

**CARE International in
Mozambique**



**Qualitative Research on Behaviour Change: A component report
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October, 2015

Executive Summary

CARE International in Mozambique is testing a home visiting model of Early Childhood Development (ECD) based on local participatory research and an extensive design phase informed by international research on ECD. The model is built around home visitors called Masungukate who are supported by local community-based organizations trained by CARE. The home visitors make regular visits to vulnerable households in rural villages in the two rural districts of Funhalouro and Homoine in Inhambane Province. One of the aims of the program is to record the impact of the home visiting program to advocate for home visiting as a complement to the pre-school approach in Mozambican ECD policy.

This report is a component report on qualitative research conducted around behaviour change related to ECD in caregivers and home visitors who are part of the program. The research consisted of individual interviews and activity-based focus groups run with over 45 caregivers during August 2015 after one year of intervention (home visits at least once a week to each caregiver and their household). The full research includes a mixed methods comparison study that began with a baseline in 2013 and will conclude with an endline in 2016. The data collected for this component report consisted of transcripts of discussion from the interviews and focus groups. These were analysed using a thematic analysis approach that sought to find out what behaviour change had taken place for the caregivers in relation to babies and young children and which parts of the program brought about this change.

In the research caregivers reported:

- Using corporal punishment less
- That relationships with their children had improved
- That they (both men and women) played more with their children
- Feeling supported and less alone with the task of child caring because they now had the support of the Masungukate (home visitor)
- Learning life-saving health information
- Beginning to apply some of this information by adopting practises such as exclusive breastfeeding to six months

The components of the program that seemed to be most successful at bringing about the changes were:

- The regularity of the home visits from a supportive person – this contact seems to reduce caregiver emotional stress significantly.
- The nature of the Masungukate – the program seems to have provided a vehicle for community members with existing resources and compassion to use their skills for young children
- The participatory nature of the program – the sense of ownership of the work within the cadre of Masungukate is a direct result of the deeply local nature of the approach and its congruence with local mores
- The use of contextually relevant support materials – the visual reference guide and its illustrations seems to have had a distinct impact on behaviour
- The openness that CARE and local CBO staff who run the program have in sharing their own personal change was significant

The findings of this research suggest that a home visiting model that makes use of participatory training and contextually congruent learning materials can make an impact on child development outcomes. What is more the research has provided us with some useful insight into what aspects of such a programme are important. This is useful information that CARE will now use as we advocate for the inclusion of a home-based model of ECD in Mozambique.

Background

In response to an extensive ECD policy revision process in Mozambique CARE is testing an alternative Early Childhood Care and Development (ECD) model to complement a pre-school based approach. With local partners we are currently testing, refining and documenting the impact of the *Masungukate* approach. The Masungukate approach is an innovative home-based ECD approach designed by CARE to provide support to caregivers so that their children aged 0 to 5 years old achieve their cognitive, physical, emotional and language development potential. The model is based on the Essential Package, informed by local formative research and an extensive design phase informed by international research on ECD. The research and design have been conducted in close collaboration with relevant government authorities in Inhambane province, including the Provincial Department for Gender, Children and Social Welfare. The work has been funded by a grant from the Hilton Foundation.

The long-term impact aim of the Masungukate ECD programme is to improve comprehensive developmental outcomes, as defined by the Essential Package, for children under-five. The short-term aim is to evaluate programme impact through nested quantitative and qualitative studies with the ultimate objectives of:

- Assessing whether the ECD programme improves child development and nutritional outcomes and, if improvements do occur
- What programme components contributed significantly to that impact in the different environments?

A quantitative study is underway with the baseline data already collected and an endline data collection phase planned for 2016. This research is being complemented by in-depth qualitative work. The research reported on here is part of the qualitative research to look at how the specific interventions within the programme have encouraged behaviour change amongst Masungukate and Masungudota (female and male home visitors called “good advisors” in the local language) and the caregivers they visit. The specific aims of this study were to:

- Record behaviour change in relation to ECD in Masungukate/dota and caregivers
- Identify what aspects of our implementation model brought about this behaviour change
- Collect positive change stories of Masungukate/dota and caregivers

Methodology

This particular part of the qualitative research included a series of focus group discussions and interviews with Masungukate/dota and caregivers.

Masungukate/dota were included in the research for three reasons:

- It is important that the behaviour change sought is first manifested in the lives of the Masungukate/dota as one of the programme strategies is for them to become role models in their communities
- Understanding the knowledge and behaviours of the Masungukate/dota in relation to some of the key indicators of the

programme implementation would give us insight into the efficacy (or otherwise) of their home visiting role, which is the key intervention

- We asked Masungukate/dota to tell us stories of behaviour change in the lives of the caregivers they worked with, so they became a source of information about behaviour change. We also interviewed caregivers directly about change in their lives.

The table below outlines the numbers of focus group discussions and interviews run in the different areas. Note that the villages we worked in were purposively selected. We asked the CARE Community Managers to select sites where they felt the programme was working at its best. The reason for this was that we wanted to understand which aspects of the strategy we had developed were working and why in the optimal situation. Note too that all the villages we worked in had been part of the programme for at least a year.

The focus groups and interviews included reflective activities such as mapping and non-discursive approaches that allowed the Masungukate/dota and caregivers to represent the deeper issues related to personal behaviour change (see Appendix 1). The focus group discussions took place with 8 to 10 Masugukate/dota in the usual group meeting place in the village centre, which in three of the villages was also the place where the Masungukate/dota had built a children's playground. We then interviewed 3 or 4 Masungukate/dota and 3 or 4 caregivers. These interviews took place at their homes as this allowed us to observe their interactions with their children and the health and hygiene measures they had taken as a result of their involvement in the programme.

| Place | Masungukate | Masungudota | Caregivers (all female) |
|-------------------|-------------|-------------|-------------------------|
| Homoine | | | |
| Ndambene | 5 | 3 | 4 |
| Moguba | 4 | 4 | 3 |
| Funhalouro | | | |
| Macuine | 4 | 4 | 4 |
| Mavume Sede | 6 | 3 | 3 |

**Totals: 33 Masungukate/dota in focus groups and 11 individual interviews
14 caregiver interviews**

Data analysis

The discussions in the focus groups and all of the interviews were conducted in the local language. They were then translated and transcribed. These transcripts were then analysed using thematic analysis (Braun and Clarke, 2006) that allowed the themes to emerge from the data. The following broad themes emerged.

- Changes in relationships with children
- Behaviour change related to health messages
- Reduced emotional stress

Each of these is reported on below with a section that looks at what aspects of the programme brought about this particular change. Note that the final

research report will refer to the data from this research in relation to the indicators of impact developed for the evaluation of the programme. An article based on this research for publication in a peer-reviewed article is also being produced.

Findings

Theme 1: Changes in relationships with children

The strongest theme to emerge from discussions with both Masungukate/dota and caregivers was the change in relationships between parents (who are part of the programme) and their children. Parents described how they have moved away from shouting and beating to talking and creating a relationship with their children. The two stories below are typical and illustrate how the behaviour change has extended to all children, even adult children and the depth of the impact on the lives of these families. They also illustrate how the change in their own lives motivates the home visitors to encourage the parents they work with to make the change in their lives too.

"I never thought that I could change."



Sungukate Sauneta in Macuine, Funhalouro with her two younger children

I love to be a Sungukate. In most of the houses I always talk about the relationship between the caregiver and the children to show parents how to build a nice relationship so children are not scared of their parents. I always talk about this because in my neighbourhood daily I was hearing children crying because they have been beaten by their parents and that was a worry for me since I learned at the training that we must teach caregivers to love their children. So I always talk about this first because I see children suffering.

This helped me because I was not loving my children I was beating them also, before I became a Sungukate. I have three children, the youngest is two and a girl of seven and my boy is twelve. My children are very *abongile* (thankful) now I am a Sungukate (she laughs softly). They are very glad because I am not beating them anymore. My past with them was very shameful because I was constantly beating them. Now I am not beating them. Now I talk to them - I am not talking loud - I am having a nice conversation. We are friends now, (she laughs softly again). I changed because of the training.

It was a surprise I never thought I could change. I went to the training and I thought I would not be different but I can see the change in my own life. I first learned the knowledge in the

training that we should not beat the children. But I learned also from the book because I use the book to teach the caregivers. There is a page where there is a man with a child who has a stick and another picture of a woman with her daughter showing love – it is that picture that I love. That picture did change me.

I live with just my children. My husband is in *Joni* (South Africa). He comes home in December or sometimes in the middle of the year. He does send money for food for the children so it is not too difficult but it is lonely. That is why I was beating and getting angry with the children. But I told him about loving the children and he also is happy because he sees that the children are so happy now. We sit together as a family now and we talk, like the book says.

“I have a long story of life. But I never learned that you can make a relationship with your children.”



Papa Joaquim is a Sungudota in Moguba village in Homoine. He is the head of a household of eight made up of his wife, adult daughter and grandchildren.

The big change I can see in my family is seen by the example of my (adult) daughter. You can see that this daughter is pregnant and this pregnancy she got ‘around’, she has no husband. Before when she got pregnant she was trying to hide the pregnancy and she didn’t show it because she knows that she will be beaten. A father will always beat to find out who is the owner of that pregnancy. Now I am a Sungudota and after having these lessons (training) I am more close to my daughter. I don’t need to beat her and because we are now close she told me about this pregnancy. We talked and she told me who the father is and now we have a plan. In my family I was not close to all the members I was very hard on them. All my things I was solving using force. The training was teaching us to be a better person to be a role model. Now I am not using force any more in my house. I talk to my family members and since I was at the training I know many things that I did not know before because I was using force. I am trying to follow what the book is recommending. I learned from the book that I cannot beat for disciplining the children.

Before I was living with my son and the son was living with his wife in the house, here (he points to the house behind him). One time the son beat me and because of that he felt very shameful and he moved away. So my son had learned force from me and he beat me. You do

not need to use force to solve your problems you must be more close to your sons. If I had a good relationship with my son he would be here now and look because of a bad relationship with my son and because of using force with my son look, he is gone (he sighs deeply).

I had never heard before that we must not beat, we can talk. There was no other way the only way we knew was to beat them, nobody had told us, this was the way we used to educate and discipline our children. I have a long story of life. But I never learned that you can make a relationship with your children.

I am seeing all of the houses I visit changing. Now I use my own experience and I show them what I feel when I see them beating their children because of what has happened in my life and in my family. I now tell people you should talk and not beat because it will help the relationship in your household.

This narrative of change in perception, change in behaviour and then change in relationships within the household was repeated over and over by all of the people we spoke to (Masungukate, Masungudota and caregivers).

Linked to the changed relationships is the changed behaviour related to play and stimulation of all children but particularly children under-five (our target group). One of the activities we asked participants in the research to do was to make a symbol in clay of how they saw themselves before they were involved in the programme and another to symbolise how they were now. A common symbol produced by Masungukate and Masungudota and also some caregivers was a ball and a children's game played with stones called *mapedra*. The quote below explains why these symbols of play were chosen to illustrate change.

I never used to talk to children, or play with them. Now I am playing. I play with my children – ball. I also play with the other children in the houses I visit and the children in the village. (Masungudota, Funhalouro)

We asked participants to explain why they thought it was important to play with children. Caregivers and Masungukate described how play was important for the development of children.

The children learn that you love them if you play. (Caregiver, Funhalouro)

It is one of the rights that children have to play if you are always keeping children busy with work they will be angry. When they are seeing other children playing they will be angry you must play with them and tell them stories. (Caregiver, Hoino)

Children are learning from playing. (Sungukate, Funhalouro)

The babies need to play because it makes them happy and they learn. (Sungudota, Hoino)

This suggests that the understanding of the role of stimulation in early child development has begun to take root in the minds and behaviours of the caregivers and Masungukate/dota.

What aspects of the programme promoted this change in behaviour?

We explored what it was in the programme that had promoted this change in behaviour. Two key factors emerged. These are discussed in turn below.

- Personal stories and example
- Illustrations in the Visual Reference Guide

One of the main reasons people gave for the change in behaviour towards their children was the personal **examples they heard about and witnessed within the programme**. The personal narratives of change told in the Masungukate/dota training by CARE and local CBO staff had a huge impression on the Masungukate and Masungudota. The CARE and local CBO ECD programme staff had all been through training in the pre-implementation phase of the programme and this was where they had experienced their own epiphany about how they could change their relationships with their children. In the narrative below one of the CARE Community Managers tells her own story. It was this that she shared in the Masungukate/dota training.

“It is like for me a new day has come for my life and it is rising very, very well. I feel bright now.”



Here I made three things from the clay to show how my life is changed, the first is the sun, it is rising. It is like for me a new day has come for my life and it is rising very, very well. I feel bright now. The second shows a bowl with a little food. This is how I was with my children before. I just came home and was angry and gave them just a little, no love. Now the third plate is full of many different fruits, this is how I love my children now my plate is full and we are enjoying the food together.

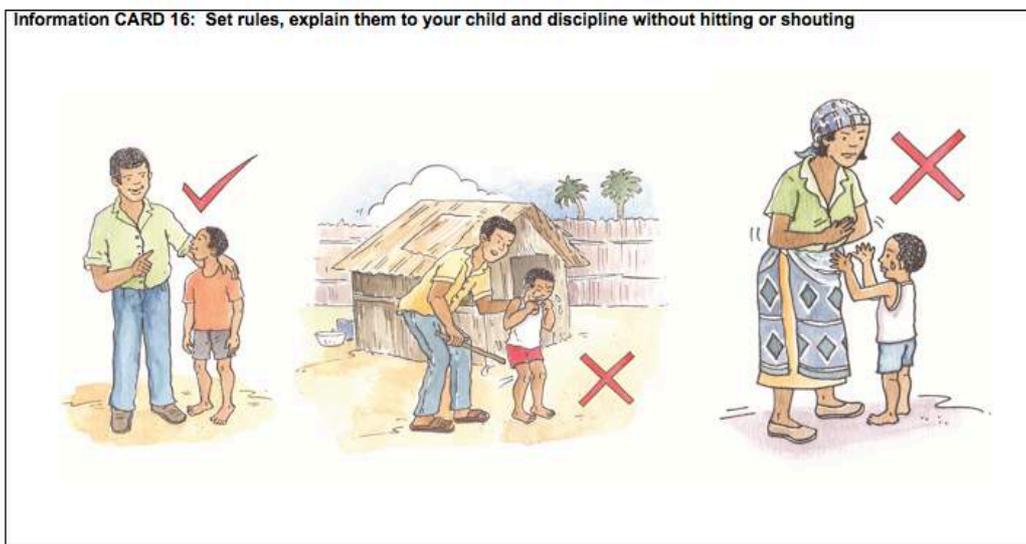
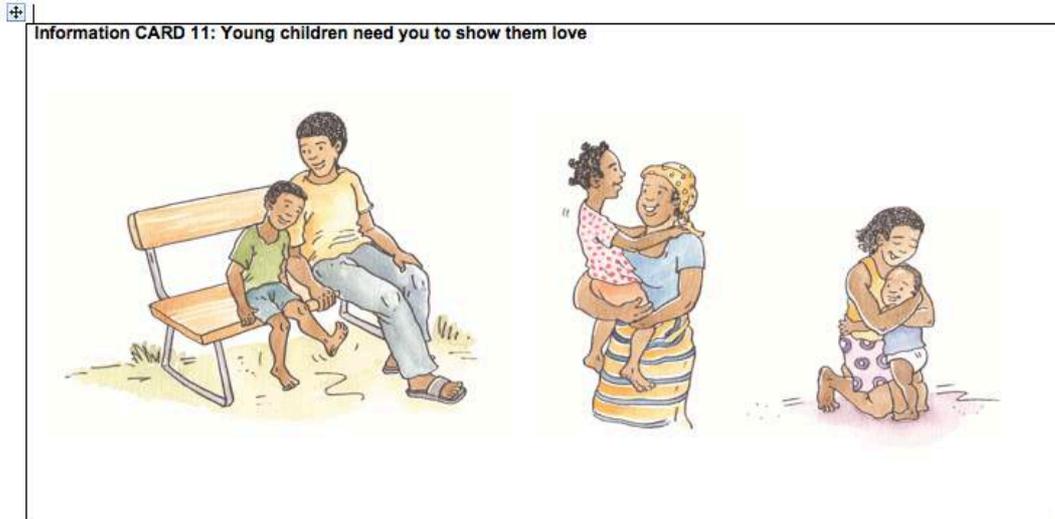
Before I became a Sungukate (the managers and facilitators also refer to themselves as Sungukate) when my children were seeing it is almost 5 o' clock they were starting to organise themselves, “Mum is coming back! If mama finds here that things are not well organised we will be beaten because mama don't like to find things not right”. If they did something wrong I was beating them. They were very afraid of me. Even if they were playing and they saw it was nearly time for mum to be home they were leaving everything they were doing and be standing quietly when I got home. They were so afraid.

Now the children are seeing a difference and they even asked me, “What is going on now, you are more friendly, what is happening? You are more loving.” Now the children and I are friends, we are having long conversations. I come home and they have made tea for me to drink, they are pleased to see me and we talk about the week. They are my friends.

Now I am in a different life, now I am not sad about the children, I am loving them. It is like for me a new day has come for my life and it is rising very, very well. I feel bright now. I feel I would like to go back and have birth for the first time because I wasted time. I only got this knowledge after I had my children. I would like to get this knowledge before I had my children because I would take care of my children in the sensitive period, that time that is very important for brain development now it is too late. But now I feel I am helping many other people. I don't care if it is Funhalouro were I work or Vilancoulos if I am finding caregivers not aware of these things in the children I stop there and give recommendations of what they must do. (CARE Community Manager)

The extent to which stories like the one above inspired is illustrated by Victoria's story on page 18 of this report. Note too how the Community Manager now takes the opportunity to reach all children and caregivers, not just those in the ECD Programme. This was another common theme amongst the Masungukate/dota. They often talked about now playing with **all** children, looking out for **all** children in the village. During the field work we were walking with one of the Sungukate to visit one of the households. We passed a small boy whose feet were full of *matakenya* (*Tunga penetrans*, a parasitic arthropod from the sand that is common in the area – they need to be removed regularly and if a child is infested it is often a sign of neglect) the Sungukate bent down and spoke quietly to the boy, asking about his grandmother. She told us as he ran on that she would visit and see if she could help the old grandmother as she was obviously not coping with the small children in her care.

The second most common influence mentioned in the discussions was **the illustrations in the Visual Reference Guide**. These two pages were mentioned the most often.



Masungukate/dota and caregivers often took a copy of the Guide while we were talking and without hesitation found these two illustrations. Many of them knew the page numbers, repeating them as they looked for the drawings.

The following quotes are typical of the answers we received when we explored with caregivers and Masungukate/dota why these particular illustrations had made an impact on them.

These people are like us. I think they are living here (in Funhalouro) (Sungukate, Funhalouro).

I could see men talking to children and playing. I had never thought to do that. (Sungudota, Funhalouro)

I love that drawing too much, that mother that is smiling at the child. (Caregiver, Funhalouro)

It seems that the style of illustration is important. It was because they were realistic, attractive and carried some emotion in them that people related to the drawings.

Theme 2: Behaviour change related to health messages

The second clear theme that emerged was that there has been significant behaviour change related to health in all of the households who participated in this research. These are the main health messages promoted by the Masungukate and Masungudota:

- Regular use of mosquito nets
- Importance of immunisation
- Link between sanitation and health - latrine building in particular
- Safe storage of drinking water
- Clinic visits for ante natal care for pregnant women
- Exclusive breastfeeding until six months
- Infant nutrition – dietary diversity and use of local nutritious foods such as Moringa in particular
- Taking children to hospital when they are ill
- Danger of traditional medicine to babies and young children

There is evidence in the discussions of changes in all of these areas in all of the groups we talked to. These quotes are typical,

I did not know that we needed a net in summer. Everyone was saying it is only winter we need a net. The Sungukate told me that we need a net always. So now I am using always and I can see, the children this year did not get malaria.

Yes, my Sungukate asked me if I loved the chickens more than my children (she laughs) because I used the net for the chicken house. (Caregivers, Funhalouro)

The big change for me is that I built a latrine. We did not have before. We used the bushes. Then Sungukate Linah said we needed and she helped me, the Masungukate came and helped me to dig the hole. (Caregiver, Homoine)

I am getting the other young women asking if I can come to visit their house and their babies. This is because they see my babies (he laughs). They are growing so fat because I tell the mothers to breastfeed - no traditional medicine. People can see in the village, my babies are getting fatter. (Sungudota, Homoine)

What aspects of the programme promoted this change in behaviour?

A number of factors emerged as significant in these changes of behaviour. One common reason people referred to was **hearing the correct knowledge** for the first time.

We used to think that you could not get malaria in summer, only in winter so we didn't use the nets all the year. Then the Masungukate

told us you can get malaria all year. Now I use the nets every, every day. (Caregiver, Funhalouro)

I never knew about *Moringa*, we had a tree in the village, but I never knew. (Caregiver, Funhalouro)

We have always gone to the toilet in the bush, our fathers did it, our grandfathers. There used to be space around the house, so we each had our own place. But now there are more people living here, it is different. I did not know that it can make children sick, that we need to wash our hands. I learned at the training. Now we know so we built a latrine, me and my wife, because I am a Masungudota and we need to be an example. (Sungudota, Funhalouro)

We didn't know that you could get birth registration free if we do it in three months. But the Masungukate told us this. (Caregiver, Funhalouro)

Linked to the knowledge were the **regular home visits by the Masungukate** or Masungudota. These visits not only reinforced the knowledge as Masungukate/dota repeated the messages but they motivated the caregivers to take action.

I started to cover the drinking water because she came to visit and I felt bad if she sees it uncovered. (She laughs). Mama Adelia did not check up or get angry, I just saw her coming and went to check it was done before she came as she was always reminding me. (Caregiver, Homoine)

"I am loving the Sungukate."



Isabella, from Funhalouro with her healthy one-year old

Aaai the Masungukate are very important in our village because my child is now healthy because of the Masungukate. I am loving the Sungukate (who visits me), I always want her to be visiting me. This son is so strong because of my Sungukate. She helped me too much. She taught me about moringa in the porridge and that helped me too much.

When he was born he was very sick. He had this problem since he was born and I was using the traditional medicine to give the baby and he was not getting better. I would say I am going to the hospital and get half way there and he was so sick that I would turn back again. But every day she came and said I must take the baby to the hospital. Then I took the baby and she helped me to give the medicine that the hospital gave me. Since I got the medicine the child feels better. She also brought me *Moringa* (a leaf from a local tree that is very nutritious) for the baby and showed me to put it in the porridge.

She comes to visit now only once a week and she is always playing with my son to see that he is better. My son is healthy because of the Sungukate.

It seems that much of the motivation to change comes from the **relationships built between the Masungukate/dota and their families**. Masungukate/dota talked about how at first the caregivers had been suspicious of their visits and did not change their behaviour but over time as they saw the Masungukate/dota wanted to help and meant well, they began to change.

Many of the Masungukate/dota also talked about how their actions often had to match their words before the family trusted them.

At first the family was not trusting me. They did not know why I was visiting. But I saw the child needed the hospital but they did not listen to me. So one day I took the mother and the child to the hospital. I paid for the transport and then they did trust me. Now they know I am there to care for the children. Now they are changing many things.
(Sungudota, Homoine)

I had a problem because since when I was pregnant I was very sick and the baby was delivered at seven months and it was very small. That made me to feel very sad. Sungukate Marta helped me. She helped me such a lot to feel better. I was crying all the time and I was so sick and she encouraged me to never lose hope and she was coming every day to help me. Every day she was coming back. She helped me to never give up hope with the baby. Now I am better and my baby is fine. She even stopped to do her own things, to eat to help us, every day she came back and back. I love her, she is my Mama Marta. (Caregiver, Funhalouro)

Another factor that lead to change was the fact that the **Masungukate/dota worked together as a group to support each other**. In all of the villages we worked in they had formed teams to help dig latrines in their own homes and caregiver's homes. This was an important help especially to women or elder-headed households where the digging of a latrine was too difficult for the family. The Masungukate/dota also supported each other with particular families. The older Masungudota often asked a younger Masungukate to attend a home visit with them to discuss issues such as breastfeeding with a young mother. Younger Masungukate took older colleagues with them in families where the older women questioned their knowledge because they were young. They also worked with each other on difficult cases.

The **role of the trained ECD Facilitators from the local CBOs** was also an important aspect of the programme. Each facilitator is responsible for a group of Masungukate/dota and they meet at least once a month to discuss their work in a Learning Circle but Masungukate/dota reported that they often called in the ECD Facilitator to help them with a difficult case. It seems to be important that the ECD facilitator comes from the local area and even better from the local village as this means they understand local politics and can facilitate communication between the Masungukate/dota and the local clinic sister or the community leader if necessary.

Another factor that emerged as a precursor to behaviour change was the fact that **the CARE ECD Programme and the Masungukate/dota in particular had status in the village**. This status came from the fact that the community leadership was involved in the programme, that the Masungukate/dota had been selected in a community meeting, that they had attended a formal training away from the village (this held status) and that they wore a uniform

(T shirt and cap) that identified them as an expert in the care of young children.

Note too that the **playgrounds** built from local material by the Masungukate/dota with assistance from CARE **added to the status of the home visitors** and therefore to the weight of what they had to say. The playgrounds seemed to serve as evidence that outsiders (CARE) took the programme and the children in the village seriously; it became a symbol of the raised status of children and the role of the Masungukate/dota as advisors to be trusted.

One interesting issue that emerged from discussions about what had helped behaviour change in relation to health messages was related to **the role of men in the household**. The Masungukate/dota make sure they interact with the men as well as the women.

She (Sungukate) told even my husband that if the children come up to you, hold them and love them, it will be easy for them to come to you and you can tell them if they do something wrong if you love them.
(Caregiver, Homoine)

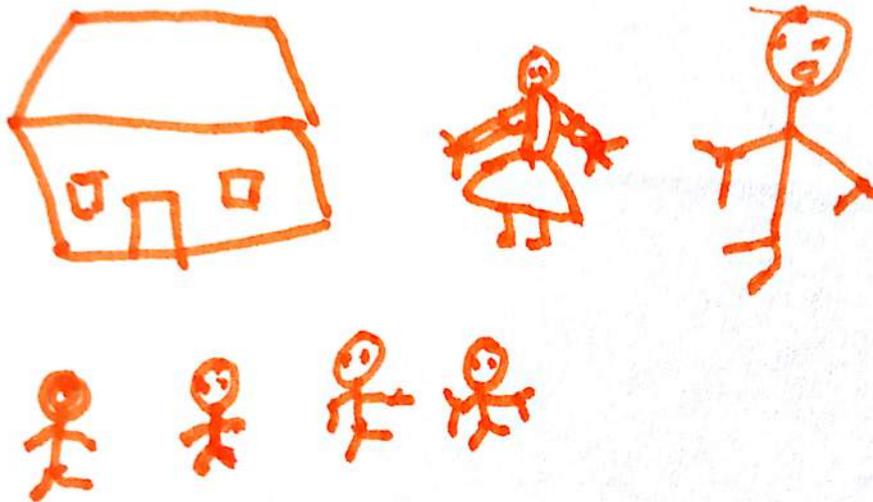
The Sungukate are talking to them and the men are also now talking to the children (at home). At first when the Sungukate came to visit us the husbands were not there and then when we told them (what the Sungukate said) they were not believing and disrespecting us. So the Sungukate came when the men were there and talked to them. Now they are believing and they even say, "You must do 'this and this' because the Sungukate said so" (she laughs). The men are respecting too now. (Caregiver, Funhalouro)

Often the men had control over larger household decisions such as the building of a latrine or even spending money to get transport to the clinic so a child could be immunised. Masungukate/dota reported visiting at particular times so they could speak to the men in the household or waiting until the men came home at weekends or holidays to raise an issue with them. In homes where men were absent for a long time because they were working as migrants this often hindered changes.

Theme 3: Reduced emotional stress

The third area of huge change is the reduction of emotional stress reported by all of the caregivers who participated in this research. The story of change in the box below is typical of what we heard over and over again.

"I was feeling so sad because I did not have someone to help me."



Ofelia drew her family for us. Her four sons aged 4, 6, 8 and 13 are at the bottom of the drawing. Though she has drawn her husband on the right he died a few years ago, so she is alone with her four boys.

Feeding them is hard, there is no rain and nothing comes from our farms. But my biggest problem was the behaviour of my older sons. There is a big difference between caring for boys and for girls. It is difficult to care for boys and because of the Sungukate now they (the boys) understand. Sungukate Felizada talked to them. When she came to visit she found them and sat with them. Before the boys were not accepting to do things and now they listen to me and when I say do something they do something – they don't disrespect me anymore because the Sungukate invited them to sit around and listen and she was coming back every time to see how they were doing, she came back and came back.

The other thing that has changed was that my preference for my kids was traditional medicine and now I go to hospital so that is the main change.

The big changes can be seen in the little one because he was coughing so much and Sungukate Felizada made sure he went to hospital to get medicine so he is now better.

But the most change is in my heart. The Sungukate helped me in many ways with the stress. There were things I was not sharing with nobody and since Sungukate Felizada was visiting I began to share things and we found little ways to solve things. Before I was feeling I am alone so now I can share with her and she helps me. She is a lovely lady (she laughs softly).

I made the two things from clay to show how I felt before and how I feel now.

This is a *lithelo* (a flat basket used for winnowing – traditionally this is a symbol of female sadness because new wives who have recently moved to their father-in-laws homes could sit quietly and cry only when they were winnowing nuts or grain with this basket).



I was like the *lithelo* (on the right of the photo) - I was feeling so sad. It was because I did not have someone to help me I had to do it alone. I was just thinking too much. Now I have the aid of someone else and I am shining because of that. So I made a flower (on the left of the photo). Now I have Sungukate Felizada I am like a flower.

Caregivers also talked a lot about a feeling of “heaviness” and how this had reduced with the visits from Masungukate or Masungudota. They described how feeling “heavy” often prevented them doing things they knew they should.

I knew the mosquito net was needed for the baby but I was so heavy that I could not even do it. To pull it over the sleeping mat was too much, I just went to sleep - I did not even clean the dishes. (Caregiver, Funhalouro)

Another theme that emerged was that hygiene and depression were often linked. This emerged when we asked caregivers if anything had changed since the Masungukate/dota began to visit and many of them told us that one of the biggest changes that had come about was that they now kept their yards and houses neat and tidy. We questioned this (sceptically thinking that this was an easy answer and one that a respondent may think a researcher would like to hear) but the caregivers insisted no, this had happened. As we discussed why this had happened it became clear that many caregivers had given up caring because they were depressed or felt so alone with the household tasks and child-care tasks.

Masungukate reported that once women had begun to take care of their house and yard they felt better about themselves, they felt that they had some power and then the Masungukate were able to help them think about their children. Masungukate/dota seemed to often use such an incremental approach understanding that the basic care of the yard and house were a symptom of depression and its concomitant lack of powerlessness.

We were interested to know if the recent drought and the resulting stress related to finding food for the family brought increased emotional stress. Caregivers and Masungukate/dota agreed that of course it had, particularly in Funhalouro. We then explored with the Masungukate/dota if they were still welcome in the homes they visited or if families got angry that they could not help with food. We asked caregivers the same thing. Everyone agreed that in this time of drought two things were important, one that they continued to learn new knowledge that they could apply later, even knowledge about good nutrition for children that they could not maybe apply now but would apply later when they had more food. They also agreed that having someone like a Sungukate to talk to gave them hope and support in the difficult time of drought.

Now we need even more to have some little visits, some talking, some playing, some joking, friends. It helps you to feel better. (Caregiver, Funhalouro)

We can talk about the problem together. We can solve some problems together. I do not just think and think alone now. (Caregiver, Funhalouro)

My Sungukate has helped me to think of collecting wood to sell. We talked about this. (Caregiver, Homoine)

I have supported an old grandmother I visit (she has three small grandchildren to look after alone and she gets so sad) to start her own vegetable garden near to the water pump. I helped her to plant it and also to look after it when I water my own garden every day. This helps her as she at least has spinach for the children and she can sell a little bit. (Sungukate, Funhalouro)

I have helped this caregiver by suggesting she cuts grass and sells it, I bought some to thatch my house to help her. (Sungudota Funhalouro)

It is worth noting too that caregivers mentioned quite often that they knew the Masungukate/dota were volunteers and that they too were suffering from the drought. This made a difference in their acceptance of the advice.

I know that she (Sungukate) is also struggling. She is taking time from her field to help me. That is good of her. (Caregiver, Homoine)

Why did this come about?

The simple act of **visiting a home regularly** seems to reduce emotional stress. Caregivers talked about looking forward to the Masungukate/dota's visits. Masungukate/dota reported that the children too look forward to their visits.

At first they were scared of me. But then I played with them each time and now they run when they see me. Now they call after me in the village, “Sungukate, Sungukate”.

Yes, they do, “Papa papa” they call to me when I am walking to the forests to collect wood. They are not scared any more. The little ones see us as their friend. (Sungukate and Sungudota, Homoine)

But it is not just a home visit that makes the difference it is **a visit from a particular kind of person**. The individual interviews with the Masungukate and the Masungudota explored their backgrounds, inner resources and motivations – what kind of people they were and what they brought personally to the work they did. Two clear themes emerged here. Firstly some of the Masungukate and Masungudota are people of deep knowledge and experience and many had already served families in the community before they became part of the ECD programme. Many had worked through their churches to help couples solve family problems, others were community leaders and a few were traditional healers. What is important to note here is that the ECD programme made existing resources available for the care of children. These wise elders are now knowledgeable about children and they are available to work not only for the church or in healing but also for the well-being of children in the village.

The second thing that emerged was that many of the Masungukate/dota were people who really **wanted to make a contribution but did not have a vehicle for helping**. Very often they too were depressed with little sense of power and no outlet for their drive and intelligence. It seems that the ECD programme has given them a sense of their own worth as a person, built their sense of power and given them a purpose in life and this is why they are so committed to their work as Masungukate/dota. This was a very strong theme in the clay figures that the Masungukate/dota made in the focus group discussions to illustrate the change that being involved in the programme has made for them.



I was just a useless donkey before but now I am a boat. I am useful, I can help people to cross the river. (Sungukate, Homoine)



I was an empty pot but now I have a heart for children. (Sungdota, Homoine)



I am now a person, a person who listens to others. (Sungukate, Funhalouro)

What is significant here is the depth of inner change and commitment that the symbols represent. The story below also illustrates the depth of personal change and the growth in self worth.

"I feel very good doing this job"



Victoria is the third wife in a very traditional household with thirteen children. She has two boys of her own and looks after her sister's small daughter too.

I was an empty basket before. I had nothing to give. I had only Grade 2 and I did not know many things. I felt very important to be elected within many, many people. I think they see something important in me, that made me feel good. The training was very important, very important for me. Very.

All the examples that Nalia and Olga were giving - that was touching me. All the examples of how they were disciplining their children before by beating was touching me because that was the way I am disciplining my kids, I could see that I had to change. Olga and Nalia told me that they changed and I saw that I can change too. I saw that I can also help other people to change. I feel very good doing this job.

A lot of things about the training were important for me. One of them I can mention, they taught us to go to the hospital. Look, one of my children was always sick and I didn't know why he was always sick and so when I came back from the training I was thinking about what I learned. So I took him to the hospital and they told me he had a problem in his blood. They gave him medicine. He is not having the same problem - he has been cured.

Aah, it (the training) was very important. I learnt about the hospital, about moringa. Everything I was struggling with I learned about. This little girl (she refers to the child on her lap) she gets Moringa now. Her mother is in Maputo. She stopped to breastfeed very early that is why she is small. I was struggling too much with the mother of this child, my sister. I was shouting too much for the mother of this child but now I am not doing that. I am a new person now. I can give information to help. I do not shout.

Before I wasn't good for my children. Before I was solving my problems speaking loud and beating them. I am not doing that anymore. That is one change. The children are much better now. They are good now. This older one he even if you send him now to go to market even though it is far he does not deny to go. They respect and hear what I am telling them. They know to greet people - it was not happening before. There is a good relationship between us now.

I like to do the home visits. I wake early to do my work at home so I can go to do my visits. Even my husband cares about my work. Sometimes we go to the far fields together and we stay there trying to find some cassava. When I go there he asks, "How will your caregivers do as you are here?" So I do see he cares about what I am doing.

Before I was feeling like an empty basket, now I am a full basket, I know many things and I can help people.



So, the ECD programme has provided a vehicle for existing enthusiasm, knowledge and skills to be made available for children in the villages where the programme works.

Conclusion

What stands out from this research is the depth of personal change that has been experienced. As one would hope, the knowledge transfer has been successful, caregivers are finding out basic life-saving information for children under-five. They are also applying what they have learned, making decisions to walk to the hospital with a sick child, dig a latrine and use a mosquito net. But, much more than this is happening. There has been significant personal change that has impacted on family relationships and on the way people involved in the programme see themselves and this is bound to have long term impacts.

The findings of this research suggest that a home visiting model that makes use of participatory training and contextually congruent learning materials can make an impact on child development outcomes. What is more the research has provided us with some useful insight into what aspects of such a programme are important. This is useful information that CARE can use as we advocate for the inclusion of a home-based model of ECD in Mozambique.

References

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101.

Appendix 1: Outline of focus group discussion and interviews

Workshop with Masungukate/dota August 2015

Activity 1: My job as a Masungukate/dota

Draw your house in the corner of the paper. Now draw all the houses you visit. Show me you walking to the houses:

Discuss:

What time of day do you visit?

How many times a week do you visit?

Tell me about the households you visit.

What is the best thing about being a Masungukate/dota?

What is the worst thing?

Mark the house that has changed the most since your visit. What changes have happened there? Why do you think they happened in that house and not at the others?

Mark the house that has changed the least. Why has there been so little change at this house?

Activity 2: The home visit

Look at the drawing of the Masungukate/dota making a home visit.

Discuss:

Why are we asking you to do this visiting?

What is happening during the visit to the caregivers?

What is the relationship between the Masungukate/dota and the mother?

What is the Masungukate/dota bringing to the mother?

Is the mother giving anything to the Masungukate/dota? (relationship, friendship)

Has the Masungukate/dota changed anything about how she interacts with the caregiver since she started visiting?

Has the Masungukate/dota changed anything about how she interacts with the children since she started visiting?

Draw a picture of a person and show their head (knowledge) and heart (emotional).

How much of what you do is for the head? For the heart? Show me with your hands – this much for head and this much for heart. Why not more for heart? Or why so much for heart?

Activity 3: Barriers to accessing services

Place caregiver figure on one side and then birth certificate and immunisation card and then medicine on other side

Tell me stories of how you have helped with referral to services?

What gets in the way?

Place small stones in between the caregiver and services

What are barriers to accessing services?

Can you as a Masungukate/dota overcome them?

Activity 4: Me before Masungukate/dota and after

Make two models with the clay. One must show “you before you became a Masungukate/dota” the second must show “you after you became a Masungukate/dota”.

Discuss:

What personal changes have there been?

Have you changed your own parenting in any way? What?

Activity 5: Funhalouro – drought now (context) impact on their work

Discuss:

Do the caregivers need more heart now or more knowledge?
How does it affect what you do that you can't give practical help?

Interview with Masungukate/dota

Activity 1: My life story

Tell me more about you and your life. Explore the details of the small clay figures they made. Maybe do a drawn time line of their lives.

What in your life has helped you to be a good Masungukate/dota?

What in your personality has helped you to be a good Masungukate/dota?

What role has CARE played in making you a good Masungukate/dota – look at percentage of CARE and percentage of own self.

What stands in your way of being a better Masungukate/dota?

Activity 2: Your own behaviour change

Has anything changed in your house since you became a Masungukate/dota? Get details of what has changed.

Activity 3: Play

Show a child and caregiver figures

Why must the caregiver play with the baby?

Interview with caregiver

Activity 1: Who lives in my house?

Use the figures to make up the family.

Who lives in your house?

How long have you lived here?

Where did you live before?

Activity 2: Impact of Masungukate/dota visits

Two clay figures - me before Masungukate/dota visited and me after

Discuss/probe:

Social networks – a friend

Social capital – trust increased?

Emotional stress – reduced?

Activity 3: Change in behaviour in house

Has anything changed in your house since you the Masungukate/dota came to visit?

Get details of what has changed.

Activity 4: Knowledge or emotional support

Draw a picture of a person and show their head (knowledge) and heart (emotional).

Is the Masungukate/dota giving you help here (head) or here (heart) which is she doing most? Show with hand scale.

Activity 3: Play

Show a child and caregiver figures

Why must the caregiver play with the baby?

Why must she sing to the baby? Talk to the baby?