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April 14, 2015

Date

Mamanieva: Grandmothers for Improved  
Maternal and Child Nutrition-  
A Curriculum

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Mamanieva: Grandmothers for Improved  
Maternal and Child Nutrition-  
A Curriculum

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An abstract of  
A thesis submitted to the Faculty of the  
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## **Abstract**

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**Background** Global undernutrition is a pervasive issue and needs to be addressed at multiple levels, from immediate causes like inadequate diet, to underlying causes like inadequate household food security, and basic causes like lack of capital. In Sierra Leone, the situation is extreme with 36% of children under the age of five who are stunted (low height for age), 21% who are underweight (low weight for age), and 10% who are wasted (low weight for height). Grandmothers, or elder women, exert high levels of influence within the household structure, especially regarding maternal and child health decisions, including nutrition. Empowering grandmothers allows them to become agents of change and can be achieved through adult learning, participatory methods, and the Grandmother approach.

**Curriculum** The author created this curriculum for the *Mamanieva* program at the request of World Vision. The pilot program is currently being implemented in southern Sierra Leone, in 16 communities. The curriculum is made up of 11 sessions based on key topics identified in formative research. The sessions include technical knowledge as well as a script for activities grounded in participatory methods. Included in the curriculum are examples and visual aids that will aid facilitators in the implementation of the sessions. The curriculum was developed with the CDC's "Characteristics of an Effective Curriculum" in mind and the end product fulfills those guidelines.

**Conclusion** This curriculum is ready to be used when the *Mamanieva* program is scaled up in Sierra Leone. However, prior to implementing this program on a larger scale, recommendations need to be taken into consideration in order to have a successful program.

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## Chapter I: Introduction

Sierra Leone, a West African country, is home to 5.6 million people (CIA, 2009). In 2012, the Human Development Index, which measures development by combining indicators of life expectancy, education, and income (United Nations Development Programme, 2012), ranked Sierra Leone 177 out of 187 countries. Sierra Leone has the highest under five mortality rates in the world and the life expectancy is just 48 years (UNICEF, 2009). In the 20 years from 1990 to 2010, the under-five mortality rate has decreased by 10%, but this is behind many similar countries and there remains plenty of work to be done. Nutrition indicators show that 36% of children under the age of five are stunted (low height for age), 21% are underweight (low weight for age), and 10% are wasted (low weight for height) (World Bank, 2011).

The high rate of undernutrition in Sierra Leone is a significant problem that cannot be alleviated by simply implementing surveillance and treatment systems, but needs to be addressed by targeting the underlying problems. Food security, access to nutritious foods, poor infant feeding practices, lack of knowledge and micronutrient malnutrition are just a few of the root causes of undernutrition. According to the World Bank, Sierra Leone has a history of poor maternal nutrition and infant and young child feeding practices, with two-thirds of all newborns not receiving breast milk within the first hour after birth, 89% of infants under six months not being exclusively breastfed according to WHO recommendations, and 27% of infants between six and nine months are not fed correctly with both breast milk and solid foods.

This special study project develops a curriculum for the *Mamaniéva* Project, currently being implemented by World Vision/Sierra Leone with support from World Vision/Germany and The Grandmother Project. The *Mamaniéva* Project focuses on utilizing existing human capital, grandmothers or elderly women, as instruments of social change within a community. This is based off the philosophies of *The Grandmother Project*. The approach is designed to form a



partnership with “grandmothers” or elder women, in order to advance social change in communities. The pilot program is being implemented in 16 communities in the Bonthe District, located in southern Sierra Leone by the World Vision field team in the Bum chiefdom Area Development Programme. Mixed methods formative research was conducted in 2013 in villages located in two sections within the Bum chiefdom, Torma and Fikie. The Torma section is the intervention area, receiving the *Mamanieva* curriculum, while the Fikie section is the control area.

Currently, many health interventions focus on the mother-child dyad when addressing nutrition issues. However, research has shown that grandmothers play an important role in the household, serving as advisers to younger women, as caregivers to both the mothers and the children, and as a group, they influence practices within the community (Aubel, 2012). Grandmothers are particularly influential when it comes to practices in pregnancy and the feeding and caring of children (Aubel, 2012). Men are still the ultimate decision makers within a household, but in matters of maternal and child nutrition, they often defer to the elder women (Aubel, 2012). Therefore, maternal and child nutrition programs should engage all key influencers of social norms in interventions.

The curriculum outlined in this thesis is designed to assist health interventionists in improving their extension of best practices for application in rural settings. The activities in this curriculum are grounded in adult participatory learning methods and empowerment theory. Adult learning theory, andragogy, is grounded in five key assumptions that make adult learning differ from learning in the earlier, formative years. These assumptions, which are centered on existing knowledge, life experiences and the end goal of the learning process, will greatly improve the efficacy of interventions when integrated into programs that involve adult learners.

The activities in this curriculum are dialogue focused and are designed to stimulate conversations within a group. There is no teacher in this setting; instead, there are facilitators that steer the conversation into necessary topics, while allowing organic dialogue to occur. Another consideration is the low literacy rates in rural Sierra Leone, especially in older women. As a result, the vast majority of activities does not require any level of literacy and incorporate picture cards as a tool for learning.

The topics of the curriculum are based on the formative research and the specific issues identified in qualitative focus groups. The author traveled to Sierra Leone in May 2014 to provide technical support to the field team and to perform a process evaluation. Due to the Ebola outbreak, she wasn't able to collect qualitative data, but was able to observe sessions and provide technical assistance. Additionally, she was able to pilot several activities in the field that are included in the following curriculum.

This curriculum will provide a solid foundation for the technical content of this project and will improve the way that the information is delivered. This curriculum, while developed for use in rural settings in Sierra Leone, is adaptable to other contexts.

## **Chapter II: Comprehensive Literature Review**

### ***Global Child Undernutrition***

The World Health Organization (WHO) has identified child undernutrition as a significant contributor to under 5 mortality rates, contributing to 35% of deaths within that age group worldwide (World Health Organization, 2000). Undernutrition is defined as the result of insufficient food intake and repeated infectious diseases resulting in 1) low weight for age (stunting), 2) low weight for height (wasting), and 3) deficiency in

vitamins and minerals (micronutrient malnutrition) (UNICEF., 2008). The high rate of undernutrition is a significant global problem that must be addressed by targeting the underlying issues. Food security, access to nutritious foods, poor infant feeding practices, and micronutrient malnutrition are just a few of the root causes of undernutrition and significant factors in child illnesses. Infectious diseases and undernutrition are intrinsically linked and we cannot address one without the other. This relationship is illustrated in the UNICEF conceptual framework of malnutrition (Figure 1), which includes immediate causes, underlying causes, and basic causes, that contribute to the manifestation of undernutrition. There is a complex interplay between the various aspects within the framework. In order to address the overall problem, it is necessary to target the basic, underlying, and immediate causes as well as having surveillance to be able to identify cases of undernutrition and the capacity to provide the proper care.

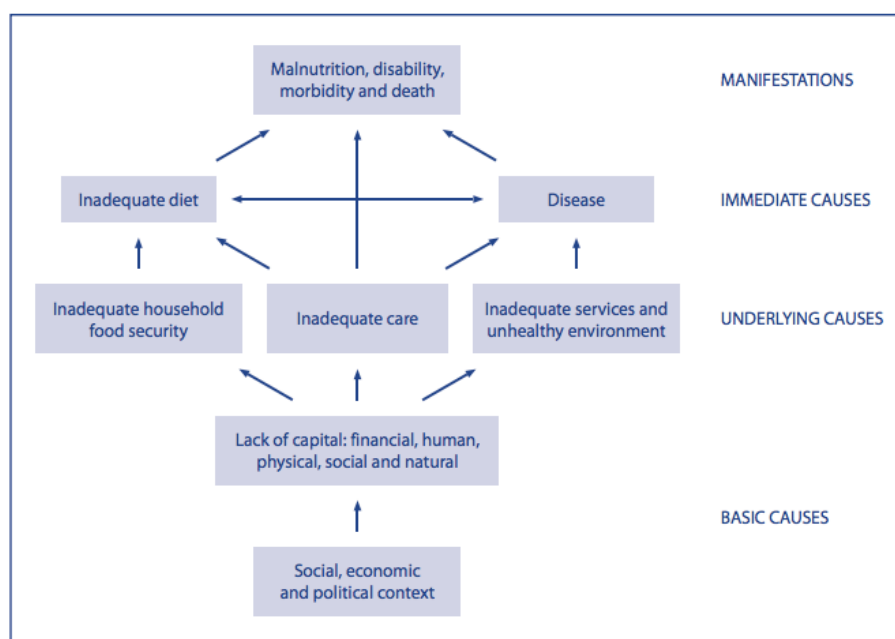


Figure 1: UNICEF Conceptual Framework for Malnutrition

The first 1,000 days of life has been targeted as a crucial period in a child's life. This time frame starts at conception and continues through the second year of life. The 1,000 days framework focuses on maternal health and nutrition as well as the child's. The WHO guide for Infant and Young Child Feeding (IYCF) outlines important steps that need to be taken to decrease the prevalence of child undernutrition. These guidelines include early initiation of breastfeeding, exclusive breastfeeding for the first six months, and adequate complementary feeding, including timely initiation and provision of a diverse and adequate diet. Furthermore, it is crucial that caregivers provide appropriate feeding of a sick child.

### ***Child Undernutrition in Sierra Leone***

Sierra Leone is located in Western Africa and is home to 5.6 million people (CIA, 2010). As of 2012, Sierra Leone was ranked 177 out of 187 countries on the Human Development Index, which measures development by combining indicators of life expectancy, education, and income (United Nations Development Programme, 2012). The life expectancy is 48 years, and Sierra Leone is ranked first in under five mortality rates (UNICEF, 2008). Since 1990, the under five mortality rate has decreased by 10%, but this is still far behind many similar countries. Additionally, 36% of children under five are stunted, 21% are underweight, and 10% are wasted (World Bank, 2011).

According to the World Bank, Sierra Leone has a history of poor maternal nutrition and infant and young child feeding practices, with two-thirds of all newborns not receiving breast milk within the first hour after birth, 89% of infants under six months

not being exclusively breastfed according to WHO recommendations, and 27% of infants between six and nine months are not fed correctly with both breast milk and solid foods. Formative research conducted in 2013 in the Bonthe district in Southern Sierra Leone found similar trends. The quantitative survey found that support of early initiation of breastfeeding and exclusive breastfeeding in the first week is high, but that drops off dramatically, with nearly 25% of mothers and over 40% of grandmothers believing that children should have water before 6 months of age (Webb-Girard, 2014). Additionally, 1/3 of mothers and 1/4 of grandmothers believe that children should not be given semi-solid food/thick porridge until 9-12 months of age. This practice can lead to stunting due to the fact that the nutrients in breastmilk are no longer adequate for child growth beyond 6 months. With this information, we can address both harmful practices in order to decrease the incidence of child undernutrition.

These statistics could be indicative of the basic causes outlined in Figure 1. The inadequate knowledge illustrated by local beliefs of communities in Sierra Leone, as demonstrated by the quantitative surveys conducted in 2013, contributes to the lack of informational capital. Cultural systems, such as hierarchy within households can contribute to unequal distribution of resources, especially for young women due who have lower status, which can lead to their disempowerment. Women's empowerment is positively associated with improved nutrition outcomes, both directly and indirectly (Van den Bold, Quisumbing, & Gillespie, 2013). By improving her own nutritional status, a woman can influence child growth during the antenatal period and while breastfeeding. Additionally, an empowered woman can exert more influence on household childcare

practices, which has led to improved nutritional status (Van den Bold et al., 2013).

However, there are many factors, in play that help or hinder this process.

### ***Grandmothers as Maternal and Child Health Change Agents***

Currently, the majority of Maternal and Child nutrition programs are focused on the dyad of mother and child and does not take into account the family system as a whole. In Sierra Leone, as with many West African countries, married women often move to the village of her husband, into a compound with his immediate and sometimes extended family. The health of the mother and her children is not solely dictated by her, and is very often influenced by the knowledge, attitudes, roles, and resources of other members within the household (Aubel et al., 2001). As a result, even though a young mother may have the knowledge for good maternal and child nutrition, her decisions may not be supported by others in the household. The older generation, especially grandmothers, defined as biological grandmothers or experienced women who advise younger women, play an important role in the household. They are the gatekeepers of traditions and are often the caretakers while the younger women are working in the fields or working outside the home.

While men are generally considered the household decision maker, they have limited knowledge and involvement when it comes to maternal and child health issues (Aubel, 2012). Grandmothers fulfill many roles within the household, as well as in the community; having a particularly strong voice in household decision making and specifically influencing maternal and child health decisions (Coall & Hertwig, 2010) .

They act as advisers to the younger generations and are well respected within the familial hierarchy and community due to age and their vast amount of experience(Aubel et al., 2001). As a result, considering the grandmother's role and influence within a family is an important factor when implementing a program focused on maternal and child nutrition.

However, grandmothers have been overlooked as a resource, often due to biases against them (Aubel et al., 2001). Grandmothers are seen as no longer having influence, having a negative influence, no longer able to learn new things or change, and the ones who need to receive healthcare (Aubel et al., 2001). These biases are unfounded, given that programs that include grandmothers have found that their knowledge increases, they change the type of advice that they provide pregnant women, and changes in nutritional practices

### ***The Grandmother Project***

The Grandmother Project (GMP), an NGO focused on creating change through culturally appropriate interventions, has been on the forefront of incorporating grandmothers into programming and involving them in the change process. This approach is comprised of five core steps: 1) analyzing the role and influence of grandmothers and other actors on women's and children's well being, 2) Recognizing and validating cultural resources or assets, including knowledge, tools, and roles of grandmothers, 3) Dialogue with grandmothers to seek consensus on problems and solutions that build on "traditional" values, roles, and practices and that incorporate

priority “modern” practices, 4) Strengthen the confidence and capacity of grandmother leaders to promote improved practices within grandmother groups, within families, and within the community at large, and 5) Evaluate results and ongoing learning (The Grandmother Project, 2014).

These steps form the framework of how to address a variety of issues within a community, utilizing existing human capital and knowledge. This framework was used to increase intergenerational communication and to decrease the incidence of Female Genital Mutilation (FGM) practices in Senegal. Some results from this approach were: increased communication between younger generations and their elders, greater recognition of grandmother’s role in passing along values and traditions, and positive changes in community attitudes toward FGM, early marriage, and teenage pregnancy (The Grandmother Project, 2009). Applying it to maternal and child nutrition practices can have significant implications when it comes to health communication, which was exemplified in a 2004 study in Senegal (Aubel, Touré, & Diagne, 2004). In comparison with villages who did not incorporate the grandmother strategy into their maternal and child nutrition communications, the intervention villages with the grandmother strategies had significant changes on reported practices during a woman’s most recent pregnancy, including increased intake of food during pregnancy, early initiation of breastfeeding, exclusive breastfeeding (5 months), and introduction of first complementary food at 5/6 months. These numbers are encouraging and demonstrate that the inclusion of grandmothers is beneficial and should be utilized in more settings.



### ***Adult Participatory Learning***

The Grandmother Project's approach to engaging grandmothers for maternal and child health interventions is grounded in adult learning and empowerment theory. Adult learning vastly differs from child learning and it is imperative that the differing factors be taken into consideration when addressing adult learners. Malcolm Knowles identifies five assumptions about adult learners that drive adult learning theory: 1) Adults are independent and self-directed; 2) Adults bring life experiences and knowledge to learning experiences; 3) Adults value learning that integrates with the demands of everyday life (practical); 4) Adults are more interested in immediate, problem centered approaches; and 5) Adults are internally motivated (Kaufman, 2003). Additionally, adults have a more difficult time with learning compared to children due to the fact that short-term memory is less efficient and that translating it to long-term memory is more difficult (Pretty, 1995). Taking these into consideration, participatory methods are one way to engage adults in active learning as opposed to the "banking model" of education described by Paulo Freire, where learners are treated as "receptacles" to be filled with information (Freire, 2000).

Participatory Learning engages learners in the process and it removes the power dynamic that evolves from the banking model of education. Instead of creating a divide where the instructor is the source of information that the learner needs, it fosters a dialogue where learning is a process and not just information to be memorized. In Sierra Leone, the school system employs rote memorization techniques, which does not encourage creative and critical thinking. These schools are an example of the banking model taken to the extreme, and it is crucial to integrate more participatory learning

approaches in Sierra Leone, including in nutrition programming. Adult education methods generate a dialogue where the facilitators (not teachers) and the participants (not students) are engaged in shared learning, where all parties are able to learn from one another. This addresses Knowles' second assumption, that adults bring life experiences and knowledge, and it highlights the shared learning experience. Additionally, participatory learning leads to empowerment, which has been shown to improve health related outcomes as described below.

### ***Empowerment Theory***

Empowerment theory is a critical aspect of The Grandmother Approach, which could not succeed without this component. Empowerment theory has numerous definitions, but it is generally thought of as “an intentional ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources” (Perkins & Zimmerman, 1995). Empowerment theory, as it applies to grandmothers, often means including them in activities that promote health within a community. The grandmothers, who are often the protectors of tradition and caretakers within the family, can be powerful instigators of change.

Undernutrition is linked to powerlessness (Kent, 1988) and this is the case when it comes to young children, who cannot feed themselves and depend on caregivers. This is also the case for women in rural or underdeveloped areas, who often lack support and

capacity to make decisions (Kent, 1988). Empowerment is more than just using facts and teaching people about a behavior in order to enact change, rather it is providing the tools and support needed for individuals to decide what is best for them and their communities. This is crucial in a community where elders have a wealth of knowledge and are the ones to impart that knowledge onto the next generation. As mentioned above, participatory learning is a way to impart the tools and knowledge needed to make an informed choice. Grandmothers have immense knowledge when it comes to practices within the community and in order to improve maternal and child nutrition practices, they need to be engaged in a conversation that provides them with the tools and information that allow them to make informed choices.

### ***Curriculum Development***

In order to address the issue of child undernutrition in Sierra Leone, World Vision/Sierra Leone in partnership with World Vision/Germany and The Grandmother Project have implemented the *Mamaniewa* program. The program engages grandmothers and mothers on the topics of maternal and child nutrition and works with the above theories in order to create change. The program implements the aspects of The Grandmother Approach and began with a qualitative and quantitative formative study in 2013 that explored the current knowledge and practices. Grandmothers, women with children <24 months, and men with children <24 months were surveyed. These results informed the pilot program, which began in November 2014 and is continuing till May 2016. The pilot program focused on identified gaps, which included exclusive

breastfeeding, complementary feeding practices, pre-lacteals, Iron and Folic Acid supplementation, and maternal diet during pregnancy. At the commencement, there were no formalized curriculums for the field team facilitators to follow. To address this gap, a partnership between Emory University and World Vision was developed. In June 2014, an Emory RSPH Graduate Student (the author) was engaged to develop a nutrition curriculum for the *Mamanieva* program that would be grounded in adult learning and empowerment theory and integrate participatory methods.

The Centers for Disease Control and Prevention (CDC) issued guidelines in 2012 on characteristics that characterize an effective health education curriculum. The fourteen characteristics can be collapsed into the following domains: 1) Focuses on clear health goals and related behavioral outcomes, 2) Is research-based and theory driven, 3) Addresses individual values, attitudes, and beliefs, 4) Addresses individual and group norms that support health-enhancing behaviors, 5) Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors, 6) Uses strategies designed to personalize information and engage students, 7) Incorporates learning strategies, teaching methods, and materials that are culturally sensitive, and 8) Provides opportunities to reinforce skills and positive health behaviors (CDC, 2015). These key characteristics are applicable in all settings and need to be taken into consideration when developing a curriculum.

### Chapter III: Curriculum Content

The goal of the *Mamanieva* nutrition curriculum is to empower grandmothers to support maternal and child nutrition. As the keepers of traditions and de facto caretakers within a community, grandmothers are rich sources of information and can be the catalyst for change, especially for maternal and child nutrition practices. The curriculum was built by combining the philosophies behind The Grandmother Approach, Empowerment Theory, and Adult Participatory Learning. The end product will engage grandmothers in the critical dialogue on maternal and child nutrition and facilitate their identification of barriers and strategies to optimizing maternal and child nutrition in their households. Through engaging key influencers of maternal and child nutrition rather than focusing on mothers, this approach provides an innovative strategy to fill a gap in the current way that maternal and child nutrition is addressed in community based programs. Ultimately this approach strives to create sustained positive changes within a community by shifting social norms.

The author traveled to Sierra Leone from May 2014 to August 2014 and worked with World Vision/Sierra Leone to observe the pilot program that was being implemented in the Bum Chiefdom, located within the Bonthe District. She observed 16 sessions and conducted informal interviews with the field staff. She planned to conduct focus groups with grandmothers and mothers to ascertain their perceptions on the project thus far. However, due to the Ebola outbreak in Guinea, Sierra Leone, and Liberia, the author was removed from the field site due to safety concerns and was unable to complete the data collection component.

The curriculum was developed from activities piloted while the author was in Sierra Leone, as well as using participatory activities adapted from the *Tools Together Now* handbook put together by the HIV/AIDS Alliance. The sessions are based off of the six key topics identified from the formative research: 1) Linkages between diet in pregnancy and childhood and effects on child growth and health, 2) Care during pregnancy, 3) Consumption of Iron and Folic Acid during Pregnancy, 4) Early initiation of breastfeeding, 5) Supporting exclusive breastfeeding to 6 months, and 6) Clarify optimal complementary feeding practices (diversity, meal frequency and amount, consistency) and build self-efficacy and enthusiasm of Grandmothers to prepare and feed adequately. In addition to these topics, the author was asked to develop sessions on hygiene and pre-lacteals. The sessions follow a natural progression, starting with an introduction and overview, leading into the grandmothers' role within the household and community before addressing the different nutrition and hygiene topics.

The author created the script for the activities and adapted them for each session. The sessions incorporate the core tenants of The Grandmother Project and participatory learning. The first two sessions focus on the grandmothers themselves and shines a light on their knowledge, tools, and roles. It highlights their influence and it provides a space where they can be acknowledged and praised. The activities allow the participants to share their views and they create an opportunity to dialogue with one another, where they are able to examine traditional practices and explore modern practices. The structure of the curriculum allows shared learning to occur and the grandmothers are able to practice new techniques in a structured environment.

The curriculum also fulfills the guidelines set forth by the CDC for an effective health education curriculum. Each session has a clear session goal that is articulated at the beginning and specific objectives are stated up front. The activities are focused to achieve the overarching

session goal and the objectives. Each of the activities were chosen and modified to be participatory and appropriate for the population. The underlying tenants of The Grandmother Project, Adult Participatory Methods, and Empowerment Theory are incorporated throughout the curriculum.

Examining current beliefs and practices is an integral part of this curriculum. Activities encourage individuals and groups to discuss their beliefs and values in order to determine why certain practices are widely held. There are opportunities for individuals to ask questions, challenge what was said, and to share personal knowledge, which can empower them to adopt health-promoting behaviors. While it is crucial that the participants aren't told that their beliefs are incorrect, the facilitators are equipped with tools that provide basic and accurate health and nutrition knowledge, so that informed decisions can be made. This curriculum was designed for individuals in rural Sierra Leone and the activities and examples are culturally appropriate.

The final product will be presented to the *Mamanieva* support team at World Vision. If this project is scaled up in Sierra Leone, this thesis will be the facilitator guide. This curriculum provides a strong foundation in which the program as a whole can be based. While additional facilitator training is needed, the curriculum itself provides all the activities and tools needed to implement, monitor and evaluate this program. It incorporates all the fundamental aspects of an effective health education curriculum and is grounded in several theories.

The PI on the overall project, Dr. Amy Webb-Girard, had IRB approval on the project. While this project involves human subjects, Emory University IRB deemed project IRB00062902 exempt. The process evaluation that was supposed to be performed by the author was covered under the exemption.

## **Chapter IV: Discussion, Conclusion, and Recommendations**

### ***Discussion: Observations from the Field***

I arrived in Sierra Leone on May 26, 2014 to work with World Vision/Sierra Leone as a nutrition content expert on the *Mamanieva* project. Due to a scheduling conflict, I wasn't able to travel to the Area Development Program (ADP) office in Madina until June 1. Once in the field, I was able to gain a sense of the program and learn the flow of the implementation. I was then able to contribute my knowledge and experience in nutrition and participatory approaches to the field team. I created an outline for a session of iron supplement use during pregnancy. In mid-June, Dr. Amy Webb-Girard was able to make her first trip to the field site in the Bum Chiefdom and to work with the field staff and myself. Upon her recommendation and help, we developed our outline for the session into a full activity guide, complete with directions and talking points, in order to facilitate and encompass the participatory approach of the *Mamanieva* project. After her visit, we worked with her remotely to develop two additional sessions.

I was able to attend 16 sessions covering three different topics in my short time there. Upon my return to the ADP office in Madina, we would debrief the session, discussing positives and difficulties from the day. We would translate that into field notes provided to the team. This was a great practice and it was an opportunity for the team to discuss the various aspects of the session. It was in these meeting where we decided if the activities for the session were sufficiently achieving the session objectives or if we needed to revise or add additional activities.

The facilitators made a concerted effort to use the participatory approaches that we developed. Some of the concepts were foreign and awkward in the beginning. However, I was



very impressed by the team embracing these activities and translating that into the sessions with the grandmothers.

The majority of the sessions that I attended were interactive and fun. Working with grandmothers was a great experience and it was clear that they contained a wealth of knowledge. One aspect that I didn't expect, occurring in only one or two villages, was that the men wanted to be involved. The sessions that I attended were not sensitive topics, so the male presence didn't hinder the process (for the most part). In one village, the males just wanted to sit and listen and they asked questions at the end, but were not disruptive. In another village, we had to remind some males that they were welcome to observe and absorb information, but not to be active participants. The grandmothers took on their role with pride. In our larger town, Torma, several grandmothers ended up leading a session during an antenatal clinic day. It was wonderful to see them utilize their newly acquired knowledge and share that with the young mothers.

We experienced a couple of logistical problems. Transportation to and from the villages was a challenge. The project coordinator has a motorbike that can be taken to the villages, but it was difficult at times to get all the personnel to the sites. Additionally, we want good electronic monitoring and evaluation. There is only one laptop for the team, which is a hindrance when it is needed for monthly and quarterly reporting.

### ***Conclusion***

This project exemplifies the need to engage grandmothers when it comes to maternal and child nutrition. The pilot program is still in progress, but through observations and informal interactions with the field staff and the participants in the sessions, the response to the participatory method is positive. The grandmothers enjoy the sessions and feel like they're

learning new material and are able to share that with others. The project has a positive relationship with the communities, with children yelling “*Mamanieva*”, whenever they see a motorbike drive by.

This curriculum is a step in the process for scale up. This program should and can be scaled up for use throughout Sierra Leone. The nutrition challenges faced by the communities in the Bum Chiefdom are echoed throughout the country, as shown by the high rates of undernutrition. This is an innovative way to discuss the underlying issues and include some of the key decision makers within a household.

### ***Recommendations***

Once the program is scaled up, several steps should be taken prior to the implementation of the curriculum. There are many considerations for the selection of facilitators, the resources available, and the logistics that are involved in program implementation. The following recommendations are based off of my observations and experiences.

#### **Facilitators**

- 1) **Facilitators should be fluent in the local language of the community that they are working in**

In the Bonthe district, there are approximately 23,000 residents and they are largely members of the Mende tribe. The official language of Sierra Leone is English with the lingua franca being Krio, spoken by an estimated 95% of the population (CIA, 2009). However, in the Bum Chiefdom, Mende is the primary language. While it is possible to have a translator from the community, it hinders the process and interrupts

the flow of the session. The participatory method requires dialogue and if a translator is required, it affects the environment of the session.

**2) Facilitators should have prior experience in community mobilization, group facilitation, and participatory approaches**

**OR**

**Facilitators should undergo training in using participatory methods, community mobilizing, and effective facilitation**

**AND**

**Facilitators should demonstrate their ability to adequately facilitate a session as part of the hiring and training process**

The facilitators are the key to having a successful program and it is necessary that they have prior experience or are adequately trained. Participatory approaches are the foundation for this program and it is essential that the facilitators are familiar with and trained in utilizing these tools. Additionally, facilitating dialogues with groups requires knowledge and skill in maneuvering within social structures, working with different personalities, and managing group dynamics.

**3) Facilitators should have functional nutritional knowledge**

**OR**

**Facilitators should undergo nutrition training as part of the hiring and training process**

This program is a nutrition-focused program and that requires that facilitators be knowledgeable about the subject. The curriculum provides technical knowledge, but facilitators need to be prepared to answer questions that may arise.

**4) Facilitators require humility and should be willing to seek assistance from their support system**

Issues and questions may arise that facilitators may not be able to address. It is important that facilitators are humble and willing to seek help on these issues.

Misinformation from a facilitator can be damaging and difficult to correct, which can hinder future sessions and affect rapport with the community.

**5) Facilitators need to be open to other points of view and not outwardly show negative emotions while engaging with communities**

The Grandmother Approach is entrenched in open dialogue and creating a safe environment for discourse. A facilitator may hear statements that they do not agree with, but they need to be open to hearing differing opinions and not react in a negative way that can damage their rapport with the community.

**6) Facilitators should be adaptable.**

The curriculum is not set in stone and if an activity isn't working, facilitators should be able to recognize that and move on or adapt the activity. Flexibility is required in the field because plans are always subject to change.

**Resources/Logistics**

**1) A Nutrition Advisor should be available as a resource for the facilitators**

A nutrition technical advisor should be accessible by the facilitators because questions arise that the facilitators are not equipped to answer. They are a crucial resource and their absence hinders the program.

**2) The following structure of immediate support should be in place for this specific project:**



This can be expanded based on the number of villages and facilitators available. It is crucial that there is strong support from the ADP managers as well. Beyond that, there should be external support from the World Vision family as a whole and their consultants as needed.

**3) Prior to implementing this program, community buy in and engagement is required.**

When selecting sites to implement the *Mamanieva* program, it is crucial to begin a dialogue with the community and to assess community buy in. The leaders within the community need to understand the nature of the program and the roles of the different individuals.

**4) Supportive supervision is required**

Following with the nature of this program, support supervision approaches to management need to be in place. The facilitators are on the ground and they need to have the support of the system behind them, but not in a controlling fashion.

5) **Project coordinators are there to support their facilitators when needed and to troubleshoot problems.**

Project Coordinators are put in place to be the first point of contact if facilitators need assistance. They oversee a team and their team needs to be able to trust them. They should visit each site, but they do not need to be present at every session. Project Coordinators function to assist when needed and observe, so they should not interrupt or distract from the sessions themselves. Those actions can undermine the rapport that a facilitator has built with the community and change the dynamic of the session. They should however, make notes on facilitation style and content to discuss with the facilitators during the debrief session.

6) **The same facilitator(s) should be going to their assigned intervention sites to build rapport and consistency with their communities**

Rapport is essential to creating a safe environment for dialoguing. Facilitators should be assigned certain sites and it should not vary from session to session. However, there are exceptions. There are times when facilitators need to be changed based on safety, history, and other issues. Sometimes, a community and facilitator can't work harmoniously due to circumstances and in those cases, it is necessary to remove the facilitator from that particular site.

7) **The facilitators should be assigned a manageable number of intervention sites**

It is important that the facilitators not be assigned too many sites because it can lead to difficulties keeping track of the different communities. The activities and sessions build off one another and it is necessary to know what occurs in each community.

Spreading the facilitators too thin by assigning them too many sites can lead to fatigue and ineffective facilitation

**8) Monitoring needs to be consistent and occur at regular intervals**

Monitoring is an important aspect to tracking the effectiveness of a program. It is important to be able to monitor challenges and track what issues may arise from certain sessions and activities. Regular debriefing sessions should be held by the project coordinator in order to address problems as they arise.

**9) Evaluation of the program needs to be open and frank**

Facilitators are the ones who know how their communities are reacting to topics and activities. The environment should be that of open and honest discourse, where the facilitators are able to discuss problems with the activities, sessions, and the program.

**10) There should be an adequate number of computers available so that the facilitators can generate the needed reports and complete the M&E tools**

Monitoring and Evaluation are crucial and now that we are in a digital age, it is important that the facilitators have the resources necessary to complete the tasks that they are given. If the reports are expected to be digital, then computers need to be provided. However, if reports are to be hand written and given to the project coordinator to be compiled, then that needs to be explicitly stated in the job descriptions.

**11) Adequate transportation should be provided to the facilitators**

Facilitators need to be able to access a site in order to perform their job. Adequate transportation, meaning safe and reliable, needs to be built into the implementation

design of this program. Without this component, the program cannot be implemented.

**12) This program is flexible and can be different from site to site. Differences should be noted and justification given, so that this can be an iterative process**

Each community, each facilitator, each day, is different, so it is unreasonable to expect the same results from every activity and session. It is important to note these differences and to learn from them. These are important lessons and changes can be incorporated in future iterations.



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**APPENDIX**



# MAMANIEVA:

## GRANDMOTHERS FOR IMPROVED NUTRITION: A CURRICULUM

*Written By: Wilma Mui*

**GRANDMOTHER**  
**PROJECT** CHANGE THROUGH CULTURE

**World Vision®**

*Building a better world for children*

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## FACILITATOR INTRODUCTION

Dear *Mamanieva Project Facilitator*,

Thank you so much for your involvement in the *Mamanieva Project*. You are the critical piece of this project and we cannot succeed without your involvement. You are the one who will engage with the communities and who will provide a safe environment for discussion. This curriculum is written for use in communities in rural Sierra Leone, but can be adapted for use in other communities

I, a Master of Public Health Candidate at Emory University in Atlanta, GA, with the guidance of my advisor, Amy Webb-Girard, PhD wrote this curriculum in hopes of improving the nutritional status of under 5 populations in Sierra Leone. I have been involved with this project since April 2014 and worked closely with the pilot program in Bum Chiefdom, living in the community for 10 weeks in 2014. This curriculum combines technical information presented in an exciting way. I was able to observe over 15 sessions and see this method in practice. I have faith in this program and am honored to be a part of it.

This curriculum is not a step-by-step guide, but an outline that can be adapted to the needs of your community. There may be topics that are brought up by your participants and it is important to address them, even if they aren't included in this particular curriculum.

This curriculum is the culmination of many months of work and would not have been possible without a team behind me. I want to thank World Vision/Germany for allowing me to be a part of this program and for providing me with support. I wouldn't have been able to write this without World Vision/Sierra Leone staff, especially Allieu Bangura, my field supervisor, David Bangatoma, Bum ADP manager, and the two field staff, Joseph Simba and Alice Senesie, who allowed me to tag along to the implementation sites. Many thanks to Dr. Judi Aubel, whose philosophy is the driving force behind this program and without whom this project would not exist. And lastly, Dr. Amy Webb-Girard, who provided me with endless support at every step in this process, who introduced me to this project, and without whom, I never would have written this curriculum.

Good luck facilitator and I wish you the best with this curriculum!

Sincerely,

Wilma Mui

## **Background**

World Vision/Sierra Leone in partnership with World Vision/Germany, The Grandmother Project (GMP), and two members of Emory University have created and piloted the *Mamanieva* project. The *Mamanieva* Project is a participatory program that focuses on grandmothers as agents of change. A grandmother, as defined by The Grandmother Project, includes biological grandmothers (actually having grandchildren) as well as senior women in a community.

The pilot program, implemented in 16 villages located in the Bum Chiefdom (Bonthe District), from 2013-2016, tested out this approach. Baseline survey data and observation helped to form this curriculum that targets Maternal and Child Nutrition. While we haven't completed a midline or endline survey to track our progress, the sessions have been inspiring with engagement from the grandmothers, grandmother leaders, women, and the communities as a whole.

## **Undernutrition**

Undernutrition is a global issue, but Sierra Leone has been especially vulnerable. As of 2012, Sierra Leone was ranked 177 out of 187 countries on the Human Development Index, which measures development by combining indicators of life expectancy, education, and income (United Nations Development Programme 2012). The life expectancy is 48 years, and Sierra Leone is ranked first in under five mortality rates (UNICEF. 2008). Since 1990, the under-five mortality rate has decreased by 10%, but this is not enough and it is behind many similar countries. Nutrition wise, 36% of children under the age of five are stunted, 21% are underweight, and 10% are wasted.

A qualitative and quantitative formative study that explored the current knowledge and practices was done to inform the topics that are included in this curriculum.

Grandmothers, Women with children <24 months, and Men with children <24 months



were surveyed and gaps in practice and knowledge were identified. As a result, we focused our sessions on the pertinent information that was needed by the community.

### **Why Grandmothers?**

Grandmothers are an important part of the family structure & community and they have many years of knowledge and experience to share. Grandmothers are the keepers of traditions and care for the children while the younger women are working outside the home. When it comes to maternal and child health and nutrition issues, men have little knowledge and involvement, often deferring to the elder women. Studies have shown that grandmothers have a strong influence on maternal and child health practices within a family, which means that the previous practice of focusing on the mother-child pairing may not invoke lasting change within a community.

The GMP focuses on involving grandmothers in the change process through five steps(The Grandmother Project 2014):

- 1) Analyzing the role and influence of grandmothers and other actors on women's and children's well being
- 2) Recognizing and validating cultural resources or assets, including knowledge, tools, and roles of grandmothers
- 3) Dialogue with grandmothers to seek consensus on problems and solutions that build on "traditional" values, roles, and practices and that incorporate priority "modern" practices
- 4) Strengthen the confidence and capacity of grandmother leaders to promote improved practices within grandmother groups, within families, and within the community at large
- 5) Evaluate results and ongoing learning.

These steps are the key to this program's success.

## **Participatory Education & Empowerment**

The goal of this project is to engage grandmothers and mothers in a conversation about maternal and child nutrition and not to teach at them. Participatory methods, especially adult participatory education is grounded in the fact that:

- 1) Adults are independent and self-directed
- 2) Adults bring life experiences and knowledge to learning experiences
- 3) Adults value learning that integrates with the demands of everyday life (practical)
- 4) Adults are more interested in immediate, problem-centered approaches
- 5) Adults are internally motivated(Kaufman 2003)

This goes beyond learning material by memorization and recitation. It is essential that knowledge is **shared** and is a **process**. The following curriculum encourages conversation and creates a **dialogue** within a community that involves you, the facilitator and all the participants. This dialogue works to **empower** grandmothers and others to make informed choices that can affect the nutritional status and the health of mothers and children.

Empowerment is defined as:

*“an **intentional** ongoing process centered in the local community, involving **mutual respect, critical reflection, caring, and group participation**, through which people lacking an equal share of valued resources gain greater access to and control over those resources.” (Perkins and Zimmerman 1995)*

The components of mutual respect, reflection, caring, and group participation are at the core of this curriculum and it relies on you, the facilitator in order to achieve these goals.

### Working with your communities

*Mamanieva* utilizes an approach that is not used by many organizations and you may meet resistance to it in the beginning. It is a different format than many people are used to and this format encourages participation and there is **NO “teacher”**. Many programs will provide participants with materials such as gardening supplies, seeds, or food supplements, but that is not the point of *Mamanieva*. We may leave some resources that allow grandmothers to share their knowledge, but they will not be getting material goods as incentives for their participation.

## Curriculum Layout

Each of the sessions will have the following format:

**Session Goal:** The goal of the session

**Specific Objectives:** The list of objectives that should be achieved by the end of the session

**Materials Needed:** List of materials needed for the session.

**Schedule:** The rundown of the activities and the time breakdown

**Technical Information:** The information that the you, the facilitator, should know going into a session

## Activity #:Title

**Aim of Activity:** The goal of this activity






**Materials Needed:** The materials needed for the activity

**Facilitator Instructions:** The instructions for you! Make sure you read through these and clarify anything with your supervisor. The items in *italics* are suggestions for saying things aloud. You don't have to say them exactly.

# FACILITATOR INTRODUCTION

## Symbols

These symbols are integrated throughout the curriculum

	This means an important point for you, the facilitator. You should take note of this symbol when it occurs.
	This means a new activity
	Prayer time. Depending on your community, this will be with the Islamic prayer, Christian prayer, or both
	Singing!
	Review
	Wrap up and any last questions

# FACILITATOR INTRODUCTION

## Overview of Curriculum:

Session	Session Goal	Time Needed	Materials Needed
<b>Orientation</b>	Introduce the Program and Begin to form relationships	15 min	- M&E Form - Pen
<b>Session 1: Overview and Exploration of Topics</b>	Create a relationship with the grandmothers and to provide an overview of the program	40 min	- M&E Form - Pen - Flip Chart Paper - Pictures from Appendix
<b>Session 2: Roles of Grandmothers in the Community</b>	Identify all the roles that the grandmothers play within the family, within the community, and within the culture as a whole	90 min	- M&E Form - Pen - Flip Chart Paper - Markers -
<b>Session 3: Linkages between good food and good health- Part 1</b>	Identify the components of a diverse diet and why a diverse diet is important for health	85 min	- M&E form - Pen - Flip Chart Paper - Markers - Pens - Food Pictures - Tape
<b>Session 4: Diet during pregnancy</b>	Discuss the importance of increasing food and nutrient intake during pregnancy	75 min	- M&E Form - Pen
<b>Session 5: Iron and Folic Acid supplementation during pregnancy</b>	Discuss the importance of IFA tabs during pregnancy	90 min	- M&E Form - Pen
<b>Session 6: Early Initiation of Breastfeeding/Pre-lacteals</b>	To explore the importance of early initiation of breastfeeding and the potential negative effects of pre-lacteals	80 min	- M&E Form - Pen - Picture Cards

## FACILITATOR INTRODUCTION

<b>Session 7: Exclusive Breastfeeding</b>	To demonstrate the importance of exclusive breastfeeding and to illustrate how nutritional needs are met with breastmilk	95 min	<ul style="list-style-type: none"> <li>- M&amp;E Form</li> <li>- Pen</li> <li>- Paper</li> <li>- Markers</li> <li>- Bag or Hat</li> </ul>
<b>Session 8: Complementary Feeding- Part 1</b>	To stress the importance of the proper timing, consistency, and components of complementary feeding	85 min	<ul style="list-style-type: none"> <li>- M&amp;E Form</li> <li>- Pen</li> <li>- Clean Water</li> <li>- Powdered staple (corn, flour, rice, etc)</li> </ul>
<b>Session 9: Complementary Feeding-Part 2</b>	To think of the different ways to make complementary foods	95 min	<ul style="list-style-type: none"> <li>- M&amp;E Form</li> <li>- Pen</li> <li>- Clean Water</li> <li>- Ingredients for Paps</li> <li>- Cooking items</li> <li>- 10 seeds</li> <li>- Flip Chart paper</li> <li>- Markers</li> </ul>
<b>Session 10: Linkages between good food and good health- Part 2</b>	Illustrate the importance of food and how it can affect health	95 min	<ul style="list-style-type: none"> <li>- M&amp;E Form</li> <li>- Pens</li> <li>- Picture Cards</li> </ul>
<b>Session 11: Hygiene</b>	Discuss the importance of good hygiene practices	50 min	<ul style="list-style-type: none"> <li>- M&amp;E Form</li> <li>- Pens</li> <li>- Glitter</li> <li>- Soap</li> <li>- Water</li> </ul>

## Introducing Participants to the Program

**Session Goal:** *Introduce the Program and begin to form relationships*



**Minutes**

### **Specific Objectives:**

1. By the end of the session, participants will be able to explain the purpose of the program
2. By the end of the session, participants will have identified topics that they want to address

### **Materials Needed**

- M & E Form
- Pen

### **Schedule**

1. Prayer (5 min)
2. Introduction (10 min)

### **Technical Information**

Background information on the *Mamanieva* project and World Vision.

### **Facilitator Instructions**

- 1) Gather all of the grandmothers in a space where they can sit in a circle and see everyone else in the group. Invite mothers to attend, but remember that this program is focused on the grandmothers. If men want to attend, they are welcome to, but please discourage their participation and commentary as this may detract from the participation of the females. You may want to discourage having all the children attend the sessions, but we recognize that this may be not be possible.
- 2) Welcome the community to the program, say: *We'd like to welcome everyone to the Mamanieva project! We are excited to get to know you and to participate together in fun activities and discussions. Lets start off with a prayer. Can someone lead us in prayer?*



Note: Depending on the religious makeup of the community, make sure you have the Islamic prayer, Christian prayer, or both.



## Orientation

- 3) Explain the program and World Vision, say: *I want to tell you about this program and ourselves. We are a World Vision program based in [ADP]. My name is [name] and I am originally from [city/town/village]. This is my partner [name of partner] and s/he is from [city/town/village].*

Go around in a circle and ask everyone to say her name.

*The Mamanieva program is happening in [number] of villages in this area.*

Ask, *What does Mamanieva mean?*

It means: *“For our grandmothers” in Mende and this program is for grandmothers, with grandmothers, and can’t be done without grandmothers.*

Ask, *Who has heard about World Vision before?*

If someone has said yes, then ask them what they’ve heard.

Ask, *Who has heard about the Mamanieva program?*

If yes, then ask how they heard about it and what they’ve heard about it

*Say, For the most part, we will be talking about the role of grandmothers in the care, health and nutrition of pregnant women, breastfeeding women, babies, and young children. You have all been through this and have so much knowledge to share with each other, the younger generations, and us. What do you want to talk about?*

**\*\*Make note of what is said here. If there is something that the participants want to talk about, then you can integrate it into a future session.**

- 4) Emphasize respect, say: *There is value in everything that is said and it is important that we all share our knowledge. This isn’t school; there are no right answers and no test. This is an open discussion and we should respect what each other has to say, no matter what.*



## Orientation

- 5) Encourage sharing of ideas, but not personal information, say: *We hope that you will take these ideas home and discuss them further with each other and with other people in the community. But, I ask that you keep other peoples' stories and beliefs private. This is a safe space and what is said here will stay among us.*
- 6) Highlight ownership over the program, say: *Lastly, I want to say that we are learning from each other. I am not a teacher, in fact, I don't know a lot of things and want to learn from you.*
- 7) Clarify any misconceptions, say: *Does anyone have any questions for us now?*

**Great! Let's get started with our first activity!!!**



**Session Goal:** *Create a relationship with the grandmothers and to provide an overview of the program*

**Specific Objectives:**

1. By the end of the session, each participant will know the praise song for grandmothers
2. By the end of the session, each participant will describe different qualities of a grandmother

**Materials Needed**

- M & E Form
- Pen
- Flip Chart Paper
- Pictures from Appendix C

**Schedule**

1. Portrait of a grandmother (20 min)
2. Song of Praise (15 min)
3. Wrap up (5 min)

**Technical Information**

None



**Activity 1: Portrait of a grandmother**

**Supplies Needed:**

- Flip Chart Paper
- Markers
- Pens

**Aim of Activity:** To illustrate the qualities of what an ideal grandmother looks like

**Facilitator Instructions**

- 1) If the participants aren't sitting in a circle, please invite them to resituate themselves, so that they can see each other and you
- 2) We want to know more about the grandmothers. Explain the activity to the participants, say: *Today we are going to talk about the*

## Session 1: Overview and Introduction

*grandmothers and everything that they do for us and for our children.*

- 3) Have the participants break into groups of 6 people, making sure that there is a mix of grandmothers and mothers. Give each group paper and markers. Once the groups have the materials, show them the picture found in Appendix C, Figures 1 and 2. Say, *This is a picture of a grandmother. Think about her heart, head, and arms. The heart represents the qualities of a grandmother, her personality. The arms represent the skills that she possesses. The head represents her knowledge. Let us draw pictures of write words about what knowledge, skills, and personality a grandmother has.*

**\*\*** If there isn't a literate person on the team, float around and help with writing qualities if they don't know how to illustrate it.

- 4) Once every team has a picture, ask each team to describe what they've drawn. Thank them for sharing.
- 5) Now use analogies to describe Grandmothers. Say, *A grandmother is like a tree, because she takes care of all those under her. What else is a grandmother like?*

Examples A grandmother is like a bank because she keeps our traditions safe

- 6) Thank all the teams for their participation and drawings!

### **Activity 2: Song of Praise for Grandmothers**

**Supplies Needed: None**

**Aim of Activity:** To create a song of praise for the grandmothers that will be used in following sessions

#### **Facilitator Instructions**

- 1) Have everyone stand up!
- 2) Go around the circle and have everyone introduce herself and tell us how many children and/or grandchildren they have
- 3) Explain the activity, say: *As we can all see, we are all similar, with*



*children and/or grandchildren. Grandmothers are important members of the household, they are the holders of traditions, they take care of the children, and they have lots of experience. We are now going to create a song of praise for grandmothers to remind ourselves how important they are to us.*

- 4) In Appendix B, there is an example of a praise song if your group is having trouble with one. But, we want this to come from each group, so this is only a guide and we want each praise song to be unique.
- 5) Encourage the women to shout out ideas and have someone pull it all together. This is a high-energy activity; encourage everyone to clap and dance.
- 6) Explain that this song will kick off each session, say: *That is a great song of praise. Lets repeat it, so we all remember the words to the song. We will be singing this song at the beginning of each session to remind us how great grandmothers are and how important they are in our lives.*
- 7) Record this song and transcribe it when you return to base, so that you can prompt them if they forget it the next session
- 8) Conclusion, say: *Thank you for your participation and energy in making up this song! I hope that you had fun with this activity. You may sit down now.*

### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities
- 2) Ask, *Does anyone have any questions or comments?*
- 3) Be excited for this program, say: *That was just day 1 of us being together for the Mamanieva project. There are many more fun activities ahead of us as we begin to get to know each other and to share experiences from our lives*
- 4) Let them know when the next session will be.





Minutes

**Session Goal:** *Identify all the roles that grandmothers play within the family, within the community, and within the culture as a whole*

**Specific Objectives:**

1. By the end of the session, the group will have identified the roles of a grandmother
2. By the end of the session, each participant will be able to identify key points in a woman's life
3. By the end of the session, the grandmothers will have shared a story about their grandmothers with the younger women
4. By the end of the session, the young women will have shared a story about their grandmothers with the group

**Materials Needed**

- M & E Form
- Pen
- Flip Chart Paper
- Markers
- Pens

**Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Timeline of a Woman (35 min)
4. Roles (20 min)
5. Tell me a story (20 min)
6. Wrap up (5 min)

**Technical Information**

**Opening Prayer**

**Supplies Needed: None**

**Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*





### **Activity 1: Song of Praise for Grandmothers**

#### **Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

#### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Timeline of a woman**



#### **Supplies Needed:**

- Flip Chart paper
- Pictures from Appendix C

**Aim of Activity:** Create a timeline that traces the important times of a woman's life

#### **Facilitator Instructions**

- 1) If the participants aren't sitting in a circle, please invite them to move themselves around, so that they can see each other and you.
- 2) Ask the participants to think about how they got to where they are today. To think about the big events in their lives.
- 3) As they are thinking about this, prepare the big piece of paper to create a timeline of their lives. We don't need to place ages on it because it will be different for each person, but we are looking for the chronology of events. There are two options for the starting point, being a fetus in mother's womb or at birth. The good thing

about having the starting point before birth is that it can lead into the discussion about diet in the later sessions. In Appendix C, figures 3-8 are a series of pictures that depict the different life stages that you can place on the chart.

- 4) Explain the activity, say: *Now that we've had sometime to think, we are going to chart out what happens in the life of a woman in [village name]. Let's begin with, what stage of life are you in now?*
- 5) As the participants yell out events, ask them where it should be placed on the timeline. Bring extra paper, just in case they say something that we haven't accounted for.
- 6) Conclusion, say: *Thank you for your participation in making this timeline.*

### **Activity 3: Roles**



#### **Supplies Needed: None**

**Aim of Activity:** To flush out the many roles that grandmothers play within a family and community

#### **Facilitator Instructions**

- 1) Now that we've explored the timeline of a woman, let's talk more about the roles that the grandmothers play at each of these stages
- 2) Use the timeline that was created as a talking point and pull in the analogies from the first session.
- 3) Establish what it means to be a grandmother, ask: *In our village here, when does a woman become a grandmother?*
- 4) As the participants answer, look for a range of answers from when her child has a child to when a woman can no longer have children to an older woman who gives advice.

If they need help, ask:

*What if a woman doesn't have children? OR*

*When did you know you were a grandmother?*



5) We start with the timeline, asking what role a grandmother plays at each point of a woman's life.

*What does she do when a baby is born?*

*What does she do when a child is ready for school?*

*What does she do when a girl gets married?*

6) We continue onto what role does a grandmother play in the household, ask:

*What are the jobs of a grandmother?*

*What does she do at home?*

*Who should listen to the grandmothers?*

7) When you feel that this has been saturated, go onto what a grandmother's role is in the community, ask:

*What do grandmothers do in the community?*

*Who goes to a grandmother for advice?*

8) Summarize what has been said. Ask, *Does anyone have anything else to add to this list?*

9) Conclusion, say: *Thank you for your participation in discussing grandmother's role*

### **Activity 4: Tell me a Story**

**Supplies Needed: None**

**Aim of Activity:** To have the grandmothers and mothers share a story of how grandmothers influence their lives

### **Facilitator Instructions**

1) Now that they participants have talked about the role of grandmothers, lets get people to open up with a story. Have the participants pair off. If possible, have it be a grandmother-mother pairing.



- 2) Explain the activity, say: *Grandmothers play such an important role within our families and in the community. I want each person to tell her partner a story about her grandmother or any influential "grandmother" in your life. Grandmothers, think back to when you were a child or a young girl and how your grandmother has helped you.*
- 3) Allow time for discussion. Bring the group back together and ask if anyone wants to share a story with the whole group.
- 4) Conclusion, say: *Thank you for sharing your stories with each other*

### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities
- 2) Be excited for this program, say: *That was interesting to hear about all the roles that a grandmother plays. It was wonderful for all of you to share your stories with us.*
- 3) Let them know when the next session will be.



## Session 3: Linkages between good food and good health: Part 1

**Session Goal:** *To identify the components of a diverse diet and why a diverse diet is important for health.*



### **Specific Objectives:**

1. By the end of the session, the participants will have created a physical seasonal map that illustrates the availability of food in the area
2. By the end of the session, the participants will be able to correctly identify the food groups and give examples of foods from each one
3. By the end of the session, the participants will be able to explain why a diversified diet is necessary
4. By the end of the session, the participants will be able to give an example of a complete meal, which incorporates items from the four food groups

### **Materials Needed**

- M & E Form
- Pen
- Flip Chart Paper
- Markers
- Pens
- Food Pictures
- Tape

### **Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Seasonal Mapping (25 min)
5. Match the Food to the Food Group (25 min)
6. Suit Model (15 min)
7. Wrap up (5 min)

### **Technical Information**

For this session, you need to have knowledge of what foods are locally available during which times.

You will also need to know the different food groups, main, go, glow, grow foods.

## Session 3: Linkages between good food and good health: Part 1

Main foods are the base of the meal; often are cereals, grains, starchy vegetables. Examples are rice, cassava root, ngari, millet, corn, and potatoes. These foods are forms of carbohydrates that break down into sugars to give some energy. They aren't high in nutrients, but since they serve as the base of many meals, we classify them in this category. These are filling foods that can contribute to malnutrition because they provide the calories that are needed, but they don't have much else. If an individual only ate these items, they would feel full, but it's not providing the body with what it needs.

Go foods are foods that give you energy. We like to tell people that these are the foods that allow their children to run around. These include fats, fat rich foods, and sugar and some examples are oils, nuts, coconut, sugar, and honey. These are more energy dense than the main foods.

Glow foods are the foods that are known as the protective helpers and contain many of the crucial vitamins and minerals. These foods contain compounds important to maintaining a healthy body and include fruits and vegetables as well as animal products. Some examples are potato leaves, pineapples, mangoes, cassava leaves, and garden eggs. These glow foods provide that healthy glow in the skin and hair and boost up immunity. These are the foods that can help prevent illness or shorten the duration of illnesses.

Grow foods are the ones that help build bodies and proteins. These foods provide the building blocks that are needed for growth. Some examples are beans, peas, groundnuts, chicken, fish, and beef. These foods are essential in adequate growth and provide long lasting energy, as opposed to the short bursts provided by the go and main foods.

It is important to have a good mix of these foods in a diet. There needs to be a balance between all the components because the body is a complex machine that needs different types of foods to run correctly. While we understand that it may not be possible to have all the components in one meal, the components should be consumed throughout a day and it shouldn't be dominated by one of the groups.

## Session 3: Linkages between good food and good health: Part 1



### **Opening Prayer**

**Supplies Needed: None**

#### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*



### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

#### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*



### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

#### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Can anyone tell me what we talked about when we last got together?*



\*\* This first one is brief, but expect the following ones to be longer

### **Activity 3: Seasonal Mapping**



#### **Supplies Needed:**

- Flip Chart Paper
- Markers

**Aim of Activity:** To create a seasonal map in order to discover the seasonality of the foods that are locally available.

#### **Facilitator Instructions**

- 1) If the participants aren't sitting in a circle, please invite them to resituate themselves, so that they can see each other and you
- 2) In this session, we will discuss the importance of good food and how it contributes to good health. This first activity will discuss the availability of food in Sierra Leone at various points of the year.
- 3) Explain the activity, say: *Here in Salone, we have two distinct seasons, rainy season and dry season. We ourselves don't have farms and we have small gardens, but we aren't experts in agriculture like you are. We want to ask you to help us create a calendar that tells us what crops are grown when and when different foods are available.*
- 4) You will have paper available to create this calendar. This will be a useful tool in future sessions because you will know what is grown in the village and what can be purchased from the market. There are two examples in Appendix B for your reference.
- 5) Have the participants draw a calendar. They will identify which months are rainy and which are dry. Include the various agricultural practices: weeding, seeding, harvest, etc. Then have the participants name the crops and fruits themselves and place those on the calendar. Make sure that they name a variety of things: bananas, mangoes, pineapples, cassava, cassava leaves, potato leaves, pumpkin, beans etc. If the activity is going well, we can add things like fresh fish vs. dried fish. If the women are quiet, you can ask some questions such as :

*When are groundnuts available? In the dry season or the rainy season? In the beginning, middle, or end of that season?*

## Session 3: Linkages between good food and good health: Part 1

*How about the trees?*

*When are there plantains? Bananas?*

*For the crops that are grown in the dry season, do you water it?*

- 6) Once you have a calendar that is filled out, say: *Thank you for your participation, now we have this great calendar that illustrates what is here during the different seasons.*



### **Activity 4: Match the food to the food group**

#### **Supplies Needed:**

- Flip Chart Paper
- Tape
- Pictures of food (Appendix C)

**Aim of Activity:** The aim of this activity is to match the food with what it does for the body through identification of food groups.

#### **Facilitator Instructions**

- 1) Now that we have a seasonal calendar, we are going to talk about that food and how we can group them into categories
- 2) Explain the different groups, say: *There are many different types of food and they all do something different to the body. We can group these foods into four different categories. There are*

*Main foods: Foods that are the base of the meal; often are cereals, grains, starchy vegetables*

*Examples: Rice, cassava root, ngari, millet, corn, potatoes*

*Go foods: Foods that give you energy, that allows you to run around. These include fats, fat rich foods, and sugar*

*Examples: Oil, nuts, coconut, sugar, honey*

*Glow foods: Protective helpers/ Vitamins and minerals. These foods contain compounds important to maintaining a healthy body and include fruits and vegetables as well as animal products.*

### Session 3: Linkages between good food and good health: Part 1

*Examples: Potato leaves, pineapples, mangoes, cassava leaves, garden eggs*

*Grow foods: Body Builders and proteins. These foods provide the building blocks that are needed for growth.*

*Examples: Beans, peas, groundnuts, chicken, fish, beef*

- 3) In this activity, we will give each of the grandmothers a picture of the food. We will have a poster or a piece of cloth with all the different food groups on it with pictures describing what that group of foods does for the body.
- 4) Describe the activity, say: *You see this paper with all the different groups on it? We're going to hand you a food and you will tell us where it goes! We want each of you to show everyone your picture and to tell us what it is that you're holding on to. Then, we want you to come up to this poster and put the food where it belongs. We want you to try to do this by yourself, but if you need help, you can ask your fellow grandmothers which group it should go in*
- 5) Ask them why they put their food in a particular category. There isn't always a clear answer because some foods can fall into two categories (example: groundnuts are both a go food and a grow food or avocados aka pia are both go and glow).

Discuss any disagreements that happen in the group and clarify misconceptions.

- 6) Explain that while all these foods are important, you should balance how much you intake. While you need go foods such as oil and sugar, they should not eat too much of them. But, they should eat many glow foods (fruits and vegetables).
- 7) Clarify the concept, ask: *I know this was a challenging activity, does anyone have any questions? Is there a food that you're wondering about that isn't on here?*
- 8) Once that is all clear, say: *Thank you for your participation! That was fun and now I know where all the foods go on the chart.*





### **Activity 5: Suit Model**

**Supplies Needed: None**

**Aim of Activity:** To describe the importance of including all the different food groups

#### **Facilitator Instructions**

- 1) We discussed the different food groups and what the food does to the body. Now, we will move on to why we need a variety of food in the diet
- 2) To start off, ask: *What would you wear to go to a wedding or a baptism?*
- 3) Hopefully they will say a complete suit: a skirt, a shirt, a headscarf, and shoes. We want to draw a link between having a complete outfit and nutrition.
- 4) Explain the link, say: *Your outfit wouldn't be complete without one part and nutrition is very much the same thing. We talked about the four groups and we know that your body needs all of them. Just like you wouldn't go out without a complete suit, you can't have a complete meal without all the parts.*
- 5) We will discuss a complete meal. Ask: *Can you describe a meal with all the parts?*
- 6) Here, we are looking for them to name all the components of a complete meal. An example of this would be rice with potato leaves and fish cooked with palm oil. For this activity, you can just follow the formula of having at least one component from the main, go, glow, and grow groups.
- 7) Discuss which components may be difficult to access; for example, fish is cheaper and more plentiful during the rainy season. Emphasize that if it is possible, then a complete meal is great, but we don't always have all the parts. Having all the parts once a day is enough. Even then, once a week is better than not having it at all.

8) Ask, *What could we do to make sure that we have a complete meal?*

Have the participants brainstorm ways to access the different types of food.

9) Say, *It is difficult to have a complete meal all the time. Let us try to have a complete meal once a day.*

10) Clarify the concept, ask: *Does anyone have any questions? Is there a meal that you aren't sure is complete? We as a group can discuss that.*

### **Wrap Up**

#### **Facilitator Instructions**

1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation in creating the map and for sharing your knowledge with us.*

Ask, *Does anyone have any questions from the session today?*

*Great, it would be good for us to practice these things that we have learned today. How many times between now and our next session, do you think you could practice making a complete meal?*

Have them set the goal (1 time, 3 times, etc)

*What challenges do you think you might have reaching this goal?*

*How might we help each other overcome these challenges?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

2) Let them know when the next session will be.



**Session Goal:** *Discuss the importance of increasing food and nutrient intake during pregnancy.*



### **Specific Objectives:**

1. By the end of the session, participants will recognize and be able to dispel myths regarding food consumption while pregnant
2. By the end of the session, participants will be able to explain why it is important to increase food consumption during pregnancy
3. By the end of the session, participants will be able to link a mother's food consumption with the affects it will have on fetal growth
4. By the end of the session, participants will be able to identify food sources that are great for pregnant women
5. By the end of the session, participants will be able to identify solutions in providing pregnant women with more food

### **Materials Needed**

- M & E Form
- Pen

### **Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Facing Myths (20 min)
5. Eating for Two (20 min)
6. Strong Mom, Strong Baby (15 min)
7. Wrap up (5 min)

### **Technical Information**

Pregnant women need to eat more during pregnancy to keep up energy stores and because they are the source of nutrients for a fetus. It isn't simply a matter of eating more, but eating nutrient packed foods. If possible, it would be great for her to get some animal sources of proteins because this will give her needed iron or fish with bones as a source of calcium.

We have heard that women are scared to eat too much during pregnancy because they don't want big babies. As a result, we don't say big babies, instead we say strong babies.

The recommendation is that women eat about 500 grams more, which is roughly a bowl more, depending on the size of the bowl. This is needed for the pregnant woman and it prepares her body for breastfeeding the child after he or she is born.

### **Opening Prayer**

**Supplies Needed: None**



### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point



### Facilitator Instructions

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Can anyone tell me what we talked about when we last got together?*

*Did we achieve our goal of cooking complete meals?*

*Was it easy or difficult? How did you overcome some of the challenges that you identified last session?*

*What did you cook?*

- 3) Great! Thank you so much for trying that out. Ask, *Does anyone have any questions before we continue on to today's discussion?*

### Activity 3: Facing Myths

**Supplies Needed: None**

**Aim of Activity:** To discuss the practices involved with diet and behavior during pregnancy.

### Facilitator Instructions

- 1) Introduce the topic for the day, say *We are now going to talk about pregnant women*
- 2) In order to do this, we are going to have an agree/disagree activity. Draw a line in the sand to denote two sides, agree and disagree. Explain that you will be saying some statements and if the participants agree, then they will stand on one side of the line and those who disagree, stand on the other side. **THERE IS NO MIDDLE GROUND.** Tell the participants that we aren't looking for a right answer, but we want to know what they think, so choose a side based on what they truly believe.
- 3) Ask, *Does everyone understand this activity? Let's do a couple for practice ones:*
  - a. *I am a grandmother*
  - b. *I live in [village name]*

*Great! Now, let's get started.*
- 4) The topic is diet during pregnancy, so feel free to add ones that are issues in your community. Remember, there is **NO** right answer in



this activity. After the sides are chosen, ask one person from each side why they chose that side. Here are some suggested statements with facts below it for your reference:

- Women shouldn't eat main foods, like rice, while pregnant  
Fact: Main foods give the women energy and keep her strong
- Women should eat less during pregnancy  
Fact: Women should eat more! The demands on their body is higher
- Women should eat more groundnuts during pregnancy  
Fact: Groundnuts are excellent grow foods and a good snack
- Women should not eat grow foods during pregnancy  
Fact: Women should eat more grow foods! They are important sources of nutrients for the mother and the child
- Women shouldn't eat cassava during pregnancy  
Fact: Many people believe that cassava will make the baby bigger, it isn't true. They should eat more cassava leaves too
- Women should eat eggs during pregnancy  
Fact: Eggs are great for pregnant women! Encourage them to eat eggs if they're available. They are a valuable source of needed nutrients. It is both a glow and grow food!
- Women don't need to drink water throughout the day while pregnant  
Fact: Water is important. While everyone can get dehydrated, pregnant women need to be more conscious of this.
- Women should work the same amount during pregnancy as they do when not pregnant  
Fact: They need more rest and should not be working as much as when they aren't pregnant

5) Thank the participants for sharing their ideas.

### **Activity 4: Eating for Two**

#### **Supplies Needed:**

**Aim of Activity:** To demonstrate the need for a pregnant woman to consume more calories



**Facilitator Instructions**

- 1) Now that we've discussed some of the beliefs, let's focus in on one of them: The fact that women need to eat more during pregnancy
- 2) Ask, *Should pregnant women eat more food during pregnancy?* Hopefully the participants will say yes, especially since it was discussed in the previous activity. If they say no, ask them why!
- 3) Have the participants share stories about what they did while they were pregnant, specifically what they ate and didn't eat. Why?
- 4) Once everyone has shared their stories, move onto what happens when a pregnant woman eats more. Highlight the positive aspects that the women have told in their stories. These include
  - Strong baby (not big baby there is a fear of bigger babies)
  - Healthy Baby
  - Strong Mother who can handle delivery
  - Prepares her body for breastfeeding
- 5) Ask, *How much more should they be eating? How do we ensure that women eat more?*
  - Eating about a bowl more a day (500 grams)
  - Snacking
  - Giving them more food
  - Encourage them to eat more
- 6) This leads into the next activity of what they should be eating.

**Activity 5: Strong Mom, Strong Baby**



**Supplies Needed: None**

**Aim of Activity:** To determine what foods women should eat during pregnancy

**Facilitator Instructions**

- 1) We now move into what a pregnant woman should be consuming. Say, *We know that pregnant women should eat more in order to stay*

*healthy and to have a strong and healthy baby, but what should she be eating?*

- 2) Have the participants name the things that they think that pregnant women should be eating. Follow up with why these foods are good for pregnant women. Ask them to link it back to the previous session and to identify which food group these foods belong to (Go, Glow, Grow!).
- 3) Then ask what things that they shouldn't be eating and why not. We want to understand the reasons why foods are not being consumed during pregnancy.
- 4) There are additional requirements for pregnant women and she should be eating nutritious foods. Here is a list that includes locally available foods that are good for pregnant women:
  - Groundnuts/ groundnut paste
  - Cassava leaves
  - Crain crain
  - Potato leaf
  - Okra
  - Orange sweet potatoes (yams)
  - Pumpkin
  - Fish
  - Chicken
  - Meat
  - Eggs
  - Mangoes
  - Bananas
  - Garden Eggs
  - Benni
  - Beans
  - Piya
- 5) Thank everyone for talking about a pregnant women's diet. Have a grandmother recap the food advice that she would give a pregnant woman.

### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) Let them know when the next session will be.





## Session 5: Iron and Folic Acid Supplementation During Pregnancy

**Session Goal:** *Discuss the importance of IFA tabs during pregnancy*

### Specific Objectives:



1. By the end of the session, grandmothers will share their experiences of pregnancy with the young mothers
2. By the end of the session, young mothers will share their experiences of pregnancy with the grandmothers
3. By the end of the session, grandmothers and young mothers will discuss the importance of iron and the believed and actual dietary sources of iron
4. By the end of the session, grandmothers and young mothers will discuss their beliefs about real and perceived side effects of IFA tabs and how to manage them
5. By the end of the session, grandmothers will develop solutions to common problems that may come with encouraging women to take blood medicine or attend clinic

### Materials Needed

- M & E Form
- Pen

### Schedule

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Comparing Experiences (20 min)
5. Blood medicine dialogue (10 min)
6. Evaluating Beliefs about Blood Medicine (20 min)
7. Food Sources of Iron (20 min)
8. Wrap up (5 min)

### Technical Information

Iron and Folic Acid are important components in a pregnancy and they should be taken during pregnancy. The IFA pills, also called blood medicine, should be distributed during antenatal clinic visits. Iron is an important component for blood and anemia, lack of blood, can be dangerous for women during childbirth.

## Session 5: Iron and Folic Acid Supplementation During Pregnancy

### **Opening Prayer**

**Supplies Needed: None**



### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Can anyone tell me what we talked about when we last got together?*
- 3) Great! Thank you so much. Ask, *Does anyone have any questions before we continue on to today's discussion?*



**Activity 3: Comparing Experiences**

**Supplies Needed: None**

**Aim of Activity:** To have the grandmothers and the young mothers share their experiences with ones another

**Facilitator Instructions**

- 1) In this exercise, we will have the grandmother share their experiences with pregnancy to see if it has changed at all since they were young mothers. Have the grandmothers and the young mothers break into small groups with at least one grandmother and one young mother
- 2) To begin, say: *We want to hear about the grandmother's experiences with pregnancy. Can the grandmothers in each group tell the other group members about one of your pregnancies? Give them 5 minutes to talk*
- 3) Say: *Now that we have heard about pregnancy from our grandmothers, it is now time for the young women to share their experience. Can we have the young mothers tell the other group members about their experience with pregnancy?*
- 4) Bring the group together and ask the grandmothers to share their story with the group as a whole.

**\*\*Things to probe on:**

- What care they received?
- What kinds of food they ate
- Who was there to help them?
  - What was her grandmother's role in her pregnancy?
- Did they take any medicines (traditional or western)?
- What changed while they were pregnant? (roles, responsibilities, physical)
- What was their biggest fear during pregnancy?
  - How did they manage that fear?

Once the first grandmother has shared her story, thank her for sharing with the group. Next, invite the other grandmothers to



## Session 5: Iron and Folic Acid Supplementation During Pregnancy

share their stories too. Say that every pregnancy is unique, it even varies from child to child from the same woman and that we want to hear about their experiences.

- 4) Next ask one of the young mothers to share her story with the group.

**\*\*Things to probe on:**

- What care they received?
- What happens when they go to the clinic?

**\*\*\*\* This one is different and important! We assume that the grandmothers didn't have easy or available access to a health facility\*\*\***

- What kinds of food they eat or don't eat?
- Do they take any medicines (traditional or western)?
  - We're looking for IFA (Iron Folic Acid) Tabs here.
- What changed while they were pregnant? (roles, responsibilities, physical)
- What was their biggest fear during pregnancy?
  - How did they manage that fear?

Once the young mother shared her story, thank her for sharing with the group. Invite the other young mothers to share their stories.

- 5) Thank everyone for sharing with the group!

### **Activity 4: Blood Medicine Dialogue**

**Supplies Needed: None**

**Aim of Activity:** To learn about the experiences that the participants have had with the iron and folic acid supplements

#### **Facilitator Instructions**

- 1) Introduce the topic of blood medicine (IFA tabs) to the group. Say:  
*Today, we are going to talk about how to make sure the mother and baby are safe during pregnancy. You mentioned in your stories that*



## Session 5: Iron and Folic Acid Supplementation During Pregnancy

*it is important to go to the clinic during pregnancy. When you are there, the nurses will sound the belly, make sure that everything is well, and give you medicine. One of the very important medicine that they give you is the blood medicine*

- 2) Now we want to hear from the participants and to learn what they have heard about the blood medicine.

*Ask: What have you heard about the blood medicine? We can go around the circle and say one thing that we have heard about blood medicine.*

They can say anything that they know: What it is, what it does, side effects, how often it should be taken, etc.

- 3) Thank them for sharing their knowledge and summarize everything that has been said.

*Say: Thank you all for sharing what you know about blood medicines. You said that blood medicine is for...*

- 4) Next, we address the potential negative effects of the IFA tabs.

*Ask: We know that blood medicine is good for you and does good things for your body, but have you heard of bad things this medicine may do?*



*After you take the blood medicine, have any of you had bad experiences with it?*

**\*\*Do not discuss them as right or wrong**

- 5) Thank everyone for sharing their knowledge.

### **Activity 5: Evaluating Beliefs**



**Supplies Needed: None**

**Aim of Activity:** To discuss the beliefs and to clarify misconceptions about the IFA tabs

**Facilitator Instructions**

## Session 5: Iron and Folic Acid Supplementation During Pregnancy

- 1) This is an activity that allows discussion of beliefs. We will be discussing the potential negative effects of the IFA tabs. Draw a line down the middle of the space- one side will agree with your statement, the other will disagree- make sure there is a clear difference between the two sides. Explain the activity to the participants, say: *Now that we have said a lot of things about the blood medicine, lets talk about why we think so and why not. See this line on the ground, this is the divide between agree and disagree. I will say a sentence and if you agree, then you move to this side, and if you disagree, stand on this side. This is like the activity we did last session*
- 2) Make sure that the participants remember the activity. If so, then say: *Great, lets talk about blood medicine!*
- 3) You will have to address the different ideas that have been stated. A list of common topics is listed below with the true side effects. If there is a topic that is brought up, make sure you address it too.
- 4) For each statement that causes movement, have the participants explain their decision. Ask one person from each side why they agree or disagree. Clarify the topic and discuss what could be done to manage the problem.

### **Positives**

- *Statement: Blood medicine increases blood, which helps the baby to grow strong*

**Actual:** Agree! Iron is essential during pregnancy and the blood medicine helps prevent early birth and small, sick babies.

- *Statement: Blood medicine gives the mother strength during the delivery*

**Actual:** Agree! Taking the blood medicine will help make the birth process easier.

### **Negatives**

## Session 5: Iron and Folic Acid Supplementation During Pregnancy

- *Statement: Blood medicine smells bad*

Actual: Some people do believe that the blood medicine smells bad

Problem solving: The bad smell is over quickly. Once you take the medicine, then the smell is gone. Is not taking the medicine due to bad smell worth having a small baby or a rough birth?

- *Statement: Blood medicine makes women bleed more when they give birth*

Actual: The blood medicine itself doesn't cause more bleeding. There are other causes of bleeding, like too much hard work. The blood medicine has been used for many years and many different places, including: USA, Nigeria, Germany. Doctors know its safe and wouldn't give it to you if it causes you to bleed.

Everyone is different! Sometimes, women bleed more during delivery and its not related to taking blood medicine, it may be related to malaria or an infection. This is why it is important to give birth in a clinic, so the doctors can take care of it.

Problem solving: The medicine doesn't make it happen, but it happens. Give birth in a clinic

- *Statement: Blood medicine makes the stomach hurt and makes the woman feel sick*

Actual: The blood medicine sometimes makes the stomach hurt or might make a woman feel sick. This is normal and will typically go away after a couple weeks, but she should give her body time to get used to the medicine. It is important to eat when taking this medicine, because food might help lessen the effects. Another strategy is to take the medicine before sleeping.

Problem Solving: Give the body time to get used to the medicine and eat food when taking the blood medicine!

- *Statement: Blood medicine makes women feel dizzy*

## Session 5: Iron and Folic Acid Supplementation During Pregnancy

Actual: The blood medicine itself doesn't make people dizzy. Dizziness can come from lack of water or from not eating enough.

Problem Solving: Eat and drink lots of water throughout the day. Drink one glass of water and eat before taking the blood medicine.

- *Statement: Blood medicine makes the stool dark*

Actual: True! The blood medicine does make the stool dark for some women, but it's a good thing! It means that the body is getting enough blood. That doesn't mean that you can stop taking it though! After taking the medicine, it will go back to normal.

Problem Solving: This is a good thing! This is a sign that you are following directions and doing something good for your health. Be proud of it.

- 6) Praise their engagement in the activity and their discussion!

### **Activity 6: Food Sources of Iron**



**Supplies Needed: None**

**Aim of Activity:** To identify food sources of iron in case there is no IFA tabs available at the clinics.

#### **Facilitator Instructions**

- 1) Now that we've discussed why it is important to take blood medicine and dispelled some wrong ideas, we move onto this problem solving activity. Sometimes, the health clinics don't always have the blood medicine in stock. This activity helps identify food sources that are rich in iron (foods that "give blood")
- 2) We're going to guide them through a discussion using a story, say: *I would like to tell you a story and I want you to help me with it.*

Scenario: *Let us say that this belly woman here (identify pregnant woman in the group), goes to the clinic early on in her pregnancy but the clinic tells her they are out of blood medicine. She comes*



## Session 5: Iron and Folic Acid Supplementation During Pregnancy

*back from the clinic and her grandmother asks her where is your blood medicine? She tells her grandmother that she asked for the blood medicine but they did not have any, so now I am without! Is there anything we can do? What do you do?*

- 3) Open it up for discussion. Let the participants talk about solutions. If the discussion doesn't lead towards food sources, guide them there by asking what do they know that "gives blood".

Foods that are rich in iron include:

- Chicken liver
- Beef, chicken, and eggs
- Beans
- Cassava leaves
- Potato leaves
- Pumpkin
- Sesame (Benni)
- Sweet Potato

Foods that aren't actually rich in iron include:

- Dried fish
- Palm oil

Things that make it harder to absorb iron:

- Tea
- Coffee

\*\*They can still drink these, but don't do it with the meal, drink it between meals (you can incorporate this into the snack idea).

- 4) Once we have identified the foods rich in iron, discuss how can they increase a pregnant woman's food intake and what foods should they increase? Discuss that while something like a chicken liver isn't possible every week, if the family does kill a chicken, the liver should be reserved for the pregnant woman.
- 5) Thank everyone for her participation and for helping to identify foods that are rich in iron.





### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) Let them know when the next session will be.

**Session Goal:** *To explore the importance of Early Initiation of Breastfeeding and the potential negative effects of Pre-lacteals*



**Specific Objectives:**

1. By the end of the session, the grandmothers and mothers will discuss the practices surrounding childbirth
2. By the end of the session, grandmothers will know that pre-lacteals can be harmful to the child
3. By the end of the session, grandmothers will know the importance of the early milk and encourage mothers to breastfeed

**Materials Needed**

- M & E Form
- Pen
- Picture Cards

**Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Exploring Cultural Practices (15 min)
5. Stories of Giving Birth (10 min)
6. Dangerous Herbs (15 min)
7. Early Bird gets the Worm (20 min)
8. Wrap up (5 min)

**Technical Information**

In the pilot of this program, we discovered that there was a practice of pre-lacteals within the community. Pre-lacteals are defined as any non breastmilk item that enters a baby's body prior to the first breastfeed. Often times this was a tea or water. This can be a dangerous practice and could introduce pathogens into a baby's system.

The early milk, aka colostrum or gold milk (because it is precious), provides protection to the child. It strengthens the immune system to protect the baby from infection. It may be yellow or orange in color due to the carotene content that is involved. It is important to initiate breastfeeding within the first hour and not give the baby anything else, including water for the first six months.

**Opening Prayer**

**Supplies Needed: None**



**Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

**Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

**Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

**Activity 2: Review previous session**

**Supplies Needed:**

- Picture Cards in Appendix

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

**Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session.*

- 3) Pass out the picture cards that accompany this session. Have 2-3 grandmothers explain each card to the group. Have them discuss what is happening on each card.

Ask them if they've tried anything new in since the last session, if any pregnant women attending clinic.

- 4) Great! Thank you so much for participating. Ask, *Does anyone have any questions before we continue on to today's discussion?*

### **Activity 3: Exploring Cultural Practices**



**Supplies Needed: None**

**Aim of Activity:** To determine what the cultural practices are surrounding child birth

#### **Facilitator Instructions**

- 1) This session addresses the topic of giving birth and early initiation of breastfeeding. This activity is to get a feel on what the cultural practices are within the community surrounding these practices.
- 2) Here are a series of questions that we want to know more about regarding practices surrounding child birth, early initiation of breastfeeding, pre-lacteals:
  - *How do you know if a woman is about to give birth?*
  - *Is there anything that you do to prepare for the birth of the child?*
  - *What happens when a woman gives birth?*
  - *Is there a ritual?*
  - *What is given to the mother to help her recover?*
  - *Is there anything that will help her milk come?*
  - *What is given to the baby?*



**\*\*Feel free to add onto this list if other questions have risen over the course of these sessions.**

- 3) Follow up and probe on these questions, asking why certain practices exist. This is a discussion and there is no right or wrong. We just want to explore and learn about what is going on. If there are practices that come up that aren't recommended, make note of these and those issues can be discussed later in this session or in a following session.
- 4) Thank everyone for sharing her knowledge.

#### **Activity 4: Stories of Giving Birth**

##### **Supplies Needed: None**

**Aim of Activity:** To understand that practices that have changed and to obtain the barriers to giving birth in a health facility

##### **Facilitator Instructions**

- 1) We move to talking about giving birth. Ask the participants to share their story of childbirth. Ideally, if it's a mixed group, we can have a grandmother share her story and have a young mother share hers. That way, we can compare the two.

Some things we can ask include:

- Who was there with you when you gave birth?
  - Did you do anything to help the process?
  - Where were you when you gave birth?
  - What special foods or drinks did you have?
- 2) We want to know about where people are giving birth and what the barriers are to giving birth at a health facility. If the example above didn't include giving birth at a health facility ask if anyone has given birth at the hospital, ask her to share her experience with the group.
  - 3) As a group, discuss the positives and negatives of giving birth at home verses giving birth at the health facility.



- 4) Thank everyone for sharing her story and for participating in the discussion.

### **Activity 5: Dangerous Herbs**



**Supplies: None**

**Aim of Activity:** To discourage the use of herbs and pre-lacteals

#### **Facilitator Instructions**

- 1) This activity is used to talk about pre-lacteals and herbs that may be given to newborns. This may or may not be an issue in the community that you work in. We touched upon this in activity 3, but if it wasn't brought up, ask the following probing question:

*What happens when the baby is born? What is the baby given?  
What is the first thing that goes into the baby's stomach?*



If pre-lacteals and herbs were mentioned in activity 3, skip to the activity.

\*\*\* If it's not brought up, even after probing, skip this activity.

- 2) Ask, *Why do you give the baby pre lacteals or herbs?*

Let the participants talk about what their practices and the reasons behind it. While we know that pre lacteals and herbs may be harmful to the newborn, we don't want to chastise the participants. Remember it's a discussion.

Some of the reasons that we've heard are:

- Herbs cleanse the stomach
- Newborn babies need water
- It will protect the baby
- It will help the baby grow
- It's what we've always done

- 3) We want to encourage positive deviants in this issue. Ask, *Who does not give pre lacteals or herbs to the newborn baby. Why?*

Use what these women say as a positive example.

Below are ways that you can spin it without telling people that they are wrong:

- Breastmilk has water in it, so babies don't need to be given more
  - The baby's stomach doesn't need to be cleansed. It is already clean
  - Breastmilk is the best protection for a baby
  - Giving a baby water or herbs might be dangerous because the water might not be clean. It can make them sick
- 4) Ask the grandmothers and mothers to think about what they will do when a new baby comes. If they will give herbs and pre lacteals. If they say that they will not do it, ask them to make a pledge to themselves and to each other to not do it.
- 5) Thank the participants for discussing this issue with us

### **Activity 6: Early Bird Gets the Worm**

**Supplies Needed: None**

**Aim of Activity:** To stress the importance and the desirability of the early milk or colostrum

**Facilitator Instructions**

- 1) This activity is to address the importance of early initiation of breastfeeding. Ask, *When is the best time to go to the market to buy vegetables or to buy fish?*
- 2) The participants will hopefully say early in the day or soon after the catch comes in. Ask, *Why?* At this point, we hope that the





## Session 6: Early Initiation of Breastfeeding/ Pre-lacteals

response is that it will be the freshest and they will be able to get the best products.

- 3) Equate this with the early milk. Say, *The early milk is some of the best product for a baby right after it is born. Just like we go to the market early to get the best things, the baby should get the early milk. This milk protects the baby from diseases, like diarrhea. It gives the baby everything it needs and it helps the mother by slowing the bleeding.*
- 4) Clarify this analogy if needed. Ask one of the participants to tell this analogy in their own way. When she is finished ask if anyone has anything to add. If there is anything missing, make sure that you fill in the gaps.
- 5) Thank the participants for their input.

### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) Let them know when the next session will be.





**Session Goal:** *To demonstrate the importance of exclusive breastfeeding and to illustrate how nutritional needs are met with breastmilk*

**Specific Objectives:**

1. By the end of the session, grandmothers and mothers will share what they feed a newborn child
2. By the end of the session, participants will be able to explain why exclusive breastfeeding for 6 months is good for the child
3. By the end of the session, participants will be able to identify barriers to exclusive breastfeeding and to identify solutions
4. By the end of the session, participants will be able to practice creative solutions to barriers to exclusive breastfeeding.

**Materials Needed**

- M & E Form
- Pen
- Paper
- Markers
- Bag or Hat

**Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Dialoguing (20 min)
5. Road Blocks (30 min)
6. Role Play (25 min)
7. Wrap up (5 min)

**Technical Information**

The WHO recommends that women exclusively breastfeed, that is the child only receives breastmilk and nothing else (including water), unless there are medications that a doctor deems necessary for the first six months.

There are many barriers to exclusive breastfeeding, which include difficulties with breastfeeding and women going back to work. There are also cultural beliefs like babies needing water when it is hot out that could influence exclusive breastfeeding practices.



### **Opening Prayer**

**Supplies Needed: None**

#### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

#### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

#### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Did anyone give birth since our last session?*
- 3) Great! Thank you so much. Ask, *Does anyone have any questions before we continue on to today's discussion?*



**Activity 3: Dialoguing**



**Supplies Needed: None**

**Aim of Activity:** To discuss the current breastfeeding practices in the community

**Facilitator Instructions**

- 1) Introduce the activity, say, *Now that we've discussed what we talked about last week, we're going to move on to feeding a newborn baby*
- 2) Start the discussion off by asking, *How many children do you have in your house?* Let the women shout out answers for this activity. We then move down the line and ask:
  - *How many children are old enough to go to school?*
  - *How many children are old enough to walk?*
  - *How old are children when they start eating the same food as the family?*
  - *How old are children when they start eating Pap?*
- 3) Thank them for their input, say, *Great! Thank you for your participation. Now, How many women in this village have a new baby?*
- 4) Ask them what they give the baby. Be careful here, we want them to give us honest answers. We're hoping they say breastmilk, but we want to know if they do anything else. Use probes such as :
  - What if it's hot out?
  - What happens right after the women gives birth?
  - What happens when a baby continually cries?
- 5) Let's bring it back to breastfeeding, ask, *How long did you breastfeed for?*



**\*\*If they duration is less than 6 months, ask them why they stopped. Remember these and we'll address them in a later activity**

- 6) If the participants bring up the 6 months of exclusive breastfeeding, then let's explore that route. If not, say, *The doctors say that the baby should only have breastmilk for 6 months. Why do you think that is?*
- 7) Discuss that breastmilk has enough water and nutrients to keep a baby growing for 6 months! After that, they would have to add other foods in order for the baby to keep growing, but up till 6 months, the mother's milk is sufficient.
- 8) Thank everyone for sharing their knowledge

### **Activity 4: Road Blocks**



#### **Supplies Needed:**

- Paper
- Markers

**Aim of Activity:** To discuss the barriers to exclusive breastfeeding and how to navigate around them

#### **Facilitator Instructions**

- 1) This activity is designed to let the participants identify barriers to exclusive breastfeeding and to identify solutions
- 2) Start with a story of [mother's name] who lives in a different village. *She gave birth to a baby boy two months ago. With her grandmother's encouragement, she started breastfeeding right away, in the first hour after she gave birth. Since then, she has been following the advice that she's been given, not giving the baby anything other than breastmilk, not even water. Today, her grandmother visited to her and saw that she was giving her baby water. When her grandmother asked what she was doing, she said...*
- 3) At this point, ask the participants what they think the mother said. Write these down on paper and fold them in half.



\*\* We hope that they go into reasons why she isn't breastfeeding anymore, such as she just came back from the field and is tired or that she has no energy for breastfeeding. If those types of topics don't come up, lead them into that discussion by adding onto the story. Some things you could add are:

- *Her husband wants to sleep with her again*
  - *She just came back from the field and didn't feel like breastfeeding*
  - *She is losing weight and doesn't think that she can feed the baby enough*
- 4) Arrange the papers in a row, much like a roadblock. Explain that this is like when they walk to market day and there are things (like trees or a large puddle) in the way. But instead, these are the reasons that block the mother from listening to the doctor and exclusively breastfeeding for 6 months. Read them out loud and then ask, is there anything else that could block a mother from breastfeeding? If so, write these down and add them to the row.
- 5) It's time to arrange these into groups. Ask, *Are there any of these blockers that are like each other?* The groupings can be anything. Some examples might be time, lack of food for the mother, difficulties breastfeeding, etc. If the participants are having difficulty with this, help them along by asking questions. Examples are:
- *What might cause some of these blocks?*
  - *Does this cause lead to any of the other blocks?*
- 6) To help with the process, write the groupings on a piece of paper and place the road blocks under the category that the participants have identified
- 7) Ask, *Which one of these roadblocks is the biggest?*

- 8) Once it's been identified, start a discussion around that one road block. Ask, *What can we do to get over that block? Is there a way to make it smaller? To get rid of it completely? To go around it?* Have everyone talk. There is no one answer to this question.
- 9) *If there is time, then discuss the other blocks too. We want the participants to come up with strategies to overcome these blocks to exclusive breastfeeding.*
- 10) Recap all the strategies that have been proposed
- 11) Thank everyone for her participation.

### **Activity 5: Role Play**

#### **Supplies Needed:**

- Bag or Hat

**Aim of Activity:** Allows the participants to practice strategies to address the barriers tot exclusive breastfeeding

#### **Facilitator Instructions**

- 1) Now that strategies have been developed, it's time to practice them
- 2) Write down the scenarios and place them in one bag and write the strategies that have been developed in another.
- 3) Ask for two volunteers. Choose one from each bag, a scenario and a strategy. Share the scenario with one of the volunteers; she is the "new mother". Share the strategy with the other volunteer; she is the grandmother. Keep the different roles hidden from everyone else. Have them act out the scenario.
- 4) Repeat with other volunteers until everyone has had some practice with it.
- 5) Debrief with the participants. Ask, *how did it feel practicing the scenarios? Are you comfortable with these strategies?*
- 6) Thank everyone for participating.



**Wrap Up**



**Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) Let them know when the next session will be.



**Session Goal:** *To stress the importance of the proper timing, consistency and components of complementary feeding*



**Specific Objectives:**

1. By the end of the session, grandmothers will know the reasons why complementary feeding begins at 6 months
2. By the end of the session, grandmothers will know the importance of continuing to breastfeed till 2 years of age
3. By the end of the session, grandmothers will know the importance of having the correct weaning food
4. By the end of the session, grandmothers will know the correct consistency of weaning foods

**Materials Needed**

- M & E Form
- Pen
- Clean Water
- Powdered staple (corn, flour, rice, etc)

**Schedule**

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Timing (15 min)
5. Food For Thought (25 min)
6. Through Thick and Thin (25 min)
7. Wrap up (5 min)

**Technical Information**

Complementary foods should be introduced at six months, after the exclusive breastfeeding period. Women should continue to breastfeed for up to two years because breastmilk contains a lot of great nutrients.

Complementary foods should have the components of go, glow, grow food groups in order to provide a wide range of nutrients.

Additionally, they should be semi-solid and not too thin or too thick. Children should be fed small meals throughout the day because their stomachs are small and they need to be fed more often than adults do.

## Session 8: Complementary Feeding: Part 1

### **Opening Prayer**

**Supplies Needed: None**



### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated



### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point



### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. How many women are exclusively breastfeeding?*
- 3) Great! Thank you so much. Ask, *Does anyone have any questions before we continue on to today's discussion?*

**Activity 3: Timing**



**Supplies Needed: None**

**Aim of Activity:** To discuss the proper time to initiate complementary feeding.

**Facilitator Instructions**

- 1) We've talked a lot about breastfeeding that past couple times, but now it's time to shift gears to complementary feeding! Since the last session was on Exclusive Breastfeeding and you completed the review, the participants should remember that the recommendation is to exclusively breastfeed for 6 months. The session is to talk about after that point.
- 2) Ask, *We discussed that a mother should exclusively breastfeed for 6 months, but what happens after that?*

Encourage discussion and see what the participants say. The recommendation is that she still breastfeeds up to two years, but at 6 months she should start introducing complementary foods.

- 3) Ask, *Why 6 months?*

6 months is the key time because after 6 months, the mother's breastmilk no longer has enough nutrients to help the baby grow big and strong. Her breastmilk is still very valuable, but the baby's body needs more

- 4) Ask, *What happens when a mother stops breastfeeding too soon?*

The baby might get sick! A baby's body isn't as good at fighting off sickness as adults are. Giving a baby food before 6 months of age may let the illnesses enter the baby's body. Breastmilk won't do that because it goes straight from the mother to the child.

- 5) Ask, *What happens when a mother waits too long to complementary feed?*

The baby doesn't get the extra help to grow. It needs to eat some things and the breastmilk to grow stronger.

- 6) Thank everyone for her participation.

**Activity 4: Food For Thought**



**Supplies Needed: None**

**Aim of Activity:** To discuss the components of complementary foods and how to integrate a diverse range of nutrients into a food

**Facilitator Instructions**

- 1) Now that we know when we should start feeding a child, what should we feed them?
- 2) We want to hear from the grandmothers on what they use as weaning foods. Ask, *Once the babies are no longer exclusively breastfeeding, what do they eat?*
- 3) The most common answer will probably be paps, so ask, *What do you put in your pap for the child? Or Tell me your recipes for pap.*
- 4) Thank the participants for sharing. Next, we're going to review the go, glow, grow model. Say, *Can someone remind us all of what the go, glow, grow model is? What are some examples of foods that are in each of the categories?*
- 5) Say, *Great! Now I'm going to tell you a story of two women and their babies. There were two women in a village, named Aissatou and Sallimatou (feel free to change the names) and they had given birth around the same time. Both women had encouraging grandmothers that supported them while they breastfed. They made sure that the lactating mothers had enough food to eat and had help with all the work. One day, when the children were around 9 months, the two mothers were talking and Aissatou noticed that her child was smaller than Sallimatou's child. Aissatou said, "I don't understand!! I'm making pap and breastfeeding my child, why is he smaller than your son?" "I don't know", said Sallimatou, "I do the same thing. Every morning, I make a pap with rice, salt, fish, cassava leaf. Sometimes I make the pap with benni or groundnut paste. My boy eats so much of it!" That made Aissatou think. Her pap was mostly rice and salt with nothing extra in it. She thanked Sallimatou and*

*went straight to her grandmother's house. She tells her grandmother the story and asks "Grandmother, what do I do? I didn't know I needed to put other things in the pap! Now I'm afraid that my child isn't growing correctly."*

*Say, Imagine you're Aissatou's grandmother, what advice would you give her? What was wrong with the pap just being rice and salt? What was Aissatou doing right?*

The following points should be brought up:

- More healthy things in the pap like benni, fruit, fish, groundnut paste, pumpkin, etc.
  - Good mix of the go, glow, grow foods
  - Get the recipe from Sallimatou
  - She was still breastfeeding!
  - She was making food, it just needs a little bit more
- 6) Thank everyone for their participation in this activity.

### **Activity 5: Through Thick and Thin**

#### **Supplies Needed:**

- Clean Water
- Powdered Staple

**Aim of Activity:** To demonstrate the correct consistency of the weaning food

#### **Facilitator Instructions**

- 1) This activity goes over the consistency of the complementary foods and how often the child eats. The consistency is very important because you want to have a good balance of water and the other ingredients. IF there is too much water, then the baby's body won't get enough nutrients.



## Session 8: Complementary Feeding: Part 1

- 2) In this activity, you will have a powdery ingredient (pre- made pap mix, ngari, flour, ground corn) and ½ a glass of water. Have a volunteer come up and slowly add the powder into the water and mix until they think that they have the right consistency. Ask the rest of the group to help and encourage the volunteer.

The end product should not be too watery and be thick enough to stick to the spoon. If it's too thick, we can add more water and if it's too thin, we can add more powder. It is difficult to get the right consistency, but work together to show that it can be done.

- 3) Ask for another volunteer! It's easier this time around isn't it?
- 4) Now that we know how it's supposed to look, what else can we add to it? Ask, *How can we make sure that this is a complete meal for a child? What types of ingredients can you add to it?*

Probe on the Go, Glow, Grow foods in this section.

- 5) Thank the volunteers for helping show how thick the pap should be. Next, we want to explore how often a child should be fed. Ask, *Does anyone remember how big a child's stomach is?*

\*\*It begins as big as a pia seed, but as the child grow, the stomach grows along with it. Still, the biggest it will become is the size of a normal pia.

- 6) Ask, *what does this mean when we feed a child?*

They won't be able to eat a lot at once. It would fill up fast. That is why the pap shouldn't be too watery, that fills the child's belly with too much water.

- 7) Ask, *What can we do to make sure they get all that they need?*

There are several answers to this question:

- Feed several times throughout the day
- Make sure the pap is filled with good ingredients
- Feed until they're full, but feed again if they're hungry
- Don't force it! Their bodies can't handle it.

- 8) Thank everyone for her participation and willingness to help demonstrate.

### **Wrap Up**



#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

*Say, There are so many things we can do to make sure that our children grown up strong. For this week, you have an assignment. Before we come back for the next session, I want the grandmothers to team up with the mothers to come up with a pap recipe. The next time that we're here, we are going to make some of the recipes and test them out!*

- 2) Let them know when the next session will be.

## Session 9: Complementary Feeding: Part 2

**Session Goal:** *To think of the different ways to make complementary foods*

### Specific Objectives:

1. By the end of the session, participants will have shared their recipes for complementary foods
2. By the end of the session, participants will demonstrate the understanding of the correct consistency of complementary foods
3. By the end of the session, participants will learn that children will eat a wide variety of foods

### Materials Needed

- M & E Form
- Pen
- Clean Water
- Ingredients for paps
- Cooking items
- 10 seeds
- Flip Chart Paper
- Markers

### Schedule

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Recipes (30 min)
5. Taste Test (45 min)
6. Wrap up (5 min)

### Technical Information

There can be many different ways to make complementary foods. The ingredients are important and many ingredients can be broken down into a digestible form for the children. The complementary foods can be sweet or savory (salty) and can be made to include all the different go, glow, grow components.

Young children are able to eat semi-solid foods and the complementary foods don't need to be runny. In fact, they should be thick enough to coat the spoons used to stir the pot. They are also willing to eat different foods and it can be adjusted to the taste of the child





## Session 9: Complementary Feeding: Part 2

### **Opening Prayer**

**Supplies Needed: None**

#### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*



### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

#### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*



### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

#### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Did you come up with recipes?*
- 3) Great! Thank you so much. Ask, *Does anyone have any questions before we continue on to today's discussion?*



**Activity 3: Recipes**

**Supplies Needed:**



- 10 seeds
- Flip Chart Paper
- Markers

**Aim of Activity:** To discuss the possibility of different recipes and vote for the ones that will make it to the next round

- 1) Say, *Whose ready for a recipes contest? What we're going to do is have each of the teams of a grandmother and young mother come up and tell us what is in your pap. We will write it down and as a group we're going to vote for the top few recipes! I'm going to give you 5 minutes to discuss with your team and report back to me!*
- 2) Let the teams come up with their final recipe and prepare to write on the flip chart paper. Have the teams come up one by one and tell you what is in their pap. Once everyone has told you their recipe, bring the group back together.
- 3) Have each of the teams explain their pap recipe. Once everyone knows what the recipes are, and then explain that they are going to vote as a group. Place the flip chart paper on the floor. Give the group as a whole, 10 seeds or stones. These represent all the votes that they have. Have them place the 10 seeds wherever they think the best recipe is. Tell them to think about taste, how much it costs, and if it has go, glow, grow ingredients.
- 4) Once the 10 seeds have been distributed, identify the top recipes and say that we are going to try these out! (see examples in Appendix B)
- 5) Thank everyone for voting and participating.



#### **Activity 4: Taste Test**

##### **Supplies Needed:**

- Ingredients for making pap
- Clean Water

**Aim of Activity:** To cook and to taste the different recipes

##### **Facilitator Instructions**

1) This activity takes some prep on the front end. Based on the previous week's discussion, we should provide some popular and seasonal ingredients to help with this activity.

Items to consider bringing:

- Rice
- Groundnuts/groundnut paste
- Dried fish
- Benni
- Corn
- Beans

2) The winners from the previous activity are the head cooks. The other women are there to help them. If there are items that we didn't bring, then ask if they have some locally. If not, we can substitute some ingredients. Say, *We are now going to cook some pap and see how that it can be both delicious and nutritious and the child will eat it up. We voted for these three recipes and now we're going to cook them as a group.*

3) Have everyone help, bringing clean water, helping pound ingredients, etc. Once the pap is done and cooled, then we'll feed it to a couple children (if possible) to see which one they like best. The mothers and grandmothers should try it too, to see that pap can be much tastier than rice and salt. Make sure the consistency is correct! Very important. We want to show the proper way of making things.

## Session 9: Complementary Feeding: Part 2

- 4) Say, *As you can see, there are many different ways to make pap, there is no right way. The important thing to remember is that it has good ingredients and is the right consistency for the child.*
- 5) If you want, you can compile a recipe book with pictures to leave for the women.

### **Wrap Up**

#### **Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*We should practice what we learned before our next session. How many recipes did you learn today that you will try to cook?*

*What are some challenges?*

*How might you overcome these challenges?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) Let them know when the next session will be.



## Session 10: Linkages between good food and good health: Part 2

**Session Goal:** *To illustrate the importance of food and how it can affect health.*

### Specific Objectives:



1. By the end of the session, Grandmothers will be able to share what they learned from the previous linkages session
2. By the end of the session, Grandmothers will be able to identify the link between nutritious food and a healthy child
3. By the end of the session, Grandmothers will be able to trace the feeding of a child from the womb through one year of age
4. By the end of the session, Grandmothers will be able to compare and contrast the different practices that lead to a healthy child versus a malnourished child
5. By the end of the session, Grandmothers will be able to define hidden malnutrition
6. By the end of the session, Grandmothers will be able to identify strategies to combat hidden malnutrition in their community

### Materials Needed

- M & E Form
- Pen
- Picture Cards

### Schedule

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (15 min)
4. Crop Harvest Analogy (20 min)
5. Picture Card Stories (25 min)
6. Hidden Malnutrition (20 min)
7. Wrap up (5 min)

### Technical Information

We will trace nutrition from womb to 1 year. We will follow the process through and discuss the missing parts.

Hidden Malnutrition includes micronutrient deficiencies and can be nutrient poor. Children may look healthy, but they may be missing important components that are crucial for continued growth and brain development.

**Opening Prayer**

**Supplies Needed: None**



**Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

**Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated



**Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

**Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point



**Facilitator Instructions**

- 1) Begin the session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Can anyone tell me what we talked about when we last got together?*

## Session 10: Linkages between good food and good health: Part 2

- 3) Ask, *Has anyone tried out the recipes that we talked about last time? Did the child eat it?* Ask if anyone encountered any difficulties.
- 4) We're now going to think back to several sessions ago, to the first linkages session. Ask the participants to think back to that session.
- 5) Discuss the seasonal map by showing them the map that was created the previous linkages session and ask them what they have available in the village that week. See if what they've observed matches the map that was made. If not, adjust the map to accommodate the changes.
- 6) Recap the food groups. Have a call and answer session. Choose one grandmother and have her call out a food and the rest of the grandmothers say what group it goes into.

Example:

Grandmother: Cassava

Other grandmothers: Main

Grandmother: Mango

Other grandmothers: Glow

Grandmother: Groundnuts

Other grandmothers: Go and Grow

- 7) Talk about the complete meal. Ask, *Who can give me an example of a complete meal?* Ask, *What are some challenges that you've faced this week in preparing a complete meal?* Reinforce the fact that it is okay that they don't have a complete meal every time. Discuss the challenges that they faced and strategies to overcome it (planting a more diverse range of foods, raising animals for food, etc.)
- 8) Thank them for sharing their knowledge with the group. Ask if anyone has any questions, say: *Before we continue with this topic of the importance of good food, does anyone have any questions?*



### **Activity 3: Crop Harvest Analogy**

**Supplies Needed: None**

**Aim of Activity:** To discuss the importance of nurturing a child every step of the way, much like a crop

#### **Facilitator Instructions**

- 1) We will now discuss the importance of good nutrition at every point of a child's life by relating it to having a good crop harvest
- 2) To begin, ask: *What is needed to ensure that you have a good harvest?*
- 3) Hopefully at this point, they will mention fertile soil, fertilizer, water, sun, etc. Next, ask them why is it important to have those aspects for a good harvest
- 4) Praise them for their knowledge of good harvests, say: *Thank you so much for your participation. You've shared so much with us about what makes a good harvest*
- 5) Now we want the participants to talk more in depth about the steps involved in a good harvest. Have the participants identify one crop to focus on that is financially and culturally important to the community and that the women have a deep knowledge of (groundnuts, cassava, potato leaves, etc.). Say: *What is one crop that you all have experience growing, either in the field or in your garden?*
- 6) Once you have identified a crop have the women identify the recommended steps from before planting to the time of harvest to ensure an abundant harvest. We want all the recommended steps, even though it may not be possible (i.e. applying fertilizer is recommended, but they may not have funds to purchase fertilizer at the appropriate times). If the women aren't that forthcoming with the steps, here are some questions that will help guide the discussion:
  - How do you prepare the soil for planting the crop?



## Session 10: Linkages between good food and good health: Part 2

- What needs to be done before they plant?
  - Wait for the right planting period
  - Fertilize
  - Weed
  - Treat for pests
  - Water
- How should you care for the crop before the first plants appear?
- How should you care for the crop when they first emerge from the ground?
- How do you care for the plants once they have grown some and begin to flower or the crop itself begins to appear?
  - Do you need to add more fertilizer?
- How do you prevent disease in the crop?

7) Thank them for sharing their knowledge.

Summarize the following:

- How important good care of crops is, especially the role of fertile soil and fertilizer to sustain fertile soil
- Water, sun, and treatment of pests/disease are needed to ensure good growth and a productive harvest.

8) Link this to the growth of a child. Say, *Like our crops our children need just as much attention and care to ensure they are healthy. Like our crops need fertile soils and fertilizer, our children need good food and good care. Lets tell another story to illustrate this.*

### **Activity 4: Picture Card Stories**



#### **Supplies Needed:**

- Picture Cards

**Aim of Activity:** To trace the need for proper nutrition from womb to one year

### Facilitator Instructions

- 1) We will now tell the story of a growing child to illustrate what is needed for a child to grow up healthy
- 2) Show a picture of a poorly growing child. We begin the story of [child's name, your choice]. Say, *[Name of child] is 1 year old today. However as we can see from this picture the child is not healthy. She is smaller and weaker than other children her age in the village. [Child's name] delivery was a difficult one and the child was born smaller and weaker than other babies in the community. During her first year of life she was often sick with malaria and diarrhea. Many say the family is out of favor with God / Allah / stricken with the evil eye.*  
  
\*Note: depending on the beliefs of the community, change the last line to be culturally appropriate.
- 3) We start the discussion off one question. Ask, *Why do you think this child has poorer health than other children in the community?*  
We are looking for the following:
  - Not taking good care to feed the mother during pregnancy
  - Not attending ANC
  - Not taking blood medicine
  - Giving herbs or other things to the infant
  - Not exclusively breastfeeding
  - Giving pap too early/ giving pap that is too thin or that contains only rice flour;
  - Not giving enough pap and enough diversity of foods
  - Not taking the child for care at the facility when it falls ill.
- 4) Summarize what they have said using a story. Say, *So you have told me the story of how [child's name] came to be unhealthy at 1 year of age; it started with...*

Fill in the story with the things that they've said. Don't insert anything here; just recap what they have said.

We will now discuss how to prevent this and to have a healthy child. Say, *This is a sad story but it didn't have to be. There were many opportunities for the family to do something different to prevent the child from being unhealthy now. Let's talk about how things could have been different. What could the family have done to ensure their baby was healthy / strong at delivery and to keep their child healthy in the first year of life?* We are looking for the following:

- The pregnant woman eating well, taking blood medicine, or attending ANC. If this is not mentioned, then ask, *what could the family have done during the pregnancy?*
- Exclusive breastfeeding. If not mentioned, *ask what could the family have done in the first few days after the child was born to ensure it was healthy? OR How could the family have fed the baby in the first months to ensure it was healthy?*
- Given thick and nutritious pap beginning at 6 months several times a day. If not mentioned then ask, *what should the family have fed [child's name] after it completed 6 months?*

Summarize what was said.

- 5) Now we move onto the next question that addresses the grandmother and community role. We are mostly looking for support and guidance in this section. Ask, *How could grandmothers and others in the community have helped the family to keep the child healthy?*
- 6) At this point, we want the participants to summarize what was said in this activity. We want a grandmother to recreate the story, so that the child is healthy. Say, *Now I would like for you to tell a new story for [child's name], one that ends with [child's name] looking not like this (point to picture of unhealthy child) but like this (put down picture of healthy child). Can someone take us through what all the family did to ensure their child was a healthy child at 1 year of age?*

- 7) Praise the GM and her new story. If she spoke on all of the points to achieve good growth, then briefly summarize those. If she did not hit on all of the points to achieve healthy growth, ask the group if there are any additional things they would like to add to the story. Continue asking for inputs until all points are covered.
- 8) Thank all the grandmothers for their participation in the activity.

### **Activity 5: Hidden Malnutrition**



#### **Supplies Needed**

- Picture Card with Cassava disease

**Aim of Activity:** To demonstrate the need for good overall nutrition because we may not be able to see the affects of poor nutrition

#### **Facilitator Instructions**

- 1) We now turn again to our crops. We will use the white thread fungus disease that affects cassava to illustrate hidden malnutrition. Show the picture of the diseased cassava (Figure X in Appendix A). Ask, *How many of you know what this cassava disease is?*
- 2) Ask, *What can you tell me of this disease?* We are looking for the following
  - How common it is in Sierra Leone
  - What it does to cassava eats away at the root
  - You do not know the plant is diseased or affected until it is too late
  - We only find out when it is time to harvest
- 3) Create a link between the disease in cassava and children. Say, *Much like this fungus, some children have poor nutrition but we can't see it. They look fine on the outside but may not have enough important nutrients from food and these reduce their ability to fight*

## Session 10: Linkages between good food and good health: Part 2

*infections, to learn and do well in school and to grow tall. Sometimes we can see that these children are sick more or are not as energetic. But sometimes it is hard to see the signs. But in time these children may do less well in school and have less ability to work hard later in life. We call this “hidden hunger” because like the white thread fungus it is not easy to see until it is too late, until the effects cannot be reversed. Ensuring our mothers eat well while pregnant and while breastfeeding, feeding our children only breastmilk for the first 6 months and feeding them good foods beginning at 6 months in addition to breastmilk all help stop the hidden hunger and ensure our children grow up tall and smart and able to work hard.*

- 4) Discuss what other things we can do to prevent hidden hunger. Ask, *In addition to breastmilk, what are some of the good foods available in this community that we can give children that are 6 months and older to protect them from the hidden hunger?*
  - Protein and fat rich foods fish, beans, groundnuts, avocado
  - Foods rich in micronutrients iron rich liver, cassava leaves, potato leaves, pumpkin leaves; vitamin A rich mango, papaya, pumpkin
- 5) Praise them for sharing! Say, *Excellent, thank you for sharing! What are some things that families and communities can do to make sure these foods are available for and given to children?*
  - Encourage planting these foods
  - Encourage prioritizing for pregnant, breastfeeding women and children 6-24 months.
- 6) Thank the grandmothers for their participation

**Wrap Up**



**Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

*Does anyone have any questions from what we've talked about in the past few sessions?*

- 2) That is all that we have scheduled. If needed, we can add more sessions to fill gaps that have been brought up.

## Session 11: Hygiene



**\*\*Note to Facilitator:** This session is titled session 11, but it can be inserted whenever you feel necessary. While there is a link between hygiene and nutrition, it can be talked about at any point.

**Session Goal:** *Discuss the importance of good hygiene practices*

### Specific Objectives:

1. By the end of the session, the participants will know when it is absolutely necessary to wash their hands
2. By the end of the session, participants will understand the link between hygiene and nutrition
3. By the end of the session, participants will understand the importance of using soap



### Materials Needed

- M & E Form
- Pen
- Glitter
- Soap
- Water

### Schedule

1. Prayer (5 min)
2. Song of Praise (5 min)
3. Review of previous session (5 min)
4. Time to Wash Up! (20 min)
5. Soap! (10 min)
6. Wrap up (5 min)

### Technical Information

Hygiene is an important aspect of nutrition because poor hygiene can hinder the nutrition of a household. Diarrheal disease can impact the food intake and the absorption of nutrients.

Hand washing should include the use of soap and water. The five critical times are: before eating, after using the toilet, after cleaning up after a child, before preparing food, and washing children's hands often. Children are hot beds for germs and disease transmission. It is important to make sure that every member of the family follow these practices because all it takes is one person to get everyone else ill.

### **Opening Prayer**

**Supplies Needed: None**



### **Facilitator Instructions**

- 1) Welcome them back to the session, say: *Good morning! I am happy to see you again. Before we get started with the session, let us begin with a prayer. Will someone lead us in prayer?*

### **Activity 1: Song of Praise for Grandmothers**

**Supplies Needed:**

- Copy of Song from Session 1

**Aim of Activity:** To begin the session with energy and to remind the grandmothers about how much they are appreciated

### **Facilitator Instructions**

- 1) Have the participants stand up and sing the song of praise developed in the first session.
- 2) If they don't remember it, refer to the written copy that you have to prompt them.
- 3) Conclusion, say: *Thank you for singing that wonderful song! Now we're ready to start the session.*

### **Activity 2: Review previous session**

**Supplies Needed: None**

**Aim of Activity:** To review the session on the role of grandmothers and to clarify any questions the participants may have up to this point

### **Facilitator Instructions**

- 1) We will begin each session with a debrief of the previous session
- 2) Explain the activity, say: *We will now talk about what we discussed last session. Can anyone tell me what we talked about when we last got together?*
- 3) Great! Thank you so much. Ask, *Does anyone have any questions before we continue on to today's discussion?*







**Activity 3: Time to Wash Up!**

**Supplies Needed: None**

**Aim of Activity:** To discuss the times when hand washing is necessary

**Facilitator Instructions**

- 1) We are here to discuss hygiene today! Introduce the topic, say, *Today, we are here to talk about the importance of hand washing and good hygiene. What is hygiene?*

Hygiene is defined as “Conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness”

- 2) Let’s talk about one type of hygiene in particular, hand washing. Ask, *When is it important to wash your hands?*

The five times are:

- Before eating
- After using the toilet
- Before preparing food
- After cleaning up after children
- Keeping a child’s hands clean

- 3) Discuss barriers to hand washing, Ask, *Why might someone not wash their hands accordingly?*

Some things may be:

- No water
- No soap
- Lazy
- Forget to

- 4) Depending on what is identified, discuss potential solutions. Ask, *What can we do to make sure that we all wash our hands?*

Come up with three concrete things that the participants can do to make sure that everyone is washing their hands.

- 5) Thank everyone for contributing

### **Activity 4: Soap!**



#### **Supplies Needed:**

- Glitter
- Soap
- Water

**Aim of Activity:** To discuss germs and why soap is necessary

#### **Facilitator Instructions**

- 1) Now that we know when we should be washing our hands, how should we be washing our hands.
- 2) Have all the hand washing supplies out and ask someone to demonstrate hand washing technique. Don't have the soap sitting out, put it off to the side or hidden, so the participants need to ask for it,

If she asks for soap, great! If not, ask, *Is there something that you're forgetting?* SOAP!

- 3) Ask, *Why is soap important?*

We can't always see the things that make us sick and sometimes water just isn't enough.

- 4) Have one person put glitter on their hand. Ask them to go around shaking hands with each other. After a couple minutes, ask them to stop and look at their hands. The glitter is something that might make them sick. All it takes is one person to infect everyone else.
- 5) Ask someone to wash their hands with just water. The glitter won't all come off. It is necessary to use soap too!
- 6) Thank everyone for participating!

**Wrap Up**



**Facilitator Instructions**

- 1) Thank everyone for attending and for participating in the activities, say: *Thank you for all your participation and for sharing your knowledge with us.*

*Ask, Does anyone have any questions from the session today?*

- 2) Let them know when the next session will be.



## APPENDIX A: Monitoring and Evaluation Tool

*Mamanieva* Monitoring Tool: To be completed after each session

Date:	Topic:
Location:	Meeting type:
Number of Grandmothers:	Number of young mothers/ women:
Number of Men:	Number of others (describe):
Facilitators:	

1. Summary of activities completed

2. Any issues or challenges raised by participants related to the topic and how they were addressed by team

3. Highlights and/or Key Story of Change / Success

## APPENDIX A: Monitoring and Evaluation Tool

4. Engagement Score: \_\_\_\_\_ (on a scale of 1 to 10 with 10 being the most engaged you've experienced and 1 being the least)

What do you think contributed to the level of engagement observed?

5. Logistical or any other challenges with the meeting.

### **Example Songs: Session 1**

*Source: Drost, N. M. (2013). Mamanieva Grandmother Project: Adult Education Tools.*

#### Example 1: Grandmother Praise Song developed by Grandchildren

English:	Mende:
Grandmother, thank you for cooking cassava and soup for us.	Ma ma bi sei oo, supui yegbei na va bi ngiya mu me nga tangei na ma.
Grandmother thank you for the rice you gave us every day when our parents were not around.	Ma ma bi sei, mbeina ba fe mu wE folo gbi nji mu bondeisia te ye na.
Grandmother, thank you for your kindness to us.	Ma ma bi sei, bi gbegbe yei nan va, mu ga ma.
Grandmother, may God help you and stay long with us.	Ma ma ngewc I gbcc bi ma, I bi lembi mumahun.
Grandmother, thank you for the sweet soup you cooked for us today.	Ma ma bi sei supu nene na va bi ngili nga mo mu va.
Grandmother, thank you for the fine cassava you gave us.	Ma ma bi sei tanga yegbe na va bi fe ni mu wE.
Grandmother, thank you for giving us food to eat.	Ma ma bi sei, mu agc va a mEhEn. Me va.
Grandmother, thank you. May God bless you.	Ma ma bi sei, ngewo I bi luba.

## APPENDIX B: Examples

### Example 2: Grandmother Praise Song developed by Youth

English:	Mende:
If Grandmother was not at home, how would I go? I am a suckling mother.	I NA WC MA MA I PEE IA, NGEI LII KOIMA ANGEA
I want to go and brush. If Grandmother was not at home, how would I go? I am a suckling mother.	NGA LONGO NGI LI NDOIMEI, I NA WO MA MA I PEE LA, NGA LII KOIMA A NEGEA.
I want to go to the farm. If Grandmother was not at home, how would I go? I am a suckling mother.	NDY LONG NGI LI NJOPOHUN, I NA WO MA MA I PEE LA, NGA YEALII KOIMA ANGEA.
I want to go to the trade fair. If Grandmother was not at home, how would I go? I am a suckling mother.	NYA LONG NGI LI NDOWEHUN, I NA WO MA I PEE LA, NGA LII KOIMA A ANGEA.
I want to go to the market. If Grandmother was not at home, how would I go? I am a suckling mother.	NYA LONGO NGI LI HJOPOWSWA, I NA WO MA I PEE LA, NGA YEA LII KOIMA A ANGEA.

### Example 3: Grandmother Praise Song developed by Daughters

English:	Mende:
Let us thank our mothers for bringing up our children.	A MU SEIGBUA MAMANI MOA MU LENGA GBEAVA HUN
Let us thank our mothers for holding our children.	A NU SEIGBUA MAMANI MOA MU LENGA HOUVA OH
Let us thank our mothers for cleaning our children.	A MU SEIGBUA MAMAI MOA MU LENGA WAUA OH
Let us thank our mothers for feeding our children.	A MU SEIGBUA MAMANI MAO MU LENGA GOUA OH



## APPENDIX B: Examples

### Example Seasonal Maps: Session 3

SEASONAL CALENDAR: SENEGAL

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rain				X	X	X	X	X				
Hot Season			X	X	X					X		
Cold Season	X	X									X	X
Harvest								X	X	X		
Rice									X	X		
Mangos				X	X							
Corn							X	X				
Starving Season						X	X	X				
Cucumbers							X	X				

Figure B1: Seasonal Map Example Created by Author

# APPENDIX B: Examples

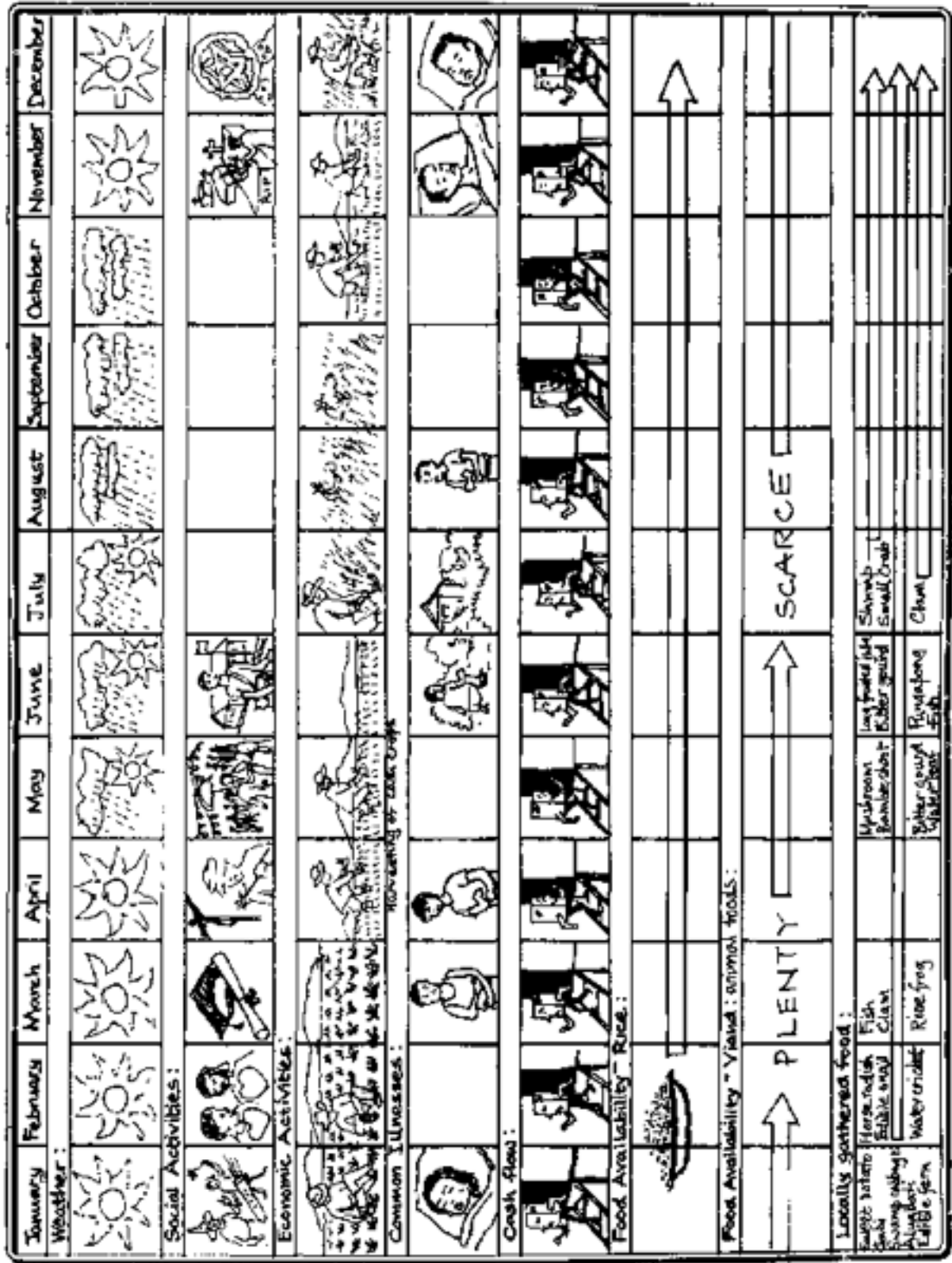


Figure B2: Seasonal Map. Source: FAO. (1993). Guidelines for Participatory Nutrition Projects. Rome, Italy: FAO.

Example 10 Seed: Session 9

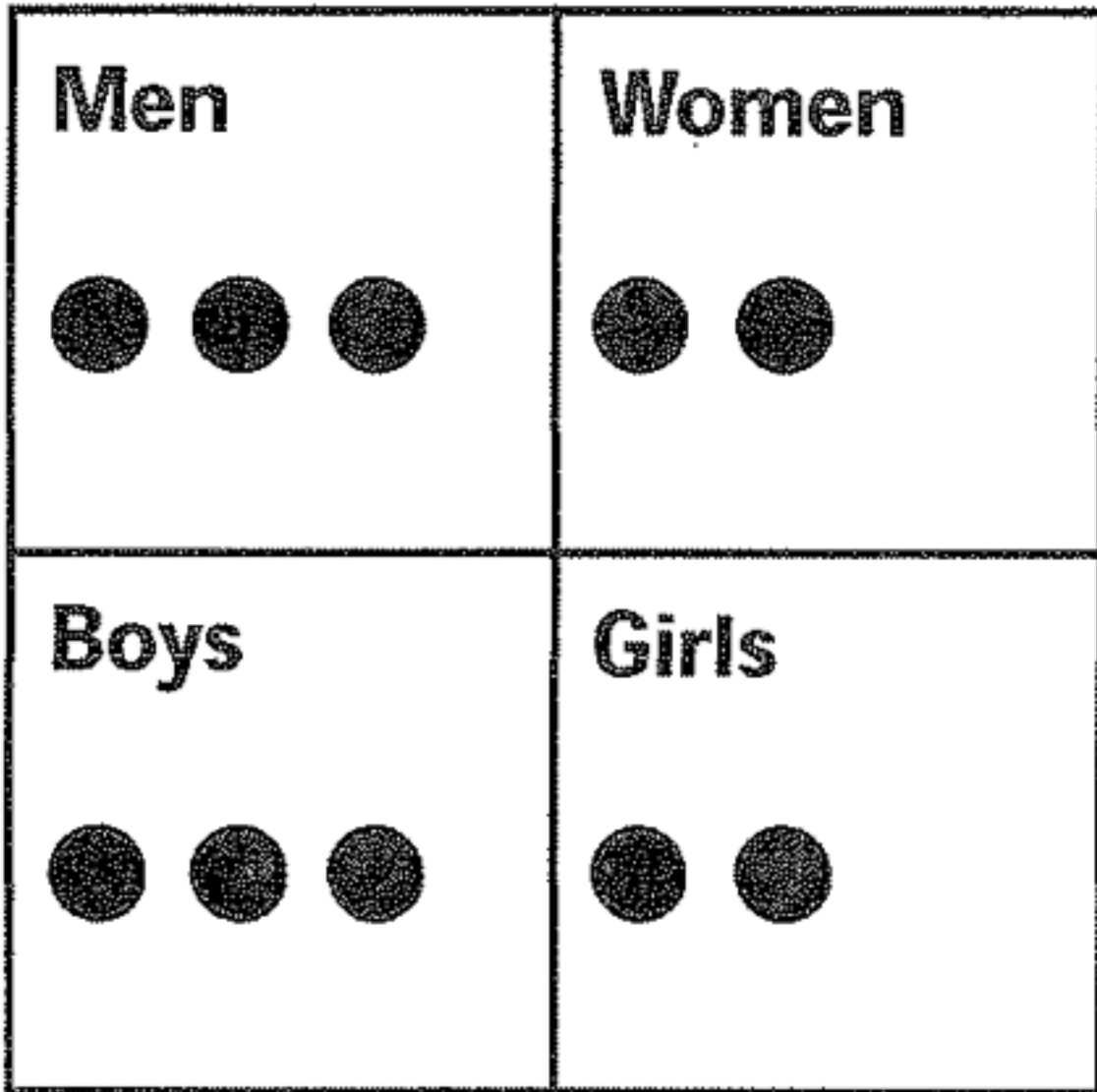


Figure B3: Ten Seed Technique that demonstrates Food Distribution within a household

Source: Jayakaran R. 2002. *The Ten Seed Technique: Learning how the*

## APPENDIX B: Examples





PAP RECIPES	SEEDS
1: Rice, dried fish, Cassava leaves	
2: Corn, groundnuts, Palm oil	
3: Rice, salt	
4: Ngari, dried fish, oil	
5: Rice, Mango, sugar	

Figure B4: Ten Seed Example Created by author

### **Example Recipes: Session 9**

#### **Recipe 1: Cassava and groundnut porridge**

*Source: FAO. (2007). Improved Complementary Foods Recipe Booklet.*

Ingredients:

- 1 cup cassava meal
- ½ cup pounded roasted groundnuts
- 2-4 teaspoons shredded/ pounded green leafy vegetables
- 4 cups water
- 1 light two-finger pinch of salt
- A little sugar to taste



Directions:

- a. Mix cassava flour with pounded roasted groundnuts
- b. Boil 3 cups of the water
- c. Mix the remaining cup of water with the cassava flour-pounded groundnuts mixture and make a smooth paste
- d. Add the paste to the boiling water and mix well until smooth
- e. Add the pounded vegetables and cook for 3-4 minutes
- f. Add a little sugar and salt to taste and serve

#### **Recipe 2: Rice and Mango Porridge**

*Source: Author*

Ingredients:

- 1 cup rice meal
- 1 ripe mango
- 1 ripe pia
- 3 cups water
- 1 tablespoon sugar/ honey
- 2 Tablespoon groundnut paste

## APPENDIX B: Examples

Directions:

- a. Mix rice flour and water into a smooth paste
- b. Cook the rice flour and stir continuously
- c. After reaching boiling point, add the groundnut paste, cook for 15 minutes
- d. Add the mango and pia and stir well
- f. Add a little salt and sugar to taste

### Recipe 3: Cassava and bean flour porridge

*Source: FAO. (2007). Improved Complementary Foods Recipe Booklet.*

Ingredients:

- 1 cup cassava meal
- ½ cup bean flour
- 3 cups water
- 2 teaspoons palm oil
- 4 cups water
- 1 light two-finger pinch of salt
- A little sugar to taste



Directions:

- a. Put 3 cups water and bean flour into the pot, mix well and bring them to boil
- b. Cook the mixture for 20-25 minutes
- c. Add salt and sugar to taste
- d. Add palm oil
- e. Add the cassava flour, mix well and serve

Making Bean Flour:

1. Thoroughly dry or roast the beans on low heat
2. Pound the beans and remove as much of the outer skin as is possible
3. Continue pounding the crushed beans into flour and sieve

### Recipe 4: Rice and Dried Fish Porridge with Benni

*Source: Author*

Ingredients:

- 1 cup rice meal
- ½ cup ground dried fish
- 4 cups water
- 2 teaspoon Palm Oil
- 1 Tablespoon roasted, ground Benni
- 1 light two-finger pinch of salt
- A little sugar to taste

Directions:

- a. Mix the rice meal with the dried fish
- b. Boil the water and add the rice and dried fish mixture, cook for 15 min
- c. Add salt and sugar to taste
- d. Add palm oil
- e. Add the Benni, mix well

### Recipe 5: Rice and Groundnut Porridge

*Source: FAO. (2007). Improved Complementary Foods Recipe Booklet.*

Ingredients:

- 1 cup rice meal
- ½ cup pounded roasted or unroasted groundnuts
- 2-4 teaspoons shredded/ pounded green leafy vegetables
- 4 cups water
- 1 light two-finger pinch of salt
- A little sugar to taste



## APPENDIX B: Examples

Directions:

- a. Mix rice flour with pounded groundnuts
- b. Add water and mix into a smooth paste
- c. Cook the rice flour-pounded groundnuts mixture and stir continuously
- d. After reaching boiling point, cook for 15 minutes
- e. Add the pounded vegetables and cook for a few minutes
- f. Add a little salt and sugar to taste



**Portrait of a Grandmother: Session 1**



Figure C1: Portrait of a grandmother. *Photo taken by the author, 2013*



Figure C2: Portrait of a grandmother. *Photo taken by the author, 2013*

**Timeline of a Woman: Session 2**



Figure C3: Picture of a newborn



Figure C4: Picture of a toddler



Figure C5: Picture of a School



Figure C6: Picture of Marriage



Figure C7: Picture of a Pregnant Woman



Figure C8: Picture of Mother with Child



Figure C9: Picture of Mother with multiple children



Figure C10: Picture of Grandmother with grandchild

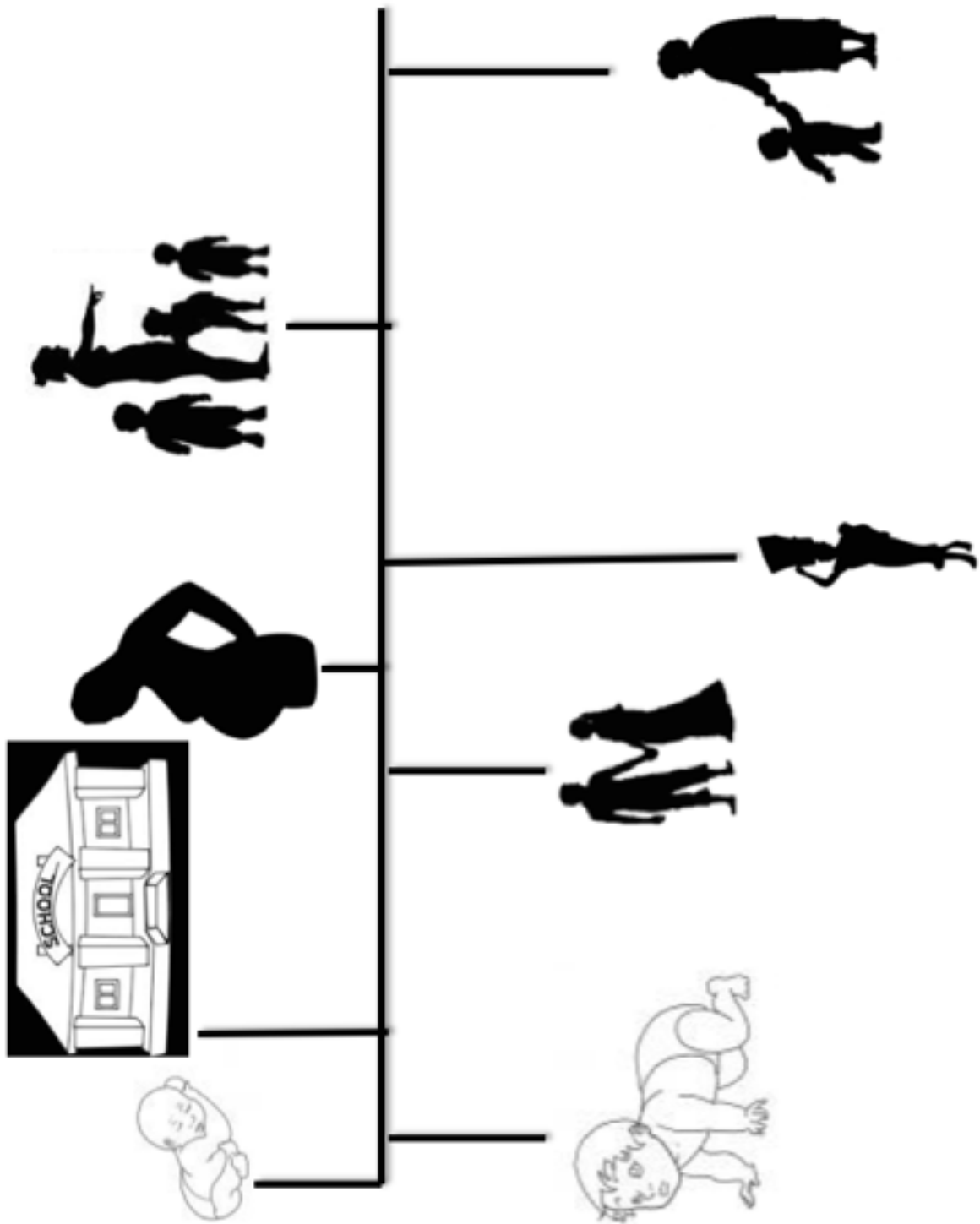


Figure C11: Example of a timeline of a woman. See Figures C3-C10 for description of life stages

**Food Groups: Session 3**

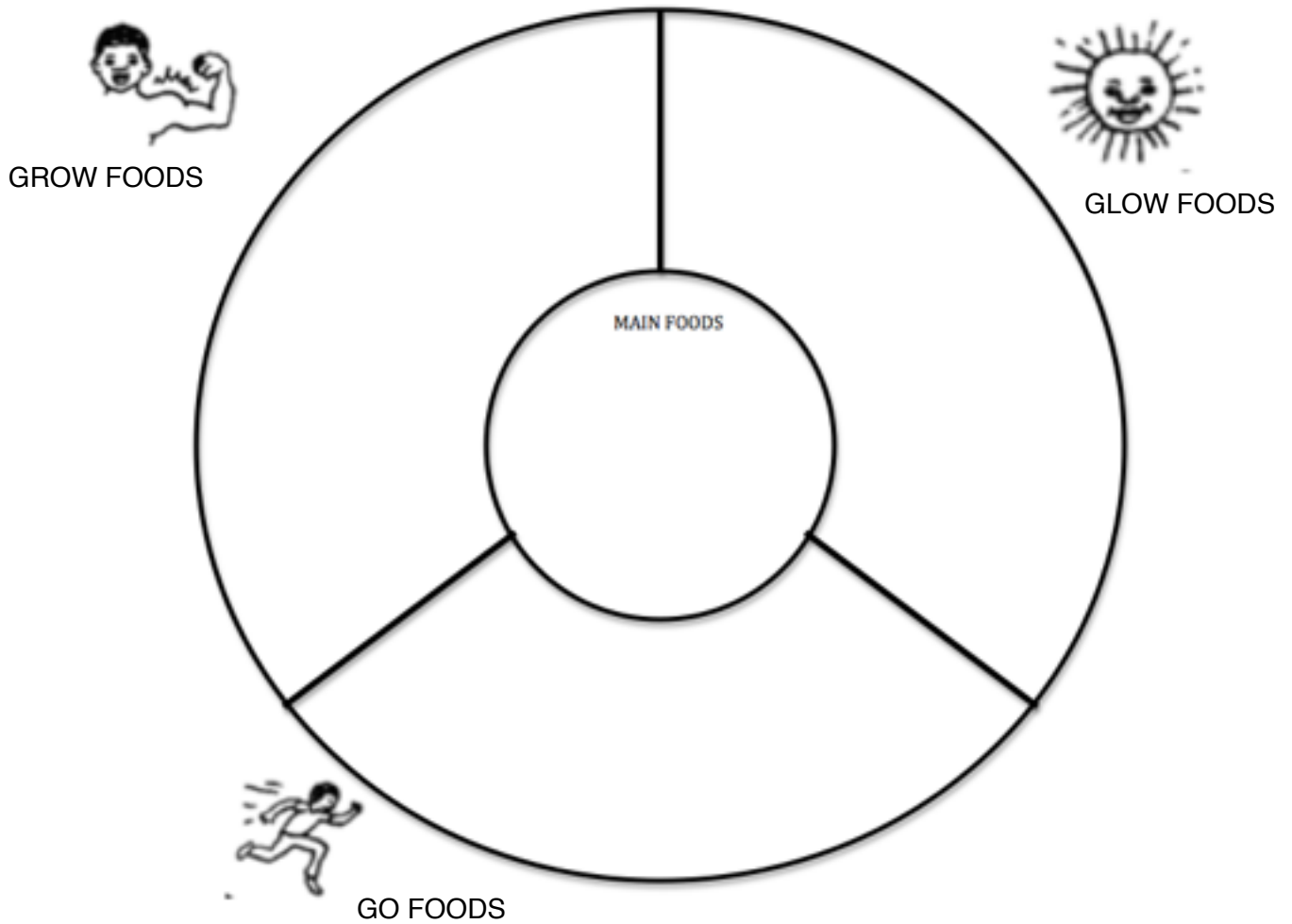


Figure C12: The Food Groups broken down into it's component parts



Figure C13: Main Foods. Artist: Bangcaya, Mika (2011)



Figure C14: Go Foods. Artist: Bangcaya, Mika (2011)



Figure C15: Glow Foods. Artist: Bangcaya, Mika (2011)

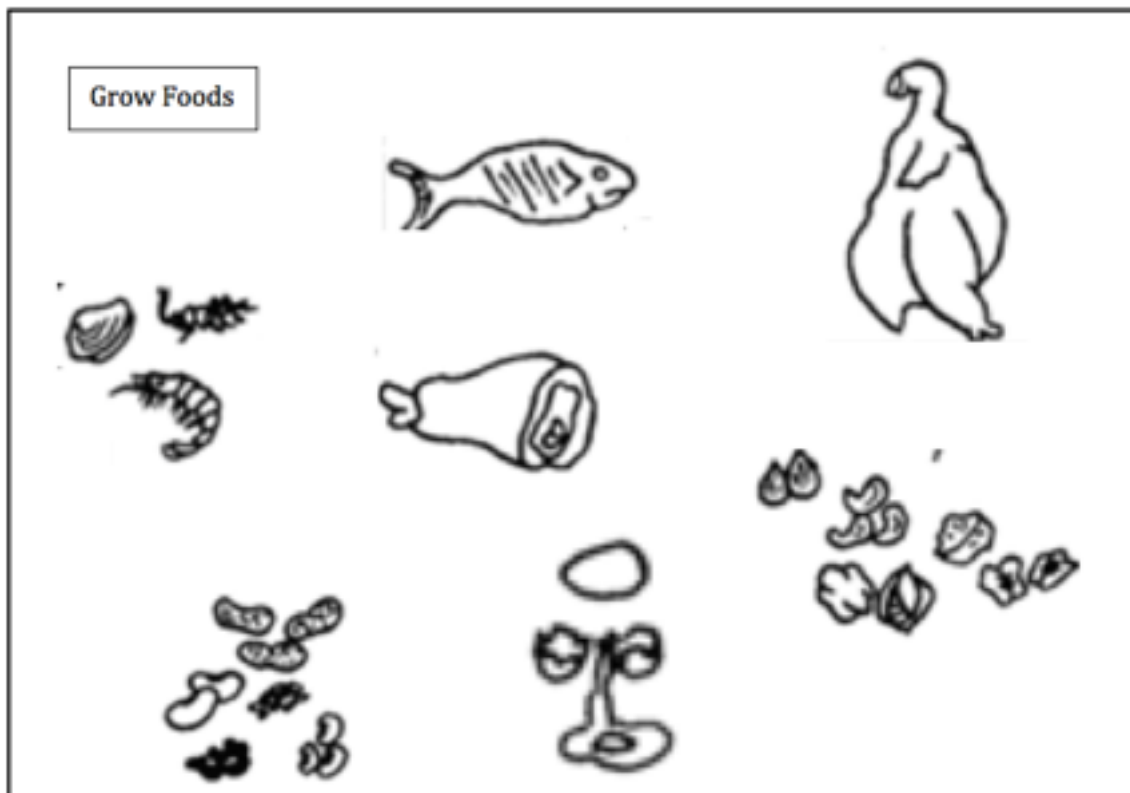


Figure C16: Grow Foods. Artist: Bangcaya, Mika (2011)





Figure C17: Go, Glow, Grow Model. Artist: Bangcaya, Mika (2011)

**Iron Picture Cards: Session 6**

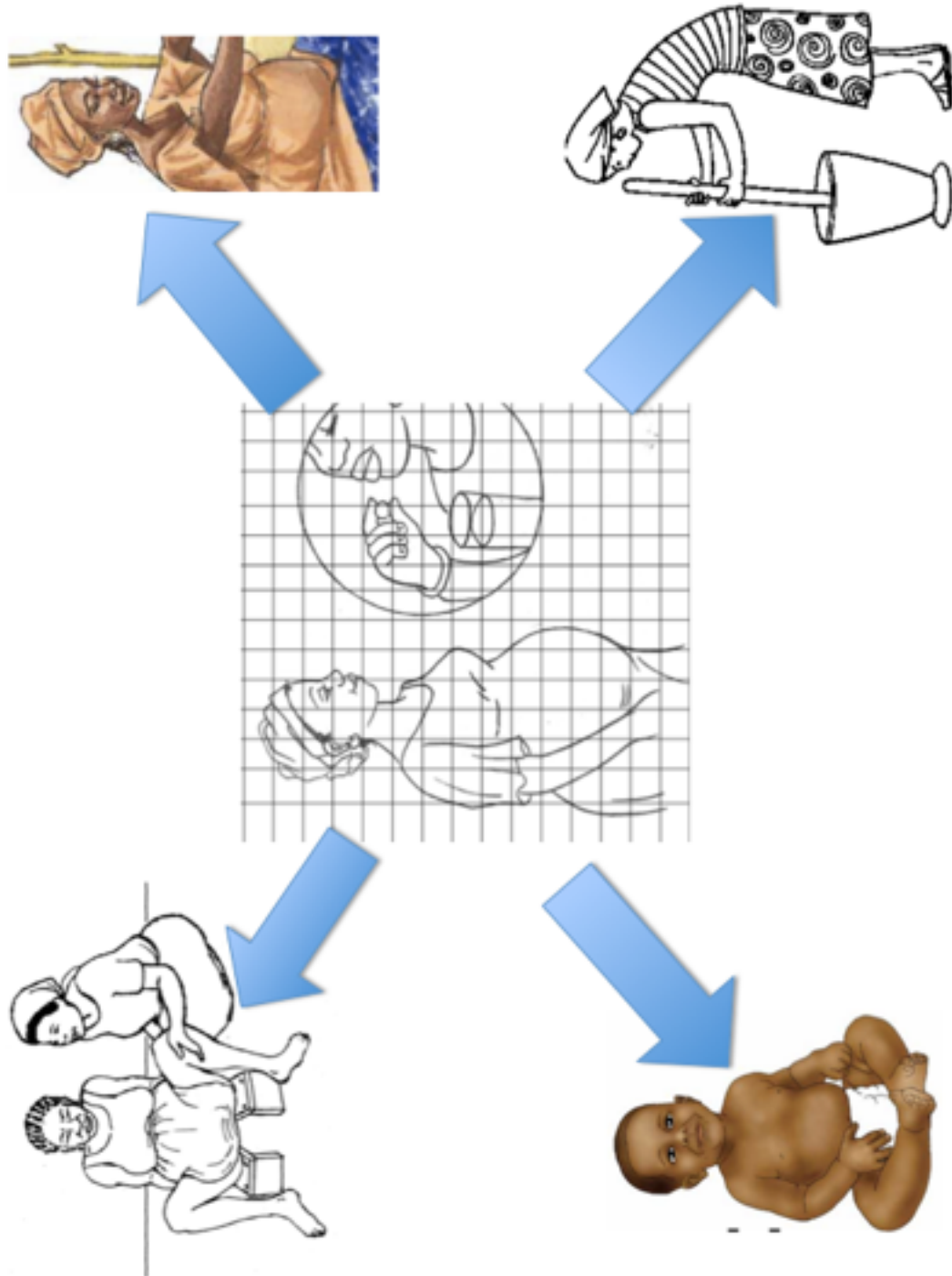


Figure C18: The positives of taking the IFA tabs: Healthy, strong baby, easy delivery, strength to do work

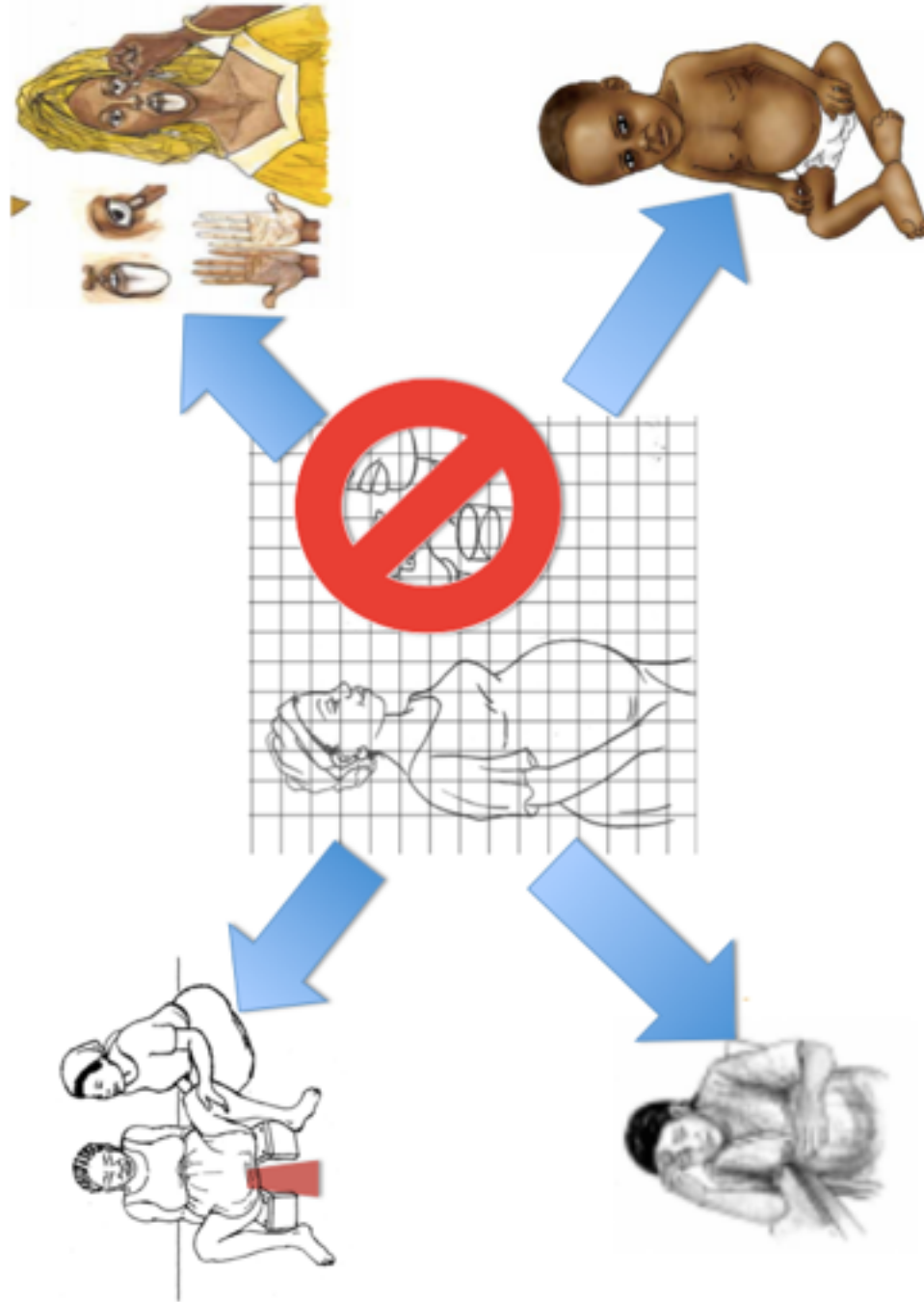


Figure C19: The consequences of not taking the IFA tabs: Fatigue, complicated pregnancy, anemia, weak baby

## APPENDIX C: Visual Aids

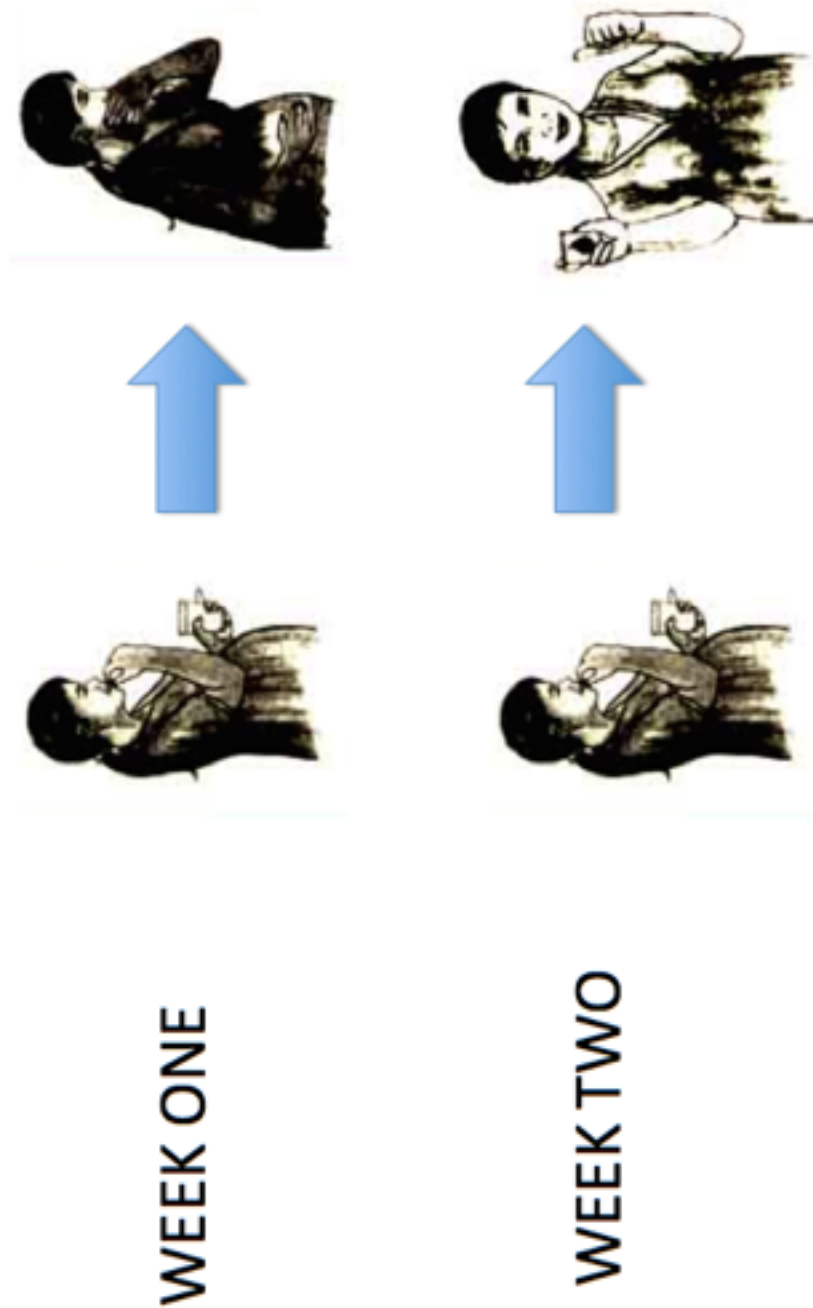


Figure C20: The body getting used to the IFA tabs. The first week may cause nausea, but as the body gets used to it, that goes away.

**Compare 2 Children: Session 10**



Figure C21: A Picture of a healthy one year old child.



Figure C22: A Picture of an unhealthy one year old child.

**Hidden Malnutrition: Session 10**



Figure C23: Cassava Root Disease. Like Hidden Malnutrition, you don't know that it is there until it is too late.