



Documentation Research on the USAID Growth through Nutrition Activity First 1000 Days Maternal and Child Nutrition Program

Outcomes and Lessons Learned

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The findings and opinions presented in this report do not necessarily represent those of USAID, Growth through Nutrition or its implementing partner organizations.

ABBREVIATIONS

ANC	Antenatal Care
CCA	Community Change Agent
DA	Development Agent
ECC	Enhanced Community Conversation
FGD	Focus Group Discussion
FtF	Feed the Future
HEW	Health Extension Worker
IDI	In-Depth Interview
IFA	Iron Folic Acid
IYCF	Infant and Young Child Feeding
MIYCN	Maternal, Infant and Young Child Nutrition
MIYCAN	Maternal, Infant, Young Child, and Adolescent Nutrition
NGO	Non-governmental Organization
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SCI	Save the Children International
SCUS	Save the Children USA
SNNP	Southern Nations, Nationalities and People's Region
TMG	The Manoff Group, Inc.
USAID	United States Agency for International Development
VF	Virtual Facilitators
WASH	Water, Sanitation and Hygiene

I. BACKGROUND

Growth through Nutrition is a five-year, integrated, multi-sector nutrition and water, sanitation and health (WASH) program funded by the United States Agency for International Development (USAID) and Feed the Future (FtF), and primed by Save the Children International (SCI). Growth through Nutrition aims to improve the nutritional status of women and young children in the four productive regions of Ethiopia: Amhara; Oromia; Southern Nations, Nationalities, and People's Region (SNNP); and Tigray.

Social and behavior change communication (SBCC) programming is at the heart of Growth's work to improve nutritional outcomes for mothers and children during the first 1000 days, and for adolescent girls between the ages of 10 and 19 years. The SBCC objectives of the program involve multiple sectors and levels of key actors working together in a coordinated program. SBCC programming is a thread that unites efforts across nearly all of the project components and intermediate result areas, with the goal of improving the dietary practices of pregnant and lactating women, adolescent girls, and infant and young child feeding practices, as well as increasing demand for nutrition and health services and improving hygiene and sanitation practices among households. SBCC programming is primarily implemented through communities and households and also relies on supporting actions from the district to national levels.

1. The Whole Household Nutrition SBCC Strategy and the First 1000 Days Program

As Save the Children's partner on the Growth through Nutrition project, The Manoff Group (TMG) led the design of the overall SBCC strategy under a "Whole Household Nutrition" approach to improve the nutrition of pregnant and lactating women, children under two years old, and adolescent girls between the ages of 10 and 19 years old. The approach identifies these household members as the most nutritionally vulnerable in the household and offers the promise that all family members can benefit from improving their nutrition by following the recommended practices related to increasing their consumption of diverse, nutritious foods each day. The approach uses a combination of interventions to increase knowledge, improve nutrition-related practices, and foster a stronger enabling environment for maternal, infant,

young child and adolescent nutrition (MIYCAN) among the targeted households as well as school teachers, adolescent boys and girls, religious leaders, and frontline workers in the agriculture and health sector, particularly development agents (DAs), health extension workers (HEWs) and community change agents (CCAs). A package of multi-media social and behavior change communications (SBCC) materials is used in a variety of platforms to facilitate behavior change and social change around nutrition. The platforms include Enhanced Community Conversations (ECC), SMS text messaging, radio, households in the beneficiary communities, schools, farmers' associations and women's savings and credit groups.

The promotion of nutrition-related behaviors and an enabling environment during the first 1000 days of maternal and child nutrition comprises a large component of the overarching "Whole Household Nutrition" SBCC strategy. Core interventions within Growth through Nutrition's First 1000 Days program are:

1. Enhanced Community Conversations with mothers, fathers and grandmothers of children under two who meet in their respective peer groups. ECCs include the use of a multi-media package of First 1000 Days SBCC materials;
2. Home visits by Community Change Agents to ECC participants;
3. Mobilization of religious leaders to provide guidance around approved fasting practices for mothers and children during the first 1000 days (Amhara and Tigray regions only);
4. Mobilization of kebele leaders to support the program implementation in the communities;
5. A First 1000 Days radio program; and
6. An mNutrition program of SMS text messages disseminated to the cell phones of Development Agents through Government of Ethiopia's SMS text messaging systems.

Enhanced Community Conversations

The First 1000 Days ECCs were originally designed under the USAID-funded Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE) project, the predecessor of Growth through Nutrition. ECCs are essentially peer support groups comprised

of mothers, fathers, or grandmothers of children under two who meet together on a regular basis (generally once a month) for a total of ten sessions (mothers meet together, fathers meet together, and grandmothers meet together in their respective peer groups). Each peer group is comprised of 15-20 members. Each session covers specific topics, information, and skills related to nutrition-specific and nutrition-sensitive behaviors during the first 1000 days.

ECCs are facilitated by a CCA, a community volunteer trained on the nutrition information covered in the ECCs and trained and equipped with the package of multi-media First 1000 Days SBCC materials to facilitate the participants' discussion and learning during the sessions.

A multi-media package of First 1000 Days SBCC materials was designed under the ENGINE project, primarily for use during the ECCs. The materials facilitate the peer group activities, which entail listening to nutrition-related information, discussing nutrition-related information and experiences, singing nutrition songs, demonstrations, skills-building games, and role plays. The materials, combined with the activities, support an *experiential learning approach* to helping mothers, fathers and grandmothers build on the knowledge, experiences and skills they already have, and then practice the adoption of new behaviors and transformative gender roles.

The multi-media SBCC package consists of the following materials:

a. Virtual Facilitators:

The Virtual Facilitators (VFs) are pre-recorded audio materials using the voices of professional voice actors who play the roles of two fictional characters: “Ete Birtukan” (known as “Dammitu” in Oromia), an older woman who is a nurse and an expert in maternal and child nutrition; and “Aya Mulat” (known as “Abdissa” in Oromia), her husband, a retired agriculture extension worker who is knowledgeable on nutrition and nutrition-sensitive agriculture. The two characters talk to each other and, importantly, help the CCA facilitate the group activities during the ECCs by giving nutrition talks, explaining the instructions for a group activity, and asking questions for the listeners to discuss as a group. They also narrate stories, tell jokes, and give advice. The Virtual Facilitator audio recordings are played on a digital audio player and are designed to be turned off by the CCA when he or she hears the sound of a bell that signals it's

time to stop listening and start the group activity. The CCA turns the audio back on once the group activity is completed.

b. Flipchart:

The flipchart contains photographs and graphic images of the creative concepts, games, and good role models, along with written reminders with key information for the CCA. The CCA shows participants specific images on the flipchart based on what the VFs are discussing in the audio recordings.

c. Songs:

Four nutrition songs are included in the VF audio-recordings and are played during different ECCs. Participants listen and sing along. The four songs are: (1) The First 1000 Days theme song; (2) the Breastfeeding Lullaby; (3) the Queen Bee Maternal Nutrition song; and (4) the Buds and Flowers Complementary Feeding Song.

d. Handwashing Demonstrations:

Germ Transmission Game: The ECC SBCC Package includes a small bottle of turmeric powder, which is used to demonstrate how germs are transmitted by hands that have not been washed with soap (or ash) and water. Following instructions provided by the VFs on the audio-recording, the CCA sprinkles the turmeric powder on the right hand of several volunteers. The volunteers then shake the hands of the other participants.

How to make a tippy tap: Following instructions provided by the Virtual Facilitator and also depicted in a leaflet (see below), the CCA shows ECC participants how to make a tippy tap using locally available plastic water jugs and other materials.

e. Skills-building Games:

The First 1000 Days Menu Planning Game: This skills-building game was designed to help ECC participants practice planning nutritious menus that prioritize nutrient-rich foods (star foods) for mothers and children 6-24 months old.

The Earn & Buy Game: This skills-building game helps ECC participants practice improved decision-making on spending household income so that, where possible, income is used to

purchase star foods instead of less nutritious foods or other items that may not be as important for the well-being of mothers, children and families.

The *Discuss & Decide Together Role Plays*: This is a set of short scenarios with role cards that help ECC participants practice safe family dialogue about nutrition, nutrition-sensitive farming, and household spending, using skills that *safely* improve women’s assertiveness and improve men’s affirmative listening and interpersonal communication skills.

f. Take-Home Materials as Reminders and Discussion-starters in the Household

SBCC take-home materials were designed to remind ECC participants about the information and behaviors discussed during the meetings. The materials have colorful visuals as well as low-literacy text, and are designed to be attractive, so as to elicit questions and prompt dialogue among ECC participants’ family members and the visitors who came to their homes.

The SBCC take-home materials are:

Wall Posters

Six take-home posters remind ECC participants about MIYCN behaviors and supportive actions by first 1000 days family members:

1. First 1000 Days poster: This poster uses the creative concept of the “sunflower stages” (seed, sprout, bud and flower) to divide the first 1000 days of MIYCN nutrition practices into four timeframes.
2. Queen Bee posters: These two posters use the “Queen Bee” creative concept to promote maternal nutrition: one promotes improved eating practices with greater quantity and diversity of nutrient-rich foods (star foods) consumed by mothers during the first 1000 days, and the other a reminder calendar promoting IFA supplementation each evening at bedtime.



(above): Posters

3. Complementary feeding posters: Three posters use the creative concepts of “sunflower” stages (“Bud” and “Flower”) and “STAR foods” to promote introducing thick porridges enriched with star foods at six months, and gradually increasing the quantity, frequency and diversity of foods each week; responsive feeding; and moving from mashing to cutting up small pieces of food for young children under two. All three posters include handwashing reminders.
4. WASH poster: This poster promotes handwashing and sanitation practices for farming families during the first 1000 days, adding farm-specific times (e.g. after handling farm tools or tending livestock and crops) to the general “critical times” for handwashing.

Good Role Model Personal Testimony Cards

The cards are designed with photographs and summaries of the stories of real-life men and women who live in the rural communities in Ethiopia where the project operates.

The cards are designed to support improved MIYCN practices and to promote transformative gender roles in households. The testimony cards show husbands helping their wives with their chores; mothers-in-law helping pregnant or breastfeeding mothers to family support to have more time to rest and eat and encouraging them to take their iron and folic acid (IFA)

supplements; improved couple communication around deciding what foods to sell, keep for consumption, and buy with household income; and happy, healthy relationships within the family.



Photo (above): Positive role model testimony cards

“How-to” Leaflets

The “How-to” Leaflet Series uses photos that demonstrate step-by-step actions. Low-literacy level text describes each action as part of a story about a member of a first 1000 days family. The six take-home leaflets always link nutrition-specific and nutrition-sensitive practices to the goal of improving dietary diversity of mothers and children 6-24 months. They are designed with an accordion-style fold and are pocket-sized to make it easy for people to carry them around.

The “How-to” Leaflet Series includes:

1. How to initiate early breastfeeding
2. How to prepare enriched thick porridge and feed baby (*includes responsive child feeding practices and WASH practices.*)
3. How to build a chicken coop and keep infants and young children separated from livestock and poultry and their feces (*includes WASH practices*).
4. How to raise and feed chickens to increase their egg production so that mothers and young children can have more eggs to eat (*includes a handwashing reminder.*)
5. How to raise cows for milk for mothers and young children 6-24 months old (*includes WASH practices.*)
6. How to make a tippy tap (*includes a reminder to wash hands with soap or ash at critical times.*)



Photo (above): How-to leaflet on preparing and feeding thick porridge to a baby, with illustrative images and low-literacy text.

Additional information about the Enhanced Community Conversations, the multi-media package of SBCC materials, and their strategic approach and technical design is available in a previous report published under the ENGINE project¹.

Creative Concepts

The First 1000 Days SBCC materials were designed with creative concepts that improve the communication. The concepts are designed to be audience-friendly for low-literate rural smallholder farming communities, to increase audience comprehension and retention of nutrition information, and to support the adoption of new behaviors.

Growth through Nutrition uses three main creative concepts in the First 1000 Days SBCC materials:

1. The Sunflower Stages concept supports communication about the First 1000 Days of nutrition by dividing the 1000 days into four main stages of child development and nutritional needs: Seed (child in the womb/pregnancy); Sprout (0-6 months); Bud (6-11 months); and Flower (12-24 months). MIYCN “key behaviors” and “we behaviors” (supportive actions by husbands and other family members) are included in the content, messaging and SBCC materials developed for each of the four stages.
2. The Queen Bee concept promotes improved maternal nutrition practices. The concept resonated very well with rural farming communities where honey production is an important agricultural activity. The concept provides women with a culturally acceptable rationale for eating more while they are pregnant or lactating, and for taking more time to rest. The concept draws similarities between the behavior of the beehive, whose main focus is to protect and feed its queen, and the supportive actions of families with women who are pregnant or breastfeeding.

¹ Clemmons, L. Final Report on ENGINE’s Enhanced Community Conversations for the First 1000 Days of Maternal and Child Nutrition: A Gender Transformative Social and Behavior Change Communication (SBCC) Program Approach. Documentation of the Process, Outcomes and Lessons Learned. USAID/Empowering New Generations to Improve Nutrition and Economic opportunities (ENGINE). August 2016.

3. The star foods concept supports communication about priority nutrient-rich foods to improve dietary diversity for pregnant or lactating women, and children 6-24 months old.

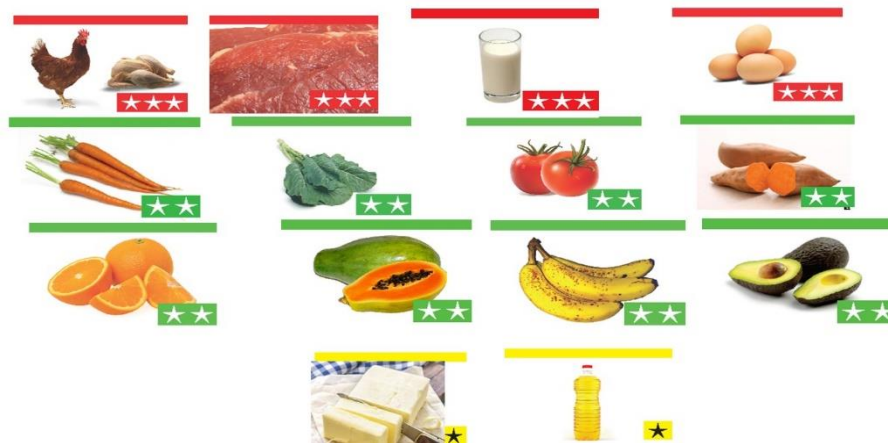


Photo (above): An illustration of STAR foods, identified and promoted as elements of an adequate diet.

- ★ ★ ★ *Animal-source foods:* Particularly valuable for their nutrients, this group gets three stars. The goal is to eat at least one serving of animal-source foods per day. These **3-star** foods include eggs, milk, cottage cheese, organ meats, flesh meat, chicken, and fish.
- ★ ★ *Fruits and vegetables:* Local foods that are particularly rich in nutrients in this category that are readily available in particular geographic areas will be promoted by name, especially for use in the diets of young children. These **2-star** foods include dish like collard greens, pumpkin, orange flesh sweet potato, Swiss chard, green beans, carrot, and tomato. 2-star vegetables should be added to each meal; 2-star fruits can be either added to each meal or consumed as daily snacks and include banana, avocado, orange, papaya, mango, guava, pineapple, and wild berry.
- ★ *Fats and oils (for children 6-24 months):* Formative research shows that young children are given bulky staple foods which their small stomachs cannot

consume in quantities large enough to meet their energy requirements. Adding oil or butter is one way of enriching these bulky foods to increase children's calorie intake and to improve the taste of the foods to increase children's consumption. These **1-star** foods include oil, butter, sesame (selyit), niger seed (nug), linseed and flaxseed (telba). For young children in particular, 1-star foods should be added to each meal.

Home Visits by Community Change Agents

Growth through Nutrition introduced home visits by CCAs to follow up on ECC participants after they attend a session in order to reinforce key nutrition information, support participants in trying new nutrition skills, and to facilitate discussion with family members. The CCAs receive training and a job aid to support them to conduct home visits. This approach is a new initiative not implemented under the ENGINE project.

Mobilization of Religious Leaders

Orthodox Christians' religious fasting practices in Amhara and Tigray generally prohibit the consumption of animal source foods during specific days each week. The fasting practices also prohibit those who adhere to the religion to eat food in the morning on days designated as fasting days. Growth through Nutrition mobilized religious leaders at national, regional and community levels to discuss the fasting practices and to clarify the religious guidance for fasting practices specifically for women who are pregnant or lactating and for children between the ages of six and 23 months old.

Mobilization of Kebele Leaders

Growth through Nutrition has also worked to inform and mobilize kebele leaders to support the First 1000 Days program by spreading the word in their communities and by identifying community members to participate in the ECCs.

First 1000 Days Radio Program

Growth through Nutrition developed a radio program series that is based on the audio-recordings of the virtual facilitators that are used during the ECCs. The radio program is broadcast on local FM radio stations in the communities served by the project in all four regions.

mNutrition SMS program

In collaboration with the ATA/Government of Ethiopia, Growth through Nutrition developed a series of SMS text messages to disseminate to Development Agents working in the four regions, as well as throughout the country.

2. Purpose of the Documentation Research

In October 2019, Growth through Nutrition designed and implemented rapid qualitative research to document the outcomes and lessons learned from the implementation of the First 1000 Days program in Amhara, Oromia, SNNP and Tigray regions. This report presents the documentation research findings, lessons learned and recommendations for future research and programming by Growth through Nutrition.

II. RESEARCH METHODS

1. Research Methods

This research utilized two data collection methods: focus group discussions (FGDs) and in-depth interviews with key informants (IDIs). Focus group discussions included the use of semi-structured discussion guides, visual aids and diagnostic role plays to help the FGD moderator facilitate the conversations among groups of research participants. In-depth interviews used a semi-structured questionnaire administered to individual respondents.

The research plan called for a total of thirty-two FGDs and thirty-two IDIs conducted in the four regions over a three-day period in each region.

2. Participants

The research protocol called for a total of approximately two hundred thirty-four participants:

- 48 mothers who had participated in the First 1000 Days Enhanced Community Conversations (ECCs), including approximately half of whom were members of women's savings groups supported by Growth through Nutrition;
- 48 fathers of children under two years who had participated in the ECCs;

- 48 grandmothers of children under two years old who had participated in First 1000 Days Enhanced Community Conversations (ECCs);
- 48 male and female community change agents (CCAs) who had held ECCs in their communities;
- Eight development agents (DAs), all of whom are men;
- Eight health extension workers (HEWs), all of whom are women;
- Eight religious leaders, all of whom are men; and
- Eight kebele leaders, all of whom are men.

3. Sampling

Research participants were purposively sampled in two kebeles in each of the four regions). Save the Children's regional teams and Growth through Nutrition's local non-government organization (NGO) implementing partners met with kebele leaders to discuss the respondent profiles. Kebele leaders in turn contacted CCAs to assist in identifying the participants.

All research participants listened to a standardized informed consent statement that explained the purpose of the research and explained the confidentiality measures taken to ensure that their responses would not be linked to any information that would reveal their identities. Participants were also advised that their inputs would be audio-recorded and were asked if they voluntarily gave their consent to participate in the research. Audio-recording did not begin until after participants had given their consent and stated their names, ages, education levels and other characteristics noted to establish the research participants' profiles.

Table 1 below presents an overview of the research methods and the planned number of participants in the four regions.

Table 1: Research Plan for Methods and Participants

Data collection methods in each region	Amhara	Tigray	Oromia	SNNPR	TOTAL
Qualitative (Method #1: FGDs)	8 FGDs	8 FGDs	8 FGDs	8 FGDs	32 FGDs with 192 participants
2 FGDs with 6 grandmothers of children 0-23 months	12 grandmothers	12 grandmothers	12 grandmothers	12 grandmothers	8 FGDs with 48 grandmothers
2 FGDs with 6 mothers of children aged 0–23 months	12 mothers	12 mothers	12 mothers	12 mothers	8 FGDs with 48 mothers
2 FGDs with 6 fathers of children aged 0–23 months	12 fathers	12 fathers	12 fathers	12 fathers	8 FGDs with 48 fathers
2 FGDs with 6 CCAs	12 CCAs	12 CCAs	12 CCAs	12 CCAs	8 FGDs with 48 CCAs
Qualitative (Method #2: IDIs)	8 IDIs	8 IDIs	8 IDIs	8 IDIs	32 IDIs with 32 participants
2 IDIs with DAs	2 DAs	2 DAs	2 DAs	2 DAs	8 IDIs with 8 DAs
2 IDIs with HEWs	2 HEWs	2 HEWs	2 HEWs	2 HEWs	8 IDIs with 8 HEWs
4 IDIs with religious leaders (in 2 regions)/ 4 IDIs with Kebele leaders (in 2 regions)	4 religious leaders	4 religious leaders	4 kebele leaders	4 kebele leaders	16 IDIs, with 8 religious leaders + 8 kebele leaders

4. Research Teams

The field research plan called for three researchers in each of the four regional qualitative data collection teams. In each team, the researchers were assigned specific tasks for the data collection, as follows:

Researcher 1: Lead 4 FGDs; note-take for 4 FGDs; review audio recordings and notes; clean notes; summarize data; submit completed summaries and audio recordings.

Researcher 2: Lead 4 FGDs; note-take for 4 FGDs; review audio recordings and notes; clean notes; summarize data; submit completed summaries and audio recordings.

Researcher 1 and Researcher 2 were asked to work in pairs to conduct all FGDs with mothers, fathers, grandmothers and CCAs so that one researcher facilitates the discussion while the other researcher takes notes. Note-taking included observing and reporting on non-verbal communication among the participants.

Researcher 3: Conduct 8 IDIs; review audio recordings and notes; clean notes; summarize data; submit completed summaries and audio-recordings. Researcher 3 was asked to conduct all in-depth interviews (IDIs) with DAs, HEWs, religious leaders (Amhara and Tigray) and kebele leaders (Oromia and SNNP).

Audio-recordings of the FGDs and IDIs was mandatory as a quality control measure. The qualitative research teams were expected to listen to the audio-recordings to help them clean and summarize the qualitative data each evening. The relevant Growth through Nutrition regional office was responsible for doing a random selection of the audio-recordings submitted by each Researcher to listen and compare the content to the written summaries.

5. Data Collection

The field plan called for a total of five days in the field for each research team:

- 3 days for data collection, cleaning the notes and summarizing the data for each type of respondent (mothers, fathers, grandmothers, CCAs, HEWs, DAs, religious leaders and kebele leaders)
- 1 day for the three researchers to work together to finalize summaries of findings from FGDs and IDIs and to prepare team's conclusions and recommendations based on all findings (generalized major findings that are common for all groups plus major findings that are different/specific to a particular group)
- 1 day for submitting reports and for return travel

The research teams were asked to submit their reports before leaving their regions and returning to Addis, and to submit their audio files to the STC office in Addis for quality control.

III. FINDINGS

1. Research Sites

The research was conducted in two kebeles of one woreda in Amhara, Oromia and Tigray. In SNNP, the research was conducted in three kebeles of one woreda. The research sites are presented in Table 2, below.

Table 2: Study sites, by Region and Name of Kebele

REGION	WOREDA	KEBELE #1	KEBELE #2	Kebele #3
Amhara	Jabitehnan	Hodansh		
Oromia	<u>Tiyo</u>	Shala Habetti	Hamsa Gasha	
SNNPR	Gumer	Jenboro	Zizenchon ena Teredo	Burdana Denbel
Tigray	Medebay Zana	Debrekerbe	Meshil	

2. Study Sample

The study included approximately 198 participants (data from Amhara did not present the number of religious leaders, HEWs, DAs interviewed) who are residents of the selected kebeles. The First 1000 days family member participants were nearly equally distributed among “sprout” (0-6 months); “bud” (6-12 months) and “flower” (12-23 months). Very few of the participants were family members of “seed” children (children still in the womb). Most of the first 1000 days parents (i.e. fathers and mothers of children under two) had primary school education and ranged between 24 and 38 years of age. About half of the mothers participating in the research were members of savings groups, while the other half were members of ECCs. Although one grandmother in Tigray was 37 years old, the majority of grandmothers of children under two who participated in the research were illiterate and ranged between 40 – 70 years old, with an overall average of 54 years old.

Most of the female CCAs who participated in the FGDs ranged between 23-36 years old with 7th and 8th grade education levels. Most of the male CCAs participating in the FGDs ranged between 33-42 years old with 9th -11th grade education levels.

Table 3: Research Participants in the Four Regions

Region	Mothers		Fathers	Grandmothers	Male CCAs	Female CCAs	HEWs	DAs	Kebele Leaders	Religious Leaders
	Non-SG	SG								
Amhara	0	0	15	12	6	11	?	?	0	?
Oromia	9	7	12	12	5	5	2	2	4	0
SNNPR	10	2	12	11	3	5	2	2	4	0
Tigray	8	4	12	12	3	4	2	2	0	4
Totals	27	13	51	47	17	19	6+	6+	8	4+

3. Enhanced Community Conversations

Mobilization of CCAs and ECC Participants

In all four regions, the majority of CCAs reported that either a kebele leader, HEW or DA had approached them to ask them to serve as a community volunteer to support the First 1000 Days program. Most of the CCAs subsequently attended a three-day training for CCAs in the woreda. Trainers were the project supervisors working for one of the non-governmental organization (NGO) implementing partners funded by Growth through Nutrition and sometimes Save the Children project staff.

After their training, CCAs were charged with helping to mobilize ECC participants. Male CCAs are responsible for facilitating ECCs with fathers of children under two years old. Female CCAs are responsible for facilitating ECCs with pregnant and lactating women, or with grandmothers of children under two years old. The CCAs reported a variety of ways in which ECC participants are recruited. Some CCAs said that they did the recruitment alone, going house to house to invite people to join. Others said they worked together with another CCA. Still others reported that they were assisted by HEWs, DAs and kebele leaders.

ECC Attendance

In all of the regions, the large majority of the mothers, fathers and grandmothers in the FGDs had attended at least seven ECCs, with many having already attended nine sessions or all ten sessions. The sole exception was in SNNPR, where all of the fathers reported that they had

participated in only one or two ECCs. The SNNPR fathers explained that the ECCs for men were only just beginning in their kebeles. This was not the case for the SNNPR mothers, most of whom had already attended all ten sessions of the ECCs.

Facilitation of the ECCs

CCAs generally held the ECCs once a month, and mainly at the kebele center offices. Participants suggested that holding the ECCs in community gathering places rather than at the kebele center would be preferable.

As a strategy to overcome the shortage of digital radios on the local market in Ethiopia and to economize on the relatively high cost of these radios, Growth through Nutrition reproduced the VF audio-materials on SD cards for cell phones. CCAs were trained to use the SD cards and play the audio-recordings on their cell phones. Although this initiative holds great promise, based on the findings, there are important technical constraints tied to the use of cell phones to play the VF audios. The two main complaints of the mothers, fathers, grandmothers and CCAs who participated in the FGDs were that (1) the battery charge on the CCAs' cell phones was often depleted before the ECC session had finished and (2) when played on the cell phones, the volume of the VF audios was too low for all of the peer group members to hear adequately during the ECC sessions. Participants remarked that they would have preferred to have their own copies of the SD cards to take home and listen to on their cell phones with their family members and neighbors.

Duration of the ECCs

Although some CCAs and ECC participants said that the ECCs were too long in their duration, most reported that the duration was appropriate. Their main complaint was that some participants would arrive late, resulting in delays with the start time, or the need to repeat information that had been discussed at the start of the meeting.

General Perceptions of the ECCs

FGD participants were given a set of images with facial expressions portraying a range of emotions (sad, angry, bored, confused, and happy). In the men's FGD groups, the participants were shown images of men with these facial expressions. In the mothers' FGDs, the

participants were shown images of mature women with these facial expressions. In the grandmothers' FGDs, the participants were shown images of elderly women with these facial expressions. Across the regions, virtually all of the mothers, fathers and grandmothers participating in the FGDs selected the image of a person smiling. They explained that attending the ECCs made them happy.

The happiness participants experienced was not always immediate, however. Many participants said that when they were convened to attend the very first ECC, they were quite unhappy. These participants picked up the images of people frowning, looking sad or angry as the images that best portrayed their emotions at the first meeting. Participants gave several reasons for their initial unhappiness. Some were unhappy because they felt that had been ordered to be there. Others were unhappy because they believed the meetings would be a waste of time and they had other things they needed to be doing. Particularly in the case of the breastfeeding mothers, they were unhappy that they had to leave their young children at home. Others assumed that the meetings would be boring. All of the participants who described these initial negative reactions to the ECCs said that by the time they had finished the first meeting, their attitudes had changed, and they felt much happier after understanding the value of what they were learning. Participants also said that the meetings were interesting and entertaining, particularly the games, the stories included in the audios, and the discussions of the VFs.

Many participants reported feeling happier and happier as the meetings continued. Reasons for feeling this way included believing that the information and skills they were learning are important and useful to them, enjoying the various games, and enjoying the conversations of the Virtual Facilitators. In the Zizenchon ena Teredo kebele of Guemr woreda in SNNPR, fathers said they were happy because this was the first time they had ever been called to a meeting to discuss their children and family and they appreciated learning about nutrition and sanitation practices. In Zenzicho kebele, fathers told the research team that a funeral was taking place in their locality and that they would be fined for being absent, but because they had been longing for the next ECC session and didn't want to miss anything related to the ECCs, they chose to miss the funeral and attend the FGD instead.



Photos: Grandmothers (above left) and fathers (above right) participating in FGDs in SNNPR hold up the facial expressions that they said best describe their feelings when they attended the ECCs.

Perceived general outcomes of the ECCs

With some notable exceptions among a few grandmothers and fathers who said they could not recall much about the ECCs, the vast majority of the mothers, fathers and grandmothers participating in the research reported that the ECCs were helpful to them and to their families, and had led to their changing their attitudes and behaviors related to nutrition in one way or the other.

Nutrition of the mother and children is improving. The variety of foods that children and pregnant and lactating mothers are taking during a day is increasing. The number of meals they are eating in the day is also improving. A mother had especially had less food intake before but there are changes after the discussions are going on. (Fathers' FGD, Tigray)

The following sections of this report take a closer look at the outcomes of the ECCs, and other core activities of the First 1000 Days program, on behavior change and on social change in the communities.

4. Outcomes on Behavior Change

Whole Household Nutrition Practices

Across the regions, research participants consistently highlighted improvements in nutrition knowledge and practices were consistently as positive outcomes of the ECCs and other core interventions of the Growth through Nutrition First 1000 Days Program. For example, participants routinely mentioned carrots, beet root, meat, egg, butter, oil, banana, orange,

avocado, papaya and other foods as good options to include in the preparation of soft, thick porridges for children beginning at the age of six months. Increasing not only dietary diversity but the quantity of foods consumed also surfaced consistently in participants' responses, with an emphasis on increasing the number of meals and snacks women and children eat each day.

The creative concept of star foods as nutritious foods for families to prioritize for their consumption resonated with virtually all ECC participants and CCAs participating in the research, but much less so with HEWs, DAs, religious leaders and kebele leaders who were unfamiliar with the concept.

Most mothers, fathers, grandmothers and CCAs said that star foods should be consumed at least four times a day, either in meals or snacks. Snacks, in particular, were mentioned as a good option for pregnant and lactating mothers. Participants reported that before the First 1000 Days Program, most of them had been eating a maximum of two meals per day, but after they began engaging with the program, family members—and particularly pregnant and lactating mothers and children over six months old—began eating four or five times per day.

Yes, we have changed our nutrition practices as a result of the ECCs. We now add two-star and one-star foods every time and three-star foods. We use three-star foods several times by preserving them. Like smoking the meat and drying it to keep it available for a longer time. (Mothers' FGD, Tigray).

Yes, there are a lot of changes. For example, we used to sell our valuable products and buy some things we thought were useful from the market such as candy, biscuits, etc. But now we give priority to our children's nutrition. For example, we buy star foods like meat, fruits and vegetables, which we do not have at home easily, from the market (Male CCAs' FGD, SNNPR).

The participants perceive the new nutrition information and skills they learned during the ECCs to be important and helpful for the entire household, not only for mothers and children.

Before the ECCs most of our family members ate a small quantity of the same food every day however, after the First 1000 Days Program began our family started to increase the quantity of food we have in each meal, especially for pregnant and lactating mothers. (Fathers' FGD, Oromia)

There is a remarkable change. We didn't know the benefits of different foods before. We used to eat foods for the sake of eating. Now, we have learned the benefits of each food. We know why we eat what we eat. (Grandmothers' FGD, Oromia)

People who didn't consume fruits and vegetables before have now started consuming them. (Male CCAs' FGD, Oromia)

Families were taking anything produced in the household to the market. And families were consuming the same kind of food the whole day. The nutrition of families is improving. Families started to consume a variety of foods in a single day. The improvement is seen more in the nutrition of a mother and a child. (Fathers' FGD, Tigray)

Maternal Nutrition Behaviors

Research participants universally reported that maternal nutrition and eating practices during pregnancy and breastfeeding greatly improved in their communities following the First 1000 Days ECCs. All participants mentioned that mothers are increasing the quantity of their food intake with additional meals and snacks when pregnant or breastfeeding.

Previously, pregnant and lactating women were eating regular family meals or even less-two times per day like other family members. But now they are getting two additional meals during pregnancy and three additional meals during breastfeeding. (HEW, Amhara)

Pregnant women have begun to eat five times per day. Breastfeeding women have also started feeding their children properly in accordance with their age... (Women CCAs' FGD, Oromia).

We have received a lot of knowledge and skills on maternal and child nutrition. Lactating women and children should be served four and more times per day with meals prepared from different star foods. Women need to take IFA during pregnancy and until three months after delivery and newborns must be exclusively breastfed up to six months of age and should get supplementary food thereafter in accordance with their developmental stages (Women CCAs' FGD, Oromia).

Some research participants raised the issue of food taboos having been a barrier to improved maternal nutrition practices. They explained that the ECCs have helped dispel these beliefs, leading women to improve their dietary diversity.

...We believed eating nutritious food (meat, milk, egg, etc. animal sources) is a taboo and that pregnant women who eat these food sources will have a big fetus that will cause a difficult labor. The ECCs enable women to unlearn such harmful practices. (Mothers' FGD, Amhara)

We are changed for good, however, I am disappointed that I came to know this all after I have stopped giving birth! (laughter). We used to believe that eating cabbage during pregnancy and after birth brings stomachache. Now, we have learned that this belief is wrong. During olden days, pregnant women didn't eat cabbage, but now we know that cabbage is very beneficial to pregnant women and newborns. We never used to eat snacks before; now we have begun eating snacks and between meals. (Grandmothers' FGD, Oromia)

IFA supplementation

IFA supplementation was frequently identified as another behavior change among pregnant women that was catalyzed through their participation in the ECCs and supported by CCAs during their home visits. In Tigray, for example, all of the FGD participants spoke about the IFA take-home reminder calendar and the follow-up support from the CCAs. Some HEWs were also aware of the calendar and the CCAs home visits and said that they also counsel pregnant women to take IFA daily.

Mothers are advised to put a 'tick' mark if they take the tablet. (HEW, Tigray)

Infant and Young Child Feeding Practices

Participants reported that infant and young child feeding (IYCF) practices changed positively as a result of the First 1000 Days ECCs, noting that mothers are giving colostrum to their newborns and are exclusively breastfeeding their babies during the first six months. Participants also reported that families are introducing thick porridge when children reach six months old and are growing, buying and preparing nutritious complementary foods to ensure that their children have a diverse and nutritious diet.

In our community, colostrum was not given to the baby, it would be thrown away. Mothers were introducing pre-lacteal feeds including water, butter, thin porridge... but now these malpractices are unlearned. (HEW, Amhara)

Previously, women used to stop breastfeeding early, but now they are not doing that. Currently, mothers are feeding their children balanced diets, and including the eggs that they used to sell at the market. (A 24-year-old DA, Oromia)

Harmful traditional practices related to newborn feeding, such as giving newborns raw butter to swallow, have stopped. Almost all women in our locality practice exclusive breastfeeding until six months of age now (Women CCAs' FGD, Oromia).

Yes, there is a great change, like the others said. I am one of the examples for this. I did not buy anything for the family before. But now I regret the past and buy everything as much as I can, thinking about our children. We buy from the market what we cannot get at home. (Men CCAs' FGD, SNNPR)

Religious Fasting Practices During the First 1000 Days

In Tigray region, the findings suggest that in spite of Growth through Nutrition's efforts to meet with religious leaders to clarify religious guidance on fasting practices during the first 1000 days, there is a good deal of inconsistency and hesitation both among the leaders themselves and among their congregations on this topic. Four religious leaders in Tigray were interviewed separately about the topic of fasting during the first 1000 days. All four reported that they had been selected by their churches to attend the first 1000 days training, during which the issue of religious fasting was raised and discussed. All four religious leaders understood that their role includes teaching mothers about what they should eat during pregnancy, and the need to feed children properly. The leaders perceive this role to be well within their general duties to provide religious counsel to their followers but said that there was hesitation and some debate around the guidance regarding whether or not pregnant and lactating women are excused from fasting and are allowed to eat meat.

Three of the four leaders said they believe the first 1000 days guidance is appropriate. They used the rationale that their religion excuses those who are ill or travelling from fasting because they are vulnerable and need to maintain their strength, and that women who are pregnant or lactating fall into the same vulnerable category.

People were surprised when we told them about religious fasting in that it is not completely forbidden for pregnant and lactating mothers to consume non fasting foods during fasting times, rather it is the essence of fasting to save oneself from evil things. (Religious leader #1, Tigray)

As confusing information, people were in trouble and had difficulty accepting it when we tell them "a pregnant and lactating mother should not fast." But they came to realize its importance and eventually agree. (Religious leader #2, Tigray)

The Bible allows us to break fasting in case of illness and when someone goes to another country where it is impossible to fast, thus, pregnant and lactating mothers are not different from this. (Religious leader #3, Tigray)

The three religious leaders said that they would not officially preach the first 1000 days guidance in public but would instead informally counsel their godsons and goddaughters about the guidance during their visits to homes and in the community. Their reluctance to openly encourage pregnant and lactating women to not fast during the first 1000 days was due to fear of being accused by other religious leaders, or by their communities, of rebelling against the religion. Each of them felt that the best source of this kind of guidance would be an official statement from the Orthodox Christian Church.

One of these religious leaders, who is the oldest among the four interviewed (65 years old) and who has served the longest as a religious leader (30 years), appeared unaware of the social pressures on some women to continue to follow fasting practices even when they are pregnant or breastfeeding. He acknowledged that he needs to do more work with families to encourage pregnant and breastfeeding women not to worry about fasting and shared his philosophy:

Personally, I believe that fasting is not about eating or not eating a food, but is the sacrifice you promise to God to keep you safe. Pregnant and lactating mothers should be treated as the same way a sick person is handled. We religious leaders should allow them to eat at fasting times. I am teaching my godsons and goddaughters that eating animal source foods is allowed during fasting times for pregnant and lactating mothers.

Another religious leader acknowledged that communities are surprised and resistant to the new guidance about fasting, and do not tend to want to change their fasting practices:

Not all community members have changed their fasting practices and need extra efforts.

Although three of the four religious leaders in Tigray agreed to tailor their guidance, the fourth one disagreed with the first 1000 days fasting guidance entirely. This leader is adamant that pregnant and breastfeeding women should continue fasting the way everyone else does, although they should eat greater quantities of diverse vegetables and other nutritious foods during the days when they are prohibited from eating meat. This religious leader did say that he is open to adjusting his guidance to the individual and gave the example that if a pregnant or lactating woman ever does break her fast, she can compensate by fasting on a non-fasting day. Notably, although this religious leader is the youngest religious leader with the fewest years of experience in his role of the four religious leaders interviewed, he is the most

conservative in his views on fasting. He explained that teaching the community that mothers can eat animal source foods during fasted periods would be perceived as violating the religion.

As was the case with the three other religious leaders, this leader confirmed that although he attended the first 1000 days training, he did not discuss the fasting guidance with other religious leaders because he felt the guidance would “erupt in confusion around the violation of religious laws, especially among leaders who did not attend this training.” Like the other leaders, he believed that the issue of fasting is very sensitive and that is better to share this kind of information at an individual level rather than to introduce it into public sermons.

We are not happy to teach this. It is possible to eat fasting foods... I hope fasting will be changed slowly and that it should be implemented from high church structures as one area of intervention. For the time being, we are focusing on letting mothers eat non-animal source foods during fasting times over the first 1000 days. (Religious leader #4, Tigray)

All four religious leaders agree that children should not begin fasting until they have reached the age of seven years old.

The hesitation expressed by the four religious leaders in Tigray during their individual interviews was confirmed in the focus group discussions with the first 1000 days family members. Tigray mothers reported that religious leaders dislike discussing fasting practices during the first 1000 days. Fathers in Tigray explained that the guidance they had received from their religious leaders was that pregnant and lactating mothers, and anyone over the age of seven years old, should fast unless they are sick.

Fasting practices for children under seven are understood by participants to be more lenient, with many participants reporting that eggs are a common animal source food that is considered acceptable, practical and easy to give to children during the fasting times. Cooking flesh meat, such as chicken or goat, during fasting times is not acceptable, even if the food is being prepared for young children.

The religious leaders teach us when they come to our homes. They tell us if a mother delivers a baby, she is allowed to eat meat during fasting periods only for the first 12 days. After that, the mother is expected to pay back those 12 days later during non-fasting times (Mothers' FGD, Tigray).

In Amhara, where Orthodox Christian religious fasting is also practiced, some mothers, fathers and grandmothers participating in the FGDs reported that the advice they had received from religious leaders about fasting had helped pregnant and lactating women understand that they should *not* fast during pregnancy and breastfeeding. Information from the four individual interviews conducted with religious leaders in Amhara was unavailable at the time of the writing of this report.

Nutrition-sensitive Agriculture Practices

Almost all of the participants mentioned that more families are practicing nutrition-sensitive agriculture activities as a result of the First 1000 Days program, including growing a variety of vegetables in their backyard gardens and keeping chicken eggs for family consumption. Many reported that prior to the ECCs, they did not practice backyard gardening other than growing false banana, and that as the result of ECCs, they are now growing various vegetables and fruits, including carrots, cabbages, potatoes, beet roots, apple, banana, and avocado. Many participants also reported that they have started to raise and keep more animal source foods for family consumption. Chickens, goats, sheep, and cows were specifically mentioned by participants.

Most of the participants under my facilitation have also started producing vegetables in their backyards at least for their own consumption; these all were not common before. (Women CCAs FGD, Oromia).

I have seen five ECC participants in my group who have begun producing and using fruits and vegetables for themselves. (Men's CCA FGD, Oromia)

Findings from the focus group discussions and in-depth interviews in Tigray and Oromia suggest that the information and skills shared during the ECCs have been well-complemented by the work of the local DAs. Many of the research participants perceive the activities of these frontline workers to be part and parcel of the overall First 1000 Days Program. For example, in all of the regions, several FGD participants referenced the advice they receive from the DAs—from how to grow vegetables in both the rainy and dry season by using improved irrigation practices—to what they were learning in the ECCs about growing nutritious vegetables at home or buying them in the markets if they were not available at home. Participants reported

that, thanks to this integrated supported, families are getting better access to more diverse and nutritious foods, including vegetables as well as animal source foods.

Before the commencement of the First 1000 days program, the community didn't use the space in their backyard to grow vegetable and fruits. But now, they are growing different kinds of vegetables and fruits and keeping egg laying hens at their backyard. (DA, Amhara)

Food Selling and Purchasing Practices

In all of the regions, participants reported that the ECCs had changed their families' practices around the foods they were producing and selling at the market. Their families are now producing more vegetables and eggs at home and reserving more food for family consumption rather than selling everything at the market.

Families were taking everything produced in the household to the market. And families were consuming the same kind of food the whole day. The nutrition of families is improving. Families started to consume a variety of foods in a single day. The improvement is seen more in the nutrition of a mother and a child. (Fathers' FGD, Tigray)

We used to sell eggs and buy coffee but, after the ECCs we stopped selling eggs and started to feed them to our children. (Mothers' FGD, SNNPR)

Before the ECCs I was limited to buying vegetables from the market but, currently I have started to plant different vegetable like carrot, beetroot and cabbage in my backyard. (Mothers' FGD, SNNPR)

There are also people who have started buying cow milk for their children after participating in the ECCs (Male CCAs' FGD, Oromia).

People started to consume balanced food and care for their children. For example, when a woman wants to go to market, she plans what to buy for her child and what to include in the child food. Previously, they [women] sell butter and buy oil. But now they understood that butter is better than oil and they use it for themselves. (A 30-year-old kebele leader, Oromia)

We used to sell our products and buy nothing for our children. But now we sell some not highly wanted products and buy fruits and vegetables from market. For example, we buy banana, avocado and tomato from the market (Mothers' FGD, SNNPR).

Water, hygiene and sanitation (WASH) practices

Across the regions, all research participants described improved WASH practices as one of the major changes they were observing in their communities. Religious leaders, DAs, HEWs, kebele leaders and the first 1000 days family members all spoke of hand washing with soap and water being a widely adopted practice in the area. Building and using latrines, keeping the compound

swept, separating poultry and animals from the household, and washing clothes more often are other WASH practices that were mentioned frequently. According to the IDI respondent religious leaders, washing hands with soap and water is well practiced in the area and is acknowledged as an important contribution of the health extension program and the work of the HEWs.

Previously, I didn't have adequate awareness about hygiene and sanitation, but now I have a latrine with a hand washing facility. I produce and consume a variety of foods items such as peas, beans, sorghum, and vegetables (Fathers' FGD, Oromia).

We keep our personal and environmental hygiene and sanitation. For example, we don't live with animals in the same house as we used to do before. We built A separate house for our sheep and poultry. We have clean toilet, too. We wash our hands with soaps after using toilets (Grandmothers' FGD, Oromia).

Based on the lesson we draw from ECCs, we hanged hand washing plastics to wash our hands after using toilet, we have also able to keep the toilets and our environment clean (Mothers' FGD, SNNPR).

We wash our family clothes and wash our children body regularly. (Mothers' FGD, SNNPR)

Let me tell you about the experience of brother's wife who participated in the ECCs. She brought sand from somewhere else and put it near the latrine where they wash their hands so as to prevent the water from draining away from that place.... This is a new practice that I have learned from her. (A 28-year-old kebele leader, Oromia).

There are individuals who built advanced latrines that are similar to the ones in towns after participating in the ECCs. I know of about five individuals who have done the same thing after having participated in the ECC program. (A 30-year- old kebele leader, Oromia)

Many of the mothers, fathers and grandmothers participating in the FGDs mentioned that CCAs visited their homes after the ECCs to check on how well they were applying what they had learned. These home visits appear to have had an important additive influence on ECC participants' hygiene and sanitation practices.

They (the CCAs) visited our homes just to check whether we had implemented what we had learned in our home and environment. For example, they check our toilets and the availability of water around it to use after using it. They did not use job aids during the visit. (Mothers' FGD, SNNPR)

Gender and Couple Relationships

Couple Communication

Improved relationships between spouses was mentioned by virtually every research participant as a major outcome of the ECCs. Participants reported that spouses are discussing and deciding together on nutrition and other family issues, when they had not done so before the ECCs. Men have started to allocate more of the family income to purchasing food items that are unavailable in the house and are spending less on alcoholic beverages.

Previously, women have been subordinates of men as shown by the Oromo proverb: “A donkey has no its own yard and lives in cattle’s yard as woman does not have her own home and lives in a man’s home”. Now, this has completely changed, and women can discuss with their spouses and decide on matters that affect their lives... (Mothers’ FGD, Oromia)

I also know a husband and wife who postponed selling their milk cow for the sake of their child just by discussing. (Men CCAs’ FGD, Oromia)

Nowadays if you decide household issues without consulting with your wife, it seems you are putting yourself into fire along with your family. (Fathers’ FGD, SNNPR)

In SNNPR, participants of mothers’ FGDs shared examples of how they gradually overcame their difficulties in communicating with their husbands about their family nutrition and farming practices. For example, women shared that when they began telling their husbands about improved agriculture practices and other things that they had learned during the first few ECC meetings, the husbands did not immediately accept their inputs. One woman said that when she tried to tell her husband about the first ECC meeting, he told her “Bawekush nakush,” which essentially means “I knew you before the ECCs and you were nothing and there is nothing you can teach me now”.

However, after more ECCs happened, our husbands began to accept our discussions. Nowadays the behaviors in our family have changed. (Mothers’ FGD, SNNPR).

In Tigray, an HEW shared an example of a couple who she visited during a supervision visit. The husband, an ECC participant, was away when the supervision team stopped by. The wife of the ECC participant was home, and so the team asked her a few questions and were surprised to find how much she had learned from her husband:

There is a good change in family relations, specifically among women and men. Let me tell you one example. Aberash, whose husband is one of participant in the fathers' ECC, surprised our supervision team. I was a team member and we were touring to supervise the First 1000 Days program in the kebele. We reached Aberash's house later in the day but her husband was not around. The team wanted to interview her husband and she sent a boy to call him from his farm. While we waited for him to come home, the team asked Aberash about the first 1000 days just in case her husband might have shared a little information with her. Unexpectedly, she narrated every aspect of the program including the sunflower concept, this is seed, sprout... and the team members sat down to listen to her. She went on to explain the posters and told us that her husband teaches her every lesson after he gets back from the ECC. Further, she showed the team members what food items, like dried meat powder, she uses for her child. She also told the team that her husband helps much in taking care of children, buying food items from markets. Aberash had two babies that look well-fed. Finally, I couldn't even compare myself with this woman that didn't have such practice being professional. Overall, this is the result of ECCs: they harness family relationships. (HEW, Tigray)

Husband Support

In all four regions, research participants reported that in addition to helping to increase communication among couples, the First 1000 Days program, and the ECCs in particular, are encouraging men to help their wives more with household chores, including caring for children while their wives are busy with other activities. There has been a dramatic increase in husbands' supportive actions.

In Oromia, research participants' descriptions of the changes in men's practices indicate that what is taking place goes beyond "behavior change" and enters the realm of social change:

Currently caring for a wife, whether she's pregnant or not, has become commonplace. This was not the case before—before, it was culturally unacceptable. Caring for one's wife, which was culturally unacceptable before, has become a common practice today. This transformation in culture can mostly be attributed to the ECCs underway in our locality. (Kebele leader, Oromia)

Some women in my mothers' ECC group told me that they have started discussing with their partners. Some have also said that their husbands have already begun to help them with household chores. (Women's CCA FGD, Oromia)

Some in my group told me that their husbands who never used to help them with chores have now begun to support them in some domestic chores. (Women CCAs' FGD, Oromia)

There are also visible changes in family relationships. Previously, helping one's wife was seen as backwardness or weakness. Now things have changed where most men support their spouses in one way or the other. (Women CCAs' FGD, Oromia)

Like their peers in Oromia, Tigray female research participants reported that the distribution of labor in the family is becoming more equitable because men are becoming more involved in chores that had previously been perceived to be “women’s work.” These chores include childcare, collecting firewood, and taking grains to the local mill for grinding. Taking grains to the mill was a new practice by men that a religious leader also commented about during his interview. Women confirmed the men’s reports that men are allocating more of their money to buy foods that the family does not have available at home. Moreover, male research participants reported that, prior to the ECCs, husbands used to spend money to purchase and drink alcohol. They noted that this practice has changed. Husbands are now allocating more of their money to buy star foods for their children and family along with other household necessities, and less money on alcohol.

In SNNPR, men’s FGD participants mentioned that ECCs helped them to understand the importance of working for their wives and children and giving them more attention. Several said that now they approach their wives with love and avoid “angry behaviors”. Others reported that the ECCs have opened the door for closer couple relationships and more happiness.

We are not living like our fathers/mothers and grandfathers/mothers. Men and women have started to help each other on household activities. (Fathers’ FGD, SNNPR)

Examples that men’s FGD participants gave of the new behaviors they are adopting to support their wives include:

- Not letting pregnant wives do heavy work and/or helping their wives with heavy work, such as carrying water and wood;
- Taking care of the children;
- No longer selling the eggs produced by their poultry but instead keeping the eggs for family consumption;
- Discussing the IFA reminder calendar with their wives and reminding them when they need to take an IFA supplement;

- Telling their wives what they learned about maternal and child nutrition in the ECCs; and
- Buying more nutritious foods for their wives and for their children.

Intimate Partner Violence

Male participants reported that husbands and wives are engaging more freely in discussions with each other to safely resolve difficulties or conflicts when they arise in the household. They explained that this is a change attributed in large part to the ECCs. For example, in SNNPR, male FGD participants explained shared that before the ECCs, when couples were in conflict, women would often leave their husbands and return to their own family homes, remaining there for long periods to avoid physical or emotional abuse by their husbands. In these situations, only a third party, such as a relative or another influential person, would be able to help the couple resolve their conflict and get back together. After the ECCs began, more women and men were able to resolve their spousal conflicts at home through discussions free from violence. This is in large part because men are now more inclined to listen and talk rather than to hurt their wives, but also in part because, according to the reports from some of the female participants, women have strengthened the dialogue and negotiation skills they need to better “handle” their husbands.

FGD participants in the other regions shared similar accounts about how ECCs are helping to reduce intimate partner violence by strengthening men and women’s interpersonal communication skills:

Previously, I used to beat my wife when she asked me to help her with household chores. Now, I have begun helping her even without her request. (Male CCAs’ FGD, Oromia)

Previously, I was aggressive and occasionally conflicted with my spouse. Now, I completely stopped dispute with my wife and started to live with joy, love and respect. (Fathers’ FGD, Oromia)

The role-playing with lions, donkeys, and water and honey lessens the quarrel between them and help them think for each other. Men understood that they were very aggressive to their wives and tried to cool their emotion and understand her concerns first. Women learned to have patience while talking with their husbands. Women tell us this. (Men CCAs’ FGD, SNNPR)

Family Dynamics

The research findings reveal that the positive outcomes of the ECCs on couple communication and relationships did not stop at the couple but spilled into the overall family dynamics. In SNNPR, for example, participants uniformly reported that the ECCs had changed their attitudes about interpersonal relationships and how to communicate with their children, spouses and even neighbors. Participants noted that they now try to have more discussions with their family members and neighbors about nutrition, sanitation and hygiene.

We've started to make collective decisions in buying important things for kids and for the households when our husbands sell something from the house. This has changed from previous times when our husbands solely decide on what to do with the household income that is generated. (Mothers' FGD, SNNPR)

Fathers in SNNPR reported enjoying the first 1000 days ECC because of the positive outcomes on their relationships with their families. Men reported that they are more involved in their family's nutrition. Some even shared that they occasionally engage in the preparation of food for the family and help in handling of children while their wives are away or busy with other house—supportive behaviors that had never happened before the ECCs.

We were in dark era before this program. (Fathers' FGD, SNNPR)

Fathers also reported that their families are eager to hear about the ECC meetings and each time they return home to tell their wives and older children about the sessions, their family members will ask when the next session will be held. Family discussions included dietary diversity, what is available in the house for family consumption and what foods need to be purchased at market when they are not available at home, hygiene and sanitation, and how to nurture children with care and love.

In Tigray, research participants explained that their older children who are students helped their families by reading and explaining the contents of the posters for their parents and by marking the date on the IFA reminder calendar each day that their mothers took the supplement.

5. Behavior Change Outcomes of Specific First 1000 Days SBCC Materials

Print Materials

Across the regions, the majority of the ECC participants and CCAs who participated in the research believe that the take-home materials (posters, leaflets and positive role model testimony cards) were very effective in their families and communities. Participants reported that when displayed on the wall at home, the posters serve as a catalyst for discussion between husbands and wives, as well as with neighbors and other visitors who stop in to say hello. One challenge that did arise with the posters was in the Oromia region, where a few CCAs reported that some ECC participants were initially reluctant to hang the posters on the walls of their home, or had arguments with family members who were reluctant to do so, because of Sharia (the religious laws of Islam) that prohibit the public display of images of the human form. Some of the CCAs who reported these challenges said that they were able to help the families reconcile their religious practices with the rationale that the posters served a purpose as reminders about improved practices that would help women and children. Others reported that although the families refused to hang the posters on their walls, they would still look at them from time to time and would discuss them with visitors.

I went to one of the ECC participant's home, observed the posted materials (menu planning) and I asked her how much they were using that poster. She told me everything about the star foods and their nutritional importance to human beings in general and pregnant and breastfeeding mothers and their children in particular. She went on explaining what is got from which star food. Eventually, she told me that she is feeding her child, herself and other family members accordingly. I was amazed by what she told me. (A 32-year-old kebele leader, Oromia)

I visited some 4-5 households. Once, I came across participants who didn't post the posters on their walls due to Sharia. I advised to use the poster on regular basis even if they didn't hang them. (Women CCAs' FGD, Oromia)

Virtual Facilitators

In SNNPR, Growth through Nutrition did not implement the use of the Virtual Facilitators during the ECCs because the audio-recordings were not translated into the local language. In Tigray, women CCAs reported that they did not have functioning SD memory cards and so were unable to play any of the Virtual Facilitator audios on their cell phones during the ECCs. The women CCAs in Debrekerbe kebele of the Medebay Zana woreda of Tigray said that although they had raised the problem with their supervisors, new SDs never came. The women CCAs in

this community were unable to explain much about the information shared by the two Virtual Facilitators because they had not been able to listen to the audios. Mothers of children under two who were ECC participants and who participated in the FGDs for this research were also unfamiliar with the Virtual Facilitators.

Men CCAs in the same community in Tigray apparently did not have the same challenge of not having a working SD. They were very familiar with the Virtual Facilitators and were able to discuss them in detail. Nevertheless, none of the fathers in the Fathers' FGDs were able to describe the Virtual Facilitators at all and had evidently not listened to the audio recordings.

In Amhara and Oromia, some CCAs had problems with the volume on their cell phones, making it difficult for the ECC participants to hear the audio recordings. Nevertheless, Aya Mulat's knowledge, jokes and open way of communicating were universally admired by the ECC participants in these two regions. Amhara and Oromia participants enjoyed listening to both Virtual Facilitators. Many men and women participants remarked that the fact that Aya Mulat is a man who is showing affection, respect and support for his wife is something that both men and women greatly admire. Some of the men also said that they admired Ete Mulat for being bold and breaking norms around the way women in their communities usually behave, which is to be meek and submissive. They admired her outspokenness, her warm and loving relationship with her husband, Aya Mulat, her kindness and her knowledge and advice about maternal and child nutrition.

Many of the FGD participants in Amhara and Oromia- mothers, fathers, grandmothers and the CCAs- routinely commented on the affection openly displayed between Aya Mulat and his wife, Ete Birtukan. Many shared that they were truly surprised by the loving exchanges between the two. Participants remarked that the use of affectionate nicknames is a completely new way of relating with a spouse and said they wanted to have that kind of relationship with their spouses because they believed it would bring peace, respect, love and harmony into the home.

They (the Virtual Facilitators) called each other by the name "my dear" which I have never experienced in life and I have been married for over 20 years. (Male CCAs' FGD, Amhara)

Aya Mulat is a change agent, demonstrating the best behavior. He is my husband's role model. (Mothers' FGD participant, Amhara)

The messages that Dammitu's (Aya Mulat) dialogues convey are outstanding and life-changing. (Grandmothers' FGD, Oromia)

Dammitu's dialogues teach and promote mutual understanding and transparency between couples and among family members and that's why we strive to follow and practice Dammitu's advice. (Grandmothers' FGD, Oromia)

Abdissa (Ete Birtukan) was a person who teaches how couples should live in harmony; his ideas are highly educative. He also taught us a lot on pregnant women's diet and dieting. (Grandmothers' FGD, Oromia)

I learned the importance of colostrum from Abdissa's dialogue when Dammitu gave birth at health facility and the time when she was in deep sleep due to labor fatigue; Abdissa awakened Dammitu to breastfeed the neonate for the sake of the importance of colostrum even though he understands Dammitu's situation. I understood from this scenario that colostrum is very important for both the newborn and the mother. Colostrum is the precious ever first gift that a mother gives to her baby. (Mothers' FGD, Oromia)

Yes, I discussed her [Dammitu] with my neighbors; they love her. My children make fun of me when I come from ECC sessions. They say 'the student's coming' and joke with me, and they then ask me what I've learned. One of the things I love to tell them is about Dammitu. They ask me 'Who's Dammitu?' I tell them what she says in her dialogues. (Grandmothers' FGD, Oromia)

Having listened to Dammitu's voice recordings, I was impressed by her entertaining dialogues and talked about her with my husband and neighbor. What impressed me the most was the message about childcare and a peaceful family relationship as conveyed in her dialogues. (Mothers' FGD, Oromia)

Skills-building Games

The Earn and Buy Game, the Menu Planning Game and the Discuss and Decide Together role-plays all appear to have led to positive outcomes in men and women's attitudes and behaviors around financial individual and joint planning and decision-making, buying and selling nutritious foods, and saving practices.

I have seen people who bought poultry and engaged in backyard farming and started feeding their children properly after playing the games. (Women CCAs' FGD, Oromia)

Yes, they (ECC participants) did learn a lot from playing the games and role plays. For instance, they learned how to save income and purchase different star foods. They have also learned to use properly what they have and produce. In addition, they have learned how to plan together and avoid wasting resources. (Women CCAs' FGD, Oromia)

After we played these games, our demand for varieties of food has increased and so we started saving to buy additional food stuffs such banana, orange and other for our household consumption. (Fathers' FGD, Oromia)

Earn and Buy Game

Across the regions, mothers, fathers and grandmothers seemed slightly more familiar with the Earn and Buy Game than they were with the Menu Planning Game. Once again, many of the ECC participants reported that they had never seen the game before.

Among those participants who reported seeing the Earn and Buy Game, saving practices were mentioned frequently, particularly in Oromia, even though the Earn and Buy Game instructions do not explicitly promote saving practices. These findings suggest Growth through Nutrition's work with women's savings groups, and the fact that many of the women ECC participants are members of these saving groups, have had a positive, additive effect on financial management skills learned by playing this game.

We learned saving from the (Earn and Buy) game. It teaches saving and how to use money/income properly. It teaches how to purchase different foods and consume them properly. That is what we learned from the game. (Grandmothers' FGD, Oromia)

The Earn and Buy Game also appears to have supported decision-making on how to prioritize the limited money available in households. For example, in SNNPR, during the FGD discussion with mothers in Jenboro kebele, a participant shared that her husband told her that he cut down on his spending on *khat*, a local traditional stimulant chewed by men and women, and that when he returns home from work he even brings food items that the children request.

Menu Planning Game

The Menu Planning Game appears to have been less well-known than the Earn and Buy Game among many of the FGD participants. Fathers in SNNPR reported that they had not seen or played the Menu Planning Game. This finding is consistent with the previously reported finding that fathers in this region had only just begun participating in the ECCs and had only attended one or two sessions. However, none of the fathers or grandmothers in Amhara and Tigray reported having seen or played the Menu Planning Game either.

Mothers in Tigray and SNNPR reported having played the Menu Planning Game at least once. Mothers reported that the changes they had personally experienced in terms of knowledge or practices as a result of playing the Menu Planning Game centered around increasing the

diversity and quantity of foods they consume during pregnancy. Those who had seen and played the game appeared well-versed in the “star foods” creative concept and gave examples that illustrated that they are using this concept to help them plan family meals with more nutritious foods each day.

We have learned that to include various type of foods throughout the day like eating breakfast two-star food, eating lunch three-star foods and eating snacks and one-star foods. (Mothers’ FGD, SNNPR)

Feeding practices have changed. For example, pregnant and lactating mothers are eating more—two times to six times. We are eating more vegetables and fruits and eggs. We have observed some mothers preparing balanced meals and feeding their children up to six times in a day. (Mothers’ FGD, Amhara)

We, as mothers, have learned to eat a variety of foods and to take care of ourselves during pregnancy. In previous times, we were only giving foods to our husband and children. We have learned to sell surplus food items and buy other food items that are not available in our households. We have also started to cook and eat different types of foods (Mothers’ FGD, SNNPR)

I have observed some four or five people who are feeding their children properly as the result of participating in ECC in general and playing the games in particular. (Men CCAs’ FGD, Oromia)

Discuss and Decide Together Role-playing Game

In Tigray, fathers had never seen or played the Discuss and Decide Together Role Plays. Most of the other mothers, fathers and grandmothers participating in the FGDs in all four regions were familiar with the Discuss and Decide Together role plays. These participants uniformly reported that the role-playing had positive outcomes on their relationships with their spouses and with their families, and had led to significant changes in gender roles, particularly the roles of men as husbands and fathers.

I learned from this game/role play that husband and wife must be equal and honey and water, not lion and donkey. (Grandmothers’ FGD, Oromia)

These role plays help to improve more how to settle things between husband and wife. If the husband is disappointed, then he understands now the good moment to talk to his wife at the right time. (Mothers’ FGD, Tigray)

During olden days, husband and wife used to fight each other on simple matters such as expense for food items; now, there is no need to fight each other; they should sit down,

discuss and decide together; that is what I learned from the game/role play. (Grandmothers' FGD, Oromia)

I learned from the audio recordings and role playing how to calm down my aggressive husband and live peacefully together. (Grandmothers' FGD, Oromia)

From this game I learned the benefit of discussion and making decision together; if a decision is made alone, it usually leads to conflict and will be ineffective. (Fathers' FGD, Oromia)

I understood from the role playing that discussing on issues like decision making to buy something is important for the improvement of couples' relationships. (Fathers' FGD, Oromia)

"Milk and honey," the name of one of the interpersonal communication skills taught in the game, resonated extremely well with FGD participants. Mothers and grandmothers, especially, referenced how couples are now living "with milk and honey" or "like milk and honey" after practicing communication and negotiation skills during the ECCs and engaging in discussions about couple relationships. The image of the lion, used to symbolize an overly-aggressive interpersonal communication style, resonated deeply with men. Many male FGD participants shared that they saw themselves in the image of the lion, felt remorse about how they had been treating their wives, and had changed the way they interacted with their wives at home as a result. Women also drew lessons from the donkey, used in the game to symbolize an overly-passive interpersonal communication style. Some of the female participants explained that they had learned to become more assertive and skillful at managing their husbands by the role-playing, listening to the advice of Ete Birtukan and having discussions.

While men said they felt chagrin when they recognized themselves in the symbol of the lion, women were less clear in their perceptions of the donkey. Roughly half of the mothers participating in the FGDs indicated that they did not wish to be like the donkey and would find ways to improve their communication with their husbands. The other half of the mothers appear to have interpreted the donkey as a symbol of great patience and humility, and stated that they had learned from the role plays that they needed to practice patience with their husbands.

Grandmothers across the regions clearly indicated that they interpreted the role-plays from their perspectives as the elders and advisors in the family and said they would counsel their sons and daughters to find ways to communicate and reach consensus.

The most consistent finding across the regions was the participants' interpreting the goal of the role plays to be to support harmony and better communication and relationships between husbands and wives. All of the mothers, fathers and grandmothers who reported having played the role plays said that the role plays helped them find better ways to communicate in their families.

Frontline Workers

The research findings reveal that home visits conducted by the CCAs represent a significant improvement to the approach used by the ENGINE project, which did not include home visits. The findings also indicate that the work of the DAs and the HEWs is an important complement to the ECCs, and vice versa: the ECCs complement the extension work of these frontline workers. Almost all of the mothers, fathers and grandmothers referenced the work of the DAs in helping to improve their agricultural practices, and the HEWs in helping to improve their household WASH practices.

Community Change Agents (CCAs)

During the FGDs, first 1000 days family members reported that CCAs did a good job facilitating the ECCs and are committed to helping participants and their families. They generally received three or four home visits by CCAs over the course of the 10 ECC sessions.

In Tigray, female CCAs reported that in addition to facilitating the ECCs and conducting home visits, they also discuss the information shared in the ECCs with their neighbors and other community members in different places like churches, public meetings and social gatherings like iddir, and equb.

The ECC was full of surprises since the idea was new to all of the participants, including us CCAs. The concepts are new but interesting to be part of. Community members, including us, had no previous experience of buying different food items from the market to improve the nutrition of the mother and child. The experience was buying in bulk similar food items. (Female CCAs' FGD, Tigray)

In Oromia, CCAs reported changes in their own behaviors as a result of their involvement with the ECCs.

As a result of working as a CCA facilitator, I have started helping my wife which I had never done before. (Male CCAs' FGD, Oromia)

As a result of the experience I have gotten from the ECC facilitation, I have begun to save money, and I have two saving accounts now. I had not done this before. (Male CCAs' FGD, Oromia)

I have five children. Currently, I am not a pregnant or lactating mother; I didn't practice exclusive breastfeeding with all of them; I had given them supplementary foods very early... I regretted of this since I have begun working as an ECC facilitator... (Women CCAs' FGD, Oromia)

All CCAs in Oromia felt that they were not supported by key stakeholders such as DAs, HEWs, and kebele leaders at all levels throughout the ECC implementation, although kebele leaders had been instrumental in the first mobilization of the ECC participants. All CCAs in Oromia believed that the 3-day training they had received was insufficient.

Across the regions, the supervision of the CCAs appears to have varied greatly in terms of frequency and quality. Many CCAs complained of insufficient supervision and support. For example, male CCAs in one woreda of SNNPR called the supervision "poor". In Oromia, male CCAs reported having received about one supportive supervision visit, while in Tiyo woreda, female CCAs said they had not received any supportive supervision visits at all.

The supervision is very poor so far. We do most of the activities by our own and meet HEWs and DAs very rarely. We want this to be improved in the future (Male CCAs' FGD, Gumer woreda, SNNPR)

In other cases, CCAs appeared to be happy with the level of supervision they'd received. For example, in the same woreda in Oromia where female CCAs had received no supervision, male CCAs reported having received four supervision visits as well as many supportive phone calls from their supervisors. In SNNPR, women CCAs reported having received between five and seven supervision visits.

Health Extensions Workers (HEWs)

The First 1000 Days Program has reinforced the work of the HEWs who use the government's health extension package to promote hygiene and sanitation, exclusive breastfeeding, complementary feeding and other practices. Although their work in the communities is very

complementary to the ECCs, the findings show that HEWs are barely engaging with the Growth through Nutrition First 1000 Days Program and do not often collaborate with the CCAs or participate in the ECCs.

I haven't seen all of these (Earn and Buy Game, Menu Planning Game and IFA reminder poster). I can't attribute nutrition change to Obbo Abdiisa and Adde Dammituu because I haven't facilitated any ECC. (HEW, Oromia)

There are a few exceptions to the general finding that there is little collaboration between the CCAs and the HEWs. In some cases, CCAs succeeded in inviting the HEWs to attend an ECC as an expert to provide additional information to the ECC participants.

Sometimes we demonstrate to the ECC participants how to prepare nutritious porridge and tell them to practice what they have learned. I had given explanation about iron supplementation on ECC session upon request from CCA. (HEW, Oromia)

We collaborate with HEWs but not frequently. We ask them for clarification when we face difficult issues and they help us. (Male CCAs' FGD, SNNPR)

Development Agents (DAs)

As with the health extension workers, DAs have roles that are very complementary to the ECCs. Although DAs were not involved in the CCAs training and have not received any SBCC materials, they appear to collaborate somewhat more with the CCAs than the HEWs do in many communities. DAs also seemed to be slightly more aware of what was being discussed during the ECCs, possibly due to their occasional collaboration with the CCAs on agriculture activities.

I helped them on cultivating different varieties of food items in their garden; I also supported them on enhancing their agricultural productivity mainly for the saving group. (A 37-year-old DA, Oromia)

I know and see participants of ECC coming together monthly for a meeting; I don't have detail information about the activities in ECC and explain their effect on behavior change. (A 24-year-old DA, Oromia)

Community Leaders

Kebele Leaders

A total of eight kebele leaders were interviewed in-depth; four in Oromia and four in SNNPR. The interviews revealed that, although the kebele leaders were minimally involved with the

ECCs, they were aware of the training that the CCAs received and had heard about some of the positive outcomes from community members. Some of the kebele leaders had helped the CCAs during the recruitment of ECC participants.

I used to go to ECC sessions to listen to what was going on and encourage the participants to attend the ECC sessions on a regular basis. (A 24-year-old kebele leader, Oromia)

Religious Leaders

All four of the religious leaders in Tigray reported that they first heard of the topic of the first 1000 days when they were selected and contacted by their churches to attend a first 1000 Days training organized by Save the Children. During the training, the religious leaders came to an agreement that they would share the new information they had learned informally with their godsons and goddaughters, rather than speaking publicly during sermons. There was no follow-up after the training; they did not receive any post-training visit or any materials related to the training. They also did not speak with other religious leaders about the topics they had learned in the training, explaining that for religious leaders who had not attended the training, this new information would not be well-received and they risked being accused of encouraging families to break the religious laws.

I didn't know more about nourishing mothers and children with diverse foods mainly egg, milk and vegetables before and changed my attitude now. (Religious leader, Medebay Zana, Mesehal, Tigray)

First 1000 Days Radio Program

All research participants were asked if they had ever heard about or listened to the First 1000 Days radio program. Participants were also asked to listen to a short musical jingle that is played at the beginning and end of each radio episode. None of the participants in the research—mothers, fathers, grandmothers, CCAs, DAs, HEWs, religious leaders, or kebele leaders— were aware of the First 1000 Days radio program in any of the four regions.

mNutrition Program

DAs, kebele leaders, religious leaders, and HEWs were specifically asked about the mNutrition program and whether they had received, seen or heard about SMS text messages sent to DAs

as part of the First 1000 Days nutrition program. Among the eight DAs who were interviewed in-depth (two in each of the four regions), only one said that he recalled having received such a message. The DA said that it had been some time ago and he could not remember the content of the message. None of the other research participants interviewed had seen or heard about the First 1000 Days mNutrition program or the SMS text messages.

6. Outcomes on Social Change

The First 1000 Days Program has gone beyond individual behavior change to achieve social change in three broad areas: (1) the diffusion of nutrition-related practices among neighbors; (2) improved interpersonal relationships among family members and neighbors, and (3) transformation in gender roles and power dynamics in households and communities.

Diffusion of Nutrition-related Practices among Neighbors

FGD participants were asked whether they had observed any impact among their neighbors and other community members as a result of the ECCs. Across all four regions, many FGD participants reported that their neighbors and other relatives often ask them about what they learn in the ECCs, observe the new practices they are employing in their homes, and imitate them. New practices ranged from handwashing with soap and water, to building latrines, to growing vegetables in backyard gardens, to improving child feeding practices.

Improved WASH practices appear to have diffused particularly rapidly from neighbor to neighbor in communities, with the findings suggesting that the work of the HEWs combined with the information and skills promoted during the ECCs and the home visits by the CCAs are the reasons for this very successful outcome. Participants reported that many community members were building improved latrines and using soap or ash when they washed their hands—a major improvement from previous practices in which it was common to throw waste away anywhere. Nowadays, the participants reported, households and communities have prepared designated places for waste materials. They also reported that personal hygiene, including changing and washing clothing more frequently, is a new practice that is appearing in their communities thanks to the First 1000 Days Program.

I know many neighbors who are changed by observing what I do in terms of nutrition and sanitations, yes, many! I visit them and advise them. They not only respect me but they also they practice what I tell them. There are many people who have changed even more than me. For example, there's a family who used to live in the house together with their sheep. One day, I summoned their son and told him that living with sheep is not good for their health. I showed him the posters hanging on my walls. He heard my advice and built another house for the sheep. I have also advised another person who used to nag his pregnant wife. He's changed completely and now they are living in harmony. (Grandmothers' FGD, Oromia)

There are practical changes in our community. Our neighbors accept our advice and try to copy exactly what we are doing in terms of diversifying food intakes, building latrine keeping hygiene and sanitation. (Mothers' FGD, SNNPR).

Neighbors are imitating what we have been doing in our house. Accordingly, they start to eat balanced diet three times a day. (Grandmothers' FGD, Amhara)

Sure [the ECCs had any impact on our neighbors and other families in our community]. We chat with friends on the occasions when we meet in social gatherings and tell them about the virtual facilitators. Nutrition has become a topic of conversation in our community. (Fathers' FGD, Amhara)

Several households have learned from our practices of hygiene and sanitation and followed our footsteps. For instance, all my neighbors have established latrines with hand washing facilities. They learned how to clean their latrine from us. (Mothers' FGD, Oromia)

As a result of the information I learned from ECC program, I bought hens and started poultry in my compound. One day, my neighbor came and saw what I have done and asked me about it. I told him all the processes and then he has engaged in the same business. (Fathers FGD, Oromia)

I share my experience with the neighbors that if you feed your children with appropriate feeding they become strong and active children. Following our advice, they began to do the same things in the way I told them. (Mothers' FGD, Amhara)

Interestingly, the posters displayed on the walls in the homes of the ECC participants appear to have played a very significant role in facilitating the diffusion of improved practices among ECC participants' neighbors and visitors. "People ask us about the first 1000 days posters" was a common refrain in the FGDs. Neighbors notice the posters while enjoying a coffee ceremony or dropping by for a quick hello. The posters serve as a conversation topic about nutrition and what the ECC participants are learning. They also appear to validate the information that ECC participants relay verbally. FGD participants' comments in Oromia illustrate this finding, which was observed across all of the regions, particularly well:

I showed the posters and pictures and explained to my neighbors to use the advice. They showed eagerness to learn more... (Fathers' FGD, Oromia)

I believe that guests coming to our homes learn a lot from what we have posted on our walls and not just from what we tell them; I know many people who follow our footsteps now in terms of child feeding and sanitation. (Grandmothers' FGD, Oromia)

I got some materials that have pictures of pregnant women and different foods and showed it to my neighbor and my other colleague; we discussed about the pictures and their interpretation. From this, we can say a person who participates in your program can influence many people around them. I know people who are producing vegetables in their backyards by observing a person who is participating in the training your organization is giving here. (A 30-year-old kebele leader, Oromia)

My son listens to my advice. He brings everything necessary for the children's diet and sanitation and hygiene. I am raising three of his kids. He's happy about how they are being raised— they are well-fed and flourishing. I believe that guests coming to our homes learn a lot from what we have posted at our walls and not just from what we tell them. I know many people who follow our footsteps in terms of child feeding and sanitation. (Grandmothers' FGD, Oromia)

Improved Interpersonal Relationships among Family Members and Neighbors

Across all regions, an unexpected finding in the analysis of the FGD data is that the ECCs appear to have had very positive influences not only on the relationships among family members but also among neighbors. When asked about any major changes they had noticed in their communities as a result of the First 1000 Days Program, many participants said that the ECCs had helped reduce gossip and quarrels among neighbors. The improvement in neighbor relationships appeared to be especially pronounced in SNNPR.

Before ECCs, our communication with neighbor looked like rats ("Ayit") in that we would fight over petty things like if your livestock animal crosses my border and damages my crops, and other issues. But after the ECCs, we started to discuss the situation instead of fight with each other. Additionally, we started to take turns holding coffee ceremonies, today at my house and tomorrow in my neighbor's house, to discuss about the first 1000 days. Our neighbors began to work like us. (Grandmothers' FGD, SNNPR)

We literally stopped gossip and backbiting about other people. (Mothers' FGD, SNNPR)

Transformation in Gender Roles and Power Dynamics in Families

Across the regions, the influence of the ECCs has transformed community expectations for how couples should communicate and for how husbands should support their wives.

Males who would help their wives with certain chores were once labelled as womanish by their peers. Now, there are lots of husbands who know the star food sources and purchase food items like meat, rice, spaghetti/macaroni, vegetables, fruits, etc. to fulfill the balanced diet

requirement of children reducing from their entertaining cash. Such practices of husbands also bring mutual respect, understanding and a peaceful and happy life is secured in most of the family. (Mothers' FGD, Amhara)

Husband and wife have begun discussing and deciding together. I knew of a family who had postponed selling their milk cow after having deliberated together on the matter. (Male CCAs' FGD, Oromia)

IV. DISCUSSION: SUMMARY OF STRENGTHS, SHORTCOMINGS AND OUTCOMES OF THE FIRST 1000 DAYS PROGRAM

In the communities covered by this research in four regions, the findings show that Growth through Nutrition's First 1000 Days Program has had significant positive outcomes on improving nutrition-specific and nutrition-sensitive behaviors among first 1000 Days families. The program has also fostered important social change that creates an enabling environment in homes and communities for improved nutrition outcomes for mothers and children. These positive outcomes are attributed to several key strengths of the program, and in spite of a few shortcomings.

1. Summary of the Strengths of the First 1000 Days Program

Of the set of six core interventions in the First 1000 Days Program, it is clear that the ECCs and the home visits by the CCAs are the main contributors to social and behavior change. The motivation and work of the CCAs is appreciated by the ECC participants and evident in the CCAs' own discussions, indicating that the recruitment and training of the CCAs was effective. The Virtual Facilitator audios, along with the take-home SBCC materials discussed and distributed during the ECCs (particularly the posters), had a strong influence on changing behaviors in households and on changing relationships and nutrition-related practices in neighborhoods.

Where they were used, the Virtual Facilitator audios exerted a strong influence on mothers, fathers, and grandmothers' perceptions of couple relationships, gender roles and husband support. Although the audio materials were not available to all ECC participants, where they were used, the participants were able to share in detail the information relayed by the Virtual

Facilitators and considered them to be positive role models. All research participants who were familiar with the Virtual Facilitators expressed the desire to have relationships with their spouses that are similar to the relationship between the two facilitators (Aya Mulat and Ete Birtukan).

The Earn and Buy Game, which is played by participants during several ECC sessions, appears to have had a very strong influence on household financial management practices among ECC participants, including the practice of planning and saving money for priority needs in the family. Since approximately half of the women who participated in the FGDs are members of savings groups, it is very likely that the work of the savings group is also having an important additive influence on financial management practices.

Meanwhile, the Discuss and Decide Role Playing Game, with its focus on improving interpersonal communication skills, is also having a strong influence on how husbands and wives communicate and make decisions together. ECC participants who practiced these skills during the role plays in at least one session are also using these skills to improve their relationships with their neighbors.

Although support from kebele leaders, religious leaders, HEWs and DAs was limited, where and when it occurred, it provided positive reinforcement of Growth through Nutrition SBCC efforts, and there is evidence that the support from these community leaders and frontline workers has great potential to ensure the sustainability of the positive outcomes of the program.

Main Behavior Change Outcomes

The most common nutrition-specific behavior change outcomes reported by the research participants are:

- More mothers are retaining colostrum and giving it to babies, rather than throwing it away;
- More mothers are exclusively breastfeeding children up to the age of six months;

- Pregnant and breastfeeding women, and children 6-24 months, are eating more snacks and meals each day, from an average of two meals before participating in the ECCs to four or more meals after participating in the ECCs;
- More families are introducing complementary foods to young children beginning at the age of six months;
- More mothers, fathers and grandmothers are seeking to increase their families' dietary diversity by including more star foods in their daily meals.

The most common nutrition-sensitive behavior change outcomes reported by the research participants are:

- Families are raising and growing more nutritious foods, including a variety of vegetables and animal source foods, for family consumption;
- Fathers and mothers are intentionally keeping more nutritious foods for family consumption rather than selling everything they produce;
- Fathers are more aware of their spending and are choosing to spend more of their income on buying nutritious foods for their families that are not available at home;
- Families have adopted improved WASH practices, including handwashing with soap and water, building tippy taps and latrines, personal hygiene, washing children's clothes more often, keeping animals and poultry separated from place where children eat, play and sleep; and keeping the general household compound swept and tidy.

It is important to note that all of these findings are qualitative in nature. Growth through Nutrition is implementing a separate research study to assess the quantitative outcomes of the First 1000 Day Program on nutrition-related practices.

Main Social Change Outcomes

The ECCs are specifically designed to transform gender roles by using messaging, content and a package of multi-media materials that focus on improving couple communication, husband support and family dialogue around nutrition. The findings from this research confirm that ECCs are having a strong positive outcome on social change through gender role transformation. Across the regions, mothers, fathers, grandmothers, kebele leaders, religious leaders and frontline workers consistently reported the positive changes happening in the

relationships between husbands and wives. Wives have learned important strategies that help them to “handle” their husbands in a way that enables them to have conversations with them about maternal and child nutrition. Husbands have recognized—and feel chagrin for—the negative outcomes of anger and aggression and are reporting that they are doing more listening and showing more affection to their wives. They are helping their wives with their household chores so that they have more time to rest, eat and to feed their children. Very importantly, the research findings show that there is now a community-wide expectation that this is how couples *should* interact and a social perception that men who help their wives are good husbands, and not “womanish”.

These research findings confirm the previous findings of the ECCs’ positive influence on gender roles and family dynamics, from research conducted under the ENGINE project. A new and unexpected finding in this research is that these positive outcomes that are occurring in households have spilled over into neighborhoods. An unanticipated positive outcome of the ECCs is that ECC participants are applying the new knowledge and skills they are gaining to improve their interpersonal communication and relationships with their family members to their interactions with their neighbors. Gossip, disputes, and bad relationships among neighbors are reportedly diminishing as a direct result of the ECCs, paving the way for a stronger enabling environment with social change that supports the first 1000 days of maternal and child nutrition.

The diffusion of new practices was also reported under the ENGINE ECC documentation research. Similar to those findings, the present research found that the first 1000 days posters, which ECC participants display on the walls of their homes, prompt discussions about nutrition-related practices not only with their family members but also with their neighbors and other visitors. People who visit the homes of ECC participants see the first 1000 days posters on the walls and are curious to learn what the posters are about. Neighbors observe the ECC participants making tippy taps, building latrines, or preparing meals and are eager to imitate what they have seen. The ECCs’ impact on improving communication and relationships among

neighbors appears to be facilitating the diffusion of new nutrition-related practices among neighbors.

2. Summary of the Shortcomings of the First 1000 Days Program

The many positive outcomes documented in this research are occurring in communities covered by the First 1000 Days Program in spite of a few shortcomings in the implementation.

The shortcomings include:

- The Virtual Facilitator audios were copied onto SD cards for use with cell phones. The technology failed in many instances, either because the cell phone volume was too low for ECC participants to hear, the SD cards did not work, or because the cell phones lost battery charge.
- Some of the print materials, especially the Menu Planning Game and the Discuss and Decide Together Role Play cards, do not appear to have been distributed and used in some of the ECCs. Among the ECC participants who reported that they had not seen or used the Menu Planning Game, there was a noticeable confusion around which foods are star foods, and on improving dietary diversity in daily meals. Among the ECC participants who had not played the Discuss and Decide Together Role plays, there was some confusion around the interpretation of the “donkey”: grandmothers and mothers who had not actually used the role play cards interpreted the donkey to mean the ideal role for a woman is to be passive and patient when her husband is angry.
- Fasting during the first 1000 days remains a controversial issue in Tigray. Although the religious leaders in Tigray participated in discussions about fasting during a training for religious leaders organized by Growth through Nutrition, they remain cautious about advising pregnant and breastfeeding women that they are exempt from fasting. These religious leaders are concerned about potential criticism from their congregations and from other leaders. Most are resorting to informal guidance during their home visits to their godsons and goddaughters, rather than providing formal guidance to their congregations in churches. One religious leader interviewed in this research remains strongly opposed to the First 1000 Days positioning, in spite of having attended the training for religious leaders. All of the religious leaders interviewed believe that the

only way to change fasting practices in communities would be by publicly disseminating higher-level guidance from the Orthodox Church. (Information from Amhara region was not available during the analysis and writing of this report.)

- Supportive supervision to the CCAs varied greatly. While some CCAs reported having received four or five supervision visits along with supportive phone calls from their supervisors, most CCAs were dissatisfied with the support they had received. Many had not received any supervision at all, and most also reported not having received much support from their local HEWs or DAs either.
- As previously noted, the First 1000 Days Radio Program and the First 1000 Days mNutrition Program do not appear to have reached the communities participating in this research.

V. LESSONS LEARNED AND RECOMMENDATIONS

The findings of the documentation research are rich and offer excellent insights into how the First 1000 Days Program is having positive outcomes on nutrition-related behaviors, transforming gender roles, and fostering social change. Some of the most important lessons learned from this research are listed below.

1. Lessons Learned

Lesson #1: A package of complementary materials and interventions has the advantage of reinforcing knowledge, attitudes, skills and practices and amplifying the outcomes on social and behavior change. When shortcomings in the availability, use or implementation of any one material or intervention occur, they are over-ridden by the strengths of the outcomes of other materials and interventions.

Across the regions, research participants attributed the causes of social and behavior change mainly to the ECCs and the work of the CCAs. The Virtual Facilitators, take-home posters, skills-building games and the role plays were all frequently referenced by the research participants in their discussions about change. In cases where participants had not been exposed to one of the materials, other materials appear to have still been effective in positively influencing nutrition-related knowledge, attitudes and behaviors.

Lesson #2: SBCC programming that focuses on families and households has a large potential for larger-scale social and behavior change in the community through neighbor-to-neighbor diffusion of information and practices.

Although ECCs are primarily designed to influence the behaviors and relationships of first 1000 days family members, the neighbors of ECC participants are influenced as well through the informal visits, conversations and observations among neighbors. In the communities where this research was conducted, the findings show that people are very interested in what their neighbors are doing and are keen to imitate practices that they perceive to be helpful or positive.

Lesson #3: Fathers and husbands are very receptive to maternal and child nutrition information, appreciate being directly targeted with materials and interventions designed specifically for them, and appear to be the greatest influencers of change in their families.

Many of the male research participants expressed happiness at being included in the ECCs and remarked that this was the first time they had observed men being involved in maternal and child nutrition activities. Husbands were keen to teach their wives what they learned and wives were clearly just as keen to put into practice what they had learned from their husbands. While mothers and grandmothers who participated in this research also described how they had applied and shared the information and improved practices that they had learned during the ECCs with their families and neighbors, they also talked about the skepticism they initially received. Women would describe how their husbands were initially unwilling to listen to them. Grandmothers described how their children and grandchildren would tease them about being “students” and make fun of their attending the ECCs. Men, meanwhile, never once mentioned any resistance or skepticism from their family members or their neighbors about the new knowledge and skills they brought home with them from the ECCs. These findings suggest that, although all of the ECC participants appear to have changed their nutrition-related practices and to have influenced others, it's easier for men than for women—even older women—to initiate these change at home and in the neighborhood.

Lesson #4: Providing training to religious leaders in kebeles along with opportunities to engage in dialogue around religious fasting practices for women during the first 1000 days helps garner their support.

Growth through Nutrition has made impressive efforts in engaging religious leaders in Tigray through training and dialogue around the importance of maternal nutrition and has garnered some support from these leaders. During home visits, three of the four religious leaders interviewed in Tigray are now informally advising their godsons and goddaughters that pregnant and breastfeeding women do not need to fast.

Lesson #5: Behavior change and social change can happen rapidly when materials, messaging and interventions are carefully and appropriately designed.

The rapid and dramatic change in nutrition-related behaviors, gender roles, interpersonal communication, family relationships, and relationships with neighbors debunks the common phrase among SBCC program implementers that “behavior change takes time”. The methodical process used to design the ECCs and the SBCC materials involved a behavior-centered focus that began with formative research on behaviors and behavioral influences and included the careful testing of creative concepts, messages and materials as part of the design phase. The process is described in detail in a separate report published under the ENGINE project².

Major recommendations emerging from this research are presented below.

2. Recommendations

1. Place greater emphasis on supportive supervision at all levels.

Implementing partner NGOs, who are responsible for overseeing the distribution of the ECC materials (including the SD cards and the skills-building games, as well as the work of the CCAs) need to increase their efforts. While physical supervision visits and quality control checks may be difficult due to distance and limited resources, weekly phone calls to check in on CCAs should be feasible. A few CCAs did receive frequent phone calls from their supervisors and reported that this not only motivated them but helped them to alert their supervisors about materials that were missing in their ECC packages. Growth through Nutrition’s regional office teams, in turn, would do well to increase their efforts in supervising the work of the NGOs, especially around the distribution of the SBCC materials for the ECCs.

² Clemmons, L. Final Report on ENGINE’s Enhanced Community Conversations for the First 1000 Days of Maternal and Child Nutrition: A Gender Transformative Social and Behavior Change Communication (SBCC) Program Approach. Documentation of the Process, Outcomes and Lessons Learned. USAID/Empowering New Generations to Improve Nutrition and Economic opportunities (ENGINE). August 2016.

The findings suggest that women CCAs may have received even less support than men CCAs. According to some of the women CCAs, they received little or no support at all from their NGO Supervisors, kebele leaders, HEWs or DAs.

2. Review the effectiveness of the SD cards and cell phones and consider exploring other options to help make the Virtual Facilitator audios accessible and usable during ECCs.

Findings from this research suggest that there were important technical difficulties around using SD cards and cell phones for the Virtual Facilitator audios. These difficulties included SD cards not working, the volume of the cell phones being too low for large groups, and cell phone batteries losing their charge. Although the digital radios used in ECCs under the ENGINE project appear to have worked better, they are expensive and are not always available on the local markets in Ethiopia. More work will need to be done to explore other options that are affordable and that are technically reliable. Some of the research teams recommended exploring the use of solar batteries to charge cell phones, digital radios and other devices that might have the capacity to play audio products.

Many mothers, fathers and grandmothers participating in the research suggested that the Virtual Facilitator audios and skills-building would be very useful as take-home materials and specifically asked for copies of these materials to keep or borrow so that they could share them with family members and neighbors. This recommendation is likely not feasible due to resource constraints but is worth mentioning in case technology advances one day to make it possible for families to have these materials available for occasional use at home.

3. Continue to prioritize men (fathers and husbands) as important influencers in first 1000 days social change and behavior change programming.

The research findings show that men are vital to improving nutrition-related practices in homes through their supportive actions to their pregnant and breastfeeding wives. Growth through Nutrition should continue to consider men as primary audiences in its First 100 Days SBCC programming.

4. Continue to invest in take-home print materials, particularly posters.

The research findings show that the use of the first 1000 days posters as take-home materials is a far more powerful intervention than initially anticipated. The posters appear to be very influential in catalyzing discussion about first 1000 days nutrition practices at home and among

neighbors. The posters also appear to be validating the credibility of the information ECC participants relay to their family members and neighbors.

5. Consider requesting more wide-reaching communications from the higher echelons of the Orthodox Christian Church to help resolve the controversies around pregnant and breastfeeding women being excused from religious fasting practices.

In Tigray, although the program's outreach to religious leaders in the kebeles was effective in garnering their collaboration around improved maternal nutrition practices, the religious leaders need more formalized support from the Orthodox Christian Church to validate the guidance that pregnant and breastfeeding women are excused from religious fasting practices so that they may increase the quantity and diversity of nutritious foods—including animal source foods—through the fasting periods.

6. Address the missed opportunities in engaging community leaders and frontline workers to strengthen the impact and sustainability of the First 1000 Days Program.

The research findings show that while the support of the kebele leaders, HEWs and DAs for the First 1000 Days Program was positive, it was limited. The kebele leaders and frontline workers were aware of the ECCs but did not know much about the information and practices being promoted through the ECCs. Even though the ECCs and the work of the CCAs clearly achieved very positive outcomes in improving nutrition-related practices and social change, it is likely that the impact and the sustainability of these positive outcomes would be strengthened through greater engagement by kebele leaders, HEWs and DAs, whose work will continue long after the ECCs themselves cease. The ECCs, after all, are completed in ten sessions.

Joint trainings, encouraging regular meetings, sharing ECC materials, and including HEWs and DAs in supervision visits by NGOs and Growth through Nutrition regional and national office teams are some of the ways that collaboration between the CCAs, the HEWs and the DAs can be strengthened. Inviting kebele leaders to special orientation meetings designed for them, and developing reminder materials- such as leaflets or posters- for the kebele leaders may also be a way to increase their engagement in the First 1000 Days program beyond their current role of recruiting CCAs and mobilizing ECC participants.

7. Learn more about the effectiveness of the SBCC materials through further research.

At the time of the writing of this report, Growth through Nutrition is implementing a second arm of research that is designed to collect quantitative data to support the analysis of the First 1000 Days Program's nutrition outcomes and particularly the influence of the Virtual Facilitators. The findings from this second research initiative will be important to filling in the main question emerging from the findings of the documentation research, which is:

How significant are the Virtual Facilitators, the Menu Planning Game and the Discuss and Decide Together role plays in influencing nutrition-related social and behavior change?

Comparing the quantitative outcomes on nutrition behavior change, gender roles, family dynamics and social change in communities where these materials were used in ECCs and in communities where they were not used in ECCs will yield very important information to inform future programming.

VI. APPENDIX: Research Tools

FOCUS GROUP DISCUSSION GUIDE FOR MOTHERS, FATHERS AND GRANDMOTHERS

PART 1: INFORMED CONSENT FORM

To be read aloud to the FGD participants to explain the purpose of the research and to ask for their consent to proceed.

Good morning/afternoon. My name is _____ and I work for the Growth through Nutrition project. I would like to talk with you about the First 1000 Days of maternal and child nutrition program that has been implemented in your community. This program includes the Enhanced Community Conversations (ECCs) that are conducted with groups of mothers, fathers and grandmothers. The First 1000 Days program also includes radio spots, home visits by trained community change agents, support from trained Development Agents (DAs), and in some places, advice from religious leaders. The First 1000 Days program is led at the national level by Save The Children, funded by USAID and in collaboration with the government of Ethiopia.

Today, I would like to discuss your experiences with the First 1000 Days program and any of the activities that you may have participated in. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of women and children in Ethiopia. I want to let you know that I'm not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I'd like to review some important points about today's discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped. This is so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family's names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in interviews just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- Other project staff from Save The Children may also join us to listen and observe.

Do you have any questions? Is it ok for me to continue with questions?

PART II: FGD Questionnaire

Today we are going to discuss your experiences with the ECCs that you attended as well as other First 1000 Days programs that may have reached you.

<Hand each participant a set of images showing facial expressions: bored, happy, angry, laughing, sad, etc.>

1. Please tell me how many ECC sessions you have attended.

<Ask each participant>

2. Tell me how you first became involved in the ECCs.

3. Please look through the images I have just handed to each of you and select the one that best describes how you usually felt during the ECC meetings.

- a. Now that everyone has selected an image, I am going to ask you all to please hold up your image so that everyone can see.

<Identify the participants who have selected the same images and ask the following questions:>

- *Please explain why you selected this image.*
- *Those of you who selected the same image, do you have other reasons why you selected this image? Please explain.*

<Identify the participants who have selected another image and ask the following questions:>

- *Please explain why you selected this image.*
- *Did you always feel this way during every ECC or is there another image that describes how you felt during some of the ECCs?*
- *Those of you who selected the same image as the first participant, do you have other reasons why you selected this image? Please explain.*

<Continue until you have discussed all of the different images chosen by the participants>

4. Have you personally changed in any way as a result of attending these ECCs? If so, what are the changes?

- a. *Probe: Did you change any nutrition-related practices? If yes, which ones?*
- b. *Probe: Did you change any agriculture practices? If yes, which ones?*
- c. *Probe: Did you change any hygiene and sanitation practices? If yes, which ones?*
- d. *Probe: Did you have a change in attitude about anything? If yes, please explain.*
- e. *Probe: Any other changes you personally experienced in your attitudes or in your behaviors?*

5. Did you ever discuss the ECCs with members of your family?
 - a. *Probe: If so, with whom did you discuss the ECCs?*
 - b. *Probe: What are some of the things you discussed? How did your family react to the discussion?*
 - c. *Probe: If you did not have a discussion with your family about the ECCs, what was the reason?*
 - d. *Probe: Did you have any challenges discussing the ECCs with your family members? If so, please explain the challenges?*
6. What changes have happened in your family as a result of the ECCs?
 - a. *Probe: Were there any changes in your family's maternal nutrition or child feeding practices as a result of the ECCs?*
 - b. *Probe: Were there any changes in your family's agriculture or farming practices as a result of the ECCs?*
 - c. *Probe: Were there any changes in your family's hygiene and sanitation practices as a result of the ECCs?*
 - d. *Probe: Any changes in the relationships between family members as a result of the ECCs?*
7. Do you believe that the ECCs had any impact on your neighbors and other families in your community? If so, what kind of impact?
 - a. *Probe: How do you know there was an impact?*
 - b. *Did you see or hear something that made you realize the ECCs were influencing people in your community?*

Virtual Facilitators

8. Tell me about Ete Birtukan: Who is she?
 - a. *Reminder: Ete Birtukan is the woman you heard talking on the audio recording during the ECCs.*
 - b. *Probe: Describe her: What is her personality like?*
9. What do most ECC participants think about what Ete Birtukan says?
 - a. *Probe: How influential is she? A little? Somewhat? A lot?*
 - b. *Probe: How much do they respect her opinion? A little? Somewhat? A lot?*
 - c. *Probe: How much do they enjoy listening to her? A little? Somewhat? A lot?*
 - d. *Probe: How much do they follow her advice? A little? Somewhat? A lot?*
 - e. *Probe: Why do you believe this?*
10. Have you ever discussed Ete Birtukan with friends, neighbors or other people in your community?
 - a. *Probe: What are some of the things you discussed about her?*
11. Tell me about Aya Mulat: Who is he?
 - a. *Reminder: Aya Mulat is the man you heard talking on the audio recording during the ECCs.*
 - b. *Probe: Describe him: What is his personality like?*
12. What do most ECC participants think about what Aya Mulat says?
 - a. *Probe: How influential is he? A little? Somewhat? A lot?*
 - b. *Probe: How much do they respect his opinion? A little? Somewhat? A lot?*
 - c. *Probe: How much do they enjoy listening to him? A little? Somewhat? A lot?*
 - d. *Probe: How much do they follow his advice? A little? Somewhat? A lot?*
 - e. *Probe: Why do you believe this?*
13. Have you ever discussed Aya Mulat with friends, neighbors or other people in your community?
 - a. *Probe: What are some of the things you discussed about him?*

14. In your opinion, which one is more interesting to listen to—Ete Birtukan or Aya Mulat
- Probe: Why?*
 - Probe for women's groups: Who do you think men feel is more interesting to listen to—Ete Birtukan or Aya Mulat? Why?*
 - Probe for men's group: Who do you think women feel is more interesting to listen to—Ete Birtukan or Aya Mulat? Why?*
15. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have?
- Probe: What do you think about their relationship?*
 - Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?*
 - <For grandmothers' group: Would you want your son or daughter to have a relationship with their spouse that is like the relationship between Aya Mulat and Ete Birtukan? Why or why not? >*
16. In your community, there are Community Conversations from time to time. The ECCs you have been attending are using a new approach with the voice recordings of Aya Mulat and Ete Birtukan. If we were to do more ECCs in your community, what is your advice for us about this approach that uses the voice recordings of Aya Mulat and Ete Birtukan?
- Probe: Would it be better to continue using this approach with the voice recordings of Aya Mulat and Ete Birtukan or would it be better to stop using this approach? Why?*
 - Probe: Would it be better if the voice recordings of Aya Mulat and Ete Birtukan were shorter or longer? Please explain why.*
 - Probe: What other suggestions do you have to help us improve this approach of using the voice recordings of Aya Mulat and Ete Birtukan?*
17. How about the overall ECCs, what suggestions do you have to help us improve them?
- Probe: How about the duration of the ECCs? Were the ECC meetings too long, too short, just right?*
 - Probe: What are the contributing factors that make the ECC meetings too long, too short, or just right?*
 - Probe: How about the number of ECCs? Were the 10 ECC meetings too many, too few, or just right? Please explain your response.*

Maternal Menu Planning Game and Earn and Buy Game

18. Have you ever heard of star foods before? If you have, please tell me what they are?

- a. *Probe: What are 3-star foods?*
- b. *Probe: What are 2-star foods?*
- c. *Probe: What are 1-star foods?*

<Show the group participants the actual game- first the menu planning, then the earn & buy-repeat the questions below.>

19. Have you played this game before?

- a. *Probe: How many times have you played this game?*

20. What did you learn from playing this game?

21. Did anything change at home as a result of your having played this game?

- a. *Probe: Are there any changes in the amount of star foods you/your wife/husband/daughter or daughter-in-law are eating?*
- b. *Probe: Are there any changes in the frequency of star foods you/your wife/husband/daughter or daughter-in-law are eating every day or at every meal?*
- c. *Probe: Are there any changes in the frequency of meals or snacks you/your wife/husband/your daughter or daughter-in-law are eating?*
- d. *Probe: Are there any changes in the quantity of food you/your wife/husband/your daughter or daughter-in-law are eating?*
- e. *Probe: Are there any other changes in your diets or the diets of your wife/husband/your daughter or daughter-in-law as a result of playing this game?*
- f. *Probe: How about IFA supplements? Are there any changes in how you/your wife/your daughter or daughter-in-law are taking IFA supplements?*

22. Did your friends or neighbors do anything differently at home as a result of you telling them about the game?

23. What are some of the difficulties you or others had playing this game?

24. What suggestions do you have for improving how the game is used in the ECCs?

Couple Relationships

Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.

25. What do you see here?

- a. *Probe: Tell me what you see in each of these four pictures.*

26. Are there any photos here that represent the kind of relationship most couples in your community have? Please explain.
27. Are there any photos here that do not at all represent the kind of couples' relationships that are common in your community? Please explain.
28. Can you tell me more about couples' relationships in your community that are not shown in any of these pictures?
29. Have you noticed or heard about any changes in couples' relationships in your community as a result of the ECCs? Please explain.
30. Some couples have difficulty discussing issues together. Did the ECCs help couples overcome these difficulties?
- a. *Probe: How? How do you know this?*
 - b. *Probe: Did the ECCs help women overcome difficulties in communicating well with their husbands? How do you know this?*
 - c. *Probe: Did the ECCs help men overcome difficulties in communicating well with their wives? How do you know this?*

Discuss & Decide Together Communication Cards and Role Playing

<Hold up the Discuss & Decide Together communication cards and show them to the group participants.>

29. Did you use these cards during the ECCs?
- a. *Probe: If yes, what did you do with them?*
 - b. *Probe: How many times did you do a role play with these cards?*
30. Was there something new that you learned as a result of using these cards?
- a. *Probe: What new things did you learn?*
31. Was there something you especially enjoyed about these role plays? If so, what did you especially enjoy?
32. Did you have any difficulties doing the role plays?
- a. *Probe: Explain the difficulties that you had.*
33. Did you tell anyone about the cards and the role plays after you left the ECC session?
- a. *Probe: Who did you tell?*
 - b. *Probe: What did you tell this person/these people?*

34. Did you do anything differently at home after you did the role plays in the ECC? If so, please describe what you did differently?

35. <For mothers' and fathers' groups>: As a result of the role plays, were there any changes in your relationship with your spouse? If so, please explain what changed.

<For grandmothers' groups>: As a result of the role plays, were there any changes in your relationship with your daughter-in-law or daughter who is pregnant or breastfeeding? If so, please explain what changed.

36. What suggestions do you have for improving how the cards and the role plays are used in the ECCs?

CCAs and DAs

37. Tell me about the CCAs

- a. *Probe: What was their role during the ECCs?*
- b. *Probe: What is your opinion of the quality of the work the CCA did during the ECCs? Please explain.*

38. Has a CCA ever visited your home?

- a. *Probe: How many times/how often since the first ECC up to now?*
- b. *Probe: What did the CCA do during the visit?*
- c. *Probe: What advice or information did the CCA provide?*
- d. *Probe: Did the CCA use any job aids during the home visit? If they did use tools, what tools did they use?*
- e. *Was there any change in your household as a result of the CCA's visit?*

39. Tell me about the DAs—has one ever visited your home or your field?

- a. *Probe: How many times/how often have they visited you since the first ECC up to now?*
- b. *Probe: What did the DA do during the visit?*
- c. *Probe: What advice or information did the DA provide?*
- d. *Probe: Did the DA use any job aids during the visit with you? If they did use tools, what tools did they use?*
- e. *Probe: Was there any change in your household as a result of the DA's visit?*

40. Tell me about the HEWs—has one ever attended an ECC or visited your home ?

- a. *Probe: How many times/how often have they attended an ECC since the time that the ECCs began?*
- b. *Probe: How many times/how often have they visited you at home since the time that the ECCs began?*
- c. *Probe: What did the HEW do during the visit?*
- d. *Probe: What advice or information did the HEW provide?*

- e. *Probe: Did the HEW use any job aids during the visit with you? If they did use tools, what tools did they use?*
- f. *Probe: Was there any change in your household as a result of the HEW's work at the ECC or during a home visit?*

Religious leaders (for Amhara and Tigray only)

41. Have you ever heard a religious leader providing guidance and advice about maternal and child nutrition? If so, what guidance and advice have you heard?

- a. *Probe: Did the religious leader ever discuss fasting practices and how to improve maternal and child nutrition during times when the family is fasting?*
- b. *Probe: What is the fasting guidance that you have heard from religious leaders for women who are pregnant or who are breastfeeding? is it ok for them to eat meats or other non-fasting foods when the rest of the family is fasting?*
- c. *Probe: What is the fasting guidance you have heard from religious leaders for young children: is it ok to give them meats or other non-fasting foods when the rest of the family is fasting?*

42. Where did you hear the religious leader provide this guidance?

- a. *Probe: At home? At church? Somewhere else?*

43. Has anything changed in your home or your community as a result of the guidance from the religious leaders?

- a. *Probe: Why or why not?*

44. Where would you prefer to hear the advice from the religious leaders?

First 1000 Days Radio Program (AMHARA AND SNNPR ONLY)

44. Do you have access to a radio that you can listen to?

<Play a short jingle and opening segment of the First 1000 days radio program that is easily recognizable for those who have heard it before.>

45. Do you recognize this? If yes, what is it?

- a. *Probe: If yes, where have you heard this before?*

46. This is actually the First 1000 Days radio program. For those who recognize it, how often did you listen to this program each week?

47. Was there something new that you learned as a result of listening to the First 1000 Days radio program?

a. *Probe: What new things did you learn?*

48. Was there something you especially enjoyed about this radio program? If so, what did you especially enjoy?

49. Did you have any difficulties or obstacles that might have prevented you from listening to the radio program?

a. *Probe: Explain the difficulties that you had.*

b. *Probe: Was the time of broadcast convenient or inconvenient for you to listen?*

50. Who else listened to the First 1000 Days radio program in your families?

a. *Probe: Did you listen with other family members or just on your own?*

b. *Probe: If you did not listen with other family members, why was that?*

51. Did you ever discuss what you heard on the First 1000 Days Radio program with others?

a. *Probe: What did you discuss with family members? Friends? Neighbors?*

52. Did you do anything differently at home as a result of listening to the First 1000 Days Radio program? If so, please describe what you did differently?

53. *<For mothers' and fathers' groups>*: As a result of listening to the First 1000 days radio program, were there any changes in your relationship with your spouse? If so, please explain what changed.

<For grandmothers' groups>: As a result of listening to the First 1000 days radio program, were there any changes in your relationship with your daughter-in-law or daughter who is pregnant or breastfeeding? If so, please explain what changed.

54. What suggestions do you have for improving the First 1000 days radio program?

FOCUS GROUP DISCUSSION GUIDE FOR COMMUNITY CHANGE AGENTS (CCAs)

PART 1: INFORMED CONSENT FORM

To be read aloud to the FGD participants to explain the purpose of the research and to ask for their consent to proceed.

Good morning/afternoon. My name is _____ and I work for the Growth through Nutrition project. I would like to talk with you about the First 1000 Days of maternal and child nutrition program that has been implemented in your community. This program includes the Enhanced Community Conversations (ECCs) that are conducted with groups of mothers, fathers and grandmothers. The First 1000 Days program also includes radio spots, home visits by trained community change agents, support from trained Development Agents (DAs), and in some places, advice from religious leaders. The First 1000 Days program is led at the national level by Save The Children, funded by USAID and in collaboration with the government of Ethiopia.

Today, I would like to discuss your experiences with the First 1000 Days program and any of the activities that you may have participated in. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of women and children in Ethiopia. I want to let you know that I'm not a medical professional, and I am not an expert on what we are going to discuss today. I am trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I'd like to review some important points about today's discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped. This is so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family's names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in interviews just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- Other project staff from Save The Children may also join us to listen and observe.

Do you have any questions? Is it ok for me to continue with questions?

PART II: FGD Guide for Community Change Agents

Today we are going to discuss your experiences with the First 1000 Days program.

22. What is your personal understanding of the First 1000 Days of maternal and child nutrition?
What is it about?

23. What is your role with the program?

- a. Probe: Please explain what you were asked to do to support this program.*
- b. Probe: Are there other things you did beyond what you were asked to do?*

24. Please describe how you first learned of the First 1000 Days program.

- *Who contacted you?*
- *What did they tell you?*
- *Did you attend a workshop or meeting with other CCAs?*

25. What new information did you receive after you were contacted about the First 1000 Days program?

- a. Can you provide more details about the information you received?*
- b. Did any of this information surprise you?*
- c. Did any of this information raise concerns or trouble you in any way?*
- d. Was there information that you disagreed with?*

26. With whom do you share the information you have about the first 1000 days of maternal and child nutrition?

- a. Probe: Do you talk with mothers, fathers and grandmothers of children under 2?*
- b. Where do you talk with them about the first 1000 days?*

6. Let's talk about the Enhanced Community Conversations (ECCs). Can you tell me how you organize the ECCs?

- a. Probe: How often do you hold the ECCs?*
- b. Probe: How many ECCs have you conducted so far?*
- c. Probe: Who are the participants? Mothers, fathers, grandmothers?*

7. Do you conduct the ECCs on your own or do you work with anyone else?

- a. Probe: Do you ever collaborate with other CCAs to conduct the ECCs? If yes, tell me how you collaborate.*
- b. Probe: Do you ever collaborate with HEWs to conduct the ECCs? If yes, tell me how you collaborate.*

c. *Probe: Do you ever collaborate with DAs to conduct the ECCs? If yes, tell me how you collaborate.*

<Hand each participant a set of images showing facial expressions: bored, happy, angry, laughing, sad, etc.>

8. Please look through the images I have just handed to each of you and select the one that best describes how you usually feel while you are facilitating the ECC sessions.
 - a. Now that everyone has selected an image, I am going to ask you all to please hold up your image so that everyone can see.

<Identify the participants who have selected the same images and ask the following questions:>

- *Please explain why you selected this image.*
- *Those of you who selected the same image, do you have other reasons why you selected this image? Please explain.*

<Identify the participants who have selected another image and ask the following questions:>

- *Please explain why you selected this image.*
- *Did you always feel this way during every ECC or is there another image that describes how you felt during some of the ECCs?*
- *Those of you who selected the same image as the first participant, do you have other reasons why you selected this image? Please explain.*

<Continue until you have discussed all of the different images chosen by the participants>

9. Have you learned of any changes in the ECC participants or their households as a result of their attending the ECCs? If so, what are the changes?
 - a. *Probe: Did you learn of any changes in nutrition-related practices? If yes, which ones?*
 - b. *Probe: Did you learn of any changes in agriculture practices? If yes, which ones?*
 - c. *Probe: Did you learn of any changes in hygiene and sanitation practices? If yes, which ones?*
 - d. *Probe: Did you learn of any other changes in the attitudes of the participants or their families?*

10. Have you personally changed in any way as a result of facilitating the ECCs in your community? If so, in what ways have you personally changed?

Virtual Facilitators

11. Tell me about Ete Birtukan: Who is she?
 - a. *Reminder: Ete Birtukan is the woman you heard talking on the audio recording during the ECCs.*

- b. *Probe: Describe her: What is her personality like?*
12. What do most ECC participants think about what Ete Birtukan says?
- a. *Probe: How influential is she? A little? Somewhat? A lot?*
 - b. *Probe: How much do they respect her opinion? A little? Somewhat? A lot?*
 - c. *Probe: How much do they enjoy listening to her? A little? Somewhat? A lot?*
 - d. *Probe: How much do they follow her advice? A little? Somewhat? A lot?*
 - e. *Probe: Why do you believe this?*
13. Have you ever discussed Ete Birtukan with friends, family members, neighbors or other people in your community outside of the ECCs?
- a. *Probe: What are some of the things you discussed about her?*
14. Tell me about Aya Mulat: Who is he?
- a. *Reminder: Aya Mulat is the man you heard talking on the audio recording during the ECCs.*
 - b. *Probe: Describe him: What is his personality like?*
15. What do most ECC participants think about what Aya Mulat says?
- a. *Probe: How influential is he? A little? Somewhat? A lot?*
 - b. *Probe: How much do they respect his opinion? A little? Somewhat? A lot?*
 - c. *Probe: How much do they enjoy listening to him? A little? Somewhat? A lot?*
 - d. *Probe: How much do they follow his advice? A little? Somewhat? A lot?*
 - e. *Probe: Why do you believe this?*
16. Have you ever discussed Aya Mulat with friends, family members, neighbors or other people in your community outside of the ECCs?
- a. *Probe: What are some of the things you discussed about him?*
17. In your opinion, which one is more interesting to listen to—Ete Birtukan or Aya Mulat?
- a. *Probe: Why?*
 - b. *Probe for women CCAs: Who do you think men feel is more interesting to listen to- Ete Birtukan or Aya Mulat? Why?*
 - c. *Probe for men CCA: Who do you think women feel is more interesting to listen to- Ete Birtukan or Aya Mulat? Why?*
18. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have?
- a. *Probe: What do you think about their relationship?*

- b. *Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?*

19. In your community, there are Community Conversations from time to time. The ECCs you have been attending are using a new approach with the voice recordings of Aya Mulat and Ete Birtukan. If we were to do more ECCs in your community, what is your advice for us about this approach that uses the voice recordings of Aya Mulat and Ete Birtukan?

- a. *Probe: Would it be better to continue using this approach with the voice recordings of Aya Mulat and Ete Birtukan or would it be better to stop using this approach? Why?*
- b. *Probe: Would it be better if the voice recordings of Aya Mulat and Ete Birtukan were shorter or longer? Please explain why.*
- c. *Probe: What other suggestions do you have to help us improve this approach of using the voice recordings of Aya Mulat and Ete Birtukan?*

20. How about the overall ECCs, what suggestions do you have to help us improve them?

- a. *Probe: How about the duration of the ECCs? Were the ECC meetings too long, too short, just right?*
- b. *Probe: What are the contributing factors that make the ECC meetings too long, too short, or just right?*
- c. *Probe: How about the number of ECCs? Were the 10 ECC meetings too many, too few, or just right? Please explain your response.*

Maternal Menu Planning Game and Earn and Buy Game

<Show the group the actual games- start with the Menu Planning Game, then repeat the same questions with the Earn and Buy Game.>

21. Have you ever used this game before during an ECC?
 - a. *Probe: How many times have you used this game?*
22. What do the ECC participants learn from playing this game?
23. Did you learn of any changes in ECC participants' behaviors or any changes in their homes or in the market as a result of their having played this game?
 - *Probe: Are there any changes in the amount of star foods pregnant and breastfeeding women and children 6-24 months are eating?*
 - *Probe: Are there any changes in the frequency of meals or snacks pregnant and breastfeeding women and children 6-24 months are eating?*
 - *Probe: Are there any changes in the quantities of food pregnant and breastfeeding women and children 6-24 months are eating?*
 - *Probe: Are there any changes in participants' use of household income and decisions about what to buy?*
24. Did you learn of any cases where ECC participants' friends or neighbors do anything differently at home or in the market as a result of you showing them how to play this game?
25. What are some of the difficulties the ECC participants had playing this game?
26. What suggestions do you have for improving how the game is used in the ECCs?

Couple Relationships

Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.

27. What do you see here?
28. Are there any photos here that represent the kind of relationship most couples in your community have? Please explain.
29. Have you noticed or heard about any changes in couples' relationships in your community as a result of the ECCs? Please explain.
30. Some couples have difficulty discussing issues together. Did the ECCs help couples overcome these difficulties?
 - a. *Probe: Can you please explain more? How do you know this?*

b. Probe: Did the ECCs help women overcome difficulties in communicating well with their husbands? How do you know this?

c. Probe: Did the ECCs help men overcome difficulties in communicating well with their wives? How do you know this?

Discuss & Decide Together Communication Cards and Role Playing

<Hold up the Discuss & Decide Together communication cards and show them to the group participants.>

31. Did you use these cards during the ECCs?

a. Probe: If yes, what did you do with them?

b. Probe: How many times did you do a role play with these cards?

32. What there something new that you learned as a result of using these cards?

a. Probe: What new things did you learn?

33. Was there something you especially enjoyed about these role plays? If so, what did you especially enjoy?

34. Did you have any difficulties doing the role plays?

a. Probe: Explain the difficulties that you had.

35. Did you tell anyone about the cards and the role plays after you left the ECC?

a. Probe: Who did you tell?

b. Probe: What do you tell this person/these people?

36. Did you do anything differently at home after you did the role plays in the ECC? If so, please describe what you did differently?

37. As a result of the role plays, were there any changes in relationships between couples? If so, please explain what changed.

38. As a result of the role plays, were there any changes in relationships between pregnant or breastfeeding women and their mothers-in-law? If so, please explain what changed.

39. What suggestions do you have for improving how the cards and the role plays are used in the ECCs?

Home visits

40. Do you conduct home visits? If so, tell me about how you conduct them?

a. Probe: What do you do during a home visit?

b. Probe: How often do you conduct home visits?

c. Probe: How many households do you reach with home visits?

d. Probe: Do you have any materials to help you conduct home visits?

<SHOW THE HOUSEHOLD COUNSELING TOOL>

41. Have you ever used this tool during home visits? If you have, please tell me how you use it?

a. Probe: How useful is this tool to you?

42. Have you observed any changes in families as a result of the home visits? If yes, please tell me about them.

Supervision

43. Tell me about the supervision you have received to help you conduct the ECCs?

a. Probe: How many times have you had a supervisor come to see you conduct the ECCs?

b. Probe: Do you feel you had enough supervision, not enough supervision, or just the right amount of supervision to help you conduct the ECCs?

44. How about supervision to help you conduct home visits? Tell me about that.

a. Probe: How many times have you had a supervisor come to see you conduct home visits?

b. Probe: Do you feel you had enough supervision, not enough supervision, or just the right amount of supervision to help you conduct home visits?

45. What are your suggestions to improve supervision to help you do your job?

46. You are facilitating ECCs and conducting home visits as a volunteer- what is your motivation to do this work as a volunteer?

46. What are the challenges you face in your work as a CCA?

47. Do you have any suggestions that would help you in your work?

IDI-DA # _____			Date: _____
Region: _____ Woreda: _____			Kebele: _____
Name of Interviewer: _____			Name of Note taker: _____
Start Time: _____			End Time: _____
Age of DA: _____	Gender: M/F _____	Number of years worked as HEW: _____	Education Level: _____

IN-DEPTH INTERVIEW GUIDE FOR DEVELOPMENT AGENTS (DAs)

QUESTIONS	RESPONSES (include non-verbal communication/body language)
27. What is your personal understanding of the First 1000 Days of maternal and child nutrition? What is it about?	
28. What is your role with the program? <i>a. Probe: Please explain what you were asked to do to support this program.</i> <i>b. Probe: Are there other things you did beyond what you were asked to do?</i>	
29. Please describe how you first learned of the First 1000 Days program. <ul style="list-style-type: none"> Who contacted you? What did they tell you? 	
<ul style="list-style-type: none"> Did you attend a workshop or meeting with other DAs about the First 1000 Days? 	
30. What new information did you receive after you were contacted about the First 1000 Days program? <i>a. Can you provide more details about the information you received?</i>	
<i>b. Did any of this information surprise you?</i>	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
<p><i>c. Did any of this information raise concerns or trouble you in any way?</i></p> <p><i>d. Was there information that you disagreed with?</i></p>	
<p>31. Let's talk about nutrition-sensitive agriculture, specifically. What new information did you receive about improved agriculture practices that can help improve the maternal and child nutrition during the First 1000 Days?</p> <p><i>a. Did any of this information surprise you?</i></p>	
<p><i>b. Did any of this information raise concerns or trouble you in any way?</i></p> <p><i>c. Was there any information that you disagreed with?</i></p>	
<p>32. Did you ever discuss the first 1000 days of maternal and child nutrition with the farmers you help?</p> <p><i>a. Probe: If so, with whom did you discuss the first 1000 days?</i></p>	
<p><i>b. Probe: What are some of the things you discussed?</i></p>	
<p>33. Were you provided with any resource materials to help you share information about the first 1000 days of maternal and child nutrition with farmers? If so, what resource materials did you receive?</p>	
<Show the Earn & Buy game to the DAs>	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
34. Have you ever seen this material before? If you have, please tell me where you've seen this?	
35. Have you ever used this material, which we call the <i>Earn & Buy game</i> , in your work with farmers? If so, please explain how you've used this material with farmers.	
<i>a. Probe: What do farmers think of this game?</i>	
<i>b. Probe: Were there any changes that you observed among farmers as a result of their having played this game?</i>	
36. What changes have happened among farmers as a result of your work with the first 1000 days program?	
<i>a. Probe: Were there any changes in your community's maternal and child nutrition practices as a result of your guidance? If so, please describe these changes.</i>	
<i>b. Probe: Were there any changes in farming practices in your community as a result of your guidance? If so, please describe these changes.</i>	
<i>c. Probe: Were there any changes in farmers' hygiene and sanitation practices as a result of your guidance? If so, please describe these changes.</i>	
<i>d. Probe: Have you noticed any changes in the relationships among farmers' family members as a result of your guidance?</i>	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
37. Did the farmers you support do anything differently at home or in the field as a result of you telling them about improved agriculture and nutrition practices during the First 1000 days?	
38. What are some of the difficulties the farmers you support may have had in following your advice?	
39. Have you personally changed in any way as a result of your work with the first 1000 days program in terms of nutrition practices, agriculture practices or communication with your spouse? If so, how have you changed?	
a. <i>Probe: Did you change your own agricultural practices or encourage changes in your own household? If so, what are the changes?</i>	
b. <i>Probe: Were there any changes you personally experienced in your attitudes or in your behaviors, or in the attitudes or behaviors of your family? Please explain.</i>	
40. What suggestions do you have for improving our support to DAs in their work to improve agriculture and nutrition practices during the First 10000 Days?	
<u>mNutrition</u>	
41. Now let's discuss some of the specific activities in the First 1000 Days program. Are you aware of the First 1000 days mNutrition program for DAs? <i>If so, please tell me about it.</i>	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
<i>a. Probe: Have you ever received an SMS text message about agriculture and nutrition? If so, please tell me about it.</i>	
<i>b. Probe: Have you ever received an SMS text message about the first 1000 days specifically? If so, please tell me about it.</i>	
42. What is your opinion of these SMS text messages? <i>a. Probe: How interesting were they? A little interesting, somewhat interesting or very interesting?</i>	
<i>b. Probe: How informative were they? A little informative, somewhat informative, or very informative?</i>	
<i>c. Probe: How useful were they? A little useful, somewhat useful, or very useful?</i>	
43. Did you share the SMS text messages that you received with anyone else? If so, to whom?	
44. Did anything in your work change as a result of receiving the SMS text messages? If so, what changed? If not, why was there no change?	
45. What suggestions do you have to help us improve the mNutrition program?	
<u>Enhanced Community Conversations (ECCs)</u>	
46. Please tell me what you have heard about the Enhanced Community Conversations (ECCs)?	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
<i>a. Probe: Have you ever collaborated with a CCA who is holding ECCs? If yes, please tell me about your collaboration.</i>	
47. Do you believe that the ECCs have been having any impact on families in your community? If so, what kind of impact?	
<i>a. Probe: How do you know there was an impact? Did you see or hear something that made you realize the ECCs were influencing people in your community?</i>	
48. Tell me about Ete Birtukan and Aya Mulat: Who are they?	
<i>a. Reminder: Ete Birtukan and Aya Mulat are the people you may have heard talking on the audio recording during ECCs.</i>	
<i>b. Probe: Describe each of these people: What are their personalities like?</i>	
49. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have?	
<i>a. Probe: What do you think about their relationship?</i>	
<i>b. Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?</i>	
50. Did anything in the community change as a result of the ECCs with Aya Mulat and Ete Birtukan? If so, what changed? <i>a. Probe: Have the ECCs had any impact on nutrition? If yes, please explain.</i>	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
<i>b. Probe: Have the ECCs had any impact on improving agriculture practices? If yes, please explain.</i>	
51. What suggestions do you have to help us improve the ECCs?	
<u>Other First 1000 Days program activities</u>	
52. What other First 1000 days program activities are you aware of?	
<i>a. Probe: Are you aware of the First 1000 days radio program? If so, please tell me about it.</i>	
<i>b. Probe: Are you aware of the home visits that are made by CCAs for families of children under 2? If so, please tell me about these.</i>	
<i>c. Probe (for Amhara and Tigray only): Are you aware of the work of religious leaders to support the first 1000 days? If so, please tell me about their work.</i>	
53. Describe your collaboration with the HEWs.	
<i>a. Probe: How often do you collaborate with them?</i>	
<i>b. Probe: What are the challenges in collaborating with the HEWs?</i>	
<i>c. Probe: What have been the successes in collaborating with the HEWs?</i>	
<u>Couple Relationships</u>	
Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.	
28. What do you see here?	

QUESTIONS	RESPONSES (include non-verbal communication/body language)
29. Are there any photos here that represent the kind of relationship most farming couples in your community have? Please explain.	
30. Have you noticed or heard about any changes in farming couples' relationships in your community as a result of the first 1000 Days program? Please explain.	
31. Some farming couples have difficulty discussing issues together. Did the first 1000 days program help farming couples overcome these difficulties? <i>a. Probe: How? How do you know this?</i>	
<i>b. Probe: Did the first 1000 days program help women farmers overcome difficulties in communicating well with their husbands? How do you know this?</i>	
<i>c. Probe: Did the first 1000 days program help men farmers overcome difficulties in communicating well with their wives? How do you know this?</i>	
33. What suggestions do you have for us to improve the overall program for the first 1000 days of maternal and child nutrition?	
34. Do you have any other feedback or comments you would like to share before we close this interview?	
Thank you very much for your time.	

IDI-HEW # _____		Date: _____
Region: _____ Woreda: _____		Kebele: _____
Name of Interviewer: _____		Name of Note taker: _____
Start Time: _____		End Time: _____
Age of HEW: _____	Number of years worked as HEW: _____	Education Level: _____

IN-DEPTH INTERVIEW GUIDE FOR HEALTH EXTENSION WORKERS (HEWs)

PART 1: INFORMED CONSENT FORM

To be read aloud to the IDI respondent to explain the purpose of the research and to ask for his consent to proceed.

Good morning/afternoon. My name is _____ and I work for the Growth through Nutrition project. I would like to talk with you about the First 1000 Days of maternal and child nutrition program that has been implemented in your community. This program includes the Enhanced Community Conversations (ECCs) that are conducted with groups of mothers, fathers and grandmothers. The First 1000 Days program also includes radio spots, home visits by trained community change agents, support from trained Development Agents (DAs), and in some places, advice from religious leaders. The First 1000 Days program is led at the national level by Save The Children, funded by USAID and in collaboration with the government of Ethiopia.

Today, I would like to discuss your involvement with the First 1000 Days program and any of the activities that you may have undertaken. We want to learn more about your experiences to help us make improvements in our work with HEWs and to ultimately improve the nutrition of women and children in Ethiopia. I want to let you know that I'm not a medical professional, and I am not an expert on what we are going to discuss today. I am trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I'd like to review some important points about today's discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped. This is so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in interviews just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- Other project staff from Save The Children may also join us to listen and observe.

Do you have any questions? Is it ok for me to continue with questions?

PART II: IDI Guide

Today we are going to discuss your experiences with the First 1000 Days program.

QUESTIONS	RESPONSES
54. What is your personal understanding of the First 1000 Days of maternal and child nutrition? What is it about?	
55. What is your role with the program? <i>a. Probe: Please explain what you were asked to do to support this program.</i>	
<i>b. Probe: Are there other things you did beyond what you were asked to do?</i>	
56. Please describe how you first learned of the First 1000 Days program. • <i>Who contacted you?</i>	
• <i>What did they tell you?</i>	
• <i>Did you attend a workshop or meeting with other HEWs about the First 1000 Days?</i>	
57. What new information did you receive after you were contacted about the First 1000 Days program? <i>a. Can you provide more details about the information you received?</i>	
<i>b. Did any of this information surprise you?</i>	
<i>c. Did any of this information raise concerns or trouble you in any way?</i> <i>d. Was there information that you disagreed with?</i>	
58. Did you ever discuss the first 1000 days of maternal and child nutrition with the families you see?	
<i>a. Probe: If so, with whom did you discuss the first 1000 days?</i>	
<i>b. Probe: What are some of the things you discussed?</i>	

QUESTIONS	RESPONSES
59. Were you provided with any resource materials to help you share information about the first 1000 days of maternal and child nutrition with families? If so, what resource materials did you receive?	
<Show the Earn & Buy Game to the HEW, then show the Menu Planning Game and ask the question both times>	
60. Have you ever seen this material before? If you have, please tell me where you've seen this?	
61. Have you ever used this material, which we call the <i>Earn & Buy Game</i> , in your work with your families? If so, please explain how you've used this material with families.	
a. Probe: What do people think of this game?	
b. Probe: Were there any changes that you observed among the families your support as a result of their having played this game?	
8.A Have you ever seen this material (Menu Planning Game) before? If you have, please tell me where you've seen this?	
a. Probe: Have you ever used this material, which we call the <i>Menu Planning Game</i> , in your work with your families? If so, please explain how you've used this material with families.	
b. Probe: What do people think of this game?	
<Show the IFA reminder poster and the household counseling materials to the HEWs>	
62. Have you ever used any of these materials in your work with families?	

QUESTIONS	RESPONSES
If so, please explain how you've used these materials with families.	
<i>a. Probe: What do people think of the IFA reminder poster and the household counseling materials?</i>	
<i>b. Probe: Were there any changes that you observed among families as a result of their having seen the IFA reminder poster and the household counseling materials?</i>	
63. What changes have you observed in families as a result of your work with the first 1000 days program?	
<i>a. Probe: Were there any changes in their maternal and child nutrition practices as a result of your guidance? If so, please describe these changes.</i>	
<i>b. Probe: Were there any changes in their farming practices as a result of your guidance? If so, please describe these changes.</i>	
<i>c. Probe: Were there any changes in their hygiene and sanitation practices as a result of your guidance? If so, please describe these changes.</i>	
<i>d. Probe: Have you noticed any changes in the relationships among the family members of the households you visit that are a result of your guidance?</i>	
64. What are some of the difficulties the families you support may have had in following your advice?	
65. Have you personally changed in any way as a result of your work with the first 1000 days program in terms of nutrition practices, agriculture practices or communication with your spouse? If so, how have you changed?	
<i>c. Probe: Did you change your own practices or encourage changes in your</i>	

QUESTIONS	RESPONSES
<i>own household? If so, what are the changes?</i>	
<i>d. Probe: Did you have any changes you personally experienced in your attitudes or in your behaviors, or in the attitudes or behaviors of your family?</i>	
<u>Enhanced Community Conversations (ECCs)</u>	
66. Please tell me about the Enhanced Community Conversations (ECCs).	
<i>a. Probe: What is your role with the ECCs?</i>	
<i>b. Probe: Have you supported any ECCs for men, women and grandmothers?</i>	
<i>c. Probe: About how many ECCs have you monitored, supervised or facilitated?</i>	
67. Tell me about Ete Birtukan and Aya Mulat: Who are they? <i>a. Reminder: Ete Birtukan and Aya Mulat are the people you may have heard talking on the audio recording during ECCs.</i> <i>b. Probe: Describe these two people: What are their personalities like?</i>	
68. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have? <i>a. Probe: What do you think about their relationship?</i>	
<i>b. Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?</i>	
69. Did anything in the community change as a result of the ECCs with Aya Mulat and Ete Birtukan? If so, what changed?	
<i>a. Probe: Have the ECCs had any impact on nutrition? If yes, please explain.</i>	

QUESTIONS	RESPONSES
<i>b. Probe: Have the ECCs had any impact on improving agriculture practices? If yes, please explain.</i>	
70. Describe your work with/support to the CCAs.	
<i>a. Probe: Do you sometimes monitor or supervise the work of the CCAs during the ECCs or home visits?</i>	
<i>b. Probe: How frequently do you do this?</i>	
71. Describe your collaboration with the DAs.	
<i>a. Probe: How often do you collaborate with them?</i>	
<i>b. Probe: What are the challenges in collaborating with the DAs?</i>	
<i>c. Probe: What have been the successes in collaborating with the DAs?</i>	
<u>Other First 1000 Days program activities</u>	
72. What other First 1000 days program activities are you aware of?	
<i>a. Probe: Are you aware of the mNutrition program for DAs? If so, please tell me about it.</i>	
<i>b. Probe: Are you aware of the First 1000 days radio program? If so, please tell me about it.</i>	
<i>c. Probe (for Amhara and Tigray only): Are you aware of the work of religious leaders to support the first 1000 days? If so, please tell me about their work.</i>	
<u>Couple Relationships</u>	
Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.	
20. What do you see here?	

QUESTIONS	RESPONSES
21. Are there any photos here that represent the kind of relationship most farming couples in your community have? Please explain.	
22. Have you noticed or heard about any changes in farming couples' relationships in your community as a result of the first 1000 Days program? Please explain.	
23. Some farming couples have difficulty discussing issues together. Did the first 1000 days program help farming couples overcome these difficulties?	
<i>a. Probe: How? How do you know this?</i>	
<i>b. Probe: Did the first 1000 days program help women farmers overcome difficulties in communicating well with their husbands? How do you know this?</i>	
<i>c. Probe: Did the first 1000 days program help men farmers overcome difficulties in communicating well with their wives? How do you know this?</i>	
25. What suggestions do you have for us to improve the overall program for the first 1000 days of maternal and child nutrition?	
25. Do you have any other feedback or comments you would like to share before we close this interview?	
Thank you very much for your time.	

IDI-Religious Leader (RL) # _____			Date: _____
Region: _____ Woreda: _____			Kebele: _____
Name of Interviewer: _____		Name of Note taker: _____	
Start Time: _____			End Time: _____
Age of RL: _____	Gender: M/F _____	Number of years worked as RL: _____	Education Level: _____

IN-DEPTH INTERVIEW GUIDE FOR RELIGIOUS LEADERS

PART 1: INFORMED CONSENT FORM

To be read aloud to the IDI respondent to explain the purpose of the research and to ask for his consent to proceed.

Good morning/afternoon. My name is _____ and I work for the Growth through Nutrition project. I would like to talk with you about the First 1000 Days of maternal and child nutrition program that has been implemented in your community. This program includes the Enhanced Community Conversations (ECCs) that are conducted with groups of mothers, fathers and grandmothers. The First 1000 Days program also includes radio spots, home visits by trained community change agents, support from trained Development Agents (DAs), and in some places, advice from religious leaders. The First 1000 Days program is led at the national level by Save The Children, funded by USAID and in collaboration with the government of Ethiopia.

Today, I would like to discuss your involvement with the First 1000 Days program and any of the activities that you may have undertaken. We want to learn more about your experiences to help us make improvements in our work with religious leaders and to ultimately improve the nutrition of women and children in Ethiopia. I want to let you know that I'm not a medical professional, and I am not an expert on what we are going to discuss today. I am trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I'd like to review some important points about today's discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped. This is so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in interviews just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- Other project staff from Save The Children may also join us to listen and observe.

Do you have any questions? Is it ok for me to continue with questions?

PART II: IDI Guide

Today we are going to discuss your experiences with the First 1000 Days program.

QUESTIONS	RESPONSES
<p>73. Please describe how you first learned of the First 1000 Days program.</p> <ul style="list-style-type: none"> • <i>Who contacted you?</i> • <i>What did they tell you?</i> 	
<p>74. What is your personal understanding of the First 1000 Days of maternal and child nutrition? What is it about?</p>	
<p>75. What is your role with the program?</p> <p style="padding-left: 40px;"><i>a. Probe: Please explain what you were asked to do to support this program.</i></p> <p style="padding-left: 40px;"><i>b. Probe: Are there other things you did beyond what you were asked to do?</i></p>	
<p>76. What new information did you receive after you were contacted by the First 1000 Days program?</p> <p style="padding-left: 40px;"><i>a. Can you provide more details about the information you received?</i></p>	
<p style="padding-left: 40px;"><i>b. Did any of this information surprise you?</i></p> <p style="padding-left: 40px;"><i>c. Did any of this information raise concerns or trouble you in any way?</i></p> <p style="padding-left: 40px;"><i>d. Was there information that you disagreed with?</i></p>	
<p>77. Let's talk about fasting, specifically. If you attended a workshop or meeting to discuss fasting practices and religious guidance during the first 1000 days of maternal and child nutrition, please tell me about the meeting.</p> <p style="padding-left: 40px;"><i>a. Probe: What did you learn?</i></p>	
<p style="padding-left: 40px;"><i>b. Probe: Did any of this information surprise you?</i></p>	
<p style="padding-left: 40px;"><i>c. Probe: Did any of this information raise concerns or trouble you in any way?</i></p> <p style="padding-left: 40px;"><i>d. Probe: Was there information that you disagreed with?</i></p>	

QUESTIONS	RESPONSES
<p>78. In addition to the workshop, did you receive information about the First 1000 Days program in other ways?</p> <p><i>a. Probe: What other ways did you receive the information?</i></p> <p><i>b. Probe: Who was the source of that information?</i></p> <p><i>c. Probe: What was the information?</i></p>	
<p>79. Have you discussed fasting guidance during the First 1000 days of maternal and child nutrition with other religious leaders? Please tell me what you discussed?</p>	
<p>80. What is the guidance you in fact give to your congregation regarding fasting for mothers and children during the first 1000 day?</p>	
<p>81. Do you give nutrition advice about the first 1000 days during your visits to your godsons and god daughters in their homes?</p> <p><i>a. Probe: What advice do you give?</i></p>	
<p>82. Where do you prefer give nutrition advice on fasting- at home or in church compounds?</p> <p><i>a. Probe: Please explain why this is your preference.</i></p>	
<p>83. What changes have happened in families and in the community as a result of your advice?</p> <p><i>a. Probe: Were there any changes in people's maternal nutrition or child feeding practices as a result of your advice? If so, please describe these changes.</i></p>	
<p><i>b. Probe: Were there any changes in people's fasting practices? If so, please describe these changes.</i></p>	
<p><i>c. Probe: Were there any changes in people's hygiene and sanitation practices as a result of your guidance? If so, please describe these changes.</i></p>	
<p><i>d. Probe: Have you noticed any changes in relationships among family members or among</i></p>	

QUESTIONS	RESPONSES
<i>neighbors as a result of your guidance?</i>	
84. What are some of the difficulties the families you advise may have had in following your guidance on fasting?	
<i>a. Probe: Are there any social pressures on families to follow certain fasting practices that may not be in line with the same advice that you are giving? If yes, please explain what these social pressures are.</i>	
85. Were you able to help families overcome any of these difficulties? If so, please describe how.	
86. Have you personally changed in any way as a result of attending the workshop or receiving other information about fasting practice and religious guidance for the First 1000 days of maternal and child nutrition? If so, how have you changed?	
<i>a. Probe: Did you change your own religious guidance to your congregation? If so, how?</i>	
<i>b. Probe: Were there any changes in nutrition-related practices in your own household that came about after your participated? If yes, what were these changes?</i>	
<i>c. Probe: Did you have a change in attitude about anything? If yes, please explain.</i>	
<i>d. Probe: Any other changes you personally experienced in your attitudes or in your behaviors, or in the attitudes or behaviors of your family?</i>	

QUESTIONS	RESPONSES
87. What suggestions do you have for improving our support to religious leaders to share information and give guidance to their congregations, godsons and god daughters about maternal and child nutrition during the First 10000 Days?	
<u>Enhanced Community Conversations (ECCs)</u>	
88. Please tell me what you have heard about the Enhanced Community Conversations?	
89. Tell me about Ete Birtukan and Aya Mulat: Who are they? <ul style="list-style-type: none"> a. <i>Reminder: Ete Birtukan and Aya Mulat are the people you may have heard talking on the audio recording during ECCs.</i> b. <i>Probe: Describe each of these people: What are their personalities like?</i> 	
90. What do most ECC participants think about what Ete Birtukan and Aya Mulat? <ul style="list-style-type: none"> a. <i>Probe: How influential are they? A little? Somewhat? A lot?</i> b. <i>Probe: How much do people respect their opinion? A little? Somewhat? A lot?</i> c. <i>Probe: How much do they enjoy listening to them? A little? Somewhat? A lot?</i> d. <i>Probe: How much do they follow their advice? A little? Somewhat? A lot?</i> 	
e. <i>Probe: Why do you believe this?</i>	

QUESTIONS	RESPONSES
91. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have? <i>a. Probe: What do you think about their relationship?</i>	
<i>b. Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?</i>	
92. Did anything in the community change as a result of the ECCs with Aya Mulat and Ete Birtukan? If so, what changed? If not, why was there no change?	
<i>a. Probe: Did you see or hear something that made you think the ECCs were influencing people in your community?</i>	
93. What suggestions do you have to help us improve the ECCs?	
<u>Other First 1000 Days program activities</u>	
94. What other First 1000 days program activities are you aware of?	
<i>a. Probe: Are you aware of the First 1000 days radio program? If so, please tell me your opinion about it.</i>	
<i>b. Probe: are you aware of the First 1000 days mNutrition program for DAs? If so, please tell me your opinion about it.</i>	
<i>c. Probe: are you aware of the home visits that are made by CCAs for families of children under 2? If so, please tell me about your opinion about these.</i>	
<i>d. Probe: are you aware of the work of the DAs to support the first 1000 days? If so, please tell me your opinion about their work.</i>	
<u>Couple Relationships</u>	

QUESTIONS	RESPONSES
Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.	
95. What do you see here?	
24. Are there any photos here that represent the kind of relationship most couples in your community have? Please explain.	
25. Have you noticed or heard about any changes in couples' relationships in your community as a result of the first 1000 Days program? Please explain.	
26. Some couples have difficulty discussing issues together. Did the first 1000 days program help couples overcome these difficulties?	
<i>a. Probe: How? How do you know this?</i>	
<i>b. Probe: Did the first 1000 days program help women overcome difficulties in communicating well with their husbands? How do you know this?</i>	
<i>c. Probe: Did the first 1000 days program help men overcome difficulties in communicating well with their wives? How do you know this?</i>	
27. What suggestions do you have for us to improve the overall program for the first 1000 days of maternal and child nutrition, and especially our work with religious leaders such as yourself?	
28. Do you have any other feedback or comments you would like to share before we close this interview?	

Thank you very much for your time.

IDI-Kebele Leader (KL) # _____			Date: _____
Region: _____ Woreda: _____		Kebele: _____	
Name of Interviewer: _____		Name of Note taker: _____	
Start Time: _____			End Time: _____
Age of KL: _____	Gender: M/F	Number of years worked as RL: _____	Education Level: _____

IN-DEPTH INTERVIEW GUIDE FOR KEBELE LEADERS

PART 1: INFORMED CONSENT FORM

To be read aloud to the IDI respondent to explain the purpose of the research and to ask for his consent to proceed.

Good morning/afternoon. My name is _____ and I work for the Growth through Nutrition project. I would like to talk with you about the First 1000 Days of maternal and child nutrition program that has been implemented in your community. This program includes the Enhanced Community Conversations (ECCs) that are conducted with groups of mothers, fathers and grandmothers. The First 1000 Days program also includes radio spots, home visits by trained community change agents, support from trained Development Agents (DAs), and in some places, advice from religious leaders. The First 1000 Days program is led at the national level by Save The Children, funded by USAID and in collaboration with the government of Ethiopia.

Today, I would like to discuss your involvement with the First 1000 Days program and any of the activities that you may have undertaken. We want to learn more about your experiences to help us make improvements in our work with kebele leaders

and to ultimately improve the nutrition of women and children in Ethiopia. I want to let you know that I'm not a medical professional, and I am not an expert on what we are going to discuss today. I am trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I'd like to review some important points about today's discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped. This is so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in interviews just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.

- Other project staff from Save The Children may also join us to listen and observe.

Do you have any questions? Is it ok for me to continue with questions?

PART II: IDI Guide

Today we are going to discuss your experiences with the First 1000 Days program.

QUESTIONS	RESPONSES
96. What is your personal understanding of the First 1000 Days of maternal and child nutrition? What is it about?	
97. What is your role with the program? <i>a. Probe: Please explain what you were asked to do to support this program.</i>	
<i>b. Probe: Are there other things you did beyond what you were asked to do?</i>	
98. Please describe how you first learned of the First 1000 Days program. <ul style="list-style-type: none"> • <i>Who contacted you?</i> • <i>What did they tell you?</i> 	
<ul style="list-style-type: none"> • <i>Did you attend a workshop or meeting with other kebele leaders?</i> 	
99. What new information did you receive after you were contacted about the First 1000 Days program? <i>a. Can you provide more details about the information you received?</i>	
<i>b. Did any of this information surprise you?</i> <i>c. Did any of this information raise concerns or trouble you in any way?</i> <i>d. Was there information that you disagreed with?</i>	
100. Did you ever discuss the first 1000 days of maternal and child nutrition with DAs, HEWs, and the community? <i>a. Probe: What are some of the things you discussed?</i>	

QUESTIONS	RESPONSES
101. Were you provided with any resource materials to help you share information about the first 1000 days of maternal and child nutrition? If so, what resource materials did you receive?	
102. What changes have happened in the community as a result of the first 1000 days program?	
a. <i>Probe: Were there any changes in your community's maternal and child nutrition practices? If so, please describe these changes.</i>	
b. <i>Probe: Were there any changes in farming practices? If so, please describe these changes.</i>	
c. <i>Probe: Were there any changes in your community's hygiene and sanitation practices as a result of your guidance? If so, please describe these changes.</i>	
d. <i>Probe: Have you noticed any changes in the relationships among family members in your community as a result of your guidance?</i>	
103. What are some of the difficulties your community may have in following recommended practices during the first 1000 days of maternal and child nutrition?	
104. Have you personally changed in any way as a result of your work with the first 1000 days program in terms of nutrition practices, agriculture practices or communication with your spouse? If so, how have you changed? e. <i>Probe: If so, what are the changes?</i>	
f. <i>Probe: Did you have any changes you personally experienced in your attitudes or in your behaviors, or in the attitudes or behaviors of your family?</i>	

QUESTIONS	RESPONSES
<u>mNutrition</u>	
105. Now let's discuss some of the specific activities in the First 1000 Days program. Are you aware of the First 1000 days mNutrition program for DAs? <i>If so, please tell me about it.</i>	
106. Have you ever seen any of the SMS text messages sent to DAs? If so, what is your opinion of these SMS messages? <i>a. Probe: How interesting were they? A little interesting, somewhat interesting or very interesting?</i>	
<i>b. Probe: How informative were they? A little informative, somewhat information, or very informative?</i>	
<i>c. Probe: How useful were they? A little useful, somewhat useful, or very useful?</i>	
107. What suggestions do you have to help us improve the mNutrition program?	
<u>Enhanced Community Conversations (ECCs)</u>	
108. Please tell me what you have heard about the Enhanced Community Conversations (ECCs)?	
<i>a. Probe: Have you ever collaborated with a CCA or HEW who is holding ECCs? If yes, please tell me about your collaboration.</i>	
109. Do you believe that the ECCs have been having any impact on families in your community? If so, what kind of impact?	

QUESTIONS	RESPONSES
<i>a. Probe: How do you know there was an impact? Did you see or hear something that made you realize the ECCs were influencing people in your community?</i>	
110. Tell me about Ete Birtukan and Aya Mulat: Mulat: Who are they?	
<i>a. Reminder: Ete Birtukan and Aya Mulat are the people you may have heard talking on the audio recording during ECCs.</i>	
<i>b. Probe: Describe each of these people: What are their personalities like?</i>	
111. Aya Mulat and Ete Birtukan are a married couple. What kind of relationship do they have? <i>a. Probe: What do you think about their relationship?</i>	
<i>b. Probe: Would you want you and your spouse to have a relationship like Aya Mulat and Ete Birtukan? Why or why not?</i>	
112. Did anything in the community change as a result of the ECCs with Aya Mulat and Ete Birtukan? If so, what changed?	
<i>a. Probe: Have the ECCs had any impact on nutrition? If yes, please explain.</i>	
<i>b. Probe: Have the ECCs had any impact on improving agriculture practices? If yes, please explain.</i>	
113. What suggestions do you have to help us improve the ECCs?	
<u>Other First 1000 Days program activities</u>	
114. What other First 1000 days program activities are you aware of?	

QUESTIONS	RESPONSES
<i>a. Probe: Are you aware of the First 1000 days radio program? If so, please tell me about it.</i>	
<i>b. Probe: Are you aware of the home visits that are made by CCAs for families of children under 2? If so, please tell me about these.</i>	
<u>Couple Relationships</u> Show pictures of couples in different relationships: angry; talking together; woman doing all the work; husband helping woman do the work.	
28. What do you see here?	
28. Are there any photos here that represent the kind of relationship most farming couples in your community have? Please explain.	
29. Have you noticed or heard about any changes in farming couples' relationships in your community as a result of the first 1000 Days program? Please explain.	
30. Some farming couples have difficulty discussing issues together. Did the first 1000 days program help farming couples overcome these difficulties?	
<i>a. Probe: How? How do you know this?</i>	
<i>b. Probe: Did the first 1000 days program help women overcome difficulties in communicating well with their husbands? How do you know this?</i>	
<i>c. Probe: Did the first 1000 days program help men overcome difficulties in communicating well with their wives? How do you know this?</i>	
30. What are some of the challenges you have faced in your role as a religious leader when it	

QUESTIONS	RESPONSES
comes to supporting the First 1000 Days of maternal and child nutrition.	
31. What suggestions do you have for us to improve the overall program for the first 1000 days of maternal and child nutrition?	
32. Do you have any other feedback or comments you would like to share before we close this interview?	

Thank you very much for your time.