**3.2.B.1 Baseline interview transcript**

| **Respondent ID** | 3-LM-2-1 |
| --- | --- |
| **Respondent Group Number** | 1 |
| **Care Group Role** | Lead Mother |
| **Consent to participate** | (Missing) |
| **Interview date** | 15-11-22 |
| **Interview start time** | (Missing) |
| **Interview end time** | (Missing) |
| **Interview location** | Mvundlana |
| **Interview language** | (Missing) |
| **Interview condition notes** | (Missing) |
| **Enumerator ID** | (Missing) |
| **Fully anonymized** | (Missing) |
| **Resident community** | (Missing) |
| **Gender** | Female |
| **Age** | 39 |

**Section 2: Care group experience**

**50\_What Care Groups have you joined? (Probe for: when, how long, roles in each)**

*I have joined a care group called Vuka Group where we talk about breastfeeding, hygiene and how to take care of our children and other sessions whilst there is a also a burial society that I joined where we assist in giving those with a funeral money to assist in the burial while we also buy out pots using the remainder of the money.*

**51\_Consider the most recent group, what good things did you experience? What challenges did you experience?**

*Young women did not know the importance of breastfeeding especially exclusive breastfeeding and how many times a child must breastfeeding and the kind of food they are supposed to give them.They now have new ideas and have adopted hygienic practices in their homes. However the challenges are that its hard for them to attend all sessions and they also do not want to take their children for weighing especially the grannies.t also wastes our time to do follow ups on people who absent themselves from the group meetings.*

**52\_How did your experience change over time, or between care groups?**

*Since Care groups started women know how to work well together and gossiping about each other has been reduced. They also work together in doing some family practices like dry planting.*

*Before the groups started people worked individually in their field but now they support each other*

1. **Probe - What was different? Please explain. (Probe for: positive /advantages or challenges/ disadvantages).**

**Section 3: Care group leadership**

**53\_Tell me about being a Lead Mother…?**

1. **Probe - What are good things about being a Lead Mother?**

*Being a lead mother requires someone who is patient and humble. I have learnt a lot, I learnt how to talk to people, I have gained dignity and leadership skills and it also elevated my status in the community.*

1. **Probe - What can be difficult about being a Lead Mother?**

*Doing follow ups can be challenging,working with people is also hard since you meet people with different characters.People shout at us that we are doing voluntary work and not doing our chores at home.Yes women whose children have graduated in the supplementary feeding scheme do not no longer want to continue with the group.It is also hard to work with women and it needs patience*

1. **Probe - What have you gained by being a Lead Mother?**

*I have gained knowledge about health and I can share the information that I have got.*

**54\_What would help Lead Mothers to carry out their roles?**

**55\_What does a Lead Mother do for the Care Group? *(Probe*: group formation, for each meeting, between meetings, linking with communities?)**

*I am the facilitator and they chose their Chairperson and secretary.The Chairperson organizes the meeting when I have advised that there is a topic to be covered.I do follow ups on those who would have been absent on the day of weighing, I do home visits as well as to monitor the growth of the children.I weigh children,teach women about hygiene, help out when they are distributions.*

*Combining women together is hard, and moreover when they are supposed to come for weighing you wait for a long time and some do not show up.*

*They say that we like things that is why we are working for no pay.They say what we are doing is not our jobs and we are doing the Promoter and the nurses jobs without any pay. However some see the importance of being lead mothers and even the community leaders give us an opportunity important information during meetings.*

1. **Probe - Are some of the roles expected of Lead Mothers harder to do than others, in your experience? Why or why not? Does this vary every week or month?**

**56\_What do others in the community think or say about Lead Mothers? (*Probe:* special attention or role? Respect? pressure?)**

**57\_How many households/mothers do you have under your stewardship?**

*I have 10 neighbour women.*

**58\_Has your group faced any conflicts? If yes, which ones? How have you dealt with them?**

*We have had no conflicts yet.*

**59\_What are the most common challenges faced by mothers/households under your stewardship?**

*In most households especially the young mothers have their mother in law who want to feed the grandchildren some food items instead of them practising exclusive breastfeeding.In-laws do not want to join the care groups and the mother in law is part of the Health club they will not allow the daughter in law to join the Care group.*

**60\_What tips would you have for another lead mother?**

**Forming the Current/Most Recent Care Group**

**61\_Consider your current Care group, or most recent. What do people call it? (Probe, if there is a name other than Care group: who decided on the name?)**

*Its called Sondela group and it started in 2012.The name which means come close was chosen by me and my sister in law to lure other people into the group. It doubles as a burial society as well as a group to buy groceries as well as kitchen utensils.*

**62\_What is the purpose of the group?**

*To help each other with burial issues because we able to contribute up to R2000.We also help each other buy kitchen utensils apart from helping each other with burials.*

**63\_(Lead Mothers only) Who are/were members?**

*The members are the people from within the village,*

*Women whose age groups range from 39 years to 84 years.There are 7 group members and are from different churches such as Methodist, Universal as well as A.F.M.We sometimes hoard ans sell items, and some are sponsored by their husbands to be able to contribute in the group because we contribute r20 per month and boost with R50after 3 months.*

**64\_Can you describe the members? (Probe: livelihoods, ages, religion. How are you similar or different from the members? How are they similar and different from each other?)**

**65\_Can you walk me through your process for deciding is part of the group? (Probe: where they live, age of child, age of mother, number of children, language, married/unmarried, etc)**

*If you want to join we tell you our expectations and we always make sure that it is someone who has a homestead.*

**67\_Are there other decisions lead mothers make?**

**68\_Before joining the group, did you and the members know each other? (Probe for: interactions/friendly? How did you meet the members? How did they get to know each other?)**

*Yes we knew each other since we come from the same village but now we understand each other better.*

**69\_What do you expect each group member to do?**

*Yes they all actively participate,and someone is not allowed to absent themselves for more than 3 consecutive times. Flip charts have sections and we recap each and every session and we discuss how to do in time.*

1. **Probe - Did every member do this? (Probe: Did every member attend regularly? Did every member engage in discussion by speaking up in meetings?)**

**70\_Tell me the story of what I would experience if I visited [insert care group that was mentioned]: what would happen from the time I arrived until the time I leave.**

1. **Probe - Where will I arrive? Who will be there?**

*You will see us discuss issues and topics. Pregnant and lactating women with under 5 children.*

1. **Probe - How long will it last?**

*30 minutes so that they do not get tired.*

1. **Probe - Is there interaction among the group? Does the group engage in interactive activities (games, activities, etc)?**

*Yes there is interaction, we sing, dance and do demonstrations as well as competitions.We also play games like imfumba and someone who is left with a stone starts a song.*

*We sit down, mark a register, talk about rising issues,we use flip charts and ask about questions such as what they would do if they faced a particular situation.*

*I talk to them about contributing money for to that we develop ourselves and I also highlight we should contribute when. I also decide on which topics to cover as I will be guided by the module and the flip charts.*

1. **Probe - What do group members do during this time?**

***Care Group experiences (Amalima area only)***

***71\_(Structure)* Do you as the Lead Mother make any decisions for the group? What kinds of decisions, and how frequently?**

***72\_(Structure)* Has the group ever made a decision together? For example, about the Care Group structure, a special speaker, or a topic to discuss? Please tell me about this time.**

*Yes we do especially when we are doing singing and drama, we decide together how to tackle and carry out the drama and the roles to be played and sometimes if they do not understand a topic we decide together when to invite the Promoter to help us out. I tell them topic that we are going to cover and they come up with words for the songs.*

**73\_How did the care group go about making decisions as a group (e.g. topics for discussion, activities, delegation of tasks, etc.)?**

***74\_(Focus)* What topics are group members able to practice at home after the meeting? Why do you think this is so? (Probe for: specific action, no additional resources needed, family support, peer encouragement?)**

***T****he topic about hygiene is the one they are able to practise at home because they have adopted hygienic practices since they have built toilets,tip-taps,garbage pits and pot racks at their homes.*

**75\_*(Community linkages)* Was the group recognized by the community? How? By whom?**

*Yes the community is aware of the groups that we have through the Promoter and the people who are our neighbors. The neighbors know it and they see us in meetings , we have not done any sensitization, people were told about Care groups in a meeting where all villagers were gathered.*

1. **Probe - If yes, how did this recognition or linkage to the community happen? Please explain.**
2. **Probe - Does the group continue to this day? Why or why not?**

*Yes the group still exists.*

**76\_Can you tell me a story about a memorable care group experience? (Probes: Who was there that day? Who spoke? What did they say? How did the group react?)**

*I taught them about the importance of the first milk (umthubi) and they thought it only existed in animals like cows only not in human beings, they laughed and enjoyed the session because they thought I was joking.*

1. **Probe - Have you had other care group experiences like that one?**

**77\_Recall a group session that was valuable to you? What made it valuable?**

***Y****es, I remember when they taught us that amacimbi can be added in porridge. I did not understand what they were talking about.* ***I*** *value the teachings that I have got since I started being a Lead Mother, taught me the importance of cleanliness as well the kitchen and how they have built the pot racks and the garbage pits.*

**78\_Some group members may do something different as a result. Did you notice differences in the members after participating? (Probe: confidence, level of participation, support to each other in the group, behavior change, community engagement.)**

*Members have gained confidence and can talk in sessions, even the one who stammers and used to be shy to speak, now speaks and is no longer afraid to participate.They have changed their behaviour since they can clean their homes which used to be dirty,they now bath their children,they also support each other whenever there is someone who needs help.*

1. **Probe - When do you usually see these differences in the Care Group cycle?**

*In the middle of the cycle.*

1. **Probe - Are there some members who do show these changes? (Probe: why? who?)**

***Y****es the one who stammers now takes part in the discussions.*

**79\_Can you describe or demonstrate how you facilitate a group session? (Probe: Differ by topics? Changes over time?)**

*We pray, I mark the register, deliver the session following the flip chart guidelines. We have only done one module on breastfeeding.*

**80\_What activities do you use for group sessions?**

*We sing most of the times.*

**81\_What activities do members like best? What activities allow members to speak or share most? (Probe for: joint problem solving, hands on practice, expert visitors, games, or open conversation)**

*We always sing and we have not done drama yet, both singing and learning allow them to speak more but singing brings more fun,and revives them, open conversations help in problem solving****.***

*We would come up with words for the songs, we compose many songs the we choose the best.*

1. **Probe - How did you facilitate this type of activity?**

*We discuss as a group or as a one on one session depending on how the group member confronted me with their problem.*

1. **Probe - Would you be willing to try different styles such as joint problem solving or open conversation? Why or why not?**

**82\_Have you heard any feedback on topics or activities? When? What did they say? Who?**

*Yes we have had feedbacks,many have problems and questions, for example one member wanted to know whether to breastfeed a child or not if they are HIV positive.*

**83\_For Care Groups in other areas, we want to learn from your experience. Is there anything you recommend that care groups try? Please provide examples, if you have them.**

*Know about all your members, how to talk to them, learn to be calm especially with old people, do not harass them.*

1. **Probe - In terms of membership and recruitment?**
2. **Probe - In terms of who leads the group?**

*I would recommend they be humble, patient,and know how to talk to people, respect yourself to be respected by the next person and stick to your purpose.*

1. **Probe - In terms of what information is shared and how it is shared?**

*Be confidential about information,do not tell other people about someone’s information and always choosing words wisely.*

*Knowledge should be practised, people should do their self development program even after the formal group has closed.*

1. **Probe - In terms of continuing after the formal group has been closed?**

*Keep moving forward.*

**84\_Is there anything that you recommend they never do? Please provide examples, if you have them.**

*Never allow the stoppage of the group but maintain what you have been doing to move forward.*

1. **Probe: In terms of membership and recruitment?**

*Never discriminate anyone.*

1. **Probe: In terms of what information is shared and how it is shared?**

*Do not divulge other’ people’s information.*

1. **Probe: In terms of continuing after the formal group has been closed?**

**Section 4: What constitutes care group “quality”**

**85\_Close your eyes. Envision a care group which is high quality or very successful. How would you describe this group? What makes it high quality or successful?**

***A*** *group which contributes money,working together, have leaders who respect other members,down to earth leaders, a patient leader and a group which continues to share information and knowledge.*

**86\_For each below, ask their opinions. Does this make sense for Care groups? Why or why not? How could it be achieved?**

1. **Probe - groups where members actively share and problem-solve together for each topic**

*Its achievable because we can discuss as a group and if they approach an elder, it can be solved by the lead mother, promoter as well as the elders.*

1. **Probe - where the group is supports and encourages each other**

*Yes we can encourage each other especially if one of us is faced with a problem.*

1. **Probe - where members follow each session by doing the behaviors at home with their families**

*Yes so far they can care for their children well and have stopped giving their children jiggies.*

1. **Probe - where the group is recognized by the community.**

**5 Whys: Root of Challenges and Successes of Care Groups**

**Now we would like to learn more about the challenges and successes of care groups, from your perspective. We will start the discussion and then ask “why” five times, to make sure we have the deepest understanding of the root of the challenges and successes. [Give example]**

**87\_Think about your experience leading care groups: What is the key to a care groups’ success?**

*If people listen to each other there are no misunderstandings,and it fosters unity. It makes life easier and we develop if we listen to each other. So that the group grows.*

**a.** **Probe - Why is that the key to success?**

**b.** **Probe - Why is that important?**

**c.** **Probe - Why… why… why…**

**88\_Sometimes care groups have challenges. What is the biggest challenge or frustration you have seen occur in a Care Group? Can you tell me about a time when your care group experience was frustrating or challenging? What did you do? How did the group react?**

***I*** *was frustrated by women who do not come to weigh their children but want to collect porridge so I have to follow them up and weigh them at their homes.They would tell you that they did not have time to attend.*

*Some of the women write weights on the cards from their heads without weighing the child and it makes it hard to monitor the growth of the child.*

*I have to leave my duties to attend to the weighing. It is important to weigh so that we monitor the growth of the child. To see if the child need medical attention or not.*

**a.** **Probe - Why is that a challenge?**

**b.** **Probe - Why did the challenge or frustration come up?**

**c.** **Probe - Why is that important?**

**d.** **Probe - Why… why… why…**

**Section 5: Recommendations**

**89\_If a newly formed group asked for your advice, what would you say?**

*I would advise the Lead mother to find calm and collected group members so that they work well together.I would advise the lead mother to be calm,collected,humble,respectful,listen to what the group members say and be a confidential person so that the group will move forward.*

1. **Probe - What would you say to the Lead Mother(s)?**

**90\_What additional support would help Lead Mothers? Other Care Groups?**

*If their lead mother is not yet knowledgeable I can help in delivering sessions and use my flip charts, and tell them to be patient since working with people is hard.*

**Section 6: Conclusion and remaining thoughts**

**48\_Is there anything else you would like to add?**

*Amalima needs to give us more flip charts for example when you are talking about breastfeeding, some women who have children who are no longer breastfeeding are not interested in those topics maybe provide flip charts on family planning*

**49\_Would you like to learn the results of this research? If so, how?**

Yes, *to know about what other people are doing.*