Section B

Examples of Program Success Using Care Groups
Implementation of Care Group Approach, Mozambique

Photo: Henry Perry
Map of Mozambique
In Gaza Province of Mozambique (Vurhonga I)

Located in 1 district with a population of 130,000 people

*Vurhonga* means *dawn* in Shangan, the local language of the project area
Vurhonga
Examining the evidence of under-five mortality reduction in a community-based programme in Gaza, Mozambique

Anbrasi Edward\textsuperscript{a}, Pieter Ernst\textsuperscript{b}, Carl Taylor\textsuperscript{a,*}, Stan Becker\textsuperscript{c}, Elisio Mazine\textsuperscript{d}, Henry Perry\textsuperscript{e}
# Practices of Caretakers

## Table 2: Estimates (and 95% CI) of care-seeking and behavioural change practices of caretakers

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>N</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>Mothers reporting initiation on BF within 1 h of delivery</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Children with diarrhoea treated with ORT</td>
<td>115</td>
<td>53 (43.9–62.1)</td>
</tr>
<tr>
<td>Children with diarrhoea given extra food for 2 weeks following diarrhoea episode</td>
<td>115</td>
<td>4 (4.2–7.6)</td>
</tr>
<tr>
<td>Households with latrines</td>
<td>300</td>
<td>28 (10.4–45.6)</td>
</tr>
<tr>
<td>Children who slept under ITN the previous night</td>
<td>0</td>
<td>—</td>
</tr>
<tr>
<td>Children with fever treated at health centre/post within &lt;24 h</td>
<td>25</td>
<td>28 (10.4–45.6)</td>
</tr>
<tr>
<td>Children with fast or difficult breathing treated at health centre/post within &lt;24 h</td>
<td>50</td>
<td>2 (1.9–5.9)</td>
</tr>
<tr>
<td>Children with severe malnutrition (≤3 Z-scores)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Mothers reporting increased food intake (past pregnancy)</td>
<td>300</td>
<td>44 (38.4–49.6)</td>
</tr>
<tr>
<td>Mothers reporting delivery by trained provider (last pregnancy)</td>
<td>300</td>
<td>65 (59.6–70.4)</td>
</tr>
<tr>
<td>Children fully immunised</td>
<td>128</td>
<td>74 (66.4–81.6)</td>
</tr>
<tr>
<td>Caretakers who knew three ways to prevent STIs/AIDS</td>
<td>300</td>
<td>0.3 (0.3–0.9)</td>
</tr>
</tbody>
</table>

BF: breastfeeding; ORT: oral rehydration therapy; ITN: insecticide-treated bed net; STI: sexually transmitted infection.
Under-Five Mortality, Chokwe District

Under-Five Mortality in Chokwe District, 2000–2004, Demographic and Health Survey (DHS)

World Relief Child Survival Project

- In Gaza Province of Mozambique (Vurhonga IV)
- In five districts with 250,000 people

Photo: Henry Perry
The Vurhonga IV Project

[Map showing Vurhonga IV Project location]
Achievement of Nutrition Targets, Vurhonga IV Project, Gaza Province, Mozambique, 2005-09

Solid horizontal lines indicate end-of-project targets

Source: Henry Perry
Children 0-23 Months of Age Who Were Underweight (Below Third Percentile), Baseline, Mid-Term, and EOP KPC Surveys

Year of KPC Survey | Percentage
--- | ---
2004 | 16.7
2007 | 8.2
2009 | 8.4

Source: Henry Perry
Sick Child Management: KPC Survey Findings

Source: Henry Perry

$Tx = treatment$
Malaria

- Care seeking: 34% to 62% (goal 70%)
- Compliance: 61% to 69% (goal 70%)
- Insecticide-treated bed nets (ICN) use (children): 8% to 20% (goal 50%)
Changes in Under-Five Mortality in Vurhonga II and Vurhonga IV Project Areas in Comparison with Long-term Trends in Gaza Province and Mozambique

Source: Henry Perry
Causes of Under-Five Deaths Recorded by Animerators

- 2007-2008

- Malaria 35%
- Diarrhea 14%
- Pneumonia 3%
- Malnutrition 6%
- Other/DK 42%

Source: Henry Perry
Changes in Use of Modern Contraceptive Methods among Respondents at Baseline, Mid-Term, and End-of-Project Knowledge, Practice, and Coverage Surveys

Year of KPC Survey

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2004</td>
<td>10.1</td>
</tr>
<tr>
<td>2007</td>
<td>28.6</td>
</tr>
<tr>
<td>2009</td>
<td>37.2</td>
</tr>
</tbody>
</table>

Responses are for women with a child 0-23 months of age.

Source: Henry Perry
Changes in Utilization of MOH Facilities in Project and Non-Project Areas, 2004-2008

<table>
<thead>
<tr>
<th></th>
<th>Health Centers in Project Area</th>
<th>Health Centers in Non-Project Districts in Gaza Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of births</td>
<td>17.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Number of 1st prenatal visits</td>
<td>-13.5</td>
<td>-13.5</td>
</tr>
<tr>
<td>Number of 1st postnatal visits</td>
<td>49.9</td>
<td>7.6</td>
</tr>
<tr>
<td>Number of women given modern family planning</td>
<td>53.2</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Source: Henry Perry
Women in Gaza

Photo: Henry Perry
Socorrista
A Supervisor and Her Supervisee

Photo: Henry Perry
Food for the Hungry Care Group Project

- In Sofala province of Mozambique
- Seven districts with one million people
Map of Mozambique
Food for the Hungry Child Survival Program Sites

- Sofala province
  - Seven out of 13 districts in Sofala

- Area A (years 1-5)
  - Caia (50%)
  - Chemba (80%)
  - Maringue (80%)
  - Beira (Manga only)

- Area B (years 2.5-5)
  - Dondo
  - Gorongosa (80%)
  - Nhamatanda (80%)
Project Structure and Field Activities

- Beira-based staff
- Child Survival program manager: Emma Hernandez Avilan BSN
- Child Survival coordinator/trainer: Luciano Menete
- Cecelia Lopes: coordinator in M&E
- Zinc coordinator: Jose Carlo Manuel
- Orlando Zuro: administrative assistant
- Bande Joaquim: driver
Field Staff

- Five district supervisors (oficiales)
- 65 promoters
- 325 (65x5) care groups
- 4,095 (12.6x325) care group members (leader mothers)
- 47,502 (11.6x4,095) beneficiary mothers
- 59,378 (1.25x47,502) beneficiary children 0-23 months of age
  - 11% above the target
Care Group Volunteers

Photo: Henry Perry
Care Group Performs

Photo: Henry Perry
Care Group Singing

Photo: Henry Perry
Peri-Urban Care Group Volunteers

Photo: Henry Perry
Care Group Supervisor

Photo: Henry Perry
District Supervisor

Photo: Henry Perry
More Supervisors

Photo: Henry Perry
Tippy Tap

Photo: Henry Perry
Latrine

Photo: Henry Perry
Latrine

Photo: Henry Perry
Vitamin A Distribution
Village Life

Photo: Henry Perry
Children Gathering Water

Photo: Henry Perry
Getting Around

Photo: Henry Perry
Expressions of Gratitude

Photo: Henry Perry
Village Women

Photo: Henry Perry
Village Women and Children

Photo: Henry Perry
Village Women and Children

Photo: Henry Perry
Village Women and Children

Photo: Henry Perry
Village Women and Children

Photo: Henry Perry
Village Women and Children
Village Children

Photo: Henry Perry
Village Children

Photo: Henry Perry
Village Children

Photo: Henry Perry
Area A Project Indicators

FH/Moz CS Final Evaluation: Area A Indicator Changes (Pt. 1)

Source: Tom Davis, Food for the Hungry.

See [www.CareGroupInfo.org](http://www.CareGroupInfo.org) for more information
Area A Project Indicators

FH/Moz CS Final Evaluation: Area A Indicator Changes (Pt. 2)

Source: Tom Davis, Food for the Hungry.
Area A RapidCATCH* Indicators

FH/Moz CS Final Evaluation: Area A RapidCATCH Indicator Changes (Pt. 1)

CATCH: Core assessment tool on child health

Source: Tom Davis, Food for the Hungry.
Area A RapidCATCH Indicators

FH/Moz CS Final Evaluation: Area A RapidCATCH Indicator Changes (Pt. 2)

Source: Tom Davis, Food for the Hungry.
Area B Project Indicators

FH/Moz CS Final Evaluation: Area B Project Indicators (Pt. 1)

Source: Tom Davis, Food for the Hungry.
Area B Project Indicators

FH/Moz CS Final Evaluation: Area B Project Indicators (Pt. 2)

Source: Tom Davis, Food for the Hungry.
Area B RapidCATCH Indicators

FH/Moz CS Final Evaluation: Area B RapidCATCH Indicators (Pt. 1)

Child Spacing > 23m  Skilled Birth Attendance  TT2 +  Complementary feeding

Source: Tom Davis, Food for the Hungry.
Area B RapidCATCH Indicators

FH/Moz CS Final Evaluation: Area B RapidCATCH Indicators (Pt. 2)

- Fully vaccinated
- Measles
- ITN use
- 2+ HIV Prev. practices
- HW 4+ proper times
- Knowl. of 2+ danger signs
- Inc. fluids/cont. feeding during illness

Source: Tom Davis, Food for the Hungry.
Moderate/Severe Underweight Decreases

FH/Moz CS Final Evaluation: Changes in Underweight (WAZ<-2)

- **Area A**: 26% reduction
- **Area B**: 36% reduction

**Source:** Tom Davis, Food for the Hungry.
Decreases in Severe Underweight

FH/Moz Final CS Evaluation: Change in Perc. of Children who are Severely Underweight

- Area A Districts: 6.3% to 4.5%, 29% reduction
- Area B Districts: 8.8% to 4.3%, 51% reduction

Source: Tom Davis, Food for the Hungry.
Increases in Facility-Based Births

Institional Births in Project Districts and Comparison Districts

Data Source: MOH
Estimated Changes in Under-2 Mortality in Food for the Hungry Project Areas A and B Using Project Vital Events Data

The estimated 0-23m mortality rates for Sofala Province have been calculated by assuming that they are 80% of the estimated under-5 mortality rates

Source: Henry Perry
Time Contribution (in Hours) by Type of Project Staff
October 2005-September 2010

Source: Tom Davis, Food for the Hungry.