Children's Participation in Learning and Action for Nutrition (PCAAN)
A Case Study, July 2016
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PCAAN Evaluation 1 Blue Team with PCAAN Children at Chimvano EPC

Summary

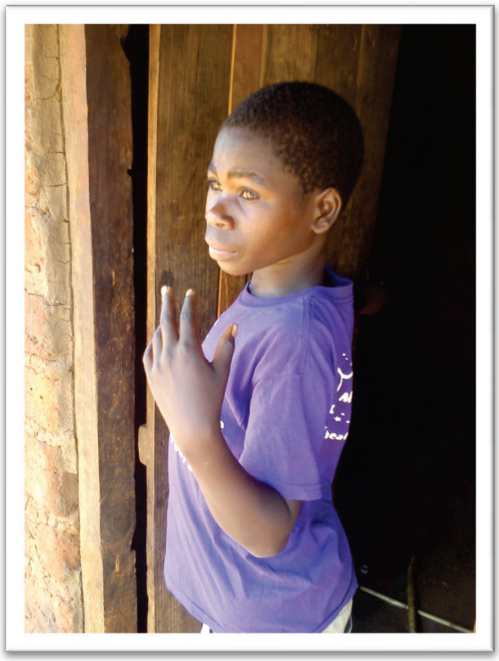
The aim of this case study is to identify the practical strengths and weaknesses of the DANIDA and USAID-funded PCAAN Programme from the point of view of teachers, parents and children to inform future practice. Although at an early pre-pilot stage, We wanted to understand more about the impact of the PCAAN approach on nutritional and hygiene practices in families and in particular on the family feeding practices including breastfeeding. The pre-pilot phase took place between Jan 2014 and September 2015. There were a number of 'pauses' in the pre-pilot phase due to funding delays. This had a particular impact on monitoring activities[1].

[1] The progress of the project between January 2014 and September 2015 has been documented in the form of reports, films and a slide-deck.

Our Evaluation Objectives

- To explore the knowledge and understanding of eight nutrition messages (including a hygiene message) and activities in both the PCAAN school communities and non PCAAN school communities;
- To understand what family hygiene and/or nutrition practices have changed as a result of children learning and sharing nutrition messages from the PCAAN Programme.
- To capture any other changes as a result of the PCAAN programme

Overall context for the PCAAN programme in Tete Province, Mozambique



The Children's Participation, Learning and Action for Nutrition (PCAAN) programme is one of the education strategies in the Provincial level PAMRDC (*Multisectoral Action Plan for Reduction of Chronic Malnutrition* (PAMRDC, 2012-2017).

The overall goal of the National PAMRDC is to reduce chronic malnutrition in children below 5 years from 44% in 2008 to 30% in 2015 and to 20% in 2020. To achieve this goal, there are 7 strategic objectives each with a set of activities that will be implemented by 8 sectors, namely Agriculture, Health, Education, Industry and Commerce, Public Works and Housing, Women and Social Action, Fishery, Youth and Sports.

The implementation of the PAMRDC is coordinated by a multi-sectoral team steered by SETSAN (*Secretariado Técnico de Segurança Alimentar e Nutricional*), an autonomous body under the Ministry of Agriculture, led by SETSAN's Executive Secretariat.

At the provincial level, Tete is the first province that, under the leadership of the *Provincial Governor* and *Directorate of Health*, developed its own *Multi-sectorial Action Plan*, in alignment with the National PAMRDC. Provincial SETSAN leads the coordination of the implementation of strategies from the PAMRDC.

Background to PCAAN

The PCAAN programme aims to contribute to the reduction of chronic malnutrition by building and consolidating a platform that enables children to work together to create behaviour change for themselves, other children and their families. Children in grades 5-7 are educated about hygiene and nutrition in a way that develop skills and attitudes and requires sharing and discussing the messages and activities with peers at school and with family members at home.

PCAAN is a participatory life skills-based health education programme that is embedded within pre-existing and sustainable systems and structures. All primary schools in Mozambique are required to schedule 20% of the curriculum on local Issues. This 'local curriculum' aims to bring the community to the school and the school to the community. This is an important window of opportunity for locally relevant health and nutrition education to be timetabled in schools. The '*School Council'* is a community-based, governing body linking schools and the community. Part of its purpose is to assist with the development of school plans including issues linked to health and nutrition. (Ministry of Education 2005). School based, '*Interest Circles*'[2] are in the process of becoming revitalized in all schools across Mozambique[3]. This is another opportunity where (at the primary level) children in grades 5-7 are able to improve their life skills through extra curricula activities. The Interest Circles recruit 25 members of more and are led by with a team that mixes teachers with community facilitators. (Ministry of Education 2011).

Background to the Pre-Pilot

Between January 2014 and December 2015, the DANIDA and USAID funded PCAAN approach to Nutrition Education is being tried out in 15 schools: 12 in Tsangano district, a district in Tete Province with high levels of chronic malnutrition despite high levels of food availability and 3 in Tete City (these began after a workshop in May 2015). The 8 topic areas are all linked to the objectives of the PAMRDC, the *National Primary School Curriculum* plus health messages created for families by the *Provincial Ministry of Health* in Tete.

During regular Saturday Morning sessions, 25 child members of the Interest Circle learn and adapt nutrition messages and practices with adult facilitators – usually a teacher and a member of the community. Active, fun methods are used like drawing, singing, dancing and role-plays. Children also practice asking 'good questions' to give them the confidence and skills to start discussions with their peers and family members on important topics. The following week children then share

[2] Formally known as "school clubs"
[3] Reference school club manual xyz

the messages and activities with children at their grade level at school, using time allocated for local curriculum. Following this all children from Grades 5-7 work together to plan and share messages and conduct discussions and activities with other children, younger siblings and family members at home and in the community. This is nutrition education by children, with children, for children.

PCAAN Evaluation 2 A child preparing the family meal, Ligowe

The PCAAN programme has its origins in November 2011 with a scoping study to feed into the planning process (2012-13). The intervention began in January 2014 with the selected of 12 schools and a training of 60 teachers, external community mobilisers, school principals, pedagogical directors and community leaders. Children joined the workshops for afternoons of practical work.

PCAAN Evaluation 3 Children from Tete, helping with the scoping study in 2011

Since then there have been several follow-up workshops to test and finish co-creating PCAAN pedagogical materials[4] and to train other mobilisers. The suite of PCAAN materials now include:

- The PCAAN Handbook[5];
- The PCAAN Basic Guide;
- Four story books for children;
  - *Rainbow Garden: Growing colourful food to keep you healthy*
  - *Everyone Counts: How to share your food so everyone gets enough to eat*
  - *The Puzzle: How to keep clean and why it's important*
  - *How To Be Good At Football: Why small things are important – a story about micronutrients*
- A Children's Recipe Book;
- The PCAAN poster; and
- The PCAAN training guide.

PCAAN Evaluation 4 Illustration from 'Everyone Counts'

[4] In July 2016 all PCAAN materials are in final draft and the storybooks print ready in English and Portuguese.
[5] The PCAAN Complete Handbook exists in draft only. It thought to be most useful as a reference book for trainers and coordinators. The Basic Guide is a distillation of the most important content.

All of these PCAAN materials have been inspired by and created alongside mobilisers and PCAAN coordinators, notably Bibiche Sangwa. There are also PCAAN films, a slide deck and several illustrated reports[6].

PCAAN Evaluation 5 A Training Workshop in Tsangano

Subsequent workshops enabled mobilisers to reflect, consolidate and expand the PCAAN programme. At the time of writing, activities in 15 schools are on-going. This evaluation activity took place in October 2015.

Evaluation Methodology

The methodology included UK based deskwork and fieldwork.

Quantitative and qualitative approaches were combined in order for us to better understand the rich detail of the successes and challenges of co-creating the PCAAN Programme with mobilisers in Tsangano, Tete Province over a two-year period Jan 2014-September 2015.

Most of the PCAAN lead teachers, the technical advisers and the district level monitors were absent during the data collection and fieldwork as they were attending parallel Master Training. This was a deliberate strategy to remove the most powerful influencers at community level form the process. It was beyond the scope of this evaluation to be generating hard 'evidence 'but we wanted to identify what we feel is promising and make a case for future research. The case for this is also set out in a document we created after a rapid sift literature review.[7]

[6] For further information on the PCAAN programme, there is: a 3.5 minute film on Phase 1 of the PCAAN programme (You tube); A 12 minute film on the PCAAN programme (phase 1 & phase 2 training); and A slide show on the PCAAN programme up to the end of the phase 2 training.

[7] Appendix 3: *Children as Agents of Change: Children's role in influencing health and nutritional practices*. A Rapid Sift of the Evidence. Children for Health for DANIDA, 2016

1. In the UK, a rapid sift literature review was conducted to understand a. what programmes exist that support children and young people as agents of change; and b. of participatory evaluation methodology used in action research of this nature[8].
2. A set of scripted questions was developed by Clare Hanbury, Children for Health for the Evaluation team to use during their four-day fieldwork[9].
3. In Tsangano, four PCAAN schools and communities were selected using the following criteria:

- The strongest PCAAN school & community (selected on the basis of competitions and community events held in August 2015)
- The weakest PCAAN school (on the same basis as above);
- A random selection of the two of the remaining ten PCAAN schools; and
- Matching the four PCAAN schools selected with nearby schools (being mindful of the influence between PCAAN and 'non PCAAN' communities).

4. Groups of respondents and methods included the following:

Day 1:

- Introductions with the community leaders & the president of the school councils;
- Semi structured interviews with;
    - a group of 2-4 teachers
    - a group of parents (6 mothers and 6 fathers);
    - A group of 10 children aged 10-14 in the interest circle Even numbers of girls and boys.
    - A group aged 10-14 not in an interest circle with even numbers of girls and boys.
- Taking photographs of the process (using ethical protocol)

Day 2:

- Focus group with a mixed group from the community;
- A 'food walk' with groups of children to include a 'draw and write' activity; and
- Taking photographs of community (using ethical protocol).

5. The evaluation methods, questions and activities were developed between the UK and Mozambique with the SETSAN coordinator, the Evaluation team of 10 people from SETSAN (2) and the University of Zambezia (9). Most members of this team were medical students and academics. They were further refined in a 1.5 day workshop with the evaluation team immediately before the fieldwork was conducted.

[8] See Appendix 3 for full version of the Rapid Sift
[9] See Appendix 2 for a list of the (English version) questions and guidance notes used in the evaluation activities

6. The evaluation team formed sub-teams identified by colour: red yellow, blue and green. Each pair collected data from two PCAAN school communities and two non-PCAAN school communities spending two days in each community. Non-PCAAN school communities were evaluated first. The teams were asked to take photographs of the process.
7. The sub-teams worked from a 'script' and practiced how to ask questions in the training. Child-friendly methods were used. (See appendix)
8. After the fieldwork, the team met for a day to discuss first impressions, methodological strengths and weaknesses and to organise the information.
9. The University of Zambezia and Children for Health separately analysed the data and wrote up the results. The report from the University of Zambezia is submitted as a separate document[10].

PCAAN Evaluation 6 Briefing Workshop for Evaluation Teams

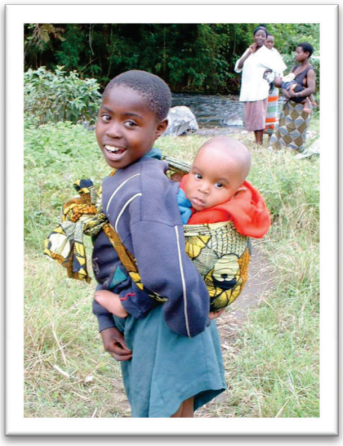
10. Following the field work, Children for Health employed a translator and data analyst to work with us to translate all the information, organise it into themes and sub-themes, quantify the themes and pull out important observations from respondents and evaluators. Please see the detailed tables in the appendices.

[10] Children for Health has not been able to collaborate on revising this report as colleagues from the University of Zambezia were not available. We do not know how information was organised, data extracted and then analysed. However the results from their analysis seem to be overwhelmingly positive and back up our findings.

Methodological weaknesses that emerged include:

- The undue influence of strong personalities among the respondents on the way in which others reported knowledge and attitudes. This is likely to have made the 'traffic lights' system ineffective.
- Different levels of skills between sub-teams weakening results overall in some teams and the inter-sub team comparability of results.
- Logistical constraints that cut short the initial planned 4 -day training in evaluation methodology to 1.5 days.
- Constraints that have prevented us understanding how the University of Zambezia organised the information from the fieldwork, extracted data and analysed the data.

Results and Discussion



Within the limited scope of the evaluation a number of points of interest arise. Whilst it is important to acknowledge the methodological shortfalls limiting the ability to conduct robust statistical analysis, the purpose of the study was to identify key broad changes to health, nutrition and behaviour that would provide an insight into the effects of PCAAN as a delivery mechanism. We also hope that the case study has the power to inspire further research.

We have extracted general themes extracted from the data collected as indicators of change[11]. Comparing the prominence of each theme between PCAAN and Non-PCAAN schools, allows for insight into effect of PCAAN.

The results can be separated into three categories:

1. Themes that are consistently prominent in both PCAAN and Non-PCAAN schools.
2. Themes that show signs of improvements that can be attributed to the influence of PCAAN; and
3. Themes that highlight behavioural changes that result from PCAAN. Each will be addressed in turn.

[11] See Results tables in Appendix 1

Themes that are consistently prominent in both PCAAN and Non-PCAAN schools

There was little to no difference in the responses given to questions aimed at understanding the following factors.

a. **Channels of information to health and nutrition information (type, number and preference)**

   The presence of PCAAN was inevitably an extra channel cited from PCAAN schools – roughly between 56% and 95% of people questioned included PCAAN as a channel of information. Other channels commonly mentioned include TV and Radio, through talks at the hospital, natural science classes and/or other school lessons, home and parents, Health Centre and community leaders/activists. Amongst the most common, there were few specific mentions. All parents from the yellow team PCAAN made specific reference to children that had attended PCAAN as a channel of information and Blue Non-PCAAN made reference to the internet. It is likely but not certain that PCAAN strengthened knowledge but we do not feel able to attribute this in this study.

b. **General knowledge of the importance of a balanced, varied diet;**

   - Both PCAAN and Non-PCAAN interviewees displayed a wide knowledge of different food types as well as the importance of a varied diet, with little improvement attributable to PCAAN.
   - Both PCAAN and Non-PCAAN interviewees displayed a wide knowledge of different food types as well as the importance of a varied diet but with little improvement attributable to PCAAN.
   - Throughout the study, there was repeated reference to variety of food and the importance of introducing variety into the diet. All children, both PCAAN (Interest Circle and Non-Interest Circle) and Non-PCAAN interviewees, made strong reference to variety in diet with the majority of groups returning 100% of interviewees making reference to PCAAN as a key contributor to good nutrition. Parents from PCAAN showed somewhat increased knowledge of variety when compared to Non-PCAAN parents, with respect to the question of 'what is good nutrition', however, the results focussing on knowledge from the Day Two activities, levels of knowledge seemed to equate once more.
   - References made to food variety were nuanced by the introduction of food groups. There was some detail including meat, vegetables, fruit, and some sort of

carbohydrate. For example, good nutrition was expressed *as 'to mix the three food groups in order to regulate the body', 'to be a herbivore and carnivore' and 'eat food such as meat, beans and greens'*. Interviewees in the Blue team, both PCAAN and Non-PCAAN made reference to '*3 Main Food Groups - Building, Energetic, Protective'*. These groups are part of other nutrition-based initiatives. There was occasional mention to the idea of 'rainbow foods' and limited reference to food to *'Grow, Glow and Go'* – PCAAN specific phrases.

2. Themes that show signs of improvements that can be attributed to the influence of PCAAN:

It is exciting that 'breast feeding', 'hygiene' and 'food sharing' are all topics that showed strong signs of improvements that can be attributed to PCAAN.

a. Breastfeeding

Improved breastfeeding habits are a theme that clearly improved as a result of PCAAN. The knowledge to breastfeed exclusively for six months increased, as well as the practice. For the vast majority of groups and their constituent components, (teacher, parent, IC children and children), a higher proportion of interviewees from PCAAN stated six months as the necessary period of time to breastfeed exclusively in comparison to Non-PCAAN. Moreover, the spread of answers reduced, with more per group and component answering correctly. While variation remained, there is a clear improvement with respect to knowledge.

In practice, a greater appreciation to breastfeed exclusively for six months was evident, with more interviewees saying they are attempting to implement what they have learned as a result of PCAAN. Here is one powerful example. '***Before, the children were breast fed for a shorter period of time, but after PCAAN many women already feed their babies for longer. Now mothers are really fighting hard to be able to breast feed.'*** (Blue Team PCAAN).

b. Hygiene

With respect to hygiene, improvements were witnessed in both the timing (when to wash hands), as well as technique (washing with soap for sufficient time). There were many references to good hygiene habits throughout the study. PCAAN groups showing 100% mention for most components. When asked what has changed in the Community since

PCAAN started, the improvement of washing and hygiene was prominent. In the red team the parent group pointed out that '*personal hygiene among the children (has) improved'*. In more detail, PCAAN interviewees tell of washing hands, with soap, before meals and after doing dirty tasks, for example, '*must wash hands after leaving the bathroom, and before and after eating'* (Green Team PCAAN). In addition, air drying the hands or drying them with a clean cloth rather than dirty cloths was mentioned as a new practice. Better hygiene practices show signs of becoming very important in the PCAAN communities. The Blue Team noted this observation from a parent, '*In the past years we did not have bathrooms and now they all do and that the king of the village*[12] *always goes around to see if they have bathrooms'*. In contrast, non-PCAAN responses where less uniformed and more broad. Red team noted, '*They only wash with soap it they handle something very dirty*'. Taken together, we can safely conclude that the influence of PCAAN shows clear improvements towards better hygiene knowledge, practice and habits.

c. Food sharing

The improvement of sharing food fairly was a powerful result and one with strong links to PCAAN. Teachers and parents in particular highlighted improvements relating to sharing of food or distributing the food in the family on separate plates. There is now an increase recognition of equality when it comes to portion size and the importance of sharing the food on individual plates. All parents indicated sharing practices had improved as a result of PCAAN in the community. This was illustrated by statements such as *'(the interviewees) said that after preparing the food each person takes their plate and the mother serves the food. They all confirmed that each one has their plate.*' (Red Team PCAAN) There are signs of increasing uptake of the practice and the new idea. '*Some already eat from their own plate and others are still in the process of changing.'* (Green Team PCAAN) In comparison, while in some Non PCAAN interviewees suggest some families use individual plates, the impression is that the food is shared in groups or on the same plate. '*They use the same plate in two groups. There is the group of fathers and sons and mothers and daughters. Each group has its own plate.'* (Red Team Non-PCAAN). What was missing and needed more investigations was finding out if families understood the reasons to share equally. It is likely as this is the content of one of the PCAAN messages but we are hesitant to make this link. We feel that

[12] This a flamboyant reference to the community leader and one that caused lots of laughter.

we can confidently conclude that PCAAN has begun to disseminate the idea of sharing food equally and individually. Improvements are evident and uptake continues to increase.

3. Themes that highlight other changes linked to PCAAN.

This study highlights more general effects that have resulted from PCAAN in the community; notions such as 'attitudes towards children' and 'increased life skills.'

- Children are treated with more respect and treated more equally in terms of nutrition and hygiene as well as in general. '***Now we can see the light of a good health and our children are true heroes'.*** (Blue Team PCAAN). Parents report learning from the children, ***'the parents showed that they have learned something from the children'***. This suggests that PCAAN is penetrating family life beyond the school setting, supporting the idea that the children garner respect at home. '***With the children's insistence, the mothers try to vary the food, consuming a lot of vegetables that they grow in the garden, which were initially meant for sale'.*** This suggests that children are acting as agents of change, carrying the knowledge to the family, with confidence.
- The teams noted a distinct difference between the confidence, responsibility and demeanour of the Interest Circle and Non-Interest Circle children. ***"The children help each other children by teaching them about nutrition and help to keep the school healthy."*** (Red Team PCAAN) Increased responsibility provided for by PCAAN seems to embolden the children and feed their desire to create a better community. The children's lifeskills seem to be improved as a result. '***Before, he would wake up, and before doing anything else, he would look for something to eat. And he did that without even washing his hands, let alone his face. Now he is brilliant, clean, healthy and very careful when he eats'***. So we can conclude that PCAAN provided the knowledge, but also the impetus to improve on a personal level. An unintended consequence is that the children are learning for themselves and their family for the present, but with the improved lifeskills, they can help towards the next generation as well.

Conclusions and Recommendations

PCAAN Evaluation 7 Emma and Sylvia who attended three PCAAN workshops with their mother Estela, a PCAAN mobiliser. Emma and her older sister took care of Sylvia during the workshops

In this study we can attribute the involvement of children in PCAAN to an increase in the breastfeeding, more equitable practices around sharing food, an improvement in hygiene practices and a shift in the way that children are and can continue to be perceived as positive influencers of health behaviours in their family. It is probable that there has been some impact on the variety of food eaten and other benefits linked to the 8 messages. However we want to be very careful not over-state successes or compromise the very real impression that this is an extremely promising programme.

In the next phase, the plan is for PCAAN to scale in Tete Province using the suite of pedagogical materials that have been co-created by the teachers and children in this pre-pilot phase. We believe that there is a powerful case for an expert research team to explore the impact of children's participation in hygiene and nutrition. This notion is already popular and widespread and the participation principle embedded within the *United Nations Convention on the Rights of the Child* (UNCRC) ratified by most countries in the world. However there is little or no robust evidence on the impact of participation on the health and well being of children and their families[13]. This important project would be a great place to start.

[13] Please see the conclusions from our rapid shift of the literature.

Appendices

1. Results Tables
2. A sample of two team's guidance and 'evaluation scripts' for the PCAAN school communities.[14]
3. Guidance for Evaluation Activities on Day 2.
4. Rapid Sift for the PCAAN Case Study.

[14] Note that these scripts were translated in to Portugese and then revisions made to the Portugese versions only in Tete and before the fieldwork. There is a second script re: the non-PCAAN school communities We have not translated back the revised versions.

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 1: What is good nutrition?	Teacher		6		7		6		9		4		2		3		1	
		Variety	5	83%	7	100%	4	67%	6	67%	4	100%	2	100%	1	33%	1	100%
		Knowledge of Different Foods	6	100%	7	100%	4	67%	4	44%	0	0%	0	0%	1	33%	1	100%
		How to Select	5	83%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Eat Fruit	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%
		Groups with Strength to Grow	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breastfeed upto 6months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Share Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Well Prepared Food	0	0%	0	0%	4	67%	2	22%	0	0%	0	0%	0	0%	0	0%
		Timing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct Amount	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
		3 Main Food Groups - Building, Energetic, Protective	0	0%	0	0%	1	17%	0	0%	4	100%	0	0%	0	0%	0	0%
	Parents		13		11		9		11		15		13		21		10	
		Variety	10	77%	7	64%	9	100%	3	27%	15	100%	3	23%	21	100%	1	100%
		Knowledge of Different Foods	10	77%	0	0%	9	100%	2	18%	15	100%	5	38%	21	100%	1	100%
		How to Select	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Eat Fruit and Vegetables	10	77%	6	55%	6	67%	2	18%	0	0%	0	0%	21	100%	0	0%
		Groups with Strength to Grow	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breastfeed upto 6months	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Share Food	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Well Prepared Food	0	0%	6	55%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Timing	0	0%	9	82%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct Amount	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		3 Main Food Groups - Building, Energetic, Protective	0	0%	0	0%	1	17%	0	0%	15	100%	0	0%	0	0%	0	0%
	IC Children		14		12		21		8		12		5		17		8	
		Variety	14	100%	12	100%	21	100%	8	100%	12	100%	5	100%	17	100%	8	100%
		Knowledge of Different Foods	14	100%	0	0%	21	100%	8	100%	12	100%	5	100%	17	100%	8	100%
		How to Select	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Eat Fruit	0	0%	12	100%	21	100%	0	0%	0	0%	0	0%	17	100%	8	100%
		Groups with Strength to Grow	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breastfeed upto 6months	0	0%	0	0%	0	0%	0	0%	12	100%	0	0%	0	0%	0	0%
		Share Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Well Prepared Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Timing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct Amount	0	0%	12	100%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		3 Main Food Groups - Building, Energetic, Protective	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13		12		23		8		14		NA		4	
		Variety	15	100%	13	100%	12	100%	23	100%	8	100%	8	57%	1	100%	4	100%
		Knowledge of Different Foods	15	100%	13	100%	12	100%	23	100%	0	0%	0	0%	1	100%	0	0%
		How to Select	0	0%	0	0%	0	0%	0	0%	0	0%	4	29%	0	0%	0	0%
		Eat Fruit	2	13%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
		Groups with Strength to Grow	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breastfeed upto 6months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Share Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Well Prepared Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Timing	1	7%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		3 Main Food Groups - Building, Energetic, Protective	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct Amount	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 2B: Where Did They Leanr These Messages?	Teacher		6		7		6		9		4		2		3		1	
		From PCAAN	5	83%	0	0%	6	100%	0	0%	2	50%		0%		0%		
		Hospital through talks	5	83%	7	100%	6	100%	9	100%	0	0%	2	100%	3	100%		
		Radio and TV	5	83%	7	100%	6	100%	0	0%	2	50%	2	100%		0%		
		At Home with Children from School Club	0	0%	0	0%	0	0%	0	0%	0	0%		0%		0%		
		At Home with Children from PCAAN	0	0%	0	0%	0	0%	0	0%	0	0%		0%		0%		
		Natural Science Classes/School	0	0%	7	100%	0	0%	0	0%	0	0%	2	100%	3	100%		
		Home and Parents	0	0%	0	0%	0	0%	0	0%	2	50%	2	100%	3	100%		
		Health Centre	0	0%	7	100%	0	0%	9	100%	0	0%		0%		0%	1	
		Community Leaders/Activists	0	0%	0	0%	0	0%	9	100%	0	0%		0%		0%		
	Parents		13		11		9		11		15		13		21		10	
		From PCAAN	0	0%	0	0%	0	0%	0	0%	15	100%		0%				
		Hospital through talks	9	69%	0	0%	0	0%	0	0%	15	100%	10	77%			10	
		Radio and TV	9	69%	9	82%	0	0%	4	36%	0	0%		0%				
		At Home with Children from School Club	11	85%	0	0%	0	0%	0	0%	0	0%		0%				
		At Home with Children from PCAAN	0	0%	0	0%	9	100%	0	0%	0	0%		0%	21			
		Natural Science Classes/School	0	0%	9	82%	0	0%	0	0%	0	0%		0%				
		Home and Parents	0	0%	0	0%	0	0%	0	0%	0	0%	2	15%				
		Health Centre	0	0%	7	64%	9	100%	11	100%	0	0%		0%				
		Community Leaders/Activists	0	0%	0	0%	6	67%	6	55%	0	0%		0%	21			
	IC Children		14		12		21		8		12		5		17		8	
		From PCAAN	14	100%		0%	21	100%	0	0%	12	100%		0%	17			
		Hospital through talks	0	0%		0%	21	100%	6	75%	12	100%	5	100%	17			
		Radio and TV	0	0%		0%	0	0%	2	25%	12	100%	5	100%				
		At Home with Children from School Club	0	0%		0%	0	0%	0	0%		0%		0%				
		At Home with Children from PCAAN	0	0%		0%	0	0%	0	0%		0%		0%				
		Natural Science Classes/School	0	0%	12	100%	0	0%	6	75%	12	100%	5	100%	17		8	
		Home and Parents	0	0%	12	100%	21	100%	4	50%		0%		0%				
		Health Centre	0	0%		0%	0	0%	0	0%		0%		0%				
		Community Leaders/Activists	0	0%	0	0%	21	100%	2	25%		0%		0%			8	
	Children		15		13		12		23		8		14		NA		4	
		From PCAAN	9	60%	0	0%	0	0%	0	0%	8	100%		0%	1			
		Hospital through talks	0	0%	0	0%	3	25%	6	26%		0%	14	100%				
		Radio and TV	0	0%	0	0%	6	50%	11	48%		0%	14	100%				
		At Home with Children from School Club	0	0%	0	0%	0	0%	0	0%		0%		0%				
		At Home with Children from PCAAN	0	0%	0	0%	0	0%	0	0%		0%		0%				
		Natural Science Classes/School	15	100%	13	100%	12	100%	23	100%	8	100%		0%	1		4	
		Home and Parents	6	40%	13	100%	6	50%	11	48%		0%	14	100%	1			
		Community Leaders/Activists	0	0%	0	0%	0	0%	0	0%		0%		0%	1			
		Health Centre	0	0%	0	0%	6	50%	6	26%		0%		0%				

PCAAN Research Q2b

Children for Health
Sharing Knowledge Saving Lives

			Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 2C: Regarding the messages that you know and don't practice- why don't you practice? What are the challenges?	Teacher		6		7		6		9		4		2		3		1	
		Language	4	67%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Finance	0	0%	7	100%	6	100%	0	0%	4	100%	2	100%	3	100%	0	0%
		Inequality	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Parents Don't Follow/Habit	0	0%	0	0%	1	17%	9	100%	0	0%	0	0%	3	100%	0	0%
		Food Not Available - Seasonal	0	0%	0	0%	0	0%	0	0%	4	100%	0	0%	0	0%	1	100%
		Food Not Available - Amount	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Food Not Available - Import	0	0%	0	0%	2	33%	0	0%	0	0%	0	0%	0	0%	1	100%
		Availability - Shops	0	0%	0	0%	6	100%	0	0%	0	0%	2	100%	0	0%	0	0%
		Lack of Resources eg Cloth and Paper	0	0%	0	0%	0	0%	9	100%	0	0%	0	0%	0	0%	0	0%
		Obtaining Water	0	0%	0	0%	0	0%	9	100%	0	0%	0	0%	0	0%	0	0%
	Challenges	Teach Portugeuse	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Learning	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Parents		13		11		9		11		15		13		21		10	
		Language	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0%
		Finance	13	100%	11	100%	9	100%	0	0%	0	0%	13	100%	0	0%		0%
		Inequality	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0%
		Parents Don't Follow/Habit	0	0%	0	0%	9	100%	5	45%	0	0%	0	0%	0	0%		0%
		Food Not Available - Seasonal	0	0%	5	45%	0	0%	0	0%	0	0%	0	0%	0	0%		0%
		Food Not Available - Amount	0	0%	0	0%	0	0%	11	100%	0	0%	0	0%	0	0%	10	100%
		Food Not Available - Import	0	0%	11	100%	0	0%	0	0%	0	0%	0	0%	0	0%		0%
		Availability - Shops	0	0%	6	55%	2	22%	0	0%	0	0%	0	0%	0	0%		0%
		Lack of Resources eg Cloth and Paper	0	0%	0	0%	9	100%	11	100%	0	0%	0	0%	0	0%	10	100%
		Obtaining Water	0	0%	0	0%	0		0	0%	0	0%	0	0%	0	0%	10	100%
	Challenges	Teach Portugeuse	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0%
		Learning	0	0%	0	0%	0	0%	0	0%	0	0%	13	100%	0	0%		0%
	IC Children		14		12		21		8		12		5		17		8	
		Language	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Finance	5	36%	12	100%	0	0%	0	0%	12	100%	5	100%	0	0%	0	0%
		Inequality	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Parents Don't Follow/Habit	5	36%	0	0%	21	100%	0	0%	12	100%	5	100%	0	0%	0	0%
		Food Not Available - Seasonal	5	36%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		Food Not Available - Amount	0	0%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	8	100%
		Food Not Available - Import	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	8	100%
		Availability - Shops	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Lack of Resources eg Cloth and Paper	0	0%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		Obtaining Water	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Challenges	Teach Portugeuse	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Learning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 2C: Regarding the messages that you know and don't practice- why don't you practice? What are the challenges?	Children		15		13		12		23		8		14		NA		4	
		Languag	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	
		e	11	73%	13	100%	0	0%	0	0%	8	100%	14	100%	1		0	
		Finance	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	
		Inequali	4	27%	0	0%	12	100%	23	100%	0	0%	14	100%	0		0	
		ty	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	
		Parents Don't Follow/Habit	0	0%	13	100%	12	100%	23	100%	8	100%	0	0%	0		4	
		Food Not Available -	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		4	
		Seasonal Food Not Available	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	
		- Amount Food Not	0	0%	0	0%	0	0%	23	100%	0	0%	0	0%	1		4	
		Available - Import	0	0%	0	0%	0	0%	23	100%	0	0%	0	0%	0		0	
		Availability - Shops	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	
		Lack of Resources eg Cloth and Paper	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0		0	

PCAAN Research Q2c-1

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 4: Are the babies you know exclusively breast-fed for 6 months?	Teacher		6		7		6		9		4		2		3		1	
		Some	6	100%	0	0%	5	83%	7	78%	2	50%	0	0%	2	67%	1	100%
		Don't Know	0	0%	7	100%	1	17%	0	0%	2	50%	2	100%	0	0%	0	0%
		Yes	0	0%	0	0%	0	0%	2	22%	0	0%	0	0%	0	0%	0	0%
		No	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Parents		13		11		9		11		15		13		21		10	
		Some	12	92%	0	0%	1	11%	0	0%	0	0%	0	0%	11	52%	0	0%
		Don't Know	0	0%	8	73%	8	89%	2	18%	2	13%	0	0%	0	0%	10	100%
		Yes	0	0%	0	0%	0	0%	4	36%	13	87%	6	46%	10	48%	0	0%
		No	0	0%	0	0%	0	0%	5	45%	0	0%	7	54%	0	0%	0	0%
	IC Children		14		12		21		8		12		5	38%	17		8	
		Some	14	100%	0	0%	14	67%	2	25%	0	0%	5	100%	6	35%	8	100%
		Don't Know	0	0%	0	0%	3	14%	2	25%	0	0%	0	0%	3	18%	0	0%
		Yes	0	0%	0	0%	4	19%	4	50%	12	100%	0	0%	8	47%	0	0%
		No	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13		12		23		8		14		NA		4	
		Some	0	0%	0	0%	0	0%	3	13%	2	25%	2	14%	0	0%	4	100%
		Don't Know	0	0%	0	0%	4	33%	20	87%	2	25%	0	0%	1	100%	0	0%
		Yes	0	0%	0	0%	4	33%	1	4%	4	50%	8	57%	0	0%	0	0%
		No	15	100%	13	100%	4	33%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q4

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 5: At what age should babies start to be given soft food?	Teacher		6		7		6		9		4		2		3		1	
		After 6 Months	6	100%	7	100%	6	100%	9	100%	4	100%	2	100%	2	67%	1	100%
		After 3 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 7 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 4 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 9 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 8 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Parents		13		11		9		11		15		13		21		10	
		After 6 Months	13	100%	8	73%	1	11%	3	27%	0	0%	0	0%	0	0%	10	100%
		After 3 Months	0	0%	0	0%	7	78%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 7 Months	0	0%	0	0%	0	0%	0	0%	15	100%	12	92%	21	100%	0	0%
		After 4 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 9 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 8 Months	0	0%	0	0%	0	0%	8	73%	0	0%	0	0%	0	0%	0	0%
	IC Children		14		12		21		8		12		5		17		8	
		After 6 Months	14	100%	4	33%	21	100%	3	38%	12	100%	0	0%	8	47%	8	100%
		After 3 Months	0	0%	4	33%	0	0%	3	38%	0	0%	0	0%	0	0%	0	0%
		After 7 Months	0	0%	0	0%	0	0%	0	0%	0	0%	5	100%	8	47%	0	0%
		After 4 Months	0	0%	4	33%	0	0%	3	38%	0	0%	0	0%	0	0%	0	0%
		After 9 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 8 Months	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13		12		23		8		14		NA		4	
		After 6 Months	12	80%	7	54%	6	50%	6	26%	3	38%	5	36%	1	100%	4	100%
		After 3 Months	3	20%	0	0%	0	0%	6	26%	0	0%	0	0%	0	0%	0	0%
		After 7 Months	0	0%	0	0%	0	0%	0	0%	3	38%	9	64%	0	0%	0	0%
		After 4 Months	0	0%	0	0%	0	0%	6	26%	0	0%	0	0%	0	0%	0	0%
		After 9 Months	0	0%	3	23%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		After 8 Months	0	0%	3	23%	6	50%	6	26%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q5

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 6A: What are the right foods for babies?	Teacher		**6**		**7**		**6**		**9**		**4**		**2**		**3**		**1**	
		Baby Food	0	0%	7	100%	6	100%	9	100%	4	100%	2	100%	0	0%	1	100%
		Fruit Juice	0	0%	7	100%	6	100%	9	100%	4	100%	0	0%	0	0%	1	100%
		Biscuit Baby Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Water and Fruit Pulp	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Sumo de Malambe	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Baby Formula	0	0%	7	100%	0	0%	9	100%	4	100%	0	0%	0	0%	0	0%
		Salpa	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	2	67%	0	0%
		Fruit	0	0%	7	100%	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		Light Pasta	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	2	67%	0	0%
		Soda (eg Fanta)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Potatoes	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Vegetables	0	0%	0	0%	6	100%	0	0%	0	0%	0	0%	2	67%	0	0%
		Boiled Eggs	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Soup	0	0%	0	0%	6	100%	0	0%	0	0%	2	100%	0	0%	0	0%
	Parents		**13**		**11**		**9**		**11**		**15**		**13**		**21**		**10**	
		Baby Food	13	100%	8	73%	8	89%	11	100%	15	100%	13	100%	21	100%	10	100%
		Fruit Juice	13	100%	0	0%	2	22%	4	36%	0	0%	0	0%	21	100%	0	0%
		Biscuit Baby Food	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Water and Fruit Pulp	13	100%	0	0%	0	0%	4	36%	0	0%	0	0%	0	0%	0	0%
		Sumo de Malambe	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Baby Formula	0	0%	7	64%	0	0%	0	0%	0	0%	13	100%	0	0%	0	0%
		Salpa	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Fruit	0	0%	5	45%	3	33%	4	36%	15	100%	0	0%	0	0%	0	0%
		Light Pasta	0	0%	6	55%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Soda (eg Fanta)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Potatoes	0	0%	7	64%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	21	100%	0	0%
		Boiled Eggs	0	0%	0	0%	0	0%	0	0%	8	53%	0	0%	0	0%	0	0%
		Soup	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	IC Children		**14**		**12**		**21**		**8**		**12**		**5**		**17**		**8**	
		Baby Food	14	100%	12	100%	21	100%	8	100%	8	67%	5	100%	17	100%	8	100%
		Fruit Juice	14	100%	4	33%	21	100%	8	100%	0	0%	0	0%	0	0%	0	0%
		Biscuit Baby Food	14	100%	0	0%	0	0%	0	0%	3	25%	5	100%	0	0%	0	0%
		Water and Fruit Pulp	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Sumo de Malambe	14	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Baby Formula	14	100%	0	0%	21	100%	0	0%	3	25%	0	0%	0	0%	0	0%
		Salpa	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Fruit	0	0%	0	0%	0	0%	8	100%	6	50%	0	0%	0	0%	0	0%
		Light Pasta/Dough	0	0%	12	100%	0	0%	8	100%	0	0%	0	0%	17	100%	0	0%
		Soda (eg Fanta)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Potatoes	0	0%	4	33%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	17	100%	0	0%
		Boiled Eggs	0	0%	0	0%	0	0%	0	0%	3	25%	0	0%	0	0%	0	0%
		Soup	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q6a

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 6A: What are the right foods for babies?	Children		15		13		12		23		8		14		NA		4	
		Baby Food	15	100%	13	100%	12	80%	23	100%	8	100%	14	100%	1	0%	4	100%
		Fruit Juice	15	100%	0	0%	12	80%	0	0%	0	0%	0	0%	0	0%	0	0%
		Biscuit Baby Food	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Water and Fruit Pulp	0	0%	0	0%	0	0%	23	100%	0	0%	0	0%	0	0%	0	0%
		Sumo de Malambe	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Baby Formula	0	0%	3	23%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Salpa	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Fruit	0	0%	0	0%	12	80%	23	100%	3	38%	14	100%	0	0%	0	0%
		Light Pasta	0	0%	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Soda (eg Fanta)	0	0%	7	0%	12	80%	0	0%	0	0%	0	0%	0	0%	0	0%
		Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
		Boiled Eggs	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%
		Soup	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Potatoes	0	0%	3	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q6a-1

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 6B: What Has PCAAN Helped With?	Teacher		6		7		6		9		4		2		3			
		Consumption of Yellow Flour	0	0%	0	0%	0	0%	0	0%	4	100%	0	0%	0	0%	0	0%
		Ways to Prepare Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Practice of Sharing Food - Distributing by Age Group	0	0%	0	0%	3	50%	0	0%	0	0%	0	0%	3	100%	0	0%
		Good Habits of Hygeine and Nutrition	0	0%	0	0%	3	50%	0	0%	4	100%	0	0%	3	100%	0	0%
		Breastfeeding Habit	0	0%	0	0%	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%
		Balanced Diet - Protecting, Building and Energising	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Change in Habits from Healer to Hospital	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Decrease in Signs of Malnutrition	0	0%	0	0%	0	0%	0	0%	4	100%	0	0%	3	100%	0	0%
	Parents		13		11		9		11		15				21			
		Consumption of Yellow Flour	0	0%	0	0%	6	67%	0	0%	0	0%	0	0%	0	0%	0	0%
		Ways to Prepare Vegetables	0	0%	0	0%	7	78%	0	0%	0	0%	0	0%	0	0%	0	0%
		Practice of Sharing and Distributing Food	0	0%	0	0%	5	56%	0	0%	15	100%	0	0%	21	100%	0	0%
		Good Habits of Hygeine and Nutrition	0	0%	0	0%	5	56%	0	0%	15	100%	0	0%	21	100%	0	0%
		Breastfeeding Habit	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Balanced Diet - Protecting, Building and Energising	0	0%	0	0%	0	0%	0	0%	15	100%	0	0%	0	0%	0	0%
		Change in Habits from Healer to Hospital	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	IC Children		14		12		21		8		12				17			
		Consumption of Yellow Flour	0	0%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		Ways to Prepare Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Practice of Sharing Food - Distributing by Age Group	0	0%	0	0%	21	100%	0	0%	0	0%	0	0%	17	100%	0	0%
		Good Habits of Hygeine and Nutrition	0	0%	0	0%	21	100%	0	0%	12	100%	0	0%	17	100%	0	0%
		Breastfeeding Habit	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Balanced Diet - Protecting, Building and Energising	0	0%	0	0%	21	100%	0	0%	12	100%	0	0%	0	0%	0	0%
		Change in Habits from Healer to Hospital	0	0%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13						8				NA			
		Consumption of Yellow Flour	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Ways to Prepare Vegetables	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Practice of Sharing Food - Distributing by Age Group	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
		Good Habits of Hygeine and Nutrition	0	0%	0	0%	0	0%	0	0%	8	100%	0	0%	0	0%	0	0%
		Breastfeeding Habit	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Balanced Diet - Protecting, Building and Energising	0	0%	0	0%	0	0%	0	0%	8	100%	0	0%	0	0%	0	0%
		Change in Habits from Healer to Hospital	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q6b

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 7: Any other comments about nutrition in the community?	Teacher		6		7				9		4		2		3			
		Children already teach about nutrition - school	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Children already teach about nutrition - parents	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct use of toilets improved	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Washing Hands Improved Parents	6	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		are grateful to PCAAN Store and	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Prepare Food Improved Nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Improved	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Wants messages from PCAAN to be followwed by parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	3	100%	0	0%
		More PCAAN in schools to help whole community	0	0%	0	0%	0	0%	0	0%	4	100%	0	0%	3	100%	0	0%
		Want good water pumps	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want a hospital/team in hospital so there can be good heal	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want to learn more	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like for the community to have a better diet	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Change the way children are treated	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Give more value to children's ideas	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like more visits from health teams	0	0%	7	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like a school project on nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Lack of good teaching	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breakfast Club	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Parents		13		11		9		11		15		13		21			
		Children already teach about nutrition - school	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Children already teach about nutrition - parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct use of toilets improved	0	0%	0	0%	0	0%	0	0%	15	100%	0	0%	0	0%	0	0%
		Washing Hands Improved Parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		are grateful to PCAAN Store and	13	100%	0	0%	9	100%	0	0%	15	100%	0	0%	0	0%	0	0%
		Prepare Food Improved Nutrition	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Improved	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Wants messages from PCAAN to be followwed by parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		More PCAAN in schools to help whole community	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	21	100%	0	0%
		Want good water pumps	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	21	100%	0	0%
		Want a hospital/team in hospital so there can be good heal	0	0%	0	0%	0	0%	0	0%	0	0%	13	100%	21	100%	0	0%
		Want to learn more	0	0%	0	0%	0	0%	0	0%	0	0%	13	100%	0	0%	0	0%
		Would like for the community to have a better diet	0	0%	0	0%	0	0%	0	0%	0	0%	13	100%	0	0%	0	0%
		Change the way children are treated	0	0%	0	0%	0	0%	0	0%	15	100%	0	0%	0	0%	0	0%
		Give more value to children's ideas	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like more visits from health teams	0	0%	0	0%	0	0%	0	0%	0	0%	13	100%	0	0%	0	0%
		Would like a school project on nutrition/extra efforts	0	0%	11	100%	0	0%	0	0%	0	0%	13	100%	0	0%	0	0%
		Lack of good teaching	0	0%	11	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breakfast Club	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q7 part 1

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 7: Any other comments about nutrition in the community?	Teacher		6		7				9		4		2		3			
	IC Children		14		12		21		8		12		5		17			
		Children already teach about nutrition - school	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Children already teach about nutrition - parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct use of toilets improved	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Washing Hands Improved Parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		are grateful to PCAAN Store and	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Prepare Food Improved Nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Improved	14	100%	0	0%	21	100%	8	67%	0	0%	0	0%	0	0%	0	0%
		Wants messages from PCAAN to be followwed by parents	14	100%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		More PCAAN in schools to help whole community	14	100%	0	0%	0	0%	0	0%	12	100%	5	100%	0	0%	0	0%
		Want good water pumps	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want a hospital/team in hospital so there can be good heal	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want to learn more	0	0%	12	100%	0	0%	0	0%	12	100%	5	100%	0	0%	0	0%
		Would like for the community/themselves to have a better	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Change the way children are treated	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Give more value to children's ideas	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like more visits from health teams	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like a school project on nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Lack of good teaching	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breakfast Club	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13						8		14					
		Children already teach about nutrition - school	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q7 part 1B

Children for Health
Sharing Knowledge Saving Lives

	Actor	Theme	Red				Yellow				Blue				Blue			
			PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index	PCAAN	Index	Non-PCAAN	Index
Question 7: Any other comments about nutrition in the community?	IC Children		14		12		21		8		12		5		17			
		Children already teach about nutrition - school	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Children already teach about nutrition - parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct use of toilets improved	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Washing Hands Improved Parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		are grateful to PCAAN Store and	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Prepare Food Improved Nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Improved	14	100%	0	0%	21	100%	8	67%	0	0%	0	0%	0	0%	0	0%
		Wants messages from PCAAN to be followwed by parents	14	100%	0	0%	21	100%	0	0%	0	0%	0	0%	0	0%	0	0%
		More PCAAN in schools to help whole community	14	100%	0	0%	0	0%	0	0%	12	100%	5	100%	0	0%	0	0%
		Want good water pumps	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want a hospital/team in hospital so there can be good health	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want to learn more	0	0%	12	100%	0	0%	0	0%	12	100%	5	100%	0	0%	0	0%
		Would like for the community/themselves to have a better diet	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Change the way children are treated	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Give more value to children's ideas	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like more visits from health teams	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like a school project on nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Lack of good teaching	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breakfast Club	0	0%	12	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Children		15		13						8		14					
		Children already teach about nutrition - school	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Children already teach about nutrition - parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Correct use of toilets improved	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Washing Hands Improved Parents	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		are grateful to PCAAN Store and	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Prepare Food Improved Nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Improved	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Wants messages from PCAAN to be followwed by parents	0	0%	0	0%	0	0%	0	0%	0	0%	14	100%	0	0%	0	0%
		More PCAAN in schools to help whole community	0	0%	0	0%	0	0%	0	0%	8	100%	0	0%	0	0%	0	0%
		Want good water pumps	15	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want a hospital/team in hospital so there can be good health	15	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Want to learn more	15	100%	0	0%	0	0%	0	0%	8	100%	0	0%	0	0%	0	0%
		Would like for the community/themselves to have a better diet	0	0%	13	100%	0	0%	0	0%	0	0%	14	100%	0	0%	0	0%
		Change the way children are treated	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Give more value to children's ideas	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like more visits from health teams	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Would like a school project on nutrition	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Lack of good teaching	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Breakfast Club	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

PCAAN Research Q7 part 2

EVALUATION SCRIPTS FOR THE PCAAN EVALUATION

Groups to meet

Community officials *including any people responsible for providing health services in the community – even traditional healers and/or faith leaders*

Evaluation groups:

1. Teachers
2. Parents
3. Group 1 Children I interest circles 10-14 years old
4. Group 2 Children 2 NOT in the interest circles

General issues when setting up the discussions with the different groups

- Be aware that the status of a person asking questions can affect the answers given. You need to find ways to be as 'neutral' on the answers or control for bias.
- Making sure the group you are talking to are relaxed and that the discussion is as open and friendly as possible. Do not comment on or judge the answers that are given except where it encourages participants to speak openly.
- Ensure that all those selected to be in the discussions (either as individuals or in a group discussion) are able and willing to provide an unbiased and balanced view of the range of activities and services in the school and that there would be no negative consequences for them in responding to the questions openly and accurately.
- Conduct the discussions at a quiet time in a quiet place

Discussions with Children

- Use the following method to set up asking the specific questions on each school level checklist:
    1. As necessary go through some 'rules' of the discussion. For example: not speaking for too long, ensuring that everyone has a chance to speak; listening to each other; and only adding comments rather than repeating them.
    2. Ask the members of the group what they remember seeing or hearing during their nutrition activities. Keep children focused on what they observed with their senses.
    3. Ask them what they liked and disliked (Note: What will be positive for some may be negative for others. That's okay and is the reason why you are using this method!)
    4. Ensure each person in the group has had a chance to speak.
    5. Ask children the questions from the checklist below and support them to make a group decision on each question, noting some of the things they say in the discussion.

Evaluation Script	
1.	**Greet** the community leader, president of the school council, school director and others teachers, parents or members of the community.
2.	**Explain** the purpose of the visit
	The purpose of our visit today is to meet with three groups of people form your community: Teachers, parents and children. We are wanting to find out what these different groups know about health and nutrition. This will help us design better health education work for our children in the interest circles and in the schools in the future. It will also help us understand if some of the methods we have been using in some of the schools in this district are working and if so how. We will need to meet with each of these groups for about one hour per group. It is important that we meet them separately and that the members of each group do not talk to members of other groups. The questions are not difficult and we are not 'testing' the people in the group. Do you have any questions for us?
3.	Answer any questions they have for example – if it is a non-project school they might ask when PCAAN is coming to their school. You can tell them that PCAAN will be coming to other schools in 2016 once we have collected information about the needs of people in the community.

PCAAN PROJECT SCHOOL 1 : Fill in this basic information sheet	
Name of School:	
Name of School Director	
Name(s) of Interest circle leaders	
Number of children in the school	
Number of people in the community (approx.)	
Number of households	
Health services (formal and non formal)	
Other projects active in the community	

1. PCAAN Project School 1 Teachers		
Write the number of teachers you are questioning in this box		
Question and Ranking		
1	Ask the teachers - *What do you know about good nutrition?* Do not explain just repeat the question. Write answers in the rows below. One point per row.	
	Write the number of people who know this below on the right e.g.	2 people
1		
2		
3		
4		
5		
6		
7		
8		

9				
10				
			If you don't have enough space carry on the back of this page	
	Read out each point. Say to the teachers; *Please raise your hand if you know this too. Please be truthful. This is not a test.*			
2.	*I am going to say out loud 4 messages. If you don't know the information raise your red card. If you know it but you do not practice it in your family raise your yellow card. If you know it and practice it raise your green card.* Each time make sure they are holding up either the green, yellow or the red card. Write numbers on the right	**Red**	**Yellow**	**Green**
1	*Wash your hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry or dry with a clean cloth/paper, not on dirty clothes.*			
2	*A garden full of Rainbow food for us to eat will help our bodies GLOW with health. Lets grow a Rainbow Garden to get our Rainbow GLOW.*			
3	*Young children, girls& boys, pregnant & breastfeeding women, older people & children with special needs - all need enough good food to help keep their minds and bodies healthy and strong*			
4	*Children under 2 years need to be weighed each month at an under 5's clinic to check that they're growing well*			
2b	*Regarding the messages you know, where did you learn these messages?*	Options		**Number giving the option**

2c.	*Regarding the messages that you know and don't practice. Why don't you practice? What are the challenges?*	Options	**Number giving the option**

3.	*In your school, in what lessons do children learn about nutrition? How many lessons would they have on nutrition while they are at the primary schools? What other opportunities to learn about nutrition would they have?*			
	In which lessons			
	How many lessons			
	What else?			
4	*Are the babies you know exclusively breast-fed for 6 months?*		**Number giving the option**	
		Yes		
		No		

		Don't know	
5	*At what age should babies start to be given soft food*? Write down options given in the left hand box and the number of people who give that answer	**Options**	**Numbers giving the option**
		Don't know	

6a	What are the right first foods for babies?	**Options**	**Numbers giving the option**
6b	What has changed in your school and community since your school started PCAAN?	**Options**	**Numbers giving the option**

	Write on the back if necessary and give the answers the correct number 6b.		
7	*Is there anything else you want to tell us about nutrition in your school or community*	**Options**	**Numbers giving the option**

Evaluator's comments (one comment per row. Add further comments on the back if needed)			

2. PCAAN Project School Parents		
Write the number of parents you are questioning in this box		
Question and Ranking		
1	Ask the teachers - *What do you know about good nutrition?* Do not explain just repeat the question. Write answers in the rows below. One point per row.	
	Write the number of people who know this below on the right e.g.	2 people
1		
2		
3		
4		
5		
6		
7		
8		

	If you don't have enough space carry on the back of this page			
2a	Read out each point. Say to the parents; *Please raise your hand if you know this too. Please be truthful. This is not a test.*			
	I am going to tell you a message. If you don't know the information in this sentence, raise a green square. If you are unsure raise your yellow square, if you don't know, raise your red square. Lets practice. (For example) Today is a (say the day of the week). The year is 2015. I have blue eyes. The prime minister of the UK is David Beckham. Each time make sure they are holding up either the green or the red card. Write numbers on the right	**Red**	**Yellow**	**Green**
a	*Wash your hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry or dry with a clean cloth/paper, not on dirty clothes.*			
b	*A garden full of Rainbow food for us to eat will help our bodies GLOW with health. Lets grow a Rainbow Garden to get our Rainbow GLOW.*			
c	*Young children, girls& boys, pregnant & breastfeeding women, older people & children with special needs - all need enough good food to help keep their minds and bodies healthy and strong*			
d	*Children under 2 years need to be weighed each month at an under 5's clinic to check that they're growing well*			

2b	*Regarding the messages you know, where did you learn these messages*	Options	**Number giving the option**
2c	*Regarding the messages that you know and don't practice. Why don't you practice? What are the challenges?*	Options	**Number giving the option**

3.	*Do your children learn about nutrition in school?*	Yes?	
		No	
		Don't Know	

(3)	If Yes – When?	**Options**	**Numbers**

4	*Are the babies you know exclusively breast-fed for 6 months?*		**Number giving the option**
		Yes	
		No	
		Don't know	

5	*At what age should babies start to be given soft food*? Write down options given in the left hand box and the number of people who give that answer	**Options**	**Numbers giving the option**
		Don't know	
6a	What are the right first foods for babies?	**Options**	**Numbers giving the option**
6b	What has changed in your school and community since your school started PCAAN? Write on the back if necessary and give the answers the correct number 6b.	**Options**	**Numbers giving the option**

7	*Is there anything else you want to tell us about nutrition?*	**Options**	**Numbers giving the option**
Evaluator's comments (one comment per row. Add further comments on the back if needed)			

3. PCAAN Project School 1 Children in the Interest Circle			
Write the number of 10-14 year old children you are questioning in this box counting girls and boys		**Girls =**	**Boys =**
Before you start working with the children do a song and a clapping game. Get them into pairs or groups of three and after each question they can discuss the question among themselves first and then talk to you. Do not explain or prompt the children. Give them time to talk.			
Question and Ranking			
1	Ask the children - *What do you know about good nutrition?* Do not explain just repeat the question. Write answers in the rows below. One point per row.		
	Write the number of people who know this below on the right e.g.		2 people
1			
2			
3			
4			
5			
6			

7				
8				
9				
10				
				If you don't have enough space carry on the back of this page
	Read out each point. Say to the children. *Please be truthful. This is not a test.*			
2.	*I am going to say out loud 4 messages. If you don't know the information raise your red card. If you know it but you do not practice it in your family raise your yellow card. If you know it and practice it raise your green card.* Each time make sure they are holding up either the green, yellow or the red card. Write numbers on the right	**Red**	**Yellow**	**Green**
1	*Wash your hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry or dry with a clean cloth/paper, not on dirty clothes.*			
2	*A garden full of Rainbow food for us to eat will help our bodies GLOW with health. Lets grow a Rainbow Garden to get our Rainbow GLOW.*			
3	*Young children, girls& boys, pregnant & breastfeeding women, older people & children with special needs - all need enough good food to help keep their minds and bodies healthy and strong*			
4	*Children under 2 years need to be weighed each month at an under 5's clinic to check that they're growing well*			
2b	*Regarding the messages you know, where did you learn these messages?*	Options		**Number giving the**

			option
2c.	*Regarding the messages that you know and don't practice. Why don't you practice? What are the difficulties?*	Options	**Number giving the option**

3.	*In your school, in what lessons do children learn about nutrition? How many lessons would they have on nutrition while they are at the primary schools? What other opportunities to learn about nutrition would they have?*			
	In which lessons?			
	How many lessons?			
	What else?			
4	*Are the babies you know exclusively breast-fed for 6 months?*		**Number giving the option**	
		Yes		
		No		
		Don't know		
5	*At what age should babies start to be given soft food*? Write down options given in the left hand box and the number of people who give that answer	**Options**	**Numbers giving the option**	

		Don't know	
6a	What are the right first foods for babies?	**Options**	**Numbers giving the option**
6b	What has changed in your school, family and community since your school started PCAAN? Write on the back if necessary and give the answers the correct number 6b. (Singing story method can be used here – please film)	**Options**	**Numbers giving the option**
7	*Is there anything else you want to tell us about nutrition in your school or community*	**Options**	**Numbers giving the option**

Evaluator's comments (one comment per row. Add further comments on the back if needed)			

4. PCAAN Project School 1 Children in the Second Group (NOT in an interest circle)		
Write the number of 10-14 year old children you are questioning in this box counting girls and boys	Girls =	Boys =
Before you start working with the children do a song and a clapping game. Get them into pairs or groups of three and after each question they can discuss the question among themselves first and then talk to you. Do not explain or prompt the children. Give them time to talk.		
Question and Ranking		
1	Ask the children- *What do you know about good nutrition?* Do not explain just repeat the question. Write answers in the rows below. One point per row.	

	Write the number of people who know this below on the right e.g.	2 people
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	If you don't have enough space carry on the back of this page	
	Read out each point. Say to the children. *Please be truthful. This is not a test.*	

2.	*I am going to say out loud 4 messages. If you don't know the information raise your red card. If you know it but you do not practice it in your family raise your yellow card. If you know it and practice it raise your green card.* Each time make sure they are holding up either the green, yellow or the red card. Write numbers on the right	**Red**	**Yellow**	**Green**
1	*Wash your hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry or dry with a clean cloth/paper, not on dirty clothes.*			
2	*A garden full of Rainbow food for us to eat will help our bodies GLOW with health. Lets grow a Rainbow Garden to get our Rainbow GLOW.*			
3	*Young children, girls& boys, pregnant & breastfeeding women, older people & children with special needs - all need enough good food to help keep their minds and bodies healthy and strong*			
4	*Children under 2 years need to be weighed each month at an under 5's clinic to check that they're growing well*			
2b	*Regarding the messages you know, where did you learn these messages?*	Options		**Number giving the option**
2c.	*Regarding the messages that you know and don't practice. Why don't you practice? What are the difficulties?*	Options		**Number giving the option**

3.	*In your school, in what lessons do children learn about nutrition? How many lessons would they have on nutrition while they are at the primary schools? What other opportunities to learn about nutrition would they have?*			
	In which lessons			
	How many lessons			
	What else?			
4	*Are the babies you know exclusively breast-fed for 6 months?*			**Number giving the option**
			Yes	
			No	
			Don't know	
5	*At what age should babies start to be given soft food*? Write down options given in the left hand box and the number of people who give that answer		**Options**	**Numbers giving the option**

		Don't know	
6a	What are the right first foods for babies?	**Options**	**Numbers giving the option**
6b	What has changed in your school, family and community since your school started PCAAN? Write on the back if necessary and give the answers the correct number 6b. (Singing story method can be used here – please film)	**Options**	**Numbers giving the option**
7	*Is there anything else you want to tell us*	**Options**	**Numbers giving the option**

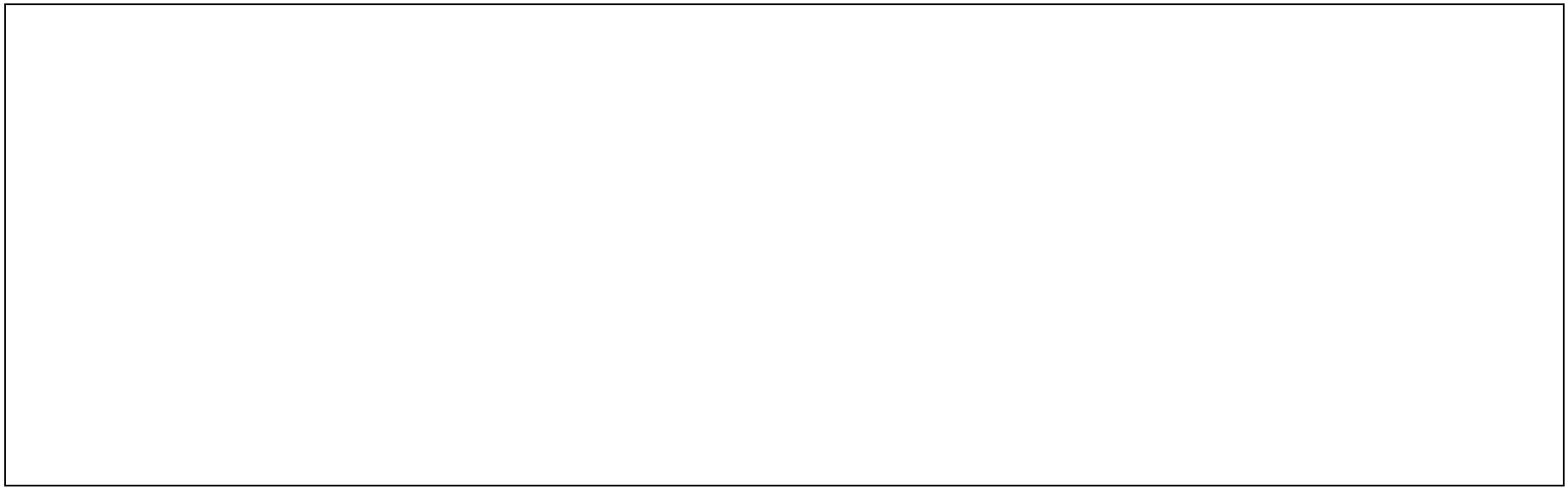
	about nutrition in your school or community		
Evaluator's comments (one comment per row. Add further comments on the back if needed)			

Day 2: In the community Activity 1: Focus group discussions with a mixed group of parents and children Over the last year – what has changed?				
	Score the responses 0-low/poor 2- OK 3 – high/good	Comments	What checks have you done on what is said	What is this practice/lack of practice influenced by (external/internal)
1. Hand-washing with soap				
When should you wash your hands? Do you wash your hands with soap? Why? Why not?				
2. Getting a variety of food = balanced diet				
What foods do your families eat over one week. Is this a balanced diet?				
3. Growing or buying 'rainbow' food at family level to get a healthier diet				

What colourful food is available to families here? Do you grow it/buy it/eat it often?				
4. Awareness of vitamins and micronutrients in colourful food preventing deficiency related illness				
How can food help prevent illnesses? How?				
5. Sharing food/equal portions				
How is food shared in the family at mealtimes?				
6. Exclusive breastfeeding 0-6 months				
How long (on average) do mother's breastfeed their babies in this village?				

7. Noticing under-consumption of food quality of food and family members not getting or eating enough

How would you know if a child was becoming malnourished?				
Are different family members given the share of food that they need?				
8. Growth monitoring				
What checks are made to make sure a baby is growing well?				
Other Observations				



Day 2, Activity 2: A 'food walk' with a group of 3-6 children aged 10-14
Ask a group of children aged 10-14 to meet and walk with you. Explain to them that you want to spend a couple of hours doing a food walk with them. You want to visit one or two houses and have them explain what they eat during a school day and a home day including meals with the family and snacks. Explain that you want to be shown everything to do with the food in the family – what is cooked and how its cooked. Walk ad talk and take photos of the children showing you different things, of the meals, the food, the reparation, babies being given soft food etc. The children can also make drawings for you!
First meal (what, how cooked, where from, who is involved, etc.)
Mid day meal
Evening
Snacks
Other information (role of child as cook, feeding the other children etc.)
Other comments

RAPID SIFT for PCAAN CASE STUDY
Children as Agents of Change
Children's Role in Influencing Health and Nutritional Practices

Students involved in Trachoma prevention programme Iyasta Primary School in Ankesha Woreda district, Ethiopia[i]

Background

Organisations and Governments are increasingly aware of the benefits of child and youth participation. This reflects the wide and growing body of literature on this topic, which examines the benefits and best practice in the field of child participation (O'Kane, 2003[ii], Save the Children, 2014)[iii].

Building on from this, when governments and organisations developing policy or design projects that feature community engagement or mobilisation (for example to influence health and hygiene behaviours) children are included as part of the strategy. For example, in 2005 a pilot project entitled, *School Lead Total Sanitation (SLTS)* was initiated in coordination with the Government of Nepal and other concerned partners as part of the better known and more widely adopted, Community-Led Total Sanitation Approach. This separate and linked project was recognising and

building upon the important role that children can play as 'agents of change' in sanitation and hygiene.

However, despite the uptake of these types of projects that intend to support children and young people to influence behaviour change, there does not seem to be a clear picture of the impact of these projects.

Aims of the Rapid Sift

This rapid sift attempts to bring together the available information relating to the impact of enabling children to act as change agents in the field of health and hygiene. It has three aims.

1. To inform the work of Children for Health and in particular the evaluation of the PCAAN approach to Nutrition education in Mozambique PCAAN is an acronym for *Children's Participation in Learning and Action for Nutrition* - in Portugese).
2. To collect and understand current research on how children influence health behaviours with a view to shaping and improving our understanding and further research (if needed) in this area; and
3. To identify promising qualitative methodologies that have been used, or could be used to evaluate the impact of children's participation in specific health related projects, including PCAAN.

Objectives and Approach

The objectives are to explore what is known about:

- The impact of children and young people's influence on health and hygiene behaviour;
- The wider impact of their influence on family, peers and community;
- The wider impact of their influence on society i.e. impact on health services, reduction in number of days children don't attend school due to illness;
- The approaches that enable children to influence behaviour change; and
- Evaluation methodology used to measure impact of children and young people as influencers of change.

It is important to note that following a preliminary search of the literature; the objectives were broadened to include all material relating to children being supported to influence behaviour change.

This is a 'rapid sift' and has its limitations. It was and the result of a one-day workshop at the Children for Health office and 5 further days spent on

1. A structured search of the literature using key academic databases[15].
2. Discussions with keys informants, which we used to identify key work and ensure findings, were interpreted correctly (a list is in appendix A).

Findings

Impact of behaviour change project on children and young people

Brian and Curtis et al (2014)[iv] *SuperAmma* study examined the effect of a behaviour-change intervention on handwashing with soap in India. This study tested whether a scalable village-level intervention based on emotional drivers of behaviour, could improve handwashing behaviour in rural India. The intervention included community and school-based events incorporating an animated film, skits, and public pledging ceremonies. One key finding was that handwashing with soap by children was generally higher than in adults after the intervention. However, the size and design of the *SuperAmma* study does not allow us to identify the effect of different interventions on children and young people. Nor does it allow for us to understand the specific impact of children as agents of change influencing others in the family or the community. This is because the transfer of messages from children to family members was not a central part of the *SuperAmma* intervention. The activity, which children took home, was intended as a reminder and to reinforce the messages that would come primarily through the community events.

Kar (2003)[v] documented a participatory *Community Led Total Sanitation (CLTS) Programme* in Bangladesh. The programme aimed to empower local people to analyse the extent and risk of environmental pollution caused by open defecation, and to construct toilets without any external subsidies. All members of the community had the opportunity to be involved in analysing the environmental situation. Children took part in activities such as *Participatory Rural Appraisal* (PRA)[16] and processions alongside other community members. Children and young people were viewed as key to the behaviour change process. The article stated that:

> *Children are the most active in this process of change. It was found that after the transect walk, procession and PRA exercises, children started digging holes for latrines and*

[15] Note: only papers published between October 2005 and 2015 were included in this review.
[16] Participatory rural appraisal (PRA) is a label given to a growing family of participatory approaches and methods that emphasise local knowledge and enable local people to make their own appraisal, analysis, and plans.

> *demolishing open defecation sites. This encourages the adults in the community to be proactive and responsive to the approach. The children organise routine village processions, collect baseline information, show and flag defecations sites and disseminate information, especially to their friends. They influence their parents to build toilets.*

The number of children and young people involved in this study were not specified. We do not know how children and young people influenced family members of the wider community. The study did note that children and young people were involved in the building of new latrines.

A study by Mahbub, (2008)[vi] was conducted to understand the intensity and significance of participation of women and children in CLTS process. Numerous activities such as social maps of villages were used to identify households with and without latrines. The study reported that children were enthusiastic in participation in the activities and helped with developing indicators for monitoring and preventing people from practicing open defecation. As one twelve year old boy Munir explained:

> *We used to observe whether the floor of latrine in a household was wet or dry. Dry floor indicated that it was not in use. Similarly we also noted the fences were intact or broken down. Intact fences implied that the household was taking care of the latrine as they were using it.*

A *Save the Children* (2012) project supporting malaria prevention in Mali combined school based education with the distribution of Long Lasting Insecticide Treated Nets (LLINs) [vii]. The school-based malaria prevention education included children's "malaria clubs". These were formed in every school to assess and promote mosquito net use at the household level. A 'School Malaria Day' was organised to coincide with the LLIN distribution. The entire community was invited and children performed sketches, poems, songs and demonstrations on how to hang and use the mosquito nets. Each school child also received two LLINs (for himself and for his siblings). The study found that schools can play an important role in promoting the use of LLINs by school age children and more broadly in the community, particularly alongside a universal LLIN distribution campaign.

Impact on family, peers and community

Despite the fact that many projects exist that support children to affect behaviour change, very little is actually known about the wider impact of the children's influence. This is in contrast to the range of information outlining the impact of children and young people participation in development and decision-making (Crowley 2012[viii], Kirby and Bryson, 2002)[ix]. The studies identified below aim to summarise the information available.

A pilot project in Nepal (Adhikari and Lal Shrestha 2008)[x] entitled '*School Led Total Sanitation*' (SLTS)[17] builds on the achievements of another programme, *School Sanitation and Hygiene Education* (SSHE). It integrates the reward and revolving fund aspects of *Basic Sanitation Package* (BSP) and featured participatory tools and technical elements of the *Community Led Total Sanitation* (CLTS) programme. The overall aim of CLTS was to bring total sanitation (100% Open Defecation Free) in targeted school catchment areas. Amongst many other activities, the programme aimed to build children's awareness of better sanitation and hygiene practices. The hygiene education component of the programme focused largely on school children through the establishment of child clubs. Schools also set up a multiple hand-washing tables where the children practiced proper hand washing. Hand washing with soap practice is promoted at great length in schools and in communities. Children were part of a much wider community group taking part in a range of activities.

As a result of the SLTS programme in Nepal, illness has decreased and the trend was to be reported as very evident in the open defecation free (ODF) declared catchments areas. Reported cases of diarrhoea in children under five at one sub-health post decreased from 7% in 2005 to less than 5% in 2007. However, it is not clear how this data was gathered. In addition, as the study analysed the impact of all of the project components it is impossible to understand the influence of the children.

A paper by Olayiwole, Ezirim and Okoro (2003)[xi] summarised a programme In Nigeria, that promoted sanitation and hygiene education among school children. The aim was to enhance knowledge, change attitudes and develop skills that helped to encourage children to become 'agents of hygiene behaviour change' in their schools, homes and communities. The study noted that children and young people have a vital role to because:

- Children are eager to learn and adapt to new behaviour changes more easily.

[17] The school led total sanitation program emphasizes the complete elimination of open defecation from the catchments of the schools as a pre requisite for improving hygiene and sanitation. It aims to ensure communities' self-realization of hygiene and sanitation through sensitization.

- Children play important roles in the household chores, taking care of their younger siblings
- Depending on depth of cultural beliefs of their communities, children may also question existing and hygienic practices in the household.
- Children as future adults and parents can apply lifelong behaviour formed in their lives and passed on to their own children and society.

The school children were actively involved in promoting improved sanitation and hygiene practices in their school and encouraged to reach their household. The study did not provide details of how the children and young people were involved nor how the impact was measured.

A study on '*children as agents of change in trachoma control*' (Dickman and Melek 2013)[xii] found that school children supported the implementation of the *World Health Origination SAFE strategy*[18] in several key ways;

- **Children helped to identify family members who have trichiasis**. Teachers instructed children to go home and ask whether any family members had 'hair in the eye.' Children asked their family members if they knew what caused the condition. Common myths included that trichiasis was the result of a curse or the fault of the individual.
- **Children educated family members about trichiasis.** The children, empowered with information from their teacher, explained that trichiasis is caused by a disease and is not their fault. Children's views were generally respected by their family, who were proud to have a child that was attending school.
- **Children supported mass drug administration**. They participated themselves and encouraged family members to take azithromycin.
- **Children learnt improved hygiene habits**. In schools where water is provided and where there is sufficient health education and mobilisation, children learnt to practice good facial cleanliness and help to monitor the facial cleanliness of other children. In addition, they can care for younger siblings and can be encouraged to clean their faces for them.
- **Improved sanitation**. At school, children learnt how to use latrines and how these latrines can prevent diseases like trachoma. Health clubs at schools teach students about healthier hygiene habits and how to prevent trachoma. Health, trachoma, and environmental sanitation clubs help to organise environmental sanitation campaigns at school and in the

[18] The WHO endorses the SAFE strategy to prevent and treat trachoma. **S**urgery treats trichiasis patients, **A**ntibiotic distribution treats active infections, and **F**acial cleanliness and **E**nvironmental sanitation prevent the transmission of trachoma.

community. We also met children who had convinced their families to construct latrines at home.

Mahbub (2008)[xiii] noted that that the children especially the adolescent girls often pressurised their parents to install latrine at their household. They also motivated their relatives and neighbours to do the same.

Impact on wider society

Many of the studies reviewed outlined the wider impact of projects and programmes where a component was to support children and young people to influence health and nutritional practices.

Adhikari and Lal Shrestha (2008)[xiv] noted that girls' enrolment and regular attendance in school had increased after a project intervention was administered. This study noted that diarrhoeal diseases and worms were no longer the cause of students' absence in schools in the total sanitation declared areas. However, it is not clear what data was used and how these conclusions were drawn.

Kar (2003)[xv] findings suggest that the programme had a positive and profound impact on the livelihoods of many community members, particularly farmers, who now receive higher market prices from outside merchants for bamboo, sugar cane and mango. Previously, bulk purchasers of these products could entre the orchards or plantations to measure and assess the quality of the produce because of the dirt and human excreta in these areas. The programme reduced community expenditure on medicine and visits to doctors. The incidence of diarrhoea drastically reduced.

As a result of the SLTS programme in Nepal, Illness decreased and school attendance rates went up because children do not get ill as often as they did. This trend was evident in the ODF declared catchments areas. Reported cases of diarrhoea in children under five at one sub-health post decreased from 7% in 2005 to under 5% in 2007. However, it is not clear how this data was gathered. In addition, because the study analysed the impact of all of the project components together, it is not possible to understand the direct impact of the children's involvement.

What is known about the techniques used to enabling children as agents of change?

Community Led Total Sanitation (CLTS) uses an approach that concentrates on empowering local people to analyse the extent and risk of environmental pollution caused by open defecation, and to construct latrines without any external support (Kar and Pasteur 2005)[xvi]. Children do not often participate in CLTS and when they do, their participation has not been not well documented (Noor and Ashrafee, 2004)[xvii].

Like CLTS, the SLTS programme is based on adopting a "strength-based, appreciative" approach to promote sanitation and hygiene at a local level. For example, a 'praise walk' replaces the adult focussed 'shame walk' as tool to ignite understanding of the problem and motivate communities to construct latrines.

Olayiwole, Ezirim and Okoro (2003)[xviii] work suggests that they employed the Child-to-Child methodology. No detail is provided on what this means. The study describes 'active and adequate' participation of children to enhance acquisition of knowledge and skills through improving key hygiene practices such as safe disposal of faeces, hand washing, and hygienic water stations. The capacity of children and youth to function as agents of change in their families and communities was encouraged through initiatives such as establishment and operation of voluntary 'School Environmental Health Clubs' (SEHC). The programme included the training of teachers and involvement of members of parent and teachers associations to support the club members and help develop 'community sanitation and hygiene brigades'. Through the operation of these volunteers, children promoted improved hygiene practices among their peers, their households and communities. This in turn led to a demand for access to similar facilities and the better use of the facilities by households and communities.

One study by Mahbub (2008)[xix] used a qualitative methodology, which involved the systematic collection and presentation of data on the process and the outcome at individual and community level. At the beginning of fieldwork three social maps[19] were done in three parts to establish a baseline. Activities such as drama, slogan development, and school sessions were used as part of the CLTS project and the intervention at schools was found to be the most effective one. As part of the CLTS was ignited, staff members engaged school teachers in conducting sessions in the classrooms on health and hygiene. The study noted that although session content included illness,

[19] Social maps were used to identify open defecation areas and latrines.

environmental cleanliness, dignity etc. to clarify the demerits of open defecation that amongst all the issues dignity was mostly discussed.

A review of evaluation methodology

Effective monitoring and evaluation (M&E) is considered essential for a number of different reasons such as being able to demonstrate clear and tangible benefits that the project is seeking to achieve and to demonstrate value for money and the cost verse benefits. Many studies have attempted to evaluate the impact of children's participation and some studies went further to try and evaluate the impact of children as agents of change.

Brian and Curtis et al (2014)[xx] study of handwashing clearly demonstrated that substantial increases in handwashing with soap could be achieved using a scalable intervention based on emotional drivers. The intervention included community and school-based events incorporating an animated film, skits, and public pledging ceremonies. Outcomes were measured by direct observation in 20–25 households per village at baseline and at three follow-up visits (6 weeks, 6 months, and 12 months after the intervention). Observers had no connection with the intervention and observers and participant households were told that the study was about domestic water use to reduce the risk of bias. No other masking was possible. The primary outcome was the proportion of handwashing with soap at key events (after defecation, after cleaning a child's bottom, before food preparation, and before eating) at all follow-up visits. However, the size and design of the SuperAmma study does not allow us to identify the effect of different intervention on children and young people.

Kar's (2003)[xxi] evaluation found that facilitation is key to achieving participation. In this study continuous facilitation at three different levels was being done to support and sustain the new initiatives:

1. Facilitation at the community level (for a clear analysis of the situation by the community themselves for self mobilisation)
2. Facilitation at the implementing agency level (to create a more enabling organisational culture for the field staff to work freely and be able to empower the village community);
3. Facilitation at the donor agency/government level (for rendering the right kind of support and help to the implementing agency/department, reducing domination, prescription and rigidity and sensitising the bureaucracy and senior staff towards participatory and decentralised decision making.

This study concluded that the scaling up and self-spreading of the success of community participation to wider areas has remained difficult to achieve. There are few examples of participatory analyses creating a deep realisation amongst the communities and triggering sustained and self-spreading community action without external help.

Adhikari and Lal Shrestha (2008)[xxii] report on the impact of SLTS project making strong claims about the effect of the project on children, wider communities and the wider society. However, it is not clear how the project was evaluated and it does not provide details of the evaluation method used.

Conclusion

There is limited information provided about the type and amount of projects that support children to influence behaviour change in the field of health and nutrition.

The literature reviewed does show that children are being involved and that their involvement leads to a number of benefits. The studies assessed often had multiple components and did not tease out the effect of children. Many of the project evaluations did not document the techniques used to encourage children and young people to promote behaviour change. We were not able to identify any robust methodologies used to evaluate the impact of children's influence on behavioural change.

We have concluded that children can be influential in promoting behaviour change and that there are promising approaches. This has wide implications for school systems and health education projects. Therefore there is a pressing need for rigorous research to collect evidence on:

- What children can and cannot influence;
- The methods work best to involve them; and
- Research method to assess the impact of children's influence on behavioural change.

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Appendix A: Discussion with key informants

Below if listed, the key academics and practitioners with whom this review was discussed with. The aim was to ensure the identify key material to include in the review.

- Dr Adam Biran, London School of Hygiene & Tropical Medicine
- Dr. Kamal Kar, pioneered the Community-Led Total Sanitation (CLTS) approach in Bangladesh
- Claire O'Kane, Child Rights Consultant.