together. Their primary function is to educate women about nutritional issues (breastfeeding, complementary feeding, LAM, and women's nutrition)

- **Training and Group characteristics**

These two key questions are combined since the TNs relate to the various groups via LINKAGES' trainings and follow-up sessions.

More often than not when TNs speak of women's groups, they mean those people who attended the LINKAGES training and go on to give nutritional presentations at the CSB. They do not specifically know the composition of women's group at the fokontany level per se. They know who attends the trainings and who works at the CSB.

In the fokontany, the TNs know that women recruit their friends or family members to help them carry out the work in their neighborhood. The group at the fokontany level then generally consists of 2-4 women working informally according to the TNs. However, several TNs say that some women work alone and that it is difficult for them to startup and maintain activities unless they are already associated with a larger community association.

The information about what is happening at the fokontany level comes through the follow-up at the CSB. Usually a woman reports a number of activities accomplished in a month that is simply beyond the scope of what one person can realistically do. When asked about this, the woman responds that she has others helping her.

The training process unfolds in the following manner:

First, the head of the CSB is approached and asked to select one woman from each fokontany in the commune. The selection is done in conjunction with the mayor of the commune and the presidents of the different fokontany. The criteria for the women are that they read or write and are known by the community to be motivated and engaged in the work of the community.

Although the word "women" is used here there are men who participate in the group, although this is rare. However, in one district 20 of 30 group members were all men. They were in fact the presidents of the fokontany and volunteered themselves for the training.

The TNs request women who already belong to established associations first (NGOs, churches, scouts, etc.) but also want a woman from each fokontany which may include women without group affiliations.

These women are then invited to the training on breastfeeding and LAM, and subsequently complementary feeding (two months later) and integrated nutrition (6 months later). At the end of the training they are asked to make an action plan to carry out in their fokontany. This includes informal trainings of other women who may be interested by using Gazety or having them follow along on household visits to learn more by observing.

The group of women that is trained is specifically tied to the CSB and those trained take turns giving nutritional presentations at the CSB. Planning occurs at the level of the CSB for the women to take turns giving presentations on breastfeeding, LAM, complementary feeding, etc. during vaccination days, pre-natal visits, or family planning sessions. The frequency of these presentations varies according to the CSB schedule and the rotation of tasks for those trained. This largely depends upon the head of the CSB. If the head of the CSB is dynamic, then the women trained will play a greater role in the activities of the center. If not, their work may be infrequent or interrupted.

In general, these women should submit a monthly report that they prepare together of their activities in their respective fokontany and also have a monthly follow-up session with the head of the CSB to discuss how the activities are going and what help the women may need.

- **Role of groups in breastfeeding, LAM, and nutritional promotion**

As far as the role played in breastfeeding promotion, those who receive the formation take turns giving presentations at the CSB. In addition they talk to friends and neighbors, do home visits in the fokontany, and speak at school or community meetings. Breastfeeding is a theme that is stressed on all occasions.

The TNs could not shed any particular light in the way in which breastfeeding promotion was shared among women working together informally at the fokontany level or how the information is presented and passed in

religious or community organizations. However some TNs said that those women who belonged to associations such as churches would share what they learned at regularly occurring meetings.

The level of activity varies. Most TNs agree that those women who are already tied to an existing group are more capable and more motivated to carry out the work. Some TNs said that it is difficult for one person alone to start up and continue activities without any organized support. One said that in terms of responding to this problem, they began to invite two women from a fokontany if there were no formal associations in that fokontany to better support the work.

Very few TNs cited the presence of support groups for breastfeeding in the communes where they work. All said this was a difficult activity for the women to begin and that it required more time than occasional household visits, talking informally with women while conducting daily activities, or briefly discussing nutritional issues at a community meeting. A few TNs said that culturally women prefer to talk one on one rather than in groups. Most TNs stated that the support group along and the negotiation techniques are the most difficult to understand and put into practice for the women's groups.

TNs from more urban areas said that those women who work solely on nutrition and are not a formal member of a representative are more engaged in the work than those who have other obligations. Examples of this included teachers who have a regular schedule and find it hard to make time to do nutrition work, church members or members of NGOs where nutrition takes a varying position among several activities. However, many TNs pointed out that even though breastfeeding or nutrition promotion may not take primary place among their activities the church groups are well established and the work will continue. Those who specifically do breastfeeding or nutrition promotion may start out stronger but generally fade away after a few months.

- **Program expansion**

All TNs noted that breastfeeding was a "big draw" in terms of the interest of the women and their wanting to know more about it. The reasons for this mainly stem from the fact that the breastfeeding practice is something "palpable" and concrete. The messages are also something new in terms of emptying one breast before feeding from the other, feeding sick children when they are ill.

The practice of LAM also drew the interest of many according to some TNs, however the fact that if one of the three conditions was not met seemed to be discouraging for many, particularly in discussions with women in the community. According to several TNs, it seemed that keeping 3 conditions in mind was difficult to understand as compared to breastfeeding.

Some TNs who had done the integrated nutrition training, said that some of the topics related to iron or vitamin A were more abstract and harder to understand than those of breastfeeding and complementary feeding. The fact that women would take pills during pregnancy seems to go against beliefs held in many areas and women's nutrition becomes a bit more complex in terms of what women are "supposed" to eat while pregnant or breastfeeding. Again, this comes in the form of taboos. So for this reason, it was not as eagerly embraced as breastfeeding.

Complementary feeding falls in the middle between the breastfeeding and integrated nutrition trainings. According to most TNs, it doesn't seem as concrete to the women as in the case of breastfeeding. Also, the lack of certain food items in areas makes it difficult according to most TNs. However, many TNs reported that women's group members frequently requested training for nutritional demonstrations, as this would attract more women.

Most TNs said that women who attended trainings were not overburdened by themes. In fact, some felt that women who had several themes were able to address many needs that would come up during a home visit and be more effective and that trainings received by other organizations only reinforced the competence of women's group members. However, several TNs expressed that the women who lived in the rural areas and did not have a high educational level had difficulty with several themes.

All TNs expressed that one of the most difficult things for the women are negotiations during home visits. The difficulty lies more in the fact that the women do not necessarily understand the idea and the concept behind negotiation. When situations would arise in follow-ups, TNs would try to point out ways to reengage women using negotiation techniques, but all TNs point out the lack of time currently available for follow-up so that this usually goes by the wayside.

- **Training and follow-up**

As far as training of the women's groups, the TNs speak of their own preference to work with those women who have had some previous sort of training or have already been active in community activities. As said before, most TNs feel that any previous training helps in terms of the volunteer's understanding and competence of breastfeeding, LAM, and nutritional promotion.

The one exception to this that TNs noted was the mixed message volunteers receive in regards to complementary feeding of children. All TNs said that there was confusion generated by the fact that Seecaline (World Bank nutritional program) promotes feeding the child a meal from 3 food groups as opposed to the "enriched and varied" foods message promoted by LINKAGES.

All TNs reported that they are not currently able to conduct follow-up sessions with those who attended the trainings. All new TNs, those who had 3 months field experience before the problems with the Ministry of Health, were unable to conduct follow-up sessions. For half this was due to the fact that they were busy with start-up activities in new districts. However all new and old TNs reported that the work with JSI and EmaD (district level health planning team) to fulfill the conditions of the USAID grant to health districts leaves no time for follow-up.

The schedule of trainings and activities other than follow-up were paramount in the discussions as the main reason for not being able to conduct follow-up sessions with those who attended the trainings. One technician said that she would plan her own monthly schedule of what she needed to accomplish, but when the monthly calendar was filled out during the district team planning, no time could be allotted for follow-up.

All older TNs point to the period before the USAID grant as a time when they could allot time for follow-up activities, but that it was no longer possible. All felt as a result that the work is suffering. A few said that they tried to target those groups that were not doing as well when they did have time for a follow-up session, but all said that the lack of follow-up was greatly discouraging to the volunteers and that many would say "when are you going to come see us" when the TN would stop in at the CSB.

All TNs felt that follow-up sessions and visits are the key motivator for those who attend trainings. All said that if the head of the CSB was a motivated person then they would be instrumental in motivating the group, however many noted that the head of the CSB has a heavy work load and is not able to conduct the follow-up sessions either.

With the lack of time for follow-up, the TNs felt that there is no opportunity to correct messages that may not be clear to or well understood by the volunteers, that more difficult work of negotiation and support groups is not practiced, and that women become disheartened and the work falls off in the community.

- **Links with the health sector, local leaders, and the community**

Links with the CSB and local leaders such as the mayor and the president of the fokontany were seen as crucial to all TN's. The links are formalized in the choice of the women to attend the training as well as the work afterwards. The work in the fokontany, however, is viewed as informal by the TNs.

All TNs said that if the relationship between the CSB and the local authorities is not good then that creates problems for the group that is trained to work with the CSB. Often the work is simply dropped. This is particularly important for the recruitment of the trainings. If a large majority of family members of friends of the local authorities are sent then the group will have problems. Most TNs said that those family members and friends are simply there to collect the per diem and have a free meal, but not to work afterwards. This can cause internal disputes within the group that works at the CSB and discourage the participation of members, particularly when a few are doing most of the work.

If the head of the CSB is not convinced of the effectiveness of the women's group then the work will not happen and follow-up will not happen. The same was noted in the case of the presidents of the fokontany in that if they were not supportive of the work that this could create problems for the women working in the communities.

A few TNs noted that there are sometimes rivalries between women's groups in the communities. It was noted that at times these are simply temporary and small, or that some complained that LINKAGES' group members work without pay while members of Seecaline receive some money. However, the larger problems occur when there is sort of a "clientelism" practiced by certain groups, creating problems for mothers receiving counseling from different women's groups in the community. This was reported in a small number of communes however.

In terms of the obstacles at the community level, husbands pose a particular problem according to several TNs. Husbands do not like the fact that their wives are tending to other households and "neglecting" their own. So this conflict hampers or stops outright the work of the women in the community. This problem particularly arises in regards to household visits at the level of the fokontany.

Another difficulty arises in what many TNs referred to as "jealousy" between women in the community. At times, mothers berate women who attempt to do household visits or speak at meetings. Generally, this comes across as a challenge to the competence of the volunteer. Certain women feel resentment for having not received the training themselves. The volunteer is asked "Who do you think you are?" or "What suddenly makes you so special", even if the woman agrees with the volunteer. This last problem seems to be encountered more in the rural areas.

TNs felt that this situation can be avoided somewhat if the president of the fokontany is supportive of the person trained, thereby giving their work credence in the community.

Note: Concerning the two groups that were seen as dynamic during the 2000 RAP and were no longer functioning at the time of the 2001 RAP, the volunteers of one group refuse to work in the community due to a dispute over missing money blamed on the head of the CSB after a local fundraiser for their activities. In the other case, it was simply a case of "mistaken identity" on the part of the enumerators in the 2000 RAP since the community has several place names that are almost identical.

APPENDIX C

Scope of Work for Women's Groups Study Researcher

In order to complete the study on Women's Groups in Madagascar, a researcher will be needed to develop pertinent instruments to collect in-depth information, train Linkages staff to conduct semi-structured interviews as well as to assist in data analysis, and be responsible for the over-all analysis and reporting of the study. Specifically, the consultant's responsibilities are as follows:

1- Preparation - Refine Research Protocol

- Review existing documents on women's groups;
- Draft selection criteria for research participant in collaboration with Linkages in Madagascar (Agnes and Zo) and DC (Michael Hainsworth and Luann Martin);
- Draft 4 guidelines to conduct semi-structured interviews for health workers, community leaders, peer counsellors and other women's groups;
- Design training to enhance five Linkages staff (4 Nutrition Technicians and the Monitoring and Evaluation Coordinator) in qualitative research techniques, specifically conducting semi-structured interviews and analyzing data.

2- Training and Pre-testing Guides

- Provide basic theoretical background (purposes of doing qualitative research versus quantitative research) as well as hands-on experience in conducting interviews;
- Ensure that the M&E Coordinator provide sufficient guidance the TN when pre-testing the guides;
- Pre-test and refine the different instruments in Tana.

3- Data Collection and Preliminary Analysis in Tana

- Supervise data collection in Tana;
- Provide hands-on experience to TN and the M&E Coordinator in data analysis;
- Provide a system for doing analysis.

4- Data Analysis for Antsirabe and Fianarasoa

- Work with Teams to analyze interviews for the two other sites.

5- Report

- Submit the first draft to Linkages by October 15, 2002;
- Submit the final report by November 1, 2002.

Consultancy period : July 22 - November 1, 2002

Maximum days: 45 days

See the attached *approximated* timetable of the consultancy.

Timeliness of the final report (deliverable) is contingent on several factors:

- 1) Progression/enhanced capacity of Linkages staff to collect and assist in data analysis
- 2) Research results are translated and/or organized in a way that the consultant can analyze or train others to analyze the data
- 3) Collaborative work with the Madagascar and DC offices
- 4) The current political situation in Madagascar

Two payments will be made to the consultant:

- 1) After the data collection period in Tana
- 2) After the final report is submitted

Timetable for the SOW

Preparation July 22 – August 2: 8 days	Outputs
<ol style="list-style-type: none"> 1) Protocol: refine research protocol <ol style="list-style-type: none"> a) Selection criteria for Women's Groups: work with M&E and TNs in Tana b) Develop semi-structure interview guide for W's Groups c) Develop guide for community leaders/heads of CSB d) Develop guide for "peer counselors" 2) Design Training for 4 TNs and M&E Coordinator 	<ol style="list-style-type: none"> 1) Research protocol 2) Guides for semi-structured interviews with W's Groups, leaders/CSB, and peer counselors 3) Training materials
Training and Pre-testing Guides August 5 - 10 : 5 days	Outputs
<p>Provide background on qualitative research theories and practice in the field training on doing semi-structured interviews and analysis</p>	<ol style="list-style-type: none"> 1) Pre-and Post tests 2) Refined Guides of interviews
Supervise data collection/preliminary analysis in Tana August 12 - August 24: 10 days	Outputs
<ol style="list-style-type: none"> 1) Work closely with the TNs to ensure that research questions are addressed 2) Work closely with the M&E Coordinator to ensure that he can supervise the TNs in the field 3) Provide guidance to analyzing findings 	<ol style="list-style-type: none"> 1) Guide for doing analysis 2) Preliminary analysis for the women's groups and peer counselors for Tana
Follow-up with data collection at the other sites August 26 – September 6: 2 days	
<p>Remain in contact with the M&E Coordinator to ensure that the research objectives are met, e.g. TNs are asking the right questions etc.</p>	
Data Analysis September 9 - 20: 10 days	
<p>Work with TNs and M&E Coordinator to analyze results from Antsirabe and Fianaraso</p>	<p>Preliminary results from all three sites</p>
Research Report September 23 - November 1: 10 days	
<p>Write up report</p>	<p>Final report of the Women's Groups/Peer Counselor Study</p>

APPENDIX D

Study Researchers

Monitoring & Evaluation Coordinator

- Zo Rambeloson

Nutrition Technical Staff

- Dr Vololona RASOANANDRASANA
- Dr Colombe RAKOTONIRINA
- Dr Herivololona RABEMANANTSOA
- Dr Marc RAMANAMISATA

APPENDIX E

LIST OF STUDY SITES

Study Sites/CSB, Health Agents, and other Characteristics

Name of the Health Agent	Site/CSB	Urban/Rural	Involvement ¹
Volomboahangy	Tana-Ville/Anosipatrana	Urban	–
Solange	Tana-Sud/Andoharanofotsy	Semi-Rural	+
Jacky	Tana-Nord/Ambohimalaza	Semi-Rural	–
Vololona	Antsirabe I/Ambalavato	Urban	+
Irene	Antsirabe II/Soanindrarigny	Rural	+
Roger	Ambositra/Ambalamanakana	Rural	–
Yvonne	Fianarantsoa I/Andalantery	Urban	+
Marie Yvonne	Fianarantsoa II/Isorana	Rural	+
Odon	Ambohimahasoa/Fiadanana	Rural	–

¹ Based on assessment of TN who are familiar with the sites.

APPENDIX F

Guide d'Entretien Semi-structuré Pour les Maires

Introduction

Bonjour, je m'appelle _____. Voici est mon collègue, _____. On travaille dans le projet de nutrition, en sensibilisant les mères l'importance de l'allaitement et la nutrition de la mère et de l'enfant. On s'intéresse en comprenant mieux à propos GF. On voudrait vous écouter de ce que vous voulez dire au sujet de leurs activités et comment vous en pensez, etc. Ce que vous disiez est très important pour notre projet. L'information que vous nous donnez rester confidentielle. On apprécie beaucoup le temps que vous nous puissiez donner. Vous pouvez terminer cette discussion n'importe quand. Avez-vous des questions ? Voulez-vous participer dans cette discussion ?

On va vous demander plusieurs questions. Si les questions ne sont pas claires, veuillez me demander de les clarifier. Il n'y a pas de réponses vraies ou fausses. On vous demande vos expériences et vos opinions. Car ce que vous disiez est très important, on va prendre de note. Encore une fois, on vous remercie pour agréer de passer votre temps précieux avec nous

Questions Historiques

- 1) Combien d'années vous êtes le maire dans cette commune ? Quelles sont vos priorités comme maire ? (Et en matière de nutrition ?)
- 2) Depuis vous êtes maire, avez-vous l'opportunité d'assister à des séances de sensibilisation d'un groupement féminin au CSB ou quelque part ? Que pensez-vous de leur travail ?
- 3) Pendant cette période comme maire, avez-vous aussi reçu les formations sur la nutrition pour des mères et des enfants ? Quels thèmes étaient traités lors ces formations ?

Les Groupements Féminines/Pairs Educateurs

Si le maire n'est pas au courant ou bien ne s'engage dans les activités de GF, ce n'est pas nécessaire de demander les autres questions qui suivent détaillant les GF et les pairs éducateurs.

- 1) Selon vous, qu'est-ce que c'est un GF ? Pouvez-vous décrire un GF typique de votre région ? Décrire aussi l'autre type de GF. (Leurs membres, leur organisation, leur fonctionnement, leurs activités, leur taille, leurs cibles, etc.)
- 2) Combien de GF qui fonctionnent actuellement pour chaque type ?
- 3) S'il n'a pas mentionné les femmes qui étaient recrutées par les GF pour sensibiliser les mères (pairs), demander cette question : connaissez-vous le travail des femmes qui étaient recrutées par les GF pour sensibiliser les mères et qui n'ont pas de formation formelle des thèmes nutrition ? Pouvez-vous expliquer aussi ce type of groupement ?
- 4) Pouvez-vous décrire un GF typique qui est dynamique et un typique qui n'est pas dynamique. (Sonder pour des exemples et les caractéristiques pour chaque sorte, pourquoi pensez-vous qu'ils sont comme ça ? Demander aussi pour les pairs.)
- 5) Comment la communauté voit-il des GF? (Leurs images ? Les aperçus de qui exactement ?)

Collaboration

- 1) Décrire la collaboration entre la mairie et le CSB?
- 2) A y-t-il un CASC dans votre commune ? (Si oui, décrire qui sont les membres, son organisation, et des activités du CASC.) **Comment est-ce que le CASC s'organise ? Depuis la formation, comment est-ce que le rôle de CASC a changé ?**
- 3) Etes-vous membre du CASC ? Pouvez-vous raconter votre rôle comme membre du CASC ? Depuis quand vous êtes membre?
- 4) Comment voyez-vous la relation entre le CASC et les GF ? (Pour les CASC qui n'ont pas de bonne collaboration avec les GF, comment peuvent-ils améliorer cette collaboration ?)

Les Appuis pour les GF

Si le maire est au courant avec les travaux des femmes qui étaient formées par les GF, le demandez aussi les appuis pour ces femmes.

- 1) Quels sont les obstacles rencontrés par les GF pour réaliser leur travail ? Pourquoi ? Quelles sont les raisons ? (Toujours sonder pour comprendre les obstacles/besoins pour *quelle sorte du GF*. Obtenir une explication pour chaque type.)
- 2) Quelles types de soutien peut-on fournir aux GF pour les pérenniser? (Obtenir les exemples concrètes : **Qui** peut fournir **quel soutien(s)** pour **quelle sorte du GF**.)

Guide d'Entretien Semi-Structuré pour les Chefs de CSB

Introduction

Bonjour, je m'appelle _____. Voici est mon collègue, _____. On travaille dans le projet de nutrition, en sensibilisant les mères l'importance de l'allaitement et la nutrition de la mère et de l'enfant. On s'intéresse en comprenant mieux à propos GF. On voudrait vous écouter de ce que vous voulez dire au sujet de leurs activités et comment vous en pensez, etc. Ce que vous disiez est très important pour notre projet. L'information que vous nous donnez rester confidentielle. On apprécie beaucoup le temps que vous nous puissiez donner. Vous pouvez terminer cette discussion n'importe quand. Avez-vous des questions ? Voulez-vous participer dans cette discussion ?

On va vous demander plusieurs questions. Si les questions ne sont pas claires, veuillez me demander de les clarifier. Il n'y a pas de réponses vraies ou fausses. On vous demande vos expériences et vos opinions. Car ce que vous disiez est très important, on va prendre de note. Encore une fois, on vous remercie pour agréer de passer votre temps précieux avec nous

Questions Historiques

- 1) Avez-vous déjà des expériences dans la commune ? Depuis quand êtes-vous le chef de CSB dans cette commune ?
- 2) Quelles sont vos priorités comme chef de CSB ?
- 3) Comment trouvez-vous le travail comme chef de CSB ?
- 4) Pendant cette période comme chef de CSB, avez-vous reçu les formations sur la nutrition pour des mères et des enfants ? Pouvez-vous m'expliquer les thèmes traités lors ces formations ? Que pensez-vous de ces formations ?

Les Groupements Féminins

- 1) Selon vous, qu'est-ce que c'est un GF ? Pouvez-vous décrire un GF **typique** de votre région ? Décrire aussi l'autre type(s) de GF.

Par exemple : Leurs membres, leur organisation, leur fonctionnement, leurs activités, leur taille, leurs cibles, etc. Qui sont les femmes (cibles) que les GF sensibilisent souvent pendant les V&D ? Comment ils s'organisent les activités ou bien avec les autres groupes ?
- 2) Combien de GF fonctionnent actuellement pour chaque type ? Qu'est-ce que c'est leurs zones de travail ?
- 3) Selon vous, pourquoi les GF fonctionnent bien et les autres ne fonctionnent pas si bien ? Décrire un GF typique qui est dynamique et un typique qui n'est pas dynamique. (Obtenir des exemples et les caractéristiques pour chaque sorte, pourquoi pensez-vous qu'ils sont comme ça ?)
- 4) Quels sont les obstacles rencontrés par les GF pour réaliser leur travail ? Pourquoi ? Quelles sont les raisons ? (Toujours sonder pour comprendre les obstacles/besoins pour *quelle sorte du GF*. Obtenir une explication pour chaque type.)
- 5) Que faites-vous pour s'adresser les problèmes reportés par les GF ? (Citer des exemples qui étaient mentionnés avant.
- 6) Selon vous, comment les GF ont changé depuis la formation ?
- 7) Comment la communauté voit des GF? Pourquoi ? (Les aperçus de qui exactement ?)

Les Paires Educateurs

- 1) Selon vous, comment les GF partagent-elles leurs connaissances aux autres personnes ? (Connaissez-vous au travail des femmes qui étaient recrutées et formées par les GF dans votre région ? (Combien de ces femmes travaillent actuellement ?)
- 2) Décrire ces femmes qui étaient formées. (Obtenir le profile, décrire leur organisation, leurs activités, leurs cibles, etc.)
- 3) Pourquoi pensez-vous les femmes font ce travail ?
- 4) Connaissez-vous les obstacles rencontrés par ces femmes ? Quels obstacles ?
- 5) Comment peut-on les résoudre ?
- 6) Comment voit-il la communauté ces femmes ? Pourquoi ?

Collaboration

- 1) Avec lequel type de GF avez-vous souvent de la collaboration? Décrivez-vous la collaboration que vous avez avec les GF différents ? (Obtenir les collaborations typiques entre le CSB et chaque type de GF.)
- 2) Décrire la collaboration entre votre bureau et le mairie.
- 3) A y-t-il un CASC dans votre commune ? (Si oui, décrire qui sont les membres, son organisation, et des activités du CASC.)
- 4) Etes-vous membre du CASC ? Depuis quand ? Qu'est-ce que c'est votre rôle dans le CASC ?
- 5) Comment voyez-vous la relation entre le CASC et les GF ? (Pour les CASC qui n'ont pas de bonne collaboration avec les GF, comment peuvent-ils améliorer cette collaboration ?
- 6) Quels sont les points fortes et faibles du CASC ? Comment peut-on améliorer les points faibles ?

L'Appui pour les GF

- 1) En travaillant avec les GF, quels sont **vos obstacles** en leur donnant les appuis ? Comment peut-on résoudre ces obstacles ?(Comment peut-on fournir l'appui au CSB pour qu'il soutienne les GF ?)
- 2) Qu'on peut faire pour mieux soutenir les GF(obtenir pour les types différents) ? Qui doit les s'occuper ?
- 3) Quelles types de soutien peut-il la communauté fournir aux GF pour les pérenniser? (Obtenir les exemples concrètes : **Qui** peut fournir **quel soutien(s)** pour **quelle sorte du GF.**)

Guide d'Entretien Semi-Structuré pour les Groupements Féminins

Introduction

Bonjour, je m'appelle _____. Voici est mon collègue, _____. On travaille dans le projet de nutrition, en sensibilisant les mères l'importance de l'allaitement et la nutrition de la mère et de l'enfant. On m'a dit que vous sensibilisez aussi les mères dans votre commune. On s'intéresse en comprenant mieux à propos les groupements féminins qui font ce travail. On voudrait vous écouter de ce que vous voulez dire au sujet des activités de votre propre groupement et comment vous en pensez, etc. Ce que vous disiez est très important pour notre projet. L'information que vous nous donnez rester confidentielle. On apprécie beaucoup le temps que vous nous puissiez donner. Vous pouvez terminer cette discussion n'importe quand. Avez-vous des questions ? Voulez-vous participer dans cette discussion ?

On va vous demander plusieurs questions. Si les questions ne sont pas claires, veuillez me demander de les clarifier. Il n'y a pas de réponses vraies ou fausses. On vous demande vos expériences et vos opinions. Car ce que vous disiez est très important, on va prendre de note. Encore une fois, on vous remercie pour agréer de passer votre temps précieux avec nous.

Questions Historiques

- 1) Pouvez-vous nous raconter un peu de vous-même ? Qui êtes-vous ? Que faites-vous comme travail ? Etes-vous mariée ? Combien d'enfants avez-vous ? etc.
- 2) Pourquoi avez-vous engagé dans le travail du groupement féminin ? (De quelle manière avez-vous recrutée en tant que GF ? Pourquoi avez-vous accepté ?
- 3) Qu'est-ce que vous avez fait depuis la formation ?

Les Groupements Féminins

La question est ouverte pour ne pas limiter les réponses possibles. Laissez les femmes parler d'abord et puis les demandez les autres questions si nécessaire.

- 1) Pouvez-vous nous expliquer votre groupement ? Qui est votre groupement et que faites-vous ? Comment le groupement était crée ?
- 2) Quelles sont vos activités primaires ? Quelles sont vos activités de sensibilisation de nutrition ?

Les Activités : Il faut comprendre le contexte de leurs activités de sensibilisation. Décrire une séance **typique** du groupement.

Avec qui elle discute quel thème, où, quand, la durée d'une séance et combien de fois ? Obtenir un **profil** d'une **cible typique** de chaque type de la sensibilisation ? Est-ce que le groupement a des cibles régulières ou bien aussi les nouvelles ? Et, combien de temps passez-vous souvent avec une mère ? etc.)

Travaillez-vous avec les autres membres ? Pouvez-vous décrire les réactions des mères pendant la sensibilisation ?

Organisation :

Qui sont les membres du groupement ? (Décrire les caractéristiques des membres.)

Qu'est-ce que c'est votre rôle dans le groupement ?

Comment organisez-vous vos activités ? Quand faites-vous la sensibilisation ? Par exemple, pendant la période d'un mois combien de fois vous faites les _____.

Les Cibles : Décrire les mères qui vous sensibilisez souvent. A y-t-il les autres individus dans la communauté que le groupement sensibilise ?

La Collaboration : Décrire la collaboration du groupement avec les autres groupements, les institutions, ou les individus concernant le travail de nutrition. Décrire votre collaboration avec le CSB. Décrire votre collaboration avec le CASC avec les autorités locales.

Les Réactions : Typiquement, comment les mères réagissent quand elles entendent les différents messages ? (Creuser pour avoir les réactions pour chaque message ou bien le comportement que le GF encourage. Creuser encore s'elle a mentionné qu'elle a les cibles différentes, par exemple les mères des classes sociales différentes, obtenir les réactions de chaque cible pour quel message ou bien quel comportement.)

- 3) Comment est-ce que votre GF s'est développé depuis il était formé ? Pourquoi ?
- 4) Vous faites ...donnez l'exemple des activités qu'elle a mentionnées, qu'est-ce que les autres (GF) font ?

Les Pairs Educateurs

- 1) Comment votre groupement a partagé vos connaissances aux autres femmes? Combien des femmes que votre groupement a formées ? Sur quels thèmes ?
- 2) Est-ce que connaissez-vous les femmes qui étaient formées par les autres GF ?
- 3) Décrire qui sont ces femmes. (Clarifier qu'on veut savoir qui sont ces femmes qu'on trouve **souvent** dans cette commune.)
- 4) Quels sont leurs motivations pour être les pairs éducateurs? (Qu'est-ce qu'elles gagnent ?)
- 5) Décrire un peu de votre collaboration avec ces femmes ? **ou** Avec qui ces femmes collaborent ?
- 6) Quels sont de leurs succès et leurs difficultés ?
- 7) Quels sont les appuis qu'on peut les fournir pour pérenniser ? (Qui peut faire quoi, comment ?)

Les Obstacles et l'Appui

- 1) Quels sont de vos succès ? Qu'est-ce que vous avez fait pour d'avoir ces succès ?
- 2) Selon vous, quels sont les défis ou les obstacles rencontrés dans le travail ? Pourquoi ?
- 3) Comment pensez-vous votre groupement peut résoudre ces obstacles ?
- 4) Qui dans la communauté peut vous soutenir avec ces obstacles ? (Creuser pour comprendre **qui** peut faire **quoi** pour **chaque** des obstacles mentionnés.)
- 5) Quels sont les appuis nécessaires pour pérenniser les groupements ?

APPENDIX G

Type of Nutrition Volunteer Interviewed by Site and Other Characteristics

Site	Age/Job	Association	Fokontany	Other activities	Other Characteristics
Tana-Ville					
Haja	26/factory worker		FKT PE		Probably not active (NA)
Julienne	mid/late40s/housewife	Animators' Assoc	FKT PE		Organizes/education with other animators
Nirina	45/brick maker ²	Religious	FKT health committee		Widow; chosen by both CSB Head and FKT Pres
Tana-Sud					
Monique (I)	Late 50s/seamstress SEECALINE agent	SEECALINE ³		Was member of Red Cross	Retired teacher; knows CSB Head from Red Cross
Francine	50/worked at a clothing factory (retired); SEEC agent	SEECALINE		Was member of Red Cross; Use mothers as testimonies	Widow; knows head of CSB
M Pauline	50/seamstress; SEECALINE agent	SEECALINE; Social church group			
Monique (II)	50s/SEECALINE agent	SEECALINE			
Tana-Nord					
Hary	20/secretary of mayor		FKT PE		Single; no children; not active
Hoby	20/daughter of mayor		FKT PE		Not active
Brigitte	30s/kiosk owner; fabric vendor	FISA Agent			Friend/neighbor of CSB head & midwife
Lalao Marthe	50s/farmer		FKT PE	Works with other mothers for cooking demonstrations	
Ambohimahasoa					
Marie Colette	40/teacher/farmer		FKT PE	Family planning agent	Too busy with family planning promotion ⁴ and work
Berthine	30s/kiosk owner		FKT PE		
Delphine	50s/farming and animal husbandry		FKT PE	Pres of Catholic Youth Group (12-16 years old)	Widow; selected by mayor & CSB
Victorine	Helps out with family kiosk (Husband is director of primary school)	Church group	FKT PE		Used to own a small pharmacy
Antsirabe I					
Rahely	54/housewife	Red Cross		Educates at APSE center (nearby)	Uncle is FKT President
Mamy	mid 40s/FISA agent	FISA			Originally from Tana
Hanitra	30s/vegetable vendor		FKT PE		Works with 2 animators for home visits
Lala	30/farmer (teacher previously)		FKT PE	Member of Parents' Assoc at school	
Antsirabe					
Helene	60s/farmer	Church choir			Connected to CSB Head
Perline	44/farmer&seamstress	Church choir			
Saholy	28/seamstress	Church choir		PE Leader	NM ⁵ ; 11-yr old child
Martine	Farmer	Church choir		Promotion Féminine ⁶	

² Brick makers make bricks only during the dry season, May to September.

³ World Bank-funded nutrition project

⁴ FP agents get a commission for selling contraceptives.

⁵ Not married

Site	Age/Job	Association	Fokontany	Other activities	Other Characteristics
Fianarantsoa I					
Sahondra	Late 20s/works at Catholic bookstore		FKT PE	Trained friend/vendor	NM: 7-yr old child; father knows CSB Head
Pauline	35/APSE promoter	APSE promoter since 1997	Member of FKT committee	FP animator	Helps out midwife weighing kids sometimes
Therese	Late 30s/teacher at Père Pedro's school/farmer		Liturgy group at church	Nutrition education Parent/Teacher meetings	
Philibertine	50s/owns kiosk		FKT PE	Works with another FKT PE	Wife of FKT Pres
Fianarantsoa II					
Caroline	28/teacher	NAC ⁷			Was a farmer
Holy	24/farmer	NAC			Single
Eugenia	40s/farmer	NAC ⁸			
Razisy	60s/part-time street sweeper/farmer	NAC			Widow
Ambositra					
Lala	30/seamstress	Religious		Educates at SEECALINE center	
Marie Stella	40s/farmer	Religious			
Delphine	50s/farmer	Catholic Church Association		President of Church Assoc	
Helen	40s/farmer	Catholic C Association		Educates at exhumations & circumcisions	

⁶ Does not promote nutrition messages at meetings because there is not enough time.

⁷ Community nutrition project supported by UNICEF